COUNTRY PROGRAMME EVALUATION
Occupied Palestinian Territory

Jan 2011-August 2012

Evaluation Report

Prepared by:

ADVANCE
consulting services

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Map of the Occupied Palestinian Territory

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Acknowledgements

This is the report of an independent evaluation of the UNFPA Country Program support to the occupied Palestinian territory (oPt) conducted by Advance Consulting Services. This evaluation examines the strategic positioning of UNFPA support as well as its contribution to the results set out in the three focus areas - sexual and reproductive health, population and development, and gender - of the fourth UNFPA country program in oPt (2011-2013). The evaluation is further complimented by an assessment of the monitoring and evaluation system of the country program.

This report is closely based on UNFPA's newly developed handbook of the Evaluation Branch on How to Design and Conduct a Country Program Evaluation at UNFPA, a custom-made methodology for designing and conducting country program evaluations (CPEs). The evaluation was based on a rigorous review of documents covering both the programming and implementation stages, followed by an intensive field work for further data collection and validation of preliminary findings. The evaluation field phase was carried out during the period September 18-October 22nd 2012 and included individual and group interviews, focus groups and site visits. Advance worked to obtain the perspectives of all key stakeholders and systematically ensured the validity of collected data by means of triangulation techniques.

We hope that the conclusions, lessons and recommendations presented in this evaluation report will positively contribute to the strengthening of the on-going efforts of the country office. We also hope that the evaluation findings will be used at regional and sub-regional levels in view of shared learning and improvement of UNFPA programming in Arab countries where other country offices may be facing similar challenges.

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Contents

Abbreviations and Acronyms

AWP	Annual Work Plan
BZU	Birzeit University
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CP	Country Program
CPAP	Country Program Action Plan
CPE	Country Program Evaluation
CO	UNFPA Country Office
COC	Continuum of Care
DOS	Division for Oversight Services
ERG	Evaluation Reference Group
FG	Focus Group
GBV	Gender Based Violence
HEPD	Health Education and Promotion Directorate
ICPD	International Conference on Population and Development ('The Cairo conference')
ICPH	Institute of Community and Public Health
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MOPAD	Ministry of Planning and Administrative Development
MTRP	UN Medium Term Response Plan
NGO	Non-Governmental Organization
oPt	Occupied Palestinian Territory
PFPPA	Palestinian Family Planning and Protection Association
PD	Population and Development
RH	Reproductive Health
SRH	Sexual and Reproductive Health
SSI	Semi Structured Interview
TOR	Terms of Reference
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
WHO	World Health Organization

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Structure of the Country Program Evaluation Report

The present report comprises an executive summary (a standalone document), seven chapters and 10 annexes.

The ***introduction*** provides the background to the evaluation, objectives and scope, the methodology used including limitations encountered and the evaluation process. The ***second chapter*** describes oPt and the development challenges facing the country in the three UNFPA mandate areas as identified in national strategic documents produced by the Palestinian government. The ***third chapter*** relates to the response of the UN system and then leads on to the specific response of UNFPA through its country program to the national challenges faced by the occupied Palestinian territory in reproductive health, population and development and gender equality including gender based violence; the ***fourth chapter*** presents the findings of the evaluation for each of the three focus areas; ***chapter five*** discusses UNFPA's positioning in oPt (the fourth and the fifth chapters are structured based on the evaluation questions); ***chapter six*** presents an assessment of the monitoring and evaluation system of the Country Office as well as the support to national partners in their M&E system and capacity. Conclusions and recommendations follow in ***chapter seven***.

Key facts table: occupied Palestinian Territory

Land	
Geographical location	Middle East (7)
Land area (post-1967)	6020 km^2
Terrain	Mostly rugged dissected upland, some vegetation in west, but barren in east(7)
People	
Population (mid 2012)	4,293,313 (mid 2012) (3)
Urban population (% of population) (mid 2012)	73.8 (mid 2012) (3)
Population Growth Rate	2.96 (mid 2012) (3)
Per cent of population aged 0-14 years	40.4% of total population (2012) (3)
Government	
Government	National Authority
Seats held by women in national parliament, percentage(	13.6 (4)
Economy	
GNI per capita 2010 in PPP terms US$	
Real GDP % change	9.9% (2011) (10)
Main economic activities	Services, public administration and defense, mining, manufacturing, electricity and water, wholesale and retail (2011) (10)
Social Indicators	
Human Development Index Rank	114 (7)
Unemployment	24.3% (Q3-2012) (2)
Life expectancy at birth -Male -Female	(2012) (3) 71.3 74.1
Fertility Rate During the Two Years Preceding the Survey	4.4 births per women (2008-2009) (1)
Under 5 mortality (per 1000 live births)	23.4 (1)
Maternal Mortality (deaths of women per 100,000 live births)	32 (2010)(8)
Health expenditure (%of GDP)	13.7 For (2010)
Births attended by skilled health personnel, percentage	99.0% (1)
Adolescent fertility rate (births per 1000 women aged (15-18) WB	1.6% (2011)(8)
Percentage of currently married women aged 15-49 years who are using (or whose partner is using) any contraceptive methods(1)	52.5% (1)
Unmet need for family planning (% of women in a relationship unable to access)	15.6% (1)
People living with HIV/AIDS Incidence Rate of HIV infection	66 cases (51 AIDS/ 15 HIV) (2009)(8) 0.03/100,000 (2006)(8)
Adult literacy (%aged 15 and above) both sexes	95.3% (2011) (5)
Combined gross enrolment in education, both sexes %	87.2% (2011/2012)(6)

Millennium Development Goals (MDGs): Progress by Goal	**Sovereignty**	**Occupation**
1 - Eradicate Extreme Poverty and Hunger	Likely to be achieved (9)	Unlikely to be achieved (9)
2 - Achieve Universal Primary Education	Likely to be achieved (9)	Likely to be achieved (9)
3 - Promote Gender Equality and Empower Women	Likely to be achieved (9)	Likely to be achieved (9)
4 - Reduce Child Mortality	Likely to be achieved (9)	Unlikely to be achieved (9)
5 - Improve Maternal Health	Likely to be achieved (9)	Potentially to be achieved (9)

6 - Combat HIV/AIDS, Malaria and other Diseases	Likely to be achieved (9)	Likely to be achieved (9)
7 - Ensure Environmental Sustainability	Unlikely to be achieved (9)	Unlikely to be achieved
8 - Develop a Global Partnership for Development	Likely to be achieved (9)	Unlikely to be achieved (9)

Source:

1. Palestinian Central Bureau of statistics 2012. Palestinian Family Survey 2010.
2. Palestinian Central Bureau of Statistics 2012. Database of Labour Force Survey Q3-2012 . Ramallah – Palestine.
3. Palestinian Central Bureau of Statistics, 2012. Revised Estimates based on the final results of Population, Housing and Establishment Census 2007. Ramallah-Palestine.
4. Palestinian Central Bureau of Statistics, 2012. Gender Statistics Database 2011. Ramallah - Palestine.
5. Palestinian Central Bureau of Statistics, 2012. Survey Database 2011. Ramallah-Palestine.
6. Palestinian Central Bureau of Statistics, 2012. Education Census Database for the Scholastic Year 2011/2012 – Ministry of Education. Ramallah-Palestine.
7. Human Development Indicators, UNDP http://hdrstats.undp.org/en/countries/profiles/PSE.html Accessed August 22, 2012
8. Palestinian Central Bureau of Statistics (2011)
9. MDG Palestine 2010 www.undg.org
10. Palestinian Central Bureau of Statistics, 2012. National Accounts Statistics, 2010-2011. Ramallah- Palestine

EXECUTIVE SUMMARY

Context

In December 2010, UNFPA and the Palestinian Authority signed the 4th Country Program Action Plan (CPAP) for 2011-2013 with the aim of improving access to and availability of quality reproductive health services, empowering youth through improved life skills and civic participation, strengthening the national information systems, and help to build the capacity of Palestinian authority institutions and civil society organizations in these areas. Its overall budget amounts to $9.75 million.

Objectives and Scope

The overall purpose of this oPt Country Program Evaluation (CPE) is to produce an independent and utilization-focused country program evaluation report covering the design of the UNFPA country program in oPt and implemented interventions since beginning of the 4thcycle (2011 till August 2012). The **overall objective** of the evaluation is to fulfil accountability, enable learning functions and provide inputs into the design of the next program cycle. The **specific objectives** gear into reviewing the county office's positioning within development community and national partners in order to respond to national needs while adding value to country development needs. The intended audience of this evaluation includes UNFPA (HQ, regional and country office), national implementation partners and their constituents. The evaluation covers UNFPA's Strategic Positioning, and the Relevance, Effectiveness and Efficiency of the country program in its three focus areas as well as an assessment of the Country Program's monitoring and evaluation system. Since the evaluation covers an implementation period of only one year and a half, it is difficult to assess or draw conclusions in regards to impact and sustainability. However, the evaluation assesses if sustainable strategies were taken into consideration in the program design, and so will be analyzed as part of program effectiveness. The evaluation is mainly focused on assessing quality of program strategies since it is too early to assess program results.

Methodology

The evaluation methodology was primarily based yet further adapted on the methodology for country program evaluations recently developed by the Evaluation Branch at the Division for Oversight Services (DOS) and utilizes the Handbook: "How to Design and Conduct a Country Program". The evaluation was based on a set of questions corresponding to the evaluation criteria set forth by the country office in a form of evaluation matrix. The quality of the monitoring and evaluation system was assessed by analysis of; monitoring of inputs and activities, monitoring of outputs and outcomes, monitoring of assumptions and risks, integration of evaluations in the M&E system and support to national partners in their M&E system and capacity.

In undertaking the evaluation, a multiple method approach primarily included extensive review of program and intervention-related documentation along with national public policies and strategies, and primary data gathering from the field utilizing evaluation tools that consisted of group and individual interviews, and observation/ site visits with a wide range of stakeholders, including end beneficiaries across the West Bank and Gaza Strip. The evaluation team used a variety of methods to ensure validity of data, including internal team-based revisions and triangulation based on the systematic cross-comparison of findings by data sources and by data collection methods. This included presenting and discussing preliminary findings with the country office and the evaluation reference group.

Main Conclusions

Strategic level conclusions

1. The Country Program support in oPt is in line with most of the principles of UNFPA strategic plan most notably promotion of ICPD agenda, reaching the disadvantaged and marginalized groups, and capacity development. Isolated instances were seized in nurturing partnerships building, while South-South Cooperation is almost non-existent or systematically adopted. The country program focuses on building national ownership in its interventions, while these vary across the 3 focus areas

2. The UNFPA Country Office is contributing to the improvement of coordination of a large and fragmented UN system and has proactively worked to ensure avoiding of duplication and overlap and in complementing of services and support. Isolated instances of no coordination and overlap were captured as these have yet to materialize into real coordination platforms.
3. The UNFPA country office is able to provide a quick and flexible response to demands from partners and to changes in national needs and priorities including humanitarian needs that was prominent in its RH service provision, particularly in Gaza Strip. However, the response to needs raised by some national counterparts sometimes lacks a clear strategic justification.
4. UNFPA's Country Program in oPt has made use of its comparative advantage across its three focus areas; primarily SRH, youth, and generation of data. Its perceived value as viewed by national stakeholders resides in the country office's partnership modality thanks to its national staff and context sensitive approaches and ability to raise sensitive issues on national development agendas.

Programmatic level conclusions

Outcome 1: Access to Reproductive Health Services

1. RH program outputs and sub-outputs respond to national priorities as expressed in the relevant national sectoral strategies and are adapted to the needs of the population.
2. There is no strategy for capacity building of health providers. The health system puts huge effort and cost in training and capacity building of health provider but not in a systematic way.
3. Building the capacity of health system and building the capacity of health providers could improve the emergency obstetric care at the national level however institutionalizing *the training within a continuous health education program at the health facility level and at the national level may be a more effective strategy*.
4. Reproductive health is being integrated in national health policies and strategies, the new RH strategy also responds to the national RH needs in country.
5. The presence of WHDD is very important at the level of advocacy and policy dialogue in RH issues; however this directorate needs more support. Providing technical and management support to the WHDD will increase their efficiency and keep the RH priorities on the national agenda.
6. The Palestinian health system is called upon today to exert more efforts in investing in youths' health, to adapt its health facilities to deal with youth needs taking in consideration the recent study published by the PCBS in July 2012 through support from the CP, on youths' needs for health services.
7. Integrating an RH topic in the different training is an effective strategy that is contributing to raising youth awareness in reproductive health and rights and integration of RH information into the school curricula is a strategic and sustainable achievement in the previous cycle and strengthening it through the current cycle is also important and responding to national need.
8. There are many challenges affecting development of capacities to implement national youth strategy and the Council's position towards the national Youth Strategy was clarified, the approach is to "delete" the strategy since it is too complicated and UN agencies are being required to push for "simplify" the strategy instead.
9. Implemented strategies in the 4th cycle contribute to the realization of CP outputs and outcomes but not all interventions are designed in a manner to ensure sustainability and keep up the benefits produced by the program. Most interventions do not have an exit strategy.
10. Integrating the services with other UN agencies (like UNICEF, UN Women, UNRWA) should increase the effectiveness and efficiency. UNFPA can proactively take the lead in calling for better coordination for the program with other United Nations agencies, particularly (UNICEF), to integrate and complete programs in working with young people and family protection given its leadership of the UNTG for youth; and with the UN Women in promoting women's rights. UNFPA can also ensure coordination with other development agencies, especially USAID and the Japan

International Cooperation Agency (JICA), which are supporting program in reproductive health and population.

Outcome 2: Enhanced Gender Equality

1. This outcome is aligned with the national policy frameworks. It recognizes some of the weaknesses affecting gender inequality including lack of women's awareness of the rights (and human rights at large), need for accessing psychosocial and legal services, economic empowerment and protection and participation according to 1325 and 1889 and many other ailments. However, the gender component reflects a wide scope of intended action that is somewhat unfocussed that hinders the realization of intended results.
2. Generally speaking, the achievement of the intended targets in the gender component should contribute to promoting gender equality and equity through addressing GBV and women empowerment. Yet some vaguely formulated intended results and sub-outputs make it harder to assess interlinked and focused contribution to achieving the output, while there is an evident need to revise some intervention approaches and partnership roles of IPs.
3. The intervention approach of building capacities and strengthening the coalitions is an appropriate strategy that is worth to heavily build on in the coming cycle. The facilitation role that UNFPA played in linking MIFTAH with OHCHR is highly valuable and rightfully thought of in the context of the 1325 policy framework with room for improvement in the intervention strategy to yield higher and more timely effect.
4. The intervention with MOSA has sustainable elements relating to the impact on the youth beneficiaries/girls, and the capacity building of counselors who work directly with these groups and are well positioned to address the sources of youth vulnerability. Caution should be taken against the potential reliance of MOSA and UNFPA's substitution for the role MOSA itself should be playing, while also revising some of the approaches adopted in the relationship with MOSA as a whole.

Outcome 3: Population and development

1. Sensitization to Integration of P&D issues is progressively being achieved in the Ministry of Planning and Aid Coordination at a general level. However, this has yet to translate into integration and sectoral planning and policies, which remain shallow at the macro level. Furthermore it has not reached decentralized levels of government (line ministries), with responsible staff at local level remaining insufficiently aware of the means of integration of P&D data for planning and management.
2. Advocacy and policy dialogue have yet to materialize at a national level through commissioning expertly produced policy papers and well prioritized in depth research by national institutions that can provide real usable information at national planning level and should cover the West Bank and Gaza Strip.
3. New developments in the context with the re-activation of the National Population Commission provide rich soil and justification to need for capacity development and focusing on means of integration of population issues in national development and sectoral plans and strategies. This gives rise to the need to reconsider the capacity development approach and platforms that should be taken into consideration over the next few years, while having an exit strategy for the capacity development interventions should be also recognized and planned.

The 3 components of the country program are assessed to be efficient in terms of implementation of planned targets in general. On the other side overly ambitious outputs and some sub-outputs formulated at the UNFPA Country Office level paralleled by the nature and approach of certain interventions as well as financial limitations some program strategies have hindered efficient realization of intended results and monitoring of effects.

M&E System

The performance of the CO in relation to the followed compliance based monitoring can be considered exemplary in its fundamental aspects. As for results-oriented monitoring the quality of indicators can be considered satisfactory in terms of being operational and clear, while improvement in indicators is further needed to inform ***the effect and measure quality of interventions***. This has, and can be challenging in the periods to come given that some of the program interventions lack focus.

Recommendations

Strategic Level

1. To complement the CPAP, a multi-year (say 3 year) capacity development strategy should integrate knowledge sharing and the development of capacities of strategic partners and national counterparts. Both the country program action plan (CPAP) and annual work plans (AWPs) should include an exit strategy for interventions, that create conditions for sustainability of benefits and prevents from substitution effects that generate dependency.
2. UNFPA can further leverage itself as a UN agency in nurturing/facilitating capacity development in a more systematic manner, and facilitate the building on institutional partnerships regionally and internationally.
3. UNFPA should accelerate the platforms it currently has the lead on in ensuring coordination and avoiding overlap and set these platforms to serve beyond information sharing such as joint activities. It can build on its joint programming such as its experience with UNICEF and the gender MDG fund.

Programmatic Level

1. Encourage the existing of continuous education programs inside health facilities with focus on repeating the trainings for the rest of the health staff to reinforce the trainees' knowledge and transfer the knowledge to the rest of the team, such as with a training of trainers approach. Also create promotion or incentives system for health facilities that are active in the continuous education program. UNFPA can ask MOH and other IPs to include this approach in the design of the training.
2. Attention should be given to the delivery of the messages by the health providers to ensure that the end users receive accurate and comprehensive information. A sufficient quantity of printed IEC materials should be produced and distributed to facilitate the delivery of accurate information. Data should be collected using a standardized instrument before, during and at the end of the program to adequately evaluate the IEC/BCC activities.
3. UNPFA can provide technical support in reviewing the strategy draft and providing feedback taking in consideration that this strategy should respond to the national RH needs in country, it should clarify in the action plan how to reduce the duplication and how to increase coordination between the national partners for better RH services. It should also figure out how to integrate with other national sectoral strategies. RH strategy should balance between the biomedical aspects of RH and women's well being and empowerment.
4. It is recommended to review the midwife scope of practice and to expand their role in FP to reduce the percentage of unmet needs. UNFPA can promote or lead a policy dialogue at a national level on that issue.
5. More in depth study is required to reveal the reasons behind unmet met needs in family-planning in WB&GS. The study should address availability of FP methods, socioeconomic factors, cultural factors, and health system related factors.
6. Integrating RH topics in the different interventions is an effective strategy to raise youth awareness in their reproductive health rights. UNFPA should consider it as one of the best practices, if quality of trainings can be controlled (content and methodology), and when these trainings are conducted

over extended numbers of sessions covering various topics. It is recommended to divide the RH topics through the project duration and to have more than one workshop on different RH subjects for better understanding of the subjects. Also engaging youth in the design and planning of the trainings, including best delivery methods, topics of higher priority, etc.

7. UNRWA and private schools should be targeted with the RH curriculum already integrated in public schools and furthermore access out-of- school and vulnerable youth including those institutionalized in MoSA youth rehabilitation centers should be targeted as well.
8. Institutionalization of gender based violence detection and counseling as well as adopting the national referral system would be more effective and comprehensive while providing healthcare providers with training on GBV is one activity among others that UNFPA should have in the CP. UNFPA should support the national referral system for GBV cases in the next cycle and support the GBV information system that is recently developed.
9. Male engagement in advancement of gender equality, combating gender based violence, is considered to be one of the most effective strategies of the Country Program in oPt. UNFPA should set a clear strategy on male involvement not only on gender equality and GBV but also male involvement in Reproductive Health and Family Planning. While there were some initiatives during this cycle, moving forward UNFPA should strategize its focus on male engagement by linking gender issues with Reproductive health and Reproductive Rights.
10. UNFPA should strategize its support to line ministries; particularly MOWA in operationalizing its VAW and MOSA in its support to the rehabilitation centers. This is of high priority for the CO to ensure that national ownership is in place to carry on the country program and reduce reliance and potential substitution by UNFPA
11. UNFPA should consider strategizing its Behavioral Change and Communications approach for promoting gender equality and equity, RH and RR and GBV through careful revision of its IPs in this area. This can be ensured by revisiting its partnership protocols to ensure that builds on partners' competencies and mandates in these areas, better coordination in their geographical area coverage, particularly those that offer comprehensive services and utilize the community awareness as an approach to identify and detect cases for further support.
12. The capacity building of the coalition members and their networking should be further supported in a defined approach across all regions, and should take a continuous flow. UNFPA should have a clearly unified and strategized as well as focused and continuous approach in the capacity building of the coalitions with key strategic partners in the process (at most one in WB and GS). Such partners should have the appropriate and demonstrated competencies needed in advocacy and lobbying to sustain the benefits achieved thus far and develop the CBOs to play an active contribution in the later anticipated implementation of the 1325 framework and GBV.
13. UNFPA should re-initiate the now stopped peer to peer approach amongst the young people in the MOSA centers, after revising the short-term approach into a long-term one that builds on youth role models that were captured through the evaluation interviews. Empowered girls can further be integrated in the centers as source of inspiration for other young girls with a need to adopt a comprehensive longer term peer to peer follow up.
14. Possible formulation of a PD taskforce from within the National Commission as a technical committee to be coached over a year or more in the national planning processes and strategies.
15. There is a need to institutionalize PD research and its respective capacity building efforts. It might be worth conducting a study or assessment on PD research to inform planning on existing capacities and distinguish this from policy papers/or briefs.
16. The CO does not prioritize specific thematic studies, which constitutes after years a lost opportunity. High quality studies targeted at crucial policies could have indeed constituted tangible models, which could have been assessed and replicated in other sectors. This is recommended to be of

crucial importance before the cycle ends, it can help identify strategic interventions for the next cycle, and most importantly policy papers to be produced.

17. There is a need for a parallel technical and long-term capacity building model beyond short-term trainings on planning and integration of population issues in national programming and policy development through institutional linkages with PD centers abroad regionally or internationally such as the French population center.

M&E recommendations

1. Ensure a realistic and clear formulation of outputs and sub-outputs, and more focused interventions and ensure that mainly representative[1] indicators allow a measurement of progress towards results and objectives.
2. Enhance the management information system through setting forth who is responsible for monitoring the system as well as the reporting structure and have a reference document identifying information management process.
3. A program quality assurance system is urgently needed to be in place and formalized. This system should identify the quality assurance process and internal structure and must equally include utilization and decision-making process in a systematic manner.

[1] That the indicator matches the result intended

CHAPTER 1: INTRODUCTION

1.1 Background

UNFPA's goal is to "achieve universal access to sexual and reproductive health (including family planning); to promote reproductive rights, reduce maternal mortality and to accelerate progress on the ICPD Agenda and MDG5 (A and B) in order to empower and improve the lives of underserved populations, especially women and young people (including adolescents) enabled by UNFPA's understanding of population dynamics, human rights and gender equality driven by country needs and tailored to country context."

UNFPA's Country Program in the oPt covers a period of only 3 years in alignment with the national development plan and planning cycle. In December 2010, UNFPA and the Palestinian Authority signed the 4th Country Program Action Plan (CPAP) for 2011-2013 with the aim of improving access to and availability of quality reproductive health services, empowering youth through improved life skills and civic participation, strengthening the national information systems, and help to build the capacity of Palestinian authority institutions and civil society organizations in these areas. The country program is coordinated by the Palestinian Ministry of Planning and Administrative Development, while a number of annual work plans is implemented by national partners including eight governmental institutions and seven non-governmental organizations. Details of country program outcomes and outputs are attached in Annex 3.

1.2 *Purpose and objectives of the Country Programme Evaluation*

The overall purpose of this oPt Country Program Evaluation (CPE) is to produce an independent and utilization-focused country program evaluation report covering the design of the UNFPA country program in oPt and implemented interventions since beginning of the 4thcycle (2011-2013) to date. The main aim is to use the results of the final evaluation in the planning of the new country program for the 5th cycle (2014-2016), which will be prepared by the UNFPA country office and national stakeholders during September– December 2012. The specific objectives of the evaluation are to:

A. Assess the UNFPA country program strategic positioning within the development community, responding to national needs and contributing to the country development results
B. Assess quality and adequacy of country program (CP) design and CPAP result as well as monitoring and evaluation frameworks and system
C. Assess program performance of the country program, focusing on program strategies and its contribution to progress or lack thereof towards the expected outputs and outcomes set in the CPAP result framework
D. Present key findings, conclusions, draw lessons learned and raise strategic and actionable recommendations to inform the next 5thprogramme cycle.

1.3 Scope of the Evaluation

The **overall objective** of the evaluation is to fulfil accountability, enable learning functions and provide inputs into the design of the next program cycle. The **specific objectives** gear into reviewing the county office's positioning within development community and national partners in order to respond to national needs while adding value to country development needs.

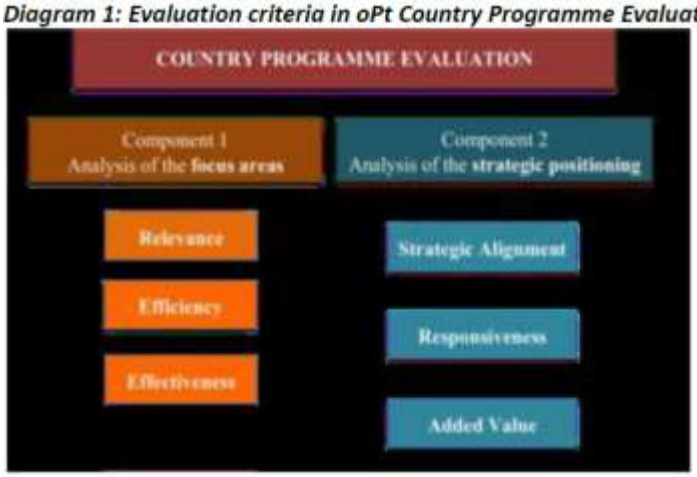
The evaluation covers UNFPA's Strategic Positioning, and the Relevance, Effectiveness and Efficiency of the country program in its three focus areas. Due to the short duration of program cycle and since the

evaluation covers an implementation period of only one year and a half, it is difficult to assess or draw conclusions in regards to Impact and Sustainability. However, the evaluation assesses if ***sustainable strategies*** were taken into consideration in the program design, and so it was analyzed as part of program effectiveness. For the same reason, it is early to assess or draw conclusions in regards to achievements of results, therefore, the evaluation covers mainly program strategies in addition to the CPAP design in both West Bank (WB) and Gaza Strip (GS) during the period January 2011- to date.

1.4 Methodology and Process

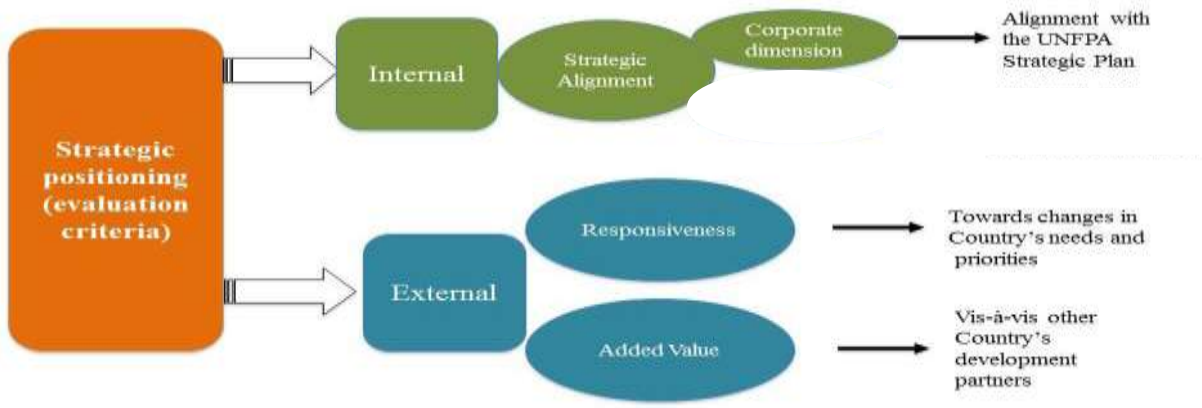
The CPE evaluation has three components; i) the analysis by focus area, ii) the analysis of the strategic positioning *and is complemented* by iii) the assessment of the CO M&E system. Based on the ToR (see annex 1), specific evaluation questions by focus area have been identified covering the following evaluation criteria: relevance, efficiency, and effectiveness (see diagram 1).

Diagram 1: Evaluation criteria in oPt Country Programme Evaluation



The analysis of UNFPA strategic positioning was conducted according to the following criteria: strategic alignment- mainly the corporate dimension, responsiveness and added value (diagram 2).It's worth noting though that alignment with UN system assistance framework within the systematic dimension was not addressed, since there is no United Nations Development Assistance Framework (UNDAF) in oPt, the first UNDAF is being developed this year for 2014-2016, the evaluation only briefly assesses the extent to which the country programme is aligned with the UN Medium Term Response Plan (MTRP) in lieu of a United Nations Development Assistance Framework and the coordination mechanisms between UNFPA and UN agencies, particularly, those who might overlap with UNFPA.

Diagram 2: Criteria for strategic positioning



As for assessing the ***CO Monitoring and Evaluation system***, *(component 3)* the evaluation assesses quality of CP/CPAP design and the Result and M&E frameworks with the main focus on validity of result

chain, quality of indicators, baselines and targets and as well as the appropriateness of M&E tools used and the systematic use of knowledge and evidences of the CP monitoring information. The thoroughness of application of the M & E framework in view of frequency and performance are also in focus of this evaluation.

The evaluation methodology was based on and further adapted on the methodology for country program evaluations recently developed by the Evaluation Branch at the Division for Oversight Services (DOS) and utilizes the Handbook: "How to Design and Conduct a Country Program". An evaluation matrix was used as a guideline by the Evaluation Team members for data collection and analysis. Specific evaluations questions, details on what to check, data sources and data collection methods for each of the evaluation questions have been included in this matrix (see annex 2).The evaluators further expanded the evaluation matrix into an analysis framework, a fundamental step to the analysis of information gathering design and fieldwork. The analysis framework was shared with and modified according to feedback gained from the ERG in a meeting held on September 4th, 2012.

The evaluation team used a variety of methods to ensure validity of data, including internal team-based revisions and triangulation based on the systematic cross-comparison of findings by data sources and by data collection methods, this included presenting and discussing preliminary findings with the CO and the ERG.

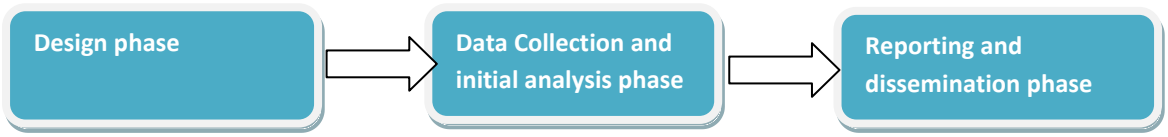
Due to budgetary and time limitations, a multiple method approach primarily included extensive review of program and intervention-related documentation (See Annex 4) along with national public policies and strategies, and evaluation tools that consisted of 8 focus groups (5 GS, 3 WB& Jerusalem) and 42 individual interviews, and observation/ site visits with a wide range of stakeholders that were largely coordinated through receiving support from the MOH, and other implementing partners, including end beneficiaries across the West Bank and Gaza Strip. Annex (5) presents a list of contacts that were consulted by the evaluation team.

Aside from conducting interviews with 10 UNFPA staff members and comprehensive review of all program document, the evaluation team referred to a set of criteria in selecting the sources / persons to inform the evaluation, the criteria includes 1) the informant/ AWP is directly or solely linked to a specific evaluation question 2) Balance in geographical coverage; the informants are representative of the geographical areas targeted by the CP (WB, GS, Jerusalem), 3) the informant is a major partner / national owner of the CP 4) the informant is implementing a particular strategy of intervention for the CP within a focus area, and over extended period of time/ cycles, and 5) After careful review of the AWP and IP's mandate, the evaluation team found certain issues that it sough further inquiry. (Annex 7)

1.4.1 Evaluation Process

The evaluation process comprised the following phases: (1) design phase, (2) data collection and initial analysis (3) reporting phase.

Diagram 3: The evaluation process



Phase 1: Design phase

During this phase, the team identified, mapped, collected and analysed documents related to the program of UNFPA over the period being examined. This was later followed by the development of a design report. As such, the evaluation design report included the stakeholders mapping, evaluation questions and methods to be used, information sources and plan for data collection, including selection of project/field sites for visits, and design framework for data analysis. The evaluation team leader and component lead experts briefed the ERG and received their feedback on September 4th, 2012.

Phase 2: Data Collection

Upon addressing feedback from ERG, the evaluation team undertook the fieldwork as per agreed methodologies and timeline, including primary data gathering through semi structured interviews, focus groups, and site visits.

Phase 3: Reporting and Dissemination

Data was then analysed and assembled resulting in production of a first set of preliminary conclusions and recommendations that was presented, discussed and validated with UNFPA bilaterally in a meeting that was held on November 8thand again with the ERG in a meeting on November 12th, 2012. The results of this fruitful discussion were taken into account in the revision of this report.

1.4.2 Limitations Encountered

In undertaking the evaluation, the evaluation team was confronted with a few obstacles including: (1) organizational restructuring in line ministries namely the Ministry of Health (MOH), the massive transformation of the Higher Council of Youth and Sports (HCYS) and turnover of some informants who retain much of the organizational memory; (2) overambitious results framework in the three focus areas, (3) the timing of the evaluation, provided it is half-way into a 3 year country program, is affecting the evaluation of the interventions' strategies undertaken by the Country Program, (4) lack of cooperation and responsiveness of some informants in meeting with the evaluation team and answering questions despite numerous attempts to schedule and reschedule according to their time timetable; (5) interviewed participants/ beneficiaries in focus group discussions were selected by the implementing partners (IPs).

Though attempting to address any gaps through triangulation the team acknowledges that, despite efforts, in some rare cases information might be incomplete. Limitations were addressed by organizing more extensive stakeholder consultations to allow for the systematic triangulation of evaluation findings, and by reviewing documentation in greater depth.

1.4.3 Ethical Considerations

In line with the Ethical Code of Conduct for UNEG/UNFPA Evaluations**,** the evaluation team paid particular attention to various ethical issues in undertaking this evaluation. Below are some of the main ethical considerations outlined as adopted by the evaluators:

1. ***Informed Consent*****:** All informants participating in the evaluation were made fully informed about the purpose of evaluation being conducted, and how the findings will be utilized.
2. ***Voluntary Participation:*** All informants interviewed maintained a voluntary right in participation and were free from pressure, if they chose not to take part or discontinue their participation in the evaluation.
3. ***Confidentiality****:* The evaluation team ensured protection of informant's confidentiality of information provided. This was communicated to all informants and in the cases that specific reference was made; it was gained and disclosed through informed consent by the informant on the bases that it does no harm to the informant.

4. ***Assessment of components of relevance only****:* The evaluation only assesses those components that are of relevance only to the Country Program Evaluation. It was therefore maintained as simple as possible and focused on the intention of the evaluation and what the data gathered would be used for.

CHAPTER 2: THE COUNTRY CONTEXT

2.1 Development Challenges and National Strategies

Palestine has been under military occupation since 1967.The prolonged Israeli military occupation of Palestine has severely limited the prospects for Palestinian development and has deprived the Palestinians of the right to self-determination and of their basic human rights. For the Palestinian people; achieving sustainable development means first of all achieving freedom.

In what regards the advancement to **Millennium Development Goal** (MDGs), with the exception of MDG 2[2], 3[3] and 6[4], recent assessments indicate that it is unlikely that oPt will meet all of its targets by 2015 should occupation pertain. As for MDG 5, assessments indicate that the goal might *potentially be achieved* even under occupation. A lower economic growth between 2001-2007 curtailed progress in addressing poverty as well as limiting resources available to improve public services[5]. The current trajectory towards attainment of MDGs under occupation is quite different in the West Bank in comparison to Gaza. In general, where positive progress is being made, such progress is slower in Gaza relative to the West Bank. Where regression is taking place, as is the case in relation to poverty and hunger, for example, such regression is much more pronounced in Gaza.The accumulative effects of Israeli occupation policies have resulted in high poverty rates, widespread unemployment, especially in the Gaza Strip, and prevalent food insecurity. The latest available data indicates that, in 2007, 34.5% of Palestinians live below the national poverty line[6]: 23.6% in the West Bank and 55.7% in Gaza. Only 33% of the population can be considered as food secure. The impact of this economic contraction on poverty levels has been cushioned somewhat by the provision of food and cash assistance, largely funded by external aid[7].

The HDI represents a push for a broader definition of well-being and provides a composite measure of three basic dimensions of human development: health, education and income. The HDI for oPt is 0.737, which gives the country a rank of 110 out of 182 countries with data, in the medium human development range[8].

2.1.1 Reproductive health

Over the last two years, the Ministry of Health has endeavored to improve the quality of health services and has drawn up an ambitious work plan (for the period 2008–2010) to reform and further develop the health sector. Despite the actions of the Israeli occupation forces and the lack of financial resources, the MOH has pressed ahead with the work plan and was gratified by the positive response from many

[2] Achieve universal primary education
[3] Promote gender equality and empower women
[4] Combat HIV/AIDS, malaria and other diseases
[5] Millennium Development Goals Palestine, Progress Report. 2010
[6] The 2007 poverty line was NIS 2,375 per month (approx. US$580/ month, US$20 per day) for a family of 2 adults and 4 children
[7] If this assistance were to be deducted, the World Bank has estimated that poverty rates would climb to 45.7% and 79.4% for the West Bank and Gaza Strip respectively[7].The trend in the employment to population ratio is generally in line with the unemployment trend. Between 1995 and 2009, total unemployment rose from 18.2% to 24.8% (from 13.9% to 18.1% in the West Bank and from 29.4% to 39.3% in Gaza)

[8] This index is compiled using life expectancy at birth (73.3), the adult literacy rate (93.8 %), combined with the gross enrolment ratio in education (78.3%) and GDP per capita (USD 2,243). These indices demonstrate that the oPt achieves above the regional (Arab) average in life expectancy, literacy rate and education, but lags behind in GDP per capita.

donor countries and from the United Nations agencies involved in the health sector. The Ministry has recorded several achievements such as the rehabilitation and reequipping of health facilities, and the development and delivery of training courses for health managers. One of the most notable obstacles is the blockade against the Gaza Strip and the unusual political situation.

The proportion of Palestinian women of reproductive age (i.e. 15–49 years) is 48.8% of the total number of women in Palestine. Maternal mortality formed the second largest cause of deaths for women in the reproductive age, the mortality rate recorded at the national level was 38 per 100 000 live births. The Ministry of Health has set up a high-level national committee to monitor the recording and reporting of maternal mortality. Due to the current political situation in the Gaza Strip, reporting of these rates is extremely poor. The reported rates do not always reflect reality. As for total fertility rate, According to PCBS, the total fertility rate among women of reproductive age (15–49 years) is 4.6 at the national level (5.4 in the Gaza Strip and 4.2 in the West Bank).

Most births in Palestine occur in hospitals or in maternity homes (98.9%), mainly in hospitals administered by the Ministry of Health (56.0%). This confirms that most Palestinian women prefer to give birth in a hospital setting, and especially hospitals administered by the MOH , and because most of the Palestinian population benefits from the health insurance system covering childbirth. Government hospitals therefore represent the most appropriate choice.

RH services in oPt are affected by systemic problems, including: (a) duplication of services; (b) the lack of referrals between various service providers (c) inadequate quality of care; (d) management issues; and (e) a lack of equipment and medical supplies, particularly in Gaza. Demand is affected by mobility, affordability, information and culture. Early and frequent pregnancies pose a health hazard. There is low utilization of post-natal maternal care services reaching 38% in 2010. The contraceptive prevalence rate for modern methods was 41.4% in 2010, with a 15.6% rate of unmet need for contraceptives. Breast cancer is the leading cause of cancer deaths among women. Nearly two thirds of cases are not detected until the tertiary stage, reflecting a lack of early screening as well as poor health-seeking behavior. The Occupied Palestinian Territory has a low prevalence of HIV/AIDS, with a cumulative total of 72 diagnosed cases up to the end of 2011. However, it is difficult to assess HIV prevalence among the populations most at risk. Proxy studies on sexually transmitted infections indicate alarming levels of infection among certain population groups. Information and prevention measures, including scaled up voluntary testing and counseling services are thus essential.

2.1.2 Gender Equality

Palestinian women face numerous impediments to attaining equality with their male counterparts in the health, legal, social, economic and political spheres. In addition to the prevailing patriarchal norms and traditions, the protracted military occupation of Palestinian lands limits women's enjoyment of independence, self-determination and citizenship in a Palestinian nation-state. The national resistance against the occupation has in and of itself placed limits on women's development. In this context anecdotal and some quantitative evidence suggests that violence against women (VAW) is a growing problem. 37% of ever married women exposed to one form of violence. Women exposed to violence do not seek assistance from organizations or women's centers for counseling. Only 0.7% of married women and 1.5% of unmarried women who were exposed to violence went for women's centers[9]. Several factors negatively affect Palestinian women and their accomplishment of gender equality;

[9] Palestinian violence survey, 2011, PCBS

a) Palestinian Legislation: Existing laws do not provide enough protection for women's rights; those that do exist are often poorly enforced, some laws discriminate against women, and there is a notable absence of specific laws to protect women from gender based violence.
b) Performance of State Institutions: State institutions do not provide adequate healthcare, social services, or protection for Palestinian women. In addition, there is no official system in place capable to protect women victims of violence.
c) Social Habits, Culture and Traditions: Palestinian women are targeted through stereotypes perpetuated by the media, cultural events, and traditions that place them at a position lower to men.
d) Practices of Israeli Occupation Forces: Israeli ongoing occupation creates a dangerous situation for women whose private and public spaces are no longer safe.

The weak enforcement of the rule of law, conflicting and parallel legal codes, discriminatory implementation of law and multiple judicial entities all contribute to a fragmented and inefficient system of legal protection. It is not uncommon for conflict or post-conflict societies to have multiple legal codes; ***but it is the lack of effective legislative and judicial oversight that is particularly problematic in the oPt***. Weak rule of law has a particularly detrimental effect on gender equality and women's empowerment, especially related to domestic violence and family law, and legal malfunctioning impacts particularly severely on women. Provisions of the penal code in force in both the West Bank and Gaza related to rape, adultery, sexual violence committed in marriage and so-called "honour killings" display ***unambiguous discrimination against women***. In cases of family law administered by the Shari'a and clan-based courts, women's rights organization have pointed to ***women's chronic lack of legal awareness of their rights and entitlements***. Victims of violence in the oPt are both women and men. Women, however, are the main victims of family violence.

Another problem that especially affects women is ***widespread social stigma against reporting and seeking legal recourse against violence perpetrated by family members***. According to the Palestinian violence survey 2010 supported by UNFPA less than 1% of polled women who experienced domestic violence had filed a formal complaint to police. Many draft laws presented by various PA governments ***have lacked any visible awareness of women's human rights (and most other human rights issues)***. However, all laws passed by the PLC are relatively women friendly due to strategic and focused lobbying by the women's movement. On 8 March 2009 President Abbas signed the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

2.2 The Role of External Assistance

External assistance in oPt continues to play a critical role in development. There are 83 bilateral donors providing budget support to the PA or funding to NGO projects, amounting to 42% of the health budget. Major bilateral partners for the Ministry of Health include Belgium, Canada, EC, France, Italy, Japan, UK, and USA. The United Nations system is represented with 22 agencies, out of 4 of them working in health (WHO, UNICEF, UNFPA, UNDP). There are 150 international NGOs, 10 of them mainly working in health and 200 Palestinian NGOs, 10 of them working in health in addition to tens of charitable and community health organizations at district levels.

Palestine is highly dependent on external aid. Palestinian authority (PA) received net ODA of US$2.5 billion in 2010, with United States, European Union, UN and Arab countries the top donors. The country is aid dependent, with ODA accounting for some 31 percent of GDP. Palestinian Authority has been one

of the highest recipients of per capita foreign aid in the world. There is perhaps no entity as dependant on assistance from the outside world. The continued and timely delivery of donor aid remains vital. However, no western financial assistance is given to the authorities in Gaza.

Table 1: West Bank and Gaza ODA Receipts

Receipts	2008	2009	2010
Net ODA (USD Million	2470	2718	2519
Bilateral share (gross ODA)	62%	71%	70%
Net ODA/GNI	..	..	..
Net private flows (USD million)	3	17	14

Source: World Bank[10]

Table 2: Top Ten Donors of Gross ODA (2009-2010 average)

Country	(USD million)
1. United States	783
2. EU Institutions	490
3. UNRWA	271
4. United Arab Emirates	154
5. Norway	105
6. Germany	103
7. Spain	98
8. United Kingdom	96
9. Japan	78
10. France	74

Source: World Bank[11]

The local aid coordination structure is organized around four strategy groups:

1. Economic Strategy Group (ESG),
2. Governance Strategy Group (GSG),
3. Infrastructure Strategy Group (ISG) and
4. Social Development Strategy Group (SDSG).

These groups are supported by the Local Aid Coordination Secretariat (LACS).

The Health Sector Working Group (HSWG) supports the Social Development Strategy Group (SDSG) and is chaired by the Ministry of Health and co chaired by USAID, with WHO being the technical advisor. It assembles key donors to the health sector and partners and its role is to ensure effective aid coordination in support of strategic developments in the health sector. A number of thematic groups have also been established to develop policy and programs on specific areas of the health sector, reporting to the HSWG. To respond to humanitarian needs, WHO as leading agency in health rolled out

[10] www.undg.org
[11] www.undg.org

the cluster approach in late 2009. The cluster coordinator works closely with all health stakeholders, and the MoH to ensure effective coordination of health related humanitarian activities, including central and district coordination meetings.

To align aid with national priorities as expressed in the respective national development plans and sector strategies and to ensure a balanced allocation of aid flows, the Palestinian Authority pursues a "One-Gate Policy" for aid flows to Palestine. This entails that all aid is cleared by the Ministry of Planning and Administrative Development (MOPAD), which is responsible for the national planning process, for monitoring and evaluation of national plans, and for aid management and coordination. This One-Gate Policy was defined on 15 March 2004 by a Cabinet Decision, which states that agreements related to development projects and programs are signed in accordance with the general agreements Ministry of Planning and Administrative Development. As part of the One-Gate Policy on Aid Management and Coordination, MoPAD is conducting annual consultations with major donors, thereby bringing together donors as well as relevant government bodies. These consultations are being conducted with the aim of aligning aid to national priorities and increasing predictability. The national aid information management system, Development Assistance and Reform Platform (DARP), (administered by MoPAD), captures aid flows for aid management, planning & budgeting, as well as monitoring & evaluation purposes.

The basic approach of the central government is to ultimately eliminate dependency on external aid. Within the period of the current national development plan (2011-13) the focus is on achieving a transformation in the nature of external aid from "life support" (reliance on support to recurrent expenditures) to real investment in the future of Palestine. However, Palestine's development will require substantial investment and during the period of the current development plan, the largest single source of funding will be ODA. Hence, aid effectiveness remains a key priority for the Government in general and for MoPAD in particular. The Government's main aim is to align international aid towards national priorities and implementation modalities, thereby ultimately ensuring the sustainable impact of aid flows.

National level and sectoral results frameworks are of vital importance to assess progress in the implementation of national plans and in the implementation of aid effectiveness principles. The Palestinian National Authority has started to institutionalize a monitoring framework at the national level. Nonetheless, further efforts are required at both the national level and the sectoral level.

CHAPTER 3: UNFPA STRATEGIC RESPONSE AND PROGRAM

3.1 Strategic response& programming flow

The United Nations Country Team outlined the planned responses to the identified needs, in the United Nations Medium Response Plan (MTRP 2009-2010) in lieu of a United Nations Development Assistance Framework. It has two objectives: (a) support the establishment of a legitimate and effective Palestinian state; and (b) achieve the Millennium Development Goals. UNFPA contributes to these objectives by integrating the Programme of Action of the International Conference on Population and Development, as well as its five-, 10- and 15-year reviews, into the national governance process and social service provision.

In line with the United Nations medium-term response plan, UNFPA works on supporting national capacity building through technical assistance, policy guidance, advocacy, and the facilitation of partnerships.

The strategic directions outlined in the MTRP framed the preparation of a 3 years country programme (CP) with the Palestinian government on the assumption that the present political and security situation will evolve towards a two-state solution during the next three years. This was followed by development of respective action plan (CPAP). Yearly, sets of budgeted activities were agreed with national implementing partners and included in annual work plans (AWPs).Diagram 3represents the linear links between key global and national documents that led to the formulation of the MTRP, CP, CPAP and AWP documents.

3.2 UNFPA response through the Country Program

Table 3: UNFPA Country Programme Outcomes

Outcomes previous cycle	Outcomes Current Cycle
The increased utilization of comprehensive, high-quality reproductive health services.	Access to and utilization of high-quality, complementary, comprehensive, rights-based reproductive health care is increased, including in humanitarian crises
Institutional mechanisms for improving the legal status of women, eliminating gender-based violence, promoting women and girls' rights, and increasing gender equity in decision-making, including political and economic decision-making.	Gender equality is enhanced through improved policies, protection systems and empowerment, including in emergency and post-emergency situations
National and sectoral policies take into account gender and population in the context of development and emergencies.	Increased utilization of socio-demographic data for evidence-based decision-making as well as policy and programme formulation, at national and sub national levels

3.1.1 UNFPA Previous Country Program Cycle

During the previous programme cycle (2006–2010), the reproductive health component focused on strengthening the quality of reproductive health services by improving strategies, standards and protocols; enhancing training; and increasing reproductive health commodity security. The programme provided support to a number of hospitals and clinics, to enable them to focus on monitoring service provision and health outcomes. However, efforts in these areas need to be scaled up through the provision of technical assistance, policy advice and advocacy at the health systems level. The

programme successfully addressed quality-related issues related to infection control, referrals and continuity of care.

In the area of population and development, UNFPA provided managerial and technical expertise for the 2007 population census and for the Palestinian Central Bureau of Statistics. A lack of awareness of the importance of population issues and data in planning, as well as weak utilization of social and demographic databases, hampered programme achievement. Drafting a population policy proved unfeasible due to the political context, which affected the coherence of population planning efforts. In addition, the political impasse between the West Bank and Gaza has severely affected national data-gathering processes.

In the area of gender equality, the programme piloted three women's centres offering comprehensive psychosocial services, including counselling, legal support, and vocational and life skills training. In Gaza, this project offered post-crisis counselling to women, men and youth. UNFPA built coalitions with religious leaders to support gender equality and address gender-based violence. The goal of strengthening the Ministry of Women's Affairs was only partly achieved due to changes in the Government. Instead, UNFPA strengthened civil society networks to implement Security Council resolution 1325 on women, peace and security.

UNFPA Current Country Program Cycle[12]

The fourth UNFPA country programme (2011-2013) has drawn on lessons learned from the previous programme, in lieu of the United Nations Development Framework, United Nations medium response plan, and global policies including MDGs and ICPD and CEDAW. In line with the United Nations medium-term response plan, UNFPA will support national capacity building through technical assistance, policy guidance, advocacy, and the facilitation of partnerships. (See Annex 3 for the 4th Country Program Results Framework).

Outcome1: Access to and utilization of high-quality, complementary, comprehensive, rights-based reproductive health care is increased, including in humanitarian crises: Using human rights based approach and focusing on capacity building and institutional development, the reproductive health and rights component of the country program aims to increase access to and utilization of high-quality, complementary, comprehensive, rights-based reproductive health care including in humanitarian crises and youth health, including healthy lifestyles and life skills. The program aims to achieve this through achieving the following outputs:

- Strengthening the capacity of the national health system to provide comprehensive, complementary, high quality, rights-based reproductive health services, as well as HIV/AIDS prevention services.
- Increasing capacity of providers to offer comprehensive, complementary, high quality reproductive health services and information in identified geographical areas, with attention to the chronic humanitarian crisis.
- Increasing national capacity to provide high-quality, equitable, youth- and gender-sensitive health services and information for young people.

Outcome 2: Gender equality is enhanced through improved policies, protection systems and empowerment, including in emergency and post-emergency situations: In partnership with other

[12] UNFPA Country Program Document 2011-2013

stakeholders, this component will emphasize the linkages between gender, reproductive health, young people and emerging population issues. It will address gender issues affecting both males and females within the context of the political situation. The program will aim to enhance gender equality through improved policies, protection systems and empowerment, including in emergency and post-emergency situations. The program aims to achieve this outcome through enhancing government and civil society mechanisms to promote gender equality and equity by addressing gender-based violence and women's empowerment.

Outcome3: Increased utilization of socio-demographic data for evidence-based decision-making and policy and program formulation, at national and sub-national levels: Two outputs will contribute to this outcome. This will be achieved through:

- Enhancing national capacity to integrate, implement and monitor youth, reproductive health and emerging population issues in national plans and programmes.
- Enhancing national capacity to generate, analyse and use disaggregated data on population issues.

3.1.2 The Country Program Financial Structure

The Country Programme Document for the fourth UNFPA country programme stated proposed UNFPA assistance of $9.75 million: $3.75 million from regular resources and $6 million through co-financing modalities and/or other, including regular, resources for a 3 year period. The following diagrams illustrate budget compared with expenditure for the period under review.

Graph1: Total Budget Expenditure Evolution

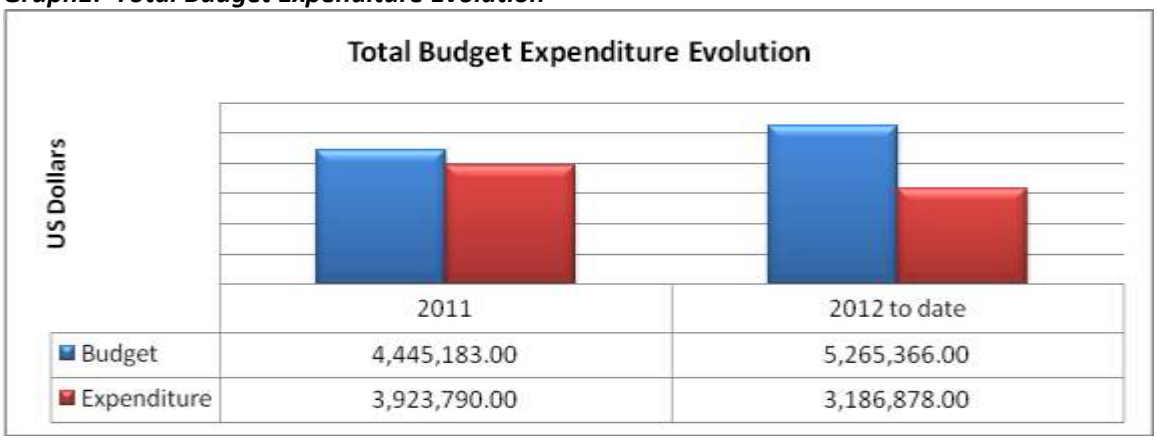


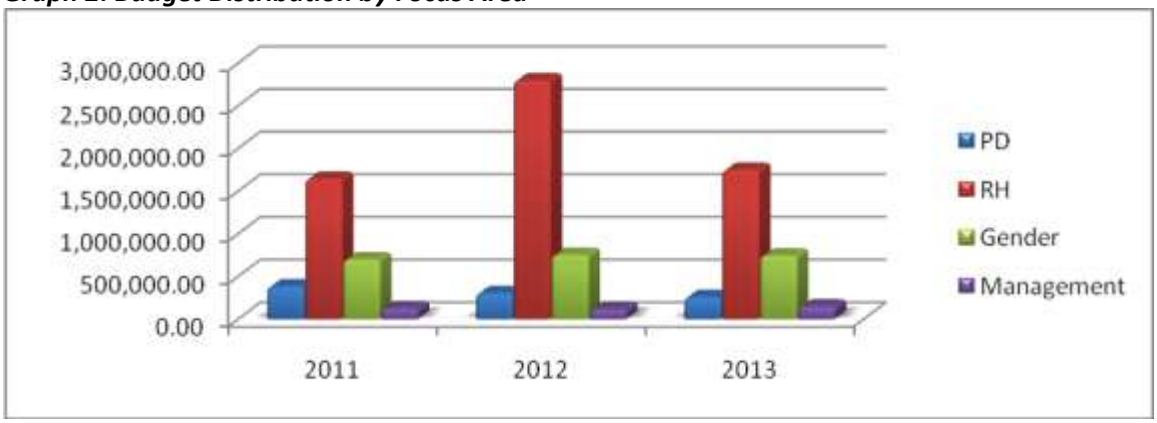
Table 4: UNFPA oPt Country Programme budget 2011-2013

	P&D	SRH	Gender	Program Coordination and Assistance	Total ($ millions)
Budget	.95	6.2	2.2	.40	9.75
Expense (to date)	.697	4.863	1.432	.118	7.112

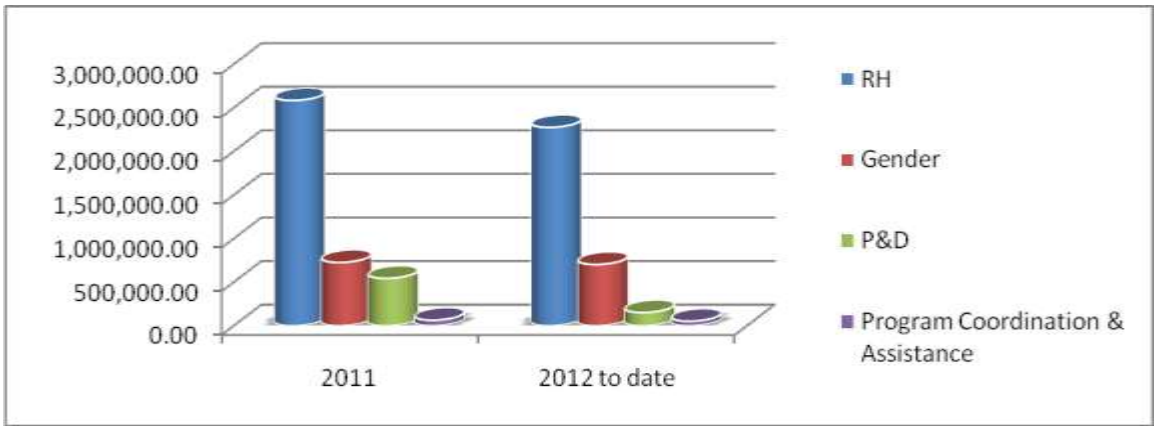
The budget distribution also remained reasonably consistent throughout 2011-2012, with the largest proportion of funding spent on Reproductive Health, ranging from 57% of the budget in 2011, to 70% in 2012 and 60% in 2010. Gender programming accounted for 22.5% of the budget on average during this

period, an average of 9.75% of the budget was allocated for Population and Development programming, with the rest of the budget allocated for management costs.

Graph 2: Budget Distribution by Focus Area



Graph 3: Expense Distribution by Focus Area to Date



Graph 4: Budget Recourses Origin

Funding sources remained consistent in the period 2011-2013 with the majority of budgetary funding originating from" Other Resources".

CHAPTER 4 FOCUS AREA ANALYSIS

This chapter presents the analysis of the levels of achievements of results within each focus area. The report briefly presents the UNFPA response to the country context and development challenges highlighted in Chapter 2, emphasizing major interventions as well as soft aid activities as an illustration.

This report assesses the UNFPA fourth country program (2011-2013), although its implementation will continue for a little over than one more year. Hence, the evaluation team analyzed the relevance, efficiency and effectiveness of the program up to August 2012.

4.1 Relevance

Evaluation Question 7: To what extent the programme outputs and sub-outputs respond to national priorities as expressed in the relevant national sectoral strategies and are adapted to the needs of the population?

4.1.1 Outcome1: Access to and utilization of high-quality, complementary, comprehensive, rights-based reproductive health care is increased, including in humanitarian crises

UNFPA responds to the national RH needs: UNFPA is advocating and providing policy advice on integrating reproductive health into national planning and on guidelines and protocols for a comprehensive package of reproductive health services; covering national needs of contraceptives and providing technical support to improve reproductive health commodity security and the clinical referral system; support professional training; and support HIV prevention among population most at risk, including the most vulnerable groups,. UNFPA also provides technical assistance to primary health care centers and hospitals in agreed areas with special needs, with a focus on quality of care, and provides health information to communities. UNFPA also supports emergency preparedness, rehabilitation, and the provision of equipment and supplies. UNFPA engages in policy dialogue with partner organizations to define an essential package of health services for youth and to strengthen youth-friendly health services and peer-based interventions, including psychosocial support and the promotion of life skills and healthy lifestyles, for in and out-of-school youth.

The RH program outputs and sub-outputs have been assessed to respond to the national priorities set forth in the NDP[13], VAW[14] strategy, Gender strategy, the Youth Cross Sectoral Strategy[15], MOEHE[16] Strategy, and MOH[17] Strategy, as well as humanitarian needs.

In the RH focus area, outputs 1.1 and 1.2 and their respective sub-outputs are in line with the NDP 2011-2013, particularly in the social sector policy "to promote and sustain a healthy society" that lays down the objectives of "continue investment in **preventative health care**, including immunization and ***screening as well as public education campaigns***" and "execute a comprehensive plan to ***improve and manage human resources in the health sector and invest in the continuous professional development***

[13] National Development Plan
[14] Violence Against Women
[15] The youth strategy was suspended due to the transformation of the ministry of youth and sports to higher council on youth and sports.
[16] Ministry of Education and Higher Education
[17] Ministry of Health

of medical practitioners...". Furthermore, the health strategy includes RH within the general health issue and it's not clear, if the strategy consider RH issues as one of the priorities and it's not mentioned clearly in the strategy objectives. Hence, the need to development of RH strategy spearheaded by UNFPA is of key relevance. Nonetheless, within the current Health Strategy, the CP in its RH component is in RH interventions are also in line with the objectives, of "Promote healthy lifestyles and enhance the management of chronic diseases", "Ensure ***public access to high-quality health services***, especially by the poor, marginalized groups, the unemployed…" and the objective of " Strengthen and develop cooperation between sectors, including the health sector as provided under the National Plan on Dealing with Disasters and Emergencies".

In output 1.3 and its respective sub-outputs, the RH interventions are in line with the previous National Youth Cross Sectoral Strategy's objective of "***Enhance the quality of and access to programs and services delivered to the youth and adolescents***, including in the fields of sports, entertainment, education, supportive education, public, psychological and reproductive health, environment and culture".

4.1.2 Outcome 2: Gender equality is enhanced through improved policies, protection systems and empowerment, including in emergency and post-emergency situations

In its gender domain, the CP output (2.1) aims at enhancing government and civil society mechanisms to promote gender equality and equity by addressing gender based violence and women empowerment. The output is in line with the NDP's social sector policy "To promote the ***full participation and empowerment of women*** in society" and to "ensure that public administration institutions ***abide by a policy of, and implement plans based on, zero tolerance for discrimination and violence*** perpetrated against women". Improving how women's rights are taken into account by policy-makers, preventing gender-based violence (GBV) and particularly violence against women, and developing access to basic services for girls and women are issues that need specific attention in oPt as highlighted in Chapter 2. This has been explicitly stated, in the National Strategy to combat VAW 2011-2019 "Palestinian women experience various forms of violence at two level; the Israeli occupation increases the level of violence in Palestinian society in general and affects all social groups, not women exclusively. The second level at which women experience violence is at the internal, national level, including domestic violence, violence in the extended family and violence in community institutions".

The sensitization of policy makers on VAW strategy that is conducted by MOWA and its respective media campaigns in sub output 2.1.1 aiming at supporting the operationalization of the VAW strategy, answers to one of the core guiding principles in the VAW strategy "Government commitment to combating VAW". Sub output 2.1.2- as a direction- answers to the VAW strategic priorities particularly in "Improving health **services in dealing with cases of VAW** and the strategic objective of "Promote the principle of violence prevention as part of the strategic direction of institutions working on the protection of women's rights in its policies". Furthermore, sub output 2.1.4 responds to the VAW strategic objective on "**strengthening a network of relationships** between the different institutions working on women's protection from violence, raise **community awareness** on the importance of combating Violence against Women, and **Support the role of media** in promoting a culture against VAW". This same sub-output (as a strategy) is also partially aligned with the VAW objective of "Reinforce the role of research and **documentation** in combating VAW", particularly the interventions aiming at building coalitions' capacities in documentation of 1325.Moreover, the approach adopted in engaging men and boys in gender issue, which stands to be one UNFPA's niche, is further in line with the VAW guiding principle of "Involving men and boys in a central manner in the process of combating VAW". Finally, gender sub outputs in their various spectrums are also in line with the national Gender Strategy,

"to reduce all forms of violence against women" and "To increase the protection of women's health (in particular raising women's awareness about their reproductive and health rights), and "Expanding the provision of specialist services for diseases affecting women (physical and mental health)".

While the gender component is aligned to national strategies and populations needs, particularly in combating GBV and contextualizing UNSCR 1325, which were validated by interviewed national partners and ultimate beneficiaries to be highly relevant. It also reflects a wide scope of action intended as the CP attempts to implement a large array of interventions, sometimes even beyond UNFPA's ***core mandate*** or that of some of its partners[18] given the resources available- such as economic services- thus creating a somewhat confusing framework for action.

4.1.3 Outcome3: Increased utilization of socio-demographic data for evidence-based decision-making and policy and program formulation, at national and sub-national levels

The National Development plan places particular emphasis on the need to strengthen PCBS capability to produce timely, reliable and unbiased national statistics with the highest international standards, although national strategies and priorities do not state increasing utilization of socio economic data for evidence based decision making and policy and program formulation explicitly, interviews with MOPAD and other key line ministries such as MOH, MOWA, MOSA amongst other have reiterated the need to not only generation of data but for further utilization of it in policy and program formulation. For an example the dissemination of data for national surveys is needed for policy planning. As such the support to governmental better planning, programming and monitoring of population issues is vital for integration of population issues in national plans and programs. Furthermore the support to population and development research is crucial for building evidence- base policy planning.

The development of the Draft Law on Elderly with MOSA, in sub output 3.1.4 "National Capacity strengthened to address elderly issues through National Elderly strategy" is in line with the national Social protection strategy objective of "Provide and promote a conducive legal environment to provide care to senior citizens and respect their rights" in the strategy's target of "Promote protection, care and empowerment of senior citizens". Interviews with local partners including MOPAD and BZU have further validated the need for output 3.1. and its respective remaining sub outputs, particularly in terms of strengthening the policy department in place at MoPAD (3.1.1) that is acting as the secretariat for the National Commission on Population Issues..

From the IPs point of view, and as reiterated by the PD unit interview, the relevance of the program should be assessed at the macro-policy level, i.e., the quality of services available to citizens as final beneficiaries particularly in light of the current political reality. Henceforth, the relevance of the program stems from the advantages it seeks to offer through supporting evidence-based planning of policies to enable a good service to citizens.

[18] For an example, Nablus Municipality's AWP includes provision of psychosocial services although it does not work in this arena and does not have the means to ensure quality of these services by its sub recipient CBO.

4.2 Effectiveness to date

4.2.1 Effectiveness of Outcome1:
Access to and utilization of high-quality, complementary, comprehensive, rights-based reproductive health care is increased, including in humanitarian crises

Evaluation Question 8: To what extent have CPAP targets been achieved as planned for the evaluated period? And how likely is it that the achieved targets will contribute to the achievement of CPAP outputs and outcomes by end of cycle?

The main expected results of outcome 1:
1. Improved capacity for quality provision of maternal and newborn health services including in time of crises.
2. Improved capacity for quality provision of reproductive health services including family planning services for individual and couples according to reproductive intentions. 3.
4. Improved capacity for promotion of community demand for quality reproductive health services
5. Improved capacity for provision of HIV and STI prevention services especially for young people and other key populations at risk.

In reviewing the outputs and sub outputs, it was evident that many of the targets were achieved more or less according to the action plan, many of the targets were not met and others have the potential to be met and achieve the above results by the end of the cycle;

Output 1: Strengthened capacity of the national health system to provide comprehensive, complementary, high quality, rights-based reproductive health services, as well as HIV/AIDS prevention services

Within this output, the country program intended to achieve the following ***sub outputs*** that are discussed below:

Sub Output1.1.1: Strengthened national capacity to spearhead RH and gender issues/policies

There was a delay in developing the RH strategy in the first year, a committee from different sectors was established to be involved in developing the strategy, a second draft of the RH strategy is ready now for the final review, and developing the action plan for the strategy is taking place. It is expected to have it ready with the action plan by the end of 2012. Actions that were taken in this sub-output also include the conference on maternal mortality, and maternal mortality committee meetings.

Sub output 1.1.2: Strengthen Reproductive Health Commodity security through capacity development, coordination and advocacy to ensure a complementary provision of FP services.

With regards to strengthening reproductive health commodity security, an assessment of Family Planning (FP) commodities, was undertaken in GS to assess supply chain management to inform better interventions for ensuring availability of commodities. Target for 2012 was reached with almost 150 providers from MOH and NGOs were trained on supply chain management of RHCS in northern districts in Gaza and in West Bank at district and peripheral level.

Sub output 1.1.3: Improve quality of midwifery and newborn nursing programs (jointly with WHO, JICA and UNICEF for the newborn)

As part of improving quality of midwifery and newborn nursing programs to reduce the gap in the number of midwives in the Palestinian labor market, UNFPA supported the directorate of Health and Medical Education in improving the status of midwives in the country through providing the platform for dialogue and implementation of capacity building opportunities for midwives. Ibn Sina nursing college continued provision of newborn nursing diploma with new students each year, worked on sustaining this course within the formal system of the college, and plays a role in the harmonization and qualitative improvement of midwifery training nationwide. Additionally, job profile for midwives was updated and endorsed within MOH to enhance and define the role of midwives in the provision of RH services, still to be endorsed within UNRWA. In addition, more than 300 intern physicians completed successfully on job training on midwifery and obstetric care skills, as part of the formal training package.

Sub output 1.1.4: Improve the quality of emergency obstetric and newborn care at secondary healthcare facilities

Many health providers are also being trained during this CP cycle, 300 each year in GS&WB on EOC and ALSO; since 2011, hundreds of health providers were trained on EOC including health providers from private sector in WB and GS. Furthermore, The Near Miss study was carried out in 2011 and a maternal near miss tool is being developed for case audit as part of quality assurance.

Sub output 1.1.5: Enhanced national capacity in planning, implementation and monitoring of HIV prevention programs.

In regards to improving HIV and STIs prevention services, UNFPA played a major role in strengthening the National AIDS Committee; lead by PHC-Directorate and as a result, a national HIV/AIDS strategy was developed but the operational plan and the M&E plan has been halted due to availability of fund. Moreover, there is ongoing support for the coordination meetings organized by the NAC with other line ministries who are NAC members too. Work plans were developed with key NAC member agencies including UNRWA, PMRS, PFPPA, and MOE. The development of these work plans helped in the advocacy sensitization efforts carried out throughout the program with religious leaders, women NGOs, school teachers and others. The second phase of the HIV/AIDS project was delayed due to many complications with the Global Fund and the role of the PR (UNDP) in follow up. The evaluation noted that RH and HIV/AIDS interventions have not been integrated and were largely carried out in isolation of each other; the two areas are managed separately within the national health structures.

Summary of findings

Many of the targets under Output 1 and related Sub-Outputs were met (RH strategy, training on EmOC, near miss study, advocacy and policy events, RHCS assessment for the targeted health facilities, equipment, renovation, training, updating the job profile of the midwives). Sub-Output 5 related to HIV prevention has major challenges related to the availability of fund from the global fund project; more follow up from the primary recipient (UNDP) is required.

Evaluation Question 11: To what extent capacity development mechanisms are likely to improve quality of Obstetric care?

The country program is working on improving the emergency obstetric care at the national level by building the capacity of health system and building the capacity of health providers. Near Miss study was implemented and mainly concluded; (1) Continuous education system based on a thorough training needs assessment and clear training plan on the NOEGP, with rigorous follow up; (2) Better and more systematic documentation of individual case files; (3) Improve the archiving and filing systems in the hospitals as relates to the maternity files; (4) Enhance quality of MNM case management and referral; (5) Enhance the quality of management at obstetrics and gynecology units; and (6) Surveillance and monitoring system to identify maternal near miss cases and review case management.

Based on the near miss study, an audit form was developed for near miss cases and being piloted in Hebron hospital, on job training continued on the national obstetric care protocol, in addition, 3 maternities were equipped with essential equipment. However, still WHDD needs to foster the work on obstetric care has many other actions to improve the quality of obstetric care such as institutionalizing the audit and inquiry mechanism to investigate maternal mortality and near miss and then developing maintenance and preventive maintenance system, introducing the QA [19]program to RH services and conducting on job training and field supervision related to application of obstetric care protocols at MOH and private hospitals. Close monitoring and evaluation is required to assess the effect of these interventions on the quality of obstetric care.

Evaluation Question 13: To what extent Reproductive health is being integrated in national health policies and strategies?

RH is included in health service at the primary, secondary and tertiary health care services in MOH across the oPt. The national health strategy doesn't mention RH clearly under the national priorities or under the objectives, but considers it as part of general health. Most of the medical services related to RH have protocols and guidelines e.g. antenatal protocols, EMOC protocols and so on. These protocols are disseminated at the national level except UNRWA who has its own protocols in most cases. Furthermore, UNFPA supports the policy dialogue in the country and support WHDD in updating the national RH strategy, for that purpose national thematic committee was formed to discuss and review the updates in the new RH strategy. The second draft of RH strategy used the life cycle approach with more focus on reproductive age. It clarifies the RH package of services in the country. It is noticed that RH strategy draft is quite relevant to CP outcomes and outputs, but it doesn't take into consideration the other national sectoral strategies and how they integrate with other national strategies. It is hoped that will be noticed during the final review and be further managed more properly.

A very important issue in RH that should be addressed at the policy level is the midwifery role in RH services. UNFPA envisioned that strengthening midwifery is key to achieving MDG 5 and to move forward a range of SRH initiatives. It supports Ibn Sina nursing and Midwifery College to upgrade and unified the curriculum of the midwifery program across the midwifery schools throughout the WB based on the standard of the International Confederation of Midwives (ICM). The program should address

[19] *QA program is newly established in the MOH, and their role is very important to control the quality, according to the SSI with the director of WHDD, their role is minimized now by decision of the minister of health, hope their role will be active again, so WHDD can complete their planned activities.*

maternal and newborn health. A committee from all midwifery schools in the WB was formed and several meetings were held. They agreed to unify the program ***outcomes rather than having the same curriculum***, the lack of monitoring and evaluation system was identified and Ibn Sina College is working now in developing the M&E system. A dialogue is taking place between the midwifery schools about having a licensure exam to guarantee the competency of the new graduates. Job description for the midwives working in MOH was developed which has an advantage in clarifying their role within the health system.

Summary of the findings

Reproductive health is included in health service at the primary, secondary and tertiary health care services in MOH across the oPt. Most of the medical services related to RH have protocols and guidelines -e.g antenatal protocols, EMOC protocols-and these protocols are disseminated at the national level except UNRWA who its own protocols in most cases. UNFPA supports the policy dialogue in the country and supports WHDD in updating the national RH strategy and addresses the midwifery role in RH services at the policy level as a key to achieve MDG 5 .

Output 2: Increased capacity of providers to offer comprehensive, complimentary, high quality reproductive health services and information in identified geographical areas, with attention to the chronic humanitarian crisis

Within this output, the country program intended to achieve the following sub outputs:

> **Sub Output 1.2.1:** improve RH service provision in within the concept of Continuum of Care from community to secondary

Improving RH service provision is interwoven in the concept of Continuum of Care from community to secondary. An assessment for 18 health facilities[20] was undertaken in GS as planned in 2011.These health facilities have been renovated and equipped, so the target in GS was met. In WB the target of health facilities should be decided in 2012 and continued in 2013 based on the results of the facility assessment which was conducted in 2011 in Hebron, however, there is delay in achieving targets and therefore, UNFPA must foster the work on quality improvement of RH services at PHC facilities in Hebron.

> **Sub Output 1.2.2:** Provide training to healthcare providers on RH services based on needs assessment; implement training for service providers on RH services, referral and reporting.

More than 400 healthcare providers were trained on RH services in 2011. However, the evaluation notes that these trainings and topics were determined and delivered before conducting the need assessment study, which was carried out in 2012.

> **Sub Output 1.2.3:** Strengthened capacity of health providers to improve quality of RH care

[20] level 2 & 3

Quality coordinators, workers at maternity and infection control coordinators are trained in WB and GS on quality improvement. Quality assurance mechanisms and tools do not exist yet and are not used in selected districts set forth in the CPAP, so this target has not been achieved yet.

Sub Output 1.2.4: promote and support community demand for quality RH services

The HEPD trained health providers on Behavior change communication (BCC) as part of an integrated, multilevel, interactive process with communities aimed at developing tailored messages and approaches using a variety of communication channels. The training on BCC package in GS& WB was done in 2011 and 2012 so they achieved the target as in CPAP. Also HEPD implemented many of the community outreach activities: youth were reached in summer camps with health promotion activities including awareness sessions and clinical examinations. Lab tests with many health promotion activities were undertaken in 12 districts, targeting women, religious people and health workers in West Bank. It was evident that the successes in targeting men is very limited; better results were achieved by PMRS, PFPPA, and CFTA in reaching hundreds of men with health sessions, thousands of women were reached through home visits (postnatal & pregnant), and benefited from health education & promotion activities in community & centers. Also, thousands of male and female adolescents benefited from health sessions in school & camps and health days activities. The trained community health workers reached beneficiaries, through community awareness sessions, and health campaigns.

Sub Output 1.2.5: Respond to RH crises in a systematic and coordinated manner with focus on family planning and obstetric care

In responding to RH crises in a systematic and coordinated manner fewer than hundred health providers in WB&GS were trained on MISP, which means that the target has not yet been achieved, but it has the potential to be achieved by the end of the cycle.

Sub Output 1.2.6: Strengthen Community outreach with HIV/AIDS prevention programs

According to the CPAP tracking tool, the only reported achievement on strengthening community outreach with HIV/AIDS prevention programs was the development of the draft of stigma reduction strategy while many of targets for 2011 and 2012 are not reached yet. Interviews with UNFPA related this to lack availability of funds to this project from the global fund, and the major obstacles they have related to the role of the PR.

Evaluation Question 10: To what extent trained health providers on RH services at primary health care level are likely to contribute to improved capacities in provision of quality RH care?

PHC directorate supports the provision of RH services by strengthening the human resources capacity and improving community practices pertaining to RH. Many health providers are being trained on different RH topics including family planning, antenatal care, postnatal care, STI and on BCC and health promotion. These trainings should contribute to improving the quality of RH services, if the performance of the health providers improved. However, many challenges were identified, which can negatively influence the effectiveness of the in-service training such as lack or weak supervision on the trainees after the training. Furthermore, the supervisors are not aware about the expected outcomes of the training course, and even worse most of the time the supervisors are not aware about the training

contents, as they are usually not involved in developing the training materials and their role in implementing the new skills is not clear. All these factors negatively affect the effectiveness of the training and may create gaps between what the health providers learn and what they practice.

Implementing pre-service training like the neonatal nursing diploma in Ibn Sina midwifery school seems like a very good investment in the new generations of midwives, also the training on RH issues for intern physician has its value as pre-service training.

The specialized committee from midwifery colleges agreed amongst each other to have standardized outcomes of the midwifery program rather than a unified curriculum. A unified high standard curriculum for midwifery school should be reconsidered again. This step could help much in improving the quality of midwifery services in the country.

Summary of findings

Many health providers are trained on different RH topics. These trainings should improve the quality of RH services, if the performance of the health providers is improved. However, many challenges were identified, which have negatively influenced the effectiveness of the in-service training. PHC Directorate should have started with need assessment and develop a comprehensive training plan and supervisors needed to be involved in the need assessment, design and in preparing and reviewing the training materials. Also, they do not have clear M&E tools to assess the improvement in the service providers' performance.

Evaluation Question 12: Is it likely that outreach programs to communities would contribute to improved demand for quality RH care?

The HEPD trained health providers on BCC package in GS and WB in 2011 and in 2012 so they achieved the target as set forth in the CPAP. Also, HEPD implemented many of the community outreach activities with youth reached in summer camps, with health promotion activities including awareness sessions and clinical examinations and lab tests in all districts. HEPD has been also targeting women, religious people, health workers in West Bank and Gaza. As mentioned before the **successes in targeting men is** very limited, better results were achieved by PMRS , PFPPA, RCS/Gaza and CFTA in reaching men. The evaluation concludes that the IEC/BCC methods have been improved through more attention to: the communication channels, the quality of the delivery of message content, the development and distribution of printed materials and the use of more innovative strategies to reach the intended target groups like using peer to peer approach, women to women and using the influence of community leaders and religious leaders to enhance male engagement in RH issues and increase utilization of RH services. Furthermore, many of relevant health education materials were developed and distributed to health centers, but according to the focus groups results, these materials are not available all the time in these centers. Health care providers are not using them in a systematic way when they provide counseling to the patients. They are also not providing sufficient counseling for clients or patients, because they state to be "overwhelmed and don't have sufficient time".

Communities to be targeted within the outreach programs are based on established criteria; primarily if they are affected by the separation wall or living under very difficult situation that affect their access to RH services. However, in the current country cycle, the selection of the targeted communities was rather based on the areas **where the implementing partners are active**.

Summary of findings
It is expected that the outreach activities will improve the demand for quality RH care, especially when they implement innovative strategies to reach the intended target groups like using peer to peer approach, women to women and using the influence of community leaders and religious leaders to enhance male engagement in RH issues and increase utilization of RH services. It is noticed that the outreach activities are effective when the health center has community health workers within the staff.
The role of key community leaders including religious leaders needs to be scaled up to another level to have this influence on the target population More in depth study is required to identify the role of UNFPA outreach interventions in improving the demand of quality RH care in isolation of other interventions from other agencies and organizations.

Output 3: Increased National capacity to provide high quality, equitable, youth and gender sensitive health services and information for young people

Within this output, the country program intended to achieve the following sub outputs:

> **Sub Output 1.3.1:** Provide accurate and reliable information by teachers and counselors on reproductive health and HIV/AIDS to students in MoE, UNRWA and Private schools.

The strong and strategic partnership that was built during the previous program cycles with a number of governmental and non-governmental organizations including MoEHE, continued in the 4th cycle, with the aim of providing accurate and reliable information by teachers and counselors on RH issues to students. This intervention is supposed to expand in order to include students enrolled in UNRWA and private schools, which is not implemented yet. MoEHE is providing training to teachers and counselors, in addition to printing materials and sensitizing school principals and parents through after school activities on adolescent health and needs. According to the CPAP tracking tool, 60 of school counselors and school health coordinators successfully completed the trainings on adolescent health manual. Based on the interview with the director of educational counseling in the MOEHE, many trainings for parents on adolescents' health are being implemented now in different locations and more effort is anticipated to train the rest of teachers.

> **Sub Output 1.3.2:** Introduce and establish youth-friendly health services (YFHS) within the Palestinian health system.

Introducing and establishing youth-friendly health services (YFHS) within the Palestinian health system is one of the most important strategies in this cycle. Within 2011 annual work plan, The PHC Directorate has the output to foster working on youth-friendly concept and operation and start piloting the Palestinian model of YFS and to introduce and establish youth-friendly health services (YFHS) within the Palestinian health system. The Program is introducing RH services and information for young people through YFHS and through other innovative approaches, although they don't yet have a model, and more effort is required to agree upon the package of services for the YFH centers.

A survey was carried out to identify the needs of the Palestinian youths, the results show that mental health services occupied the first rank among the health services which young people need (40.4%) then the general physical health (24.1%), then nutritional health services (19.0%), skin health (15%), finally sexual and reproductive health services(7.2%), The results of the study should be taken in consideration when preparing the youth health service package.

A lot of work was done in the previous cycle with MoEHE on developing the referral forms between schools and youth friendly health clinics. But it shows that the progress is very slow, this is why it is not expected to reach the target by the end of the cycle. Youth-friendly health service package is not defined yet, including protocols and training material. Furthermore, no training for the service providers was realized on the provision of youth friendly services guidelines. Having a pilot phase with MOH and UNRWA in 2-3 centers is recommended and can be achieved by the end of the cycle. UNFPA should speed up the process and urge the PHC directorate to move fast and to put this issue as a priority from now till the end of the cycle.

Sub Output 1.3.3& 4 : Enhance the capacity of the MoYS to support the implementation of the Cross-Sector National Strategy for Youth 2011 – 2013 & Strengthen a number of youth facilities/clubs to provide a minimum package of quality services to meet needs of both female and male youth in different age groups.

A major challenge encountered this component of the program that was not under the control of UNFPA; based on the decision by the Palestinian Council of Ministers[21], MOYS was replaced by a new entity - the Higher Council for Youth and Sports (HCYS) who decided to suspend the Cross-Sector National Strategy for Youth (2011–2013). Nevertheless, in 2011/2012 a national needs assessment was conducted jointly between UNICEF and UNFPA to identify needs and priorities of services for youth, with special focus on girls' needs as planned in the CPAP. Additionally, UNFPA supported former MoYS through PCBS to develop a set of national indicators as part of developing the national monitoring system to monitor youth trends in Palestine, and three staff members were trained on data utilization and producing monitoring reports. Furthermore, UNFPA together with UNDP supported MoYS to hold a national youth conference. Later on, UNFPA and in its capacity as a chair of the UN youth thematic group, lobbied with other UN agencies mainly, UNICEF and UNDP, to develop a common UN strategy to work with HCYS. Accordingly, the three UN agencies supported a capacity development assessment for the council, which will be finalised by the end of this year.

Sub Output 1.3.5: Increase active representation and participation of female and male youth in community mobilization.

To increase active representation and participation of female and male youth in community mobilization 348 youth initiatives were implemented during 2011 and Sharek is working on implementing around 700 youth initiatives by the end of 2012. Sharek, in partnership with Juzoor and the Palestinian Family Planning and Protection Association implemented phase 2 of "Be the Change" project. This project is beyond being a simple cash-for-work project, and aims at holistic youth empowerment. The main objective of "Be the Change Phase II" is to improve male and female youth employability prospects and reduce their social and economic marginalization. This was achieved through the following three strategic aspects:

- **Civic participation:** building bridges between youth and community leaders, and developing the spirit of volunteerism, foster a sense of confidence and dignity of the young people.
- **Life skills training:** All young beneficiaries receive life-skills training in civic participation skills, employability-related skills, health, and reproductive health and gender issues. They are also channeled towards vocational and other training possibilities, internships and career counseling.
- **Employability:** Young people were invited and coached to design their own cash-for-work projects, of which the best were chosen for financing, thus fostering their inventive spirit, planning and presentation skills. The cash itself is an element of economic empowerment, and

[21] No 04/84/13/CM/SF

the participation in one of these projects has a positive influence on the young person's employability. To this aspect, hundreds of youth were trained on SRH, gender and life skills in GS&WB and benefiting from the initiatives, i.e. according to targets sets. However there is a need to focus more on SRH and gender issues among youth who participated in the project. Also the training duration and methodology need to be reviewed[22].

Sub Output 1.3.6: Strengthen and expand the existing youth peer- to- peer network and develop a system for peer-to-peer education.

This sub output was also faced with challenges due to the transformation that happened to MoYS, as this component was under its execution. Based on this, UNFPA transferred this component to Sharek that is implementing youth mobilization in community initiatives. In this regard, a youth fellow was recruited and trained on the regional level on coordinating the YPEER network. Six youth from the WB & GS were trained also as Trainers in Jordan and Egypt, as well as another training for 25 youth peer educators took place. It is expected that this sub-output will be achieved during 2013; however UNFPA should reconsider the number of targeted youth that will be reached through the awareness sessions. It is highly recommended that UNFPA revisit the indicators related to this output and revise them based on the new reality on the ground and based on the results of the National Standards assessment.

Summary of findings

This output is facing different challenges, although numerous trainings for counselors, teachers and parents on adolescents' health were implemented in different locations. More effort is required/ anticipated to train the rest of MOE teachers. This activity should expand to include students enrolled in UNRWA and private schools as well as in GS, where it is not implemented yet. The study by PCBS on youth needs in YFHS was realized, but YFHS is not implemented yet. Intensive efforts from the IP are required to start the implementation. Hundreds of youth are trained on SRH, gender and life skills in GS&WB and are benefiting from the youth initiatives project. The planned interventions with the MoYS were facing different challenges due to the replacement of MoYS to HCYS. While this is not under the control of UNFPA, for the meantime, UNFPA should revisit the indicators related to this output and revise based on the new reality on the ground.

Evaluation question 14: To what extent sexual and reproductive health is being mainstreamed in the youth initiatives program and how to better enhance?

"Be the Change" aims to promote Palestinian young people's leadership and engagement within the community by supporting small projects led by youth and networking them with CBOs and NGOs. The youth beneficiaries were trained on life skills, healthy lifestyles, reproductive health, gender equality, conflict management, communication and social skills. In addition, youth were provided with training on income-generating skills and ideas to develop their projects and activities. In addition, publications of youth life skills issues were disseminated among the young trainees. A focus group with youth who participated in RH training was held and the participants indicated that the topic is very important validating the relevance of the intervention. They indicated that they need such knowledge, and most of them asked for more training on RH issues, and some also transferred the new information to their friends. The training and information gained on RH and life skills in Youth initiative project were

[22] Youth participants in the focus group discussion have reiterated the need for the training in SRH topics to be extended into more sessions covering different subjects. They have also highlighted the need to better engage them in the design and delivery of the training which is a core principle in youth development approaches.

effective according to the youth participants. However, it's difficult to judge on the quality of the training manual since the training was done before having the RH manual ready. Juzoor was contracted to implement the RH training. Based on the SSI with Juzoor, it can be judged that they used well developed materials on SRH full of interactive methods of training. It is worthwhile, if UNFPA assesses the materials that are used by Juzoor in the training and could build on it for the new manual. Naturally, the manual should have been ready before starting the training.

The project faced some obstacles, especially in Jerusalem because of the special conditions there. It is not only recommended, but a well known central principle in youth development, that youth actively engaged in designing, planning and even delivery of their interventions- including SRH topics. One focus group participants from Jerusalem noted: "Maybe it would be better, if (UNFPA) had more specific target groups like the graduates of vocational schools in Jerusalem, or girls colleges in the fourth year, or youth in marginalized area or neighborhood like the old city or Silwan..etc".

Summary of findings

Youth initiative project is a pioneer project that aims to promote youth leadership and engagement within the community by supporting small projects led by youth. They were trained on many important topics including SRH. The strategy of integrating SRH issue within youth initiatives or other interventions with youth is effective. However, the training manual should be ready before the training, the duration of the training should be longer and the methodology of the training should be more creative to encourage youth to participate in.

Evaluation Question 15: To what extent capacity development of teachers and counselors on RH curriculum at MOEHE are sustainable and how to redirect UNFPA's support and interventions, taking into consideration support provided to health directorate?

This intervention is highly relevant to the strategic objectives of the MOEHE[23]. UNFPA conducted an assessment on the RH curriculum at MOEHE. The study found that the knowledge about SRH among student is relatively low in spite the long time of integrating the RH issue in schools curriculum. The study came up with many recommendations including the call to improve the methods of training and emphasized on the need for educating the students about SRH issues and mentioned the role of teachers and parents as source of information for the adolescents.

RH curriculum was updated by the school counselors themselves based on their experiences. This ***reflects the sense of ownership*** as they continue to have a major role in teachers training. So the MOEHE has qualified trainers, which falls within the concept of capacity building in its strategy. MOEHE has the potential to sustain this strategy with minimal cost. UNFPA can introduce an exit strategy in the new cycle and maybe seek to focus more on Peer to Peer education as an effective way of transferring information and reaching the most at risk populations.

UNFPA with MOEHE implements this strategy just in West Bank schools, UNFPA can scale up in the next cycle to reach Gaza schools and UNRWA schools as well as reaching out of school youth.

[23] 1. Improve the quality of education and learning (quality) by developing educational curricula and implementing the Teacher Rehabilitation Strategy & train the education staff.
2-Intensify education guidance programs and special education programs, interventions include "Provide more educational guidance to girls on early marriage and adolescence issue"

Summary of findings

Based on the study results the MOEHE put a plan to train school teaches on SRH curriculum and also to target parents. The implementation of the plan is very slow and needs intensive follow up to be on the right track. In general, the training for the teachers can be considered as a strategic step to provide the students with the right information and provide teachers a better understanding of the adolescents SRH needs.

Evaluation Question 16: What are the challenges and hindering factors that are affecting development of capacities to implement national youth strategy? How UNFPA can respond to these challenges?

The previous youth national strategy was very relevant to CP output 3, it has the following Strategic Objective: Enhance the quality of and access to programs and services delivered to the youth and adolescents, including in the fields of sports, entertainment, education, supportive education, public, psychological and reproductive health, environment and culture. Unfortunately this strategy is not valid anymore due to the replacement of MoYS by HCYS based on the decision by the Palestinian Council of Ministers as mentioned before. The Council's position towards the national Youth Strategy was clarified; the approach is to "delete" the strategy since it is too complicated and overly broad, **and** UN should push to "simplify" the strategy instead. The Council position towards UN agencies was clarified, and it perceives the UN as main strategic partner who will support these youth centers through capacity development and infrastructure programs in a 3-year program. Accordingly UNFPA can intensify the coordination meetings with the new entity. UNFPA and in its capacity as a chair of the UN youth thematic group, should continue lobbying with other UN agencies mainly, UNICEF and UNDP, to develop a common UN strategy to work with HCYS soon. The three UN agencies supported a capacity development assessment for the council, which will be finalised by the end of this year. UNFPA with other UN agencies can use the results of the National Standards for Young People Friendly Centres[24] in planning for the third year of this cycle and for the new cycle. Joint implementation of the peer to peer project between HCYS and SHAREK can strengthen their capacities by exchanging experiences and learning from each other.

Summary of findings

A severe challenge, well beyond the control of UNFPA hindered, and rather crossed out the implementation of the previous national youth strategy which was primarily due to the transformation that happened to MoYS to HCYS. This has resulted in constant management and staff turnover, yet most importantly the scope of the new entity. However, UNFPA with other UN agencies can still realize some important achievements and support to HCYS to overcome these challenges in order to define its capacity building needs which UNFPA can play a major role in, and further can support HCYS plan in supporting youth friendly centers, which is highly in line with UNFPA's mandate and commitment to youth services.

[24] joint project with UNICEF

Evaluation Question 9: To what extent were interventions designed in a manner to ensure sustainability and keep up the benefits produced by the program?

Key strategies that were employed to achieve the outputs include developing systems for improving performance and quality of service with a major focus on institutional capacity building, promoting, strengthening and coordinating partnerships with the Ministry of Health, selected NGOs and CSOs. The implemented strategies under outcome 1 are contributing to the realization of CP outputs and outcomes but translating the broad goals of reproductive health into national policy through an implementation strategy requires political will and motivation by high-level government officials and high level of coordination with other UN and international agencies.

In terms of likeliness to sustainability, some interventions are designed in sustainable manner, like pre-service training and strengthening the curriculum of midwifery schools or building the capacities of school teachers and counselors on SRH issues, partnering with schools and other programs for youth (e.g., peer education) for the provision of SRH information and education both in and out of school, including the institutionalization of gender-sensitive life-skills SRH education in schools is also sustainable, but most of the other interventions were not adequately designed in a manner to ensure sustainability as discussed.

4.2.2 Effectiveness of Outcome 2: Gender equality is enhanced through improved policies, protection systems and empowerment, including in emergency and post-emergency situations

Evaluation Question 8: To what extent have CPAP targets been achieved as planned for the evaluated period? And how likely is it that the achieved targets will contribute to the achievement of CPAP outputs and outcomes by end of cycle?

In order to assess the effectiveness of UNFPA support in the Gender component, a general reference is: (i) Outcome 2 of the CPAP: "Enhanced government and civil society mechanisms to promote gender equality and equity by addressing gender based violence and women's empowerment", and (ii) its ensuing four sub-outputs which will be analyzed separately as per below:

According to the CPAP, the main intended results/ sub outputs for the 4th country are:

1. Support MOWA in operationalizing and advocating for the national VAW strategy
2. Strengthen the capacity of health providers in emergency units and district clinics to identify, detect and refer survivors of GBV.
3. Sensitization on RR and protecting women from violence by provision of legal and psychosocial counseling , economic and services to most marginalized populations through fostering men's and boys' engagement and participation in gender equality and women's rights.
4. Strengthening of coalitions and network for the development and implementation of 1325 and 1889.

1. <u>Support the implementation of the VAW strategy</u>

UNFPA has established a working relationship with MOWA. According to AWP with MOWA the program strengthens MOWA operationalizing its VAW strategy through support to its dissemination and other activities aiming at sensitization of policy makers and planners on the VAW strategy. The intervention further aims to establishing a policy framework for UNSCR 1325 and 1889 as well as supporting MOWA in establishing an M&E team to better monitor and evaluate the gender equality VAW strategy.

The specific areas of support that UNFPA intends to strengthen MOWA in the VAW strategy implementation- aside from media events and sensitization of policy makers' activities- are vague or weakly strategized. This has been validated by reviewing of MOWA AWPs and interviewing with MOWA planning department; i.e. the lack of a clear action plan with its respective M&E system for VAW strategy and delay for operationalizing the VAW has provided little insight into concrete nature of UNFPA support in the VAW strategy implementation (it could be argued that the remaining sub-outputs directly flow into the implementation of the VAW strategy both in the WB and in GS[25]). Henceforth, measuring the level of achievement to the intended objective is only limited to the AWP activities as the sub output does not specify the intended change or effect.

The VAW strategy was developed recognizing the lack of data[26] on violence in oPt. ***UNFPA played a crucial added value in collaboration with MDG fund and UNICEF by conducting the 2011 Palestinian Violence Survey***. This is one element of support provided that should enable MOWA to benchmark and measure progress on its VAW strategy although not directly indicated in MOWA's action plan or the CPAP; i.e. there is rich soil to build on in formulating the measurable action plan noted earlier.

The weaknesses in MOWA's capacities and its limited collaboration with MIFTAH in the development of 1325 policy framework[27] could jeopardize the realization of one of the Gender component products, which is the 1325 policy framework. It is also unclear in the CPAP tracking tool whose responsibility it is and until the evaluation was conducted, both interviewed parties aren't mutually clear about it either.

The lack of the CP's clarity on specific areas of support to VAW strategy can also be demonstrated in its support to MOSA, whereas MOSA's 2011 AWP was entered under sub-out 2.3 (Provision of RR, legal, economic and psychosocial services) compared to the 2012 AWP which entered it under sub-output 2.1 (support to VAW strategy implementation in line with the CPAP tracking tool). Despite this, and given that UNFPA remains to be the sole development actor working with MOSA centers, the support provided to MOSA over the years is assessed as highly needed and rightfully planned[28] with potential areas of further improvement. UNFPA has supported MOSA centers working with at risk young people through building the technical capacities of its vocational counselors in 8 centers, development and training the newly developed curriculum of life skills training, support empowerment initiatives through provision of startup vocational kits and peer to peer training on RH, GBV and facilitation, as well as supporting media activities and awareness workshops addressing young, elderly and gender issues and concerns.

Interviewed MOSA staff and counselors, as well as young girls have demonstrated UNFPA's interventions there to be highly effective, particularly in addressing capacity building needs of the counselors and its possible translation in combating GBV. There has been too limited, if any at all, support be provided to MOSA centers in provision of psychosocial counseling and referral to the young people through this country cycle. Hence by purely intervening in the noted activities and centers is not

[25] Provided that the VAW is a NATIONAL strategy and not just WB

[26] Data was only available as of 2005 at PCBS at the time.

[27] Interviews with MIFTAH and MOWA have exposed the un-clarity of their roles in the development of the policy framework, yet most importantly their definitions on the framework itself varied. With such a discrepancy in what the framework should serve as, it becomes crucial for UNFPA to facilitate the generation of a common understanding of it, what it's intended to serve and how.

[28] Interviewed MOSA staff and center staff have reiterated the need to support building their capacities in GBV and life skills so they in turn can infuse these concepts in their work with at risk youth in their centers. They, as well as interviewed youth have also spoken highly on the peer to peer program and the starter kits that were given to young girls attending the vocational courses in the centers.

sufficient to ensure that these centers are capable of providing quality psychosocial support as an intended product of the Gender component in this cycle.

Another intended product of the gender component is the number of beneficiaries from the economic empowerment initiatives that is measured through provision of startup kits and short term employment of young girls. However with current challenges faced by MOSA's procurement procedure that are based on the PA's procurement standards[29], and in light of progress to date, it is anticipated that this target will be met with 70% completion ratio at best.

2. Strengthen capacity of health providers (emergency units, primary health care, and district clinics) to identify, detect, and refer GBV survivors.

In this cycle, UNFPA has intended to support MOH/WHDD in the WB and CFTA in GS in development of training manual and training for front line health practitioners on dealing with VAW victims and lobbying for adopting the legal/health/social service referral system in the oPt as well as sensitization of policy makers (Primary health care, Hospitals, Women's health care departments and health NGOs) on the importance of dealing with VAW in the health protocols and procedures.

The evaluators advise that this sub-output should be considered as part of the first sub-output (2.1.1) support to implementation of the VAW strategy that stipulates "Improving health **services in dealing with cases of VAW**" as one of its objectives; i.e rather than a standalone sub output.

While the training manual has yet to be finalized since MOWA produced training guidelines (twice) and protocol material adaptation to date (developed within Takamol project).Training for health providers and sensitization of policy makers has been taking place as planned to the most part, while the content and methodology of the training should be carefully reviewed as will be pointed out in later questions.

3. Enhanced promotion of Gender equality and women's rights focusing on men involvement and including provision of RR, legal, economic and Psychosocial services (Jenin, Tulkarem, Nablus, Ramallah, Hebron, Jericho, East Jerusalem, South, Middle and North Gaza)

After careful review of IP AWPs and interviews with them, this sub-output in the gender component has been assessed as overcrowded by implementing partners[30] and a wide array of activities, overambitious and lacks focus in terms of having a clear intervention strategy to be achieved during the current country cycle. It is, however, true to say that interventions in this output aim at stimulating perception and behavioral change amongst thousands of reached Palestinian communities to combat GBV, promote RR and RH through intensified community awareness sessions carried by all IPs, conducting media events addressing GBV and other gender issues as validated by participants in focus group discussions in WB and GS to be highly effective and needed. Over 50% of the gender component's budget allocated for 2011[31]was allocated for influencing behavioral change at community level through such activities.

One of the most effective methods that distinguishes UNFPA approach in this area from other development actors in oPt, and as noted by some interviewed IPs, and further validated by interviewed religious and community members is the compounded experience in working religious and

[29] MOSA noted difficulties in procurement of vocational kits due to lack of suppliers according to criteria and conditions set by the PA, and the Ministry of Finance in particular. This is validated through interviews with the staff and review of their progress reports to UNFPA.

[30] This sub-output has a total of 6 implementing partners (2 in GS and 4 in WB)

[31] 2011 activities' budget only, not including any program coordination and management.

community leaders to reach, affect, and highly influence community members, men, women and young people in promotion of RR, RH and combating GBV. This has been effective in terms of reaching **new** groups of target audience that have not participated in similar activities before by the civil society institutions[32].

Aside from the youth economic empowerment initiative with MOSA (not included in this sub-output) the remainder of the interventions in this sub-output, have weakly addressed the provision of economic services. Moreover, the country program's interventions in the areas of actual provision of legal and psychosocial counseling services (excluding CFTA' and PFPPA) can be characterized as weak and unsystematic. There are however positive highlights that are worth noting; the couples psychosocial counseling in collective sessions have proven to be effective in targeting men and women to help address marital and household issues including combating GBV; they were assessed to be highly relevant to their needs and helped (primarily the interviewed woman) in dealing with these issues. The psychosocial counselors were assessed to have been capable and understanding (no issue in their staff's capacity).

CSOs that are the closest to UNFPA's mandate (such as PFPPA and CFTA) have been very effective in utilizing male engagement approach in promotion of women rights as well as gender equality and equity and also in addressing GBV as they:

- Provide a comprehensive package of services to the entire household, not just women (psychosocial, RH, etc), and they utilize the awareness sessions as means of identifying community needs that they themselves can help addressing.
- They utilize the awareness building sessions and family events and open days as a strategy to recruit men in their programs that not only advocate[33] but also play a mediation role in resolving familial matters related to GBV, RR, RH, etc.
- The presence of male staff members, particularly men counselors and coordinators, is not only a facilitating factor but rather a success driver and a sustainable strategy.

4. Strengthened capacity and networking of 4 coalitions (WISAL, Nablus, Hebron & Jericho) in support of the development and implementation of Policy framework for UNSCR 1325 and 1889

Building on the intervention initiated in the 3rd country cycle, UNFPA has continued to support the newly formulated coalitions in Nablus, Hebron and Jericho and WESAL in GS through building their capacities to assume an active role in the development and implementation of the anticipated policy framework for UNSCR 1325 and 1889. The interventions lead through CFTA in GS, Miftah and Nablus Municipality in WB, aimed at building the managerial capacities and awareness for human rights (including GBV, UN resolutions including reporting and documentations on 1325) through trainings and implementation of community advocacy campaigns. This is realized through networks initiatives as well as support media events addressing GBV and other gender issues. At the level of achievement of planned activities thus far, progress is being realized as planned with no major setbacks .Advocacy campaigns are conducted by

[32] What stood out the most in terms of awareness sessions is that participants who took part in the sessions conducted by religious leaders were new to these topics, compared to those who were reached by civil society organizations- whose beneficiaries are quite familiar with these issues- highlighting a need to reach new groups by the later, while utilizing/ building on of the "well informed" and particularly men – as evident from men who were reached by CFTA- in building on and reaching others.

[33] Interviewed men who benefited from awareness sessions, services including microloans- conducted by CFTA for an example, have been attending numerous workshops, courses and trainings and were able to clearly and appropriately use "gender terms" in the right context at the FG discussions. The investment made in these through TOT (unclear whether this was UNFPA's or not) can be utilized further in reaching more men and engaging them. The family events has also been a successful strategy, particularly in Gaza with the hardships faced there- as means to recruiting more of these male allies.

the initiatives addressing women needs including their protection in conflict, and training for the coalition members on gender issues, human rights and documentation of GBV cases. On another note, targeting of the Jericho coalition is a highlight of the intervention as it addresses women's right to protection in area C as it continues to be targeted by occupation practices of violence and marginalization.

Summary of Findings

The Gender component CPAP targets are being achieved on track with no major setbacks while the need to accelerate the 1325 policy framework definition and intervention is advised. Generally speaking, the achievement of the intended targets should contribute to promoting gender equality and equity through addressing GBV and women empowerment. Engaging males in the promotion of gender equality remains to be one of UNFPA's effective strategies. Yet some vaguely formulated intended results and sub-outputs (such as 2.3 and 2.1) make it harder to assess interlinked and focused contribution to achieving the output, particularly in light of unclearly identified "mechanisms" that the output seeks to achieve and hence requires measuring.

The discussion of the intervention strategies and anticipated effects of the CP Gender sub outputs and interventions are presented in the answer to the next general evaluation question within its subsequent 3 questions (19-21).

Evaluation Question19: To what extent training and sensitization of health providers would likely promote GBV agenda within the health system?

In this current cycle intended to support MOH/WHDD in the WB and CFTA in GS the development of training manual and training for front line health practitioners on dealing with VAW victims and lobbying for adopting the legal/health/social service referral system in the oPt. It also aimed to sensitization of policy makers in (Primary health care, Hospitals, Women's health care departments and health NGOs) on the importance of dealing with VAW in the health protocols and procedures. However, the actual progress to date has fallen short- thus far- from achieving the intended objective[34] and was limited to conducting of training for health providers. Interviewed health providers in FG stated that the training was on gender, RH and UN resolutions and women's rights, and theoretical concepts in psychosocial counseling. They were not involved in assessing their training needs and were unaware of the purpose of the training, henceforth weakly capturing the sensitization of these on the importance of dealing with VAW in the health protocols and procedures per se. They also stated that the psychosocial component of the training was on the theoretical "concepts and definitions" rather than practical application.

Summary of Findings

Institutionalization of gender based violence detection as well as counseling and adopting the national referral system as an intervention strategy appears more sustainable if done in parallel with providing the healthcare providers with training on Gender and GBV supported in the current country cycle.

Evaluation Question20: To what extent the strategy of networking of civil societies and NGOs is producing local capacities in responding to GBV?

The building of CBO capacities in the coalitions and networking is a prerequisite to activate their role in the advocacy arena, at the higher policy making and influence level. The parallel approach of addressing their organizational needs as well as their awareness of international conventions is proven effective towards contributing to promotion of gender equality and combating GBV. Interviewed coalition

[34] Keeping in mind that this evaluation assesses work achieved in 1.5 years only.

members have spoken highly of UNFPA's contribution to strengthening their management capacities, including those related to lobbying and advocacy. Their capacities have been further enhanced within their practical work on the ground within the framework of 1325[35]. A highlight of UNFPA's interventions within this strategy is the joint advocacy and media initiatives conducted by these coalitions working on 1325 as well as all media events carried out by the gender IPs in marking international women's day or the 16 days campaigns. In addition, working with journalists/universities, the TV show, and other documentaries aiming at raising social issues including GBV and women's rights have contributed to provoking public opinion and stirring national debate on the importance of combating GBV and demand promotion of gender equality and equity at large. Worth noting here is that approaches adopted by MIFTAH and CFTA/WISAL differed from those in Nablus and the later was assessed to be less effective in its demonstrated longer term commitment in supporting the coalition and building their technical and managerial capacities[36]

Interviews with IP have further validated the need to accelerate the level of advocacy and policy dialogue at policy making level, within the Palestinian legislative framework and internationally. Important is, that there has been limited (if any) investment made in evidence-based policy dialogue and advocacy. Nonetheless, UNFPA has been accredited by its interviewed partners to addressing 1325 in areas other UN agencies not "bluntly" addressed, that is women's protection of violence practiced by Israeli occupation[37], hence contextualizing 1325 to the local Palestinian situation.

Summary of Findings
Overall, the intervention approach in building capacities and strengthening of the coalitions is an appropriate strategy that is worth to heavily build on in the coming cycle. The facilitation role that UNFPA played in linking MIFTAH with OHCHR to be highly valuable and rightfully thought of in the context of the 1325 policy framework. The capacity building of the coalition members and their networking should be further supported in a defined approach across all regions, and should take a continuous flow.

Evaluation Question21: How likely capacity development of MOSA rehabilitation centres' staff would contribute to benefiting vulnerable young girls?

MOSA is currently operating 8 rehabilitation centers for young boys and girls for the age of 13 to 16. With an estimate of 11,000 school drop outs, and thousands of social cases at MOSA, these centers have been providing continuous academic support, vocational training, psychosocial services, and job placement services. More often, these centers have been the only developmental outlet made available to this highly valuable and quite vulnerable young Palestinian asset. During the current country program, UNFPA has taken various capacity development interventions with the staff, such as vocational training in beauty care, fashion design, photography and computer to name a few, as well as training in conflict management, time and project management. Staff members who participated in the focus group discussions spoke highly of the later two as well as the life skills training to be most effective and valued particularly the life skills and facilitation components of the trainings to be more "transferrable" to young boys and girls as they continue to work with them. Provided that UNFPA is the sole

[35] As noted in IPs progress reports
[36] While MIFTAH's and WESAL's AWP continued to support the coalition capacity building in 2011 and 2012 AWP, Nablus municipality switched to marketing training, and the nature of its coalitions' campaigns didn't necessarily flow directly into the coalition's "intended" purpose on 1325 and/ or GBV.
[37] Interviewed partners have reiterated that such approach towards 1325 in terms of protection- hence protection from Israeli occupation- is what distinguishes it from UN Women's approach.

development agency working with these centers, the staff reiterated the need to enhance their capacities, especially soft skills, psychosocial counseling included. Moreover, interviewed girls spoke highly about their relationship with the centers' staff as people they trust, admire and learn from, but most importantly how much they consider the staff believes in them and their capabilities, whereas others from their personal and family lives have let them down.

Case study

H and K are two young girls who heard about the services provided by a West Bank MOSA rehabilitation center through family friends. They both come from extremely poor families; H is the eldest of her 8 siblings with her father being the sole provider through his retirement pension, while K has 10 siblings, uneducated and a non-employed mother, while her father sells "Ka'k[38]"and struggles to provide a living for his large family as well.

Both H and K failed one of the subjects in the Tawjihi exam. Determined to make the best out of the year before repeating the test and wanting to take part in providing an income to help lift themselves and their families from hardships, they joined the vocational training program. H joined the photography course, while K joined the computer course for a period of one year. Upon completion of the photography program, H was placed as a paid intern for two months at a local studio in the city through UNFPA funded apprenticeship. Similarly, K worked at the center for a couple of months. After re-testing in the Tawjihi, K passed the examination and qualified to enroll in a local college and is now majoring in business administration. H, on the other side, continued to work at the studio yet remained unpaid for a period of 5 months. Asked about whether she is aware of labor laws, H declared that she doesn't know them, and if she did, she wouldn't know what to do. Three months ago, H found a new photography-printing lab and has been working there earning herself a 158 USD/ month.

H &K spoke highly about their experiences at the centers; their strong relationship with the counselors and staff, the great learning in the vocational courses, the friendships they managed to create with other young girls, and the UNFPA supported peer training that they participated in and took back to the center to share with other girls there. In reflecting back on how their lives have changed since taking part in the centers the following were the statements made by the young ladies;

*"I can't begin to tell how much I loved joining the center; I had something to wake up for in the morning. I used to be a very shy girl, if you ask my mother, she would tell you that I used to cry when she would take me to relatives' houses, because I didn't want to interact with strangers. I have completed the course successfully and I'm working now. Even if the money I make is little, at least I don't rely on my father to provide me with allowance anymore and I help with the household expenses…I am not afraid to ride public transportation and stood up publicly to a man who harassed me once in the Van….I took part in the peer training and stood in front of other girls and gave a workshop about preventing violence. I am a different person because of this center…… I now have a goal". **H***

"Joining the center here has been my only opportunity at a difficult point in my life. I was really depressed about failing a subject in the Tawjihi. I used to blame myself for failing, because it would delay me from finishing my studies and helping my father out in putting food on our table...he's old and tired…joining the center was more than just a computer course for me, it's the friends that I have created and counselors that I revert to when I needed them. They are really understanding and listen to us, they are like our friends….similar to H I participated in the peer training…I was really proud of myself

[38] Ka'k is form of bread covered with sesame that many Palestinians eat in the morning.

to stand and give a workshop with the staff watching me and helping me out…I consider myself lucky to have been part of this center, I want to give back to other girls and support them as well……I want more than just taking a course or finishing my education; I want to build my future and become somebody". **K**

The case study, as well as interviews with staff and counselors demonstrate that the benefits that these young girls achieved were a results of a combination of various elements; the support-net comprising of the counselors, staff and fellow center participants, the job placement and vocational kit scheme, and the platform provided for these young girls to become actors in their own development and influence on other girls through taking part in the peer to peer trainings.

Provided this, the capacity development strategy of MOSA rehabilitation centers' staff reiterates that as a strategy it should contribute to benefitting vulnerable young girls, and boys, although certain considerations should be taken in adapting the approach;

It is recommended that UNFPA re-strategizes its intervention with MOSA through further dialogue with it and with other actors, particularly in ensuring that the rehabilitation centers are dealt with as a priority area of support by the Ministry itself there. Conducting a study on the status of the centers, as evidence-based tool can be used as an entry point for dialogue with MOSA to commit to upgrading them through its own various resources and funding channels and not just UNFPA. This includes the need to integrate the centers services and the respective departmental structures[39]. Focus should also be set especially on ensuring that *standard package of quality psychosocial counseling* is available for young people in these centers and a referral mechanism/system is in place (consider supervision for counselors as a model[40]). Additionally, centers' staff indicated lack of equipment and tools in the vocational training department hindering achieving higher effects of the vocational trainings they took part in. They are unaware about employability horizon of the current vocational courses, and the hiring personnel in the centers are working on creating the two month placement linkages within an individual not systematic manner. Such highlights the need for UNFPA consider longer term sustainable mechanisms such as support MOSA strategizing its economic empowerment[41] program at these centers; for an example building strategic linkages with the ministry of labor (in its youth employment program), the private sector and other possible employment venues and further support of securing infrastructural/equipments and tools in the vocational centers as well. UNFPA can also consider possible integration of youth in these centers with other youth development projects such as that with Sharek or PFPPA to sustain the benefits achieved, and further develop them in other areas as well.

[39] Interviewed counselors and staff of the centers have highlighted the inefficient and non-existing relationship between the centers and MOSA (at the ministry level) in terms of addressing center needs (human and infrastructural) as well as weak departmental oversight; such as the hiring unit, M&E unit, complaint unit, etc. Conclusion: the training was not on detecting and identifying and referring GBV survivors.

[40] Supervision in terms of capacity building to develop the quality of psychosocial counseling services- WCLC has a model where that have helped 3 organizations develop these, and currently MOSA has been reverting to these specific organizations in GBV cases on ad hoc basis. UNFPA can consider facilitate this between MOSA and WCLC and (al najdeh- in Tulkarem, Women for life in Bidya, and Tubas society)- provided the results found in the violence survey to be some of the districts with the highest prevailing violence in oPt.

[41] Currently, there is an employee (in hiring and monitoring unit) at every MOSA center who networks with possible employers to hire MOSA center youth graduates under UNFPA's two-month placement mechanism. According to interviewed MOSA centers staff, these units are not receiving sufficient support from the ministry and have lack of knowledge on job market trends, labor laws, and it remains to be an individual effort. This highlights the need to institutionalize the economic empowerment and employment program at MOSA as a whole, otherwise, withdrawal of UNFPA support to these centers will be a shock that they cannot absorbed by these centers in the future.

Finally, provided that these young girls come from difficult backgrounds, empowered girls can further be integrated in the centers as source of inspiration for other young girls with a need to adopt a comprehensive longer term peer to peer follow up.

Summary of Findings

The intervention with MOSA has sustainable elements relating to the impact on the youth beneficiaries/ girls, and the capacity building of the counselors who work directly with these groups and are well positioned to address the sources of their vulnerability. Caution should be taken against the potential reliance of MOSA and UNFPA's substitution for the role of MOSA itself should be playing, while also revising some of the approaches adopted in the relationship with MOSA as a whole.

4.2.3 Effectiveness of Outcome3: Increased utilization of socio-demographic data for evidence-based decision-making and policy and programme formulation, at national and sub-national levels

Evaluation Question 8: To what extent have CPAP targets been achieved as planned for the evaluated period? And how likely is it that the achieved targets will contribute to the achievement of CPAP outputs and outcomes by end of cycle?

In order to assess the effectiveness of UNFPA support in the PD focus area, a general reference is: (i) outputs3.1 and 3.2 of the CPAP: and (ii) their ensuing four sub-outputs which will be analyzed separately as per below:

Output 3.1 Enhanced national capacity to integrate, implement and monitor youth, reproductive health and emerging population issues in national plans and programs"

Within this output, the country program intended to achieve the following results:

1. ***Strengthened population policy department in place***

MoPAD's Population Development department has been provided with technical assistance in reviewing the extent of integration of population issues in 5 national strategies and was provided with recommendations for its next planning cycle (2014-2016).Production of population newsletters as evidence tools for policy discussion has been taking place with one tool per year as planned, and a dissemination workshop was realized of the population projection study to inform the spatial strategy has taken place. Most importantly the national commission has been reactivated by a cabinet decree. Since then the national commission met twice, and TOR for the national commission of population issue has been approved and which is crucial for development of national population policy framework for oPt[42].

2. **Strengthened capacity of selected line ministries for a better planning, programming and monitoring of population Issues**

Atraining on "qualitative and quantitative" research methods was conducted, formulating research questions and policy research was attended by planning and statistical units' staff of various line ministries in addition to UNRWA and Birzeit master students, while a follow up training on demographic projections for 15 participants is still to be conducted by end of year. One of the most notable challenges encountered in this target relates to the level, capacity and commitment of trainees as well as the relevance of the training to their roles in the ministries[43]. Also, there is a delay or no progress achieved in view of development policy analysis papers by trained ministries as planned in the CPAP, and is not likely to be achieved by the end of year as planned[44].

3. **Strengthened policy dialogue on population dynamics**

Policy meetings and events have been taken place, primarily on policy briefs produced by Birzeit students. Briefs were produced on various population issues, including: elderly nursing homes, micro finance and its role in elevating poverty, as well as youth perception towards education, and migration. MOPAD, MOSA and various other line ministries took part in the discussions of these briefs through different platforms collectively; i.e. combined discussion of the various researches and through individual platforms such as the policy meeting on migration using the analysis survey report that was

[42] it is important to discuss with the national commission Immediately on the outlook of the framework (population policies vs. population issues)

[43] based on interviews with PD unit and BZU, and their progress reports

[44] due to the planned flow of conducting the training first then the policy papers, but it is worth reassessing the approach that line ministry personnel can/ should be doing policy papers to start with (as these differ from pure research for planning/ development"

jointly conducted by PCBS and BZU. Meetings were primarily attended by public officials from the planning directorates at these line ministries, although the level of these policy dialogues was not very well captured in the CPAP tracking tool and the progress reports. .

4. **Originally not included in signed CPAP: National capacity strengthened to address elderly issues through national elderly strategy**

Draft of national elderly protection law has been developed through technical assistance provided through support from UNFPA in this current cycle, while the development of the bylaws is in progress. According to CPAP tracking tool, progress reports and interviews with MOSA 20 social workers from CBOs and MOSA, counsellors were trained on elderly issues.

Output 3.2 "enhanced national capacity to generate, analyse and use disaggregated data on population issues"

The intended targets were:

1. **Data dissemination for national surveys**

This target has been progressing on track with PCBS including the dissemination of the Palestinian Family Survey preliminary report, Census 2007 for GS. UNFPA also supported the production and dissemination of analytical papers such as migration through collaboration between PCBS and BZU. Another product within this domain is the updating of 5 district reports for the NFS 2010 survey, which is reported to be ongoing until the time of this evaluation.

2. **Strengthen the monitoring system to integrate population issues**

Within this target, UNFPA has supported the establishment of two main sets of indicators on youth and gender to be integrated in the national monitoring system, while a data base on these indicators is yet to be developed. One of the main challenges encountered in the development of the national indicators was the lack of baseline data. As reported by interviewed officials at HCYS, and in the CP annual review report, "tough decisions" were made to eliminate some indicators that they would find vital in their monitoring system due to lack of data base and baselines on these.

Another product that was intended in this domain is increasing the capacities of MOWA and HCYS in data utilization, reporting and dissemination. In this regard, UNFPA supported the implementation of one training that was attended by staff from MOWA and HCYS, while the outlook of planned activities for 2013 is yet to be determined, including the production of the monitoring reports to be produced by these trainees.

3. **Support population and development research to strengthen utilization of population data produced by national surveys**

This target is closely linked to the policy dialogue in output 3.1. Young researchers, the majority of which are Masters' students in Bir Zeit University who enrol in the population course that is supported by UNFPA, conduct various researches in population topics, through receiving coaching from the IPHC at the university. Produced researches are shared and discussed with a wider audience in the policy dialogue platforms earlier mentioned and unilaterally with respective ministries such as MOSA in the case of elderly nursing homes paper. In 2012, the researchers took part in the production of two chapters of the analytical report of the Palestinian family survey. According to reviewed progress reports, and copies of researches produced thus far, the target in this domain is progressing according to plan with no major setbacks. Reported challenges by BZU include limited time and additional financial resources needed to mentor the students and produce quality policy papers that can be shared with the local and international audience.

4. **Strengthened national capacity to produce, analyse gender statistics and surveys**

Within this target, UNFPA has supported PCBS in the implementation of a national survey on violence, covering the West Bank and Gaza Strip. Given that the last survey of such type was last produced in

2005, the value of this survey should not go unnoticed, primarily with the presence of a national strategy to combat violence against women. Hence the results of this should serve as a national snap shot on the national situation of violence (domestic and occupation imposed), and should be utilized as a benchmark for national efforts to combating violence. Currently the produced main findings of this survey are being analyzed by MIFTAH in lieu of disseminating the analytical report of the Palestinian Violence Survey.

According to AWP, CPAP tracking tools and interviews with IPs, the CPAP targets planned for 2 years have been progressing according to set targets with no major challenges or obstacles affecting implementation[45]:

With regards to the effects of the PD interventions that have been taking place towards the realization of the intended outputs and outcomes, and as many of these relate to the effectiveness of intervention strategies that will be next discussed, interventions and results achieved in 3.1 thus far have gone as far as raising national awareness (sensitization) on importance of integrating population issues (including youth, RH, gender) in national plans. Yet the "how to" go about it has been weakly captured and addressed through the program interventions to ensure reaching the intended ambitious output given the reality and national capacities thus far. This has been further validated by interviews with MOPAD PD unit, PCBS and BZU. With regards to the second output; generation and dissemination of national surveys are likely to contribute to achieving the intended output, while capacity to analyze and produce evidence-based papers to inform decision making should be a main focus moving forward to realization of the (output) intended purpose. The quality of the research papers produced, credibility and institutional competences of such evident base papers will be discussed in the following question.

Summary of Findings
Sensitization to Integration of P&D issues is progressively being achieved in the Ministry of Planning and Aid Coordination at a general level. However, this has yet to translate into integration and sectoral planning and policies, which remain shallow at the macro level. Furthermore, it has not reached decentralized levels of government (line ministries), with responsible staff at local level remaining insufficiently aware of the means of integration of P&D data for planning and management.

Evaluation Question 9: How likely PD strategies in terms of data generation, advocacy and policy dialogue on population issues are likely to contribute to improving integration of population issues in national plans and policies? To what extent were interventions designed in a manner to ensure sustainability and keep up the benefits produced by the program?

The PD intervention strategies that are being implemented in the current cycle exhibit numerous sustainable effects that should contribute to improving integration of population issues in national plans and policies in the longer run. Based on desk study information and interviews with IPs, the capacity enhancement of the population unit at MoPAD as the secretariat of the national population commission is establishing national ownership towards integration of population issues and priorities in the national planning process. Although no exit strategies for the country program are made in writing, by focusing on building national capacities of the newly activated National Population Commission and line ministries in data analysis and integration in planning is rightfully thought of and planned by the country

[45] One major delay was the Family Survey- Primarily due to UNICEF's methodology approval and validation procedures

office. The inclusion of UNRWA ensures representation of a large population of Palestinian refugees currently under its mandate.
The country program has also appropriately addressed the ***data generation*** strategy to informing this process through its well reputable relationship with PCBS, as the nationally recognized body for data generation, exhibiting the needed resources and competences according to international standards while not losing sight of the local context and national needs for population information and data. UNFPA has also provided PCBS with various capacity building interventions to enhance the gender aspect of the data being gathered, as well as establishing a working relationship between PCBS and other line ministries such as MOWA and HYCS in the development of indicators needed for national monitoring purposes.

As for research, policy dialogue and advocacy, the country program has had some highlights progressed in terms of increasing research and analytical capacities. However, these remain at the individual level as these primarily target university students who upon completion of the population course might be integrated in other national institutes where they can put their research capacities in action. Hence the country program has confined the capacity enhancement in research to individual rather than an institutional level, which would be more sustainable in the long run. The value of this intervention strategy resides to its close inter-linkage with these researches to serve as evidence-based papers that should inform national policy and planning action, henceforth limiting the intended effect of this intervention. Questions remain open as to what UNFPA's direction is to institutionalizing expertly produced policy research papers on population issues. Moreover, The CO does prioritize specific thematic studies[46], year after year constitutes a lost opportunity. High quality studies targeted at crucial policies could have indeed constituted tangible models, which could have been assessed and replicated in other sectors. This is recommended to be of crucial importance before the cycle ends, it can help identify strategic interventions for the next cycle, and most importantly policy papers to be produced.
The policy dialogue is expected to be leveraged to a higher national dialogue with key policy makers and decision takers attending, through commissioning expertly produced evidence based policy papers[47]. The facilitation of this process is expected to be realized in close collaboration by UNFPA population expert (a need highlighted by IPs). The platform for it will be the national commission on population issues, keeping in mind that producing these will require higher caliber as well as financial and time resources.

Another note that should be made on the PD interventions focusing on the WB, is that UNFPA has conducted an assessment of population and development capacities in Gaza strip which concluded lack of capacities there. While interviews with UNFPA staff brought in ideas regarding how to address this issue, the evaluation team has not come across any document that validates UNFPA direction towards building capacities in Gaza Strip.

Summary of Findings
Recognizing that integrating population issues in national strategies and policies is a longer-term goal (beyond materializing in a 3 year period) given the limited national governmental capacities. The country program has managed to thus far sensitize the importance of the issue through its PD interventions through its appropriate partnership with local institutions that should sustain the benefits

[46] AWP identify number of policy briefs to be conducted in each AWP, further efforts are needed to already have priority issues identified and agreed on to be further investigated and studied.
[47] if policy dialogue at higher level is anticipated, then they should be papers and not briefs (as these flow directly into the intended Outcome)

achieved thus far and contribute towards building national ownership to integrating population issues in national strategies, plans and polices. Advocacy and policy dialogue have yet to materialize at a national level through commissioning expertly produced policy papers and well prioritized in depth research by national institutions that can provide real usable information at national planning level and should cover the West Bank and Gaza Strip.

Evaluation Question17: To what extent the generated data of population surveys and census used for in depth research studies and reports on RH, Gender and Youth issues? Is it likely to inform national strategic policies and programming?

In the current country cycle, UNFPA has supported PCBS in the generation of data on various issues; namely the completion of the census 2007 covering Gaza Strip after the political divide that has lasted over 5 years, the Palestinian Violence Survey 2011, and the Palestinian Family Survey through joint programming with UNICEF. This was later followed by production and dissemination of the main findings reports. While capturing ***national utilization*** of these surveys for in depth research studies remains to be beyond what PCBS can or has captured, access to these is made on its public portal. Thus, data can be utilized by a wide audience of users, whether individual or institutional. Reviewed program literature, progress reports and interviews with IPs and UNFPA staff have validated that the PFS is being utilized for the production of national RH strategy that is also being spearheaded by UNFPA, within which gender and youth issues should be mainstreamed. Furthermore, the Country Office has been supporting Miftah in the production of an in depth analysis report of the Palestinian Violence Survey which should eventually be widely disseminated while the Census information from Gaza strip should be proven to be utilized in a wide array of means including gender and youth issues. It is worth noting here that the availability of data on population issues at large, including RH, gender and youth issues has been recognized as a national need. It is acknowledged, that data and research are likely to inform national strategies for 2014-2016 according to the national and sectoral planning cycles at the PNA, yet the current CPAP does not specify how UNFPA and its respective national and governmental partners intend to utilize the produced researches commissioned by the country office interventions thus far. As an example could be stated the availability of the national violence survey should be utilized by MOWA within its implementation and monitoring efforts as the national owner of the VAW strategy. This is also particularly the case in the absence of AWP for 2013, especially covering activities related to how these researches will give direction and will be shared in policy and programming dialogue.

Finally, while oPt has been recognized for availability of data in a wide array of population issues, it remains to lack significant data and most importantly in depth research to inform national and sectoral strategies. For example research that draws the link of population data and possible development scenarios. Reviewed national strategies such as the VAW strategy, Youth Cross Sectoral Strategy revert to data within the presentation of the context and situation analysis while the implications of these figures on developmental strategies is superficial, which highlights the need for in depth research as evidence tools at policy making and national planning level.

Summary of Findings

The current country program has addressed a nationally recognized need to generation of data and production of in depth research studies on RH, Gender youth issues although limited compared to magnitude of the need. While means of capturing national utilization of these remain subject to validation from other currently non-existing means and beyond the evaluation scope or resources, the country program has rightfully strategized the commissioning of in depth studies in these issues that are

likely to inform the VAW and Gender strategies and the National RH strategy with massive utilization of the census 2007 Gaza results in national sectoral strategies, polices and programs.

Evaluation Question18: *To what extent capacity development of MOPAD population unit would likely contribute to better integration of population issues in national strategies and policies.*

MOPAD's population unit comprises of one official who is also a member of ministerial committees that engage in the development of national strategies, namely the National Development Plans, and other sectoral strategies. UNFPA's interventions aiming at increasing the population department's capacities has been taking place since the 3rd country cycle taking the forms of short term trainings and technical assistance and study tours in the region. However, recent progress made in terms of reactivating the national population commission that include public officials from other line ministries including PCBS, civil society organizations, academia and research institutes presents a great opportunity and rich soil for continuing and rather accelerating the capacity development of the unit and hence the National Population Commission. The National commission by itself is a seed that materializes a national commitment to better integration of population issues in national strategies and policies. Though it must be recognized that although the capacity development of the Unit/Commission should parallel that of planning officials in other line ministries.

Interviews with the representative of the Population Unit has given rise to the need to revisit the capacity building approach of the country program, the need to parallel technical and long term capacity building. The evaluators recommend that this should be facilitated by UNFPA through creation of institutional linkages with population centers abroad, regionally or internationally such as the French population center. Additionally, technical assistance is anticipated to be provided for development of population policy framework in coordination with the National Commission. This is to be followed by action plan and means of measuring integration of population issues in national plans (benchmark to measure progress in the next cycle possibly through the input provided from the Technical Assistance provided to them on the national strategies as a good start). This is in particular relevant, as 2013 will witness intensive strategy planning for most line ministries. The current cycle provides time and should focus on identification of population issues needed for the next national planning cycle and possible policy papers needed to inform it (It seems advisable to have these defined and/or conducted in this cycle if possible).

Summary of Findings

New developments in the context with the re-activation of the National Population Commission provide rich soil and justification to need for capacity development of the population unit and the commission focusing on means of integration of population issues in national development and sectoral plans and strategies. This gives rise to the need to reconsider the capacity development approach and platforms that should be taken into consideration over the next few years. An exit strategy for the capacity development interventions should be also recognized and planned.

4.3 Efficiency

Evaluation Question 22: How appropriately and adequately available resources in terms of funds and staff are being managed to carry out activities?

Long administrative lead times in signing AWP with partners in the 3 focus areas have caused delays that impeded a fuller implementation and evaluation of some of the planned activities in 2011 while this was significantly improved in 2012. In 2011, AWPs were signed in February and March of 2011. Moreover, the gradual process in translating CPAP to AWPs within a pre-framed matrix by UNFPA, although built through participation of IPs, has been reported by some partners to hinder creativity and innovative approaches. They explained that if UNFPA identified priorities to be addressed and provided a more flexible approach for the partners to design interventions strategies it would provide them with space to think more innovatively and efficiently, and possibly collectively to addressing them.

In terms of sufficiency and appropriateness of financial resources to carry out the activities, these were assessed by some partners to be insufficient to achieve the ambitious purpose intended for them; In the PD focus area for an example, financial and time resource were assessed to be very limited in producing quality policy papers for decision makers to take into consideration in integrating them in their policy and strategies. There are no PD interventions taking place in Gaza Strip a year and half into the current cycle, the Country office PD and Gender officer was only able to follow up on interventions taking place in the West Bank. Gaza Strip was left without support in this focus area, despite a relevantly high priority. Nonetheless, according to interviewed IPs, a success factor that has contributed to the relatively smooth implementation of interventions in the PD focus areas has been largely due to embedding AWPs with appropriate institutions and national addresses; the PD unit, PCBS and BZU.

Lack of sufficient financial resource was also evident in the case of building the capacities of coalitions that were perceived by IPs in GS and WB to be quite below the needed resources to continuously build the capacities of the coalition members continuously[48]. In the sub output relating to community awareness, the evaluation took note of potential lack of coordination between those implementing them within the gender component and the activities taking place in the RH component. Having a defined strategy that integrates them both would have probably landed a more efficient use of financial resources, as well as staff follow up in these, whether the program officers, M&E personnel, or the operations staff.

With Regards to the Human resource support provided by the CO, Interviewed partners have unanimously agreed that UNFPA staff invests heavily in the development and management of the AWP with each partner (in program and managerial support), all referring to UNFPA as a true partner rather than a donor. Staff is perceived to be patient, committed and has a clear understanding of the context and situation in oPt allowing this to create a platform for open dialogue and discussions to address arising needs and revision of approaches. They have also re-iterated that the annual review/ meeting platform further guides and inform directions for the next year.

[48] IPs stated that activities come in spurts over the 3 years due to financial limitation for the CP, hence hindering their ability to continuously work with the coalitions.

Generally speaking, the objectives stated in the CO outputs and sub outputs raises a concern whether the current number and structure of staff at the CO is sufficient or even can be sufficient, provided the CO organizational structure and its role to oversee the realization of these objectives. Currently, there are 22 AWP that are being implemented by the CO partners in the WB and GS; 10 in the RH including 3 youth interventions, 9 in Gender, and 3 in population and development. While on the other hand, there is one program officer for PD &Gender, one program officer for the RH component. The program officers are supported by a program associate for the MDG fund project and a program manager for the global fund project , whereas the national program officer in Gaza Strip is responsible for overseeing the AWPs there. Currently, the CO does not have a program officer to oversee the youth interventions, as this role is currently played by the assistant representative who is acting a double role, one as program officer for youth component and one as the assistant Rep. Taking into consideration the revised UNFPA strategic focus towards youth, an issue arises on the need to possibly having a youth person in the office. While the evaluation does not intend to assess the work load and internal structure of the country office, interviews with CO staff as well as the implementing partners who perceive that the UNFPA staff, ***program and operational staff, to be overwhelmed with operational and implementation details*** raises the issue of sufficiency of staff in the RH/ Youth interventions to be an area that is highly to be taken into consideration in order to materialize the intended results set forth by the CP.

Another reported disparity in terms of UNFPA having the needed technical expertise in UNFPA staff was raised by a few partners although not in all three areas.

Summary of Findings

The country program is assessed to be efficient in terms of implementation of planned targets to the most part, while overly ambitious outputs and some sub-outputs formulated have been hindered by the nature and approach of certain interventions alongside limitations in financial resources in some program strategies, primarily those from the global fund and some duplicated activities such as community awareness. Generally speaking, UNFPA staff‘s cooperation, understanding, and partnering with IPs in development and management of AWPs has been highly accredited and proven to demonstrate flexibility. Potential insufficiency of staff, and the the process of AWP however has been draining for the staff and the IPs, severely affecting timely achievement of targets

CHAPTER 5: STRATEGIC POSITIONING

5.1. Strategic Alignment

Evaluation Question 1: To what extent the country program is aligned with the principles of UNFPA strategic plan?

A) Most Vulnerable, disadvantaged, marginalized and excluded population groups

UNFPA has committed itself and its partners to reaching the most vulnerable in its various domains and interventions strategies primarily in the Reproductive Health and Gender Components. This is undertaken through provision of services within its RH component including provision of contraceptives in rural areas in the west bank and severely underserviced Gaza strip. In addition, through the intervention with MOSA rehabilitation center serving young girls and boys that come from difficult social and economic background and lesser academic privileges. Also, through the youth empowerment and mobilization interventions by Sharek and PFPPA reaching disadvantaged youth including those with special needs that have had no access or means to integrate with fellow youth or organizations previously as well as those from refugee camps. Furthermore through the awareness raising sessions that are massively taking place through partners such as CFTA in Gaza strip, PFPPA and Nablus Municipality in the West Bank reaching rural women-some of which are poor and uneducated: to learn about their human, women and reproductive rights, the engagement of community and religious leaders in reaching a wide sector of the population including men, young people and college students, and women. Interviews and focus groups discussions as well as site visits to some of these locations in the West Bank and in Gaza Strip all validated that in fact UNFPA interventions are reaching thousands of underrepresented and marginalized groups and thus meeting with relevant intervention their needs.

The Country Program documents the districts within which many of the noted interventions above take place, although unsystematically and weakly informing the M&E system for potential expansion and replication in different geographical locations.The CP has relied heavily on its IPs in identifying the districts and localities to be targeted, and in some ways it has been un-systematically planned, which has been leading to doubling efforts for the same target group. This has been hindered by lack of tangible documentation (such as mapping of activities[49]) to hold IPs accountable to reaching un-penetrated localities or areas in need, as validated by some partners. To shed more light on this, in the CP activities, particularly those related to provision of services, some interviewed participants have stated that this is not their first time they participate in similar activities, such as the awareness raising sessions to promote gender equality and women's rights. In not undermining the need for these sessions, rather in targeting these groups repeatedly should identify the advancement or expansion in the topics that are being trained on or the level of training. On the other hand, and as noted in the Gender analysis section, religious and community leaders have been able to penetrate new localities and groups that were not reached by other development partners, demonstrating the distinguished approach of UNFPA in working with them, a group perceived by some development and civil society actors as "hard to reach".

Capacity Development and National Ownership

The UNFPA Strategic Plan 2008-2013 places emphasis on UNFPA driving capacity development and promotion of national ownership in its country level operations. In line with this, as well as UN MTRP,

[49] This can be already undertaken within planning stage as well as further on in implementation and monitoring.

the UNFPA CO in oPt has designated a significant focus of its interventions to enhance national capacities in its 4th country cycle. This is demonstrated in its support to governmental institutions most notably; MOH, PCBS, MOSA, HCYS, MoPAD PD unit, as well as officials representing other line ministries and district level government offices. Capacity building support is being provided in various forms including short-term technical assistance, study and exchange visits, and short term trainings.

The CO has achieved positive results in developing the capacities of civil society institutions such as the coalitions and some of its NGO partners who proactively pursued capacity enhancement of their staff. Some IPs have identified their own capacity building and integrated such in their AWPs, for an example Miftah, RCS, Nablus Municipality, PD unit through consultations with UNFPA. However, it is recommended to review capacity building interventions in a manner the flows directly into the mandate and scope of IP for the future and areas of their alignment to UNFPA mandate- regardless if UNFPA supports them or not.

To date, UNFPA does not have a documented capacity development strategy for oPt or its governmental and CSO partners; primarily trainings have focussed on individual capacity building and enhancement rather than an institutional one appearing to be a further limitation to sustainability of training activities in particular. These could hinder anchoring an institutional level change in the absence of treatment of institutional systems, process and not just the human element. Moreover, the CP has yet to leverage the competencies and capacities of some of its strategic partners and source of capacity building; namely CFTA (a 15 year old successful product of UNFPA) and PFPPA (a key strategic partner of UNFPA), similar to capitalizing of MIFTAH in building capacities of the 1325 coalitions.

According to interviewed partners and CO staff, UNFPA staff has also been a valuable source of knowledge and an actor in developing capacities of IPs in operational management and financial management of their AWPs and in M&E. This has taken multiple forms through constant consultations, guidance and coaching, as well as formal training setting s such as the M&E trainings.

UNFPA's capacity building interventions have been assessed by some interviewed partners as an effective overall strategy towards building national ownership of the Country Program. The CO has been praised by the vast majority of interviewed partners to flow directly in addressing well-identified and researched national needs and priorities, despite the disparity captured in some intervention strategies that lack some focus. The fact that the country program is in line with national priorities as demonstrated in the relevance section of the focus area analysis further contributes to ensuring national ownership of the program. This has been further facilitated by a key factor; the participatory development of the CP through close consultations and participation with MoPAD[50] as the national owner and counterpart for UNFPA in oPt and with IPs.

On ministerial and focus levels ownership of the Country Program varies: while the MOH has been an active and pivotal partner in the Reproductive Health component, being actively engaged in development of the CPAP and AWP, this is not the case with the MOWA in the gender component, while a national owner for the PD outputs is foreseen to be the newly reactivated the National Commission on Population. It is worth noting though that having embeds (paid by UNFPA) at the Higher Council for

[50] MoPAD itself consults with various civil society organizations and line ministries on the CPAP prior to signing it with UNFPA.

Youth and Sports and MOSA have created "somewhat" of a dependency on UNFPA. An ownership on Council for Youth and Sports and MOSA has not fully materialized at top levels[51].

Building of partnerships &South South Cooperation

UNFPA has initiated building of partnerships amongst its current IP (government and NGOs), such as PMCRS, MOH, Miftah and MOWA, which has proven to be challenging in various ways, as it is highly related to the current culture, and historical relationship between the two sectors (public sector and NGO) in oPt. Provided that the majority of the capacity building activities has targeted individuals rather than institutions, or was provided by individuals, highlights the need to look into institutional linkages as means of capacity building, exchange of experiences and if done regionally as platform for South-South Cooperation.

The CP has paid little emphasis in promoting South-South Cooperation as means of addressing developmental challenges in oPt although some positive initiatives were seized in the PD component; the participation of HCYS as well as BZU in regional conferences, yet these have not elevated to country-country cooperation at a national scale as with South-South cooperation as a "conscious and systematic exchange of resources, technology, and knowledge between developing countries".

Engagement in policy dialogue and advocacy to promote ICPD goals

UNFPA is supporting WHDD within the Ministry of Health as a national body who has the responsibility of keeping RH priorities on the national agenda.Furthermore, WHDD with support from UNFPA advocates for RH rights, and raise the issue of maternal mortality, quality of RH services and youth SRH rights. It also supports researches on RH issues to foster evidence based interventions and knowledge based policy dialogue as well as facilitates networking with other national bodies through reproductive health thematic groups. In addition many advocacy events are assisted on RH issues like conferences and media campaigns. UNPA is providing FP commodities to the entire health sector in oPt and is supporting RH right and support community outreach as well as BCC interventions to increase the demand of quality RH services including FP services. It also works with IPs to prevent GBV and with health providers to provide proper treatment for GBV survivors. UNFPA works with other ministries beside the MOH like MOEHD, MOWA, MOSA and MOPAD to integrate RH in their strategies to reach the comprehensive concept of RH and to achieve the relevant MDGs.

Linkage with MDGs and other International frameworks

The 4th country program does match the objectives set by the ICPD. RH outputs and sub outputs mainly focus on family planning issues, maternal mortality and morbidity, high risk pregnancy, sexually transmitted diseases, including HIV/AIDS, adolescent health. All are aligned with the ICPD.UNFPA also provides essential support to improve reproductive health commodity security and tries to improve EmOC services in the country and support professional training. These interventions are exactly aligned with the specific objectives defined in the ICPD SRH chapter:

- to ensure that comprehensive and factual information and full range of reproductive health-care services, including family planning, are accessible, affordable, acceptable and convenient to all users;
- to enable and support responsible voluntary decisions about child-bearing and methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law and to have the information, education and means to do so;

[51] Bearing in mind the HYYS is a newly transformed organization and ownership is not foreseen to materialize yet in these early stages.

- to meet changing reproductive health means over the life cycle and to do so in ways sensitive to the diversity of circumstances of local communities.

UNFPA works on improving the emergency obstetric care at the national level. In collaboration with other partners the program is working to improve mechanisms for forecasting, procurement and distribution of contraceptive commodities to overcome the problem of unmet needs in family planning. The Program is introducing reproductive health services and information for young people through YFHS and through other innovative approaches. The program also built skills for different categories of health service providers through pre-service and in-service training

In regard to the emphasis given to adolescent health in the SRH component as one of key ICPD recommendations, the country program has approached this in a wide-ranging manner. Young people were reached via multiple vehicles such as the youth mobilization projects lead by Sharek and PFPPA where SRH trainings were conducted within a package of other life skills training paralleling the youth lead initiatives. They have also been reached by religious and community leaders spearheaded through PFPPA in the WB and CFTA in Gaza strip, and in schools within the RH component. These were validated by interviewed youth to be of high relevance, and they reiterated the need to holding numerous like-sessions to cover a wider variety of SRH topics that speak to their needs. It is however worth mentioning that within a youth development approach, young people had limited, if any input in the design and methodology of these interventions, a room to be further leveraged by the Country Program in the coming cycle.

The country program pays special emphasis on its interventions that are in line with Convention on the Elimination of all forms of Discrimination against Women (CEDAW) and with the 1995 Beijing Declaration and Platform for Action, which listed all the areas where the rights of women and girls should be promoted and affirmed. Interventions addressing awareness building sessions on women's rights, on RR and combating GBV, advocacy and media campaigns that aimed to fight stigma and exclusion of women. Finally, the CP within its gender component has heartedly worked in line with UNSCR 1325 and 1889 in promotion of women's rights to protection and participation covering GS, Area C and near separation wall communities, which was highly valued by national partners.

As for Policy dialogue and advocacy, other than initiatives conducted by local partners in a wide spectrum of issues related to Gender and Reproductive rights earlier mentioned, national partners hold UNFPA -as part of the UN Agencies- to higher expectations in terms of advocating to promote the rights of Palestinians at large, and Palestinian women within UNSCR 1325, and ICPD +10. This has been raised to be an area where UNFPA should be taking a stand on, rather than taking a neutral position in light of the political context. This is of particular importance provided that much of lack of progress in these is due to the Israeli occupation and its unjust practices and deprivation the Palestinians of their basic internationally recognized rights.

Summary of Findings

Overall, the country Program interventions are in line with some of the principles of UNFPA strategic plan 2008-2013; the disadvantaged and marginalized groups are being reached, alignment with international frameworks and linkages to MDGs and capacity development being the most notable. Isolated instances were seized in nurturing partnerships building, while South-South Cooperation is almost non-existent or systematically adopted. The country program focuses on building national ownership in its intervention, while these vary across the 3 components.

Evaluation Question 2: To what extent is the revised CPAP framework re-aligned with the UNFPA revised strategic plan? And how population and development, gender equality and youth strategies are being mainstreamed and can be further enhanced to serve better the revised UNFPA strategic priority?

In addressing this question, reference is made to the CP Result Framework 2011-2013 and UNFPA Strategic Plan Midterm Review[52]. In the RH focus area, CPAP Outcome1 "Access to and utilization of high-quality, complementary, comprehensive, rights-based reproductive health care is increased, including in humanitarian crises" and its respective outputs (1.1) "Strengthened capacity of the national health system to provide comprehensive, complementary, high-quality, rights-based reproductive health services, as well as HIV/AIDS prevention services" and output (1.2) " Increased capacity of providers to offer comprehensive, complementary, high-quality reproductive health services and information in identified geographical areas, with attention to the chronic humanitarian crisis" are in line with the SP Outcome 2"Increased access to and utilization of quality maternal and newborn health services". CPAP outcome 1 particularly in its 3rd output of "Increased national capacity to provide high-quality, equitable, youth- and gender-sensitive health services and information for young people" and all its respective sub outputs (1.3.1-6) are further in line with SP outcome 6 "Improved access to SRH services and sexuality education for young people (including adolescents) and SP outputs 15 and 16.CPAP Output 1.1 is also contributing to SP outcome 4 of "Increased access to and utilization of quality HIV- and STI-prevention services especially for young people (including adolescents) and other key populations at risk, and answers to its SP output 10 of **"**Enhanced national capacity for planning, implementation and monitoring of prevention programs to reduce sexual transmission of HIV"**.** CPAP sub output 1.1.2 "strengthen RH commodity security through capacity development, coordination and advocacy to ensure a complimentary provision of FP services is responding to the SP output 8: Strengthened national systems for reproductive health commodity security (RHCS) which fall under SP Outcome 3 "Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions.

In the Gender component, CPAP Outcome 2 "Gender equality is enhanced through improved policies, protection systems and empowerment, including in emergency and post-emergency situations" and output 2.1 "Enhanced government and civil society mechanisms to promote gender equality and equity by addressing gender-based violence and women's empowerment" are in line with SP Outcome 5"Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy" and SP outputs 12, 13, and 14.

In PD focus area, CPAP Outcome3 "Increased utilization of socio-demographic data for evidence-based decision-making and policy and program formulation, at national and sub-national levels" responds to SP Outcome 1 "Population dynamics and its inter-linkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies" as well as SP Outcome7 "Improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality". The alignment is further captured in the CPAP output 3.1 including it sub outputs that are in line with the SP outputs 1, 2, and 3 as well as the response of CPAP output 3.2 "Enhanced national capacity to generate, analyze and use disaggregated data on population issues" and its sub outputs to SP outputs 17 and 18.

Program work should be multi-sectoral and multidisciplinary, with results in one program area influencing or contributing to the achievement of results in the others. For example, promoting gender equality enables women to have more decision-making power and, thus, better access to SRH

[52] Both coalesced in the document " realignment of CPAP with SP"

information and services and better protection from reproductive health. Understanding the socio-cultural factors will better facilitate services that allow women and girls to exercise their right to reproductive health. The availability of data on migration patterns allows for better planning to meet SRH needs. Preventing unwanted pregnancy, STIs and HIV/Aids in young girls increases their educational opportunities, their subsequent participation in development and, ultimately, gender equity and equality. The availability of reproductive health commodities empowers women to protect themselves against, for example, HIV infection.

Gender inequality and discrimination are at the root of why so many women and adolescent girls are still unable to exercise one of the most crucial human rights for their empowerment and quality of life: their reproductive rights, as;

- Gender stereotypes and roles are also why so many adolescent boys and men remain on the fringes of SRH policies and programs,
- Gender-related barriers to reproductive health and rights operate at various levels. These factors range from lower literacy rates and educational levels of women,
- Limited access to information about prevention or about legal entitlements to services,;
- Limited power and resources to negotiate family planning and condom use or use of services,;
- Mistrust of health-care providers and delays in seeking help because of disrespectful or judgmental treatment;
- The low value placed on a woman's life, from the highest levels of policymaking to the community and household levels.

Addressing these issues through the gender framework will increase the ability of women to access and use SRH information and services. Other barriers, including gender-based violence and the inability of women to negotiate condom use or other contraceptives in abusive relations; the SRH services should provide the opportunity for integrating screening and referrals for women who have been subjected to gender-based violence.

Areas where SRH and gender intersect include the following:

- Capacity development, including building a knowledge base, for gender mainstreaming into population, development and SRH policies and programs, MDGs, and for gender auditing and budgeting
- Establishment of and/or support for multi-sectoral mechanisms at the community level to prevent and manage gender-based violence, and linkage of these to the provision of SRH information and services including focusing on mental health as an integral aspect of SRH
- Advocacy to strengthen public awareness of the importance of reproductive rights within a broad-based rights approach to human development
- Advocacy to enroll and maintain girls in school and to access non-discriminatory schooling to ensure long-term success in improving SRH; Advocacy, mobilization and constructive engagement of men and boys on their critical role as allies in advancing women's rights and gender equality;(f) Implementation of Resolution 1325 on Women, Peace and Security.

Some practical Examples that population and development, gender equality and youth strategies can be mainstreamed and can be further enhanced to serve better the revised UNFPA strategic priority include;

- Promoting peer educators as multifaceted agents, segmented by age and sex, for communicating gender sensitive life-skills based SRH education, linking peers with services and allying with young

people's networks and coalitions; Tapping into the dynamism of youth movements and their communication networks for advocacy and action on issues of concern, such as HIV/AIDS/STIs, sexual and gender-based violence and age at marriage.

- Linking gender sensitive life-skills based SRH education programs in schools and communities with other supportive programs, such as mass media; social marketing; information, communication, technology (ICT)-based programs; youth-friendly services; and legal and social support services.
- Using policy discussions to: encourage research on reproductive health issues of youth for social development and humanitarian response policies and poverty-reduction plans; analyze population structures and advocate for making social investments in young; and undertake poverty diagnostics to map vulnerabilities of young people based on the understanding that young people are not a homogeneous group.

Evaluation Question 3: To what extent UNFPA complement the work of other UN agencies, ensure coordination and avoid potential overlaps?

There are 22 UN agencies and organizations working in oPt. Such a large country team remains to be highly fragmented leaving little room for coordination and planning or to even speak of a One UN in oPt. Some interviewed UN staff members have related the reason to be higher than country office level, and rather being a problematic issue on global and regional levels (from the top), while others have explained that there is a common platform for dialogue and coordination at country representative or senior level but implementation at program staff level falls short of translating that. The current bilateral communications between each UN agency and the government as well as the vertical planning by each has contributed to lack of coordination. There are no guidelines for coordination frameworks for oPT working under UNMTRP in the absence of the UNDAF and is not anticipated that real joint coordination mechanisms and actions are set concretely.

There are positive mechanisms in place that have achieved somewhat of coordination, but mostly avoiding potential overlaps and segregation of roles and geographical coverage. Positive experiences in this regard include the Gender Equality and Women's Empowerment in oPt, a 3 year (2008-2011) joint program amongst ILO, UNESCO, UNFPA, UNIFEM, UNDP, UNRWA and the joint intervention between UNFPA and UNICEF in the development of National Standards for Adolescent and Youth Friendly Centres. Also while UNFPA is working with national partners on reducing maternal mortality and morbidity, UNICEF is working with national partners on reducing infant mortality and morbidity and on other child health issues. UNFPA also considers UNRWA as main service provider in the country and tries to include UNRWA health staff in different capacity building interventions like training in RH topics also providing UNRWA health program with family planning commodities. Worth noting though that the Gender program has posed much pressure on the UNFPA staff provided the lack of sufficient staff to carry on the implementation of UNFPA's components in the program, which also translated to the same on UNFPA's IPs.

As for UN coordination platforms, UNFPA has been recognised for its leading role in heading the thematic groups for Youth and on HIV/AIDS while there is room to elevate this beyond a knowledge-sharing platform. Most recently the UNFPA became the chair of the GBV task force, and it would be too early to judge whether coordination is taking place within this platform[53].

Interviewed national partners, both governmental and nongovernmental actors perceive the UN system to also be highly fragmented, uncoordinated and a few regard it to be "competition" in nature; they

[53] This arrangement was recently made in the second half of 2012.

gave examples to demonstrate their perceived lack of coordination such as conducting the Near Miss Study by UNFPA, a study that is also being conducted by WHO on a regional level. Others perceived potential overlap in UNFPA's gender mandate with UN Women as some remained unclear about the difference in their roles[54].

Summary of findings

In a highly fragmented UN system, UNFPA proactively pursues to avoid duplication and ensures coordination in oPt given the current semi functional platforms and mechanisms in place which remain to be well insufficient to materialize real coordination amongst the large number of UN actors. Joint programming and initiatives and coordination platforms remain to be positive highlights, although not systematically planned for by UNFPA and its other relevant UN Agencies.

5.2. Responsiveness

Evaluation Question 4: To what extent was UNFPA able to respond to humanitarian situations keeping the linkage with long-term objectives?

The Consolidated Appeal Process (CAP) for 2012-2013 articulates a two-year strategy of the humanitarian community to tackle the most urgent humanitarian needs in the oPt as a result of the ongoing political stalemate, regular exposure to violence, continuing restrictions on access and movement and persistent human rights violations. According to UNFPA's Response to the crisis in the oPt 2012 document, UNFPA's mandate in the humanitarian area focuses on safe motherhood, equitable access to reproductive health, combating GBV, and integrated support to marginalized youth. These materialized in projects including life-saving continuum of obstetric and newborn care in the Gaza Strip and "Access to reproductive health services and information including screening for breast cancer and treatment for women in remote communities in the WB and access restricted areas in Gaza".

With regards to continuum of care concept in emergency obstetric and neonatal care, UNFPA supports a comprehensive package of RH services from community and primary health care level to tertiary level to ensure the accessibility to quality RH services in areas with chronic humanitarian crisis like in Gaza. The project's objective aims at ensuring access to basic and comprehensive obstetric and neonatal care in the East of Gaza City, Shajae`ieh and Beit Lahyia and to contribute to the reduction of maternal and neonatal morbidity and mortality in the Gaza Strip. This will be achieved through addressing critical gaps within the service structure for maternal and new born health and through building integrated emergency preparedness for effective obstetric and neonatal service delivery across the continuum of obstetric and newborn care.

On another note, empowerment and the protection of women and vulnerable groups from violence through implementation of UN Security Council Resolutions 1325 and 1889. The intervention aims at supporting rights' holders both women and men and young people with the information and skills they need to claim their rights and to address their specific needs for information and services as well as improving the capacity of grassroots organizations to collectively respond to the needs of the Palestinian families, particularly women, men and youth and vulnerable groups who may be even more marginalized as a result of the socio-economical and political situation.

[54] This was noted by IPs as a general remark in not being able to distinguish how UNFPA's gender focus area differs from UN women mandate, as well as overlap with UN Women in UNFPA's support to MOWA in the Monitoring unit and advocacy workshops.

In the West bank, “Access to basic reproductive health services and information for women in remote communities in the West Bank” responds to two CAP Health Outcomes 1) Access to basic RH services is ensured in vulnerable communities in the West Bank and Gaza and 2) Communities with limited access to services and susceptible to settler violence have enhanced emergency preparedness . The objective of this project is to ensure availability of and access to basic reproductive health services focusing on ante-natal care, high-risk pregnancies and post-natal care and reproductive health information for women in remote areas of the West Bank through mobile clinics. The project aims at supporting ongoing mobile clinic services in the West Bank. In coordination with the Ministry of Health and local health providers, it is expected to enhance access to and utilization of basic reproductive health services including the early detection and referral of reproductive health complications for Palestinian women with no access to centers of excellence due to the existing permit regime.

UNPFA supports Community outreach activities and build the capacities of peripheral health centers in isolated areas where people have limited access to the health services.

Aside from UNFPA’s response to humanitarian needs, the UNFPA Country Office has been widely recognized for its response capacity to evolving local needs that are captured and communicated by its partners. Responses have taken various forms; coverage of services and activities in different localities, arising capacity building needs of national partners and enhancing coordination mechanisms amongst implementing partners. All enabled by UNFPA’s flexibility to modify or include unplanned activities or challenges impeding implementation. Examples that can be given here include UNFPA’s quick response to the need to integrate GBV at the healthcare providers and facilities; a need rose from Gaza Strip, but after validating it was also assessed to be a national issue. UNFPA was the ”first mover” amongst all developmental partners to address it in its country program. Another example is direct payments and procurements in COC were implemented by UNFPA itself.

In most cases, UNFPA’s response has been speedy and promptly handled; a highly praised feature of the country office, in the West Bank and in Gaza Strip. This has been primarily a fruit of the constant consultation meetings (bilateral, thematic and annual meetings) by the Fund Staff with its implementation partners as well as progress reports. This continuous open communications and dialogue between the CO staff was an attribute for most, if not all partners to accredit their working relationship with UNFPA as a partner, rather than a “donor”. Moreover, and a facilitating factor that has contributed to UNFPA’s high response capacity according to interviewed partners is the fact that most of the country office staff are locals; their deep understanding of the country context, and their ability to relate to national needs and arising challenges was viewed by many to be one of UNFPA’s added value.

In the midst of a highly fragile context such as that of oPt, with constant changes and challenges posing key developmental needs the country office, and while the country office has been highly responsive to arising needs keeping in mind linkage to the Strategic plan and CPAP objectives, there were a few instances where UNFPA’s response was of no clear justification or does not flow directly in UNFPA’s mandate. For example: response to provision of marketing training to CBOs in Nablus, although justified as a need to address economic empowerment of this group, and given that UNFPA’s role in economic empowerment is not solidified or clear enough, it might be assessed to be not of a clear strategic justification. The same could be the case of the participation of the gender unit director at Nablus municipality in the Urban Planning Conference held in Italy.

Summary of Findings

The UNFPA country office is able to provide a quick and flexible response to humanitarian needs in the WB and GS in the area of provision of services to the most marginalized and in need. It also responds to demands from partners and to changes in national needs and priorities. However, the response sometimes lacks a clear strategic justification. UNFPA should have a mechanism in place to "filter" its responses to need raised by its IPs.

5.3. Added Value

Evaluation Question 5: What is UNFPA's main comparative strength in the country and what is the main UNFPA added value as perceived by national stakeholders and other UN?

UNFPA's Country Program in oPt has made use of its comparative advantage across its three focus areas. According to interviewed stakeholders UNFPA has well managed to position sensitive issues at national agendas such as placing reproductive health in the gender and youth cross sectoral strategies that were assessed to be the result of UNFPA's advocacy and policy dialogue activities since the 3rd country cycle. Additionally, UNFPA's corporate mandate in the RH arena as well as its strategic partnership with PCBS in generating gendered data is "unchallenged" as noted by one UN agency. UNFPA has also actively engaged in placing Reproductive Health on national priorities within which their efforts are materializing in the development of National Reproductive Health Strategy provided that the current health strategy does not place particular emphasis on reducing maternal mortality and morbidity.

According to some partners, UNFPA is the only developmental actor working on a wide panorama of population issues; the generation of national data as in the case of supporting the National Census and embodying the ICPD+10 agenda in its comprehensiveness. Some stakeholders also perceive UNFPA as the "Youth Agency" that has spearheaded youth development in a comprehensive manner, while placing RH in adolescent development being a sensitive issue that UNICEF for an example does not address. Moreover, and within its Gender component it stands out amongst development actors working to promote gender equality and equity in its approach in contextualizing UNSCR 1325. UNFPA's "courageous stand" as noted by one interviewee on women's protection from occupation imposed violence differs from others who have addressed it in a more neutral way and have solely focussed on domestic GBV.

Interviewed implementation partners elaborated extensively on UNFPA country office staff to be added values to the office's operations in oPt; the fact that many of the staff is regional/local has leveraged UNFPA's position to be a partner organization that understands the local context and is sensitive to the cultural features and approaches that it adopts in its interventions. This added to UNFPA's high responsiveness capacity and its flexibility mentioned in the responsiveness section was perceived by many to be an added value in its ability to facilitate not just the channelling of funds to oPt but also adopting various modalities in its interventions; including what remains to be UNFPA's niche in working the religious leaders as promoters of women rights agendas.

Some interviewed central government officials stated that UNFPA's commitment to building national capacity and ownership towards the development priorities in oPt is an added value, that some other development partners have not supported. In the essence that UNFPA recognises governmental institutes' role as a prime address for its agenda, such as the HCYS, despite its weak capacities and recent transformation, yet UNFPA has stood by them as their national address to youth development

while working with other NGOs as well. PCBS has also accredited UNFPA to have recognised its nationally recognised capacity to generate population data, whereas other UN agencies still revert to commissioning such tasks to institutions, limiting the sustainability and continuity of these efforts in the longer run.

Despite the perceived added value and comparative advantages noted above, interviewed end beneficiaries do not recognise UNFPA's role or added value in oPt compared to other UN agencies. Many could not recall the Fund as a supporter of activities they took part in, unless they have regularly attended the IP's activities, and those who could remember it could not explain what UNFPA does or what its mandate is in oPt[55].

[55] Compared to Unicef, UN Women, UNRWA, for an example.

CHAPTER 6: MONITORING AND EVALUATION SYSTEM OF THE COUNTRY PROGRAM

6.1. Monitoring and evaluation system in the country office

6.1.1 Compliance Monitoring

The Country Program M&E system comprises of 3 key documents; the CPAP tracking tool, the SOP and the M&E action plan. The first two are based on monitoring inputs and activities (compliance monitoring).It refers to a large part of the routine tasks of the staff of the CO and includes follow-up of budget expenditure and activities. The performance of the CO in relation to the follow up of inputs and activities can be considered satisfactory in its fundamental aspects, reflecting understanding of activities from an integrated or programmatic level and sufficient consciousness of time-bound schedules of set activities to the most part. Monitoring tools have included the monitoring of sub outputs (in AWPs) and outputs levels that rely primarily on the achievement of the activities in the sub outputs indicators.

The overall immense performance of the CP M&E system has largely been functional due to key actions and strategies adopted by the CP including: the newly introduced quarterly monitoring and annual reports that partners submit to the Country Office in a timely manner without significant problems, the UNFPA funded program coordinators recruited by some national partners who play a major role in the monitoring of implementation and reporting of progress, and the regular meetings between UNFPA and national implementing partners and the field visits conducted by the UNFPA. The Country Office's adherence to the SOP with respect to the compliance monitoring has further ensured that monitoring of inputs and activities are taking place by IPs and internally at UNFPA office.

6.1.2 Results Oriented Monitoring

Results oriented monitoring refers to monitoring of outputs and outcomes. The Country Program has developed a set of sub-outputs that refer to the CP's intermediate or sub-results. Monitoring sub-outputs, outputs and outcomes comprise a fundamental feature of results oriented monitoring needed to inform improvement of strategies and results as these are of strategic relevance to the corporate direction and stipulated in UNFPA strategic plan 2011-2013.

The evaluation analysis of the Country Program's M&E system shows mixed results in terms of the type and nature of the M&E system and its respective features regarding its ***orientation towards result***. While significant improvement has taken place in the RH component, indicators with 47% of the indicators are result-based, compared to the previous cycle only 25% and 17 % of indicators in the PD and Gender component are result-based respectively. This has been primarily due to the Program's focus on activities and sub-outputs and the semi operative management information system in place. The below will seek to demonstrate the main features and shortfalls of the M&E system:

1. ***Overambitious Formulation of Objectives;*** The Strategic plan 2008-2013 places the formulation of outputs to be immediate objectives that the Country Program is responsible for achieving within the set time period of the country cycle. The Country Program's over ambitious formulation of these outputs leads to a general attitude of interpreting them as a vaguely desirable objective instead of real, immediate objectives that must be obtained and that serve as a reference for accountability in terms of services and results of the CO. While the formulated sub-outputs have been assessed to be stronger in terms of formulation, i.e clear, specific and aligned with national priorities and UNFPA's mandate, the interventions and some their respective indicators have weakly linked to achievement

of results intended of these sub-output. This is particularly of concern provided nature of activities, financial resources and timeframe within which they have been set to be met.

2. ***Descent Quality of Indicators as clear and operational with an evident need for the indicators to capture effects;*** the country program has successfully managed to formulate and monitor specific and clear indicators in its M&E indicators; over 90% of the CPAP indicators are specific (90% of RH indicators are specific, 100% of gender indicators are specific and 92% of PD indicators are specific). Our analysis also demonstrated that the indicators are largely operational, with over 80% of the indicators contain baselines, end lines and targets, means of verification and are being collected and reported regularly. With the later excluding collection and reporting of the outputs. While the majority of the assessed indicators are relevant primarily to the sub-outputs level, a notable weakness was how representative these indicators are of the intended result/ objective; i.e. the current indicators are largely of good quality to measure implementation of and progress of activities and sub outputs yet the interlinked and collective achievement of the set indicators to measure the effect and performance towards the set result is limited, which should be their main function.

3. ***A Semi operative Management Information system***;
   Design; There is a semi-operative system for monitoring the outputs and outcomes of the country program, yet it does not set forth who is responsible for monitoring these and frequency of collection of these. Monitoring information is generated for activities and is systemized through the quarterly M&E reports submitted by IPs.

   Data Collection: The CPAP Planning and tracking tool identifies responsible parties and means of verifications for CPAP indicators on the levels of activities; these are coalesced by the M&E officer at UNFPA CO. The M&E plan further identifies who should collect what information on the CO M&E and other support activities at the CO level. The frequency of the data collection via the M&E plan and Annual Work Plan monitoring tool is well defined and appropriate despite variance found in some IPs and well over 75% of sub-outputs and activities indicators are being monitored on quarterly basis.

   Information flows: There is a SOP that describes the flow of transferring of information from the IPs to the CO, as well as internally at the CO. There has also been significant improvement in the forms used to report information with regards to inputs and activities and feedback is given to implementing partners on the basis of the AWP M&E tracking tool/CPAP tracking tool. Yet there is no document that sets forth the reporting and hence the authority structure within the CO and the current system does not define who should report to whom.

4. ***Satisfactory level M&E resources;***
   Financial Resources; There is a separate budget for the M&E in the program. The M&E items are also associated with the AWPs and include expenditure associated with compliance monitoring and there is budget allocated for a full time M&E officer.

   Human Resources: The CO has a full time M&E officer who is responsible for the entire system while the evaluation concludes that the degrees of authority and reporting is not clearly stated in any of the Country Office documents. Furthermore, within the current CPAP the country office staff has demonstrated appropriate capacities needed to implement the M&E tasks.

6.1.3 Monitoring of assumptions and risks

There is no document formalizing monitoring of factors that affect/could affect the country program. Usually, this would be integrated in the program's logical framework that can be used for planning, implementation and monitoring. This impedes i) structured management and monitoring of these factors ii) sharing and transferring information in a systematic fashion and iii) objective external evaluations of the level of quality and monitoring of external factors. Identifying main *assumptions and risks* remains to take an ad hoc process at the Country Office. With the absence of formally set and documented risks and assumptions, the CO relies heavily on its relationships with IPs, including government partners and other donors/UN agencies to get information related to changes in the "non documented" factors that can affect the Country Program.

6.1.4 Integration of evaluations in the M&E

The CO has a planned process to conduct evaluations and these are integrated in the M&E system in the current country cycle. Implemented evaluations include the evaluation of the community based youth initiatives project (Cash for Work) which started 2010 and continues in the current cycle, this country Program Evaluation, while two more planned evaluations for the remainder of the cycle are planned and formalized; project evaluation of "continuum of care- Saudi funded project", and the evaluation of provision and utilization of YFHS in the targeted centers. Another highlight of the CP partnership model within the evaluations is that national partners take part in the evaluations related to the CP (annual reviews, this CPE, previous CPE). They provide inputs in TOR, evaluation design, findings and validations, in addition an evaluation committee group was established for this evaluation.

Aside from structured planning process, the Country Program also has a structured process with regards to utilization of final project evaluations. The flow process of how the CO bases its decision making are formalized and are largely adopted according to the Management Reponses Plan (MRP) documents. This enhances the evidence found in incorporating some of findings from these into decision making process at the CO. Examples of the MRP include MRPs for the 3rd country cycle program evaluation, the Cash for work, and of Adolescent RH evaluations.

With several intervention strategies extending over multiple cycles, and although these get assessed more broadly within the framework of the CPEs, the Country Office has yet to identify strategic level intervention strategies to be assessed in order to inform continuation of or revising these approaches or coverage. For example the awareness building or educational sessions have been taken place for numerous years yet it would be worth it if the CO considering assessing the effectiveness of these in lieu of assessing its appropriateness and complimentarily to the thousands of other such interventions by other development actors in the country. Evaluations planned to document and share best practices of some of UNFPA's own approaches can be considered an opportunity for UNFPA that can promote its added value and positioning amongst other development actors in the country.

6.1.5 Utilization of M&E in programming and decision-making

Reviewed assessments, evaluations and CPAP tracking tool provide sufficient evidence that the CO utilizes the findings from these in its programming, and in particular within the RH focus area. Examples include: the CP supported interventions in emergency obstetric care, quality assurance tool and equipping 3 maternity facilities based on the Near Miss Study recommendations, the training of teachers and community members, not only the councilors in schools based on the curriculum study

recommendations, reverting to specialized organizations to training youth in SRH based on the Be the Change project evaluation with Sharek. It is however advised that the staging of programming based on some studies and assessments is expedited and formalized; for an example, the assessment of the capacity in PD in Gaza Strip has yet to materialize into documented and planned programming action to take place there beyond verbally communicated[56] ideas of potential action.

6.1. Support to National partners in their M&E system and capacity

The country office has contributed and continues supporting its partners in the improvement of their national data collection systems. The interventions of the CO cover important actions such as: the support to development of national info data base for monitoring of youth status with the Higher Council for Youth and Sports and the Gender Information data base which are ongoing, as well as the support to national committee for reporting and assessing maternal mortality cases on yearly basis, and support jointly with WHO the measurement of the Reproductive Health monitoring and evaluation framework which has been completed.

The country office has placed particular emphasis on developing capacities of its national counterparts in monitoring, evaluation and result-based management. Aside from continuous one on one follow up tasks, UNFPA has conducted two trainings in RBM, AWP monitoring Quarterly M&E reporting in the WB and GS in 2010 and 2011 over a two day period.

[56] Interviewed UNFPA staff provided the evaluators with verbal potential action to take place but these are not formalized as an institutional plan of action document or meeting minutes.

7.1.1 Strategic Level

Conclusion 1: The Country Program support in oPt is in line with most of the principles of UNFPA strategic plan most notably promotion of ICPD agenda, reaching the disadvantaged and marginalized groups, and capacity development. Isolated instances were seized in nurturing partnerships building, while South-South Cooperation is almost non-existent or systematically adopted. The country program focuses on building national ownership in its interventions, while these vary across the 3 focus areas.

Recommendations:

1. The country program needs to have a ***systematic way, documented and monitored, of identifying and reaching the most vulnerable***, including the disabled, while those have been previously reached can have a different approach and become "change agents"[57].
2. A ***capacity development strategy for the entire programming cycle*** should be designed. To complement the CPAP, a multi-year (say 3 year) capacity development strategy should integrate knowledge sharing and the development of capacities of strategic partners and national counterparts. UNFPA can utilize ***some partners as strategic ones in building capacities*** such as CFTA, Miftah and PFPPA. Elevate their roles from implementation level to capacity building and sharing of their rich experiences and tested approaches.
3. Both the country program action plan (CPAP) and annual work plans (AWPs) should include ***an exit strategy for interventions***, that creates conditions for sustainability of benefits and prevents from substitution effects that generate dependency.
4. UNFPA can further ***leverage itself as a UN agency*** in nurturing/facilitating capacity development in a more systematic manner, and facilitate the building on institutional partnerships regionally and internationally (such as PF unit with the Population center in France, Jordan, etc).
5. ***Higher level of dialogue with ministers (MOWA, MOSA, in particular) to gain ownership*** to sustain benefits and reduce reliance is essentially recommended.

Conclusion 2: The UNFPA Country Office is contributing to the improvement of coordination of a large and fragmented UN system and has proactively worked to ensure avoiding of duplication and overlap and in complementing of services and support. Isolated instances of non coordination and overlap were captured as these have yet to materialize into real coordination platforms.

Recommendations

1. UNFPA should accelerate the platforms it currently has the lead on in ensuring coordination and avoiding overlap and set these platforms to serve beyond information sharing such as joint activities. Through leading the youth thematic group, the GBV task force, as well as other platforms, UNFPA can build on its joint programming such as its experience with UNICEF and the gender MDG fund.

[57] These can include the community leaders, those who regularly participate at the CSO activities and have been empowered to influence others- such as the models in CFTA, PFPPA.

Conclusion 3: UNFPA's Country Program in oPt has made use of its comparative advantage across its three focus areas; primarily SRH, youth, and generation of data. Its perceived value as viewed by national stakeholders resides in the country office's partnership modality thanks to its national staff and context sensitive approaches and ability to raise sensitive issues on national development agendas.

Recommendations

1. Clarity of UNFPA's Role is needed to avoid jeopardizing their potential added value; Strategic vs. programmatic based approach, focus, integration and capitalization on effective strategies is highly recommended.
2. UNFPA should have mechanisms in place to promote its work and increase its own visibility amongst the development actors, national counterparts and their constituents. This could be done through developing a visibility and communications strategy that encompasses promotion of UNFPA best practices in thematic subjects and ensuring that end beneficiaries are aware of UNFPA's mandate as well.

7.1.2 Programmatic Level

7.1.2.1 Access to and utilization of high-quality, complementary, comprehensive, rights-based reproductive health care is increased, including in humanitarian crises

Conclusion 4: RH program outputs and sub-outputs respond to national priorities as expressed in the relevant national sectoral strategies and are adapted to the needs of the population.

Recommendations

1. The Program outputs and sub-outputs are assessed to be highly relevant to national RH needs and are in line with priorities and needs set forth in national sectoral strategies yet coordination with these sectors is further ***advised to better integrate services and avoid duplication***.

Conclusion 5: There is no strategy for capacity building of health providers. The health system puts huge effort and cost in training and capacity building of health provider but not in a systematic way. A national capacity building plan should be in place based on comprehensive need assessment for the health providers and their supervisors.

Recommendations

1. The new CP cycle should start with ***comprehensive need assessment of training*** to identify health professional training needs; the assessment should include trainees, decision makers, managers and different health professionals at the services level who can identify training needs from clinical experience. So part of the training should be designed for the supervisors on monitoring and ***follow up tasks related to each specific course*** and should also be integrated with the training needs assessment
2. Uncoordinated and overlapping training programs takes time away from service provision and therefore ***a national training plan would be essential in coordinating and harmonizing training programs.***
3. Regular and routine technical support supervision especially after training is critical for improving the performance of the trained health providers. UNFPA should support the development of a ***comprehensive and clear monitoring and supervision system*** will make the strategy of improving the capacity of health providers more effective

Conclusion 6: Building the capacity of health system and building the capacity of health providers can improve the emergency obstetric care at the national level (ex. Hebron Hospital). I*nstitutionalizing the training within a continuous health education program at the health facility level and at the national level will be an effective strategy*.

Recommendations

1. ***Support the existing of continuous education programs inside health facilities*** with focus on repeating the trainings for the rest of the health staff to reinforce the trainees' knowledge and transfer the knowledge to the rest of the team, such as with a training of trainers approach.
2. Create ***promotion or incentives system*** for health facilities that are active in the continuous education program. That will encourage them to keep up the good work and motivate others to do the same thing.
3. UNFPA can help in ***improving the capacities of midwifery schools instructors by looking for upgrading opportunities for the instructors or by hiring qualified academic advisors*** from the region for certain period of time.

Conclusion 7. Access to RH services and information improved when the IPs reach the communities by innovative and non-traditional methods with BCC activities like using peer to peer approach, women to women and using the influence of community leaders and religious leaders to enhance male engagement in RH issues and increase utilization of RH services.

Recommendations

1. People are not objects waiting to be changed, but rather want to become agents of their own change. It may be useful to think of them as partners in communication, rather than target groups. It is good practice to ***involve people from the communities in the planning of communication campaigns, Health talks, peer education and other types of IEC/BCC interventions***. UNFPA can provide technical support and bring to the country regional or international experiences to enrich the national experience.
2. It is recommended to use more systematic design for implementation and evaluation of IEC /BCC interventions. ***Attention should be given to the delivery of the messages by the health providers to ensure that the end users receive accurate and comprehensive information, IEC distribution should be linked with the BCC activities, either inside the facility or in the community.*** A sufficient quantity of printed IEC materials should be produced and distributed to facilitate the delivery of accurate information. Data should be collected using a standardized instrument before, during and at the end of the program to adequately evaluate the IEC/BCC activities. Also there is a need to ***activate National Health EDUCATION Committee role in reviewing/crediting all IEC materials production***

Conclusion 8: Reproductive health integrated in national health policies and strategies, the new RH strategy also responds to the national RH needs in country.

Recommendations

1. RH strategy should clarify in the action plan how to ***reduce the duplication and how to increase coordination*** between the national partners for better RH services. It should also figure out how to ***integrate with other national sectoral strategies***. RH strategy should ***balance between the biomedical aspects of RH and women's well being and empowerment***. UNPFA can provide technical support in reviewing the strategy draft and providing feedback as well as technical support.
2. The RH strategy should consider the reproductive rights of women with special needs and the disabled.

3. It is recommended to ***invest more in midwives:*** Review the ***midwife scope of practice*** and to expand their role in FP to reduce the percentage of unmet needs, midwives should be empowered and have a voice through ***professional associations to advocate*** for their concerns to sufficient investment in midwifery training, employment, support and supervision, UNFPA can also provide support in this issue also there is a need to ***assess the workload among health staff and to reconsider the workload among the nurses and midwives, some protocols can help when a clear task distribution is stated like 'obstetric care protocols'***. UNFPA can support this assessment in the new cycle and WHDD can implement it.

Conclusion 9: The ***strategy of integrating SRH*** issue within youth initiatives or other interventions with youth is ***effective*** in raising youth awareness in their reproductive health rights. On the other side having YFHS in MOH and UNRWA will improve the health services for youth. Also having a new strategy for youth is essential for the CP before start planning for the new cycle.

Recommendations

1. Integrating RH topics in the different training is an effective strategy to raise youth awareness in their reproductive health rights. UNFPA should consider it as one of the best practices, if ***quality of trainings can be controlled (content and methodology), and when these trainings are conducted over extended numbers of sessions covering various topics.***

2. ***Engaging Youth in the design and planning of the trainings***, including best delivery methods, topics of higher priority, etc.
3. ***Implementing a pilot phase for the YFHS in MOH and UNRWA*** can provide decision makers with directions of strengthening and expanding the provision of youth friendly health services, with more focus on raising awareness among young people of healthy life style. This strategy could be sustainable, if the implementing partners include YFHS within their services, and if the *MOH would allocate specific budget line within its annual budget as a strategic direction to be taken.*
4. It is also recommended to conduct some kind of ***monitoring and site visits during the training from UNFPA staff and to divide the RH topics through the project duration***.
5. Special attention should be given to promote the rights of young people to participate at all levels of policy development, implementation and monitoring. UNFPA should focus on the most vulnerable and marginalized groups of society, including adolescent girls. Also ***more focus should be given on youth in Jerusalem***. Reaching these groups is essential to achieve the MDGs.
6. UNFPA with other UN agencies through YTG can intensify the effort with HCYS to update the youth strategy that takes SRHR in consideration.

Conclusion 10: Integration of RH information into the school curricula is a strategic and sustainable achievement in the previous cycle and strengthening it through the current cycle is also important and responding to national need.

Recommendations

1. Targeting school teachers for training on the RH curriculum should continue through the coming cycle to ***cover all the schools and all teachers*** as part of continuous education program in MOEHE.
2. ***UNRWA and private schools should be covered*** and furthermore ***reaching out-of- school and vulnerable youth*** including those institutionalized in MoSA youth rehabilitation centers. East Jerusalem as well as Gaza youth also need more attention to their needs.

Conclusion 11: The implemented strategies in the 4th cycle contribute to the realization of CP outputs and outcomes but not all interventions are designed in a manner to ensure sustainability and keep up the benefits produced by the program. All interventions do not have an exit strategy.

Recommendations:

1. Building the capacity of healthcare providers is an effective strategy but institutionalizing the training within a continuous health education program at the health facility level and at the national level will be more sustainable strategy.
2. Pre-service training and ***strengthening the curriculum of midwifery schools is a sustainable strategy and should be furthermore enhanced***. Some sustainable interventions can be introduced to improve the quality of obstetric care include:
    a) The directors of the maternity world should give more effort to improve maternal death audit, and the registry in health records by close monitoring and active supervision, introducing the computerized HIS to MOH health facilities, which should improve the quality of health records in the coming years.
    b) Forming a small committee of qualified obstetricians in each district to intervene during the obstetric emergencies can help in life saving and minimize the cases of near miss and maternal death. For sustainability reasons it's better if ***each hospital has 2-3 ALSO instructors who can do refresher courses with more focus on post partum hemorrhage (PPH).*** Also applying on job training is efficient, but should monitor the quality and guarantee the continuity.
3. Providing hospitals with needed equipment is essential, but the sustainability will only be achieved when the hospital secures the maintenance of equipment. UNFPA can ask for extension of the guarantee period and can also put condition on the equipment companies to train the maintenance staff in these hospitals, and should also ask the hospital management team to put regulations that control any abuse by the staff to this equipment
4. Being responsible of providing the **FP commodities** to the health sector in the country through MOH is an added value to the UNFPA from human rights and RH rights prospective, but it can be more sustainable, if the budget of FP commodities considered as part of MOH annual budget. **UNFPA had policy dialogue with MOH to allocate budget for FPC within it's annual budget as part of its exit strategy**.
5. More **in depth study is required to reveal the reasons behind unmet met needs in family-planning in WB&GS**. The study should address availability of FP methods, socioeconomic factors, cultural factors, and health system related factors that affect women's access to FP services. It could further be related to the medical system especially where there is no doctor in the health facility like level 1 health centers, sometimes unqualified health staff or lack of FP counseling can limit women access to FP services.
6. **The presence of WHDD is very important at the level of advocacy and policy dialogue in RH issues. However this directorate needs more support. Providing technical and management support to the WHDD will increase their efficiency and keep the RH priorities on the national agenda.**

7.1.2.2 Outcome 2: Gender equality is enhanced through improved policies, protection systems and empowerment, including in emergency and post-emergency situations

Conclusion 12: The gender component is aligned with the national policy frameworks. It recognizes some of the weaknesses affecting gender inequality including lack of women's awareness of the rights (and human rights at large), need for accessing psychosocial and legal services, economic empowerment and protection and participation according to 1325 and 1889 and many other ailments. However, the gender component reflects a wide scope of intended action that is somewhat unfocussed that hinders the realization of intended results.

Recommendations

1. UNFPA should define what role it intends (or not) to play promoting economic empowerment of women and their accessing to psychosocial and legal services. Only then, UNFPA should seek national counterparts that are active and have demonstrated competences in these. The partnership with implementing partners should reflect their ability to reach those in need based on UNFPA supported assessment such as the Palestinian Violence Survey.
2. UNFPA's should define whether and how it intends to support legal and psychosocial services in oPt. If determined, it should be part of a systematic and strategic approach through clear actionable steps and policy dialogue. More preferably, this should be in view of formulation of a **national referral system**. Within a national referral system, health providers would be included regardless of externally funded activities.

Conclusion 13: Generally speaking, the achievement of the intended targets in the gender component should contribute to promoting gender equality and equity through addressing GBV and women empowerment. Yet vaguely formulated intended results and sub-outputs (such as 2.3 and 2.1) make it harder to assess interlinked and focused contribution to achieving the output, while there is an evident need to revise some intervention approaches and partnership roles of IPs.

Recommendations

1. UNFPA should strategize ***its support to line ministries; particularly MOWA in operationalizing its VAW and MOSA in its support to the rehabilitation center***s. This is of high priority for the CO to ensure that national ownership is in place to carry on the country program and reduce reliance and potential substitution by UNFPA.
   a) Define MOWA's capacity building needs through coordination with UN women and UNDP that should materialize in a better focused intervention in supporting MOWA operationalizing its VAW strategy implementation and in a measurable fashion.
   b) There is a need to re-strategize the intervention with MOSA through further dialogue with it and with other actors, particularly in ensuring that the centers are considered as a priority area of support by the Ministry itself there. This includes the urgent need to integrate the centers services and the respective departmental structures[58]. Focus should be especially on ensuring *quality psychosocial counseling* to be available for young people in these centers and a referral mechanism/system should be put in place (consider supervision for counselors as a model[59]).

[58] Interviewed counselors and staff of the centers have highlighted the inefficient and non-existing relationship between the centers and MOSA (at the ministry level) in terms of addressing center needs (human and infrastructural) as well as weak departmental oversight; such as the hiring unit, M&E unit, complaint unit, etc. Conclusion: the training was not on detecting and identifying and referring GBV survivors.

[59] Supervision in terms of capacity building to develop the quality of psychosocial counseling services- WCLAC has a model where that have helped 3 organizations develop these, and currently MOSA has been reverting to these specific organizations in GBV cases on ad hoc basis. UNFPA can consider facilitate this between MoSA and WCLAC

2. UNFPA should consider ***strategizing its Behavioral Change and Communications approach*** for promoting gender equality and equity, RH and RR and GBV through careful revision of its IPs in this area. This will be a more efficient strategy than conducting various awareness sessions in RH and Gender components separately. ***The strategy should define who to target, key messages geographical coverage and ensure that builds on partners' competencies and mandates in these areas, particularly those that offer comprehensive services*** and utilize the community awareness as an approach to identify and detect cases for further support.

Conclusion 14: An institutionalization of gender based violence detection and counseling as well as adopting the national referral system would be more sustainable and should be parallel to providing the healthcare providers with training on GBV that is being supported in the current country cycle.

Recommendations

1. Involvement / ***endorsement of the service providers*** also at directors level in defining training needs, methods, and objectives, delivery and assessment (throughout all phases) is recommended.
2. Utilization of ***effective theoretical and on the job coaching*** on dealing with difficult cases and put a referral system in place for them to refer these cases.
3. Develop a ***capacity building program for health providers in cooperation with WHDD/ MOH on clear methodologies and approaches in identification and detection skills,*** while the referral system should be part of a national one.

Conclusion 15*:* The intervention approach of building capacities and strengthening the coalitions is an appropriate strategy that is worth to heavily build on in the coming cycle. The facilitation role that UNFPA played in linking MIFTAH with OHCHR is highly valuable and rightfully thought of in the context of the 1325 policy framework with room for improvement in the intervention strategy to yield higher and more timely effect.

Recommendations

1. The capacity building of the coalition members and their networking should be ***further supported in a defined approach across all regions, and should take a continuous flow***. UNFPA should have a clearly unified and strategized as well as focused and continuous approach in the capacity building of the coalitions with key strategic partners in the process (at most one in WB and GS). Such partners should have the appropriate and demonstrated competencies needed in advocacy and lobbying to sustain the benefits achieved thus far and develop the CBOs to play an active contribution in the later anticipated implementation of the 1325 framework and GBV.
2. UNFPA should continue the support of capacity building and advocacy efforts by the coalitions and their CBO members ***through initiating a longer term continuous institutional capacity building (including provision of technical assistance paralleled by long term coaching) and joint programming amongst the coalitions from the various regions*** (WB& GS) and other regional coalitions is also important towards the development and implementation of the anticipated 1325 policy framework, including advocacy campaigns and **accelerating engagement in higher policy dialogue[60].**
3. UNFPA should ***engage in policy dialogue and advocacy targeting policy makers and the international policy arena,*** possibly through its NGO partners, that will build a momentum for the

and (al najdeh- in Tulkarem, Women for life in bidya, and Tubas society)- provided the results found in the violence survey to be some of the districts with the highest violence in oPt

[60] The grassroots campaigns can be better strategized at policy making level (parallel to the work on the grassroots)

development and implementation of the policy framework, even if this poses pressure on MOWA, who has not owned up the development of it thus far.

4. ***Commissioning research and analytical papers for higher policy level advocacy*** (for policy change) that can land a higher sustainable impact on women empowerment (particularly in the areas of legal and legislative), which could be undertaken in coordination with other UN agencies such as UN Women. This could be one of the leverage actions that UNFPA can work on in areas it has limited resources to intervene; for example legislations that stand in the way of women's realization of their economic rights such as a ***sexual harassment law, paternity, parental leave***, etc.
5. UNFPA should consider one lead IP (in the WB and GS) in the 1325 framework development interventions to unify the approach and accumulate building on the work accomplished thus far. This will contribute to a ***more focused approach in the development and implementation of the 1325 policy framework and generate a higher impact***. Moreover, there is a crucial need for definition of scope of work, roles and responsibilities and common understanding on the concept of 1325 framework for the members of the national committee. This will result in clear mechanisms for drafting, adopting and implementation of the national policy framework; i.e. what is the intended vision of this framework? There is a crucial need for ***UNFPA to act as a facilitator*** throughout the process given that it is providing a rich soil and a platform for it.

6. It is highly recommended that prominent IPs are viewed by UNFPA as sources for building capacities of other organizations in these domains. Their evolution into such prominent level is highly due to their strategic partnership with UNFPA and it is time to see them as resources with competences to share with other organizations and providers. CFTA, PFPPA are similar to Miftah's experience with the networks, hence this is an intervention on its own.

Conclusion 16: The intervention with MOSA has sustainable elements relating to the impact on the youth beneficiaries/girls, and the capacity building of counselors who work directly with these groups and are well positioned to address the sources of youth vulnerability. Caution should be taken against the potential reliance of MOSA and UNFPA's substitution for the role MOSA itself should be playing, while also revising some of the approaches adopted in the relationship with MOSA as a whole.

Recommendations:

1. UNFPA should consider a wider and ***comprehensive range in the capacity development of MOSA and its centers' staff*** in the area of provision of psychosocial services, and life skills for young people, particularly as they are located in the same place where such vulnerable yet highly valuable asset group is present.
2. UNFPA should ***re-initiate the now stopped peer to peer approach*** amongst the young people in the MOSA centers, after revising the short-term approach into a long-term one that builds on youth role models that were captured through the evaluation interviews. ***Empowered girls can further be integrated in the centers as source of inspiration for other young girls*** with a need to adopt a comprehensive longer term peer to peer follow up.
3. While the short-term placement and handing of starter vocational kits to young girls have proven to contribute to empower young girls, economically and socially, there is an urgent need to educate these young girls on labor laws and continue to work with them post graduation (evaluated team cited cases where young girls were being taken advantage of at work (abuse) including nonpayment of salaries post placement period by UNFPA). ***UNFPA can facilitate integrating other actors active in economic empowerment to address this.***

4. Conduct a ***study on the status of the centers, as an evidence-based tool that can be used as an entry point for dialogue with MOSA to commit to upgrading them*** through its own various resources and funding channels and not just UNFPA.
5. Integrate MOSA youth graduates with other youth development interventions that are supported by UNFPA.

7.1.2.3 Outcome3: Increased utilization of socio-demographic data for evidence-based decision-making and policy and programme formulation, at national and sub-national levels

Conclusion 17: Sensitization to Integration of P&D issues is progressively being achieved in the Ministry of Planning and Aid Coordination at a general level. However, this has yet to translate into integration and sectoral planning and policies, which remain shallow at the macro level. Furthermore it has not reached decentralized levels of government (line ministries), with responsible staff at local level remaining insufficiently aware of the means of integration of P&D data for planning and management.

Recommendations:

1. Possible ***formulation of a PD taskforce from within the National Commission as a technical committee to be coached*** over a year or more in the national planning processes and strategies.
2. Focus on ***anchoring learning gained from the joint training into practical policy papers*** (but limit the expectations of those being a learning exercise unless technical expertise is provided to coaching them into expertly developed papers). Such papers will require longer time to be developed and disseminated and this should be taken into consideration in AWP timelines.
3. There is a nationally recognized need for data on population issues, particularly pertaining to youth issues; this lack of data has been hindering HCYS to include it in the indicators list[61]. It might be ***worth identifying needed data for generating baselines to be measured and monitored in the future***.
4. In the absence of the social protection law, development of national elderly law is valuable as it should be more sustainable in the long run given the national budget allows for it. ***UNFPA should promote a national policy dialogue with decision makers to ensure that there is a national budget that will allow the elderly law to see the light.*** Otherwise, it might face a challenge in implementation or be jeopardized and cancelled like the social protection law, engagement in policy dialogue is needed to be beyond what MOSA can/is doing, such as involvement of MOH, other line ministries, UNRWA, etc.
5. It is recommended that UNFPA delays ***or halts the training of CBOs and elderly centers' staff on elderly rights, given absence of legal framework that stipulates what the elderly RIGHTS a***re. Such trainings could be re-initiated when the law passes into effect, unless these sessions aim towards advocacy for the adoption of the law.

Conclusion 18: The current country program has addressed a nationally recognized need to generation of data and production of in depth research studies on RH, Gender youth issues although limited compared to magnitude of the need. While means of capturing national utilization of these remain subject to validation from other currently non-existing means and beyond the evaluation scope or resources, the country program has rightfully strategized the commissioning of in depth studies in these issues that are likely to inform the VAW and Gender strategies and the National RH strategy with massive utilization of the census 2007 Gaza results in national sectoral strategies, polices and programs.

Recommendations:

[61] Interviews with HCYS; the lack of existing data for baselines have caused them to drop indicators out rather than the other way around.

1. There is a need to ***institutionalize PD research, i.e. having an institutional address for PD research***. It might be worth conducting a study or assessment on PD research to inform planning on existing capacities and distinguish this from policy papers/or briefs.There should also be clear distinction between policy briefs and papers and the capacity building of young researchers as an awareness building strategy on PD.
2. In its support to PD research, and evidence based policy programming, ***UNFPA should adopt an institutional rather than individual capacity building approach.*** This will ensure continuum of the support provided, and anchors the learning. This could be initiated by working with the PD task force earlier mentioned and addressing the variety of capacity building needs it will require to fulfill its mission.
3. Realizing the need to ***build national capacity on population issues*** (generation, analysis, and integration in national planning) ***should also consider Gaza Strip***. The capacity building there should extend beyond PCBS, and the support should parallel the efforts being conducted in the WB. UNFPA should utilize the findings from the needs assessment and materialize it into a defined strategic direction by UNFPA in this area. For a start, UNFPA should initiate at least the dialogue and advocacy on population dynamics and its linkage with development.
4. Higher involvement is required from MOWA as well as a need to provision of PCBS's technical assistance in gender ***through a consortium of experts*** (such as gender in economic indicators, etc)

Conclusion 19: Advocacy and policy dialogue have yet to materialize at a national level through commissioning expertly produced policy papers and well prioritized in depth research by national institutions that can provide real usable information at national planning level and should cover the West Bank and Gaza Strip.

Recommendations

1. The CO does not prioritize specific thematic studies[62], which constitutes after years a lost opportunity. ***High quality studies targeted at crucial policies could have indeed constituted tangible models, which could have been assessed and replicated in other sectors. This is recommended to be of crucial importance before the cycle ends***, it can help identify strategic interventions for the next cycle, and most importantly policy papers to be produced.
2. The ***policy dialogue is expected to be leveraged to a higher national dialogue with key policy makers and decision takers attending,*** through commissioning expertly produced evidence based policy papers[63]. The facilitation of this process is expected to be undertaken in close collaboration with MOPAD where UNFPA can commission a population expert (a need highlighted by IPs) to strengthen the unit /national commission. Keeping in mind that producing these requires higher caliber and financial and time resources.

Conclusion 20: New developments in the context with the re-activation of the National Population Commission provide rich soil and justification to need for capacity development of the population unit and the commission focusing on means of integration of population issues in national development and sectoral plans and strategies. This gives rise to the need to reconsider the capacity development approach and platforms that should be taken into consideration over the next few years, while having an exit strategy for the capacity development interventions should be also recognized and planned

Recommendations

[62] AWP identify number of policy briefs to be conducted in each AWP, further efforts are needed to already have priority issues identified and agreed on to be further investigated and studied.

[63] if policy dialogue at higher level is anticipated, then they should be papers and not briefs (as these flow directly into the intended Outcome)

1. There is a need for a ***parallel technical and long-term capacity building model beyond short-term trainings on planning and integration of population issues in national programming and policy development through institutional linkages*** with PD centers abroad regionally or internationally such as the French population center.
2. Technical assistance has to be provided to development of a population policy framework in coordination with the National Commission. This should be followed by action plan and means of measuring integration of population issues in national plans (benchmark to measure progress in the next cycle possibly through the input provided from the TA provided to them on the national strategies as a good start),***particularly as 2013 will witness intensive strategy planning for most line ministries.***

Conclusion 21: The 3 components of the country program are assessed to be efficient in terms of implementation of planned targets in general. On the other side overly ambitious outputs and some sub-outputs formulated at the UNFPA Country Office level paralleled by the nature and approach of certain interventions as well as financial limitations some program strategies have hindered efficient realization of intended results.

Recommendations

1. It is recommended that UNFPA further leverages the facilitation platform meetings (beyond the annual review meetings and thematic meetings); For an example UNFPA should consider facilitating specific topics meetings, say quarterly meetings, to discuss certain approaches and issues and generate lessons learnt and best practices in them amongst their IPs collectively (UNFPA as a knowledge broker in areas that distinguish them from others); such as youth development, engagement of men in promoting women's equality and equity, YFHS, Advocacy, integration of population issues in national planning, etc..

2. IPs have recommended that UNFPA utilizes the partners meetings in demonstrating how the CP had been progressing as a whole. Not just pointing out on indicators or activity level, rather providing insight in the "entire picture" presenting how results of their interventions have been feeding in and how the CP has been contributing to addressing national needs.

3. In line with UNFPA's strategic direction as demonstrated in its strategic plan to shift towards **"delivering thinking", it is recommended that UNFPA considers new approaches to development of partnership agreement**. This could include having partners submit proposals (encourage joint proposals) with the proposed rationale and approaches to be adopted, while UNFPA can play the challenger and provoker role in ensuring that new innovative means of achievement of results and building national capacities are met in more efficient, effective and cohesive manner. **This will help shift the strategy of the CP towards strategic interventions over programmatic ones.**

4. Provided the above, UNFPA can then really consider on evident needs to extend work plans beyond annual ones, rather 2-3 year periods in line with the CP duration while allowing annual revisions to inform about arising needs to be addressed. This will directly contribute to having better defined M&E indicators.

5. UNFPA should consider the need to increase its human resources, particularly within the RH domain provided that staff inadequacy is of concern. The new strategic direction of UNFPA provides a need to review the potential of having a full time youth program officer in its staff as well.

7.1.3 M&E system of the country program

Conclusion 22: The performance of the CO in relation to the followed compliance based monitoring can be considered exemplary in its fundamental aspects. As for results-oriented monitoring the quality of indicators can be considered satisfactory in terms of being operational and clear, while improvement in indicators is further needed to inform the effect and measure quality of interventions. This has, and can be challenging in the periods to come given that some of the program interventions lack focus[64].

Recommendations

4. Ensure a realistic and clear formulation of outputs and sub-outputs, and more focused interventions and ensure that mainly representative[65] indicators allow a measurement of progress towards results and objectives. More specific recommendations on the indicators are explained in Annex 6.
5. Given that UNFPA is currently working on global program system for better management and monitoring of annual work plans, UNFPA HQ should design the most appropriate user friendly IT platform for the office needs, taking into account platforms developed by other agencies such as the one adopted by UNICEF that is currently under UNFPA CO review. UNFPA HQ should improve its global system to allow country offices to better monitor programs; however, there should be a simplified database system for the specific need of the country office.
6. Enhance the management information system through setting forth who is responsible for monitoring the system as well as the reporting structure and have a reference document identifying information management process.
7. A program quality assurance system is urgently needed to be in place and formalized. This system should identify the quality assurance process and internal structure and must equally include utilization and decision-making process is a systematic manner.
8. Formalize the monitoring of risks and assumptions of the country program, preferably within a CP log frame matrix.

[64] Lack of focus in terms of targeting specific geographic areas, or selected centres, maternities, etc. lead to difficulties in measuring the effects and results as it does not allow the CP to measure before and after interventions.

[65] That the indicator matches the result intended

ANNEXES

Annex 1: Terms of Reference (brief)

United Nations Population Fund, UNFPA
Occupied Palestinian Territory
Terms of Reference
Decentralized Country Programme Evaluation 2011-2013

I. Background:

UNFPA's goal is to "achieve universal access to sexual and reproductive health (including family planning); to promote reproductive rights, reduce maternal mortality and to accelerate progress on the ICPD Agenda and MDG5 (A and B) in order to empower and improve the lives of underserved populations, especially women and young people (including adolescents) enabled by our understanding of population dynamics, human rights and gender equality driven by country needs and tailored to country context."

In December 2010, UNFPA and the Palestinian Authority signed the 4th Country Programme Action Plan (CPAP) for 2011-2013 with the aim of improving access to and availability of quality reproductive health services, empowering youth through improved life skills and civic participation, strengthening the national information systems, and help to build the capacity of Palestinian authority institutions and civil society organizations in these areas. The country programme was developed in partnership with national stakeholders and in line with the Palestinian National Plan and relevant National Sectoral Strategies for 2011-2013,the UNFPA strategic plan (2008-2011, extended till 2013) and the United Nations Medium-Term Response Plan (2011-2013), which is in lieu of a United Nations Development Assistance Framework (UNDAF).

It is worth mentioning that UNFPA conducted a midterm review of the strategic plan, during which the UNFPA strategic focus in addition to the development and management results framework were revised. The country office undertook a realignment exercise of the country programme and the action plan against the revised strategic plan; accordingly, the result framework was revised together with national partners early January 2012.

II. Introduction:

According to UNFPA evaluation policy, UNFPA seeks to improve evaluation in order to strengthen accountability for results and ensure that evaluation findings are used to inform decision-making by management and contribute to more effective programming. As such, a country programme evaluation should be completed by end of the penultimate year of the current cycle to inform next programme cycle.While the majority of UNFPA development programmes is normally formulated for a period of 4 to 5 years, UNFPA's Country Programme in the oPt covers a period of only 3 years in alignment with the national development plan and planning cycle. This will pose certain challenges in terms of highlighting long-term results and impact of programme implementation through the evaluation exercise given the

reduced implementation period. Accordingly, the proposed evaluation will allow obtaining meaningful information from short time frame intervention (January 2011- to date) as described in more detail later in the document.

The country programme is being coordinated by the Palestinian Ministry of Planning and Administrative Development, while number of annual work plans is being implemented by national partners including eight governmental institutions and seven non-governmental organizations.
Details of country programme outcomes and outputs are attached in ANNEX V.

III. **Evaluation Purpose and specific objectives**:

The overall purpose of the evaluation is to produce an independent and utilization-focused country programme evaluation report covering the design of the country programme and implemented interventions since beginning of cycle and to date. "The evaluation must be performed in a manner that guarantees the independence of the evaluators' judgments and the impartiality of their conclusions".

The main aim is to deliver a Final Evaluation Report in accordance with UNFPA evaluation guidelines and in a timely manner to inform a new country programme for the 5th cycle (2014-2016), which will be prepared by the UNFPA country office and national stakeholders during September – December 2012. Furthermore, the evaluation report will be presented to the UNFPA executive board together with the country programme document for the 5th cycle.

The evaluation will cover UNFPA's Strategic Positioning, and the Relevance, Effectiveness and Efficiency of the country programme. Due to the short duration of programme cycle, and since the evaluation will cover an implementation period of only one year and a half, it is difficult to assess or draw conclusions in regards to Impact and Sustainability. However, the evaluation will assess if sustainable strategies were taken into consideration in the programme design, and so will be analyzed as part of progarmme effectiveness.

The specific objectives of the evaluation are to:

E. Assess the UNFPA country programmestrategic positioning within the development community, responding to national needs and contributing to the country development results
F. Assess quality and adequacy of country programme (CP) design andCPAP result and monitoring and evaluation frameworks and system
G. Assess programme performance of the country programme, focusing on programme strategies and its contribution to progress or lack thereof towards the expected outputs and outcomes set in the CPAP result framework
H. Present key findings, conclusions, draw lessons learned and raise strategic and actionable recommendations to inform the next 5th programme cycle.

IV. **Evaluation Scope:.**

The evaluation will cover programme design and its implementation in both West Bank and Gaza during the period January 2011- to date. ***Attached in ANNEX I; " Evaluation Matrix"; suggested detailed key questions, data sources and collection methods.***

More specifically the evaluation will:

i. Assess the strategic positioning of UNFPA.

The evaluation criteria to be used are:

A. **Strategic alignment**:

i. looks at the extent to which the country programme, its action plan and the actual implementation of the programme are aligned with the UNFPA strategic plan; focusing on:
   1. promotion of ICPD
   2. Development of national capacity (will be addressed under effectiveness of focused areas)
   3. Special attention to the most vulnerable, disadvantaged, marginalized and excluded population groups
   4. National ownership and leadership
   5. Promotion of partnership

ii. Realignment of CPAP with the UNFPA revised strategic plan (2012-2013).

iii. extent to which the country programme is aligned with the UN Medium Term Response Plan (MTRP) and assessing coordination mechanisms between UNFPA and UN agencies, particularly, those who might overlap with UNFPA

iv. CP/CPAP linkages with MDGs and other international frameworks

- **Evaluation questions:**
  1. To what extent is the country programme aligned with the principles of UNFPA strategic plan?
  2. To what extent is the revised CPAP framework re-aligned with the UNFPA revised strategic plan? How are population and development, gender equality and youth strategies being mainstreamed, and how can this be further enhanced to serve better the revised UNFPA strategic priority?
  3. To what extent does UNFPA complement the work of other UN agencies, ensure coordination and avoid potential overlaps?

B. **Responsiveness**:*"The ability of the country office to respond to changes and/or additional requests from national counterparts and shifts caused by external factors in an evolving country context"*

Assess humanitarian response, particularly in Gaza, and keeping the balance between short term responsiveness and long-term development objectives.

- **Evaluation question:**
  4. To what extent was UNFPA able to respond to humanitarian situations keeping the linkage with long term objectives?

C. **Added Value:***"The extent to which the UNFPA country programme adds benefit to the results that would be obtained from other development actors' interventions only."*

- **Evaluation question:**

5. What is UNFPA's main comparative strength in the country and what is the main UNFPA added value as perceived by national stakeholders and other UN?

ii. <u>The evaluation will analyze the country programme Result and M&E Framework and system</u>

- **Evaluation question:**

6. Assess quality of CP/CPAP design and the Result and M & E frameworks with the main focus on validity of result chain, quality of indicators, baselines and targets and as well as the appropriateness of M&E tools used and the systematic use of knowledge and evidences of the CP monitoring information.

iii. <u>The evaluation will assess programme progress and targets achieved so far and will look into quality of implemented programme strategies</u>

Following the evaluation criteria to be used:

A. <u>Relevance</u>: *"The extent to which the objectives of a development intervention are adapted to national needs (e.g. needs of population, in particular vulnerable groups) and are aligned with government priorities as well as policies and strategies of UNFPA"*

- **Evaluation question:**

7. To what extent the programme outputs and sub-outputs respond to national priorities as expressed in the relevant national sectoral strategies and are adapted to the needs of the population?

B. <u>Effectiveness</u>: "*the degree of achievements of the outputs and the extent to which outputs have contributed to the achievements of the CPAP"*

- **Evaluation questions:**

*<u>Below are generic key questions for each focus area; while specific and detailed key questions are included in **ANNEX I: EVALUATION MATRIX**</u>*

8. To what extent have CPAP targets been achieved as planned for the evaluated period? And how likely is it that the achieved targets will contribute to the achievement of CPAP outputs and outcomes by end of cycle?
9. To what extent are the implemented major programme strategies likely to contribute to the realization of CP outputs and outcomes?
10. To what extent were interventions designed in a manner to ensure sustainability and keep up the benefits produced by the programme?

C. <u>Efficiency:</u>"*a measure of how resources/inputs are converted into results"*

- **Evaluation question:**

11. How appropriately and adequately available resources in terms of funds and staff are being managed to carry out activities?

Impact and sustainability will be excluded from this evaluation, as explained above, due to the short duration of programme cycle, and since the evaluation will cover an implementation period of only one

year and a half, therefore, it is difficult to assess or draw conclusions in regards to Impact and Sustainability.

V. **Evaluation Process and Work Plan:**

The evaluation is undertaken with a view to strengthen national evaluation capacity and increase participation of national counterparts; as such, the Palestinian Ministry of Planning and Administrative Development, actingas the government coordinating body of the CPAP, will coordinate with UNFPA country office the country programme evaluation.

Furthermore, UNFPA with MOPAD will form an Evaluation Reference Group who will work as a reference group for a peer review mechanism to ensure quality and to facilitate field work and access to data and documentation.

More specifically, the reference group will include members of appropriate seniority and experience from government, academicians and civil organizations, and will contribute to the following milestones:

a. Review CPE TORs
b. Review of the inception/design report
c. Identification of stakeholders for interview
d. Identification of suitable sites for field visits
e. Review of first draft

The evaluation process will be divided in several phases:

I. Design phase:
   a. Desk review: the evaluation team will identify, map and collect relevant documentation, and will analyze documents related to the programme of UNFPA over the period being examined.
   b. The evaluation team will develop further the attached suggested evaluation design matrix/methodology framework which indicates the proposed data sources and the specific data collection methodologies to address each of the evaluation questions. As such, the evaluation team will produce a design report which will include the stakeholders mapping, evaluation questions and methods to be used, information sources and plan for data collection, including selection of project/field sites for visits, and design for data analysis.
   c. The evaluation team leader will brief the Evaluation Reference Group and receive their feedback

II. Field work Phase
   a. The evaluation team will collect data as per agreed methodologies,
   b. analyze and assemble data,
   c. produce a first set of preliminary conclusions and recommendations, and
   d. present, discuss and validate the findings with the Evaluation Reference Group

III. Reporting and Dissemination Phase
   a. The evaluator will produce the first draft report to be reviewed by UNFPA country office team, the evaluation reference group and the UNFPA regional office who will assess the

quality of the evaluation filling out the evaluation ***Quality Assessment Grid*** (attached, Annex III)

b. Based on discussion and feedback, the evaluator will produce a final evaluation report to be reviewed and accepted by UNFPA.
c. The evaluator will present and discuss the evaluation findings and recommendations in a dissemination workshop with relevant stakeholders

Attached in Annex III details of the evaluation process, time schedule and roles of all actors

VI. **Evaluation methods:**

The evaluation team will further develop the methodology as suggested in the matrix so to collect data using multiple methods to respond to the set of evaluation questions. The methodology could include, but is not limited to: document reviews, group and individual interviews and field visits as needed. The evaluation team will use a variety of methods including triangulation to ensure validity of findings. Although certain primary data is suggested, the evaluation is not expected to have primary data collection as its main tool.

VII. **Evaluation Deliverables:**

The evaluation team leader will conduct the country programme evaluation and produce a final report in close coordination and cooperation and under the supervision of UNFPA evaluation manager; the Monitoring and Evaluation officer and in cooperation with relevant UNFPA staff.

The evaluation Team leader shall deliver to UNFPA the following:

1. Inception/design report as electronic version, will be 10-15 pages and will include:
   a. Evaluation team's understanding of what is being evaluated and why
   b. Evaluation team's plans to engage and involve stakeholders in the evaluation process
   c. Explain how the evaluation questions will be addressed in relation to the evaluation criteria, proposed methods, evaluation design, sampling plans, proposed data sources and data collection. The evaluation team leader is encouraged to propose creative or cost and time saving methods to the evaluation.
   d. Explain how the evaluation team will give special attention to gender concerns
   e. Explain how the evaluation team will give special attention to ethical considerations during the evaluation process.
   f. The evaluation team will present the inception report to the Evaluation Reference Group and receive their feedback

2. Presentation of preliminary evaluation findings and recommendations to UNFPA and the Evaluation Reference Group

3. Electronic version of 1st draft report and a revised 2nd draft report
   a. First draft to be reviewed by UNFPA country office and regional office and by ERG, feedback will be consolidated by the evaluation manger and reported back to the evaluation team leader
   b. Modified second draft to be submitted for further comments from UNFPA

4. Electronic version of final report in English and edited and ready to be print, to be approved by UNFPA Representative.
   a. Draft and FINAL reports should be impartial, objective and of **good quality, i.e. clearly structured, well written, and providing evidence based findings, valid conclusions and useful recommendations**
   b. The draft and final reports should be prepared according to the suggested report structure attached in ANNEX IV
   c. Length of report should not exceed 60 pages excluding annexes.

5. Presentation of final evaluation findings and recommendations during a workshop with relevant stakeholders.

VIII. **Evaluation Duration:**

The assignment should be completed with a final report no later than 30 October 2012. Time will be divided in three major stages to be accomplished: design phase, collection and analysis of data, report writing and dissemination; as per schedule included in ANNEX II.

IX. **Budget Range:**

Budget range for the Evaluation is (between USD 27,000 up to a maximum of USD 30,000)

Annex 2: Evaluation Matrix

Evaluation Criteria	Key Questions	What to Check	Data Sources	Collection Method
Analysis of Strategic Positioning				
Strategic Alignment	1. To what extent the country programme is aligned with the principles of UNFPA strategic plan	Analyze the CPAP strategies against the principles and approaches of the UNFPA strategic plan; with special attention to: i. the most vulnerable, disadvantaged, marginalized and excluded population groups, degree of national ownership of the CP, engagement in policy dialogue and advocacy to promote ICPD goals and linkage with MDGs and other international frameworks.	UNFPA strategic Plan (2008-2011) Revised Strategy (2012-2013) ICPD & MDG reports CP, CPAP, AWPs MOPAD	Review of Documents Semi structured interviews
	2. To what extent is the revised CPAP framework re-aligned with the UNFPA revised strategic plan? And how population and development, gender equality and youth strategies are being mainstreamed and can be further enhanced to serve better the revised UNFPA strategic priority?	Look at the revised CPAP result framework and assess how PD, and gender and youth are being mainstreamed and can be further enhanced to contribute to the UNFPA priorities	Revised UNFPA Strategic plan and UNFPA Business plan, cluster approach of Youth and Women Revised CPAP frameworks	Review of documents
	3. To what extent UNFPA complement the work of other UN agencies, ensure coordination and avoid potential overlaps?	Check the linkage of the CPAP with the UN MTRP, involvement of UNFPA in the UNCT, joint programmes and programming, leading UN theme groups and coordination with other UN agencies, ex. UNCICEF, UN Women, WHO, etc.	MTRP Documents Minutes of meetings Relevant UN agencies Resident Coordinator Programme documents and project proposals	Semi structured interview with UNCT members and RC office Desk review of MTRP, Minutes of theme groups meetings and UNCT meetings, joint programmes documents

Evaluation Criteria	Key Questions	What to Check	Data Sources	Collection Method
Responsiveness	4. To what extent was UNFPA able to respond to humanitarian situations keeping the linkage with long term objectives?	Check to what extent the CP reflects UNFPA's strategic plans with regard to mainstreaming of emergency preparedness (programmatic; administratively in terms of business continuity, contingency plans) Assess linkages between short to medium term humanitarian response and more long-term development efforts. Analysis of effectiveness could support this question	CAP 2011-2012 Project proposals	Review of documents Semi-structured interviews
Added Value	5. What is UNFPA's main comparative strength in the country and what is the main UNFPA added value as perceived by national stakeholders and other UN ?	Look into interventions that could be UNFPA added value (family planning, elderly, data generation, youth, etc.) Will be supported by the analysis of effectiveness	IPs, UN agencies	Review of documents Semi structured interviews linked with effectiveness
Analysis of Programme Results Framework and M&E				
	6. Assess quality of the CP design, focusing on Result and M & E frameworks	Focus on appropriateness of result chain, quality of indicators, baselines and targets The systematic reporting, generating data and use of knowledge and evidences of the CP monitoring information Analysis of relevance will support analysis of programme design	CP/CPAP/AWPs CPAP Tracking Tool CPAP M&E calendar Baseline assessments M&E quarterly Tools Progress reports	Review of Documents

Analysis by Focus Area				
Relevance				
Outcome 1 Outcome 2 Outcome 3	7. To what extent the programme outputs and sub-outputs respond to national priorities as expressed in the relevant national sectoral strategies and are adapted to the needs of the population?	Check whether reproductive health, gender equality and population and development interventions are in line with the health, Youth, social and gender strategies, VAW strategy and other relevant sectoral strategies and policies. Check interventions if take into account gender and geographic disparities	Palestinian National Plan (2011-2013) Relevant Sectoral Plans CP/CPAP/AWPs Needs Assessments Baseline studies Project evaluation reports	Review of documents Semi structured interviews
Effectiveness				
Outcome 1 Outcome 2 Outcome 3	8. To what extent have CPAP targets been achieved as planned for the evaluated period? And how likely is it the achieved targets will contribute to the achievement of CPAP outputs and outcomes by end of cycle?	Check the level of achievements focusing on CPAP targets, identify delays in implementation, challenges and obstacles affecting implementation	CPAP Tracking Tool Quarterly monitoring tools, annual reports, field monitoring visits reports and other progress reports Annual programme Review reports Implementing partners	Review of documents Semi structured interviews
Outcome 1 Outcome 2 Outcome 3	9. To what extent were interventions designed in a manner to ensure sustainability and keep up the benefits produced by the programme?	Check what exit strategies were planned and taken into consideration in programme interventions focusing in the assessed progarmme strategies as mentioned below.	CP/CPAP/AWPs Progress reports Implementing partners	Review of documents Semi structured interviews
Evaluation Criteria	**Key Questions**	**What to Check**	**Data Sources**	**Collection Method**

A. Overall question on "Access to RH"; outcome1, to be answered by the following questions addressing specific programme strategies	To what extent the implemented RH programme strategies in terms of improving policy environment, capacity development and community outreach would likely contribute to improving quality of RH services?			
Specific key questions on effectiveness of "Access to RH"; outcome1	10. To what extent trained health providers on RH services at primary health care level are likely to contribute to improved capacities in provision of quality RH care?	Assess effectiveness of training of providers looking at gained skills. Check as well follow up mechanisms and supervision to ensure application of gained skills and knowledge	Training reports and progress reports Needs assessments Supervision tools MOH/PHC Department of continued education at MOH	Focus groups with health providers Semi-structured interviews Review of documents Site visits
	11. To what extent capacity development mechanisms are likely to improve quality of Obstetric care?	Look into training of health providers on national protocol and ALSO, what follow up and supervision mechanisms are set to ensure application of gained knowledge and skills Look into provision of supplies and equipment to maternities Look into surveillance mechanisms of Maternal Mortality and near misses	Training reports and progress reports Needs assessments Supervision tools MOH/hospital directorates WHDD Juzoor	Focus groups with health providers Semi-structured interviews Review of documents Site visits
	12. Is it likely that outreach programs to communities would contribute to improved demand for quality RH care?	Check how beneficiaries are reached and benefiting from outreach activities Look into the production of the health education materials, check how those materials are used by providers and distributed to beneficiaries. Look into the quality of produced materials.	Progress reports Facility assessment report Produced materials MOH/HEPD PMRS	Semi structured interviews Site visits Focus groups with beneficiaries

	13. To what extent Reproductive health is being integrated in national health policies and strategies?	Look into the developing national RH strategy Look into the national health sectoral strategy and check RH integration in the health action plan Look into the supported national efforts in improving midwifery role in provision of RH care.	Draft RH strategy Health strategy and action plan Progress reports Midwifery job profile Conference reports	Review of documents Semi-structured interviews
B. Specific key questions on effectiveness of youth interventions	14. To what extent sexual and reproductive health is being mainstreamed in the youth initiatives programme and how to better enhance?	Look into the youth initiative project, effectiveness of training and information gained on RH and life skills Look into the Youth cross sectoral strategy and change in government structure and look into mainstreaming of youth issues in relevant sectoral strategies and not focusing only on the youth council. YFHS	SHAREK project Evaluation Progress reports IPs (PFPPA, Juzoor, SHAREK)	Document review Semi-structured interviews Focus group with youth
	15. To what extent capacity development of teachers and counselors on RH curriculum at MOEHE are sustainable and how to redirect UNFPA's support and interventions, taking into consideration support provided to health directorate?	Look into training and other capacity development efforts for the application of RH curriculum	Progress reports Project Evaluation of RH integration in school curriculum	Documents review Semi-structured interviews
	16. What are the challenges and hindering factors that are affecting development of capacities to implement national youth strategy? How UNFPA can respond to these challenges?	Look into the capacity development efforts with MOYS and the challenges and risks associated with the change in structure.	Progress reports IPs, UN agencies (youth group)	Document review Semi-structured interviews

Evaluation Criteria	Key Questions	What to Check	Data Sources	Collection Method
C. Overall Key Question on PD outcome 3, to be answered by the following questions addressing specific programme strategies	How likely PD strategies in terms of data generation, advocacy and policy dialogue on population issues are likely to contribute to improving integration of population issues in national plans and policies?			
Specific questions of effectiveness of PD strategies	17. To what extent the generated data of population surveys and census used for in depth research studies and reports on RH, Gender and Youth issues? Is it likely to inform national strategic policies and programming?	Look into implemented population surveys (family survey, violence survey, migration and Gaza census) Dissemination and policy discussion over data with policy and decision makers Look into national monitoring systems using produced data, addressing population issues Look into training and capacity development initiatives of selected young researchers producing research and analytical policy reports on population issues using survey data; (how topics are selected, is it relevant to national needs?, inclusion of policy analysis, policy dialogue during and after production of research work, etc.)	Research reports Programme progress reports Bir Zeit university, PCBS, other IPs	Review and analysis of produced reports Semi-structured interviews
	18. To what extent capacity development of MOPAD population unit would likely contribute to better integration of population issues in national strategies and policies.	Look into the unit function and how it is performing in policy dialogue over PD issues.	Progress reports Minutes of meetings IPs	review of documents Semi-structured interviews
Evaluation Criteria	**Key Questions**	**What to Check**	**Data Sources**	**Collection Method**
D. Overall Key Question on gender equality outcome, to be answered by the following questions addressing specific	How likely the implemented gender strategies in terms of advocacy, networking and capacity development of government institutions and civil society organizations would contribute to promoting gender equality and advancing the agenda of GBV			

programme strategies				
Specific Questions on effectiveness of gender equality; outcome 2	19. To what extent training and sensitization of health providers would likely promote GBV agenda within the health system?	Look into the training of health providers and asses its contribution to positive perception towards GBV as a health issue Look into the produced tools (manual, referral system, etc.) and how likely will it be integrated in the health system and contribute to increased capacities towards dealing with GBV.	Progress reports IPs Training reports manual	Review of Documents Semi-structured interviews with trainers, health policy makers Focus group with trained providers
	20. To what extent the strategy of networking of civil societies and NGOs is producing local capacities in responding to GBV?	Look into coalition strategy "members of civil society organizations and NGOs" and their use of effective tools in promoting women's rights and needs.	Progress reports Semi-structured interviews Coalitions action plan an reports	Review of Documents Site visits Semi-structured interviews
	21. How likely capacity development of MOSA rehabilitation centers' staff would contribute to benefiting vulnerable young girls?	Look into the produced trained manual, and its integration in MOSA system Look into reached young girls at MOSA centers benefiting from gender programs	MOSA Progress reports	Review of Documents Site visits Semi-structured interviews
Efficiency				
Evaluation Criteria	**Key Questions**	**What to Check**	**Data Sources**	**Collection Method**
Outcome1/outcome2/outcome3	22. How appropriately and adequately available resources in terms of funds and staff are being managed to carry out activities?	Adequacy of UNFPA staffing structure and system and in providing technical (programme and managerial) support to implementing partners in developing and managing AWPs Conduct financial analysis in terms of resource distribution, mobilization and expenditure within CP set priorities and results.	IPs CP/CPAP/AWPs ATLAS financial reports UNFPA CO	Review of documents Semi-structured interviews

Annex 3: UNFPA 4th Country Programme Result Framework (2011-2013)
Revised January 2012

Country Programme Outcome	**Country Programme Output**	**Output Indicators**	**Implementing Partners**	Indicative Resources by Output (per annum, US$)		
				Year 1	**Year 2**	**Year 3**
Outcome 1: Access to and utilization of high-quality, complementary, comprehensive, rights-based reproductive health care is increased, including in humanitarian crises <u>Outcome indicators</u>: Coverage of postnatal care Caesarian section rate Percentage of women with obstetric complications correctly referred and managed (TB assessed) Unmet need for family planning Modern contraceptive prevalence rate Number of young people utilizing youth-friendly health	<u>Output 1</u>: Strengthened capacity of the national health system to provide comprehensive, complementary, high-quality, rights-based reproductive health services, as well as HIV/AIDS prevention services	National reproductive health strategy updated and endorsed # of selected MOH Service Delivery Points that experienced no stock outs in the last 3 months by FP method No. of national training institutes using unified midwifery curriculum	MOH, Ibn Sina Nursing College, other academic institutions	Regular Resources		
				260,000	210,000	170,000
				Other Resources		
				770,000	1,180,000	935,000
	<u>Output 2</u>: Increased capacity of providers to offer comprehensive, complementary, high-quality reproductive health services and information in identified geographical areas, with attention to the chronic humanitarian crisis	100 per cent of selected level 2 & 3 service delivery points s offering agreed reproductive health package Number of health providers trained on minimum initial national service package for reproductive health in crisis situations	MOH, UNRWA, PMRS, other NGOs	Regular Resources		
				235,000	310,000	300,000
				Other Resources		
				165,000	165,000	165,000
	<u>Output 3</u>: Increased national capacity to provide high-quality, equitable, youth- and gender-sensitive health services and	Number of health service delivery points offering youth health package Number of youth centers upgraded applying minimum standards for	MoEHE, MOH, MoYS, MoSA, PCBS, Youth NGOS, and a media firm	Regular Resources		
				175,000	395,000	145,000
				Other Resources		

services, disaggregated by sex, age and marital status Percentage of young women and men aged 15–24 who exhibit "comprehensive knowledge" about HIV transmission	information for young people	adolescent and youth friendly centers		45,000	540,000	35,000
Outcome 2: Gender equality is enhanced through improved policies, protection systems and empowerment, including in emergency and post-emergency situations <u>Outcome indicator</u> National and subnational mechanisms are in place to monitor and reduce gender-based violence Response to gender-based violence is included in training of health providers	<u>Output 1</u>: Enhanced government and civil society mechanisms to promote gender equality and equity by addressing gender-based violence and women's empowerment	Policy framework in place on Security Council resolutions 1325 and 1889on women, peace and security # of health providers trained on gender-based violence Number of centers able to provide psychosocial support and referral to persons in need Number of beneficiaries of economic empowerment initiatives	MOWA, MOSA, MOH, Municipalities and NGOs	*Regular Resources* 200,000 *Other Resources* 500,000	255,000 500,000	245,000 500,000
Outcome 3: Increased utilization of socio-demographic data for evidence-based decision-making and policy and programme formulation, at	<u>Output 1</u>: Enhanced national capacity to integrate, implement and monitor youth, reproductive health and emerging population issues in national plans and	Number of advocacy and policy initiatives conducted that address population and development issues # of staff trained on integration of population issues in planning,	MOPAD, PCBS	*Regular Resources* 30,000 *Other Resources*	30,000	30,000

national and sub-national levels <u>Outcome indicators</u> National development plan integrates reproductive health, youth and gender issues Number of population and development issues addressed in national surveys	programmes	programming and monitoring of national plans Number of policy briefs on population issues based on disaggregated data from national surveys		50,000	50,000	70,000
	<u>Output 2</u>: Enhanced national capacity to generate, analyse and use disaggregated data on population issues	Number of national reports and researches on population issues Number of persons trained on the production, analysis and dissemination of statistical data Set of indicators institutionalized and used to monitor population goals	PCBS, Bir Zeit University, other academic institution in Gaza, research institutes, MOYS, MOWA	*Regular Resources*		
				120,000	125,000	115,000
				Other Resources		
				185,000	100,000	45,000
Programme Coordination and Assistance (Regular Resources)				130,000	120,000	150,000

Annex 4: Documents Reviewed

1. UNFPA Strategic Plan (2008-2011)
2. UNFPA Revised Strategic Plan (2012-2013)
3. UNFPA Business Plan
4. Country Program Document (2011-2013)
5. Country Program Action Plan (2011-2013)
6. Annual Work Plans 2011 & 2012
7. Updated CPAP Tracking Tool (as of June 2012)
8. Updated M&E calendar& Action Plans (2011, 2012)
9. Quarterly M&E tools
10. Yearly progress reports 2011
11. Annual Program Review report
12. Realignment/ Mapping of CPAP against the revised UNFPA strategy
13. Financial ATLAS reports
14. 3rd Country program cycle evaluation
15. Situation analysis for the 4th country program cycle
16. Needs assessments, baseline studies and thematic evaluation reports
17. UN MTRP
18. ICPD Reports
19. MDG reports
20. Palestinian National Development Plan
21. National Strategy to combat VAW
22. Gender Strategy
23. Draft RH strategy
24. Previous Cross Sectoral Youth Strategy
25. Coordination meeting minutes with IPs
26. CP financial reports
27. Evaluation of RH integration in school curriculum
28. Palestinian Violence Survey 2012
29. Assessment of men engagement in gender issues and combating GBV
30. UN MTRP 2011-2013
31. Near Miss Study
32. PD integration in Gaza Strip assessment
33. Assessment of youth needs from youth friendly health services
34. Assessment of supply chain management for family planning commodities in Gaza strip
35. UN strategic capacity development programs in support of Palestinian state building, 2011
36. Final evaluation of " Be the Change" Project
37. Policy briefs; youth, elderly, migration
38. Thematic group meeting minutes: youth, HIV/ AIDS
39. M&E training reports for IPs
40. Anta wa Anti opt Success Story
41. Donors reports
42. Report on Gender consultancy for PCBS
43. other activities progress reports, trainings, etc.

Annex 5: People met/ consulted

Interviews

Name	Institution/ Org	Location
Dr. Estephan Salameh	MoPAD	Ramallah
Alya Al Yaser	UN Women	Jerusalem
Dr. Kamal Bin Abdallah	UNICEF	Jerusalem
Dr. Asad Ramlawi	MOH/ PHC	Ramallah
Nizar Basalat	HCYS	Ramallah
	MOEHE	
Fatima Wathaifi	MOWA	Ramallah
Jamil Abu Zaitoun	MOSA	Ramallah
Tala Khalifeh	MOSA	Ramallah
Dr. Salwa Najjab	Juzoor	Ramallah
Dr. Khadijeh Jarrar	PMRS	
Dr. Rita Qiacaman	BZU/ ICPH	Bir Zeit
Dr. Niveen Abu Rmeileh	BZU/ ICPH	Bir Zeit
Mahmoud Ataya	MOPAD	Ramallah
Dr.Souzan Abdu	MOH/ WHDD	Ramallah
Dr. Sawsan	MOH/PHC	Gaza
Amal Awad	Ibn Sina College	Nablus
Bisan al Ruqti	MIFTAH	Ramallah
Najwa Yaghi	MIFTAH	Ramallah
Haya Musleh	HCYS	Ramallah
Kifah Rjoub	MOSA	Ramallah
Haleema Saeed	PCBS	Ramallah
Amina Stavridis	PFPPA	Jerusalem
Lubna Sader	MOH/ HEPD	
Taghreed Hijaz	MOH/ CHD	
Mariam Zaqout	CFTA	Gaza Strip
Nabil Al Ja'bari	Chief of Judges	Hebron
Reem Al Madhoun	Beneficiary from RCS couple counseling	Gaza Strip

Imad Al Madhoun	Beneficiary from RCS couple counseling	Gaza Strip
Hamsa Sharaf	Beneficiary from MOSA rehabilitation center	Nablus
Myassar Abu M'eleq	Wesal Coalition member/ PFPPA	Gaza Strip
Kasam Tahhan	Beneficiary from MOSA rehabilitation center	Nablus
Abeer Ayesh	Young researcher/ BZU	Bir Zeit
Barbara Piazza-Georgi	UNFPA	Jerusalem
Elke Mayrhofer	UNFPA	Jerusalem
Ziad Yaish	UNFPA	Jerusalem
Mayyada Malki	UNFPA	Jerusalem
Dr. Ali Sha'ar	UNFPA	Jerusalem
Sana Asi	UNFPA	Jerusalem
Rasha Abu Shanab	UNFPA	Jerusalem
Usama Abu Eita	UNFPA	Gaza Strip
Sima Alami	UNFPA	Jerusalem
Reem Meqdadi	UNFPA	Jerusalem

Focus Groups

MOSA Rehabilitation Center Staff/ Counselors			Sex		
1	Asad Halaweh	Nablus	M		
2	Hanan Sadek	Nablus	F		
3	Suha Tarteer	Nablus	F		
4	Abla Ghazal	Nablus	F		
5	Yaser Marbet	Nablus	M		
6	Mariam Abu Hasheih	Nablus	F		
7	Sahar Asi	Nablus	F		
8	Fatimah Matar	Nablus	F		
9	Tahani Thman	Nablus	F		
10	Samira Elaqi	Nablus	F		
Beneficiaries from community awareness sessions by religious preachers (WB)			Sex	Age	Marital status
11	Bassima Al Muhtaseb	Hebron	F	48	Married
12	Haijar Sarahneh	Hebron	F	51	Married
13	Adawiyeh Sider	Hebron	F	44	Married
14	Maysoon Bader	Hebron	F	54	Married
15	Ghada Shahin	Hebron	F	41	Married
16	Wisam Rabee'	Beit Ummar	M	24	Single

17	Jamil Alameh	Beit Ummar	M	26	Married
18	Abdul Muhsen Al Muhtaseb	Hebron	M	21	Single
19	Usama Abu Husein	Hebron	M	24	Single
20	Thaer Al Hawwareen	Hebron	M	25	Single
21	Ahmad Sarahin	Beit Ula	M	28	Single
Beneficiaries from community awareness sessions by IPs (GS)			Sex	Age	Martial status
22	Samaher Abu Thaher	Maghazi/ GS	F	26	Single
23	Bilal Ayyash	Khan Yunis/ GS	M	23	Single
24	Mohammed Haji		M		
25	Khuld Abu Thaher	Deir Al Balah/ GS	F	22	Single
26	Reem Abu Sudfeh	Karameh/ GS	F	24	Single
27	Reham Abbas	Annaer/GS	F	23	Single
28	Ahmad Al Sibakhi	Zawaydeh/ GS	M	22	Single
29	Manar Amen	Northern Rimal/ GS	F	20	Single
30	Julia Abu Tamoun	Northern Rimal/ GS	F	21	Single
31	Muhammad Hajji	Zaitoun/ GS	M	26	Married
32	Yaser Al Sayyed	Bureij/ GS	M	21	Single
33	Khaled Al Hasanat	Bureij/ GS	M	50	Married
34	Ashraf Salah	Bureij/ GS	M	38	Married
35	Rami Salameh	Bureij/ GS	M	33	Married
36	Sayyed Al Kallab	Bureij/ GS	M	47	Married
37	Zaher Al Banna	Bureij/ GS	M	40	Married
38	Yousef Abu Surri	Bureij/ GS	M	56	Married
39	Abdulbaset Amout	Bureij/ GS	M	41	Married
40	Muhannad Wadi	Block 19/ GS	M	33	Married
41	Muhammad Shnino	Block 2/ GS	M	25	Single
42	Muhammad Abu Jalal	Bureij/ GS	M	30	Married
43	Raeh Shahadah	Block 8/ GS	M	30	Married
44	Abdul Jawad Abu Sa'da	Block 12/ GS	M	23	Single
45	Muhammad Abu Sa'd	Muaskar Al Wusta/ GS	M	49	Married
46	Zakieh Al Tabarani	GS	F	55	Married
47	Suhad Quneita	GS	F	36	Married
48	Jihan Al Sa'afin	GS	F	37	Married
49	Iman Umoum	GS	F	36	Married
50	Ruwaida Al houm	GS	F	32	Married
51	Reem Abu Ayyash	GS	F	30	Single
52	Amal Muselh	GS	F	53	Widowed
53	Amineh Al Wirr	GS	F	40	Divorced

54	Intisar Ahmad	GS	F	40	Single
55	Wala Al Sa'afin	GS	F	20	Single
56	Zahr Hanieh	GS	F	60	Married
57	Amira Hanieh	GS	F	29	Married
58	Lina Abed	GS	F	35	Married
59	Samira Abu Sharr	GS	F	40	Married
Health Service Providers (GS)			Sex	Age	Martial status
60	Azza Kaoud	North/ Gaza	F	48	Married
61	Rasmieh Abu Karim	Wusta/ GS	F	56	Single
62	Rihab Nabeh	North/ Gaza	F	39	Single
63	Wafa Abu Hashish	Gaza city/ GS	F	29	Single
	Health service providers (WB)				
64	Wijdan Sultan	Bethlehem	F		
65	Nadia Araj	Toulkarem	F		
66	Jamileh Abdallah	Qalqelia	F		
67	Reem Abed	Jenin	F		
68	Amal Hourani	Bethlehem	F		
	participants from youth initiative prroject (SRH training)				
69	Shrouqe Ala ideen	Jerusalem	F		
70	Ahmad Jabari	Jerusalem	M		
71	Wajd Abasi	Jerusalem	M		
72	Rawan Taha	Jerusalem	F		

Annex 7 Interview Guides (samples)

Counterparts interview guide

BZU

Name of informant:	Name of Evaluator:
Position:	
Name of organization/ department:	
Code: PD3	

1) **Opening: General Objectives & Questions**

- Ensure that the ***evaluator understands the role of the interviewee*** vis-à-vis the organization, the program, etc., so as to adjust the questions and address them in the most effective way. What is the exact role of your organization as it related to PD issues at large in oPt?
    - Brief description on the role of the organization- its' mandate.
    - ***How PD issues are are addressed in their organization***? Examples, how it's used, what line ministries/ other counterparts that they interact with and how? Any challenges in doing so? (partnerships, etc)
    - What are ***their priorities and where is support needed***?

2) **Understand the Program from informant's perspective**(AWPS handy for reference),

- What is the exact role of your organization as it relates to the PD component of UNFPA's PD component? (evaluator to get a brief history about the relationship and historical relationship after careful review of the AWPs)
    - Brief description about the program in their own words how does it respond to **national needs in your view**?
    - In which ways do you believe the program responds to the needs of marginalized and vulnerable populations, youth, women, refugees, etc...? Give examples
    - Overall satisfaction with the program as whole? And their scope within it? Why?

3) **Understand the program IN DETAILS (outputs, activities, and indicators)**

- Main changes, and build ups between the last cycle and this one.

- Review the workflow of the AWP, challenges and successes; INDICATORS (are they meaningful, are they being achieved, why?
    - They highlight good working relations with ministries and PD resource center progressing with less effort, capacity building of young researchers in policy briefs and population priority needs agreed with MOPAD, what are they? "Identify 3 population research priority topics in coordination with MoPAD" nothing reported on this in the M&E report
    - Abstract from BZU narrative report: "Aims of capacity building trainings for participants of population related ministries and institutions should be clarified and discussed with related ministries and institutions before hand to give them time to choose those who will benefit the most from the training": why? should they have selected the priority issues first? Did trainees come not knowing why? Or where there issues with whom the candidate trainees are? What is the plan after the training? In 2012 the training was more specific "population projections".
    - Reported challenges:
        - "The training course didn't reach the target group. This has lead to changing the program and materials to fit the qualifications of current participants" (what was the objective, tailoring should be in the trainees not the other way around)
    - They accumulated on the researcher's experience, by including in 2012 a plan for them to produce 2 analytical chapters of PFS, how did it work out?
    - 2012 plan is "to support research for generating evidence for policy and national needs": what are they? Weren't issues identified with MOPAD last year, why not specific about this in 2012 plan?

      "Produce Policy briefs on agreed population priorities"

      2012: "Support national workshop on population dynamic towards statehood with Abu Loughod institute". Explain it further, and why?

- **In your opinion, to what extent capacity development of line ministries (MOPAD MOH, MOSA, MOWA, MOYS, MOE, MOL) would likely contribute to better integration of P issues in national strategies and policies?**
- **Do you have any direct involvement with MOPAD's PD unit? If so, in your opinion, how is the unit functioning and how is it performing in policy dialogue over PD issues?**
- ***To what Extent is the generated data of population surveys and census used for in depth research studies and reports on RH, Gender, and Youth issues? Elaborate and BZU's involvement in these. PARTICULARLY: the young researcher's training and policy briefs using survey, research, etc. How are topics selected? Are they relevant to national needs?***
- ***Is it likely that the above will be used to inform national strategic policies and programming? Which ones, and how?***

- Indicators that have not been as useful as they thought would be. Why. Suggestions for better ones.
- Points that can be considered the most successful, why? What would they build on?
- What have been the most challenging issues, why? What could have been done differently?

4) Understand UNFPA contribution

- Understand main objectives of BZU regarding P&D?
- What has been the **contribution of UNFPA regarding these objectives**?
- How were these contribution decided? Why these objectives prioritized?
- Are there other donors/agencies also working with BZU on P&D?
- What is the main added value of UNFPA in the framework of BZU objectives? (Compare with other donors). (Not the funding, i.e what **does UNFPA do particularly and distinctively well compared to other donors and why**? Would the results have been achieved in the same quality without UNFPA?) (look for: policy dialogue, facilitation, knowledge generator vs. broker, sharing of experiences, technical advices – link to whether its corporate or CO specific added value)
- What are the **main limitations of UNFPA**? What could they improve in your opinion?
- Relation with UNFPA in implementation of program. (And also when compared to other donors).
- Appropriateness on financial (amount and disbursement mechanisms), expertise of staff and structure, are being managed to carry out activities (program and managerial support)
- Did any needs arise during the implementation of the program from your end/ country end? How did UNFPA respond to them? How were they prioritized? Elaborate on what happened and how it may have affected the objectives set forth in the program.(**speed, scale, and quality**)

5) Understanding BZU Needs, Limitations, and Potential

- What are the aspects (vis-à-vis P&D) that BZU is strongest at?
- What are the aspects (vis-à-vis P&D) that BZU needs to strengthen with most priority? Why.
- What is the best way for UNFPA to support you in that strengthening process? (Or do you think that other donors are in a better position to help you with that. Why).
- Do you believe there's an overlap in your program with other UN agencies and other donors within BZU scope? How? And how is it addressed?

6) SUSTAINABILITY

- What benefits in terms of outcomes/outputs/and sub outputs do you believe to be sustainable beyond program completion?
- To what extent have (or do you believe the program will strengthen local capacities at national and provincial level- in terms of;
    - Capacity to integrate, implement and monitor youth, reproductive health and emerging population issues in national plans and programs
    - Enhanced national capacity to generate, analyze, and use disaggregated data on population issues
- Handover of activities, outputs and sub-outputs to local partners

7) Moving FORWARD

- What are your ideas for the upcoming program in terms of strategies, main outputs, etc?
- Where do you think this evaluation could be more useful? (What kind of information or aspects should we put our emphasis on to serve you better).
- Understand policy context regarding P&D, present and future priorities regarding P&D.
- Any changes you foresee in oPt or in political/ social/ economical framework that should be taken into account for the design of the new program?

Final Remarks/ comments from the informant

Thank you

CPE Focus Group Guide

Community outreach sessions participants

Activity: Conduct community raising-awareness sessions, by the trained PFPPA staff, on GBV, SRH& RR "for 6 months" in 4 marginalized areas in Hebron (3 sessions/ area/ month) using short relevant films and documentaries including the produced TV spots

Name of informant:	Name of Evaluator:
Position:	
Name of organization/ department:	
Code: FG3	

Usually, up to 10-12 questions are to be presented to the focus group. Use the most relevant questions from the following according to the group dynamics developed.

Opening:

- **Kindly introduce yourself, collect demographic aspects. Introduce the name, sex, age, and the locality, activities they participated in, educational achievement level.**

Understand the Program/project from informant's perspective

8) **In their own words: Name the activities you participated at.** What activities did you take part in within the project). How did you hear/ know about these sessions? Why did you take part in it?

9) Do you think the activities you participated in were needed? (By you, by your community, by youth, etc? why? are those needs specific to locality or community or national?
10) Did you attend similar activities in the past? by who?

11) **Do you know who supported or funded the activities you participated at? On what sources do you base your answer?**

12) **Are you familiar with UNFPA? Do you know their general fields of intervention, their working objectives…etc?**

13) **What is your overall impression about the sessions? How about the quality of the activities/ sessions, general design, time management, administrative aspects, tools used, methods used, topics raised? How does you immediate community receives and PERCEIVES such sessions in general?**

14) **Were there any weaknesses and challenges you have faced when participating in the Activities. What were they?**

15) **Were you given the opportunity to provide feedback on the awareness sessions, etc during or after participating in it? What kinds of methods were used in this regards? Who was the feedback provided for? Was anything changed to your knowledge? How?**

16) **What were the main gains and achievements of your participation in these sessions? How did they affect you? On (personal their work with the community). How will it contribute for future? Do you envision this to reflect a change in your practice and attitude in these issues in the future at your household level, work, etc? How so? Or is it similar to other trainings?**

17) **Do you believe that the trainings / awareness sessions you participated in should be replicated? Should be handled differently? What would you change? What would you suggest of the activities if repeated? or is a different approach needed rather than these sessions?**

18) **What were the main achievements you had hoped to gain from participating in the awareness sessions? Did you obtain them (meeting their expectations), why?**

Thank you

CPE Interview Guide

MOSA Trained Youth (peer to peer)

Name of informant:	Name of Evaluator:
Position:	
Name of organization/ department:	
Code: FG2	

Usually, up to 10-12 questions are to be presented to the focus group. Use the most relevant questions from the following according to the group dynamics developed.

Opening:

- **Kindly introduce yourself, collect demographic aspects. Introduce the name, sex, age, and the locality, activities they participated in, educational achievement level.**

Understand the Program/project from informant's perspective

19) **Name the activities you participated at.** What activities did you take part in within the project (vocational training, GBV/ RH, peer training, etc)

20) Do you think the activities you participated in were needed? (By you, by your community, other youth? why? are those needs specific to locality or community or national? did you attend similar ones? by who?

21) How did you hear about the project and its activities? Were you consulted about the project/ activities that you took part in? How? When?

22) **Do you know who supported or funded the activities you participated at? On what sources do you base your answer?**

23) **Are you familiar with UNFPA? Do you know their general fields of intervention, their working objectives…etc?**

24) **How about the quality of the training, general design, time management, administrative aspects, training other youth and community? who supported you? how did it play out? how did the community receive and PERCEIVE you? main successes?**

25) **Name main difficulties, weaknesses and challenges you have faced when participating in the Activities.**

26) **Were you given the opportunity to provide feedback to the project/ trainings, awareness sessions, etc during or after participating in it? What kinds of methods were used in this regards? Who was the feedback provided for? Was anything changed to your knowledge? How?**

27) **What were the main gains and achievements of your participation in the project? How did the project affect you? On (personal their work with the community). How will it contribute for future? Do you envision this to reflect a change in your practice and attitude in working with your constituents in the future? How so? Or is it similar to other trainings?**

28) **Do you believe that the trainings / awareness sessions you participated in should be replicated? Should be handled differently, what would you change? What would you suggest for MOSA and its partners for upgrading its' contribution to needs in future phases of the activities if repeated?**

29) **What were the main achievements you had hoped to gain from participating in the project activities? Did you obtain them (meeting their expectations), why?**

Thank you

CPE Interview Guide- Counterparts

UN Agencies

Name of informant:	Name of Evaluator:
Position:	
Name of organization/ department:	
Code: UN1, UN2, UN3, UN4, UN5, UN6	

30) Opening: General Objectives & Questions

- Ensure that the ***evaluator understands the role of the interviewee*** vis-à-vis the organization, the program, etc., so as to adjust the questions and address them in the most effective way. What is the exact role of your organization as it relates to RH/PD/ Gender issues at large in oPt?
    - Brief description on the role of the organization- its' mandate.
    - ***How PD/ RH/ Gender issues are addressed in their organization***? Examples, how it's used, what line ministries/ other UN agencies, other counterparts that they interact with and how? Any challenges in doing so? (partnerships, etc)
    - What are ***their priorities and where is support needed***?

31) Understand the Collaboration nature from informant's perspective

- What is the exact role of your organization as it relates to the current UNFPA's country program? (evaluator to get a brief history about the relationship and historical relationship)
    - Brief description about the nature of the current UNFPA country program in their own words how does it respond to **national needs in your view**?
    - Brief description about the nature of the collaboration amongst UN agencies, and within UNFPA in their own words.
    - In which ways do you believe the program responds to the needs of marginalized and vulnerable populations, youth, women, refugees, etc..Give examples?
    - As much as possible: Overall satisfaction with the program as whole? And their scope within it? Why?

32) Understand the Coordination IN DETAILS

- Main changes, and build ups between the agencies.

- How is coordination initiated, planned, monitored? (within MTRP/ UN capacity building framework document)
- How do you, as a UN agencies, identify, respond to arising needs, particularly those of humanitarian nature and developmental nature? How does UNFPA respond to them? How do they get prioritized? Elaborate on what happens and how it may have affected the objectives set forth in the program.(**speed, scale, and quality**)
- Points that can be considered the most successful, why? What would they build on?
- What have been the most challenging issues, why? What could have been done differently?

33) Understand UNFPA contribution

- Are there other donors/agencies also working with your agency on Gender/ RH/ P&D?
- ***What is the main added value of UNFPA in the framework of humanitarian and development objectives of oPt, particularly in gender issues, PD, and RH? (Compare with other donors including UN agencies). (Not the funding, i.e what does UNFPA do particularly and distinctively well compared to other donors and why? Would the results have been achieved in the same quality without UNFPA?) (look for: policy dialogue, facilitation, knowledge generator vs. broker, sharing of experiences, technical advices – link to whether its corporate or CO specific added value)***
- ***What is UNFPA comparative Strength in oPt?***
- ***What are the main limitations of UNFPA? What could they improve in your opinion?***
- ***Relation with UNFPA in implementation of program. (And also when compared to other donors).***
- ***Do you believe there's an overlap in your program with other UN agencies and other donors within MOPAD scope? How? And how is it identified and addressed?***
- Appropriateness of UNFPA financial (amount and disbursement mechanisms), expertise of staff and structure, are being managed to carry out activities (within the coordination spectrum)

34) Understanding Needs, Limitations, and Potential

- What are the aspects (vis-à-vis P&D/ gender, RH) that your organization is strongest at?
- What are the aspects (vis-à-vis P&D/ Gender, RH) that your organization needs to strengthen with most priority? Why.
- What is the best way for UNFPA to collaborate with you on in the developmental and humanitarian objectives set for your work in oPt? (Or do you think that other donors are in a better position to help you achieve that. Why).

35) SUSTAINABILITY

- What benefits in terms of outcomes/outputs/and sub outputs do you believe UNFPA's program can sustain beyond its completion?

- To what extent have (or do you believe the program will strengthen local capacities at national and provincial level- in terms of;
    - Strengthened capacity of national health systems to provide comprehensive, complementary, high-quality, rights-based reproductive health services, as well as HIV/AIDS prevention services
    - Increased capacity of providers to offer comprehensive, complementary, high-quality RH services (in identified Geo areas)m with attention to the chronic humanitarian crisis.
    - Increased national capacity to provide high quality, equitable, youth and gender sensitive health services and info for young people.
    - Enhanced gov't and civil society mechanisms to promote gender equality and equity by addressing GBV and women empowerment.
    - Capacity to integrate, implement and monitor youth, reproductive health and emerging population issues in national plans and programs
    - Enhanced national capacity to generate, analyze, and use disaggregated data on population issues

36) Moving FORWARD

- What are your ideas for the upcoming program in terms of strategies, collaboration, etc
- Where do you think this evaluation could be more useful? (What kind of information or aspects should we put our emphasis on to serve you better).
- Understand policy context regarding P&D, Gender, RH present and future priorities
- Any changes you foresee in oPt or in political/ social/ economical framework that should be taken into account for the design of the new program?

Final Remarks/ comments from the informant

Thank you

Annex 6: CPAP Indicator Quality Assessment Grid

Feature of the M&E System	What to Check	Quality/ Status	Answer
Type and Nature of the M&E System			
Type	Is the system activity- based, results based, or both?	O	The system consists of 3 primary documents; The CPAP tracking tool, the SOP, and the M&E action plan. The first two are based on monitoring inputs and activities (compliance monitoring) and results based monitoring to a lesser extent. 46% of RH indicators are result based. 17% of gender indicators are result based. 25% of PD indicators are result based. Monitoring tools have included the monitoring of sub outputs (in AWPs) and outputs levels that rely primarily on the achievement of the activities in the sub outputs indicators
Nature	Is the system led by UNFPA, jointly managed with counterparts, or led by them?	O	The system is led primarily by UNFPA, with mechanisms in place in monitoring the CPAP through CP annual review meetings and counterparts' submission of quarterly M&E reports at the level of inputs and activities.
Management Information System (MIS)			
Design and structure	Is there an MIS associated to the M&E system?	O	There is a semi-operative system for monitoring the outputs and outcomes of the country program, yet it does not set forth who is responsible for monitoring these and frequency of collection. Monitoring information is generated for activities and is systemized through the quarterly M&E reports submitted by IPs.
	Is the MIS design formalized in a written document e.g an operating manual	O	There is a reference documents (UNFPA M&E plan) associated with the information collection process related to monitoring the M&E activities, but the reference document falls short of identifying information management process in terms of utilization and decision making process.
Data Collection	Does the system define who should collect what information?	+	The CPAP Planning and tracking tool identifies responsible parties and means of verifications for CPAP indicators on the levels of sub outputs

			and activities; these are coalesced by the M&E officer at UNFPA CO. The M&E plan further identifies who should collect what information on the CO M&E and other support activities at the CO level.
	Is the frequency of the data collection well defined and appropriate?	O	Frequency of data collection with regards to sub-outputs and activities and inputs defined and implemented via the M&E plan and Annual Work Plan monitoring tool. However, frequency in the later is irregular (varying by IPs) and there is no data collection on outputs or outcomes. On the level of CPAP tracking tool; well over 75% of indicators are being collected.
Information Flows	Does the system define who should report to whom?	_	Not at all. The sequence of information flows is not explicitly set out in any document. The SOP describes the flow of transferring of information but does not set forth the reporting structure.
	Does the information get to the right persons timely and efficiently?	O	Partially and at the level of inputs, sub outputs and activities it is received on quarterly basis to a large part.
	Are there appropriate templates to report the information?	O	There has been significant improvement in the forms used to report information with regards to inputs and activities, although not on aggregate output or outcome level (no forms), and certainly not in terms of intended results of the activities (anticipated change)
	Does the system provide feedback to local counterparts?	O	Feedback is given to implementing partners on the basis of the AWP M&E tracking tool/ CPAP tracking tool.
Resources			
Financial Resources	Is there a budget available at the UNFPA CO for monitoring purposes?	+	There is a separate budget for the M&E in the program. The M&E items are also associated with the AWPs and include expenditure associated with compliance monitoring and there is budget allocated for an M&E officer.
	Do relevant counterparts have budget allocations to implement the system?	+	Aside from the above mentioned, some line ministries have budget allocation for monitoring part of the system they should be monitoring through UNFPA supported embeds.
Human Resources	Is there a person in charge of the entire system within the country	+	The CO has a full time M&E officer.

	office?		
	Are monitoring responsibilities clearly allocated to each staff?	O	Apart from compliance monitoring tasks, allocated to each staff, the level of reporting and responsibility is weakly defined.
	Does the staff have the appropriate capacity to implement M&E tasks?	O	There are no major problems with regards to compliance monitoring. However, due to some intervention strategies lacking focus, and at times overcrowded and uncoordinated amongst the IPs, measurement of the effect/ result intended is relatively weak.
	Does the system capitalize on local capacity collect relevant information?	+	The CPAP M&E system involves IPs including government partners in collecting relevant information with the CPAP tracking tool.
Indicators			
Quality of the indicators	Are indicators representatives (match the intended result) the most part?	O	46% of RH indicators are representative (match) of the intended result/ objectives at the outcome, output, and sub outputs level In Gender 33% of the indicators are representative 25% of PD indicators are representative of the intended results/ objectives at the outcome, output, and sub-outputs level
	Are indicators specific for the most part?	+	Over 90% of the indicators are specific 90% of RH indicators are specific 100% of gender indicators are specific 92% of PD indicators are specific
	Are indicators operational for the most part?	+	Over 80% of the indicators are operational, they contain baselines, end lines and targets, means of verification and are being collected and reported regularly (the later excludes the outputs and outcomes indicators)
The role of evaluations in the system			
	Are evaluations well planned and selected so as to respond to the needs of the CO & UNFPA?	O	The CO has a planned process to conduct evaluations and these are integrated in the M&E system in the current country cycle.
	Are evolutions findings properly channeled into management and decision processes?	+	The Country Program also has a structured process with regards to utilization of final project evaluations. The flow process of how the CO bases its decision making are formalized and are largely adopted according to the Management Reponses Plan (MRP) documents. With several intervention strategies extending over multiple cycles, and although these get assessed more broadly within the framework of the

			CPEs, the Country Office has yet to identify strategic level intervention strategies to be assessed in order to inform continuation of or revising these approaches or coverage
	Are the results of the evaluations used to update the CPAP results framework?	O	The short period of the CP in oPt, and the limited number of evaluations planned within the CPAP hinders the results obtained from the evaluations to be used in updating the CPAP results framework.
Alignment			
	Are evaluations designed and its findings shared with relevant national stakeholders?	+	National partners take part in the evaluations related to the CP (annual reviews, this CPE, previous CPE), they provide inputs in TOR, evaluation design, findings and validations- an evaluation committee reference group was established for this evaluation.
Monitoring of risks and assumptions			
Assumptions	Has the CO correctly identified the main assumptions affecting the country program?	-	Identifying main assumptions remains to take an ad hoc process at the CO; analysis of risks takes place in an informal fashion internally with the absence of formalized and frequent management meetings.
	Is the CO able to obtain accurate and timely information on changes in those assumptions?	-	With the absence of formally set and documented assumptions, the CO relies heavily on its relationships with IPs, including government partners and other donors/ UN agencies to get information related to changes in the "non documented" assumptions that can affect the Country Program.
Risks	Has the CO correctly identified the main risks affecting the CP?	-	Risk monitoring take place in an ad hoc manner through bilateral discussions and annual review meetings/ thematic meetings with the IPs and the UN thematic group meetings.
	Is the CO able to obtain accurate and timely information on changes in those risks?	-	Similar to the above, with the absence of formally set and documented risks, the CO relies heavily on its relationships with IPs, including government partners and other donors/ UN agencies to get information related to changes in the "non documented" risks that can affect the Country Program.
Formalization	Is the monitoring of risks and assumptions formalized and recorded in written form?	-	There is no document formalizing monitoring of factors that affect/ could affect the country program. This impedes i) structured management and monitoring of these factors ii) sharing and transferring information in a systematic fashion and iii) objective external evaluations of the level of quality and monitoring of external factors.

Annex 7: Informant selection criteria

The table below summarizes the profile of informants according to the selection criteria that was adopted and according to geographical locations.

Informant	Data collection Tool	Participants	Location	Selection Criteria
WHDD	SSI	Management	WB	1,2,3,4
	FG	FG with trained Services Providers on GBV and health care	GS	1
	FG	Service Providers trained on Also	WB	1
Ibn Sina College	SSI	Management	WB	1,3,4
MOH/ PHC	SSI	Management	WB	3, 4
	SSI	Management	GS	3,4
	FG	FG with women and men benefited from HE activities	GS	1
Juzoor	SSI	Management	WB	1,
MOH/ HEPD	SSI	Management	WB	1
MOEHE	SSI	Management	WB	1
HCYS	SSI	Management	WB	1
MOWA	SSI	Management	WB	5
MOSA	SSI	Management	WB	1, 4
	FG	Rehabilitation staff/ Counsellors	WB	1
	SSI	Youth	WB	1
PFPPA	SSI	Management	WB/ GS	2,3,4
	SSI	Trained religious leader	WB	4
	FG	Community members targeted through awareness raising	WB	4
Nablus Municipality	SSI	Management	WB	5
Miftah	SSI	Management	WB	1,4
PCBS	SSI	Management	WB	3,4, 5

MOPAD	SSI	Management	WB	1, 4
BZU/ ICPH	SSI	Management	WB	1,4, 5
	SSI	Young researcher	WB	5
UNWOMEN	SSI	Management	Jerusalem	1
UNICEF	SSI	Program staff	Jerusalem	1
RCS	SSI	1 Couple who received psychosocial counseling from RCS	GS	2,4
CFTA	SSI	Management	GS	1
	SSI	Member of Wesal coalition	GS	1
	2 FG	One with women and one with men who were reached thru community outreach workshops	GS	2
	FG	FG with trained Services Providers on GBV and health care	GS	1
Sharek	FG	Youth benefitting from the youth mobilization initiatives	Jerusalem	1

The End..