
Alianza por la solidaridad (Alianza)

Final Report

**Final Evaluation
Women Leading and Strengthening Community Protection
Mechanisms in the Northern Area of Gaza**

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Abbreviations

CBOs	Community Based Organizations
CPPE	Community Protection Plan in Emergencies
FCRM	Feedback, Complaint and Response Mechanism
FGDs	Focus Groups Discussions
GAM	Gender with Age Marker
GBV	Gender Based Violence
KIIs	Key Informant Interviews
PCHR	Palestinian Center for Human Rights
PFA	Psychological First Aid
SRH	Sexual and Reproductive Health
UHWK	Union of Health Work Committees
WGSS	Women and Girl Safe Space

Executive Summary

Introduction: Alianza in partnership with UHWC, and funding of AACID implemented a project titled " Women Leading and Strengthening Community Protection Mechanisms in the North of Gaza". The project was implemented in Biet Hanoun area through UHWC ALAWDA Community and Health Center- Beit Hanoun. This project aimed to strengthen community protection mechanisms, facilitating a leadership role for women, provided quality of multisectoral protection services for GBV survivors, and implementing Safe Space activities and supported a participatory process with the community for developing the Community Protection Plan in Emergencies.

Objective: The evaluation aims at examining the project response to evaluation standard criteria of effectiveness, efficiency, sustainability, and impact, in addition to the criteria of gender approach, appropriation and institutional strengthening, environmental sustainability, respect for cultural diversity. The evaluation will help Alianza and UHWC to capture learning by a consultative evaluation which will contribute to feed future projects to ensure maximum outcomes for the target group of population they work for.

Approach and Methodology: The approach for this evaluation relied on mixed methods. The approach has participatory characteristics depending on collecting data from the beneficiaries, women leaders, CBOs, project technical staff and KIIs with the UHWC and Alianza related team. The evaluation paid attention that representative groups of stakeholders were directly involved in evaluation design, implementation, reporting and validation. The secondary data was collected from the project documents. The primary quantitative data was collected from a questionnaire targeting representative samples from project beneficiaries of different project services. The primary qualitative data collected from FGDs, questionnaire and KIIs. The questions of questionnaire, FGDs and KIIs were designed mainly to respond to the evaluation main questions. The quantitative data was analyzed using SPSS and the qualitative data was analyzed using content analysis. The data collected from different sources were triangulated to increase accuracy.

Findings:

Effectiveness: The project implemented all the activities that were planned except two activities namely women from the Safe Space carry out a security audit on GBV in the community under I4.R2 and the users of Safe Space design and carry out a local advocacy campaign to improve safety conditions for women in the community under I5.R2. Both activities were replaced and re-allocated due to change in the context and emergency situation in Biet Hanoun where Covid 19 spread and the aggression on May 2021. The project was effective to provide multi-sectoral services to 10,956 beneficiary women while the planned was 9,457. The project was effective to provide specialized SRH services to 10,495 beneficiary women while the planned target was 4,192 women. The excess of the actual achievements was attributed mainly to increasing the people needs resulting from Covid-19 and last Israeli aggression that led to increases pressure, fear and anxiety among women and children in particular. The project provided psychosocial sessions to 338 beneficiary women while the planned was 200. The project was effective to strengthen the leader skills of the women through the Safe Space activities. Additionally, the project was effective to relieve the women stresses through the various activities carried out in the safe space such as food processing, embroidery, hand crafts, etc., The project also was effective to develop Community Protection Plan in Emergencies (CPPE) through using the internal resources in the community to serve the population during emergency and integrate women from the community to be part of the protection and in some extent to lead the protection in emergency situation

Efficiency: The time, to high extent, was efficiently utilized to complete the project various activities. This was achieved through proper planning for the activities, continuous follow up and proper communication among the project staff. The delay occurred in some of the project activities such as supplying equipment to gym, medications, disposables, awareness workshops, was due to reasons beyond the UHWC and Alianza control. The multi-sectoral services were provided by highly experienced technical staff included case manager, psychologist, gynecologist, social worker, nurse and lawyer. The Safe Space also was managed by the 12 volunteer leader women who became expert and able to provide efficiently variety of services for the women who came to the safe space to release their stresses and participate in the community . Further, UHWC has the adequate capacity to operate efficiently the various component of the project; UHWC has a single space where all the GBV activities could be provided to the survivors. Further, UHWC has good connection with other service providers where survivor women can referred to receive specialized services not provided by UHWC. In respect to cost, all allocated funds were used for implementation of planned activities to produce high value to the beneficiaries and community. The evaluation found that the project was well tracked and monitored through various levels to ensure the project specific objects and results are achieved.

Impact: the project increased the vulnerable women and girls' accessibility to multi sectoral GBV response and prevention services. The GBV multi-sectoral services and the complementary services by WGSS assisted them to deal properly with the different stresses they exposed to and they became able to adapt positive coping mechanisms. The project increased the beneficiary women social relation and increased their new skills. the leader women acquired the capacity to manage and lead the safe space activities. Further, the project successfully brought the community stakeholders including the representatives from CBOs, community leaders, volunteer leader women to develop CPPE. The most significant impact was integrating women from the community to be part of the protection and to lead the protection in emergency situation. The community capacity was enhanced to provide first aid and PFA in emergencies. The awareness sessions provided to the men and women created shifts in the way GBV is being viewed and addressed by the participant men and women. In fact, the sensitization of the men and women about the GBV issues made/ will make them to advocate and support the actions to eliminate the GBV in the community.

Sustainability: The multi-sectoral services including psychosocial support, legal aids, awareness sessions were provided on project based and ended by the project completion, except for SRH services. The safe space in Al Awadah Community center was a great building block in this project as it added a new structure which can operating after the project completion. The importance of this experience is in institutionalizing the safe space among UHWC interventions in different UHWC related premises across the Gaza Strip. Although the safe space managed voluntarily by women leader, the safe space activities need materials which cannot be offered by the UHWC nor the women. The project developed the safe space guideline which was very important for managing the safe space activity effectively. The guideline will be continued to be utilized by the UHWC and this knowledge have already transferred to other UHWC centers as indicated by the UHWC staff. The evaluation perceived the awareness on GBV and women rights as contributing to sustainable knowledge transfer to others.

Respect to Cultural Diversity: The project considered to very large extent the cultural specificities of Biet Hanoun community. The project respected and considered beneficiaries

time and availability. Throughout project implementation, UHWC always took into account ethics, confidentiality and privacy. Also, respect for cultural diversity was considered in terms of selecting the safe space women leaders who were from the Biet Hanoun area itself and who are fully aware of the community culture and women mindset. Project targeting was equitable and accessible for all as beneficiaries from different political interests and from different ages were served. Respect and pre coordination with beneficiaries during the home visits took place and ensured prior to any visits. The project technical team used simplified language and decent words when providing the GBV services and getting in contact with beneficiaries, as the survey results showed that 57.3% of respondents were strongly agreed and 25% were agreed that the project technical team used simple language while providing services.

Appropriation and Institutional Strengthening

The project successfully managed to work on different aspects of institutional strengthening such as establishing safe space, developing CPPE, strengthening women leadership, etc. The safe space establishment, guiding manual and development of capacities related to safe space management was a good example of the project strengthening the capacities of women survivors of violence was another aspect of that they become defenders in their communities and exchange their experiences to other peers, family members, neighbors and relatives. The project has different instances of building successful coordination between UHWC project team such as referrals networks, clusters and thematic groups (PNGO, health cluster, and the GBV Sub-Working Group of the protection cluster). This, in turn, allowed UHWC to be well updated and engaged in all updates related to the work on GBV in terms of SOPs, ISAC guidelines, GBV service directory, safe space management, etc. The partner organizational capacity was enhanced through the created opportunities for staff training, increased capacity on project management, financial practices, reporting increased technical expertise on SOPs practicing on case management and GBV referrals, etc. Through the project, Alianza supported the strengthening of UHWC through CPPE towards building the capacity for GBV preparedness and response in emergencies arising from conflict or disasters in Gaza.

Gender Approach: The collected qualitative and quantitative data evidenced that the project activities were implemented in line with guidelines of inclusion, participation and considered equal power relations within different groups of beneficiaries and stakeholders. This was reflected through UHWC in terms of acquire understanding of the needs of beneficiaries through two consultations FGDs at early beginning of the project. The project design was built in a way that is sensitive to the empowerment of GBV survivors and or at risk and ensured the segregation of the beneficiaries based on Gender with Age Marker -GAM. The survey results revealed that 62% of surveyed women strongly agreed and 29.3% agreed that the project increased their participation in decision-making in their homes. The provision of project services ensured privacy and confidentiality avoiding share any data that could endanger GBV survivors, their families, and communities. The survey results showed 100% of respondents reported that none of them experienced any sexual assault by UHWC employees while receiving services provided through the project.

Environmental Sustainability: In this project, there were no major negative activities affected the environment. The collected data showed that UHWC as a medical organization has balanced use of resources and abided by environmental guidelines related to disposables and waste management to avoid any environmental damage in the targeted areas. Also, the safe space activities included cooking, embroidery, dairy products how to make detergents, wool, etc and thus safe space users were aware and advised to dispose any waste in proper way in the center located garbage containers. Interestingly, the evaluation found that the safe space

activities included recycling training that women received and made use of the acquired knowledge and skills as well.

Recommendations: based on the findings, the following presents some of the recommendations.

Effectiveness

- The Bank of time needs to be further communicated and improved as some of women leaders were not fully aware of this idea.
- It is recommended to increase the number of self-care sessions and to be implemented outside and by external expert, to increase the staff wellbeing to continue provide quality services.
- It is recommended to maintain the good level of follow up and communication between the UHWC, Alwada Center, and Biet Hanoun staff and beneficiary women, to keep ensuring the quality services.
- It is recommended to pay more focus in the design phase while setting project targets to be more realistic.
- It is recommended to provide the survivor women with economic empowerment support such as small business to enable women secure income sources for their families especially those women live in harsh conditions. If not possible, UHWC is recommended to increase collaboration and coordination with other actors to support the survivors with small scale projects.
- UHWC is urged to replicate and scale up the same trainings in the future projects, with main focus on targeting border areas.
- UHWC is recommended to increase its capacity to provide GBV services during emergency and also recommended to provide training to the technical staff on providing services during emergencies.
- UHWC is expected in the future to lead the CPPE and raise the sensitivity and preparedness of the community during emergencies.
- UHWC might need to rethink and plan for adding legal representation to their future projects.
- To continue the engagement of beneficiaries in all stages of project design and implementation to increase ownership, relevance and effectiveness of the interventions.

Efficiency

- UHWC is recommended to better build its FCRM and also orient its beneficiaries on this, hence to ensure more accountability and complaint and feedback mechanism.
- UHWC needs more efforts through systemic steps towards structured learning documentation, knowledge sharing and capitalization on best practices and integration of lessons learned across future projects.

Impact

- The multi-sectoral services and the safe space activities demonstrated high impact on beneficiaries. The Project technical staff have gained valuable experienced in dealing with GBV. UHWC is recommended accordingly to replicate and scale up these activities in the targeted areas and make use of the experience gained.

1.0 Introduction

Women Leading and Strengthening Community Protection Mechanisms in the North of Gaza Project was implemented at Bait Hanoun area by UHWC – ALAWDA community and health center- Beit Hanoun. This project contributed significantly in building the capacity of Al Awda Center- Beit Hanoun in GBV field through creating the 1st women and girl's safe space (WGSS) at Beit Hanoun and implementing dozens of outstanding and significant activities that strongly met touchable needs for the women.

2.0 Objectives

The evaluation aimed to serve as a relevant learning tool that examined the performance and achievement of the project in accordance with its logical framework and guide future actions while it also served as an accountability tool to the relevant agents of the intervention. The objective of the final evaluation was to assess the performance of Alianza and its local partner UHWC, with a specific focus on achievement of the project three results namely: 1.) Improved and accessible protection services coordinated and emergency multi-sectorial services for survivors of gender-based violence 2.) Strengthening the process of empowerment and leadership skills of women through the Safe Space in Beit Hanoun and 3.) Strengthening preparedness and response capacities for community protection in emergencies in a process led by women. The evaluation, was to assess and demonstrate expected and unexpected, positive and negative change or achievements that can be associated with the project activities among sampled target groups.

3.0 Approach and Methodology

3.1 Approach

The final evaluation used participatory approaches in order to ensure that the beneficiaries participate throughout the process of evaluation and their views and perspectives were gathered and analyzed, answering the questions posed by the final evaluation. The evaluation involved the participation of Alianza team in Palestine, partner of the project, participants of the activities of the project. The evaluation was conducted against the DAC quality evaluation criteria of effectiveness, efficiency and feasibility, impact, sustainability and other criteria including appropriation and institutional strengthening, gender approach, environmental sustainability and respect for cultural diversity. Both qualitative and quantitative data collection methodologies were employed during the evaluation. The data collection approach was employed through documents review, questionnaire, key informant's informant interviews (KIIs) and focus group discussions. (FGDs).

The evaluation approach composed of methodological phases, which were sequenced as follows: (a) inception and preliminary document review and Alianza and partner approval of the inception report (b) secondary and primary quantitative and qualitative data collection (c) data analysis (d) reporting, and (e) validation workshop for the findings and dissemination plan. Furthermore, this evaluation carried out with full adherence to independence,

3.2 Methodology

The stages of the evaluation are:

3.2.1 Desk Review Inception Phase

This phase commenced soon after signing of the contract and receiving the documents from Alianza. The project documents were reviewed and used for the preparation of an inception report that was shared with Alianza. The Evaluation Team thoroughly reviewed the project documents including project proposal, logical framework of the intervention, progress reports, project's outputs, M&E plan, mid-term reports, annual reports, procurement documents, the project budget. Also, the documents produced by the UHWC through the project implementation were reviewed such as Safe Space administration manual, the Community Protection Plan in Emergencies (CPPE), etc. As a result of the document review, the ***inception report*** was produced including a fully developed methodology (including data collection tools questionnaire, interviews questions, FGDs questions, etc.), the evaluation sample including sample frame, sampling process and sample size, number of FGDs and number of interviews, evaluation matrix (**annex 1**), work-plan for the evaluation and milestones for submitting deliverables.

3.2.2 Data Collection Phase

The data collection started immediately after Alianza review the inception report. The primary data was collected through questionnaire, qualitative data collection using FGDs and KIIs.

Structured Questionnaire

The questionnaire was the major tool to generate quantitative data. The Evaluation Team developed structured *questionnaire* (**annex 2**). It was addressed to a representative sample of beneficiaries mainly GBV survivor women and those at risk of GBV to collect needed quantitative data about the evaluation criteria.

Sampling Strategy: the sample frame was all beneficiaries who received multi-sectoral GBV services (Psychosocial Support (PSS), Sexual and Reproductive Health Services (SRH), legal advice from the project, referral and awareness sessions. The project documents showed that the final beneficiaries of the project are 9,457. Given the population targeted by the project, the calculated sample size is 369 women beneficiaries based on) confidence level 95% and margin of error 5%. Stratified simple random sample technique was used to draw generalization about the entire population. During the inception phase, it has been agreed with UHWC to increase the sample to 400 to be more representative for beneficiary women received different multi-sectoral services.

The questionnaire content was discussed with the UHWC staff and they suggested some modifications to increase validity. The data was collected by 4 experienced social workers through phone calls. As part of maintaining quality control, the evaluation team reviewed the completed questionnaires on a daily basis to ensure gaps noted were addressed and mistakes were not repeated.

Focus Group Discussions (FGDs)

Qualitative data was obtained through conducting a series of FGDs with the project stakeholders. The evaluation team carried out 7 FGDs that included 2 FGDs with the project women/ girls' beneficiaries (**annex 3**), 1 FGD with men/ boys (**annex 4**), 1 FGD with the project

technical staff (annex 5), 1 FGD with the CBOs (**annex 6**), 1 FGD with the community leaders (**annex 7**) and 1 FGD with the Safe Space management committee (**annex 8**). Different sets of questions were used for guiding the discussions. The questions of the FGDs for each group were formulated so to respond to the evaluation main questions and objectives. The number of the participants in each FGD was 10-12.

Key Informant Interviews (KII) The KIIs participants were identified on the basis of their role in the project and contribution towards addressing the evaluation criteria and the key evaluation questions. The KII respondents included key UHWC management staff (**annex 9**), procurement manager and financial manager (**annex 10**). A total of 6 KIIs were conducted during the period of data collection. Also, one KII was carried out with Alianza Gaza Program Manager.

3.2.3 Data Entry and Analysis

Having completed the data collection, the evaluation team undertook quantitative and qualitative analysis for the collected data using special program for the analysis.

Quantitative Data Analysis: The evaluation team used SPSS for analysis of quantitative data from the questionnaire; averages, frequencies and percentages were used in the analysis to reflect the magnitude of the beneficiaries' opinions about certain aspects of the intervention. Additionally, quantitative data were obtained from the desk review (The quantitative methods addressed the KEQs pertaining basically to the effectiveness and efficiency of the Alianza and UHWC intervention. Quantitative data was leveraged from the existing data from the project midterm and final reports.

Qualitative Data Analysis: the evaluation team used codebook analysis. The evaluation team created a coding structure based on the Key Evaluation Questions KEQs, desk review, interviews, FGDs and ideas that emerge during data collection. This coding outline was used to organize and subsequently analyze the information gathered through KIIs and FGDs. The evaluation team then input the data into the thematic organized structure. During this process of data reduction, the evaluation team examined the prevalence of responses, identify key findings and themes related to (KEQs). More attention was paid to the spoken words, context, consistency and contradiction of the views' frequency and intensity of comments, their specificity as well as emerging themes and trends.

Data Triangulation: The findings of the collected quantitative and qualitative data were compared and contrasted when interpreting such findings. The integration of quantitative and qualitative evaluation provided a broader understanding of project under evaluation. Quantitative evaluation describes the magnitude and distribution of change, for instance, whereas qualitative evaluation provided an in-depth understanding of the social and cultural context. Mixed methods evaluation allowed to triangulate findings, which strengthen validity and increase the utility of the evaluation.

3.2.4 Conclusion and Recommendations

Based on the data categorization and analysis, the evaluation team draws conclusion and recommendations for the action of Alianza and the partner UHWC including overall conclusion on implementation, identification possible improvements in the nature of project outputs/interventions main problem and constraints, progress toward the achievement of the purpose and actionable recommendation for the future similar projects. These

recommendations were based on the understanding by the evaluation team of the process by which the project has reached its present stage.

3.2.5 A validation Workshop

A validation workshop with Alianza and UHWC team will be organized where the evaluation team will present their findings and proposed recommendations for supporting the future program development. This workshop aims to be a participatory exercise and it will be stimulated to discuss findings and elaborate user-oriented recommendations.

3.3 Ethical Considerations

The evaluation conducted in accordance with the international ethical guidelines for evaluation principles (for example UNEG “ethical guidelines for evaluation”. Ethical consideration includes: Respect to local customs, beliefs and practices; respect to people’s right to provide information in confidence and ensuring that sensitive information cannot be traced to its source; The evaluation team respected and the ethical principles including the obligation to avoid hurting or embarrassing the respondents as well as respecting their privacy. In this respect, all interviewees were informed of the objectives of each interview and the intended use of the results; they were also be informed that all statements and input kept confidential or anonymous. Consent to participate was taken from all participants of data collection activities who were given the option to withdraw their consents and participation at any moment. Participants were reassured that their choice to participate would not affect their position in the project or future projects with the partners. All gathered data were kept confidential and names of individuals were deleted from the data and replaced by codes in the compilation notes.

4. EVALUATION FINDINGS AND DISCUSSIONS

The following sections present the analysis and the findings from the evaluation, in response to the key questions outlined in the TOR, and related to the evaluation objectives of assessing the effectiveness, efficiency, impact, sustainability, appropriation and institutional strengthening, gender approach, environmental sustainability, and respect for culture diversity.

4.1 Effectiveness

The effectiveness criteria focus on how far the project plans including specific goal, results and activities have been achieved. Effectiveness also assesses whether the intervention logic assumed in the design was coherent. The extent at which indicators were achieved signify the level at which the project has achieved its set goal and results.

Achievement of the Planned Objective and Results

The evaluation found that the project implemented all the activities that were planned in the project log-frame, except two activities in R2 (**I4.R2**: The women from the Safe Space carry out a security audit on GBV in the community / **I5.R2**: The users of Safe Space design and carry out a local advocacy campaign to improve safety conditions for women in the community). Both activities were replaced and re-allocated due to change in the context and emergency situation in Biet Hanoun where covid 19 spread and the aggression on May 2021. The activities were implemented by the project technical team through providing multi-sectoral services to the survivor women or those at risk to be exposed to GBV and the activities of the safe space were implemented by selected 12 women leaders. Further and more importantly for this project, CPPE activities were designed based on the community internal resources for the purpose of combating GBV and prompting women rights. The data collected from different

sources document review, FGDs and KIs with selected project stakeholders indicated that that project planned activities were carried. Further, the data collected revealed that the implemented activities to far extent were effective at the level of the community and the project intended messages on GBV and women rights were reached to all the stakeholders. The following table presents the project achievements against the planned.

Indicators	Planned	Achieved
Specific objective (OE): Community Protection Mechanisms Strengthened and Led by Women		
11.OE: At the end of the project, at least 9457 people have had access to quality services, confidential, secure and continuous, protection, prevention and response to gender violence in Beit Hanoun.	9457	10956
2.OE: 75% of women and girls involved in the management and activities of Safe Space, are enhanced their social and personal skills.	75%	%90
3.OE: The Community Protection Plan in emergencies (CPPE) contains clear roles and agreed to at least: 5 people UHWC Team, 2 people from each of the 6 CBOs, 6 activist's and 10 community leaders.	33	64
14.OE: The minimum standards for prevention and response against GBV have been integrated into the CPPE, according to the recommendations of the IASC and the Sphere project.	1	1
R1: Improved and accessible protection services coordinated and emergency multisectoral for survivors of gender VIOLENCE.		
11.R1: At the end of the project, at least 4192 women have had access to specialized services Sexual and Reproductive Health	4192	10495
11.R2: At the end of the project, at least 200 survivors of GBV have received specialized psychosocial services, and at least 45 have received legal aid services.	200	338
	45	123
R1.I3: At the end of the project, at least 90% of women using the clinic are satisfied with the services received against GBV.	%90	90.6 %
R1.I4: At the end of the Project, privacy standards, confidentiality and quality, against GBV services rendered, have reached levels of excellence according to IASC guidelines.	%90	99.3%
R2: Strengthened the process of empowerment and leadership skills of the women through the safe space in beit Hanoun		
R2.I1: During the last 6 months of the project, they have organized at least 12 activities/month autonomously and without external financial contribution, based on existing capacities of women of the WGSS and contribution with the Bank of Time	72	102
R2.I2: 12 women participate actively and regularly in the management and planning of the Safe Space, as well as monthly coordination meetings.	12	12
R2.I3: The center management committee, consisting of 12 women, has produced through a participatory and agreed process a complete manual about the administration of the Safe Space.	1	1
R2.I4: The women from the Safe Space carry out a security audit on GBV in the community.	1	UHWC took the approved on

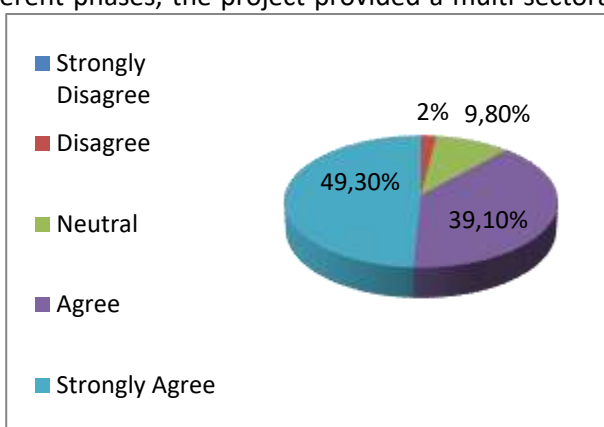
R2.I5: The users of Safe Space design and carry out a local advocacy campaign to improve safety conditions for women in the community.	1	reallocated this activity on the period of the last aggression on the Gaza Strip, which we bought medication and medical disposables.
R3: Strengthening preparedness and response capabilities for community protection in emergencies in a process led by women.		
R3.I1: The Community Protection Plan in emergencies (CPPE) is developed with the active participation and consensus of at least 5 persons UHWC team, 2 people from each of the 6 OCB participants, 6 activists and 10 community leaders.	33	64
R3.I2: At least 30 people participate in the simulation of Community protection in emergencies.	30	18
R3.I3: 40 First Aid kits distributed.	40	40
R3.I4: 90 people in the community have increased their capacities to provide Psychological First Aid.	90	90
R3.I5: At least 2000 people have received information on Community Protection Plan Emergency.	2000	2000 leaflet printed 30,000 radio spot

Specific Goal: Community Protection Mechanisms Strengthened and Led by Women.

R1 Improved and Accessible Protection Services Coordinated and Emergency Multisectoral for Survivors of Gender Violence

4.1.1 Multi-Sectoral GBV Services

The project document review for the final report showed that the number of beneficiary women received multi-sectoral was 10,956 while the planned was 9,457. This evaluation has found that the project was designed in a way that was relevant and appropriate of the target groups. The data collected from the beneficiaries provided strong evidence that the project is relevant to their needs. Through its different phases, the project provided a multi-sectoral service including psychosocial support, counseling, awareness raising activities, Sexual and Reproductive Health (SRH), legal aid, case management and referrals to other organizations. The survey result indicated that 49.3% of the participants strongly agreed and 39.1% agreed that the project provided multi-sectoral services that are relevant to their needs and priorities while 9.8% do not know and 2% of the participants disagreed. The participant women in



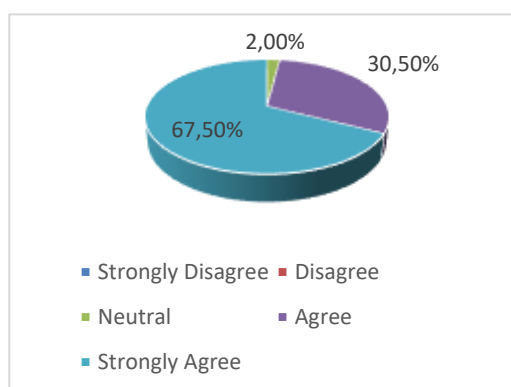
the FGDs confirmed the positive change that have occurred in their lives as a result of the project interventions.

Importantly, the project provided examinations and medication for free or at minimum charge to patient women who are in need for medication. As explained by the project technical staff and beneficiaries, the project provided SRH services for women who could not afford to pay for health care and medications. The project document review showed that the project provided specialized SRH services to 10,495 beneficiary women while the planned target was 4,192 women.

The women in the Beit Hanoun live under high tension and stresses resulted from the unemployment and poverty in addition to patriarchal society which deprive women from their basic human rights. The psychosocial support sessions were so effective to reduce the women stresses evidenced by the data collected through FGDs with women. The project was planned to provide psychosocial sessions to 200 beneficiaries women while the project provided these sessions to 338 (266 face to face, 72 remotely (over phone)). Further, the project was so effective to provide legal aid services to the survivor women. The collected feedback from the beneficiaries revealed that women in the North Area lack the accessibility to the legal services due to main reasons: unawareness of their legal rights, social stigma, and also, they do not afford to pay the cost of the legal services. In this regard, the project was effective in terms of increasing women accessibility to legal aid. The project provided legal consultations to the survivor women through the UWHC Lawyer or legal representation through referral to AISHA Association for Women and Child Protection and Palestinian Center for Human Rights (PCHR). The project provided psychosocial services to 45 cases and also it provided legal aid (counseling and representation) to 123 cases. In fact, the effectiveness interlinked with relevancy and thus the project was effective due to its high relevancy. A remarkable note was the increase in the values of actual number of served beneficiaries against the planned targets. The discussion with UHWC project management revealed that the reason for the excess of the actual achieved was attributed mainly to increasing the people needs resulting from Covid-19 and last Israeli aggression that led to increases pressure, fear and anxiety among women and children in particular.

4.1.2 Quality of the Provided Multi sectoral Services

The evaluation found that project was effective to provide continuous, confidential and multi-sectoral. The services were provided by high experienced and trained technical staff. The result of the survey showed that 67.5% of the surveyed beneficiaries strongly agreed and 30.5% agreed that the services were provided by highly experienced staff. This result confirmed the data collected from the participants women in the FGDs who highly appreciated the technical staff performance. In order to increase services effectiveness, UHWC has conducted trainings to enhance the capacities of the project technical staff. For example, the technical staff received 30 hours training on Standards Operating Procedures (SOPs) in order to better deliver multi sectoral services according to SOPs principles of quality, privacy and confidentiality, and in line with Inter Agency Standing Committee (IASC) guidelines. The interviewed technical staff valued the received trainings and appreciated the



trainer's performance as well as the training benefits and acquired knowledge reflected on the services delivery.

Further, the project staff participated in three self-care sessions that enabled them to continue providing quality services to the survivors' women. The interviewed project staff valued the implementation of self-care activities and they realized its importance to them to release their stresses and recharge their energies. Yet, they commented on its implementation in terms of number of sessions, place and its facilitation. The FGD with technical staff explained that the self-care sessions were not so effective due to several reasons: the number of sessions was not sufficient along the project duration, it was implemented in-house by the psychologist who was actually in need for self-care.

As part of increasing the services quality, the evaluation found that the project had manifested good level of follow up and communication between the project staff and beneficiary women. The technical staff continuously followed up the cases to ensure progress made in their cases. The survey result showed that 56% strongly agreed and 40 % agreed that the UWHC technical staff followed up the cases through continuous communication. The FGDs participants supported this finding. *One of the women FGDs participants indicated that the technical staff continuously communicated with her when she was absent from attending the psychosocial sessions.* Even the participant in the FGDs indicated that the technical team continuously followed up the referred cases to other organizations. One of the participant women received legal consultation by UHWC lawyer and later on she was referred to receive legal representation from AISHA. She explained that UHWC lawyer kept follow up with her even after the project duration. Additionally, the project was also effective to reach survivors women who were unable to reach the center though home visits.

The evaluation found that there is general satisfaction of the services provided by the UWHC. Linked to this, UWHC conducted survey to measure the beneficiaries' satisfaction and found that 90.6 % of the surveyed beneficiaries were satisfied with the services provided.

R2 Strengthened the Process of Empowerment and Leadership Skills of the Women through the Safe Space in Beit Hanoun

Through the project, the safe space provided a variety of services such as sports, food processing, embroidery, wool, beautification, recycling, detergents, and others. The evaluation noted that the Safe Space was located at the 2nd floor of the Al Awda Community Center. It consists of hall, gym, library, and play room. The safe space was managed by the 12 volunteer leader women supervised by the UHWC safe space manager. Those women were selected based on selection criteria: to be female, awareness about GBV and women rights, to be active in the community, to commit to continue to visit the center (two days a week) and to be able to train other women voluntarily (under the idea of Bank of Time). The evaluation noted that the selected women leaders were fit and or have the potential to manage the safe space.

The evaluation found that the project result 2 corresponding activities and Bank of time approach were considered very important contributions to strengthen the women leadership to eliminate gender-based violence and to promote the human rights and non-discrimination approach. The project aimed to strengthen women leadership through women leading and managing safe space activities. The safe space idea was meant to create a space for women to meet, discuss, exchange experiences, skills, knowledge that each woman and girl possesses that is exchanged among them through building the capabilities of others.

The project was effective to empower 12 women leaders to manage the safe space. The project document showed that each women leader conducted activities during the project. Through the safe space activities, the women leaders became able to train, present, organize for safe space activities, plan monthly calendar for the safe space, follow up with the women. The women leaders managed also to encourage women to join the safe space and engaged beneficiary women in designing safe space activities. Collected feedback from women FGDs appreciated the safe space activities and its implementation by women leaders. The evaluation found that women leaders carried out 102 activities while the planned was 72 activities.

The COVID-19 pandemic has forced everyone to take drastic measures in how to operate and physical distancing has become the most common way to ensure safety of all and thereby to flatten the curve of infection rates. As UHWC is always committed to standing up for women and girls and supporting communities, the project succeeded to create an online closed Facebook group as a space to provide an environment that encouraged women and girls to share experiences, and raise their awareness in GBV issues and promote their rights opinions, and views without fear or threat or personal harm. The virtual safe space helped women and girls to access remotely the safe space activities avoiding covid 19 movement restrictions, where the number of women in the VSS reached 3,886 members including GBV cases and women at risk of GBV. The women FGDs feedback illustrated that the VSS facilitate their access to information and services in a way that was safe, culturally appropriate and accessible to particularly those who face higher levels of marginalization, such as women with disabilities. The evaluation, also, found that the project staff and women leaders used the VSS to release announcement of safe space activities and to publish awareness videos. The content of VSS was under the UHWC control as any information made public required prior filtering and approving by UHWC and its health experts. Also, the VSS was effective in terms of providing consultations for women and other activities like Sport and cooking were also provided through WhatsApp groups. The project was effective in producing safe space manual and the selected women leaders were trained on secure safe space management. The conducted the training during 4 training days (20 training hours / 4 days). This training targeted **21** persons (12 leaders of the safe space and 9 of team staff). The collected data from women leaders indicated that that training was very beneficial and equipped them on how to manage the safe space activities.

The evaluation valued the Bank of time as of new and innovative approach encouraging women leaders to provide safe space activities. The idea of the Bank of time was not limited to female leaders only, but any woman who was willing to transfer her skills and experience to others. The collected feedback from FGD with women leaders appreciated the Bank of time approach as it compensated them through participation. The idea of the Bank of time was based real time spent in providing service for others, where women and girls save hours of volunteering and training to be exchanged in return, by women participating in the activities of the Bank of Time obtain free services inside the centre or benefit from their hours with other training hours in different fields. The FGDs with women leaders and also women beneficiaries valued the idea of the Bank of time and they activated it throughout the project. Women leaders documented their working hours and submitted a monthly report to safe space manager. Yet, some of the interviewed women leaders were found to be not fully aware of the Bank of time idea and how it works.

Under the project result 2, two activities of the project: security audit and local advocacy campaign, had not been implemented due to Covid 19 and after the Israeli Aggression on the

Gaza Strip. They have been by buying the needed medication and medical disposables after having the Alianza approval.

R3 Strengthening Preparedness and Response Capabilities for Community Protection in Emergencies in a Process led by Women.

4.1.3 Development of Community Protection Plan in Emergencies

During the project, Community Protection Plan in Emergencies (CPPE) had been developed aiming at using the internal resources in the community to serve the population during emergency and integrate women from the community to be part of the protection and in some extent to lead the protection in emergency situation. The project succeeded in training and engaging 64 community leaders and members from local CBOs in the development and the launching of the CPPE for continuous (4) days, where after a simulation for the CPPE had been conducted and 10 people participated in it.

Through collected feedback from CBOs representatives and community leaders, the evaluation found that developing the CPPE for the community in times of emergencies was a great step especially in the context of Beit Hanoun as one of the most affected areas in the emergency situations. The CPPE was designed to be built mainly on the community resources and capacities. One of the interviewed community leaders mentioned that it was the first time for Beit Hanoun community to have community emergency plan that built on the internal resources of community and led by women.

4.1.4 First Aid and Psychological First Aid (PFA) Trainings

The evaluation showed the project effectiveness also in terms of providing trainings for the community on First aid and Psychological First Aid ending with the developing and handling of Community Protection Plan in Emergency (CPPE). The delivery of 25 hours **First Aid training** for 40 participants (30 women, 10 men) was done effectively and they were also benefited from the distribution of the First Aid Kits. FGDs with women leaders, community members and CBOs explained the importance of this training especially in the context of Biet Hanoun which always exposed to escalations. So, the first aid training was beneficial and comes highly to match the needs of Biet Hanoun area.

Similarly, Psychological first aid training with a total of 60 training hours targeted 90 participants including (74 women and 16 men) from the community; it aimed to increased their capacities in providing PFA to community during emergencies. The collected feedback from FGDs showed that training participants benefited from the training to very large extent as it was followed by the aggression on Gaza in which participants were equipped enough to use the skills they trained on and use the PFA kits during the aggression to help others in the community. They also appreciated the trainer's performance, relevancy of training material, and the adequacy of training duration.

4.2 Efficiency and Feasibility

Efficiency is related to the measure of how economically resources/inputs (time, expertise, funds) are converted to results. In other words, it refers to the way in which the project activities transform the resources committed to the project into the expected results. Further, under the evaluation criteria of efficiency, the evaluation aimed to assess the extent to which the MEAL tools and the results-framework has sufficiently captured the results of the project.

4.2.1 Time Efficiency

The project included many various activities ranged from training, supplying materials, providing multi-sectoral GBV services, safe space activities and others. Generally, the time, to high extent, was efficiently utilized to complete the project various activities. This was achieved through proper planning for the activities, continuous follow up, proper communication and cooperation among the project staff. As best practices of increasing time efficiency, the project staff was aware of the planned time schedule for the activities. The evaluation noted that the project procurement staff was well aware of the project activities and the time of supply of the need materials and hence planned in advance on the availability of these materials for the related activities. The women leaders were able to efficiently used the time to schedule for the different activities so to optimize the use of the limited safe space area and to function smoothly in an integrated manner.

The delay occurred in some of the project activities such as supplying equipment to gym, medications, disposables, awareness workshops, was due to reasons beyond the UHWC and Alianza control. It was mainly because of the spread Covid-19 and subsequent declaration of emergency situation by the Palestinian Government on March 2020 and locked down imposed on Fridays and Saturdays. Efforts by UHWC were evident to continue carrying out the project activities and to achieve the project results. One the examples of project time efficiency was the identification and selection of women leaders which was done through phone interviews to mitigate any expected delay due to covid 19 lockdown and restriction and thus accelerate the process of operating the safe space. In another instance, UHWC, took quick decision to use medications from their own stores, to mitigate the delay in the project supply of medications. Also, UHWC efficiently utilized the time and started providing multisectoral care services and other safe space activities virtually through using the virtual safe space and WhatsApp groups. In fact, provision of GBV services in emergencies was considered a new experience of the UHWC; it stimulated the UHWC to develop their capacities to provide the services in emergencies effectively and efficiently and so UHWC starts to think seriously of this strategic issue as reported by the UHWC staff. In this respect, Alianza, supported UHWC in training the staff on providing GBV services remotely and also in adapting some tools to match the remote service delivery mode. For, example, Alianza assisted UHWC to adapt the tool of consultation of face-to-face service to be used for remote service delivery.

On the other hand, the evaluation noted that there was certain delay in the delivery of trainings due to covid 19. For example, the delivering the safe space management training was planned to be at the first month of the project, while it been delayed to be carried out in 9th of March, 2020 and thus it would have been more effective if taken earlier at the beginning of the project.

4.2.2 Human Resource and Capacity of UHWC

The project was originally designed based on the existing experience and capacity of UHWC in providing GBV services. The evaluation noted that the multi-sectoral services were provided by highly experienced technical staff included case manager, psychologist, gynecologist, nurse, social worker and lawyer. UHWC developed the technical staff capacity through providing needed training to be able to provide the GBV services efficiently. Through this project, the technical staff received trainings for example on SOPs, PFA, self-care, safe space management which increased efficient service delivery. The technical staff was allocated to achieve the project R1 and the associated two indicators I1.R1 related to the increase the beneficiary women to specialized services of SRH and I2.R1 related increased beneficiary women to specialized psychosocial services and legal consultations services. The technical staff successfully maximized the achievement of these indicators contributed to achieve the

project R1 accordingly. This is manifested by the feedback collected from the beneficiaries' women in the FGDs who regarded the staff as experienced, professional, friendly and supportive and interactive during conducting the services. They reported that the UHWC intervention through the various services brought many positive changes in their lives, especially in the area GBV protection. This finding also was in consistent with the satisfaction survey result conducted by the UHWC staff which revealed that 90.6% of the sampled beneficiary women are satisfied with the GBV multi-sectoral services.

Further, the safe space is considered an important component of the project. It complemented the GBV services to survivors or those at risk of being exposed to GBV practices and hence contributed in the achievement of the project result I was managed by the 12 leader women. Those women leaders were selected basically on their potential capacities to operate the safe space in an efficient manner. The data collected from FGDs with women indicated that the safe space provided variety of services to them that assisted to release their stresses through socialization and networking with other women and to acquire new skills. Through the project implementation, the capacity of the leader women was raised through training in safe space management to increase the capacity of the leader women to manage the safe space efficiently. Not only this, but women leaders were also participated in first aid and PFA trainings and took leadership role in the CPPE development process.

The evaluation found that UHWC has adequate capacity to provide efficient multi-sectoral and coordinated GBV services in sexual and reproductive health, psychosocial and legal support to the survivors and complementary GBV services provided by the safe space. UHWC provided these services in one single building location (Al-Awda center) (one stop center) which brought important advantages for the provision of the GBV services. The survey showed that 39% of respondent women were internally referred to UHWC different GBV services through the health services which in turn they were less exposed and were less at risk of stigmatization. The technical staff better coordinated their interventions and information management mechanisms related to the beneficiaries which increase the project efficiency. The UHWC through the years of experiences with the GBV managed to build good relation with the other GBV service providers which accordingly refer all the cases need special care services not provided by the UHWC. For example, UHWC referred cases to receive psychiatric medication through a psychiatrist and also legal representation in courts, as these service were not provided by UHWC. In addition to this, UHWC also used its other internal resources to support the project, for example some cases were also referred to Al-Awda Hospital to receive advanced health services such as advanced medical examinations or minor and medium surgeries, and in case that the woman is poor and cannot pay the costs of the surgery, it is covered by the (Fund for the Needy) which is internal fund in the UHWC. Furthermore, Through the implementation of the project and lessons learned, UHWC developed good quality operation system that is fully functional and capable to address GBV issues.

4.2.3 Cost Efficiency

The cost efficiency meaning use of minimum resources to produce maximum outputs/ results. The project operated in marginalized area and people suffer from many problems such unemployment and poverty and their humanitarian needs are high. Therefore, it was challengeable for the project to respond to needs of the people with the allocated project fund. However, the evaluation found that the project achieved the project results with reasonable and justifiable costs, as explained in the following paragraph.

The project total budget is 328,626 Euro. The contribution of AACID is 300,000 Euro accounted for 91.1% of the total budget. The share of UHWC is 3,600 Euro accounted for 1% while the Alianza contribution is 25,026 Euro representing 8% of the total budget. The evaluation noted that the majority of the fund totaling up 313,626 Euro, representing 95.43% of the total budget was allocated directly to the project activities such as training, medicine and disposables for the SRH services, first aid kits, the local staff salaries along the project duration. A total of 15,000 Euro representing 4.57% found to be allocated for the indirect costs. The materials and services were procured based on competitive bidding which indicated good quality with reasonable and market prices. The evaluation found that salaries of the project staff were reasonable and even below the market prices in some cases. In addition, the 12 women leaders provided different and valuable services to the beneficiary women and compensated throughout the Bank of time concept. The project was successfully able to use the community internal resources and to bring together various stakeholders from CBOs, community leaders, government personnel, direct beneficiaries to participate in the development of the CPPE. The evaluation noted that the UHWC took advantage of their owned premises to conduct all project training in-house.

In fact, the value of the project outputs cannot be quantified however with the allocated budget the project successfully managed to save the women lives through free cost of medication, release the stresses of the women and increased their networking, socialization and leadership became able to manage the safe spaces. The evaluation has also found that the community awareness sensitization was raised in terms of GBV and women rights and hence to be able to contribute to women rights protection and prevention.

4.2.4 The MEAL Practices

The project results framework and the performance indicators were well established to allow progress tracking and monitoring. The evaluation found that the tools of the data collection for the indicators including for example satisfaction survey, pre and post test, attendance sheets, and others are in place and used by the UHWC staff during the project implementation. The data collected from different sources demonstrated high relevancy and validity between the project interventions and the project expected results and the specific objective signified by the number of vulnerable women who were able to have safe access to multi-sectoral services and the number of women received assistance and support in the safe space and to far extent the community strengthening to provide protection for the survivors. Based on the project document review, it can be inferred that there was well defined monitoring and evaluation system in place, the system able to track the information and the progress as well in evidence-based approach. UHWC project team members have found to be well positioned to oversee the project implementation. The evaluation found that there were different levels of monitoring progress and evaluating the results which were considered key management functions in the project and so monitoring and evaluation was critical to understanding, demonstrating and communicating the project results.

At the level of the management of this project, UHWC project team in collaboration with protection programme, responsible for the overall implementation of the project. At the level of this project, UHWC project coordinator together with Alianza tracked progress of activities through following up on spending expenses to avoid unnecessary modifications in compliance with donor flexibility and cost efficiency, issue progress reports on weekly basis, monthly staff meetings and through field visits. Information collected from the continuous monitoring of activities and the learning review fed into the quarterly reports. All project results were evidenced through gathered source of verifications to serve the project reporting. The interviewed UHWC MEAL coordinator explained that the project MEAL matrix was developed

mainly by Alianza and in consultation with UHWC. The project reporting was done at different intervals (Monthly, quarterly, midterm and final). The desk review showed that the project had different types of reports center report (monthly, Quarterly), deviation report, safe space monthly report and mid and final for Alianza.

Throughout the project duration, UHWC Al Awadah center coordinator and safe space Manager had almost daily follow up on the executed activities. To illustrate, the interviewed UHWC project management explained that project coordinator followed up on the project and its activities as of performance monitoring through 2 visits a month, one monthly visit for the project by UHWC MEAL and protection programme manager conducted a monthly visit. Also, the evaluation found that the project was well monitoring by Alianza through regular follow up and field visits, for example, there were monthly visits and different ad hoc meeting or visits by Alianza Gaza Program Manager for specific purpose and or joining the big events and activities in the project e.g trainings opening and closing, Safe space opening, open day with safe space leaders and others. Moreover, there were 3-4 field visits by Alianza project officer from Alianza Jerusalem office visiting and monitoring Gaza projects.

Further, the evaluation found the project had used a variety of forms for monitoring and follow up the project progress. For example, satisfaction forms, to measure the satisfaction with the quality of services received. Similarly, pre and post training tests were used to measure the level of knowledge and skills gained. For the project accountability, it has been found that UHWC is using informal accountability system and also complaint/ suggestions boxes. In this regard, women explained that they have good and open relation with the center management and project staff. However, FGD participant women did not know any FCRM channels. Likewise, 56 % of the surveyed women (n 400) reported that they don't know about the Al Awadah Community feedback and complaints system. Still, it has been underlined by the UHWC MEAL coordinator that UHWC now has steadily recent efforts to have systematic and computerized FCRM that is also adapted to PWDs. Also, more practical efforts were also taken recently towards activating toll free/email/ WhatsApp/ Facebook page and Instagram.

Moreover, the desk review showed that two consultation meetings were carried out during the design phase to ensure better assessment of women needs. At another hand, Alianza program manager in Gaza carried out two accountability sessions to assess the community participation across the project implementation. At the level of learning, the evaluation noted that UHWC held monthly meeting for all its centers together and through such meetings they collected feedback on their centers' performance, progress towards achievements. Yet, the evaluation inferred that UHWC needs more focus through systemic steps towards structured learning documentation, knowledge sharing and capitalization on best practices. Finally, the evaluation noted that UHWC started great efforts towards having a solid and robust monitoring, evaluation, accountability and learning system which ensured the best project management and tracking for the progress.

4.3 Impact

Under the criteria of impact, the evaluation aimed to assess the extent to which survivors' women served have seen improvement in their overall wellbeing. This section also examines the outcomes and change that occurred in the management capacities of leader women to lead the safe space and community capacity to provide protection to the survivor women.

4.3.1 The Improvement of Beneficiaries' Wellbeing

The evaluation found that the project was positively impactful on the enhancing the accessibility of women to multi sectoral services. The collected feedback from the survivor

women provided strong evidence that the project increased the vulnerable women and girls' accessibility to multi sectoral GBV response and prevention services. The project document showed that 10,956 women beneficiaries have an access to quality, safe and confidential GBV services. Moreover, the project documents showed 3404 people (2751 women, 604 girls and 49 boys) benefited from the WGSS services. The GBV multi-sectoral services and the complementary services by WGSS have played an important role in helping them to deal properly with the different stresses they exposed to and they became able to adapt positive coping mechanisms. The Beneficiaries' overall well-being was also increased through the SRH services and medical support they received and the wellbeing of the survivors were improved through legal consultations and counseling to obtain their legal rights from the perpetrators.

When women in the FGDs were asked about the most significant change the project brought in their lives, all participants indicated that their lives significantly changed as result of the intervention. They became calm, confident and feel safer and that the project contributed to enhance their freedom of opinion and expression. *One woman in the FGDs highlighted that she used to live in anxiety and stress because of continuous problems with her husband. After receiving the psychosocial sessions, she learned how to deal with her husband and sons and accordingly her relation with husband improved and now she feels better and safe.* woman in the FGD indicated that she was not aware of the SRH and when she was pregnant, she refused to conduct caesarean operation and accordingly she born a baby with disability. She further added that when she came to Al-Awda center she was depressed and suffer from many psychological problems and after attending the psychosocial sessions, she became psychologically better and aware of SRH and children with disabilities rights.

The project has good impact not only on the direct beneficiaries (women) but also on the families of the survivors and changes included improved relationships with family members. One of the participant women for example, indicated that she was very nervous and treated her kids with violence. After joining the safe space activities, her life getting better and less violent with her kids and she felt more comfortable with the family.

4.3.2 Increase Social Relations

It is evident from the collected feedback that the safe space activities had positive impact on the beneficiary women. Besides the several activities they received in the safe space and the new skills acquired, it enabled them to go out of their homes, met people and make friends. Through the safe space activities beneficiaries were able to create new social relationship and new friends that break the routine of their lives and make them feel safer and more comfortable. The participant in the FGDs indicated that they created new friends' relation and there were social visits among others and visits in occasions like wedding parties. The safe space activities assisted them to develop the ability to communicate with others and develop team spirit, personal and communication skills. They added that this was the most significant change in their lives to go out of home to meet people which was not accepted before the project. Some of the women indicated that they created Whatsapp groups and continuously communicate with each other.

The FGDs women feedback explained that the safe space for them was a place where they felt comfortable and enjoyed the freedom to express themselves without fear of judgment or harm. Similarly, the project coordinator explained that the safe space provided an area where women and girls can socialize and re-build their social networks, receive social support, acquire relevant skills, access safe and non-stigmatizing multi-sectorial GBV response services (psychosocial, legal, medical).

4.3.3 New Skills Acquired

Through their participation in the safe space different activities, beneficiaries' women learned new skills. They learned food processing, making embroidery pieces, manufacturing of cleaning materials, cakes and pastries, handmade crafts from recycling materials, etc. These activities were provided to make the women reduce their stresses in the first place. However, few women indicated that through learning new skills they managed to work and to create income for themselves and this was one of the unintended positive impacts of the project. *One participant woman indicated that through her participation in the safe space activities, she joined the gym, learned food processing and embroidery. She currently makes pastries and able to earn 20NIS/day. Another woman indicated that she was trained on the food processing and became able to make cheese for her family from the powder milk received from the UNRWA.* In this respect, women recommended to provide them with economic empowerment support such as small business to enable them secure income sources for their families especially those women live in harsh conditions.

4.3.4 Strengthening Women Leadership

The data collected from the FGDs indicated women leaders acquired the capacity to manage and lead the safe space. The evaluation found that the women leaders were highly impacted through their management of the safe space. Through the safe space management training, women leaders were able lead and plan for all the associated safe space activities. Collected feedback from them demonstrated that they became eager to advocate for the women rights. In addition, some of safe space beneficiary women became also contributors to the safe space activities and or leading some other activities and sharing their experiences with others. Also, women leaders were trained on first aid training and PFA and this allowed them to provide first aid and PFA during emergencies. Moreover, those women leaders had leadership roles in CPPE development and became equipped to lead protection efforts in emergencies.

4.3.5 Strengthening Community to Provide GBV Protection in Emergencies

The evaluation inferred that the project successfully brought the community stakeholders including the representatives from CBOs, community leaders, volunteer leader women to develop CPPE. The most remarkable impact was integrating women from the community to be part of the protection and to lead the protection in emergency situation. Through the FGDs with the community leaders and CBOs representative, the evaluation found that there was a kind of community sensitization toward women protection rights in emergencies and that further coordinated actions should be taken in order to activate the CPPE. Still, the community also should take the responsibilities to provide protection to the affected women in emergencies especially in Beit Hanoun area as heavily affected by crisis. On the other hand, the community also became aware of the CPPE through distribution of copies CPPE and printouts and through the announcement about CPPE through radio spot. The document review showed 30,000 listens had been achieved through broadcasting the radio spot along one month.

The community capacity was enhanced to provide first aid and PFA in emergencies. The collected feedback from community leaders, CBOs and women leaders confirmed the importance of those trainings as their capacities improved to respond to emergency situation. The evaluation found many examples from those who received the training on how they were able to respond inside their families during the latest emergency. Some of them were able to use the first aid kit to injuries and others were able to use PFA kits and decreased the psychological tension and stresses with their children, families and neighbours.

At the level of increased Awareness on the GBV, the collected feedback from the participants women and men in the FGDs indicated that the women and men have very limited knowledge about the GBV related issues before attending the awareness sessions. Through the project implementation men and women received awareness session about the GBV, women rights, heritage, divorce issues, etc. The awareness sessions were considered impactful on the community as created shifts in the way GBV is being viewed and addressed by the participant men and women. In fact, the sensitization of the men and women about the GBV issues made/ will make them to advocate and support the actions to eliminate the GBV in the community. *One participant (male) in the FGD indicated that before the awareness sessions, his behavior was governed by the traditional culture and accordingly deprived her sister to work outside the home, after attending seven awareness sessions about GBV, he became aware of his sister rights to work outside the home and other rights. Another male participant indicated that after attending the awareness sessions, he became aware of the women rights and became and advocate and supporter for her rights in the community.*

4.4 Connectivity

This section discussed to what extent and in what ways the project will continue providing the multi-sectoral services to the survivors, the project contribution to enhance the capacity of survivors' women, leader women and community level mechanism for the GBV protection and prevention and will discuss the opportunities and risks of sustainability of project activities.

4.4.1 The Multi-Sectoral Service Sustainability

The multi-sectoral services including psychosocial support, legal aids, awareness sessions were provided on project based and ended by the project completion, except for SRH services. However, and as reported by the UHWC staff, there is a strategic decision by UHWC to continue providing these services for its highly impact on the survivor women and the community. The continuity of these services will improve the preparedness and response of the GBV services during the emergencies and the UHWC should take the lead in Beit Hanoun since UHWC is considered the largest NGO in the area. The SRH is provided by Al-Awda Community and Health center and will continue providing these services. Sustaining the multi sectoral services needs fund to cover the technical staff salaries and this is considered a challenging issue for UHWC.

4.4.2 Safe Space Activities

The evaluation perceived establishing the safe space in Al Awadah Community center was a great building block in this project as it added a new structure which can operate after the phasing out of the project. The interviewed project management pointed out the importance of this experience of institutionalizing the safe space among UHWC interventions in different UHWC related premises across the Gaza Strip. In this regard, UHWC now is replicating the experience of this safe space to Rafah Safe space and will exchange the knowledge and experiences among its centers' teams.

Still, the evaluation found that after the project completion, the activities provided by the safe space was also completed as the safe space activities were linked to the project fund. Although the safe space managed voluntarily by women leader, the safe space activities need materials which cannot be offered by the UHWC nor the women. The gym hall which was considered important activity for women stress relief, and unfortunately it is also closed due to project phased out. The women will be still not able to afford to pay the minimum fees of joining the sport gym. Luckily, the women managed to establish networking relation with each other and this relation will continue which will assist them to socialize and hence to reduce their daily

stresses. The project developed the safe space guideline which was very important for managing the safe space activity effectively. The guideline will be continued to be utilized by the UHWC and this knowledge have already transferred to other UHWC centers as indicated by the UHWC staff.

The evaluation perceived the awareness on GBV and women rights as contributing to sustainable knowledge transfer to others. For example, men and women who received awareness will become social assets to advocate and support for women rights. The survey results showed that 80.3% of respondents reported that they passed on the knowledge they gained during the project to their neighbors and relatives.

4.4.3 CPPE and Community Engagement

An equally important aspect related to sustainability of the project was the mobilization of community, CBOs, municipalities and community leaders was found to be important to develop the CPPE. However, there are many efforts are needed to functionalize this plan. The project has proved once again that any intervention can be sustainable only when its streamlined in the community and institutional levels and furthermore when the ownership remains with the community. The commitments from local stakeholders and CBOs to continue their efforts in support to GBV survivors is still challenging. The collected feedback From FGD with CBOs and community leaders showed that the joint work in terms of CPPE is still challenging. The evaluation found that there is a challenge in cooperating and coordinating with GBV CBOs and services providers. As the CPPE was built on the community internal resources, still the community and CBOs have limited resources and gaps to respond to GBV in emergencies. Also, the feedback from community leaders and CBOs showed that sensitivity towards GBV is still low and challenging. The evaluation underlined that the role of UHWC in activating the CPPE is essential and hence UHWC is expected in the future to lead the CPPE and raise the sensitivity and preparedness of the community during emergencies.

4.5 Respect for Cultural Diversity

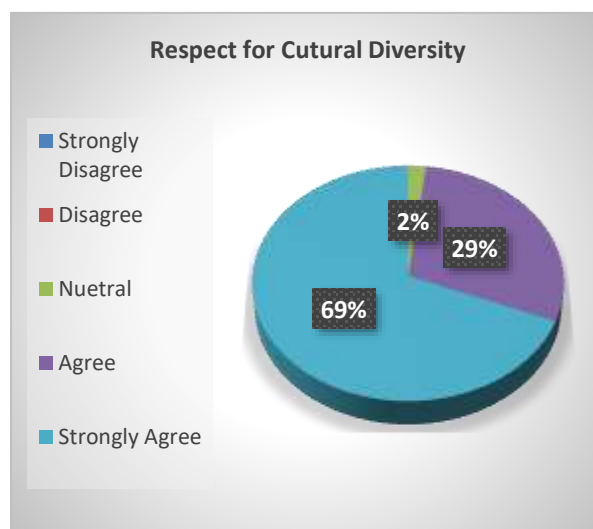
This section discussed to what extent and in what ways the project different components and activities considered respect for culture, human rights and local customs during implementation of activities project different activities and safe space activities.

Cultural diversity helps to recognize and respect “ways of being” that are not necessarily exist in the project case as implemented in similar cultural characteristics in same geographical area. So, the evaluation found that the project was implemented in a place where all interact easily with others and build bridges to trust, respect, and understanding within same culture. Furthermore, this context of similarity made the project highly respectful for its beneficiaries; thereby wiping out all expected negative stereotypes and personal biases about different groups.

The evaluation collected data evidenced that the project considered to very large extent the cultural specificities of Biet Hanoun community. The respect for culture, human rights and local customs during implementation of activities appropriate project different activities and safe space activities/ workshops' schedules. For instance, it was evidenced that the project different services have a high level of consultations with community and beneficiaries and hence high suitability and responsiveness to beneficiaries needs. According to the staff feedback, the project implemented activities respected and considered beneficiaries time and availability. For example, FGDs with women showed that the project staff members always consulted with them in terms of the duration of any activity. Also, timing set out for other

services was very flexible for women whether the clinic time schedule, or the lawyer and the case manager who were available all through the week.

The survey showed that 69% of respondents were strongly agree and 29.3% agreed that during the project activities there was respect for appointments and privacy of beneficiaries' times. The safe space different activities were always consulted and agreed on with women according to their availability and suitability. More importantly, the safe space has a dedicated play room for child care in case any of beneficiary women accompanied their children. For interviewed women, they considered this as a great match for their domestic and social circumstances and encouraged them to join the safe space freely regardless of any child care attachments.



Throughout project implementation, UHWC always took into account ethics, confidentiality, cultural and privacy principles. The evaluation considers abiding by those principles were of high importance in this project as of its nature working mainly with vulnerable women and GBV victims and survivors. The project contributed to enhance project staff capacities for the response to GBV through conducting 30 training hours in managing GBV cases and SOPs that directly reflected on the performance to ensure privacy and confidentiality while providing services to the beneficiaries. The collected feedback from the project technical staff confirmed they are highly committed to adhere to the SOPs protocols related to confidentiality and privacy of beneficiaries.

From another perspective, 99.3% of survey respondents conformed and agreed that the project team provided services in a way that preserves beneficiaries dignity and confidentiality. Similarly, the collected qualitative data indicated that project staff respected and preserved beneficiaries' dignity.

The project design also highly considered the respect for cultural diversity in terms of selecting the safe space women leaders who were from the Biet Hanoun area itself and who are fully aware of the community culture and women mindset. The model of women leading the safe space allowed for better adapted activities to the local cultural context. The networking and collaboration with CBOs who have experience in GBV and also with municipalities and community leaders who are strategic in generating change, was really of high value for creating a cultural respectful project atmosphere. More importantly, the implementation of the project through Al Awdah center itself which is highly reputable medical center in Biet Hanoun created a status of high trust and recognition among men and families when allowing their wives and sisters to join its activities.

Throughout the project activities, the desk review, qualitative and quantitative data collected showed that targeting was equitable and accessible for all as beneficiaries from different political interests and from different ages were served. The evaluation also found that the technical project team used simplified language and decent words when providing the GBV services and getting in contact with beneficiaries. In this regard, respect and pre coordination

with beneficiaries during the home visits took place and ensured prior to any visits. The survey results showed that 57.3% of respondents were strongly agreed and 25% were agreed that the project technical team used simple language while providing services.

4.6 Appropriation and Institutional Strengthening

This section discussed to what extent the project strengthens the capacities of UHWC, how the project empower the women grass-root organizations, and how the project contribute to strengthen community.

The project provided and worked on different aspects of institutional strengthening such as establishing safe space, developing CPPE, strengthening women leadership, etc. The safe space establishment and development of capacities related to safe space management is a good example of the project strengthening the capacities of women survivors of violence was another aspect of that they become defenders in their communities and exchange their experiences to other peers, family members, neighbors and relatives. The safe space was important component of working on GBV in the current context in the area of Biet Hanoun especially for women whose life is threatened. The creation of women and girls' safe space has emerged as a key strategy for the protection and empowerment of women and girls affected by crisis, recurrent wars. The evaluation found that the Safe space was among the essential components of the project to institutionalize for a place to access information, exchange information, and rebuild community networks and support where women and girls can feel physically and psychologically safe. WGSS are established to offer inclusive and empowering spaces for women, young women and girls of all ages and in all their diversity. Women engagement and participation are essential components of WGSS programming, fostering a sense of solidarity and ownership that transforms a beneficiary into an active agent of change.

The evaluation noted that there is a clear shape of the relationship between the health center and safe space through the existing of communication mechanisms, detection and referrals, exchange of information and a clear organizational structure that ensures the institutionalization of the safe space within the structure of Al Awadah Community Center. The assessment and feedback obtained indicated that the safe space has a guiding manual with structured procedures governing the management of the space.

Furthermore, the evaluation, through the collected feedback from the project management staff, there were instances of building successful coordination between UHWC project team and referrals networks. The evaluation found that UHWC has good level of humanitarian coordination in Gaza through connections with other organizations and referrals networks. For example, UHWC found to be an active member in networks, clusters and thematic groups. For example, UHWC is a member at PNGO, health cluster, and the GBV Sub-Working Group of the protection cluster. These connections were essential for effective and efficient coordination mechanism and collaboration and hence quality services provision. For example, the evaluation noted that the coordination and collaboration with other stakeholders like PCHR and AISHA was of an added value serving the project beneficiaries especially in the legal representation which was not provided by UHWC. Accordingly, the evaluation inferred that such multiplicity maximized the coordination levels, information-sharing and strengthen exchanging referrals .This, in turn, allowed UHWC to be well updated and engaged in all updates related to the work on GBV in terms of SOPs, ISAC guidelines, GBV service directory, safe space management, etc.

The evaluation considered the project increased the partner organizational capacity through the created opportunities for staff training, increased capacity on project management, financial practices, reporting increased technical expertise on SOPs practicing on case management and GBV referrals, etc. Correspondingly, the project allowed for strengthening strategic partnerships between Alianza and UHWC, created new opportunities for partnership building, new opportunities for joint implementation efforts and enhancing future fundraising efforts among donors.

Through the project, Alianza supported the strengthening of UHWC through CPPE towards building the capacity for GBV preparedness and response in emergencies arising from conflict or disasters in Gaza. Not only Alianza planned for this with UHWC, but also it was planned to develop this together with GBV service providers CBOs, municipalities and community. The evaluation found that developing CPPE allowed UHWC especially in Biet Hanoun area to have for the first-time community protection plan in emergencies that led by women as well. Similarly, this led to strengthening UHWC networks and relevant CBOs and institutions in Biet Hanoun to start focus and institutional the GBV integration in all efforts done during emergencies. The feedback from participants' CBOs demonstrated that they considered their engagement was of great efforts towards institutional strengthening in terms of GBV. Another interviewed community leader stated that CPPE development is crucial institutional aspect of the project and is expected to be taken at the first level of priorities by the CBOs and community. Participant municipalities and CBOs have got sensitized about the importance of planning for preparedness and response for GBV in emergencies and that was considered by the interviewed community leaders and CBOs as a new and essential stage in their work. Also, selected volunteer become member in Biet Hanouon Municipality in the woman and child committees. They influenced on the municipality strategy to include women in committees and activate women role towards considering GBV aspect in their works.

Likewise, the evaluation collected data strongly pointed to the project strengthening of UHWC capacities (SOPs training, PFA, self-care, safe space management).

4.7 Gender Approach

This section presented how the project services and activities were implemented in line with guidelines of inclusion, participation and to what extent it considered equal power relations within different groups of beneficiaries and stakeholders. Also, this section will discuss how the project implementation ensured privacy and confidentiality of women beneficiaries.

The collected qualitative and quantitative data evidenced that the project activities were implemented in line with guidelines of inclusion, participation and considered equal power relations within different groups of beneficiaries and stakeholders. The document review, interviews and KIIs confirmed that the project throughout its phases adhered to inclusion and participation of different groups of beneficiaries and stakeholders. This was reflected through UHWC in terms of acquire understanding of the needs of beneficiaries through two consultations FGDs at early beginning of the project. For example, women and community stakeholders were consulted during all phases of the project. Also, the project design ensured the segregation of the beneficiaries based on Gender with Age Marker. Additionally, it was noted that the project also considered targeting men and community and that was an important step in creating a state of awareness and sensitization toward women rights. One of the aims of this inclusive engagement was to make sure that specific groups of women or girls were not excluded from the project different services.

The project design assessed the degree to which gender and power relationships change as a result of its interventions. This means that the project tried to work on how its interventions affected women and men differently, and how far it contributes towards gender equality, human rights and women's empowerment. The project allowed for an inclusive, participatory and respectful services for all stakeholders. Also, the project design was built in a way that is sensitive to the empowerment of GBV survivors and or at risk. The collected feedback from women showed that they became able to raise their voices. The survey results revealed that 62% of surveyed women (N 400) strongly agreed and 29.3% agreed that the project increased their participation in decision-making in their homes.

The evaluation showed that the provision of project services ensured privacy and confidentiality avoiding share any data that could endanger GBV survivors, their families, and communities, nor should it negatively impact GBV service providers and those who are involved in GBV prevention and response. In this regard, the project staff were trained on GBV SOPs and IASC guidelines this ensured a quality, confidential service delivery to targeted beneficiaries. The provided project services took deeply into consideration not cause any harm. The survey results showed 100% of respondents reported that none of them experienced any sexual assault by UHWC employees while receiving services provided through the project.

Furthermore, the evaluation noted that the project promoted maximum participation of the target groups through tailoring of project different activities schedules, especially the safe space activities to be compatible with women daily workload and domestic burdens. Consistently, it has been noted that the project considered the support with transportation for external referrals, for example, one of the FGDs participant woman explained that she was referred to AISHA to receive legal representation and her transportation cost was covered and this allowed her freely to visit AISHA lawyer and follow up in her case.

4.8 Environmental Sustainability

This section will address what extent the project promotes best practices for better environmental management. Also, it will present how the project implementation of safe space activities were in line environmental guidelines related to disposables and waste management.

In this project, the evaluation found that there were no major negative activities affected the environment. The collected data showed that UHWC has balanced use of resources preventing any negative environmental impacts. It was planned for the CPPE development to integrate mechanisms of environmental prevention, management and mitigation based on the codes of good practices. However, the desk review of the developed plan showed that there was less clear integration of environmental, prevention, management and mitigation.

UHWC as a medical organization abided by environmental guidelines related to disposables and waste management to avoid any environmental damage in the targeted areas. In this regard, it has been found that UHWC project relevant staff showed proper use of materials such as disposable materials during project activities.

Also, the safe space activities included cooking, embroidery, dairy products how to make detergents, wool, etc and thus safe space users were aware and advised to dispose any waste in proper way in the center located garbage containers. Interestingly, the evaluation found that the safe space activities included recycling training that women received and made use of the acquired knowledge and skills as well. One of these women started to use recycling skills she gained and started her own small business as a source of income generation.

5. Best Practices and Lessons Learned

Mobilizing the community to be engaged in the design and implement of CPPE will of value to women rights protection mechanism during emergencies. The use of community resources including CBOs and community leaders and other stakeholders is a positive approach to put in place setup for sustainability to continue support action plans for use after the end of the project. There was serious effort to engage the municipality of Beit Hanoun in CPPE development and to integrate GBV and women rights in its strategic plan. UHWC needs to build on the momentum in terms of women rights protection mechanism in emergencies through more engagement of the municipality of Beit Hanoun and community leaders.

The participative approach adopted by UHWC about engaging the community, beneficiaries and other stakeholders during the design stage could increase project effectiveness. UHWC is encouraged to continue conducting surveys and needs assessments with beneficiaries to increase ownership as well as involvement of communities in finding solutions for their problems and to respond to their needs and priorities.

Addressing GBV in a systematic way requires the work of all stakeholders within the community. The work conducted with men/ boys is necessary to increase their sensitization toward GBV issues and women rights. Such efforts should be continued to ensure a wider understanding of GBV and to focus efforts to reduce community acceptance of violence against women and girls and advocate for women rights, in general.

The investment in establishing safe space in Beit Hanoun is considered a positive approach to GBV programming as it allows the establishment of women and girls friendly spaces. It creates a sense of ownership and safety for survivors which contributes positively to release their stresses and anxiety and contributes positively to their reintegration within their communities. UHWC started to replicate this experience of the safe space to Rafah center and also it will be encouraging to replicate it to other centers across the Gaza Strip.

The use of health as an entry point for the GBV services and other sensitive topics is a sound approach specially for the community of the Beit Hounon who may do not approach openly the GBV multisectoral services topics/ awareness. Hence, UHWC can maintain this approach as an acceptable practice because of cultural norms.

The investment in training the community members, women and activists in providing the PFA and first aid was sound approach. It allows the community to provide protection services during the last escalations in Gaza. It will be a promising approach for the UHWC to scale up and continue trainings on these topics to other community members including women with main focus on the areas located at the border line.

During covid 19 and also last escalation, UHWC did not stop project activities but continue providing the services through shifting to virtual services and remote mode of delivery. The remote service delivery was challenging though UHWC provided training on how to provide the services remotely. UHWC, still, needs to continue its efforts to increase their preparedness to provide services in crisis.

As a lesson learnt from previous project, UHWC considered transportation cost to women and girls to enable them to reach the center to receive the services and it was with high added value especially under the light of sever bad economic situation. It would be also essential to

consider this lesson learnt in UHWC other similar projects to enhance women and girls' accessibility.

6. Conclusions & Recommendations

Alianza and UHWC implemented this project with an overall objective was to strengthen community protection mechanisms, facilitate the leadership role for women, improve access to quality of multisectoral protection services for GBV survivors, establish a Safe Space where women can gather, socialize, share information and relieve their stresses and mobilize the community in Beit Hanoun for development and fostering the Community Protection Plan in Emergencies. Overall, the project is relevant as it addressed the needs of the target groups in Beit Hanoun. The project overall objective, specific goal, results and implemented activities demonstrate validity and relevancy.

The project, to a large extent, succeed to achieve the project planned targets and found to be effective in delivering quality multisectoral services, strengthening the leadership skills of the women through the Safe Space in Beit Hanoun and providing training in psychological first aid and first aid community activists and also in using the community resources to develop CPPE . The methodology adopted for implementing the project activities was efficient. The multisectoral services were carried out by highly experienced technical staff who managed to carry out the project activities as planned. The safe space managed voluntarily by 12 leader women who successfully managed the safe space activities in return for free services from Al Awda community center, the project was efficient in utilizing the community resources to develop the CPPE. The project cost was efficient to bring high value to the beneficiaries and community in terms of reducing women stresses, saving lives, reducing violence.

There are signs of positive impact achieved by the project. The project increased the vulnerable women and girls' accessibility to multi sectoral GBV response and prevention services and improved the wellbeing of beneficiary women and their families. The WGSS assisted them to release stresses, met people and create new social relationship and new friends and made them feel safer and more comfortable. The leader women acquired the capacity and leadership skills to manage and lead the safe space activities. The project is found to have different sustainable aspects such as safe space and its developed guidelines, developed CPEE and staff capacity building All these examples of sustainability will contribute to better improve the service delivery .Moreover ,the reproductive health services will be sustained as of a core activity of the UHWC as a heath facility, while other project services may stop depending on the fund (project based), however, the established referrals network is expected to guarantee some services to be continued (e.g legal representation services and psychiatric medications).

The project was found to be highly respecting the cultural diversity with respect to culture, human rights and local customs, privacy and confidentiality. Similarly, the project was committed to adhere to the gender approach such as taking the principle of participation into account to ensure different beneficiaries and stakeholders are consulted during all phases of the project. Yet, the evaluation found some areas where improvement could have been made. *The corresponding recommendations are considered to be useful for future similar projects.*

Effectiveness

- The Bank of time is an innovative idea; however, it needs to be further communicated and improved as some of women leaders were not fully aware of this idea.
- It is recommended to increase the number of self-care sessions and to be implemented outside and by external expert, to increase the staff wellbeing to continue provide quality services.
- It is recommended to maintain the good level of follow up and communication between the project staff and beneficiary women, to keep ensuring the quality services.
- Some of the achieved targets found exceeding the planned targets and this was due to increasing needs resulting from Covid-19, last Israeli aggression that led to increases pressure, fear and anxiety among women and children in particular. Hence, it is recommended to pay more focus in the design phase while setting project targets to be more realistic.
- It is recommended to provide the survivor women with economic empowerment support such as small business to enable women secure income sources for their families especially those women live in harsh conditions. If not possible, UHWC is recommended to increase collaboration and coordination with other actors to support the survivors with small scale projects.
- The first aid training and the PFA training proved to be beneficial during the emergencies and provide protection to the community. Therefore, UHWC is urged to replicate and scale up the same trainings in the future projects, with main focus on targeting border areas.
- UHWC is recommended to increase its capacity to provide GBV services during emergency and also recommended to provide training to the technical staff on providing services during emergencies.
- The evaluation underlined that the role of UHWC in activating the CPPE is essential and hence UHWC is expected in the future to lead the CPPE and raise the sensitivity and preparedness of the community during emergencies.
- As UHWC provides only legal consultations and they referred any case required legal representation to other actors such as PCHR and AISHA, hence UHWC might need to rethink and plan for adding legal representation to their future projects.
- To continue the engagement of beneficiaries in all stages of project design and implementation to increase ownership, relevance and effectiveness of the interventions.

Efficiency

- UHWC is recommended to better build its FCRM and also orient its beneficiaries on this, hence to ensure more accountability and complaint and feedback mechanism. At the beginning of each project, UHWC is recommended to give introductory on UHWC FCRM. UHWC needs more efforts through systemic steps towards structured learning documentation, knowledge sharing and capitalization on best practices and integration of lessons learned across the next project. Also, learning workshop is recommended and to be budgeted in any future project budget.

Impact

- The multi-sectoral services and the safe space activities demonstrated high impact on beneficiaries. The Project technical staff have gained valuable experienced in dealing with GBV. UHWC is recommended accordingly to replicate and scale up these activities in the targeted areas and make use of the experience gained.

7. Actions Undertaken for The Dissemination of the Evaluation

Effective dissemination of evaluation results will not only contribute to greater accountability for Alianza, but also enables its partners to learn about its contributions to broader knowledge generation on programming for GBV interventions. Hence, the evaluation team considered the validation and debriefing workshop as fundamental, because it will allow key partners to provide input, point out any missing gaps or inaccuracies in the evaluation, and to validate, comment on, and prioritize the evaluation findings, conclusions and recommendations. Prior to undertaking the validation workshop, the consultancy team, with the approval of Alianza, will share the evaluation report with UHWC management to add their input prior to the validation workshop.

The evaluation team envisaged that validation workshop participants will be project management team from UHWC and Alianza. The workshop will begin with introduction, evaluation methodology followed by a presentation of the key evaluation findings, by the evaluation team. After productive discussions, UHWC and Alianza will be welcomed to offer meaningful feedback and provided their approval, or disapproval, for each finding. Furthermore, the evaluation report will be available on Alianza website and the main achievement of the project will be shared in its social platforms. The property of the Final Evaluation report corresponds to AACID (Agencia Andaluza de Cooperación Internacional para el Desarrollo), which may disseminate its content whether in whole or in part.

ANNEXES

Annex 1: Evaluation Matrix

Criteria/ Key Questions	Indicators	Methodology and Source of Verification
1. Effectiveness		
1.1 To what extent has the project specific objective achieved/ are likely to be achieved?	1.1.1 The progress toward achievement the project specific objective.	Secondary data from the project documents.
	1.1.2 The achievement of the project indicators against the planned.	Secondary data from the project document review and KIIs with UHWC management team.
	1.1.3 The beneficiaries satisfaction with provided GBV services in terms quality, confidentiality, security.	Primary data from the questionnaire Quality data from FGDs with the beneficiaries and FGDs with the technical team.
	1.1.4 The beneficiaries data security	Primary data with FGDs with the technical team including case managers and KIIs with the UHWC management team.
	1.1.5 The development of CPPE with clear roles and responsibilities for UHWC, CBOs, activists and community leaders.	Secondary data from the document review for the CPPE. Primary data from the FGDs with the CBOs, community leader and KIIs from the UHWC management team.
	1.1.6 The integration of minimum standards for prevention and response against GBV into the CPPE, according to the recommendations of the IASC and the Sphere project.	Secondary data from the CPPE, IASC and Sphere. Primary data from the UHWC management staff.
1.2 To what extent have the project results achieved/ are likely to be achieved?	1.2.1 The progress toward achievement the project results.	Secondary data from the project documents.
	1.2.2 The achievement of the project indicators against the planned.	Secondary data from the project document review and primary data from KIIs with UHWC management team.
	1.2.3 The effectiveness of the time bank	Primary data from the FGDs with the women beneficiaries and FGD with safe space committee and from KII with ApS team
	1.2.4 The women participation in the management and planning of the Safe Space.	Primary data from FGDs with the safe space Management Committee.

		Primary data from KIIs with the UHWC management team.
	1.2.5 The produced manual about the administration of the Safe Space.	Document review for Safe Space manual. Primary data from the FGDs with the safe space Management Committee. Primary data from KIIs the UHWC management team and ApS team.
	1.2.6 The women from the Safe Space ability to carry out a security audit on GBV in the community.	Document review for report of the result. Primary data from the FGDs with the safe space Management Committee. Primary data from KIIs with the UHWC management team and ApS team.
	1.2.7 The users of Safe Space ability to design and carry out a local advocacy campaign to improve safety conditions for women in the community.	Document review for the advocacy campaign report. Primary data from the FGDs with the safe space Management Committee. Primary data from KIIs with the UHWC management team.
	1.2.8 People participation in the simulation of Community protection in emergencies.	Primary qualitative data from KIIs with the UHWC management team and ApS team.
	1.2.9 The effectiveness of first aid training and the distribution the first aid kit.	Primary qualitative data from KIIs with the UHWC management team. Interview with those who received the first aid kit.
	1.2.10 The effectiveness of PFA training to provide Psychological First Aid and the distribution of PFA kits.	Primary qualitative data from KIIs with the UHWC management team. Interview with selected sample of those who received the Psychological First Aid Kit.
	1.2.11 The awareness provided on Community Protection Plan Emergency.	Primary qualitative data from KIIs with the UHWC management team.
1.3 What were the major factors influencing the achievement or non-achievement of the objectives and results?	1.3.1 The experience and qualifications of the technical staff.	Primary quantitative data from the questionnaire, the FGDs with the beneficiaries and FGDs with the project technical team.
	1.3.2 The experience of the Alianza and UHWC of similar project.	Primary data from KIIs with the Alianza team and UHWC management team.

	1.3.3 UHWC familiarity with the context and being well grounded in the area of project operation.	Primary qualitative data from KIIs with the UHWC management team and FGD with CBOs.
	1.3.4 Safe space management and well-trained management committee.	Primary qualitative data from KIIs with the UHWC management team and ApS team.
2. Efficiency and Feasibility		
2.1 Was the project managed in a cost-efficient manner (in terms of human, financial and other resources versus the results)?	2.1.1 The UHWC experience in management GBV projects and the system and operational manuals.	Primary qualitative data from KIIs with the UHWC management team.
	2.1.2 The operational manuals/ system and other logistics in place for providing GBV services.	Primary qualitative data from KIIs with the UHWC management team.
	2.1.3 The effective procurement system.	Primary qualitative data from the KII with the UHWC procurement manager
	2.1.4 The budget breakdown reasonability between the administrative cost and operation cost.	Primary qualitative and quantitative data from the KII with UHWC financial manager.
	2.1.5 The project commitment to the project budget.	Document review for the project budget and actual expenses. Primary data from the KII with financial manager.
	2.1.1 Project activities completion as scheduled.	Document review for the project action plan. Primary qualitative data from KIIs with the UHWC management team.
2.2 Were synergies with other actors (local and international) involved in similar projects?	2.2.1 The coordination and arrangement with international actors.	Primary qualitative data from KII with the UHWC management team and KII with GBV sub cluster coordinator.
	2.2.2 the coordination and arrangement with the local actors.	Primary qualitative data from KII with the UHWC management team.
2.3 What type of management model adopted by the project?	2.3.1 The monitoring system was in use by the project.	Primary qualitative data from KII with the UHWC management team and KII with ApS and from FGDs with the project technical team
	2.3.2 internal and external communications.	Primary qualitative data from KII with the UHWC management team and from FGDs with the project technical team and FGD with safe space management committee.

	2.3.3 the lessons learned and information sharing.	Primary qualitative data from KII with the UHWC management team and from FGDs with the project technical team and KII with ApS.
	2.3.4 The project accountability to provide quality services to the community.	Primary quantitative data from the questionnaire, and primary qualitative data from KII with the UHWC management team and from FGDs with the project technical team.
	2.3.5 The project accountability to beneficiaries' feedback and complaint.	Primary quantitative data from the questionnaire, and FGD with women beneficiaries and primary qualitative data from KII with the UHWC management team and from FGDs with the project technical team.
3. Impact Achieved and Expected.		
3.1 To what extent the project has positive impact on the beneficiaries?	3.1.1 The improvement of beneficiaries' well-being.	Primary quantitative and qualitative data from FGDs with the beneficiaries and the questionnaire.
	3.1.2 The women increased resilience to respond to violence by prevention processes.	Primary quantitative and qualitative data from the beneficiaries.
	3.1.3 The negative unintended impact of the project on the beneficiaries.	Primary qualitative data from FGDs with the project beneficiaries and KII with UHWC technical team / case managers.
3.2 To what extent the volunteer women in the Safe Space became leader in their community.	3.2.1 The increase in the women participation in the community (Community GBV audit).	Primary data from FGDs with the Safe Space management committee
	3.2.2 The increase in the capacity of professionals and volunteers in management of the safe space and the development and implementation of the CPPE.	Primary qualitative data from FGD with the Safe Space management committee.
	3.2.3 The women ability to provide advice and information for other women.	Primary qualitative data from FGDs with the Safe Space management committee.
4. Sustainability (Connectivity in the Case of Humanitarian Action Interventions).		
4.1 To what extent the project was appropriated by the community?	4.1.1 the community participation in the project design and CPPE design.	Primary qualitative data from FGDs with the CBOs, FGDs with the community leaders and FGDs with the beneficiaries and KII with the UHWC management team.

4.2 To what extent the services will be operated beyond the project duration?	4.2.1 The community capacity to lead the safe space and the CPPE.	Primary qualitative data from FGDs with the community leaders and FGDs with the Safe Space Management committee.
	4.2.2 The capability of the leader women to provide psychosocial care for other women.	Primary qualitative data from FGDs with the Safe Space Management committee.
	4.2.3 The establishment of women network and ability to work beyond the project duration.	Primary qualitative data from FGDs with the Safe Space Management committee.
	4.2.4 The expansion in the activities offered by the Safe Space center (time bank initiative).	Primary qualitative data from FGDs with the Safe Space Management committee.
	4.2.5 UHWC ability to continue the health services to survivor women.	Primary data from KIIs with the UHWC management team.
	4.2.2 The community (men and women) integration toward awareness of society GBV issues.	Qualitative data from FGDs with project beneficiaries.
4.3 To what extent the project contribute to strengthen the UHWC with the international organizations and cluster.	4.3.1 New coordination channels with international organizations and new technical knowledge from clusters.	Primary qualitative data from KIIs with the UHWC management team and KII from ApS.
5. Appropriation and Institutional Strengthening.		
5.1 To what extent the project strengthen the capacities of UHWC?	5.1.1 The increase in UHWC capacity building through the project.	Primary qualitative data from KIIs with the UHWC management team.
	5.1.2 The impact of training on improving the UHWC performance and service delivery.	Primary qualitative data from KIIs with the UHWC management team.
5.2 To what extent the project empower the women grass-root organizations?	5.2.1 The training the women-based organizations received through the project.	Primary qualitative data from FGDs with the CBOs.
	5.2.2. The impact of training on improving the women based organizations on performance and service delivery.	Primary qualitative data from FGDs with the CBOs.
5.3 To what extent the project contribute to strengthen community?	5.3.1 The leader women ability to provide counseling for the peer women.	Primary qualitative data from FGDs with safe space management committee.
	5.3.2 The awareness the community received training on IHR, HR, prevention violence against women.	Primary FGDs with the beneficiary women and men.
	5.3.3 The community participation on CPPE.	Primary qualitative data from FGDs with the community leaders.
6. Gender Approach		

6.1 To what extent did the project contribute to the advancement of gender equality?	6.1.1 Women reporting empowerment and participation in decision-making.	Primary quantitative data from the questionnaire and FGDs with the beneficiaries.
	6.1.2 Women reporting reducing violence against them.	Primary quantitative data from the questionnaire and FGDs with the beneficiaries.
	6.1.3 Women reporting enhanced their social and personal skills.	Primary quantitative data from the questionnaire and FGDs with women beneficiaries.
	6.1.4 The project staff commitment to the protocol against sexual abuse and exploitation.	Primary data from FGDs with the beneficiaries and the KIIs with the project team.
7. Environmental sustainability.		
7.1 To what extent did the project promote best practices for better environmental management?	7.1.1 The integration of environment best practices in Emergency Response Plan.	Primary qualitative data from KIIs with the UHWC management team.
	7.1.2 The change of negative environmental practices.	Primary qualitative data from KIIs with the UHWC management team.
	7.1.3 the awareness and advocacy campaign to promote environmental knowledge and practices.	Primary qualitative data from KIIs with the UHWC management team.
	7.1.4 Insertion of environmental respect behavior in action protocols in local and national institutions.	Primary qualitative data from KIIs with the UHWC management team.
8. Respect for cultural diversity		
8.1 What are the measures/ strategies adopted by the project to promote/ respect of cultural diversity?	8.1.1 The staff is trained to respect culture diversity.	Primary quantitative and qualitative data from the questionnaire, FGDs with the beneficiaries and interview with the project staff.
	8.1.2 The consideration of confidentiality, ethics services provided to survivors' women.	Primary quantitative and qualitative data from the questionnaire, FGDs with the beneficiaries and interview with the project staff.
	8.1.3 The actions taken by the community to support project activities.	Primary qualitative data from the KII with the UHWC team and from FGDs with the community leaders.
8.2 What are strategies adopted by the project to reach different population groups?	8.2.1 the beneficiaries from different political parties were served.	Primary quantitative and qualitative data from the questionnaire, FGDs with the beneficiaries and interview with the project staff.
	8.2.2 The beneficiaries from different ages ere served.	Primary quantitative and qualitative data from the questionnaire, FGDs with the beneficiaries and interview with the project staff.

8.3 To what extent the socio-cultural values of the targeted groups were respected?	8.3.1 The respect of the people customs during the service delivery (pray time, religious festival events, etc.).	Primary quantitative and qualitative data from the questionnaire, FGDs with the beneficiaries and interview with the project staff.
	8.3.2 Simplified language used by the project team while providing the GBV services.	Primary quantitative and qualitative data from the questionnaire, FGDs with the beneficiaries and interview with the project staff.
	8.3.3 Respect and Pre coordination with beneficiaries during the home visits	Primary quantitative and qualitative data from the questionnaire, FGDs with the beneficiaries and interview with the project staff.

Annex 2: Questionnaire

Section I Socio-demographic Characteristic of the Respondents

1. Age GroupYears

2. Educational Level

- No schooling
- Primary
- Preparatory
- Secondary
- Diploma
- Referral
- Bachelor and Higher

3. Employment Status

- Employed
- Self-employed
- Un-employed
- Do not work before
- Diploma
- Referral
- Bachelor and Higher

4. Marital Status

- Single
- Married
- Divorced
- Widowed
- Separated

5. Type of Residency

- Urban
- Rural
- Camp

Section II: Project relevance, effect, impact, gender, cultural diversity

Please tick/ select the appropriate answer that reflect your experience in the project

1. What type of service you received from the project, you can tick on more than one service

- Psychosocial services
- Legal aid service
- Sexual and Reproductive Health (SRH)
- Medicine
- Awareness Sessions
- Referrals

2. The GBV services were provided relevant to my needs and priorities.

- Strongly agree

- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

3. The GBV services were provided by experienced and qualified staff.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

4. Did you participate in the setting out the treatment plan?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

5. The technical staff follow up on my case

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

6. The GBV services provided were continuous.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

7. Did you visit the center regularly?

- Yes
- No

8. If no, What are the reasons?

- Husband prevented her
- Mother in law prevented her
- could not pay the transportation fees
- The center is not accessible
- The time of visits are not suitable for me
- Others, please specify.....

9. Did you know about the feedback and complaint system?

- Yes

No

11. If yes, did you submit any complaint during the project

Yes

No

12 To What extent UHWC responded to your complaint

Very quickly

Quickly

Slowly

Very slowly

13. The UHWC technical team used simple language while providing the GBV services?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

14. The UHWC technical team consider the pray time and religious events?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

15. Did you exposed to any sexual abuse by the UHWC staff while receiving the GBV services?

Yes

No

If yes, could you explain

15. Did you exposed to humiliation or bullying practices by the UHWC while receiving the GBV services ?

Yes

No

If yes, could you explain

16. The project increase my resilience to respond to violence by prevention processes.

A lot

Quite some

Somewhat

A little

Not at all

17. The project increased my participation in decision making in my home.

- A lot
- Quite some
- Somewhat
- A little
- Not at all

18. The project enhanced my social and personal skills.

- Not at all
- A little
- Somewhat
- Quite some
- A lot

Annex 3: FGDs With the Project Beneficiaries

- Could you please explain what type of services you received from the project? What do you think of the quality of the provided services?
- To what extent the provided GBV services meet your needs and priorities?
- Please explain how the technical team was cooperative while providing the GBV services?
- What was your experience in visiting safe space? What services you received from safe space? Did you get benefit from time bank?
- Do you know about the feedback and complaint system? How do you know about it? Did you have any complaint, concerns and or suggestions through the project implementation? If yes, what was the concern and or complaint about?
- Did you exposed to any humiliation and bullying through receiving the GBV services?
- What was the positive impact on your life (e.g wellbeing, social skills, decision making, self-confidence, etc)?
- Please explain if the project have any unintended impact in your life?

Annex 4: FGDs with the Project Technical Team

- What type of the training did you receive from the project? Do you think the training you received relevant to your needs? How the training you received contributed the improve the quality-of-service delivery? What are other trainings you need that could further improve the quality-of-service delivery?
- How did you monitor your tasks? What did you do to ensure accountability to provide good quality service to the beneficiaries? Did you participate in any lesson learned sessions?
- Could you please explain about the self-care and stress management sessions you received? How did the sessions assist you to release your stresses? Did these sessions help in improving the GBV services to the beneficiaries? Please explain?

- Could you explain how do you maintain confidentiality and security while providing the GBV services?
- What could be done differently? What are your recommendation to further improve the GBV services?

Annex 5: FGDs with the CBOs

- Did your CBO participate in the project design/ needs assessment? Please explain?
- Did you participate in formulating the Community Protection Plan in Emergencies (CPPE)?
- What kind of training you received to be able to participate in CPPE?
- What is your role and responsibility in the CPPE? Please explain?
- Could you explain the importance of first aid and psychological first aid training? How was the training content? How was the trainer performance?
- Do you receive first aid kit? Did the training course qualify you to provide the psychosocial first aid?
- Please explain how the project strengthen the capacity of your CBOs?
- What is your recommendations for improvement the future intervention?

Annex 6: FGDs with the Community Leaders

- Do you participate in the project design/ needs assessment? Please explain?
- Do you have any role in the project implementation? If yes, please explain your role?
- Please tell me about your participation in formulating the CPPE?
- What is your role and responsibility in the CPPE? Please explain?
- Could you explain the importance of first aid and psychological first aid training? How was the training content? How was the trainer performance?
- Do you receive first aid kit? Did the training course qualify you to provide the psychosocial first aid?
- What is your role in changing the patriarchal culture of the community and reducing violence against women?
- What is your recommendation for further improvement in UHWC similar interventions?

Annex 7: FGDs with the Safe Space Management Committee

- Could you please tell us about the safe space activities?
- What is your role in management and planning for the Safe Space activities?
- How can you describe the participation of the women in the safe space activities?
- How you participate in the development the manual about the administration of the safe space. As users, what the benefit of this manual? Please explain.
- Please explain what is the security audit on GBV in the community? What did you do? What is the result of the audit/ assessment?
- What the Safe Space users training they received about the advocacy? Do you think that those women are able to launch advocacy campaign? Please tell more about the campaign

launched during the project? What is the issue of the campaign? What is the result of the campaign? What can be done further to improve the performance of these women?

- Please explain your experience about the time bank? How this idea was beneficial for the women?
- In your opinion, to what extent the project increase the capacity of professionals and volunteers in management of the safe space and the development and implementation of the CPPE? Please explain?

Annex 8: Interview with UHWC Management Staff

- In your opinion, what is the key or main achievement in this project? What are the factors that assist in achievement and the factors hinder non-achievement?
- Could you please elaborate in the management model used by the project in terms of monitoring, internal and external communication, lessons learned generation and sharing and accountability to the beneficiaries?
- What the campaign has been implemented during the project? What was the need for launching the campaign? What was the objective? Did it achieve its objectives? Who did participate in the campaign? Please explain?
- Could you explain how the standards for prevention and the integration of minimum response against GBV have been integrated into the CPPE?
- Could you explain the importance of CPPE for the UHWC and community?
- Could you please tell us about the women participation in the management and planning of the Safe Space? How active are these women?
- Please explain how the safe space administration manual was developed? What is the benefit of developing such manual?
- Please explain what is the security audit on GBV in the community? What did the women you do? What is the result of the assessment?
- What the Safe Space users training they received about the advocacy? Do you think that those women are able to launch advocacy campaign? Please tell more about the campaign launched during the project? What is the issue of the campaign? What is the result of the campaign? What can be done further to improve the performance of these women?
- Could you please explain the objective of running simulation of community protection in emergency? Who are the participants in the simulation? What is the result of the simulation?
- Could you clarify the aim of implementing PFA and first aid trainings and the logic behind the distribution the PFA and first aid kits? How did those who receive the PFA and first aid kits were selected?
- Could you explain the added value of providing information /awareness to the community about the CPPE? Was it effective?
- What are the factors of sustainability?
- What recommendations can you have for future improvement of similar interventions?

Annex 9: Interview with the Financial Manager and Procurement Manager

- What are the procurement processes adopted by UHWC through the project to ensure quality and competitive prices were maintained?
- How did you ensure that the goods and services are procured with reasonable price and with good quality?
- Did you conduct market survey before preparing the bid?
- How do you plan for the project optimization of the budget to ensure maximum project outputs?
- Were there any major deviations in actual expenses to the budget? If there, what are the variations and for what reasons?
- Was there any delay in the goods/ service supply? If there, what were the measures adopted by UHWC to compensate the delay?