



FINAL EVALUATION REPORT OF PROJECT

Building up comprehensive protection GBV response services, including SRH, PSS and legal assistance and referral for the IDP population in Middle Area of the Gaza Strip.

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LIST OF ACRONYMS

GBV	Gender Based Violence
MoSA	Ministry of Social Affairs
PLO	Palestinian Liberation Organization
HRP	Humanitarian Response Plan
HNO	Humanitarian Needs Overview
ToR	Terms of Reference
IDP	Internally Displaced people
SRH	Sexual and Reproductive Health
PSS	Psycho-social Support
FGD	Focus Group Discussion
M&E	Monitoring and Evaluation
UHWC	Union of Health Work Committees
CBO	Community Based Organization

1. EXECUTIVE SUMMARY

The Project “*Building up comprehensive protection GBV response services, including SRH, PSS and legal assistance and referral for the IDP population in Middle Area of the Gaza Strip*” financed by AACID (call for Projects of 2016) has been executed for a period of 8 months ending in October 2017. It has been implemented through the local organization *Union of Health Work Committees* (UHWC) with the coordination of ApS.

The objective of the project has been to protect and assist survivors and people at risk of gender-based violence by providing GBV prevention and multisectoral response services: specialized SHR services, legal counselling, PSS counselling and the referral pathway; working in capacity building: trainings on case management, self-care and SOPs; and enhancing the networking and representation of UHWC in relevant platforms such as GBV sub working group under the protection cluster.

Gender-Based Violence is a significant problem in Gaza, exacerbated by the continued situation of conflict, the existing structural blockade and violence. The project has benefited internally displaced and refugee population, giving priority to women with disabilities, women heads of household and / or widows, taking into account the differential impact of gender and age that the crisis imposes on the population. The working model has been applied in other areas by ApS and UHWC since 2011. The project design has been validated with grassroots organizations and the UN, has been adapted to the needs prioritized by the survivors themselves and people at risk of GBV in Al Nusseirat. In addition, the project has added a documentation work component for humanitarian testimony and advocacy on protection.

The project has been defined based on Results-based management (RBM). At the planning level, a chain of results has been established, in which it has been defined how, through inputs and activities, the achievement of the expected results has been reached logically: products, effects and impact. In addition, an analysis of political and institutional risks of the conflict has been incorporated) and a series of mitigating measures of these.

It has been attended to people with higher levels of vulnerability and access difficulties through: 1) a home care service by the staff of the center (with support from women leaders), 2) a transportation payment strategy so that the lack of economic resources is not an obstacle to access to the center.

It should be noted that Alianza por la Solidaridad has extensive experience as an organization in terms of Gender projects and specifically in GBV, for this reason, its role in the evaluated project has been to support UHWC in terms of ensuring the implementation of the project effective gender incorporation; questioning gender inequalities, as well as recognizing the differentiated impacts of conflict in the lives of women and men.

After the evaluation process, which has included different phases of work: the review of key documents and fieldwork (through semi-structured interviews with key informants, focus groups for discussion with the target population, visits to the community health center Al-Khairya, to the UHWC and other organizations linked to the project); the key information for this report has been developed.

2. INTRODUCTION

Background and General Data:

Fundación por los Derechos, la Igualdad y la Solidaridad Internacional (ApS) is a non-denominational, progressive and independent nongovernmental organization for development (NGDO) founded in 1986 and with a presence in more than 20 countries in Latin America, the Middle East and Africa.

Alliance works in Palestine since the year 93 with Palestinian population victim of the Occupation (in the West Bank and Gaza), combining different approaches according to the context throughout the 23 years of continued presence (Second Intifada year 2001, Operation Cast Lead of 2008, Operation Pillar of Defense of 2012, Operation Protector Framework of 2014, crisis of East Jerusalem 2014). Thus, humanitarian action projects and others aimed at long-term development at times of certain stability have been implemented. In this wide experience in the

country, over time, a sectoral work has been deepened in primary health and sexual and reproductive health, food security and nutrition, water and sanitation (during the first 15 years and until 2011). Since 2011, prioritizing a single sector of work: prevention and protection against gender-based violence that, in development interventions, expands towards the promotion of women's sexual and reproductive rights and the right to a life free of violence, with actions complementary economic empowerment of women. This last sector has been the work of Alianza throughout the Middle East since 2011 to date, having managed to position itself as a relevant actor in the subject in the region.

ApS has been the beneficiary of a grant from the Andalusian Agency for International Development Cooperation (AECID) for the implementation of the Humanitarian Action Project: Provision of specialized and comprehensive services for protection response against gender violence for the internally displaced population in the middle zone of the Gaza Strip.

The project has been designed and executed with a local partner, the Union of Health Work Committees (UWHC), with whom Alianza maintains a long-term working relationship. UHWC is a non-profit, non-governmental community-based organization that was founded in 1985 in Palestine by a group of doctors and other health professionals to reduce existing deficiencies in the health care service caused by the Israeli occupation. UHWC is the largest non-governmental organization in the Gaza Strip that provides primary and secondary health services and stands as a holder of responsibilities for the right to health of the population. Its objectives are: (1) To contribute to the creation of a comprehensive health system in Palestine; (2) Quality medical services in primary and secondary health for vulnerable population (3) Reinforcement of the concept of Integral Health, participation and satisfaction of needs. (4) Participate in public health policies; (5) Strengthen the role of civil society organizations (6) Develop the skills of health professionals; (7) Promote the idea and operation of "good

Government "in Palestine. (8) Promote volunteering, business initiative and the concurrency of opportunities and (9) Expand and strengthen relationships with Arab and international institutions. UHWC has played a key role in the emergency response generated by the Israeli military operations and the blockade. It has 1 hospital in the north (Al Awda) and 5 health centers and 4 community centers throughout Gaza. UHWC has extensive experience in prevention (in the

face of obstetric emergencies or contingency plans, epidemics, chronic diseases, VdG); works in rehabilitation and reconstruction of the health system. It is highly resilient, adapting to the context, to changes in financing volume and needs of the population.

The UHWC Al Khairya community health center has been in operation since 1989 and, within the framework of this project, UHWC will provide access to people displaced by the 2014 war or refugee from the Nusseirat camp, to ethical, confidential and insurance, multisectoral response to the VdG - health care, psychosocial and legal in the same center, model "one stop center" - and prevention of gender violence - community awareness activities against the VdG in the entire area of Al Nusseirat counting with the active participation of key people in the community (leaders of grassroots community organizations of the women's movement or women survivors of violence who will be involved in a strategy of peer support.) In addition, people with higher levels of vulnerability and difficulties will be attended to access through a home care service by the staff of the center (with the support of the women leaders) and a transport payment strategy so that the lack of control over economic resources is not an obstacle to access to the center.

The present evaluation covers the project implementation period of 8 months; from March 2017 to October 2017.

Objective of the Evaluation:

The purpose of this evaluation, as defined in the ToR, is to assess the fulfillment of the quality criteria established by PACODE (donor's development policy-plan). The assess must serve as learning tool to know the functioning, results and impacts of the intervention in such a way it allows to guide future interventions. The learning is an essential component of this process to allow the improvement of the processes. In summary, the evaluation must allow learning and accountability to all relevant actors in the intervention, both local and international partners.

The evaluation covers the implementation period of project "Building up comprehensive protection GBV response services, including SRH, PSS and legal assistance and referral for the IDP population in Middle Area of the Gaza Strip" for 8 months from March 2017 to October 2017.

Objective of this evaluation was: examining the progress and achievement of each of the indicator of activities and results as designed and set out in the log frame of the project.

3. DESCRIPTION OF THE OBJECT OF EVALUATION

Context

More than 20 years of conflict and blockage made Gaza below the umbrella of the poverty, with a huge financial crisis, the highest unemployment rate of the world, and general food insecurity. The long conflict and the closure have left 80 % of the Gaza population dependent on international aid.¹

After the takeover of Gaza by Hamas in 2007, this separation has increased by the imposition of Israeli blockage which has led the economy into a constant decline. Furthermore, since October 2014, Gaza's boundary with Egypt has been closed almost totally. This passage has kept opened only 25 days in 2015.² UN General Secretary, Ban Ki Moon, has referred to the blockage as a permanent punishment which suffocates the people and the economy of Gaza.³

After nearly 10 years under blockade, Gaza economy is going to collapse. The GDP per capita is 31% less than 1994.⁴ Unemployment in the Gaza Strip is currently the highest in the world with a 41% among adults⁵ and a 60% among youth.⁶ Likewise, the high unemployment rate in Gaza has been elevating the food insecurity level. According the UN data, food insecurity in Gaza is high: 63% for the non-refugees⁷ and 54% for refugees.⁸

¹ UNRWA (2015) *Gaza situation report 94*. <http://www.unrwa.org/newsroom/emergency-reports/Gaza-situation-report-94>

² Gisha (2016) *Movement of people via Rafah : Crossing* <http://gisha.org/graph/2399>

³ United Nations News Centre (2016) *In Jerusalem Ban urges 'courageous steps' for lasting two state solution*. Page 3.: http://www.un.org/apps/news/story.asp?NewsID=54341#v_3zr_l97IU

⁴ World Bank (2015) *Gaza Economy on the Verge of Collapse, Youth Unemployment Highest in the Region at 60 Percent*. <http://www.worldbank.org/en/news/press-release/2015/05/21/gaza-economy-on-the-verge-of-collapse>

⁵ Palestinian Central Bureau of Statistics (2016) *Press Release on the Results of the Labour Force Survey (January- March, 2016)*. <http://www.pcbs.gov.ps/site/512/default.aspx?tabID=512&lang=en&ItemID=1654&mid=3171&wversion=Staging>

⁶ World Bank (2015) *Gaza Economy on the Verge of Collapse, Youth Unemployment Highest in the Region at 60 Percent*.

⁷ UNRWA (2014) *Food insecurity in Palestine remains high*. <http://www.unrwa.org/newsroom/press-releases/food-insecurity-palestine-remains-high>

⁸ The UN believes that food insecurity rates among refugees are lower as a result of the higher levels of aid available to refugees. UNRWA (2014) *Food insecurity in Palestine remains high*.

Analysing poverty and its effects, there are important gender gaps, because the rates of poverty⁹ among women reached the 26,2% (39% in Gaza) and 18,3% in the West Bank compared to 25,5% of men. Although these differences are still modest, poverty rates in Palestinian society are still being considered high. The women, both housewife and working women, suffer a significant impact, because they are overloaded by the inflation of health and education, especially if it is considered at the same time with the lack of adequate schools in rural areas and their high cost.

Several studies indicate that women who work, who depend on other people or who are head of household are poorer than men in the same categories¹⁰, and that women who have children with disabilities suffered additional charges which influence them and their time and role.¹¹

It should be noted that women head of households in the Gaza Strip are poorer than correspondent men. The situation is different in the West Bank because the social welfare has contributed significantly to reducing the incidence of poverty in the Gaza Strip, which decreased from 49.9% before receiving assistance to 38.8% after receiving help, while in the West Bank decreased from 20.2% to 17.8% only.¹² At the end of 2011, the households led by women represented 43% of the total number of households that received assistance from the Ministry of Social Affairs.¹³ The percentage of households led by women in oPt was 9.3%.¹⁴ This may indicate a larger impact of aid in poverty eradication of households headed by women than households led by men.

⁹ Palestinian Central Bureau of Statistics (PCBS), Poverty in Palestine, Report on main results for the years 2009-2010, 2012.

¹⁰ 5 Hadeel Qazzaz, Palestinian Women and the feminization of Poverty, Al-Hewar Almutamaden, Number 170 – 24/6/2004 – 06:39, Women rights and equality.

¹¹ Birzeit University (2013) Building Connections: Towards Women Empowerment Strategies and Policies, A study prepared within the framework of the national Sector Strategy for Enhancing Gender Equality and Equity by the Ministry of Women Affairs.

¹² Palestinian Central Bureau of Statistics (PCBS), Poverty in Palestine, Report on main results for the years 2009-2010, 2012.

¹³ MIFTAH (2012), Analysis of services provided by the Ministry of Social Affairs from a gender perspective: Field study from the point of view of beneficiaries, Ramallah, Palestine.

¹⁴ PCBS, Women and Men in Palestine: Issues and Statistics, Ramallah, Palestine, 2012.

Food insecurity is more serious in households led by women than household headed by men. The households led by women reach 44% of the households which suffered of food insecurity in the Gaza Strip and 17% in the West Bank.¹⁵

Project Description

The object to be assessed is the project *Building up comprehensive protection GBV response services, including SRH, PSS and legal assistance and referral for the IDP population in Middle Area of the Gaza Strip*.

The overall objective of this project was the “protection of the rights of Palestinians under occupation in accordance with IHL and IHRL”.

The specific objective of the project was to “Protect and assist GBV survivors in the Gaza Strip through multisector specialized service provision.

The project included a number of components that were implemented/utilized towards the achievements of the above-mentioned goals. These components included:

- **Outreach activities:** home visits and awareness raising activities on topics of stress management, SRH issues, GBV issues, psychological debriefing, women rights (Inheritance, alimony, child custody, early marriage, drug’s effects and coping mechanisms)
- **Provision of multi-sectoral services:** specialized SHR services, legal counseling, PSS counseling and the referral pathway
- **Capacity building activities:** trainings on case management, self-care and SOPs
- **Coordination and representation** which were carried out to enhance networking and representation of UHWC in relevant platforms such as GBV sub working group under the protection cluster.

As per the log frame of the project and with more details, the project was structured based on the following special objective and results:

¹⁵ United Nations; Economic and Social Council (2013) *Status of Palestinian Women and support provided* Report submitted to the Women Committee.

SO1: Protect and assist GBV survivors in the Gaza Strip through multisector specialized service provision

Under this specific objective come the results of:

1. Established “One-stop center” in Al Khayria Health Community Center for the provision of structured and coordinated multi-sectorial GBV services.
2. Increased access to safe, Structured and coordinated multi-sectoral GBV services accessed: SRH specialized services focused on quality ante- and post-natal care and family planning services, family mediation and PSS assistance, and legal advice and referral
3. Improved safe, ethical, disaggregated and standardized data collection and evidence on GBV in the targeted communities

Under each of these results, a number of activities were designed and implemented. We can summarize them in the following points:

A1.R1: Organization of focus discussion groups with beneficiary population in the center

A2.R1: Equip one specific room GBV room for the provision of PSS services.

A3.R1: Equip one specific GBV room for debriefing and awareness sessions about the GBV risks in humanitarian crisis and specifically in IDPs settings, coping mechanism and ways to access to comprehensive GBV services.

A4.R1: Purchase of medicines sets, medical disposables and medical instrument for the specialized SRH and PSS services

A5.R1: Integration of Gaza GBV SOPs and Case Management Protocol as well as the Global Gender based Violence Information Management System (disaggregated by sex and age) within the GBV one-stop center.

A6.R1 Intensive sessions on stress management, psychological trauma and coping mechanisms for the health, psychosocial and GBV case managers within the one-stop center (Helping the Helpers)

A7.R1 Organization of accountability sessions with beneficiary population about the Project outcomes and achievements.

A1.R2: Provision of specialized and quality SHR services, as an entry-point for the GBV cases, PSS and legal aid in the one stop center.

A2.R2: Provision of specialized and quality SHR services, as an entry-point for the GBV cases, PSS and legal aid through home visit

A.3R.2: Supervision of quality of service and application of international standard on privacy, confidentiality and quality

A4.R2: Provision of debriefing and awareness sessions about the GBV risks in humanitarian crisis and specifically in IDPs settings, coping mechanism and ways to access to comprehensive GBV services.

A5.R2: Provision of transportation services for the targeted women, girls, men and boys GBV survivors to come to the one-stop center in Al Khayria Health Community Center.

A1.R3: Coordination and follow up meetings (advocacy actions) with humanitarian actor working on GBV, institutions and organizations specialized in referral.

A2.R3: Publication of in the form of case studies and fact sheets including safely and ethically compiled aggregated data to inform prevention and protection response and for joint coordinated advocacy messages.

4. DESCRIPTION OF THE OBJECT OF EVALUATION

Questions and Criteria of the Evaluation

Evaluation questions were developed to examine and assess the **evaluation criteria** of Relevance, Effectiveness, Efficiency, Feasibility, Impact and Sustainability. In addition, the following aspect has been analyzed: Ownership and institutional strengthening, gender in development, environmental sustainability, respect to cultural diversity and coordination and complementarity

Additionally, cross-cutting issues, such as poverty, gender and socio-economic context were taken into consideration and the intervention logic (e.g. Log frame) was analyzed.

A mixed methodology was used for data collection by quantitative and qualitative methods and triangulation of data was employed for validation.

Participants who took part in this evaluation were: the implementing partner (UHWC), the implementing CSO (Al-Khairia clinic and community center which is a facility of UHWC located in the middle area, and the beneficiaries of the project.

Data collection tools

1. Semi Structured interviews with a range of individuals within UHWC

The interview tool was designed to reflect and collect data on all of the evaluation questions. It provides insight from the level of the implementing organization on different managerial and operational levels as well.

An interview with UHWC project staff (coordinator and admin officer) was conducted. Between them all questions of the interview were answered from the different levels they reflect.

2. Desk review of project documentation to date.

Documents received from APS included:

- Evaluation ToR
- Log frame of the project
- Follow up report elaborated by Alianza
- Narrative final report of the project prepared by UHWC
- Final approved budget of the project
- Regulatory framework of the project
- Regulatory framework in Palestine
- Research and needs assessments used by Alianza
- Previous evaluation reports

3. Analysis and review of available M&E data (primary and secondary qualitative data): this mainly consists of log-frame and project report submitted by UHWC to APS at end of project.
4. Questionnaire with a number of women who received different services through the project: the same women who attended the FGDs
5. Focus Group Discussions with different target groups: with 66 women and 10 men who benefited from activities of awareness raising, outreach (home visits), psychosocial support, legal support, social mediation and the general health and reproductive health services of the center

Limitations of the evaluation:

The evaluation did not include a proper 'impact study'. In this evaluation, the impact of the APS work on the wider community has been analyzed by asking women direct beneficiaries their perception of the changes taking place in their household and in their community, and how this is a consequence of the project (a consequence of the new attitudes and behaviors that women acquired thanks to the project) or of other contextual factors (e.g. worsened socio-economic situation etc.). I believe that this is a legitimate method, as none better than women themselves have the perception of the various levels community's pressure on them. This is especially valid as the project's period was not extended enough to examine direct impact so soon after its conclusion.

There was also the limitation of collecting quantitative data from a representative number of women via the designed questionnaire. The project has finished and most women can't come physically to the center and the option of collecting the data by phone is out of question for protection of women's privacy and confidentiality of their information. An alternative course was taken by applying the questionnaire on the women who attended the FGDs to get a sense of quantitative proportions to support the findings of FGDs.

Another limitation presented itself in the form of time. At the time planned for the field work, there was a definite escalation in the emergency situation related to the Great March of Return as the 14th May was approaching. This was especially limiting as UHWC is mainly a health organization and all health organizations announced emergency status in anticipation to the

escalation of events at the march. This resulting in having to stop for a while after starting the field work and waiting to resume it after the situation was calmer.

Finally, as most of the project's staff were hired for a limited 8 months period and then let go at the end it was not easy to summon them to the FGD for evaluation as they have other work commitments elsewhere.

5. ANALYSIS OF INFORMATION AND RESULTS

Main findings:

1. Relevance:

Overall, the project responds to specific needs of women in Gaza, also thanks to the involvement of men in some of the program's activities. Even though priority needs emerging of the deteriorating socio-economic situation were not fully met, as their scale is not reasonably expected to be met by one action. However, when we assess relevance within the framework of the approved project, we'll find it does respond to the main needs of the targeted women in the area of intervention This is especially important as these needs and the overall socio-economic situation is one of the strongest root causes of GBV in Gaza Strip, and the humanitarian response plan (HRP) of 2018 points out that the multi-sectorial services model is one of the main priorities in the response to emergency which aligns perfectly with this project.

In FGDs, participating women stated that they were consulted in the needs assessment phase before the project started. They agreed that their needs were correctly identified and the project clearly designed to meet those needs. Exceptions were made to the economic needs as mentioned above.

"...if work opportunities were created for any member of our families, whether it be me, my husband or one of my sons, then a large burden will be lifted and many needs met" Woman beneficiary in FGD -Al-Khayria.

"There's no meaning in targeting women in GBV cases while they are hungry!" UHWC coordinator - Interview

The need of psychosocial support and counselling was expressed to be one important need met throughout the project. It helped women relief themselves as well as learn to come up with proper solutions to their problems including GBV related ones.

In the FGD with men beneficiaries and community members, they all agreed to the relevance of the project to their needs and the needs of women as well. Men needs differed in order of priority, meaning they acknowledged a greater need to “knowledge” and “awareness” more than to other services provided during the project like legal support for example.

As to relevance to overall women needs and current context, UHWC staff believe that the project was very relevant as the economic and political situation added burdens on women and therefore this project was designed to respond to women circumstances. On the management level, this was confirmed and a concrete evidence to it is that even though situation in Gaza worsened during the lifespan of the project, but no major modifications were needed as it was already relevant.

2. Effectiveness:

The project was effective on the knowledge and awareness levels. Increasing women, men and community’s awareness towards gender and GBV issues, improving women’s knowledge of their own rights, available services and how to access them and increasing the community’s sensitivity towards women’s rights were definite results of the project’s different activities.

We can say with confidence that the project produced meaningful results and achieved its objectives to a large extent. On the short term, the outputs and outcomes of the projects were realized and this serves in more of a medium-term change. Longer period of such interventions targeting the same area is what’s mainly needed to build upon this success towards more long-term impact.

Specifically speaking, the expected results under the special objective of the programme were achieved as explained below:

- 1). Established “One-stop center” in Al Khayria Health Community Center for the provision of structured and coordinated multi-sectoral GBV services → this was achieved by assembling a

team of different experiences and setting up the one-stop center where women received a package of services as per their needs, as well as awareness raising activities.

2). Increased access to safe, Structured and coordinated multi-sectoral GBV services accessed: SRH specialized services focused on quality ante- and post-natal care and family planning services, family mediation and PSS assistance, and legal advice and referral → women expressed their ability to access a safe place (Al-Khayria center) where they can find experienced and qualified team to respond to their needs while before starting this project they either had no such place to go or they had only the option to go to their family houses where sometimes they were not welcome or they couldn't find solutions to their problems specially if they are GBV related ones.

3). Improved safe, ethical, disaggregated and standardized data collection and evidence on GBV in the targeted communities → this also was confirmed to have been achieved as the project team was trained on how to collect the data and document GBV cases in a professional, safe way where privacy and protection of women was priority consideration

“The project opened new horizons of GBV understanding and addressing, at least in terms of improved knowledge” UHWC coordinator – Interview

During FGDs, women targeted in the project expressed that their knowledge and awareness regarding their rights and how to get them was substantially improved. However, when asked about subsequent changes in behaviors – whether it be their behavior or that of their family and community- they said much is left to be done.

“It takes time to see such changes. Women learn what they didn't know about their rights and even about how to access services and ways to get their rights, but many times they can't do what they learn. They fear social stigma, they are not strong enough to act, they fear the loss of their social network or the approval of their families” Al-Khayria social worker.

In the targeted area, discussing women's right and GBV is relatively new especially that it is the first time to implement such a project in the middle area, in addition to the shortage of service providers in the area. Women need to be further empowered and supported to be able to actually change their reality and this takes time.

Important factors contributed to achieve this effectiveness of the project such as: the long history and wide relations and outreach of Al-Khayria center in the targeted area, compiled experiences in similar work of UHWC that gave the project team guidance and the acute need of services provided by the project comprehensively.

A very critical component of the project was highlighted as a great supporting factor to the success of the delivery of project's activities is the capacity building for the project team. Also the diversity of areas of expertise and period of experience within the team created an opportunity for knowledge exchange and some sort of on-the-job coaching heightened also by applying the case management approach to dealing with cases during the project.

3. Efficiency and feasibility

Considering timelines and funding available the project delivery of activities and outputs/outcomes was satisfactory. Utilizing available resources of UHWC as well as Al-Khayria centre including long standing relations to other organizations and good reputation and trust of community, helped in achieving this result.

We can say that the strategies used to implement the project activities were efficient in assuring the adequacy of implementation, meaning that this implementation was done in a way careful of not doing harm and maximizing the positive results of activities. For example: taking in consideration lessons learnt from similar projects implemented by UHWC in other areas to improve this action like hiring a male social worker to ensure more willingness of men to seek his consultancy and benefit from the project. Other strategies included improving the outreach to women in need of GBV services such as using the home visits method to get to women and providing transportation fees to those who can come but can't afford it. Approaching the locally recognized and respected social structures such as community leaders "Mukhtars" helped introducing the project properly in the area where it is the first time to work on such interventions. Finally, taking care to have the medical clinic of Al-Khayria center as entry point for women seeking GBV services was very important to guarantee women's protection and getting over the social stigma that could threaten their safety when preventing them from going to a GBV services centre.

In terms of improved methodologies for needs assessments, databases and lessons learned, the project improved reporting on GBV and related statistics within UHWC, improved representation in GBV sub-working group under protection cluster as periodic reporting was provided in the sub-cluster and it advanced the work on GBV SOPs. New partnerships were forged as a result of cooperation during the project and maintained afterwards.

“ Work on this project helped us develop our own formats for GBV services (home visits/ consultations/ etc) and unify them in all UHWC centres. Also building on previous experience, our knowledge and experience developed through project” UHWC coordinator – interview

In terms of the project’s monitoring, evaluation and reporting collecting and preparing supporting documents and means of verifications requested for donor reporting had a good effect on UHWC and Al-Khayria centre work as it was a motivation to develop systems to ensure that the different services and activities were complimentary to each other.

Regarding the project’s management structure in delivering its activities in cooperation with local partners (NGOs/CBOs), the communication within the team was very high, initiatives were taken and high participatory decision-making process was used. It helped in reaching women in need in out of the way places and women with no or little means of access to available services.

UHWC has the resources and expertise needed to carry out this project successfully; strong team, long term employees, reputable and trusted by local community centre as well as competent and dedicated volunteers. Planning the project in terms of estimating time and resources needed for each phase of the project was evidently successful as well.

4. Impact

As mentioned before in the limitations, it is not possible to measure the impact of the project in such a short period of time. However, an expected impact on the long term of this project is to achieve higher level of protection for women victims of GBV and increased awareness of women, men and community at large of GBV issues.

For now, some indicators supporting this expectation are clear in increased numbers of women coming to seek the services and participate in activities in the last half of the project. Also,

cooperation of social leaders (Mukhtars) shows a definite change in the social perception to addressing women's issues including GBV in a different way than the traditional one. The capacity building of the project team is another indicator of expected impact on the long run as it supports the quality of services provided and equips them with awareness and knowledge to be more gender sensitive and more responsive to women needs in any kind of service or activity they may be involved in. the coordination and networking with other organizations and service providers within the protection cluster also highlighted the availability and way of accessing referral mechanisms and pathways which in turn will feed into fostering a way of working in addressing women needs and will subsequently result in greater impact.

"I went to Diwan of community leaders to explain the services and goals of this project and they were very accepting and they cooperated with us later on, they used to refer cases who needed more services than they can offer them" social worker of the project – FGD

What can be done in order to achieve wider and longer term impact is working on strengthening the systems and models of providing multi-sectorial services as it proved to be successful and applicable.

5. Sustainability

To some extent, the project achievements are likely to be **sustained after funding ends**. Some members of the project team are originally staff of Al-Khayria center; the manager of the center used to be social worker of the project, the medical staff (nurse and doctor) are still working in the center and the center is still able to provide safe space for women who seek services and consultations. Also, the capacity building of this team is one element greatly supporting the sustainability of the project. The organizational improvement through the project by developing procedures and templates in the center that will be used for future interventions is also a sustainability measure. On the community level, the relations between UHWC and other CBOs that was activated during the project will support the holistic approach to service provision for women which will preserve the model of work of the project for more sustainable effect.

In terms of measures taken towards sustainability, there is the communication and advocacy department of UHWC which is considered one of the most important components in supporting

and promoting women health and protection. Having this department supports sustainability as it is now in the structure of the organization and is subsequently included in the organization's plan, funding efforts and strategic goals. Therefore, the work on women health, rights and protection is imbedded in the organization's work and not only conditional on a project or availability of certain funding opportunity.

On the other hand, after the end of project some vital members of the project's team were not possible to keep due to shortage of funds. The absence of lawyer, psychologist and male social worker left its mark. Women still come and seek services, and women who were involved in the project need follow up. This is done sporadically and completely depending on individual initiative of the previous team members who maintained trust relations with some beneficiaries. There is a great need for continuous presence of such positions within Al-Khayria center especially that it is a highly accessible place for many women being a health center in the first place, thus providing stigma- free entry point of women in need of protection.

6. Ownership and institutional strengthening

A **participatory approach** was followed throughout different phases of the project, meaning that the implementing partners **informed and consulted** starting from needs assessment phase. During the project, the team was involved in exchanging ideas and providing feedback as well as initiating some activities. Members of project's team stated that they had the space to assess situations and cases they encountered and decide accordingly and take the initiative as to the best course of response. This came from a high sense of ownership of the project as it was very related to the reality and needs of people and not some foreign of imposed concept or way of working.

Moreover, the project has **impacted the organization's institutional capacities** in terms of improving working ways. For example, introducing and improving the case management model and holistic approach to work (providing different services and interventions for the GBV cases with multiple needs: awareness raising, psychosocial support, legal consultation, health care, etc. as well as referral) made the work done in the organization previously more comprehensive in addressing women needs and more in line with working ways adapted more widely by the cluster

system and by other key actors in the sector. The procedures, systems, forms and templates developed during the project also contributed to improving the institutional quality of work and the capacities of staff working on them.

“We used to know how to work on different components of the project before but separately. The case management model and holistic approach we learned during this project and it was a very useful experience” social worker – staff FGD

7. Gender in development

Naturally, gender was given a great deal of attention throughout this project.

The project addressed the basic needs of women as well as their strategic interests and priorities to an extent. It provided services responding to their needs of psychosocial support, legal consultation, social mediation and health care. This being addressed as immediate needs response, the project also worked on improving awareness of the women themselves, men and the community at large of women’s rights and other GBV issues. This serves as sensitization for the surrounding community to accommodate change in women state rather than resist and hinder it.

One manifestation of this is targeting men in certain activities to advance their awareness and support of women’s rights and GBV issues. However, this targeting of men could use lots of improvement. During the FGD with men, the evaluator noticed the clearly different levels of knowledge and involvement of different men, due to the varied periods of time of this involvement. This is a result of targeting bigger numbers of men for fewer activities, meaning different groups of men were involved in different activities rather than the same men continue to be targeted by more activities.

Another difference observed during the men FGD and the different FGDs with women and project’s staff is the difference in perceptions and behaviors of younger men and older ones. Younger men are more difficult to persuade of women’s rights to participate in public life or in decision making, and they show more resistance to allowing their wives or sisters to go out and seek services or even attend an awareness session on GBV. This was explained as due to different reasons. Older men have lived with their wives longer and thus formed a bond of trust that would allow her participation in life as a partner. Meanwhile, younger men are either still new in their

marriages so they are prone to jealousy and hotheadedness, or they have lost trust in NGOs and CBOs and organizations in general as they are suffering from current situations and don't believe that such projects and activities tackling "soft components" like gender and GBV can offer any help or improvement for their hardships.

On women's level, they faced some constrained due to their gender; mainly access issues. Certain measures were taken to overcome this and improve women accessibility such as providing transportation fees to overcome the economic barrier and employing an outreach approach through home visits to overcome difficulties due to restrictive social norms that wouldn't tolerate women going out to seek such services with no economic return.

On another level, stakeholders were clearly described by sex, age, and socio-economic group throughout project documents as this is UHWC's policy as well as donor's requirement. In addition, gender diversity was considered in forming the project's team by hiring a male social worker were usually social workers are female. This was done to respond to an expressed need during the needs assessment phase and it sure improved men seeking counselling and resulted in some behavioral and mindset changes of some men towards GBV issues.

8. Environmental sustainability

To begin with we need to emphasize that the linkages between GBV and environmental sustainability are still not very clearly captured or articulated in the literature of GBV even though it is there. Looking at root causes of GBV we find food insecurity, difficulty in accessing water and sources of energy which increases the domestic burden on women to address it as part of their caretaking traditional roles.

In this project, environmental sustainability has not been addressed with direct intervention, but it has been taken into consideration where possible and within the available resources.

From FGDs with women we observed that some seriously negative coping mechanisms were adopted and one of them is **child marriage as result to the economic hardship and food insecurity**. Providing **awareness raising** for women and men and community at large has proved to improve the knowledge and attitudes and even induce change of behaviors to some extent in addressing the root causes of GBV. Women have expressed more participation in decision making

and negotiation power within their households. This has indirect bearing on environmental sustainability as empowering women will help them seek and employ **healthier coping mechanisms** with shortage of food and energy resources (planting a small home garden or window sill garden, not using firewood for cooking in the house, recycling and reusing materials around the house) and subsequently reduce harmful effects on environment.

We can also assert that the activities of the project had **no such harmful effects on environment**. Examples of that are: reuse of paper and crayons in multiple awareness and consultation workshops activities rather than throwing away the used ones and using new, disseminating information using digital and social media communications (websites, sms, facebook, etc.) when possible rather than printing materials

9. Respect to cultural diversity

In a closed conservative community like the targeted area in this project, considering social norms is very important for the success of the project. This was achieved through maintaining confidentiality of the received cases by project teams as keeping privacy of women is a means of their protection. Following SOPs of dealing with different cases and situations was also an important measure.

For example: taking into consideration the diversity of gender within the project team, having a male and female social workers to encourage men to participate and seek their services (masculine pride could prevent a man in need of social/ psychosocial counselling from seeking it from a female social worker)

In terms of communication with community regarding the project's components and activities, a presentation of the project was introduced at the very beginning as orientation and kick off. Social specifics were observed in implementing the project's activities, such as appointing two members of the team for home visits including a male and a female to avoid gossip if one girl entered certain homes (bachelors' or men alone at home at the time of visit) and using visibility means like vests at all times.

Moreover, the local populations have been informed about and consulted on the project by inviting them to participate in FGDs conducted for needs assessment and at the end of the project in accountability sessions.

The content of the project was sensitive to the cultural, social, and religious characteristics as it came up from women themselves in the first place. Topics like family planning, psychosocial support, legal counseling (especially on inheritance matters), early marriage, etc. tackle actual priorities and matters of interest to the local community and no incident of objection from people occurred during the project.

10. Coordination and complementarity

Internal and external coordination and complementarity was evident throughout the project starting from adopting the case management approach in work and not ending in utilizing and using referral mechanisms and pathways.

The project team stated during their FGD that many efforts of coordination were done to ensure that women get as much as possible of the different services or different aspects of a service they need. Advertising the project through the clinic of Al-Khayria helped in informing women of available services. Partnerships were formed and utilized during the project to better serve women, partnership with Gaza Community Mental Health Program was based on previous work with UHWC and they received cases of women and men in need of more structured and specialized psychological or psychiatrist interventions. Other organizations which were involved in referrals for legal or psychologic follow up were mainly UNRWA Women Programs Center in Al-Buraij area and Women Health Center of Culture and Free Thought Association. On the level of coordination with local police, at the beginning of the project, the project team went to the Public Relations dept. of the Police station at Al Nusseirat and they inform them about the project and its services and the possibility of cooperation on issues of women, but during the implementation of the project there has not been referral of any case.

Another level of coordination involved representation in different coordination platforms such as the cluster system. Active participation in GBV sub- working group under the protection cluster

promoted relations with CBOs and CSOs which in turn improved reaching to grassroots in different places that aren't usually easy to reach.

The project was able to complement (increase the effect) of other interventions in a sense that it is a start intended to be built upon. An opportunity of a new project with APS to be implemented in the middle area as well will complement the project based on need of women. Finally, a higher level of coordination and complementarity is observed. The project is in line with Humanitarian Need Overview (HNOs) and strategic goals of protection cluster. It is also aligned with strategic objectives of health cluster as they include identification and referral of GBV.

In HNO of 2018, one of the main gender and protection concerns is “Higher incidence of intimate partner violence, sexual abuse and forced marriage in communities impacted by conflict, fragmentation and displacement (e.g. IDPs, refugee camps, Gaza, and East Jerusalem), with limited availability and access to multi-sectoral services (i.e. GBV case management, health, legal aid and psychosocial support).

It also stresses that across the oPt, the GBV Sub-Cluster has identified gaps in integrated GBV prevention and response services, lack of awareness-raising interventions and a fragmented GBV referral system. More specifically, there are major gaps in access to justice and legal aid, specialized mental health and psychosocial services (MHPSS), health, socio-economic empowerment and shelters for GBV survivors.¹⁶ More over, the three strategic goals of the Humanitarian Response Plan (HPR) 2018- 2020 are: 1). The rights of Palestinians living under occupation, including those living under the blockade and other restrictions, are protected, respected and promoted in accordance with International Humanitarian Law (IHL) and International Human Rights Law (IHRL), while duty-bearers are increasingly held to account. 2). The basic needs of vulnerable Palestinians living under occupation are met through the provision of quality basic services and improved access to resources, in accordance with the rights of protected persons under IHL. And 3). The capacity of vulnerable Palestinians to cope with and

¹⁶ Humanitarian Needs Overview 2018: https://www.ochaopt.org/sites/default/files/hno_20_12_2017_final.pdf

overcome protracted crisis, including from environmental threats, is supported, while solutions to violations and other root causes of threats and shocks are pursued.¹⁷

As per health cluster, the first strategic objective is “Access of vulnerable communities in the Gaza Strip and the West Bank to quality and affordable health services, referral of victims of violence to protection organizations and advocacy ensured”¹⁸

All of these strategic goals and identified priorities and needs are in line with needs identified by the project and integrated in the responses provided through its different interventions with the targeted population.

6. CONCLUSIONS

The following are a series of general conclusions of the evaluation, taken from the analysis of the information gathered in relation to the evaluation criteria:

- The Project has been relevant and has been in accordance with the needs of the target population

The Project has promoted processes of community and individual participation from design and formulation to implementation and monitoring through the realization of focus groups and informal interviews / conversations with the target population and the project staff (these methodologies and tools are within the framework of the project strategy). However, the Project does not foresee mechanisms to follow up on the complaints or suggestions of these participatory processes once it has been completed.

One of the pillars regarding the appropriation of the project by the target population has been the long history of work of the UHWC in the area, the experience of ApS with mechanisms of active participation in the implementation of similar projects and, the deep and successful work being carried out by the health center of Al-Khayria.

¹⁷https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2017_hrp_draft5_20_12_2017_v2.pdf

¹⁸<http://www.who.int/health-cluster/countries/occupied-palestinian-territory/opt-humanitarian-response-plan-2018-2020.pdf>

- The execution of activities has been driven by adequate and effective strategies, thus guaranteeing the achievement of the results and objectives foreseen in the project.
- Coordination and daily work with actors and key characters in the execution area has been key to the acceptance and support of the project community.
- The coordination mechanisms within the project have worked optimally, mainly due to the relationships already established by the UHWC and ApS in Gaza, both with international and local actors linked to the project's area of execution and its sector.
- The health center and health services in general are reaffirmed as points of entry for GBV cases. This is something that both the UHWC and ApS have been experiencing for years in the country.
- The Project has responded to the challenges of the context and those arising from the implementation process with flexibility and creativity. In this way, it can be affirmed that it has been adapted to the context in which it has been executed.
- Due to the timing of the present evaluation, it is not possible to measure the long-term impact of the project.
- Due to the strong capacity building component of the project staff, the sustainability of the project is guaranteed. Adding only that, due to lack of funds from the health center, some people in the project team may not be able to continue working in the center once the project has been completed.
- There has been a mainstreaming of the gender perspective throughout the project. For this, ApS has been the central core.
- the implementation of the project has had culturally adapted strategies to enter into work with the communities awareness-raising activities and promotion of changes in the mentality of people, taking into account cultural, religious, socioeconomic and political factors, thus guaranteeing the impact on GBV problems. In addition, the UHWC has: an extensive community social base, recognition in each intervention municipality and its staff comes from the same intervention zones (so there are no cultural differences between the staff that implements the

project and the target population).

- The project has carried out minimum standards to reduce the impact of the project on the environment (reduction of paper use, activities have been carried out in already built spaces, none of the project activities have been carried out in protected areas, among other measures). However, it has not been possible to document that all the measures mentioned in the formulation have been carried out.

7. RECOMMENDATIONS

Then, a series of recommendations are presented indicating to those who are directed:

1) AACID

- Increase of the budget, for the consequent increase in the execution period of GBV multisectorial services provided to survivors and people at risk of GBV. Due to the multisectorial approach of the services provided, some of them, such as psychological support and legal services, require a prolonged follow-up. Regarding legal services, mainly because the procedures and times have to be taken into account within the national judicial system, and that the judicial court makes an annual stoppage from mid-July to the beginning of September. In addition, in order to carry out a correct follow-up of GBV cases, it is necessary to have more time to be able to carry out a structured quality system for monitoring GBV cases

1) UHWC and ApS

- Awareness sessions:
 - Carry out some awareness sessions with women and men together.
 - Expand the scope and spaces of awareness-raising activities so as not to limit themselves to workshops, but have a comprehensive awareness program that mainstream all activities.
- Materials produced by the project. There is a marked need to produce more materials (dissemination of the project and awareness) to help disseminate the project among the Gazans and potential partner organizations.

- Transportation of the health centre. Rent or buy a small bus for the health centre. Allocate funds to provide a transportation service to the health centre (long-term rental of a minibus or car) that can transport women from remote areas and difficult access to the centre. Providing money for transportation is not entirely useful if the person receiving the money lives in a place where there are no means of transportation available for their use.
- Activity related to home visits. In the home visits, to provide the woman with an economic incentive to help her pay for the rent of spaces. Therefore the women can carry out awareness workshops in their communities.
- Financial support for access to medicines and medical tests. For the formulation of a future project in the health center, it is recommended to increase the budget regarding support in the provision of free or reduced-cost tests and medicines to women who cannot afford them
- Letters of recommendation to the project staff. That ApS provides recommendation letters to the team that worked on the project in order to increase their motivation. Also this letters could be documents to attach to their CV
- Collaboration with CBOs. Enable spaces within collaborating CBOs of the project so that the project team can occasionally work from there if necessary.
- Expand the scope of legal work. Hire lawyers who can work in Ni-zami and Sharia. Nizami's lawyer is licensed to work in a wider range of cases, while a Sharia lawyer is limited to addressing family law in the Islamic court.
- Include the economic empowerment component. For future interventions include economic empowerment component of women survivors or at risk of GBV. It should be noted that during the drafting period of this evaluation, ApS has already taken this recommendation into account, including economic empowerment as one of the central axes to work with survivors of GBV in the project that AACID has recently approved.

ANNEX 1 – ANALYSIS WITH REGARDS TO LOGFRAME MATRIX

LOGICAL FRAMEWORK MATRIX						
OVERALL OBJECTIVE		Protection of the rights of Palestinians under occupation in accordance with IHL and IHRL				
Objectives and results	Indicators	Value and Sources of Verification			Evaluation Remarks	
		Initial Value	Expected Value	Sources of Verification	Achieved Value of indicator ¹⁹	Remarks
SPECIFIC OBJECTIVE Protect and assist GBV	I1.OE: At the end of the project, at least 4400 people have accessed to quality, confidential, safe and continued	0	4400	Activity report of the one stop center in Al Kharyia during implementation period Photographic Dossier.	6989 (158)	This exceeds the planned result. It was evident during FGDs with beneficiaries the continued great need for services provided through the project as it is almost the only place they can get them. Also the

¹⁹ Data source: desk review of final report submitted by UHWC to APS

survivors in the Gaza Strip through multisector specialized service provision	services of prevention and response to Gender based violence in the Middle Area of the Gaza Strip.			Template for Registration of services in the one stop center		factor of trust and maintained relationship with the project team participated in achieving this result.
	I2.OE: At the end of the project, GBV Cases Report of the intervention is presented and socialized in the humanitarian coordination SGBV subgroups in the oPt.	0	1	GBV Cases Report. Minutes of the presentation of the GBV Cases Report List of participants	1 (100%)	Part of the active membership of GVB sub-cluster was to present such cases. This advanced the exchange and sharing of information and expertise.
	I3.OE: At the end of the project, privacy, confidentiality, quality and standards have been improved.	0%	90%	Supervision report UHWC APS Activity Visits Reports Checklist of standards	100%	From beneficiaries' point of view, privacy, confidentiality as well as quality services were maintained throughout the project. They all expressed their trust and their

						<p>wish of similar projects and activities to continue</p> <p>Reviewing the “quality checklist” as a SoV, it is clear that all Al-Khayria staff were satisfied with the facility’s readiness for the implementation of the project, conditions of work and equipment of the facility. Also, all the staff indicated that the facility is located in good place close to population and easy to access. It was also indicated that the capacity building received by project’s staff was highly appreciated, if a little short. Finally, ways of working including regular team meetings, collective plans and coordination to manage the cases properly was pointed out as a positive element.</p>
Result R1	I1.R1: At the end of the project, a specific, safe and confidential unit	0	1	Photographic Dossier.	1 (100%)	Directly asked whether they can say they have a safe and confidential place to go when in need, women said they consider

<p>Established “One-stop center” in Al Khayria Health Community Center for the provision of structured and coordinated</p>	<p>for the treatment of GBV cases have been established in the community health center of Al Khayria.</p>			<p>Transfer of purchased equipments to UHWC</p> <p>Inventory of installed equipment in the clinic</p>		<p>Al-Khayria center almost the only place besides their family homes and in some cases even an alternative for their family homes. They feel safe and confident that they will find solutions, sympathy and probably protection in the center.</p> <p>As pointed out before, Al-Khayria was well equipped to answer to the needs of the work operation and to providing the needed services to people</p>
<p>multi-sectoral GBV services.</p>	<p>I2.R1: 90% of UHWC trained staff identifies substantial improvement in their capacities to self-care and management of GBV cases.</p>	<p>0</p>	<p>90%</p>	<p>Staff training materials.</p> <p>Lists of participants in the trainings.</p> <p>Pre and post test of trainings</p> <p>Final evaluation report of the training</p>	<p>100%</p>	<p>During FGD with project team, they all said that their knowledge, capacity and ability to deal with GBV cases efficiently improved a lot as a direct result of capacity building they received in the project.</p>

	I3.R1: At the end of the project, an standardized GBV IMS implemented within the one-stop center	0	1	Statistical reports of GBV Templates and samples of the compilation of information tools	1 (100%)	During interviews with UHWC coordinator and admin officer, they confirmed their improved ability to provide statistics and present cases of GBV in GBV sub-cluster as a result of developing and using a standardized GBV IMS
Result R2 Increased access to safe, Structured and coordinated multi-sectoral GBV services accessed: SRH specialized services focused on quality ante-	I1.R2: At the end of the project, at least 3500 women have accessed to specialized SHR services	0	3500	Case management and Activity Report of the Clinic (activities implemented, number of GBV cases attended, number of referrals, follow up).	4947 (141%)	Again and as mentioned above, this is an indicator to the great need of women for these services and also to the dedication and commitment of project's team to serve women even if it did wear them and the available resources thin.
	I1.R2: At the end of the project, at least 85% of women using the clinic are satisfied with GBV services offered.	0	85%	Result of Patient Satisfaction Survey (simple of patients) Model of Satisfaction Survey Questionnaire	85%	When asked about their satisfaction on GBV services offered during FGD, all women confirmed they were satisfied. A problem was expressed here that women have the improved knowledge, awareness and accessibility to such services but still not all women do use them for fear of

<p>and post-natal care and family planning services, family mediation and PSS assistance, and legal advice and referral</p>						<p>social stigma of losing their social protection and support network. This is not because of a problem in the project but it rather highlights that the community still needs work on shifting its attitudes and improving acceptance of GBV services. It is worth adding here that a satisfactory survey was conducted with beneficiaries by UHWC and the results showed a percent of 99% of satisfaction varying between very satisfied (45%), satisfied (40%) and 14% OK which shows a very high level of satisfaction among the beneficiaries of the project's different activities</p>
	<p>I3.R2: At the end of the project, at least 800 women have received PSS services.</p>	<p>0</p>	<p>800</p>	<p>Case management and Activity Report of the Clinic (activities implemented, number of GBV</p>	<p>909 (114%)</p>	<p>All women expressed their great need for psychosocial support on continuous bases. They stated that this support helped them relief themselves of stresses and burdens, find solutions for their domestic (and</p>

				cases attended, number of referrals, follow up)		sometimes GBV related) problems and even to provide advice and support for their fellow women who can't access this service directly.
	I4.R2: At the end of the project, at least 300 women GBV survivors have accessed to specialized legal aid and referral.	0	300	Case management and Activity Report of the Clinic (activities implemented, number of GBV cases attended, number of referrals, follow up)	420 (140%)	Very high interest was expressed in the legal services related to inheritance and marriage disputes in particular as these seem to be very widespread and a cause of many cases of GBV. But again, women seek advice and consultation but still don't prefer to go to legal entities (formal lawyer/ police/ court) for social and family constraints. One issue was raised by women as to the limited period of project in which the legal services were provided as usually such cases take long time to sort out. As a result and at the end of the project many cases

						were left unfinished and without follow up.
	<p>I5.R2: At the end of the project, at least 20 GBV identified cases have received attention through home visits (identification, attention and continued monitoring).</p>	0	20	<p>Home visit minutes/reporting. Photographic Dossier.</p>	57 (285%)	<p>The need for home visits was very high for several reasons as expressed by project's team during their FGD: women refraining from seeking services as the center for fear of social stigma or lack of transportation means or fear of alerting their husbands that she is complaining against him. Some cases presented by the team involved women coming to the center seemingly for medical care, complaining about GBV but demanding discreet intervention. The home visits in these cases come as introduction and forming a connection with the perpetrator to have an entry point for further intervention whether it be inviting him for awareness sessions, psychosocial support or counselling with the male social worker.</p>

	<p>I6.R2: At the end of the project, at least 900 people participated in the debriefing and awareness rising sessions about the GBV risks in humanitarian crisis and specifically in IDPs settings, coping mechanism and ways to access to comprehensive GBV services</p>	0	900	<p>Lists of participants in the awareness and information sessions.</p> <p>Photographic Dossier.</p>	1076 (120%)	<p>This is a great number in terms of reaching people wide and far. However, the evaluator believe from observations and people’s answers during FGDs that it has a negative aspect. Targeting people with awareness activities for only once or twice to achieve the targeted number affects the efficiency of the activities in changing people’s mindsets and behaviors towards such sensitive topics that normally takes long to happen. However, these awareness sessions presented a very important entry point for the GBV services.</p> <p>Also the deteriorated economic situation makes people attend some awareness activities because they believe they will benefit from other component of the project (material of financial help).</p>
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	I7.R2: At the end of the project, at least 600 women, 100 men, 100 boys and 100 girls have received free transportation services to the clinic/center.	0	1000	List of users of the transportation support services (with their signatures)	1208 (120%)	This is consistent with the exceeding numbers of people seeking and benefiting of services of the project
Result R3 Improved safe, ethical, disaggregated and standardized data collection and evidence on GBV in the	I1.R3: At the end of the project, 2 specific advocacy actions with the Protection Cluster and the SGBV subworking group have been organized.	0	2	Minutes of the meetings Reports of advocacy actions.	2 (100%)	APS has participated and given presentations in several meetings at the GBV sub-cluster and Protection cluster level that led to the prioritization of GBV as humanitarian priority. This is a very important contribution in terms of advocacy, as it ensures the response for the protection of GBV survivors and prevention is reflected in the Humanitarian response in Palestine, allowing many more donors contributing and more funds to be allocated. Moreover, APS has been part of the vetting

targeted communities						panel to select the Humanitarian Projects funded by OCHA in the HRP.
	I1.R3: At the end of the project, at least 6 coordination and follow up meetings on GBV as humanitarian priority within Protection Cluster and GBV subworking group have taken place and Alianza and UHWC have participated for alignment and structural improvement of referral services.	0	6	Minutes of the meetings Reports of advocacy actions.	14 (233%) In Gaza and West Bank	The minimum of this indicator was obviously achieved and exceeded.
	I3.R3: At the end of the project, at least 2 GBV fact sheets related to	0	2	Fact sheets		

	the intervention have been produced and disseminated.			List of participants/registration of assistance to Socialization meetings Photo Dossier.		
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ANNEX 2 – INCEPTION REPORT

Background:

About the project

The overall objective of this project was the “protection of the rights of Palestinians under occupation in accordance with IHL and IHRL”.

The specific objective of the project was to “Protect and assist GBV survivors in the Gaza Strip through multisector specialized service provision

The project included a number of components that were implemented/utilized towards the achievements of the above-mentioned goals. These components included:

- **Outreach activities:** home visits and awareness raising activities on topics of stress management, SRH issues, GBV issues, psychological debriefing, women rights (Inheritance, alimony, child custody, early marriage, drug's effects and coping mechanisms)
- **Provision of multi-sectoral services:** specialized SHR services, legal counseling, PSS counseling and the referral pathway
- **Capacity building activities:** trainings on case management, self-care and SOPs
- **Coordination and representation** which were carried out to enhance networking and representation of UHWC in relevant platforms such as GBV sub working group under the protection cluster.

As per the log frame of the project and with more details, the project was structured based on the following special objective and results:

SO1: Protect and assist GBV survivors in the Gaza Strip through multisector specialized service provision

Under this specific objective come the results of:

8. Established “One-stop center” in Al Khayria Health Community Center for the provision of structured and coordinated multi-sectoral GBV services.’
9. Increased access to safe, Structured and coordinated multi-sectoral GBV services accessed: SRH specialized services focused on quality ante- and post-natal care and family planning services, family mediation and PSS assistance, and legal advice and referral
10. Improved safe, ethical, disaggregated and standardized data collection and evidence on GBV in the targeted communities

Under each of these results, a number of activities were designed and implemented. We can summarize them in the following points:

A1.R1: Organization of focus discussion groups with beneficiary population in the center

A2.R1: Equip one specific room GBV room for the provision of PSS services.

A3.R1: Equip one specific GBV room for debriefing and awareness sessions about the GBV risks in humanitarian crisis and specifically in IDPs settings, coping mechanism and ways to access to comprehensive GBV services.

A4.R1: Purchase of medicines sets, medical disposables and medical instrument for the specialized SRH and PSS services

A5.R1: Integration of Gaza GBV SOPs and Case Management Protocol as well as the Global Gender based Violence Information Management System (disaggregated by sex and age) within the GBV one-stop center.

A6.R1 Intensive sessions on stress management, psychological trauma and coping mechanisms for the health, psychosocial and GBV case managers within the one-stop center (Helping the Helpers)

A7.R1 Organization of accountability sessions with beneficiary population about the Project outcomes and achievements.

A1.R2: Provision of specialized and quality SHR services, as an entry-point for the GBV cases, PSS and legal aid in the one stop center.

A2.R2: Provision of specialized and quality SHR services, as an entry-point for the GBV cases, PSS and legal aid through home visit

A.3R.2: Supervision of quality of service and application of international standard son privacy, confidentiality and quality

A4.R2: Provision of debriefing and awareness sessions about the GBV risks in humanitarian crisis and specifically in IDPs settings, coping mechanism and ways to access to comprehensive GBV services.

A5.R2: Provision of transportation services for the targeted women, girls, men and boys GBV survivors to come to the one-stop center in Al Khayria Health Community Center.

A1.R3: Coordination and follow up meetings (advocacy actions) with humanitarian actor working on GBV, institutions and organizations specialized in referral.

A2.R3: Publication of in the form of case studies and fact sheets including safely and ethically compiled aggregated data to inform prevention and protection response and for joint coordinated advocacy messages.

About the evaluation

The purpose of this evaluation, as defined in the ToR, is to assess the fulfillment of the quality criteria established by PACODE (donor's development policy). The assess must serve as learning tool to know the functioning, results and impacts of the intervention in such a way it allows to guide future interventions. The learning is an essential component of this process to allow the improvement of the processes. In summary, the evaluation must allow learning and accountability to all relevant actors in the intervention, both local and international partners.

It is worth pointing out that the evaluation will examine the progress and achievement of each of the indicators of activities and results as designed and set out in the log frame of the project.

Methodology:

Evaluation questions will be developed to examine and assess the **evaluation criteria** of Relevance, Effectiveness, Efficiency and feasibility, Impact, Sustainability, ownership and institutional strengthening, gender in development, environmental sustainability, respect to cultural diversity and coordination and complementarity

Additionally, cross-cutting issues, such as poverty, gender and socio-economic context will be taken into consideration and the intervention logic (e.g. Log frame) will be analyzed.

A mixed methodology will be used for data collection by quantitative and qualitative methods and triangulation of data will be employed for validation.

Participants who are expected to take part in this evaluation are: the implementing partner (UHCW), the implementing CSO (Al-Khairia Association) and the beneficiaries of the project.

The evaluation questions will be distributed as follows:

Criteria	Questions	Participants	Method of data collection
Relevance	Have the needs been correctly identified? Are they followed up on?	Beneficiaries	FGDs/ Questionnaire
	Has the origin of needs been analyzed? If so, how?		FGD/ interview

	Does the project meet clearly defined needs? If so, which ones?	ALIANZA/ UHWC staff	
<u>Effectiveness</u>	Have the results and objectives of the Project been met? To what extent?	Beneficiaries	FGDs/ Questionnaire
	To what extent the implementation process has contributed to the achievement of the objectives and the results of the Project?	ALIANZA/ UHWC staff	FGDs/ Questionnaire
	Has the project had unexpected positive AND/OR negative effects? If so, what are they? Has it been possible to mitigate the negative effects? Is so, how?		
<u>Efficiency and feasibility</u>	Did the actor have the resources and expertise needed to carry out this project successfully?	Beneficiaries	FGDs/ Questionnaire
	Were the required and obtainable resources correctly estimated?	ALIANZA/ UHWC staff	FGDs/ Questionnaire
	Did the expertise of the people and teams involved turn out to be adequate? Were additional trainings necessary?		
	Were the time allocations for the different phases appropriate?		
<u>Impact/ sustainability</u>	How has the project had a positive effect above and beyond the intervention?	Beneficiaries	FGDs
	Has the end goal (of the project) been achieved?	ALIANZA/ UHWC staff	FGD/ Interview
	Does the project reinforce the resilience of the various population groups? How? Were the main target groups able to fully participate in the project (plan, implement, evaluate)?	Community members	FGDs
<u>Ownership and institutional strengthening</u>	Were the implementing partners informed and consulted throughout the project phases?	UHWC staff	FGD / questionnaire/ interview
	Did the implementing partner initiate actions and share the decisions they take with other stakeholders as equal partners?		
	Did this project and its ways of working impact the organization's institutional capacities? In what way? Please give examples		
<u>Gender in development</u>	Are stakeholders clearly described by sex, age, race, ethnicity and socio-economic group throughout project documents?	ALIANZA/ UHWC Staff	Questionnaire/ interview
	To what extent did the project promote the equitable participation of female and male stakeholders in decision-making?	Beneficiaries	FGDs
	Did women and girls face any particular constraints or obstacles in their participation? If so, how successful was the project in addressing these constraints?		
	Were efforts made to ensure equal representation by men and women at all levels of project management and technical assistance delivery?		
<u>Environmental sustainability</u>	How did the project participate in changing/shifting social norms or attitudes towards GBV and women rights in the targeted community? Please provide examples	Community members/	FGDs/ interview

	Are the social elements to retain this change or further it available in the target community? Did the project participate in creating or advancing them? Please provide examples	beneficiaries/ UHWC staff	
<u>Respect to cultural diversity</u>	Does the project respect the local populations?	Community members/ beneficiaries/ UHWC staff	FGDs/ interview
	Have the teams been informed of and made aware of appropriate means of communication and of respectful behavior? Is the team aware on how to react if a problem with the local population occurs?		
	Have the local populations been informed about, consulted on, and involved in the project?		
	Do the objectives and the services provided by the project address the priorities and needs of the beneficiaries as rights holders? Is the community involved in the needs assessment?		
	Is the content sensitive to the cultural, social, and religious characteristics?		
<u>Coordination and complementarity</u>	To what extent has the project been coordinated with other CSOs, UN humanitarian bodies (clusters), and for development partners, coordination with, donors, and national policies and strategies in oPt (Gaza)? Please give examples	ALIANZA/ UHWC staff	Interview/ FGD
	To what extent has the project been able to complement (increase the effect) of other interventions (funded by ALIANZA or other donors) or even by other CSOs?		
	To what extent are activities fitting in the UN Cluster system, relevant NGOs and Networks and other CSOs?		

Evaluation Questions:

RELEVANCE

- Have the needs been correctly identified? Are they followed up on?
- Has the origin of needs been analyzed? If so, how?
- Does the project meet clearly defined needs? If so, which ones?

EFFECTIVENESS

- Have the results and objectives of the Project been met? To what extent?
- To what extent the implementation process has contributed to the achievement of the objectives and the results of the Project?
- Has the project had unexpected positive AND/OR negative effects? If so, what are they? Has it been possible to mitigate the negative effects? Is so, how?

EFFICIENCY and feasibility

- Did the actor have the resources and expertise needed to carry out this project successfully?
- Were the required and obtainable resources correctly estimated?
- Did the expertise of the people and teams involved turn out to be adequate? Were additional trainings necessary?
- Were the time allocations for the different phases appropriate?

IMPACT/ SUSTAINABILITY

- How has the project had a positive effect above and beyond the intervention?
- Has the end goal (of the project) been achieved?
- Does the project reinforce the resilience of the various population groups? How ? Were the main target groups able to fully participate in the project (plan, implement, evaluate)?
- Were there any negative or ill-considered effects?

Ownership and institutional strengthening

- Were the implementing partners informed and consulted throughout the project phases?
- Did the implementing partner initiate actions and share the decisions they take with other stakeholders as equal partners?
- Did this project and its ways of working impact the organization's institutional capacities? In what way? Please give examples

Gender in development

- Are stakeholders clearly described by sex, age, race, ethnicity and socio-economic group throughout project documents?
- To what extent did the project promote the equitable participation of female and male stakeholders in decision-making?
- Did women and girls face any particular constraints or obstacles in their participation? If so, how successful was the project in addressing these constraints?
- Were efforts made to ensure equal representation by men and women at all levels of project management and technical assistance delivery?

Environmental sustainability

- How did the project participate in changing/ shifting social norms or attitudes towards GBV and women rights in the targeted community? Please provide examples
- Are the social elements to retain this change or further it available in the target community? Did the project participate in creating or advancing them? Please provide examples

Respect to cultural diversity

- Does the project respect the local populations?
- Have the teams been informed of and made aware of appropriate means of communication and of respectful behavior? Is the team aware on how to react if a problem with the local population occurs?
- Have the local populations been informed about, consulted on, and involved in the project?
- Do the objectives and the services provided by the project address the priorities and needs of the beneficiaries as rights holders? Is the community involved in the needs assessment?
- Is the content sensitive to the cultural, social, and religious characteristics?

Coordination and complementarity

- To what extent has the project been coordinated with other CSOs, UN humanitarian bodies (clusters) and for development partners, coordination with, donors, and national policies and strategies in oPt (Gaza)? Please give examples
- To what extent has the project been able to complement (increase the effect) of other interventions (funded by ALIANZA or other donors) or even by other CSOs?
- To what extent are activities fitting in the UN Cluster system, relevant NGOs and Networks and other CSOs?

Tools:

6. Semi Structured interviews with a range of individuals within ALIANZA and UHWC

The interview tool was designed to reflect and collect data on all of the evaluation questions. It will provide insight from two different levels; the donor's and the implementing organization's, and possibly different managerial and/ or operational levels within those as well.

A semi structured interview is a qualitative tool. It is a meeting in which no formal list of questions is strictly followed. Rather, it consists of more open-ended questions, allowing for a discussion with the interviewee rather than a straightforward question and answer format.

The questionnaire designed for this evaluation uses the **evaluation questions** as guidelines. However, not all the questions will be asked to all interviewees, and in case some new questions come up during the interview they will be addressed and recorded. Of course, the evaluation questions outlined in the tool will be broken down to simpler questions to help the respondents to give their answers without being leading or suggestive.

Potential interviewees shall include:

ALIANZA:

ALIANZA representative in Gaza

UHWC:

Project coordinator/ officer

Admin staff of the project

Implementing partner (Al-Khayria):

Project coordinator

Field staff of the project

Admin staff of the project

Staff who worked directly with women

Table of interviewees (I need help to complete this, and please do add to this list if I missed someone key):

Interviewee	Name	Title	Contact information
ALIANZA representative in Gaza			
UHWC Project coordinator/ officer			
UHEC Admin staff of the project			
Project coordinator (Al-Khayria)			
Field staff of the project (Al-Khayria)			
Admin staff of the project (Al-Khayria)			
Staff who worked directly with women (Al-Khayria)			

7. Desk review of project documentation to date.

Documents received from ALIANZA

8. Analysis and review of available M&E data (primary and secondary qualitative data)

9. Questionnaire with representative sample of women received different services through the project.

10. Focus Group Discussions with different target groups.

Action plan:

Task	Time frame
Desk review and inception report preparation	04 May 2018
Data collection tools design	04 May 2018

Field work (Data collection)	06 – 10 May 2018
Data analysis and initial findings presentation preparation	10 – 12 May 2018
Validation workshop with ALIANZA and UHWC	14 May 2018
Final report	20 May 2018

ANNEX 3 – TOOLS FOR INFORMATION GATHERING

Annex 3.1.

Focus Group Discussion with beneficiaries

Location: Number of attendants: Beneficiaries of _____ _____	
Opening questions: Background: Age: Education level: How long have you benefited from the project/ service/s?	

Q1. What are the main changes you experienced because of the project? Describe how you were before and after the project. Please explain and give examples

Q2. What were the obstacles to change? Did you overcome them? How? Please explain and give examples

Q3. What changes you would suggest for the project? Why? Please explain and give examples

Annex 3.2.

Questionnaire with UHWC staff

<p>Location:</p> <p>Number of attendants:</p> <p>Beneficiaries of _____</p> <p>_____</p>	
<p>Opening questions:</p> <p>Title:</p> <p>Role in project:</p> <p>Direct/ indirect contact with beneficiaries:</p>	

Theme/ Specific Objective: Protect and assist GBV survivors in the Gaza Strip through multisector specialized service provision					
Key issues	Indicators of achievement	Score			Remarks/ comments/ stories
		Agree = 1	Disagree = 2	No answer = 3	
Established “One-stop center” in Al Khayria Health Community Center for the provision of structured and coordinated multi-sectoral GBV services	I have benefited from capacity building activities during the project				
	Before the project I did not have a lot of knowledge about self-care and GBV case management				
	Now I have a very good knowledge about self-care and GBV case management				
	Before the project I was not able to provide services for GBV victims/ survivors				

	Now I feel I am capable of providing services for GBV victims/ survivors				
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Annex 3.3.

FGD questions for UWHC staff

Q1. What kind of activities / components of were you involved in during the project? Were you specifically hired for this position? How long have you been working within the CBO?

Q2. Did you receive any kind of training/ capacity building before/ during the project? On what topics? How did it help you in the implementation of project activities?

Q3. Were you involved in advocacy related activities? Please explain and give examples

Q4. What coordination activities were implemented as part of the project? With what platforms? What were the challenges and how were they overcome?

Q5. What could have been done better in the project? Lessons learnt and recommendations for the future?

Annex 3.4.

Questionnaire with UHWC staff

<p>Location:</p> <p>Number of attendants:</p> <p>Beneficiaries of _____ _____</p>	
<p>Opening questions: Title: Role in project: Direct/ indirect contact with beneficiaries:</p>	

Theme/ Specific Objective: Protect and assist GBV survivors in the Gaza Strip through multisector specialized service provision					
Key issues	Indicators of achievement	Score			Remarks/ comments/ stories
		Agree = 1	Disagree = 2	No answer = 3	
Established “One-stop center” in Al Khayria Health Community Center for the provision of structured and coordinated multi-sectoral GBV services	I have benefited from capacity building activities during the project				
	Before the project I did not have a lot of knowledge about self-care and GBV case management				
	Now I have a very good knowledge about self-care and GBV case management				
	Before the project I was not able to provide services for GBV victims/ survivors				

	Now I feel I am capable of providing services for GBV victims/ survivors				
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Annex 3.5.

FGD questions for UWHC staff

- Q1. What kind of activities / components of were you involved in during the project? Were you specifically hired for this position? How long have you been working within the CBO?
- Q2. Did you receive any kind of training/ capacity building before/ during the project? On what topics? How did it help you in the implementation of project activities?
- Q3. Were you involved in advocacy related activities? Please explain and give examples
- Q4. What coordination activities were implemented as part of the project? With what platforms? What were the challenges and how were they overcome?
- Q5. What could have been done better in the project? Lessons learnt and recommendations for the future?

Annex 3.6.

TOOL 1 - INTERVIEWS WITH UWHC STAFF

Opening question:

- Can you please introduce yourself (Name/ title/ role in the project)?

What is your view on/ explain/make examples:

Relevance/ fulfilment of objectives

- How relevant is the project²⁰ in the context of Gaza?
- Were **adjustments made** to the project in order to respond to external factors such as economic crisis, conflict etc. which may influence gender relationships?
- To what extent have **gender specific needs of women and men** been addressed through the project?

Efficiency/ Technical Capacity

- How efficiently (considering timelines and funding) have the project **delivered activities and outputs/outcomes**?
- To what extent have the project achieved efficiency gains in terms of **improved methodologies** for needs assessments, databases and lessons learned?
- How effective has the project's **monitoring, evaluation and reporting** been to date and how, if at all, have these activities contributed to assessments and readjustments of the project management and implementation?
- Which **new designs and approaches** could the project implement that would significantly increase the impact with and/or without additional costs?
- How efficient is the project's **management structure** in delivering a programme in cooperation with local partners (NGOs/CBOs)?
- Did UHWC have the **resources and expertise** needed to carry out this project successfully?
- Were the required and obtainable resources **correctly estimated**?
- Did the expertise of the people and teams involved turn out to be **adequate**? Were additional trainings necessary?
- Were the **time allocations** for the different phases appropriate?

Effectiveness

- How effective has the Project been in the delivery of the project? What **concrete results** have been achieved?

²⁰ Building up comprehensive protection GBV response services, including SRH, PSS and legal assistance and referral for the IDP population in Middle Area of the Gaza Strip

- What were the major **factors contributing to achievement or non-achievement** of results?
- Has the project meaningfully contributed to building the **capacity in CBOs** to ensure more inclusive and equitable services for women and men?
- Has the project effectively contributed to the creation of **favourable conditions for gender equality**?

Impact/ Sustainability

- What is the expected **impact of the project in the long-term**?
- How has the **gender perspective changed** amongst the participants as a result of the project? What **changes in behaviour** can be observed among women and men?
- Are project achievements likely to be **sustained after funding ends**? What measures have been taken to **ensure sustainability**?
- What opportunities exist for delivering the project components **through basic UHWC services**?

Ownership and institutional strengthening

- Were the implementing partners informed and consulted throughout the project phases?
- Did the implementing partner initiate actions and share the decisions they take with other stakeholders as equal partners?
- Did this project and its ways of working impact the organization's institutional capacities? In what way? Please give examples

Gender in development

- Are stakeholders clearly described by sex, age, race, ethnicity and socio-economic group throughout project documents?
- To what extent did the project promote the equitable participation of female and male stakeholders in decision-making?
- Did women and girls face any particular constraints or obstacles in their participation? If so, how successful was the project in addressing these constraints?
- Were efforts made to ensure equal representation by men and women at all levels of project management and technical assistance delivery?

Environmental sustainability

- How did the project participate in changing/ shifting social norms or attitudes towards GBV and women rights in the targeted community? Please provide examples
- Are the social elements to retain this change or further it available in the target community? Did the project participate in creating or advancing them? Please provide examples

Respect to cultural diversity

- Does the project respect the local populations?
- Have the teams been informed of and made aware of appropriate means of communication and of respectful behavior? Is the team aware on how to react if a problem with the local population occurs?
- Have the local populations been informed about, consulted on, and involved in the project?
- Do the objectives and the services provided by the project address the priorities and needs of the beneficiaries as rights holders? Is the community involved in the needs assessment?
- Is the content sensitive to the cultural, social, and religious characteristics?

Coordination and complementarity

- To what extent has the project been coordinated with other CSOs, UN humanitarian bodies (clusters) and for development partners, coordination with, donors, and national policies and strategies in oPt (Gaza)? Please give examples

- To what extent has the project been able to complement (increase the effect) of other interventions (funded by ALIANZA or other donors) or even by other CSOs?
- To what extent are activities fitting in the UN Cluster system, relevant NGOs and Networks and other CSOs?