

**FINAL EXTERNAL FORMATIVE EVALUATION OF THE PROJECT**

**“WORKING TOGETHER TO STOP GENDER BASED VIOLENCE”**

**1/MAY/2014- 31/12/2016**

**IMPLEMENTED BY: UNFPA**

**SUPPORTED BY: THE MINISTRY OF FOREIGN AFFAIRS OF DENMARK**

**EVALUATOR**

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## Acronyms and Abbreviations

CSOs	Civil Society Organizations
GBV	Gender-based violence
GBVMIS	GBV Management Information System
GBV SWG	GBV sub-working group
HRBA	Human rights-based approach.
RH	Reproductive health
PCBS	Palestinian Central Bureau of Statistic
MoH	Ministry of Health
MoSD	Ministry of Social Development
MoWA	Ministry of Women Affairs
NGBVRS	National GBV Referral System
GBV SWG	GBV sub working group
PRCS	Palestine Red Crescent Society
WHCJ	Women Health Center at Jabalya
WAC	Women Affairs Center
VAW	Violence against Women
CFTA	Culture and Free Thought Association
UHCW	Union of Health Work Committees
PMRS	Palestine medical Relief Society
MIFTAH	The Palestinian Initiative for the Promotion of Global Dialogue and Democracy
UNFPA	United Nations Population Fund
UNDAF	United Nations Development Assistance Framework
SOP	Standard Operation Procedures
RTH	Right to Health
MISP	Minimum Initial Service Package
NGOs	None Governmental Organizations

WTS GBV	Working Together to Stop Gender Based Violence
PNDP	Palestinian National Development Plan
NCVAW	National Committee for Combating Violence against Women
SRHS	Sexual and Reproductive Health Services
SRHR	Sexual and Reproductive Health and Rights
CPD PoA	International Conference on Population and Development Programme of Action

## **I Introduction and Background**

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

## **II Project Description**

This project "Working Together to Stop Gender Based Violence" (WTS GBV) is part of the regional UNFPA project entitled "Innovations to Eliminate Gender-based Violence in Humanitarian Contexts" in Sudan, South Sudan, Yemen, and Palestine. WTS GBV is funded by Ministry of Foreign Affairs of Denmark and the project timescale is spring 2014- 2016. In Palestine, implementing partners included; Ministry of Health ( MoH ) , Ministry of Social Affairs, (MoSD), Ministry of Women's Affairs (MoWA) , Ministry of EDUCATION (MoE) and NGOs (PRCS, WAC,HWC, PMRS, MIFTAH, CFTA). The project location was West Bank, East Jerusalem, and Gaza.

The main objective of this project is to increase access to lifesaving multi-sectorial GBV services within a functioning national referral system.

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

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

participation in the planning and coordination of activities, avoid duplication, and ensure complementarity of interventions. Within this perspective, four outputs were set out for achievement through a series of specific activities as follows:

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

To achieve this output UNFPA stated activities were:

- Advocate with the Ministry of Health (MoH) to integrate GBV through adoption and implementation of the established health guidelines and protocols for the treatment of GBV survivors,
- Train health providers to detect and treat GBV cases based on the established guidebook and protocols,
- Develop the capacity of national health institutions to implement the *Minimum Initial Service Package* (MISP) for RH services during emergencies,
- Pilot provision of clinical management of rape including distribution of commodities and the training of providers,
- Support Ministry of Social Development (MoSD) to develop a psychosocial manual for the treatment of GBV survivors and referral to specialized services,
- Train counselors on the manual, Standard Operational Procedures (SOP), case management and national referral.

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

To achieve this output UNFPA stated activities were:

- Work closely with implementing partners to strengthen community health workers in mobile teams deployed to vulnerable areas to conduct reproductive health (RH) and GBV outreach missions.
- Community awareness raising through male engagement training on RH and GBV for religious and community leaders.
- Awareness raising among youth through peer to peer education.
- Support livelihoods skills for vulnerable girls and boys in MoSD centers including training and distribution of work kits,
- Support of media campaigns to promote and disseminate GBV prevention and gender equality messages.

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

To achieve this output UNFPA stated activities were:

- Assess the process of piloting GBVIMS for safe and ethical GBV incident data management,

- Improve records at the service level for ethical and confidential data collection based on international standards.
- Support research and assessments to identify gaps in service provision including area C and East Jerusalem.
- Assess men's attitudes towards GBV and early marriage to inform GBV programming.

*Output 4: "Well-functioning GBV sub-working group supported in the West Bank and Gaza, to Enhance Coordination and GBV mainstreaming in the humanitarian and development sector"*

To achieve this output UNFPA stated activities were:

- Lead the GBV SWG both in the West Bank and Gaza on a quarterly basis and support the coordination and engagement of national and international actors, ensuring a regular space and time for meetings and timely circulation of information and updates.
- Develop location-specific GBV sub-cluster work plans, one for West Bank and one for Gaza.
- Disseminate and update regularly the GBV mapping conducted in 2013,
- Draft common GBV sub-working group key messages and advocacy notes to promote consistent communications that emphasize the life-saving nature of GBV-related interventions in the crisis-affected context.
- Train the "national committee to combat VAW" on GBV programming in emergencies.
- Promote shared knowledge and understanding of the GBV guiding principles and globally-endorsed tools for effective GBV programmed management and inter-agency coordination.

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

This evaluation purpose is to assess the achievements and quality of the project in terms of the five evaluation criteria of; relevance, effectiveness, efficiency, sustainability, and impact. It will highlight; strengths, weaknesses, gaps, challenges to progress, good practices, draw out lessons learned and make recommendations for use in the design of the GBV project in the subsequent programmatic cycle of UNFPA country Programme ensuring its coherence with NDP and UNDAF in Palestine.

The specific evaluation objectives are to:

- a) Assess the status of the corresponding Country Programmed outcome and estimation of the degree of project's contribution to it.
- b) Analyze the relevance of the programmatic strategy and approaches including as regards project management and the role of stakeholders and coordination with other development projects in the same area.

- c) Validate project results in terms of achievements and/or weaknesses toward the outcomes and outputs, with a critical examination of how/to what extent the project benefited the target beneficiaries and strengthened the capacities of CBOs as well as other partners from government and CSOs to advance women protection right with respect to GBV.
- d) Assess the potential for sustainability of the results and the feasibility of ongoing, nationally-led efforts in advancing work on GBV in Palestine
- e) Document lessons learnt, best practices, success stories and challenges to inform future work of various stakeholders in addressing GBV with the NDP & UNDAF.
- f) Document and analyze possible internal and external factors affecting the project and the extent to which the project has been able to adapt and/or mitigate the effects of such factors.

#### IV Evaluation Criteria and Questions

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

- **Relevance: The extent to which the objectives of a development intervention being that on GBV correspond to the needs and interests of the people and the country and the sustainable development goals (SDGs)**
  - a) To what extent the design and interventions are relevant (links to the SDGs, UNFPA regional strategy on prevention and response to GBV in the Arab States, national priorities, the stakeholder participation and national ownership in the design process)?
  - b) To what extent and in what ways the project helped to address and solve the problems identified in the design phase?
  - c) To what extent the project materialized the best solutions to meet the challenges outlined in the project document?
  - d) To what extent did implementing partners make a value to solve the problems of development set out in the project document?
  - e) To what extent the strategy of monitoring and evaluation of the project was useful and reliable measuring the intended development results?

- **Effectiveness: The extent to which the objectives of the development intervention on GBV have been achieved.**

- a) To what extent the project helped deliver the products and achieve development outcomes originally planned / defined in the project document?
- b) To what extent and in what ways the project contributed:
  - i. To achieve the relevant SDGs at the local and national level?
  - ii. To achieve the objectives defined in the project document?
  - iii. To achieve the objectives of UNFPA regional strategy on prevention and response to GBV in the Arab States and other relevant strategies?
- c) To what extent the project products (outputs) and achievements (outcomes) have been harmonized and coordinated to produce development results? What kind of results has been achieved?
- d) To what extent have best practices, successes, lessons learned or transferable examples and success stories been identified and employed for proceeding in project implementation?
- e) To what extent did the project have different effects depending on gender, place of residence (rural or urban), and beneficiaries in general?
- f) To what extent did the project help to improve the dialogue between partners, actors and/or commitment issues and development policies?

- **Efficiency: The extent to which resources / inputs (funds, time, human resources, etc.) led to achievements.**

- a) To what extent has the WAT-GBV project adopted model (that is to say instruments, economic, human and technical, organizational structure, information flows, decision making at the management level) been efficient as regards to the results of development achieved?
- b) To what extent did the existing governance structures serve the development, ownership, unity in action, and facilitated the management and production of outputs and outcomes?
- c) What progress has been made in financial terms, indicating the funds committed and disbursed (amount total and percentage of total) to UNFPA and subsequently to partners?



- **Sustainability: Probability that the program's benefits continue long term.**
  - a) To what extent did the decision-making bodies and implementing partners of the WAT-GBV project take the necessary measures to ensure the sustainability of its effects?
  - b) To what extent the project will be reproduced or scaled up at the national or local level?
  - c) To what extent the project is aligned with national development strategies and agenda?
- **Impact: Positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended.**
  - a) What measurable changes , intended and unintended, have occurred as results of addressing the question of GBV and supporting the needs of GBV women survivors, as well as other national partners from government and civil society to advance the women's right to protection from GBV including appropriate collaborative responses and services ?

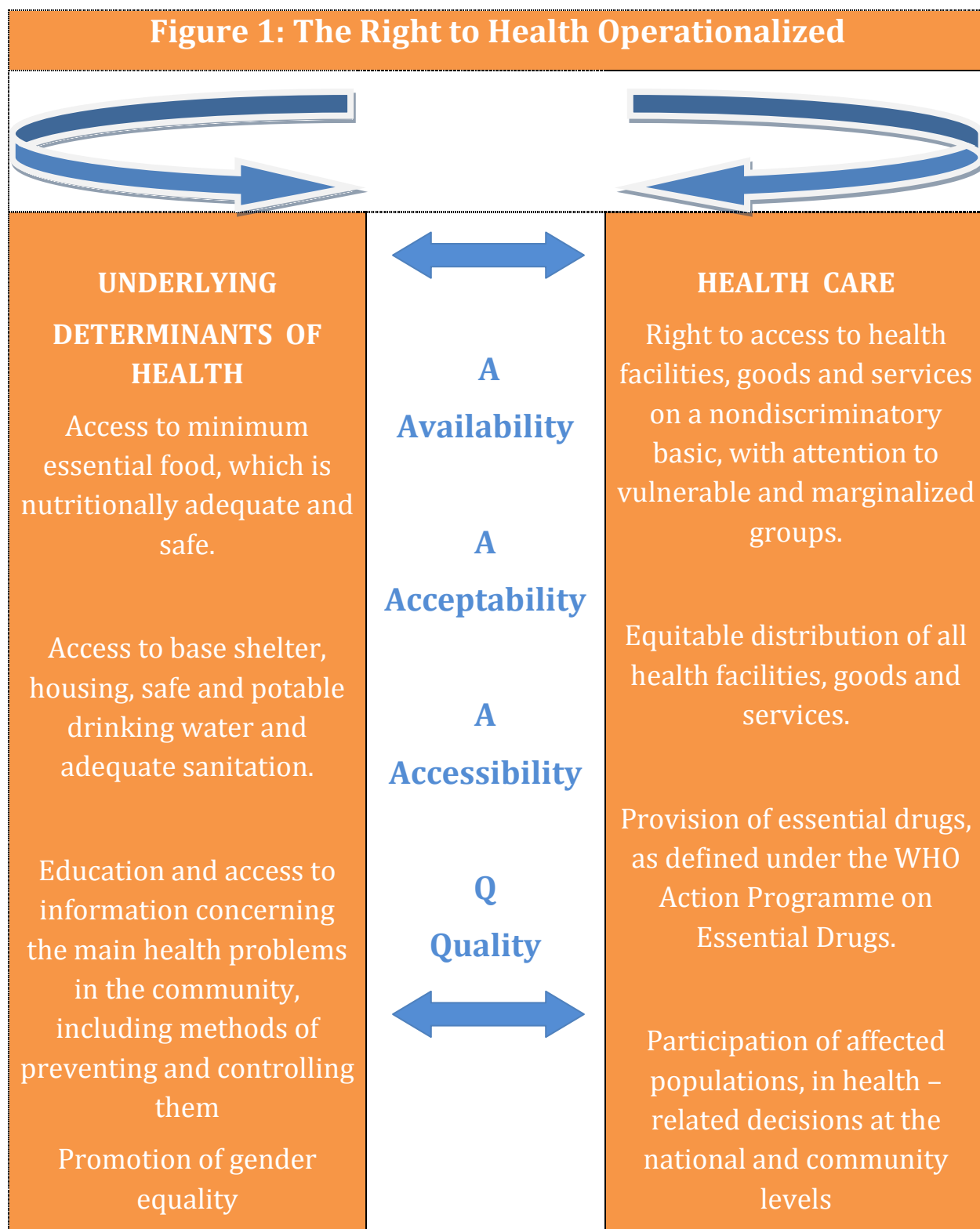
## V Evaluation Approach & Methodology

### A. Evaluation Approach

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

- The evaluation integrates a human rights-based approach (HRBA) by examining the extent to which the project integrates and enshrines the said approach by incorporating its core principles throughout its processes as well as outcomes, with particular

emphasis on the GBV affected women and their perpetrators defined as the “right holders” and government officials and civil society organizations as the “duty bearers”



for the purpose of this evaluation. These principles are: 1. Expressively applies the international human rights framework. 2. Empowerment. 3. Participation. 4. Non-discrimination and prioritization of vulnerable groups. 5. Accountability.

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

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

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

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

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

*Desk review for secondary data analysis from documentary evidence:* All project related documents are reviewed. This method seeks gaining insight into the project prior to the onset of the fieldwork. Some of the key documents that were reviewed include:

background materials used in project preparations, basic project document, log-frame implementation plan, progress reports, meeting minutes and emails, partners reports and studies, in addition to the UNFPA 's strategic Framework on Gender Mainstreaming and Women's Empowerment 2008-2013 (revised), UNFPA Regional Strategy on Prevention and Response to GBV in the Arab States Region 2014-2017 and any other documents/reports that are brought to the attention of the evaluator by UNFPA responsible staff.

- *Primary data collection from direct sources: Mixed-method approach* is adopted using purposive none-random sampling design. This is a non-probability sampling technique where the researcher selects units to be sampled based on her knowledge and professional judgment. Purposive sampling is used if the researcher knows a reliable professional or authority that she thinks is capable of assembling a representative sample. In the case of this evaluation, the kind of purposive choice used was stakeholder sampling. This is particularly useful in the context of evaluation research and policy analysis. It implies identifying the major stakeholders who are involved in designing, giving, receiving, or administering the project or service being evaluated, and who might otherwise be affected by it. Befitting the purpose of this evaluation, this sample selection was made jointly by the evaluator and project team by employing the following data collection methods:

**1) Individual in-depth interviews (11):** To solicit person-to-person responses to predetermined questions designed to obtain in-depth information about the interviewees' impressions or experiences with regards to the project. For the purpose of this evaluation UNFPA project team is interviewed individually. This is in addition to key partners from the MoH, MoSD, MoWA, PRCS, WAC, PMRS, HWC, MIFTAH, CFTA and UNRWA.

**2) Group Interviews (3 groups):** This takes the form of community meetings open to individuals from the target population that is defined as the project direct and indirect beneficiaries in this component. Small groups (6-8 people, each) are interviewed together to explore in-depth stakeholder opinions, similar or divergent points of view, or judgments about the project, as well as information about their behaviors, understanding and perceptions of its achievements, weaknesses, strengths etc and learn about WTS GBV tangible and non-tangible changes resulting from its interventions, from the participants perspectives. Namely, identified groups are; women beneficiaries as GBV survivors and men GBV perpetrators from Gaza; both having benefited from the counselling interventions completed under the project.

**3) Focus groups discussions (4 groups):** where 8-12 participants are interviewed together to explore in-depth stakeholder opinions, reactions and feelings, similar or divergent points of view, or judgments about the project, as well as information about their understanding and perceptions of its achievements, from the participants perspective. Four different focus group discussions are held with;

1. Health providers who received training on prevention, detection and response GBV (MoH)
2. Counselors who received training to provide psychosocial support and refer GBV survivors in compliance with the national referral mechanisms (MoSD)

3. Youth peer educators engaged in awareness raising and training on GBV, RH and early marriage (MIFTAH/ MoSD/CFTA)
  4. Mobilized community health workers conducting RH and GBV outreach mobile missions and referring GBV survivors who voluntarily come forward to critical care (HWC/ PRCS/ CFTA)
- 4) Project Media products Analysis** including all materials produced under the project being; a song, radio spots, 3 documentaries, Magazine, Comedy, two art galleries, SMS (number, contents and focus), the 16 days campaign---WAC, PRCS)
- 5) On-site Direct Observation (4):** Entails use of an observation form to record accurate information on-site about how the project's given component operates/ed including ongoing events, activities, processes, discussions, social interactions and observable results as directly observed during the course of the visit. Here the project setups of multifunctional safe spaces with multi-sectorial assistance conceived as "One Stop Shop" are the prime points of attention. In this evaluation selected sites and events are;
- Half day consultation meeting between UNFPA and WTS GBV project partners.
  - Coordination meeting between project partners and other stakeholders working on GBV.
  - One stop shop in Jabalya Community Center (PRCS)
  - One stop Shop in Qaliqilya (HWC)
- 6) Validation and Debriefing Workshop** involving key internal and external stakeholders with the view of strengthening the quality of the collected data and authenticate it in addition to promoting stakeholder engagement.

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

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

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

Conducting the analysis of qualitative data drawn from tape-recorded interviews, recordings are turned into textual transcripts, juxtaposed with observation field notes and open-ended questions to identify similarities and differences across several accounts, as

well as directions, trends and tendencies. For interpretive content analysis, data is categorized into recurrent themes and topics that are relevant to answer the evaluation questions. The reasoning logic is therefore a deductive one working from the more general content, which are the transcripts, observation field notes and open ended questions and ending more specifically thru conclusions made from available facts and observations.

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

## F. Timeframe and Work Plan

Table 1: Timeframe for the Evaluation Completion	
Deliverable /product	Estimated working days input
Inception report including work plan and evaluation matrix prepared and accepted	4 days
Draft Evaluation Report on approximately 10-15 pages prepared and accepted	14 days
Draft Evaluation Report presented to the Project Team, Implementing Partner.	1 day
Final Evaluation report (up to 20 pages) with Executive Summary (2 pages) in Arabic and English prepared and an Electronic copy to be delivered to UNFPA focal point by 23/12/2016 38 days upon receiving comments from UNFPA on the draft report.	19 days

## G. Limitations

Risk and limitations encountered in this evaluation include;

- *Disproportionate extent of stakeholders' engagement* in the sense that it could go rather periodic as feasible. Except for the project staff other stakeholders could be engaged primarily in obtaining stakeholders' input in describing and learning about the project

outcomes. This is ascribed to feasibility issues related to unavailability and structural complexity of the official stakeholders and the resultant difficulties in soliciting their input. The fact that the evaluation fieldwork coincided with the 16 days National Campaign against GBV was a contributing factor in this regard.

- *Challenge of attribution:* In the case of most projects interventions including this one, internal validity is not well established and therefore attribution is problematic. For example, attributing genuinely a positive change in the area of GBV to an intervention or set of interventions within this project might be hard to confirm in the presence of numerous other national and international interveners in this specific area because control for confounders is none existent. The reality of methodological and resource constraints in carrying out this practical evaluation means that often attribution will be expressed in terms of likelihood rather than proof, and that ultimately the test of validity is credibility. This is the guiding professional premise here.

## **H. Ethical Considerations**

This evaluation is conducted in accordance with the principles outlined in the UN 'Ethical Guidelines for Evaluation'. These are;

- **Informed Consent attainment.** All participants are guaranteed the rights to; choose whether or not to participate, withdraw from the evaluation at any time, even if they previously gave consent and refuse to complete any part of the data collection instruments.
- **Privacy and Confidentiality.** All evaluation information will be kept confidential. The evaluator commits not to allow particular respondent's identification through data presentation and discussion in the report.
- **In relation to the evaluators' role,** the following principles are safeguarded; utility, feasibility, propriety, and accuracy.

In the context of this evaluation, research ethics approval was not deemed relevant. Alternatively, institutional review (UNFPA) is employed to reflect on data collection instruments completeness, relevance, soundness, aptness, and propriety.



## EVALUATION FINDINGS BY EVALUATION CRITERIA

### 1. Relevance

Relevance of the project was examined within the local, regional and global contexts. Observation of the project consistency with the Palestinian National Development Plan (PNDP 2014 - 2016) and relevant sectorial strategies, National Recovery and Reconstruction Plan for Gaza (2014-2017), and the UNDAF, was made. In particular, linkages between national strategies, priority sectors, focus areas and individual sub-projects were examined. This is in terms of the project design, approach and strategy, logic of intervention and means by which it sought to address the need of the target groups (right holder and duty bearers). More broadly, the evaluator looked into the project relevance to Sustainable Development Goals (SDGs), UNFPA Strategic Plan (2014-2017), UNFPA's strategic framework on gender mainstreaming and women empowerment, regional strategy on prevention and response to GBV in the Arab States 2014-2017, UNFPA fifth country programme action plan 2015-2017, as well as pertinent international commitments and treaties to which the State of Palestine is a signatory and thereof accountable to innate provisos.

#### Box no. 1: WTS GBV Five Strategic Intervention Areas

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

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

Originality in the project implementation strategy appear to be conforming well with the global UNFPA's thinking logic as articulated in its Strategic Plan Outcome 3 *"Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth"*. Drawn from it is the State of Palestine country programmed 2015-2017 output number 2 that reads *"Strengthened capacity of national health and social protection actors to promote reproductive rights and sexual and reproductive health, including protection against GBV in vulnerable communities"*. Additionally, output 1 being *"Strengthened capacity of national health institutions to provide a quality, integrated rights-based SRHS package focused on family planning and GBV response services, including in humanitarian situations"* holds substantial GBV combating



elements. Under output 1, UNFPA supported integration of GBV services at the national health system. Building on achievements from the previous program cycle, UNFPA worked with the MoH and other national healthcare providers on the inclusion of GBV detection, treatment and referral as an integral part of the comprehensive reproductive health package. Leveraging successes through five strategic intervention areas presented in Box 1 the WTS GBV project aimed at increasing access to lifesaving multi-sectorial GBV prevention and response services within a functioning national referral system.

At the national policy level, the Palestinian National Development Plan (PNDP) is the guidebook to all subsequent sectorial strategies and policy documents to which they all must conform and fully align with. Key policy number 4 of the PNDP 2014-2016, laid the foundations for the national prioritization of the GBV question across the board. Stipulation of the said policy is this;

*“Alleviate poverty and unemployment and promote social justice, taking account of discrepant need and conditions of various social groups on the basis of gender, age, disability, and geographical regions” (PNDP 2014, p.11)*

Further in the same policy document, GBV is stated verbatim namely under the two sections of social protection and empowerment of women. In the first, GBV survivors are defined as a priority beneficiary population group in the allocated development spending on small loans and grants to empower poor and vulnerable households and individuals. Under the second section where gender equality is the core, the government allocated US\$ 9 million to the review and development of laws and regulations to ensure conformity with women’s rights. This is in addition to implementing gender-oriented capacity building programmes and conducting analytical studies to provide evidence on gender gaps. A proportion of this investment, the PNDP espoused, *“will be designated to provide protection, care and rehabilitation to female victims of GBV” (PNDP 2014, p.101).*

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

The WTS GBV project was particularly pertinent to UNFPA priorities and other significant international development frameworks such as UNDAF in addition to the Palestinian priorities and needs as stated in the PNDP and other relevant sectorial strategies. Its speedy and flexible responsiveness to the humanitarian emergency the Israeli aggression on Gaza brought about in 2014 and the alarming number of IDPs it had created is commended. Indeed the project responded to this particular country need by targeting the most vulnerable and disadvantaged displaced women and children in Gaza and catered for their needs with individual emphasis on GBV survivors.

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

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

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

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

UNFPA regional strategy on prevention and response to GBV in the Arab States Region 2014-2017 offers the regional context for the WTS GBV project. The strategy displays GBV areas of interventions map in the Arab States. The map shows that only few countries have achievements in all six identified areas, being; demonstrated commitment to CEDAW, GBV

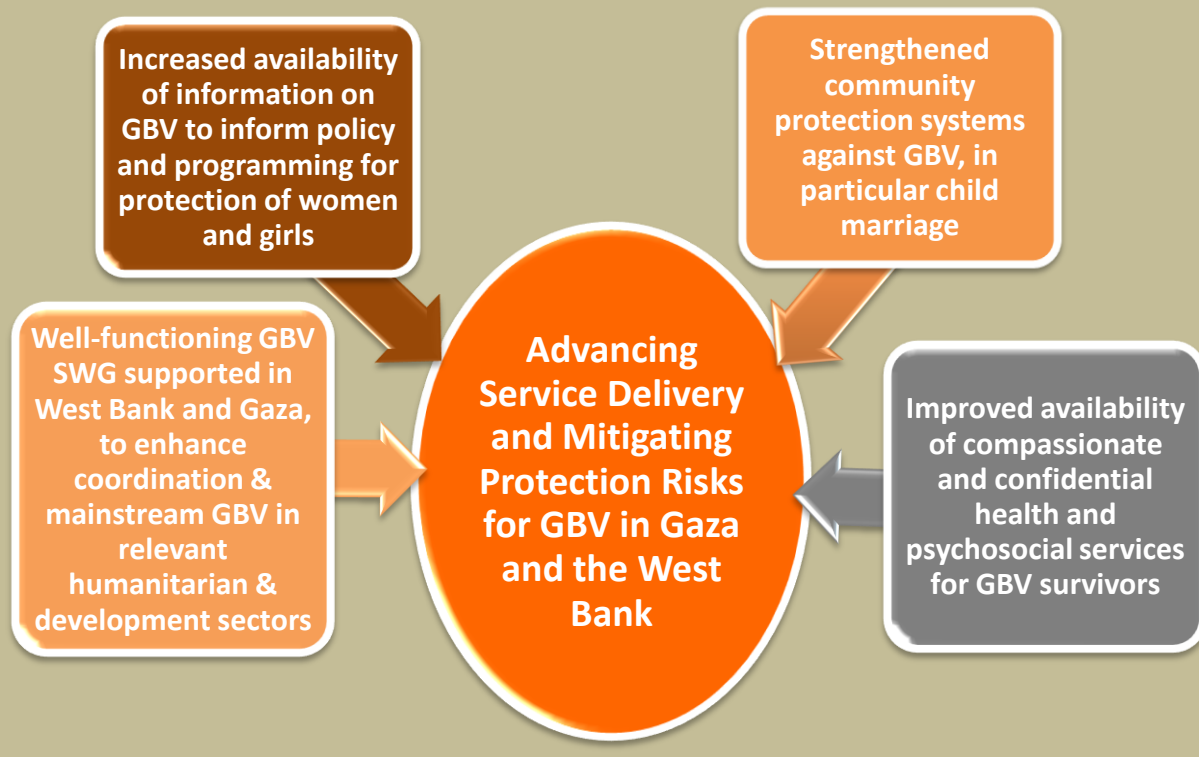
**Box no. 2:** *"UNFPA was successful in developing important partnerships with national partners from the Government and civil society organizations. WTS GBV project did a great job in placing itself in full alignment with national development agenda, goals, plans and priorities".*  
(National Government )

# The ASRO GBV STRATEGY

**FIGURE 2**



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



legislation, GBV strategy, GBV studies, GBV national surveys and services. Palestine made variable extent of achievements in them all except for GBV legislation. Yet, even including where some legislative interventions were made no specific legal instruments for combating GBV in the Arab states exist, and national legislation and law enforcement mechanisms for eliminating GBV are scarce (UNFPA, 2013). The connectedness and harmony between this regional strategy and the WTS GBV project stemming from it can be detected by comparing the two successive figures no. 2 and 3 above.

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

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

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

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

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

Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) are two fundamental global frameworks that guide UNFPA work. WTS GBV project is fully coherent with SDG 5 concerned with achieving gender equality and empowering all women and girls. Nine targets are set out for the goal achievement. Namely, the project is utterly relevant to Target 5.2 being to "eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation" and 5.3 being to "eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation". Equally relevant is Target 3 of SDG1 (ending poverty) concerned with the implementation of nationally appropriate social protection systems and measures for all and Target 4 on ensuring that all men and women, in particular the poor and the vulnerable, have equal access to basic services. Furthermore, SDG3 is about ensuring healthy lives and promoting well-being for all at all ages. SDG 3 builds on experience with the MDGs, which had a very strong focus on health, namely in MDGs 4, 5 and 6. Target 3.7 requires States to "ensure universal access to sexual and



reproductive health care services” by 2030. This target is exceptionally difficult to capture because of the fundamental changes in sexuality and reproduction its achievement entails in many societies such as those in Western Asia including Palestine, indeed. For UNFPA, however, sexuality and reproduction sit, with varied explicitness, at the heart of its four strategic Plan outcomes: 1) Sexual and Reproductive Health, 2) Adolescents and Youth, 3) Reproductive Rights and Gender Equality, and 4) Population Dynamics. This is how all encompassing the relevance of WTS GBV project to the global development goals and agenda is.

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

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

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

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

The outermost level shows the policy environment that guided the multi-sectorial GBV prevention and response activities conducted at the lower institutional levels. The WTS GBV supported the Government of Palestine by working with the MoH, MoSD, MoWA, and MoEHE to lead the life-saving GBV prevention and response services. The Ministry of Endowment (MoE) was engaged to a lesser extent, yet this was a remarkable achievement

the project made by investing in the credibility and profound longstanding influence of the religious establishment in society. Prior to WTS GBV project, there were no national guidelines or frameworks for the GBV response. The project supported the government to create and disseminate numerous policy guidelines, strategic planning tools, training materials, and service delivery tools for GBV prevention and response. These national guidelines and tools led the way in ensuring standardization and quality assurance in GBV training, service provision, and response at the regional levels of West Bank and Gaza.

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

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

The WTS GBV supported community-level prevention activities by building on existing RH prevention interventions and using existing community groups. The WTS GBV used participatory and gender-transformative approaches to increase community awareness and reduce social tolerance to GBV. Community partners worked through local mosques, schools, universities, prisons, youth centers and CBOs. Activities included; creating and disseminating information, education, and communication materials; using social and behavior change materials; using social media outlets, media campaigns and documentaries; active community engagement; and community-clinic linking activities.

Figure 4 : WTS GBV Multisectorial Mutilevel Approach to GBV Prevention and Response





## Human Rights-Based Approach Integration

From the human rights perspective, the project target groups are both the right-holders with their entitlements and duty-bearers with their obligations. Therefore, as designed it catered for the needs of the two groups with some inclination to focus on the duty bearers as enablers for change in the processes and deliberate actions they have to make for the realization of the human rights of the right-holders, safeguarding their own rights as well. Espousing a HRBA in programming, UNFPA ensured that WTS GBV expressively applies the international human rights framework primarily as implied in the right-holders right to health in accordance with WHO conceptualization (figure 1). The project certainly took every possible action to prioritize the vulnerable groups in humanitarian settings with particular attention to the IDP women and girls. For example, In light of the military aggression on Gaza in 2014, UNFPA found it necessary to replace the assigned research on area C and East Jerusalem and to immediately take the lead on assessing the issue of GBV among IDP women and girls in the shelters and hosting communities. The aim of the assessment was to understand IDP women and adolescent girls' experiences, their perception of safety and concerns during the crisis, and to identify available services to respond to GBV survivors during and after the crisis. Then the objective was to identify and undertake the priority interventions to response to GBV among IDP women and adolescent girls.

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

Participation is about inclusiveness. In WTS project, participation served as both a means and a goal at the same time. It can be argued that every single activity was completed with significant participation by duty bearers and/or right holders. During the course of this evaluation, direct on-site observation was done for selected activities and events including; half a day consultation meeting between UNFPA and WTS



Image 1: WTS GBV leads coordination meeting

GBV project partners, coordination meeting between project partners and other stakeholders working on GBV, one stop shop in WHCJ (PRCS) in Gaza, and the launching of

one-stop-shop named *Ishraqa* in Qaliqilya health Center (HWC) in the West Bank with active participation of the governorate, police, women CBOs and schools and community leaders . These observed activities and events were all living examples on how the project was; fostering a participatory approach in implementation, investing in and sustaining UNFPA’s developed strategic partnerships to optimize WTS GBV, ingraining and reinforcing project local ownership, and advocating the marginalized, disadvantaged, and excluded women and girls. This will be elaborated upon under the project effectiveness section.

In terms of the principle of accountability, WTS GBV strategies included; awareness raising of rights and responsibilities, capacities development of duty-bearers at central and local levels to fulfill their obligations, promotion of national ownership among duty-bearers by involving them in analysis and consultation meetings in project planning, implementation and reviews. In addition, the project built relationships between rights-holders and duty bearers by making them work together in various interactive settings such as in open days, counseling sessions, and other service provision in emergency and regular, clinical and none-clinical set ups. On a wider scale of strategic accountability promotion the project created broader alliances for social change in society, supported advocacy for information and statistics necessary to monitor the realization of human rights, and built capacities for policy analysis and social assessments in relation to GBV prevention and response.

## 2 Effectiveness

This section focuses on project performance at the output level. It delves into planned activities as they appear in the logical framework, implementation plan and progress reports juxtaposed with respondents accounts and evaluator’s direct observations. Evaluation process goes by project outputs, recognizing

Image2: Ishraqa one-stop-shop Launch Observed



*Box 3: “The most prominent achievement of WTS GBV was that UNFPA through the project engaged and supported the Government of Palestine to lead and own the development of a National GBV Referral System that did not exist from before.”  
(National Government)*

achievements, and reviewing challenges, gaps and lessons learnt. It concludes with a collective view of the project added value across outputs.

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

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

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

Under WTS GBV output 1, the project interventions lied at the policy and institutional levels targeting mainly MoH and MoSD to variable extents but also NGOs and other partners. At the top policy level, the WTS GBV advocated with the MoH to integrate GBV through adoption and implementation of established health guidelines and protocols for the detection and treatment of GBV survivors. At the national policy dialogue and interventions, foundational project

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

- *Development of the State of Palestine National Health Policy 2017-2022.*
- *Creation of Political Will and Commitment at MoH with deliberate multi-level strategic and operational actions toward protection and response to GBV.*
- *Creation of Safe Spaces incorporating the “one-stop-shop” model for GBV survivors at MoH and NGOs healthcare facilities.*
- *Development of key protocols, guidebooks and manuals to facilitate GBVRS implementation.*
- *Creation and dissemination of numerous trainings and service delivery tools to ensure rights-based compliance with and implementation of GBV referral system.*
- *Integration of GBV services into existing health and psychosocial services and structures.*
- *Harmonization of GBV indicators into the national health MIS and Annual Health Status Report.*
- *Establishment of a national registry for GBV cases.*

achievement at the MoH is one of perception, attitudes, awareness and mindset among decision makers especially doctors who always demonstrated rigidity, trivialization and belittlement concerning GBV and the need to put it on the agenda of MoH. This change resulted from the persistent internal dialogue with these ministry officials and intensive GBV training of all Ministry staff; all with the exceptional support, perseverance, and expertise of the UNFPA gender national officer, implementing partners frequently confirmed. That the approval and support of decision makers are much needed to realize the needed changes in favor of GBV survivors and care seekers makes of this change extremely crucial for a sustainable progress.

At the highest policy level, the WTS GBV project strategically pushed for and substantially contributed to the integration of GBV in the National Health Strategy for the years 2017-2022 which is a prime project achievement. Under the second strategic objective, the fifth indicator is *“GBV referral system for GBV affected and survivor women and children is effectuated and implemented in cooperation with all partners”*. No baseline value is stated for this indicator but the target is ambitiously set as 90% by 2022. Subsequently, policies, vision and strategic plans created such large scale shift in the cultural values that got newly adopted by the Ministry leadership and decision making officials who eventually put into action necessary guidelines and tools to ensure the infiltration of all this to staff via various modalities and approaches.

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

Consequently nonetheless, materialization of policy decisions into rights based healthcare services aimed to ensure service; availability, accessibility, acceptability and quality is incrementally evolving. Tangible openness and positive changes concerning GBV manifested in the creation of safe spaces “one-stop-shop” model also called “women

empowerment clinics” to ethically and confidentially serve GBV survivors in selected MoH facilities, both in hospitals and primary health care centers and clinics. As an entry strategy at the outset, this is only in health directorates where the leadership is most progressive and supportive of the GBV survivors’ right to protection and appropriate response, one MoH government official reported. This indicates that healthcare providers (doctors and nurses) still have attitudes problems regarding GBV as was also confirmed in different accounts in this evaluation.

Capacity building in the form of training of trainers (ToT) for 56 service providers (nurses, doctors, social workers, and psychosocial counselors) on detection, treatment and referral of GBV cases using the established guidebook and protocols was completed. Subsequently, these trained staffs delivered the training to 1200 service providers in the West Bank and Gaza Strip on GBV detection, response, and referral utilizing the developed guidelines and the National referral protocols. They also detected and responded to 85 GBV cases referred to them by partner organizations.

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

These figures correspond with MoH senior staff argument whereby she maintained that institutionalization of GBV within the Ministry apparatus and structures is a prime project achievement. For the first time ever, this year every GBV case gets documented electronically in the national health MIS of the Ministry and data will be integrated into the Ministry Annual Health Report, needed forms were developed and put into use, a focal point was designated at every primary health care center and hospital, and training of clinical staffs serving in these facilities was done. However, the same MoH official upholds that the question of staff capacity building and training quality continues to be an area with substantial space for improvement and specialization. What this project offers in this area are only the basics because staff are in need of advanced and specialized GBV training on such critical issues as to how to take woman GBV survivor through the right care pathway in accordance with her specific case or to detect undeclared or unreported GBV experience among women who come seeking healthcare under alternative pretexts, for example. Furthermore, she continued, GBV training needs to be taken beyond the level of information to that of skills building and competencies development so that staff is capable of appropriately handling the GBV survivors and provide them with comprehensive care and appropriate response.



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

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

Developing the capacity of national health institutions to implement the Minimum Initial Service Package (MISP) for RH services during emergencies was meant to strengthen the prevention and respond to sexual violence which crosscuts clinical management of rape. This is in addition to strengthening comprehensive RH services altogether. Under the project, one training workshop was conducted on MISP wherein a total of 22 members of the health cluster

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

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

and emergency program managers from national and international organizations such as UNRWA, WHO, MoH and HWC participated in a three days training in Ramallah . The workshop recommendations were not followed through and the corresponding planned training in Gaza was not conducted. While this could be considered only an introductory pilot training on MISP it necessitates a comprehensive training strategy in the coming programmatic cycle for it to serve the capacity development purpose it was intended for, including clinical management of rape, building on elements already integrated in the existing services with attention to the current reluctance at MoH to address the issue of rape within the context of GBV treatment and response.

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

In addition, the project supported MoSD in Gaza to conduct an assessment of the capacity of its women and youth centers, for future planning and priority setting of the development needs of these centers.

However, scattered implementation of GBV work at the MOSD caused by the multiplicity of donors who work with the Ministry on GBV but with differing emphasis and priorities and lack of coordination among them is seen as a serious effectiveness and efficiency deterrent. Implementation of GBV related projects at the Ministry, bound by these priorities, is inefficiently spread by portfolio over the directorates of; protection, women, social welfare, shelter, childhood etc, and so work on GBV is made quite fragmented based on these divergent and sometimes competing donor priorities. Therefore, a "needs assessment" of the MOSD GBV priorities was conducted under the WTS GBV project to map who does what under which directorate and how can all GBV components be brought together under one reference/focal point and directorate at the Ministry to facilitate funding priority setting and support focused and efficient projects implementation. To this end, in a workshop with donors, MoSD identified GBV manuals automation, GBV survivors' database building, preparation of early marriage strategic framework for integration into the National Strategy for Child Protection against violence, and targeted national awareness campaigns on GBV as its funding priorities before donors. More importantly, MoSD stressed the need to target women prisoners in particular at the PA jails in order to provide them with appropriate training in vocational specializations. To this purposes specialized vocational training units are suggested to be established inside the Jails where these women can

receive the training of interest to them and a tool kit that helps them make a living and reintegrate in society after prison life. This also serves the purpose of economic empowerment of such an extremely vulnerable women group who could otherwise be easy targets for GBV. Also, MoSD brought to the table the need to support interventions targeting GBV survivors who are not covered by the national protection plan and are not allowed into shelters. These are; prostitutes, women with infectious diseases, woman at less than 18 years old who is unmarried except if accompanying mother who had survived GBV, a woman who presents other women with certain dangers, is attending court for a crime, mentally or psychologically ill, and drug or alcohol addict. These women need to be targeted, as individual severely vulnerable subgroups perhaps, with specially tailored GBV projects.

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

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

This output relied heavily on successful community level approaches that are participatory and gender transformative, with institutional level interventions especially with civil society partners. Here the project outshone itself with the numerous events and creative initiatives it lead engaging countless number of people; men and women of different ages both in the West Bank and Gaza in the four key areas of achievements shown in box 6. These being; prompt responsiveness to the

#### ***Box 6: Output 2 key achievements***

- *Prompt responsiveness to the needs of displaced women and girls in humanitarian emergency during and after the 2014 Israeli assault on Gaza*
- *Engaging a diverse range of men as partners and change agents including form the religious establishment.*
- *Community mobilization and groups’ empowering engagements in project capacity building activities.*
- *Innovative media strategy with excelled use of ICT & smart assortment of media outlets.*



needs of displaced women and girls in the humanitarian emergency during and after the Gaza crisis that resulted from the 2014 Israeli assault; engaging a diverse range of men as partners and change agents in the most creative and comprehensive manner, community mobilization and groups active engagement including in peer-to peer activities especially in Gaza ; and lastly, media strategy where WTS GBV excelled in employing ICT (information and communication technology) and other media outlets in conveying influential transformative GBV messages .

WTS GBV partners' most reported contributions at the community level included awareness raising and sensitization. With project funds, community partners created and disseminated information, education, and communication materials and used peer education, daily radio spots, drama groups, and art gallery in community clubs, schools, universities and mosques to reach a broad range of community members. Training providers at the community level, the project always focused on sustainability. This led to a strategy of some implementing partners using the existing community structures and influential community leaders and groups while other implementing partners such as PRCS-WHCJ established “youth support intervention team” in Gaza and the Y-Peer members in West Bank, both made up of many existing volunteers in the community.

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

WTS GBV project particularly invested in religious leaders for agency in social change concerning RH and GBV. Four partners from civil society organizations, namely; MIFTAH, HWC, PFPPA and PMRS support involving religious leaders in community awareness on gender related matters. PFPPA and PMRS conducted two training workshops in Hebron and Nablus with the participation of 9 preachers and 14 Imams. Consequently, the trainees conducted 132 community outreach meetings to share information with their peers, families and acquaintances. More broadly, in a collaborative effort between MIFTH, HWC

and Ministry of Endowment, a total of 30 (female 18, male 12) preachers and Imams working in Jenin and Nablus Governorates received awareness raising on RH & GBV subjects. Afterward, they held community outreach sessions in their communities with a total of 1216 females and 345 male beneficiaries in Jenin and 537 females and 290 males in Tulkaram. Furthermore, in their evaluation workshop, they agreed on the need to enact laws that ban domestic violence. They also called for publishing guidelines for RH in coordination with various institutions such as schools. They reaffirmed the need for female [Muslim] preachers and imams to be involved in more training workshops and for materials on this subject to be incorporated into curricula at universities. These recommendations coming from religious leaders are indeed a very progress that should be built upon.

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

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



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

As for MoSA in Gaza, 100 adolescent girls and boys from MoSA youth vocational centers were trained on life skills, RHR, gender awareness and GBV. The youth were equipped with "Start your Work Kit" which is expected to reduce both the risk of early marriage and adolescent pregnancies and to increase the economic independency among them. In addition, WAC in cooperation with MoSA produced a booklet for girls enrolled in the youth centers on ways to deal with violence, start a project, and select a life partner including information on available services and organizations.

In media campaigning, WTS GBV employed a strong condensed blend of innovative media products and outlets making it a remarkable achievement area that benefited the cause of the project greatly. This is being dissemination of GBV prevention and gender equality messages. Active multi outlets media strategy promoting GBV initiatives on UNFPA Palestine's Facebook with 321,000 views and YouTube channel with 386,901 in addition to Instagram and Twitter kept the project in the light throughout its life time and contributed to interactive information sharing and lively discussions on GBV issues, especially among social media users who tend to be the younger generations where the potential for changing harmful social norms is higher. Production of 4 documentaries on youth, women and males as alliances for gender equality holds indications on the extent of gender integration versus women only classical approach espoused in addressing the question of GBV. The rap song clip produced and disseminated on the subject of eliminating GBV titled "Who you are?" reaching over 400,000 views on social media ; the production of three different films on; the experience of the targeted community and religious leaders in combating GBV and RH, the hardship of women living in Area C, and stories of women during the Gaza crisis covering key issues in relation to GBV: delivery, displacement and living conditions in the shelters all provide evidence on the comprehensive scope of the project design and the revolutionary implementation of its activities. Furthermore, a conference on women's rights violations in Gaza Strip during the latest crisis and another on the impact of the recent crisis in Gaza on women including health, psychological, economic, and laws violations were conducted; both employing a wide range of media tools earning substantial media coverage and putting energy into the existing discourse and shaping it.

***Box 7: Project Media Campaign outlets, products & visibility events***

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

Electronic banner published on different online media outlets, radio episodes on "the impact of the latest crisis in Gaza on women and daily radio spot on women's rights and

available protection mechanisms from GBV boosted up the media campaign and kept it present within discussion circles.

Implementing partners CFTA and RCS-WHCJ creatively established an art gallery on violence against women during the crisis in Gaza where 27 artists participated with 56 paintings. More than 900 persons (500 men and 450 women) attended the two-day gallery in addition to different media outlets. Around 1000 copies of a specially designed broacher and poster on GBV were distributed as part of the gallery's activities that gained utter visibility including concerning its cause.

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

***Box 8: Output 3 Key Achievements- WTS GBV Built Evidence base on GBV***

***A: Studies and Assessments***

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

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

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

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

Under this output the project excelled most in the third activity on supporting research and assessments followed by the second on improving records at the service level for ethical and confidential data collection. In order to identify gaps in service provision, WTS GBV made concrete contributions to build evidence base, improve data collection & create knowledge products to inform programming and policy decisions through the execution of carefully selected studies and assessments, generation of targeted policy briefs along with establishment of registries of GBV incidence, treatment and response. Box 8 above comprises a list of all the evidence built under WTS GBV project as the key achievement under this third output. Looking into the completed studies, assessments and policy papers, high utility of the produced pieces and their potential to inform policy and advocacy work is evident.

For example, within the humanitarian context of the Gaza crisis, the results of the rapid assessment conducted by CFTA in cooperation with UNFPA and the GBV sub-working group members and close consultation with MoWA on the status of GBV among IDP women and girls, the results were invaluable in guiding the subsequent urgent humanitarian interventions.

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

The assessment key findings were related to women's roles and responsibilities, their vulnerabilities and their access to services, most critical of which were the followings: 1) Women and girls suffered from violence before, during and after they fled homes to emergency shelters and hosting families. They further experienced increased violence against them as women and girls, especially physical violence, justified by insecurity and lack of privacy, extreme overcrowding, and frustration; 2) Women and girls have limited space and privacy in crowded shelters, and there has been a number of reported cases of sexual harassment to women and adolescent girls in shelters and in Al Shifa hospital; 3) There is a huge need for primary health care and psychological support services yet services availability is limited; 4) The current crisis left health-care centers critically damaged, without adequate medical equipment or basic drug stocks to clinically manage cases of GBV; 5) Women and girls have increased responsibilities as caregivers and often



feel overwhelmed, stressed or depressed by sudden loss and increased burden of responsibilities; and 6) There is a need for protection and legal assistance for “war widows” who lost their spouses during the recent crisis and have suddenly become household heads. These findings were the cornerstone pieces of evidence that supported all humanitarian response interventions that followed in Gaza which couldn’t have been possible without the project coherence and concreteness; each component pours into the other, with utter flexibility nonetheless.

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

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

On another facet and in terms of GBV incidence and service related data, before the WTS GBV, documentation of was almost none existent, health registries did not track GBV incidence in a standardized format, and only those at clinical levels had registries in place, if at all. Government officials at MoH recognize that more technical support is needed at MoH across levels and departments for accurate and full documentation of GBV data. The project agreed to extend support to WHDD-MoH and other implementing partners to ensure harmonization and rollout of GBV data collection tools at the national, regional, and community levels. Although there are still substantial challenges in terms of scale-up, quality, and data collection, the close collaborative working relationship between partners fostered in this project remain a big asset to make an achievement in this direction. Development and harmonization of the national monitoring and evaluation system for GBV where agreed indicators are set should follow and roll out across the board.



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

This project output appears to be concerned with raising responsibility for gender and GBV to the highest possible level, enhance multi-sectorial coordination and collaboration, further collective ownership and promote consistent communication, advocacy and activism.

Assuming its lead role in the GBV Working Group, UNFPA aggressively injected energy into the GBV sub-working group and called for 6 GBV-SWG meetings during the first year of the project lifetime. In March 2014, UNFPA conducted two coordination meetings with the GBV-SWG members both in West Bank and Gaza. The outcome of these meetings were: an agreement on the groups' activities for 2014; to update the GBV service providers mapping exercise conducted in 2013; to draft key messages for the group's activities to stop GBV; and to conduct one training session for the national committee to combat VAW on multi-sectorial response to GBV in humanitarian settings.

As a result of the crisis in Gaza and the urgent need to respond to the humanitarian situation, UNFPA called for two GBV-SWG coordination meetings for both West Bank and Gaza members. The first meeting took place on August, 2014 with the following outcomes: to update the GBV service providers mapping exercise conducted in 2013 (a task pending from the last meeting); to coordinate with the GBV-SWG to submit the GBV indicators related to the Protection Cluster reporting; and UNFPA to lead a GBV rapid assessment among IDP women and girls in Gaza in emergency shelters and

***Box 9: Output 4 Key Achievements***

- *Proven UNFPA Active leadership of GBV-SWG for consistent communication and GBV advocacy including in regular meetings*
- *GBV-SWG national plan is developed.*
- *Mapping of GBV services conducted in 2013 is updated with the participation of GBV-SWG*
- *GBV-SWG played an active role in the 2016 humanitarian response planning process*
- *Development of common GBV-SWG key messages including in the 16 days campaign.*
- *GBV-SWG creation of a database for researches and assessments as references for information sharing*
- *Capacity building trainings and activities of GBV SWG members in West Bank and Gaza.*

host families in consultation with a steering committee of UNFPA, UNICEF, UN Women, UNRWA, and national partners (CFTA and WISSAL coalition).

While the second meeting held late October, 2014 focused on discussing the activities of the 16 days campaign of activism against GBV and developing a joint calendar of activities that include the GBV-SWG members' activities and their partners for this occasion. In addition, UNFPA updated the sub working group members on the GBV assessment and the national damage needs assessment that is led by the Palestinian National Authority and UNFPA is participating in the social protection group.

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

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

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

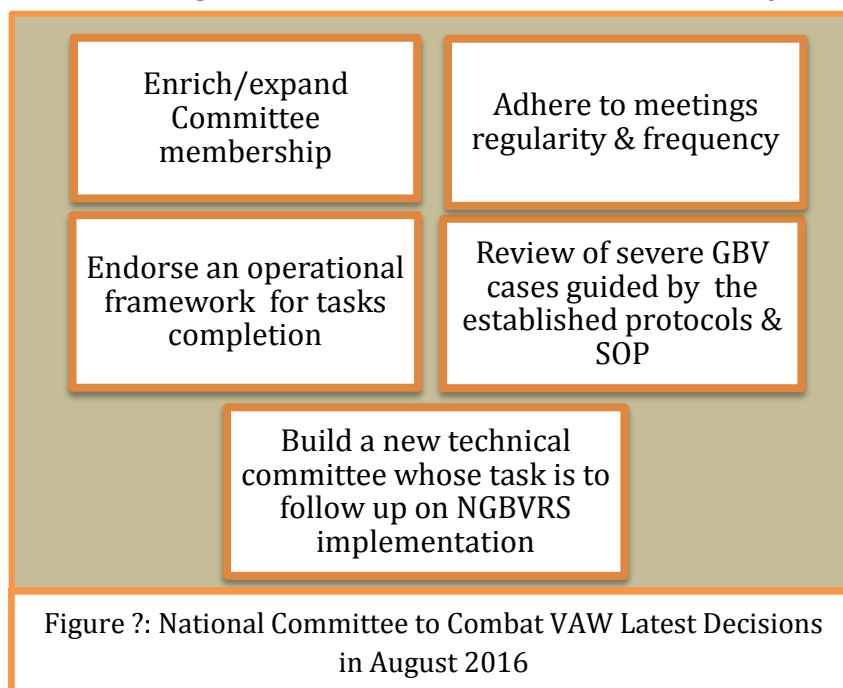
As part of a UNICEF lead Child Protection Working Group intervention to develop child protection and GBV Standard operating procedures (SOP) and case management forms in Gaza and in collaboration with Norwegian Refugee Council (NRC), UNFPA leads the efforts on the GBV part through the GBV SWG. Case management forms were developed and currently piloted in 2 GBV SWG member organizations and the SOPs manual is expected to be finalized in January 2016. Furthermore, the GBV SWG actively participated in the emergency preparedness task force co-lead by UNICEF and UNFPA. This intervention included developing emergency SOPs for Child protection and GBV in government lead shelters in case of any emergency as well as training on GBV and child protection issues provided to focal points from MoSD and NGOs.

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

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

MoWA chairing the National Committee to Combat VAW, continues to oversee the implementation of the National Strategy to combat VAW and coordinates GBV development programmes; currently developing Al-Marsad: the National Observatory on VAW. Under the WTS GBV project, the role of National Committee to Combat VAW was activated, its new amended bylaws were endorsed, and new members were authorized to the committee. Ideally the committee must convene trimonthly. The last meeting took place on the 30 August, 2016 where a number of significant decisions were made including concerning GBV. Of these key decisions are; enrich Committee membership with representatives from sectors whose work intersects with the agenda of the committee as stipulated in its mandate, adhere to the meetings regularity and frequency as indicated in the bylaws, endorse an operational framework for the work of the committee, construct a new technical committee particularly to follow up on the implementation of the Unified National GBV Referral System (NGBVRS) to be headed by MoWA with the membership of MoH, MoSD and relevant others, and continue working on the review of severe cases and identify a new case study to review in light of the established guidebooks, protocols, and SOP.

The Unified Protocol for GBVRS which serves as a national covenant for providing GBV female survivors with the needed services in a complementary manner was printed under the project. A total of 1000 copies are being



disseminated to all the concerned parties. To facilitate coherence, focus group discussions were held in specialized workshops whereby first draft protocols for standard operation procedures (SOP) for service providers and recipients (duty bearers and right holders) in the areas of the health, social and police referral sub-systems were produced. Logistical barriers related to experts' lack of interest, poor timing in terms of end of year budget limitations obstructed making progress in the finalization and endorsement of this.

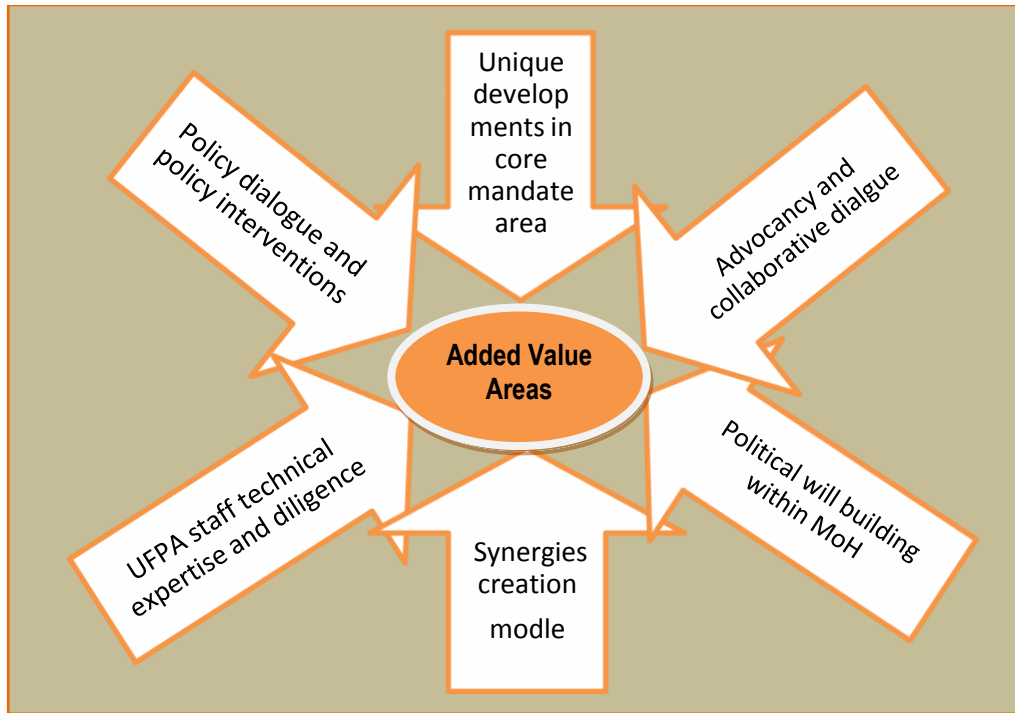
In support of GBV and gender rights in general, a network of media women was established under the Ministry of Women's Affairs media unit to conduct media campaign on GBV and increase awareness on GBV in the community; later in 2016 the Network member organization signed a public Charter of Honour with the Minister of MoWA. Alongside, a national conference

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

### **Project Added Value**

Added value is defined as the extent to which a programme/project adds benefit to the results of other agencies. It is about unique contributions WTS GBV project made bolstering multi-sectorial and partners' synergy. In this project, positive major areas where the project was of significant benefit are in the areas of;

- Policy dialogue & policy interventions
- political will Building within MoH
- Production of the unified National GBV referral system protocol
- Integration of humanitarian interventions into development
- Advocacy and collaborative dialogue
- Unique developments in core mandate areas (Male engagement through active participation of Religious establishment ( preachers' agency for RH & GBV& counseling GBV perpetrators within couples training modality)
- UFPA staff technical expertise and diligence
- Synergies creation model (Multi-sectorial, partner and program)



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



	<p>project materialized the best solutions to meet the challenges outlined in the project document?</p> <ul style="list-style-type: none"> <li>• To what extent did implementing partners make a value to solve the problems of development set out in the project document?</li> <li>• To what extent the strategy of monitoring and evaluation of the project was useful and reliable measuring the intended development results?</li> </ul>			Number/type/nature of channels and mechanisms the project has created for dialogue between key players and partners reflecting the intended alignments	
<p>Effectiveness:</p> <p>The extent to which the</p>	<ul style="list-style-type: none"> <li>• To what extent the project helped deliver the products and achieve development</li> </ul>	<p>- Project output data</p> <p>-Beneficiaries</p>	<p>- Project progress &amp; annual reports</p>	<p>- Total number of “One-Window shop” safe spaces</p> <p>- Number of women who survived GBV</p>	<p>-Quantitative data analysis</p> <p>- Qualitative</p>

objectives of the development intervention on GBV have been achieved.	<p>outcomes originally planned / defined in the project document?</p> <ul style="list-style-type: none"> <li>• To what extent and in what ways the project contributed to achieve the relevant SDGs at the local and national level, the objectives defined in the project document, the UNFPA regional strategy on prevention and response to GBV in the Arab States, and other relevant strategies?</li> <li>• To what extent the project products (outputs) and achievements (outcomes) have been harmonized and coordinated to produce</li> </ul>	- Media products	<ul style="list-style-type: none"> <li>- Individual and group Interviews</li> <li>- Focus groups discussions</li> <li>- Desk Review and assessments</li> </ul>	<p>and benefitted from using the “One-Window shop” service</p> <ul style="list-style-type: none"> <li>- Number of war affected women the project served in shelters (Gaza specific).</li> <li>- Number of awareness and advocacy project activities/events</li> <li>- Number , quality, depth, contents and completeness of capacity building activities undertaken by the project during its life time in the areas of GBV</li> <li>-changes in right-holder’s ability to claim rights and how/in which areas</li> <li>- availability of GBV</li> </ul>	content thematic analysis
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	<p>development results?</p> <ul style="list-style-type: none"> <li>• What kind of results has been achieved?</li> <li>• To what extent have best practices, successes, lessons learned or transferable examples and success stories been identified and employed for proceeding in project implementation?</li> <li>• To what extent did the project have different effects depending on gender, place of residence (rural or urban), and beneficiaries in general?</li> <li>• To what extent did the project help to improve the</li> </ul>	<p>materials of the project</p> <p>- Capacity development activity reports of partners institutions</p>	<p>- On site observation of events</p> <p>-Interviews ( individual and group)</p>	<p>services to women GBV survivors</p> <p>- Changes in access to information related to GBV</p>	
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	dialogue between partners, actors and/or commitment issues and development policies?	-Partners			
<ul style="list-style-type: none"> <li>• Efficiency:</li> </ul> <p>The extent to which resources / inputs (funds, time, human resources, etc.) led to achievements .</p>	<ul style="list-style-type: none"> <li>• To what extent has the WAT-GBV project adopted model (that is to say instruments, economic, human and technical, organizational structure, information flows, decision making at the management level) been efficient as regards to the results of development achieved?</li> <li>• To what extent did the existing governance structures serve the development, ownership, unity in</li> </ul>	<ul style="list-style-type: none"> <li>-Project management staff</li> <li>-Implementing partners</li> <li>-Project financial records</li> </ul>	<ul style="list-style-type: none"> <li>-Interviews</li> <li>-Desk review</li> </ul>	<ul style="list-style-type: none"> <li>-Extent to which the allocation of resources to targeted groups took into account the need to prioritize those most marginalized.</li> <li>-percentage of expenditure on project management</li> <li>- Adequacy of staffing, infrastructure and other resources</li> <li>- Actual compared to planned</li> </ul>	<ul style="list-style-type: none"> <li>- Qualitative data</li> <li>- Quantitative data</li> </ul>

	<p>action, and facilitated the management and production of outputs and outcomes?</p> <ul style="list-style-type: none"> <li>• What progress has been made in financial terms, indicating the funds committed and disbursed (amount total and percentage of total) to UNFPA and subsequently to partners?</li> </ul>	-Training participants		<p>expenditure by project intervention area</p> <p>- Investments made in TOT in the area of GBV</p>	
<p>Sustainability:</p> <p>Probability that the program's benefits continue long term.</p>	<ul style="list-style-type: none"> <li>• To what extent did the decision-making bodies and implementing partners of the WAT-GBV project take the necessary measures to ensure the sustainability of its effects?</li> </ul>	<p>- Project records</p> <p>- National partners</p>	- Desk review	<p>- Proportion of individuals from different project stakeholders groups who are also in policy/decision making positions</p> <p>- Types of positions held by different</p>	- Quantitative

	<ul style="list-style-type: none"> <li>• To what extent the project will be reproduced or scaled up at the national or local level?</li> <li>• To what extent the project is aligned with national development strategies and agenda?</li> </ul>	-Progress reports	<p>-In depth individual interviews</p> <p>- Group meetings</p> <p>- Desk review of relevant documents</p>	<p>women and men in different project stakeholders groups.</p> <p>- Capacity development of targeted rights holders (to demand) and duty bearers (to fulfill) rights of protection ;</p> <p>- Willingness and capacity of project partners, both from civil society and GOV to integrate project interventions/services into their own programs</p>	- Qualitative
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Impact:  Positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended.	<ul style="list-style-type: none"> <li>• What measurable changes , intended and unintended, have occurred as results of addressing the question of GBV and supporting the needs of GBV women survivors , as well as other national partners from government and civil society to advance the women's right to protection from GBV including appropriate collaborative responses and services ?</li> </ul>	<ul style="list-style-type: none"> <li>-Project reports</li> <li>-Beneficiaries &amp; Partners</li> </ul>	<ul style="list-style-type: none"> <li>- Desk Review</li> <li>- Individual Interviews</li> <li>_Groups interviews</li> </ul>	<ul style="list-style-type: none"> <li>- Accountability mechanisms operating on GBV in place</li> <li>- Self-perceptions of changed confidence or capacity in women who survived GBV and sought protection and services</li> <li>- Reported positive changes among different targeted stakeholders with regards to GBV.</li> </ul>	-Qualitative content thematic analysis
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