

**v.-Reproductive Health and Violence Prevention Project in
Palestine
Evaluation and Capacity Building Assignment**

Final Evaluation Report

5 August 2016

**Submitted to:
The Palestine Red Crescent Society (PRCS), and The International
Federation of Red Cross and Red Crescent Societies (IFRC)**

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List of Abbreviations

CBHFA	:	Community Based health and First Aid programme
IFRC	:	International Federation of Red Cross and Red Crescent Societies
MoEHE	:	Ministry of Education and Higher Education
MoH	:	Ministry of Health
PA	:	Palestinian Authority
PFIA	:	Palestinian Food Industries Association
PMRS	:	Palestinian Medical Relief Society
PNDP	:	Palestinian National Development Plan
POA	:	Plans of activities
PRCS	:	Palestine Red Crescent Society
PCBS	:	Palestinian Central Bureau of Statistics
SoW	:	Scope of Work
ToR	:	Terms of Reference
ToT	:	Training of Trainers

Acknowledgement

The evaluator would like to extend his thanks and gratitude to all who contributed in providing information, data, comments and opinions, which enriched the assessment, its findings and its recommendations, most notably:

- Staff of the PRCS, and IFRC from the HQ and from the branches and clinics.
- Volunteers and beneficiaries participated in the interviews, and focus groups.

Executive Summary

In 2016, the International Federation of Red Cross and Red Crescent Societies (IFRC) on behalf of the Palestine Red Crescent Society (PRCS) commissioned an independent evaluation for the “Reproductive Health and Violence Prevention” Project (i.e. the Project).

This report presents the findings of the evaluation exercise with the aim to generate constructive discussion among the Project partners including IFRC, PRCS, national ministries, and local NGOs to generate knowledge, identify best practices and lessons learned that could inform and guide future interventions. The report aims at presenting the evaluation analyses and findings to the Project management, IFRC/PRCS, as well as to relevant stakeholders and partners

This report is structured according to the outline suggested by the assignment ToR. It includes an executive summary; purpose of the evaluation and methodology used; description the Project; evaluation analyses and findings; lessons learned and recommendations. Additional Annexes were also included at the end of the report.

As depicted in the ToR of the assignment, the objective of this final evaluation is composed of two parts: (i) measuring development results and potential impacts generated by the Project, based on the scope and criteria included in the assignment ToR; and (ii) developing PRCS internal evaluation capacity by developing the skills of project coordinators to be able to conduct quality evaluations. To achieve the previous objectives, the evaluator followed a comprehensive systematic and participatory evaluation approach. The evaluation employed qualitative evaluation tools with a combination of review of key documents and fieldwork including interviews, focus groups, personal observations, and site visits. Based on this approach, a systemized analysis was carried out highlighting the results achieved, impact on the beneficiaries, lessons learned in terms of implementation modalities, and recommendations for future interventions. More importantly, the evaluation approach relied on the evaluation standards and values of the IFRC Framework for Evaluation.

To achieve the second objective, a number of training sessions have been conducted for the PRCS staff and coordinators to introduce key principles and methodologies related to evaluation.

In terms of *relevancy and appropriateness*, the Project was designed to contribute in enhancing the reproductive health on community based health care services in five rural and marginalized communities in the West Bank and Gaza, as well as addressing the augmented

level of violence against marginalized groups including women and children with particular focus on Gaza community. Informant of the interviews and focus groups stressed on the appropriateness of the Project's two complements to the contextual realities and challenges that face the development of the Palestinian society. As these challenges do still exist, continuing and scaling up the Project's activities were seen by informants as a crucial need and should be considered in the future interventions.

Furthermore, the evaluation concluded that the Project's main objective, and its activities under the two components were fully aligned with the Palestinian national policies and plans. To a larger extent, the Project design and implementation took into account the needs and priorities of the targeted beneficiaries and communities. The Project design and implementation built on the results of the comprehensive needs assessment that was conducted by PRCS in 2013. The assessment identified a number of priority areas that are in need for intervention by the PRCS and other actors, which included the two components of the Project; including reproductive health and violence prevention. The selection of targeted locations for clinics support was based on specific criteria such as: number of served population, the needs of the community, the availability/or unavailability of similar services, and the coverage area of the existing clinics. In addition, combining health services (e.g. treatment, medicines, and examination) with the awareness raising and education enhanced the relevancy and suitability of the Project to the needs of the local beneficiaries.

In terms of *effectiveness*: Based on the evaluation matrix that was developed to assess the level of achievement of each output, the evaluation concluded that all the activities under the first outcome (i.e. reproductive health programme is enhanced in West Bank and Gaza, through primary health programme for 15,840 yearly consultations and 8,640 people through CBHFA activities) have been completed despite some delays in some of these activities (e.g. delivering and installing the equipment to the clinics, and the initiation of awareness sessions). For the second outcome (i.e. awareness on prevention of interpersonal violence is increased in Gaza with special focus to the most vulnerable groups, including women and children, for 3,600 direct beneficiaries and 10,800 indirect beneficiaries) the team managed also to complete all the activities and achieved the intended results with success despite the delay in implementing some of the activities (e.g. baseline survey, and the distribution of awareness materials). In total more than 11,000 citizens directly benefited from the different activities, in addition to 30,000 indirectly benefited. This represents about three times of the planned targets.

The *coverage* of the Project received a positive evaluation; the beneficiaries participated in the focus groups confirmed that the PRCS services were made available to the whole community without any discrimination or exclusion. Most importantly, the services of the clinics were provided to the country in a competitive low price (in some cases for free), which allowed low-income families to benefit from medical services as well as awareness and educational activities. It is worthy to note that although women represented the vast majority of beneficiaries of the Project (more than 90%), paying more attention to the integration of men into reproductive health activities would lead to more effective results. Since men play a key role not only in reproductive health and family planning, but also in minimizing physical and psychological violence.

There is a strong possibility to maximize the potential for the *sustainability and connectives* of the Project's activities and outputs after the end of the Japanese funding. In fact, the design of the Project relied heavily on existing, already functioning mechanisms, services, and resources of PRCS such as the clinics and the volunteers. A number of sustainability factors were identified including: The high level of commitment, experience, and knowledge of the staff and volunteers; the integration of the volunteers into the PRCS structure and services; the enhanced capacity of the volunteers through the ToT and capacity building approach that was used which allowed them to transfer the knowledge and skills to other volunteers; and the procurement of standard equipment for the five clinics which allowed these clinics to provide better health services that will remain available to the community after the end of the Project.

When possible, the Project relied on the available resources (e.g. volunteers, PRCS staff), and facilities (e.g. clinics, and branches), which increased the *efficiency* of the Project in terms of budget and time. The total budget of the Project was USD 500,000, funded totally by the Japanese government. The contribution (in kind in the form of human resources, and facilities) of the PRCS, which found to be significant, is not calculated in this amount. More than half of the budget was allocated to the reproductive health component due to the high cost of medical equipment, essential medicines, lab materials, disposables, and vitamins. From analyzing the budget, we found that about two thirds of the budget were allocated to direct project cost (activities of the two components), while the rest was used as indirect cost associated with management, human resources, and monitoring by PRCS (16%), and IFRC (16.6%). The implementation of key activities was delayed for several months, which affected the starting date of the subsequent activities. Moreover, the Project work plan didn't

take into consideration the sufficient time required to overcome the Israeli restrictions or needed time for mobilization and preparations.

Despite the short duration of the Project and the recent completion of its activities still the evaluation revealed a certain degree of promising potential as well as realized *impact*. The Project interventions aimed at introducing positive changes to the behaviors, attitudes, and knowledge related to reproductive health and interpersonal violence of the beneficiaries. This kind of societal and behavioral changes requires time and gradual complementary actions. Having said that, we still can claim that the Project was able to initiate and introduce positive behavioral changes and results that lead to improving the health, social, and economical conditions of the targeted communities. The Project managed also to lead to unintended results, and encouraged the implementation of complimentary activities. For example, the Project has awakened interest from other PRCS-CACs to undertake similar trainings for violence prevention have been conducted in the frame of different projects. PRCS and IFRC have included this area of work under forthcoming project on “Public Health in Emergencies in Gaza”, which will be funded by Government of Japan.

At the end of the report *lessons learned and key recommendations* are provided to inform the design and implementation of future interventions based on lessons learned and the experience of this Project.

Introduction

In 2016, the International Federation of Red Cross and Red Crescent Societies (IFRC) on behalf of the Palestine Red Crescent Society (PRCS) commissioned an independent “Reproductive Health and Violence Prevention” Project (referred to in this report as the Project).

This Evaluation Report is the conclusion of all fieldwork and data collection that took place during the past months. This report is considered to be the final deliverable of the assignment and aims at presenting the evaluation analyses and findings to the IFRC, PRCS, as well as to relevant stakeholders and partners.

The adopted evaluation approach was participatory, encouraging stakeholder involvement. This approach is based on the belief that the more responsive the design of a project is to the needs of those it intends to serve, the greater the positive impact of the project will be. The most effective evaluation is one that directly assesses the impacts of the project on intended beneficiaries and addresses the evaluation needs of the client. In addition, the evaluation approach relied on the evaluation standards and values of the IFRC Framework for Evaluation. The evaluation involved providing capacity building activities and coaching to PRCS staff on the principles and practices of evaluation so that they act as a pool of evaluation facilitators for future internal review or evaluation exercises for PRCS.

This report is structured according to the common evaluation standards. It includes an executive summary; description the Project; purpose of the evaluation and methodology used; evaluation analyses and findings; lessons learned and recommendations. Additional Annexes were also included at the end of the report.

Project Background

The “Reproductive Health and Violence Prevention” Project is a 12-months Project, funded by the Government of Japan, and implemented by the International Federation of Red Cross and Red Crescent Societies (IFRC) and the Palestine Red Crescent Society (PRCS). The total budget of the Project is USD 500,000 and includes two main components: (i) reproductive health, and (ii) violence prevention. The implementation of the Project started in April 2015, and was extended until July 2016 to allow for the completion of the final evaluation of the Project.

The stated outcome of the Project is “*to contribute to improve the health and well-being of Palestinian living in oPT, with special focus on the most vulnerable groups*”. To achieve this objective, a number of activities under two components have been conducted.

The following provides a summary of the implemented activities. More detailed analysis of the progress of the Project is provided under the “Effectiveness” section of this report.

Comp1: Reproductive Health:

Five clinics were targeted under this component; three in West Bank (Idhna, Qabatya, and Azmut), and two in Gaza Strip (Jabalya, and Deir Al Balah).

In addition to providing standard equipment to these clinics, the Project implemented inside and outside clinic activities such as: consultations, and awareness sessions. The PCRS staff including: gynaecologists, nurses, and female volunteers carried out these activities.

Comp 2: Violence Prevention:

Due to the severe humanitarian crises that face Gaza, this component focused mainly on five districts in Gaza including: Gaza, Jabalya, Deir Al Balah, Khan Younis, and Rafah.

Activities under this component included Training of Trainers (ToT) for volunteers, training and outreach activities, conducting surveys about the community attitudes and behaviours regarding violence, and producing and distributing awareness materials.

Purpose of the Evaluation

The stated overall purpose of this evaluation consultancy is two-folded;

- a) Conduct a final evaluation of PRCS/IFRC’ Reproductive Health and Violence Prevention project, jointly by PRCS/IFRC.
- b) Develop PRCS internal evaluation capacity by developing the skills of project coordinators to be able to conduct quality evaluations.

The assignment ToR listed a number of specific objectives under each main objective. These are:

Evaluation Objectives:

- Assess actual achievements to date versus planned results and objectives
- Assess the perception of the beneficiaries to the quality, relevance and effectiveness of the project interventions.

- Inform management decision making for on going or future work.
- Identify lessons (positive and negative) for improved programming, and to inform strategic policy and planning that could render improved results in the future.
- Accountability: determine whether work has achieved desired results (objectives), and/or has been conducted in compliance with agreed rules, standards, or expectations.

Capacity building objectives

- Design a comprehensive training plan on conducting evaluations and share it with PRCS and IFRC for endorsement
- Conduct an introductory workshop, to introduce key principles and methodologies. The training will be very practical and interactive so as to have maximum participation.
- Coach selected coordinators from PRCS to act as a pool of evaluation facilitators for future internal review or evaluation exercises for PRCS.
- At the end of training the participants should be able to:
 - Recognise the importance and principles of carrying out evaluations,
 - Identifying the data required,
 - Be confident in the use and application of the different approaches and methodologies that can be used to carry out evaluations,
 - Effectively analyse the data gathered in order to be able to use the information to inform the evaluation.

Annex A includes the ToR of the assignment.

Methodology

Given the limited time within the available budget, the methodology used in conducting the evaluation could not be based on large-scale survey data. Instead, we adopted an approach that relied on qualitative tools such as: structured interviews, review of existing data and documents, focus groups with beneficiaries and volunteers, and observations obtained from site visits.

As a major part of the Project's activities took place in Gaza, the evaluator relied on the assistant of experienced evaluation team in Gaza to carry out the data collection (interviews,

focus groups, and visits) with the help of the PRCS field coordinators. The findings and data collected from Gaza was then analyzed and integrated into the Final Evaluation Report.

Encouraging IFRC staff to engage in an interactive, iterative self-evaluation process based on mutual learning was also central to the evaluation. Building the technical skills of PRCS staff to be able to confidently carry out future Evaluations and understand the importance of M&E planning, design, and methods was also sought for during the evaluation.

Annex B includes the details of evaluation methodology. Annex C presents the details of the evaluation tools. Annex D included the questions used for the interviews and focus groups.

Constraints and limitations of the study

A number of encountered constrains and limitations have been encountered during the assignment, including:

- The difficulties in obtaining a permit to enter Gaza pushed for an alternative solution for data collection and interviews in Gaza. The consultant relied on two experienced evaluators in Gaza to gather the information and conduct the focus groups and interviews. The data and findings from Gaza fieldwork were integrated in the Evaluation Report.
- The allocated budget for the evaluation was appropriate to conduct the evaluation using qualitative techniques. This budget was not sufficient to allow a more comprehensive quantitative evaluation using a comprehensive survey as a tool.
- Timing and availability of people: The timeframe given to finish the assignment was two months which in our opinion was short given that the month of Ramadan and the Eid holiday took about 5 of the 8 weeks.
- The purpose of this evaluation is not of a financial audit: Financial records, audited reports, and compliance with IFRC/PRCS tendering, recruitment and sub-contracting procedures have not been examined in detail.

The consultant was aware of the above constrains and took necessary measures to overcome any limitation. None-the-less the consultant is satisfied that the Final Evaluation is representative and fair.

Evaluation Analyses and Findings

This chapter presents the analyses and findings of the evaluation of the Project. This analysis is based on the data collected through the various evaluation tools, which are described in the methodology section of this report.

To remain consistent with the assigned ToR, this chapter is organized according to the standard IFRC Framework for Evaluation which looks at the following criteria: relevance /appropriateness, effectiveness, coverage, sustainability/connectedness, efficiency, and impact.

Relevance and Appropriateness

According to the IFRC Framework for Evaluation, Relevance and appropriateness are complementary criteria used to evaluate an intervention's objectives and wider goal. Relevance focuses on the extent to which an intervention is suited to the priorities of the target group, and the validity of design. Appropriateness focuses on the extent to which an intervention is tailored to local needs and context, and compliments other interventions from other actors.

Contextual Relevance¹:

The prolonged Occupation of Palestine has affected all facets of Palestine life, and violated the human rights of the Palestinian people. The restrictions and policies imposed by the occupation hinder access to health, education, and social services. Moreover, the continuous blockade on Gaza, and the three wars in Gaza during the past years (2008-2009, 2012, and 2014), lead to further deterioration of living conditions, and damaged significant parts of health and education infrastructure.

In this context, Palestinian women are considered to be the primary care givers in Palestine, including the care of children, the elderly, and the infirm. As such, women in the West Bank and Gaza have been the most to suffer from the occupation, and military actions. Palestinian women and girls bear a disproportional burden of vulnerability to food insecurity, lack of access to knowledge, education and health services and gender based violence. In addition, the deteriorating economic conditions and the unrest that resulted from the PA fiscal crises

¹ The data and information included in this section were based on a review of relevant literature and reports. A list of these references is included in Annex D.

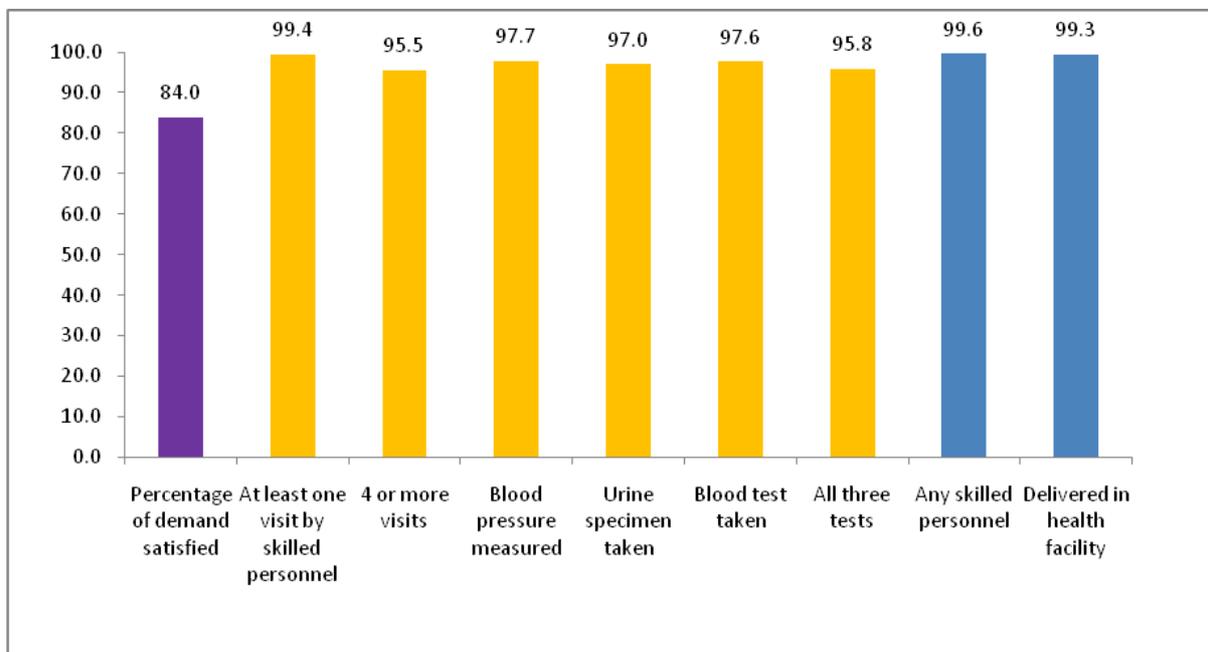
which led to a long strike of PA employees (in 2006), and then teachers (in 2016) have negatively affected the public service delivery such as health and education.

In light of the above, “reproductive health” and “violence against women and children” were among the major concerns for the society in general and for women in particular, and have been the focus of the national government, as well as non-state actors such as the civil society, local authorities, international organizations, and donors.

Reproductive Health:

According to the “Cross-Sectoral National Gender Strategy 2011-2013” Palestine has the second fertility rate in the Middle East at 4.6 births in 2007, and only 6.9% of Palestinian women decide the number of children they wish to have. As 39% of Palestinian women get married at an age below 19, many are at risk of complications related to early pregnancy, childbirth, and abortion. According to Palestinian Central Bureau of Statistics (PCBS), around 99.6% of pregnant women receive antenatal health care, and 99.3% of births in Palestine occur in health institutions. In addition, more than half of married women aged between 15 and 49 years in Palestine used a family planning method (about 57.2%) in 2014. The following figure presents key statistics related to reproductive health in Palestine.

Figure 1: Key statistics of reproductive health in Palestine (PCBS, 2016)



According to a study conducted by Juzoor, the percentage of Palestinian women receiving postnatal care doesn’t exceed 30%. This low rate of postnatal care indicates a lack of awareness among women of the importance of obtaining postnatal care, doctor’s failure to

inform women about the need to visit a health facility for postnatal care, and the prevailing social norms and traditions that don't allow the free movement of women within six week of childbirth.

Data obtained from the Ministry of Health (MoH) reports, indicated that maternal mortality represent the second cause of deaths for women in the reproductive age, while breast cancer is the leading cause of deaths among women.

Interpersonal Violence:

The prevailing political, economic, and security realities in the West Bank and Gaza have led to increasing the behaviour, and actions related to physiological, physical, and sexual intimate-partner violence.

The results of the “Violence Survey in the Palestinian Society-2011” published by PCBS, indicated that about 37% of women who ever been married were exposed to one form of violence by their husbands; 29.9% in the West Bank, compared to 51.1% in Gaza Strip. Furthermore, the stress and pressure placed on the population of Gaza Strip (including women, men, youth, and children) as a direct result of Israeli blockade, and previous wars have increased the level of home-based and interpersonal violence among Gazan population.

A recent study by Atcion Aid and Alianza on “ Violence Against Women in the Gaza Strip” found that 39.6% of women in Gaza have experienced at least one type of domestic violence since the end of Israeli war in the summer of 2014. The study highlighted the linkage between violence against women and reproductive health; 4.4% of women reported that their husband had at least once since summer 2014 not used birth control, even if asked; and that early marriage was mentioned as acts of social violence by focus groups and women who were interviewed.

Probably the most effected group by the conflict especially in Gaza are children and youth. According to UNICEF, more than 370,000 children require direct and specialized physiological support, as a result of extreme levels of stress, trauma, and anxiety, which were the consequences of the most intense fighting in the history of Gaza. This fact was also supported by OCHA, which reported that aftermath of 2014 war, Gazan's children are showing symptoms of increasing distress, including bed-wetting, clinging to parents, and nightmares.

Within this context, the Project was designed to contribute in enhancing the reproductive health on community based health care services in five rural and marginalized communities in the West Bank and Gaza, as well as addressing the augmented level of violence against

marginalized groups including women and children with particular focus on Gaza community.

Informant of the interviews and focus groups stressed on the appropriateness of the Project’s two complements to the contextual realities and challenges that face the development of the Palestinian society. As these challenges do still exist, continuing and scaling up the Project’s activities were seen by informants as a crucial need and should be considered in the future interventions.

Relevance to National Priorities and Plans:

The Palestinian National Plan (PNDP) 2014-2016, highlighted the need for building “ a more integrated healthcare system, providing high-quality, equitable public healthcare services for all” as one of the main strategic objectives under the social protection and development sector².

Both the reproductive health and the combating violence were targeted by specific priority policies that the government will implement and encourage over the PNDP three years. Table 1 lists the linkages between the PNDP and the two components of the Project.

Table 1: Linkage between the Project and the PNDP

Project Component	Priority Policy
Reproductive health	<ul style="list-style-type: none"> • Continue to develop primary healthcare service delivery, particularly mother and child care, and reproductive health, with a particular emphasise on postnatal health care (page 66).
Interpersonal Violence	<ul style="list-style-type: none"> • Provide protection and empowerment to children, women, young people, the elderly, and people with disabilities (page 14). • Protect women against all forms of violence, and continue to enact and amend legislation to promote easy access

² PNDP (2014-2016), page 62

	to justice and help women secure their rights (page 70).
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Furthermore, the Palestinian National Health Strategy (2014-2016) listed reproductive health as one of the top priorities for the sector through “improving practices and behaviours related to reproductive health and youth health by encouraging the use of family planning methods, raise awareness among mothers about natural breast feeding, and support breast cancer prevention programmes”.

As a result, we can conclude that the Project’s main objective, and its activities under the two components were fully aligned with national policies and plans.

Relevance to IFRC and PRCS:

The project was implemented by the PRCS in partnership with the IFRC. Both organizations have identified reproductive health and violence prevention among their areas of focus.

The IFRC’s “Strategy 2020” document defined three strategic aims and three enabling actions for the IFRC and its member national societies in order to achieve a common vision. Under the 2nd strategic aim “enable healthy and safe living”, reproductive health and childcare were listed among the specific priorities for action³. Violence prevention and mitigation was the focus of the 3rd strategic aim, which aimed at promoting “ social inclusion and a culture of non-violence and peace”⁴.

For PRCS, both reproductive health and violence prevention fall within the organization humanitarian and development mandate and mission in Palestine. This is clear from reviewing the PRCS Strategy and relevant literature;

In the case of reproductive health, interviews with PRCS staff found that prior to 2006 reproductive health, chronic diseases, and childcare were not part of PRCS core services, as these services were already taken care by MoH and its health centres. However, following the stopping of salaries of civil servants in 2006, several services (including the three we mentioned) have been negatively affected (and almost stopped) which created serious health consequences for the Palestinian community. Therefore, various community groups, and donors requested the PRCS to step in and add these services to its programs in Palestine.

³ IFRC Strategy 2020, page15

⁴ RC Strategy 2020, page17

After 2006 crises, PRCS was asked by MoH, community groups, and donors to continue offering these services due to the reputation of PRCS and the quality of services it provides. The flexibility and adaptability shown by the PRCS in this regard is a clear example of a sincere attempt by the organization to maintain relevancy and appropriateness to the priorities and conditions of the Palestinian local community.

Relevance to the Local Beneficiaries:

To a larger extent, the Project design and implementation took into account the needs and priorities of the targeted beneficiaries and communities.

In 2013, the PRCS conducted a comprehensive needs assessment to map out the local needs and existing gaps in order to inform the PRCS programming for the years to come. The assessment identified a number of priority areas that are in need for intervention by the PRCS and other actors. Example of these priority areas included:

1- Health related topics: chronic diseases, reproductive health; the need for more awareness, follow up and prevention to complement medical treatment and clinical interventions.

2- Community related topics: violence prevention and mitigation, especially in Gaza.

The results of this assessment study were used by the IFRC/PRCS to formulate the design of the Project in a responsiveness and relevant manner to the local needs.

Interviews and focus groups discussions in both the West Bank and Gaza confirmed the relevancy and appropriateness of the Project design and content to the needs of local beneficiaries. A number of examples could be given to support this argument:

- The selection of targeted locations for clinics support was based on specific criteria such as: number of served population, the needs of the community, the availability/or unavailability of similar services, and the coverage area of the existing clinics. Beneficiaries of Idhna clinic noted that “ although there are another two clinics in the community (one for MoH, and the other for PMRS), the quality and coverage of services of these two clinics don’t meet the need of the local community and that the PRCS clinic has better quality and interaction with the clients”. The same applies to Gaza clinics, where beneficiaries noted that: despite the availability of similar services from UNRWA clinics, these clinics suffer from inefficient and insufficient service delivery which make them prefer the PRCS clinics”.

- Combining health services (e.g. treatment, medicines, and examination) with the awareness raising and education enhanced the relevancy and suitability of the Project to the needs of the local beneficiaries. Many informants indicated that the various awareness sessions, education

activities topics and materials were directly related to their situation, and suitable to their level of understanding.

- The integration of Project activities with the PRCS Community Based Health and First Aid (CBHF) Programme volunteers improved the delivery and acceptance of the Project interventions among the local community. Related to that, the vast majority of focus groups participants stressed on the importance of having volunteers from the same geographic area who are well known by their local citizens and are familiar with the culture and norms of the community. This made it easier for the acceptance and welcoming by the community to the home visits and awareness sessions' conducted by the volunteers and staff.

In Idhna and Qabatya for example, PRCS's volunteers didn't need any prior permission from the Ministry of Education and Higher Education (MoEHE) to organize activities in or visits to schools. In fact, in many cases, schools and families requested the help of PRCS staff and volunteers to resolve social and cultural problems and conflicts.

- Regarding the appropriateness of the education and awareness materials; the evaluation team believe that both the topics and materials (e.g. brochures, leaflets, and posters) were beneficial to the target group, and fit their education and cultural beliefs. The printed materials have been tailored to the context and culture, and were produced in high quality standards. However, a number of beneficiaries suggested using audio/visual awareness tools such as short documentaries, and presentations during the waiting time at the clinics.

Notes on the Relevancy:

Despite the positive evaluation of the relevancy and appropriateness of the Project, a number of observations and comments should be mentioned here:

- The design of the Project was done by the IFRC and the PRCS HQ. A participatory approach was followed during the designing phase of the project where PRCS contacted the selected branches and discussed their needs. However, due to the short time that was available for preparing the proposal, the involvement of PRCS branches and clinics in the identification of the specifications of the equipment was limited.

Although some clinics carry out regular assessments of health needs in their areas, it wasn't clear to what degree the results of these assessments have been shared with HQ, or used as an input for the design of the Project.

- The coordination between PRCS and other local institutions (e.g. MoH, police, and municipalities) has taken place at the branch level. The coordination and sharing of information with the donor were done through regular meetings, visits, and quarterly update

reports. This coordination and sharing of information is seen to be sufficient for the size and level of complexity of the Project.

- Visibility: the design and implementation of the Project paid a good level of attention to the importance of visibility activities and tools. For example: stickers with Japanese flag have been stamped to all medical equipment and medicines and included in all awareness materials. Several supervision visits were conducted at the beginning of the project to the centres with the participation IFRC representative in Palestine including two visits to Nablus branch and Azmot centre. In addition, a number of high level visits were conducted to various Project' activities and sites including: a visit by the first Secretary and Head of Economic Cooperation at the Representative Office of Japan, and a visit by the IFRC Secretary General and the PRCS President. These visits were instrumental in shedding the light on the Project and its activities. However, the participation of national counterparts (e.g. MoH) in these visits would have improved the ownership and coordination between the Project and the national partners.

Effectiveness:

According to the IFRC Framework for Evaluation, effectiveness is a measure of the extent to which the intervention has or is likely to achieve its intended, immediate results based upon the objectives and related indicators as stated in the logical framework.

The Project's results framework is composed of an overall objective, two outcomes and several expected outputs for each outcome. To achieve the intended results, a number of activities were planned and implemented during the life of the JP. Figure 2 illustrate the Project Results Framework (PRF) as constructed from the Project proposal.

The evaluation examined the degree of fulfilling the identified outputs under the higher intended results. For this purpose, an output evaluation matrix was developed. This matrix assessed the level of achievement of each output based on the already established Indicators. The evaluation matrix is included in E.

To be able to evaluate the effectiveness (progress and status of each output), we relied on extensive review of the available progress reports (i.e. Project Updates Reports), direct observations through site visits, and information gathered from interviews and focus groups in West Bank and Gaza.

Figure 2: The Project Results Framework The health and well-being of Palestinian living in oPT, with special focus on the most vulnerable groups.

Outcome 1: Reproductive health programme is enhanced in primary health consultations and 8,640 people through CBHFA activities.

Outcome 2: Awareness on prevention of groups, including women and children, for 3,600 direct beneficiaries and 10,800 indirect beneficiaries.

Output 1.1: PRCS PHC centres in Idhna (Hebron), Qabalya (Jenin), Azmut (Nablus), Jabalya (Gaza) and Der Al Balah (Gaza) provided with updated basic equipment, medicines and disposables to undertake reproductive health consultation for 15,840 consultations per year.

Output 1.2: Awareness material prepared and printed to be use during awareness session in clinic and CBHFA sessions.

Output 1.3: Awareness sessions with the community organized once a week in each of the locations, through nurses and already trained CBHFA Volunteers for 4,800 direct beneficiaries.

Output 1.4: Home post-natal visit organized in each of the locations weekly through nurses and already trained CBHFA volunteers for 3,840 beneficiaries.

Output 2.1: 1 ToT for CBHFA volunteers in Gaza is conducted for around 25 volunteers focus on violence prevention and promotion of culture of peace.

Output 2.2: Trainees conducted training at local level in each of the districts: Jabalya, Gaza city, Deir Al Balah, Khan Yunis and Rafah, with a network of 100 volunteers.

Output 2.3: A baseline survey is conducted to better understand attitudes and behaviors, followed by a end-line survey at the end of the project.

Output 2.4: Awareness material adapted and printed to be use during awareness session with the community.

Output 2.5: Outreach activities, sessions and home visits, organized in each district, weekly, for 3,600 direct beneficiaries and

Evaluation of outcome 1:

The four outputs under this outcome aimed at enhancing the reproductive health programme and situation in the targeted locations through providing consultations, CBHFA activities, and improving the health services provided by the clinics.

All the activities under this outcome have been completed despite of some delays in some of these activities (e.g. delivering and installing the equipment to the clinics, and the initiation of awareness sessions). However, due to these delays, the number of yearly consultation, and the number of people benefited from the CBHFA activities fell shorter than the planned targets.

Evaluation of outcome2:

The focus of this outcome was to increase the awareness related to the prevention of interpersonal violence in Gaza, with special focus on vulnerable groups such as women and children.

Despite the delay in implementing some of the activities (e.g. baseline survey, and the distribution of awareness materials), the team managed to complete all the activities and achieved the intended results with success. In total more than 11,000 citizens directly benefited from the different activities, in addition to 30,000 indirectly benefited. This represents about three times of the planned targets.

Evaluation of the achievement of the over all objective:

The overall objective of the Project which aims at stabilizing the local community, alleviating tension, and promoting physical and mental health is at the core of both humanitarian and development priorities of the Palestinian community.

Certainly, the Project's different outputs and activities contributed to achieving the overall objective of improving the health and wellbeing of the Palestinian community, particularly the vulnerable groups such as women and children. Informants of the focus groups indicated that the Project has contributed in improving their "*understanding of and appreciation to the good practices related to reproductive health*" and "*positively changed their attitude and behavior toward interpersonal violence*".

Moreover, the level of coordination between the PRCS and the different stakeholders were given a highly positive feedback from volunteers and beneficiaries. The reputation of PRCS and the valuable community work of the Project enhanced the relations with local partners such as Police, Civil Defense, MoEHE/schools, and municipalities. In all the locations visited by the evaluator, the Project didn't face any difficulty in implementing activities, using local facilities, or accessing and outreaching to local citizens. The volunteers-for example- didn't require any prior permission to visit homes, or organize events in schools and kindergartens which is a clear indication of the acceptance and welcoming of the local community to the Project's activities and staff. In addition to the long experience of volunteers and staff which should increase the potential for the sustainability of this kind of community activities.

Coverage

According to the IFRC Framework for Evaluation, coverage refers to the extent population groups are included in or excluded from an intervention, and the differential impact on these groups.

As mentioned previously, the Project selected five areas for reproductive health services in the West Bank and Gaza based on specific criteria including: the population need for services, and the proximity of the selected areas to the most affected zones by the recent war in Gaza (mainly for the violence preventions component). The Beneficiaries participated in the focus groups confirmed that the PRCS services were made available to the whole community without any discrimination or exclusion. Most importantly, the services of the clinics were provided to the country in a competitive low price (in some cases for free), which allowed low-income families to benefit from medical services as well as awareness and educational activities.

The Project operated in a context where reproductive health services are seen as a topic more related to women than men. Although this understanding is not accurate, introducing changes to the attitudes and understanding of men on this issue requires a gradual mentality change to the mentality and behaviors of the community as a whole.

For this reason, the vast majority of direct beneficiaries of the Project (more than 90%) were women, which could be considered by some a positive indication in terms of gender targeting and inclusivity. Although men have benefited from the activities indirectly, paying more attention to the integration of men into reproductive health activities would lead to more effective results.

Men play a key role not only in reproductive health and family planning, but also in minimizing physical and psychological violence. Female beneficiaries believe that if the Project has offered a specialized separate health services to men under a different name other than “reproductive health” and by a male doctor or specialist, this would encourage men to benefit from the services.

Sustainability & Connectedness

According to the IFRC Framework for Evaluation, sustainability is concerned whether the benefits of an intervention are likely to continue once donor input has been withdrawn. Connectedness refers to the need to ensure that activities of a short-term emergency are implemented in a way that takes longer-term and interconnected factors into account.

There is a great potential for the Project's activities and outputs to continue after the end of the Japanese funding. In fact, the design of the Project relied heavily on existing, already functioning mechanisms, services, and resources of PRCS such as the clinics and the volunteers.

There are several factors that strengthen the sustainability of the Project, including:

- The high level of commitment, experience, and knowledge of the staff and volunteers.
- Volunteers are already integrated into the PRCS structure and services. Those volunteers were not hired for the sake of the Project only. Many of them have been volunteering with PRCS since years, and in some case more than 20 years. Interviews with some of those volunteers revealed a high level of commitment, and enthusiasm toward helping their communities under the PRCS umbrella (logo and vest).
- The ToT and capacity building provided to the volunteers through the Project and the PRCS programmes have enhanced their ability to continue the services after the Project. Many volunteers commended the ToT approach that was used as it allowed them to transfer the knowledge and skills to other volunteers.
- The procured standard equipment for the five clinics allowed these clinics to provide better health services that will remain available to the community after the end of the Project. The sustainability of the Project was strengthened by utilizing existing PRCS clinics that are already part of the PRCS operational budget, and have permanent staff. The management of the benefited branches confirmed that the running cost and salaries related to the clinics are already included in the branches budgets.

Moreover, equipping the clinics would allow these clinics to serve as emergency/first aid centers to in their community in case of emergencies such as invasions, war, or natural disasters.

Notes on the sustainability:

Despite the previous elements that are expected to improve the sustainability of the Project's output and impact, a number of comments should be mentioned on this regard:

- The health services of PRCS's clinics including those related to reproductive health are offered to the community in low nominal fees. In addition to that, needy patients are waived from paying any cost to receive the services. While, it is understood that this policy and practice are inline with the principles and values of PRCS (and IFRC) as an organization aims at "alleviating suffering and boosting the resilience of local communities", its impact on the financial sustainability of the reproductive health services should be taken into consideration through proper budgetary planning, and setting a system to support those needy people in coordination with relevant ministries (e.g. MoH, and Ministry of Social Development), and civil society organizations.
- The supplied medicines are expected to last for few months after the end of the Project (up to one year), which calls for the need to explore options to maintain a regular supply of necessary medicines.
- The skills and knowledge of volunteers were found to be relevant and of high quality. However, continuous education and training opportunities for volunteers (and staff) should be provided in a regular bases so that volunteers would remain up to date on the new methods, skills, and information relevant to their community work. The volunteers expressed their interest in receiving more training (new and refresher topics) especially on first aid skills, violence (sexual, physical, and psychological), and general life skills (e.g. communication and outreach, planning, and humanitarian response).

Efficiency

According to the IFRC Framework for Evaluation, efficiency measures the extent to which results have been delivered in the least costly manner possible.

Utilization of existing facilities and resources: The Project relied on the available resources (e.g. volunteers, PRCS staff), and facilities (e.g. clinics, and branches), which increased the efficiency of the Project in terms of budget and time; The Project utilized the equipment, and skills of PRCS staff in Ramallah to train twenty five volunteers and staff from Gaza, (5 from each locations; 5 locations). Those volunteers transferred the skills and knowledge to another 25 volunteers covering a larger area in Gaza. The Project didn't hire new staff neither it did cover operational expenses of the clinics which maximized the budget for direct Project cost (i.e. equipment, and awareness materials).

Budget: The total budget of the Project was USD 500,000, funded totally by the Japanese government. The contribution (in kind in the form of human resources, and facilities) of the PRCS, which found to be significant, is not calculated in this amount. More than half of the budget was allocated to the reproductive health component due to the high cost of medical equipment, essential medicines, lab materials, disposables, and vitamins. The in-direct cost of the Project (i.e. PRCS management, IFRC technical support, and IFRC management cost) accounted for USD 79,867, USD 48,309, and USD 34,84 respectively.

The following table presents the main budget lines of the Project:

Table 2: Summary of the Project budget

Item	Allocated budget (USD)	Percentage
Reproductive health - PHC	274,540	54.9%
Violence prevention programme in Gaza	62,400	12.5%
PRCS Management of the project	79,867	16.0%
IFRC Technical support and monitoring	48,309	9.7%
IFRC Administrative cost	34,884	7.0%

Total	500,000	100.0%
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From analyzing the budget, we see that about two thirds of the budget were allocated to direct project cost (activities of the two components), while the rest was used as indirect cost associated with management, human resources, and monitoring by PRCS (16%), and IFRC (16.6%).

Project timeframe: The original duration of the Project is 12 months, starting in April 2015. The Project was extended in agreement with the donor until July 2016 to allow for the completion of the final evaluation while delivering some pending equipment. The Project proposal included a work plan that indicated the estimated duration for each activity.

As mentioned previously, the implementation of key activities was delayed for several months, which affected the starting date of the subsequent activities. For example: the procurement of the medical equipment took more than the planned three months, and the training of volunteers by HQ staff was delayed for several months which deferred the violence prevention activities in Gaza. The Project work plan didn't take into consideration the sufficient time required for the mobilization and preparations. Furthermore, the Israeli restrictions related to the delivery of equipment and materials as well as issuing permits to enter Gaza should have been properly accounted from in the work plan.

The interviewed PRCS/IFRC staff are fully aware of those lessons and confirmed their intention to plan for such delays and requirements in the next interventions; for example they will procure and print the awareness material in Gaza instead of doing that in the West Bank. It should be noted, however, that the Project managed to complete all activities (except for the evaluation and minor procurement) within the planned Project duration despite the obstacles and delays.

Impact

According to the IFRC Framework for Evaluation, impact examines the positive and negative changes from an intervention, directly or indirectly, intended or unintended. It attempts to measure how much difference we make.

The short duration of the Project and the recent completion of its activities don't allow for the realization of the long-term impact of the Project at the time of conducting this evaluation. The Project interventions aimed at introducing positive changes to the behaviors, attitudes, and knowledge related to reproductive health and interpersonal violence of the beneficiaries. This kind of societal and personal changes requires time and gradual complementary actions.

Having said that, we still can claim that the Project was able to initiate and introduce positive behavioral changes and results that lead to improving the health, social, and economical conditions of the targeted communities.

The Project managed also to lead to unintended results, and encouraged the implementation of complimentary activities. For example, the Project has awakened interest from other PRCS-CACs to undertake similar trainings for violence prevention have been conducted in the frame of different projects. PRCS and IFRC have included this area of work under forthcoming project on "Violence Prevention and Public Health in Emergencies in Gaza", which is also funded by the Government of Japan.

Impact of the reproductive health component:

- The new equipment delivered to the five clinics have improved the health services in terms of quality and efficiency; Beneficiaries commended the additional features of the new ultrasound devices which allowed them to know the sex and the age of the baby, and to obtain a better image of the baby. The staff of the clinics noted their improved ability to diagnose medical issues and concerns that were not possible through the old equipment. Moreover the gynecologists indicated the enhanced efficiency in terms of the time needed for examining each patient; with the new equipment this time was reduced to half, which made it possible for spending more consulting time with the patients, and reduced the waiting time at the clinics.

- The improved medical services of the clinic encouraged more patients to use the PRCS clinics instead of going to private clinics, which are more expensive. The competitive advantage of the PRCS clinics (cost, and improved quality of services) resulted in reducing

the expenses of medical services for beneficiaries (mostly low-mid income) and thus improved the financial satiation of their families. Beneficiaries mentioned that: the fees of private clinics ranges from NIS 70 to 100 per visit, compared to NIS 15 to 25 per visits at the PRCS clinics. This means an average saving of NIS 50 per visit for each beneficiary excluding the cost of transportation needed to reach the private clinics inside or outside the targeted communities.

To illustrate the financial impact of PRCS clinics on the beneficiaries' families, the following table present quick calculations of the difference between the fees of PRCS clinics and those fees that beneficiaries would have to pay if they visited private clinics.

Table 3: Comparison of the cost of health services between PRCS clinics and private clinics

Clinic	Total beneficiaries(from Jan to April 2016)	Cost (NIS 20 per visit)	Cost of private clinic (NIS 70 per visit)
Qabatya	483	9,660	33,810
Azmot	480	9,600	33,600
Idhna	1,285	25,700	89,950
Deir Al Balah	830	16,600	58,100
Jabalia	870	17,400	60,900
Total	3,948	78,960	276,360

As we can see from the table, the estimated total saving from using the PRCS clinics instead of private clinics for beneficiaries in the past few months was about NIS 197,400.

- The awareness session and material distributed to beneficiaries at the clinics and during home visits have improved the knowledge and practice of women in areas related to reproductive health, breast cancer, post natal care, personal hygiene, etc. Many focus groups participants indicated that due to the awareness activities they became more open in discussing family planning options with their husbands. Another women noted that due to the health awareness sessions at Deir Al Balah clinic, the negative idea she used to have about natural breast feeding has changed, and now she advocates among her family and friends about the importance of breast feeding to the physical and physiological health of babies and mothers. In Qabatya, the staff and volunteers of the clinic convinced two young male, and female about the risks of getting married because they both carry thalassemia. In Idhna, one volunteer started visit the clinic as a patient, then she joined the volunteers group and became active in community outreach and service.

Impact of the violence prevention component:

- The training of volunteers in Gaza has equipped them with skills and knowledge, which built their capacity to carry out awareness and educational activities in their neighborhoods. As a result, many volunteers and beneficiaries indicated their improved ability to intervene and resolve conflicts and sensitive issues related to sexual violence (for example) at the family and community level. They noted also that they “have the ability now to transfer the gained knowledge to others –peer to peer-“. Some informants pointed out to the positive change in the attitude and position of their husbands related to their rights and violent treatment they used to receive due to their ability to speak openly with their husbands after the awareness sessions.

Example of success stories:

- One of the young girls used to be scared when her mother leaves the house due to a pacific old incident that happened to her. After the volunteers spoke with her and encouraged her to be more confidence and courage, her behavior changed 180 degrees.

- One of the female students used to lie and hide the fact that her mother is beating her. After building trust between her and the volunteers, the girl started to speak out and the volunteers referred her to the school social specialist.

- After a lecture about “ignorance and its relation to violence” one of the mothers approached the volunteers to consult with them about her seven years son who was suffering from depression. Through the consultation, it was discovered that the problem of the kid was due to the treatment he receives from his mother. The volunteers guided the mother on how to deal with her kid, which made his case much better.

- One of the female teachers used to compare between her 13 years old child and other children, she blamed him a lot telling him that others are better than him. After the awareness sessions, she stopped using this method and tried to give him incentives and to positively encourage him. She is noticing now that his marks at school are becoming much better and that her relation with him is totally changed to the better

- Another teacher was complaining from students' non-commitment and dispersion at class. She used to hit them to punish them. After some awareness sessions, she decided to use

different in-class activities to attract them, she expressed her happiness that students are committed and pay attention and that she is satisfied from the results.

- Some kids were shy to tell the truth that they are hit and abused at home, they trusted staff and the volunteers during different activities and start talking about their personal feelings and stories, support sessions were conducted for them and some visits with their families are planned to be done.

- One of the female students trusted the staff and the volunteers. She told them that a young man from her neighbors tried to pull her and sexually abuse her and that she went to their house and he was alone, he tried to kiss her. She left quickly and did not tell anyone, as she was afraid that she would be punished. When she told PRCS team, she was really shaking and crying, the team relaxed her and gave her some recommendations. She became stronger now and able to defend herself more.

Lessons Learnt and Recommendations

The evaluation analyses section highlighted several recommendations to be considered in future interventions. The following consolidates all these recommendations for future implementation:

- The conditions and needs of the Palestinian society remain relevant to the Project objectives and activities, and thus necessitate the continuation or replication of the activities in future programs.
- The Israeli restrictions on access and movement especially on Gaza caused most of the delays in the Project. More time and preparations should be considered in the future interventions. In addition, where possible, procurement of goods (such as printed awareness materials) should be done in Gaza.
- In some cases and locations, the specific context and culture of the community necessitated modifying the implementation approach of the awareness activities. For example in Azmut location, due to cultural sensitivities, the volunteers increased the number of awareness session inside the clinic.
- The number of days for reproductive health service in Idhna should be increased by one day to reduce the load on the staff, and the waiting time for patients.
- Some areas around the targeted communities are in need for health services, and it is difficult for people in these areas to come to the clinic. Therefore, it is suggested to consider using a mobile clinic where health services (such as reproductive health) can be provided to the remote communities.
- The interviewed beneficiaries expressed high degree of satisfaction of the services provided at the PCRS clinics. It would be more informative and accurate, if the clinics use a standardized satisfaction survey/tool to measure the satisfaction of the beneficiaries after each visit.

- More equipment and medicines are needed in particular in Gaza. For example: a monograph to help in the early diagnoses of breast cancer. PRCS can help the community in submitting this request to MoH as it is within the ministry's mandate.
- Although volunteers showed a high level of commitment to the PRCS mission and work, it would be helpful to provide some incentives to them such as: covering the transportation costs and other expenses.
- The health services of PRCS's clinics including those related to reproductive health are offered to the community in low nominal fees, and some needy families are waived from paying any cost to receive the services. This has an impact on the financial sustainability of the reproductive health services which should be taken into consideration through proper budgetary planning, and setting a system to support those needy people in coordination with relevant ministries (e.g. MoH, and Ministry of Social Development), and civil society organizations.
- The supplied medicines are expected to last for few months after the end of the Project (up to one year), which calls for the need to explore options to maintain a regular supply of necessary medicines.
- Continuous education and training opportunities for volunteers (and staff) should be provided in a regular bases so that volunteers would remain up to date on the new methods, skills, and information relevant to their community work.
- The vast majority of beneficiaries of the Project (more than 90%) were women, which could be considered by some a positive indication in terms of gender targeting and inclusivity. However, paying more attention to the integration of men into reproductive health activities would lead to more effective results. For future interventions, specialized separate health services should be offered for men under a different name other than "reproductive health" and by a male doctor or specialist.

- Findings and recommendations of the baseline study: Several issues and recommendations were mentioned by the baseline study. We list some of the most important ones here:
 - The most violent person within the family is the father. Accordingly, it was recommended to take in to consideration this issue during the designation of educational and awareness content to focus on using educational techniques through conducting awareness sessions (roles play, drama, case study) to reduce violence ratios.
 - The personnel and economic reasons are the most affective reasons for violence. Therefore, it was recommended to focus on providing solutions for these reasons during educational and awareness sessions.
 - There are a lot of violence manifestations that are practiced in Gaza strip such as; (physical, psychological, sexual, economic, social), but the most practiced and spread-out violence is the verbal violence particularly the verbal insult /offense. Also, the physical violence that included hair pulling and hit beside the psychological violence that included offense in front of others, jealousy, threat, and negligence. In addition to, economic violence that including deprivation of heritance and house expenses. All these violence types spread-out less than verbal violence. Therefore it is receomended to focus on various types of violence through awareness sessions.
 - The most vulnerable to violence, don't participate in educational and awareness sessions on violence and the mechanisms to deal with it. So, to raise the community awareness it was suggested that the selected participants of the awareness sessions should be from vulnerable to violence as one of the section criteria.

- A closing ceremony, and handover event should be organized with the participation of the donor, IFRC, PRCS, MoH, and other national partners.

Annexes

Annex A: ToR of the Assignment

Evaluation and Capacity Building ToR

PRCS/IFRC

Background

The Palestine Red Crescent Society (PRCS) is committed to quality and accountability in all areas of its work. The National Society makes great efforts to ensure that its programmes and services provide relevant and sustainable benefits to the people they aim to assist, particularly the most vulnerable members of society.

In the frame of the joint project PRCS/IFRC on Reproductive Health and Violence Prevention, funded by the Government of Japan, PRCS has to carry out an evaluation of the plan and implemented activities.

In addition, PRCS has also expressed a need to enhance its own internal evaluation capacity to ensure better performance and greater accountability by training its staff in the principles and practices of evaluations.

According to IFRC's mission to strengthen National Society capacities, as stated in its 2016 Operational Plan, IFRC will support PRCS to enhance accountability systems, through improvement of its capacity to carry out evaluations.

This proposal aims to increase the knowledge and skills of PRCS staff to carry out effective evaluations. This will be achieved through traditional training methods as well as through a coaching and learning-by-doing approach, where PRCS staff will have an opportunity to increase their evaluations skills by working closely with the technical expert hired to carry out an evaluation of the aforementioned programme.

The knowledge and experience gained through this training will guide further efforts to develop the overall PMER capacity within the PRCS. The mentioned project on Reproductive Health and Violence Prevention will be used as an example to implement the capacity building action.

Purpose

The overall purpose of this consultancy is two-folded;

- a) conduct a final evaluation of PRCS/IFRC's *Reproductive Health and Violence Prevention* project, jointly by PRCS/IFRC
- b) develop PRCS internal evaluation capacity by developing the skills of project coordinators to be able to conduct quality evaluations.

Specific Objectives of the consultancy

Evaluation Objectives

The evaluation should accomplish the following objectives:

- Assess actual achievements to date versus planned results and objectives
- Assess the perception of the beneficiaries to the quality, relevance and effectiveness of the project interventions.
- Inform management decision making for ongoing or future work.
- Identify lessons (positive and negative) for improved programming, and to inform strategic policy and planning that could render improved results in the future..
- **Accountability:** determine whether work has achieved desired results (objectives), and/or has been conducted in compliance with agreed rules, standards, or expectations.

Capacity building objectives

The consultant is expected to:

- Design a comprehensive training plan on conducting evaluations and share it with PRCS and IFRC for endorsement
- Conduct an introductory workshop, to introduce key principles and methodologies. The training will be

- very practical and interactive so as to have maximum participation.
- Coach selected coordinators from PRCS to act as a pool of evaluation facilitators for future internal review or evaluation exercises for PRCS. This should be conducted throughout the course of the evaluation of the Reproductive Health and Violence prevention project, where PRCS staff will have an opportunity to use the evaluation methods introduced in the introductory workshop
- At the end of training the participating will be able to:
 - Recognise the importance and principles of carrying out evaluations,
 - Identifying the data required,
 - Be confident in the use and application of the different approaches and methodologies that can be used to carry out evaluations,
 - Effectively analyse the data gathered in order to be able to use the information to inform the following:
 - ✓ the extent to which projects achieved their goal and specific objectives
 - ✓ test the relevance, adherence to Fundamental Principles, Strategy 2020, PRCS Strategy 2014-2018, effectiveness, efficiency, coverage, impact, and sustainability of the project's interventions.

The action will build the technical skills of PRCS staff to be able to confidently carry out future Evaluations and understand the importance of M&E planning.

Methods and tools

The methodologies covered in the training and the methods used to carry out the evaluation will adhere to the [IFRC Framework for Evaluation](#) with particular attention to the processes upholding the standards of how evaluations should be planned, managed, conducted and utilized.

The IFRC Evaluation Standards are:

1. **Utility:** *Evaluations must be useful and used.*
2. **Feasibility:** *Evaluations must be realistic, diplomatic, and managed in a sensible, cost effective manner.*
3. **Ethics & Legality:** *Evaluations must be conducted in an ethical and legal manner, with particular regard for the welfare of those involved in and affected by the evaluation.*
4. **Impartiality & Independence:** *Evaluations should be impartial, providing a comprehensive and unbiased assessment that takes into account the views of all stakeholders.*
5. **Transparency:** *Evaluation activities should reflect an attitude of openness and transparency.*
6. **Accuracy:** *Evaluations should be technical accurate, providing sufficient information about the data collection, analysis, and interpretation methods so that its worth or merit can be determined.*
7. **Participation:** *Stakeholders should be consulted and meaningfully involved in the evaluation process when feasible and appropriate.*
8. **Collaboration:** *Collaboration between key operating partners in the evaluation process improves the legitimacy and utility of the evaluation.*

The exact details of the methodology will be determined by the consultant in collaboration with IFRC, PRCS and IFRC will include the following key elements.

- **A desktop review** of operational background including documents relevant to the intervention context and history as well as any additional sources of secondary data will be considered.
- **Field visits / observations** will be carried out in selected sights.
- **Surveys with beneficiaries of the project**
- **Key Informant Interviews (KIIs) and Focus group discussions (FGD)** will be carried out with institutional stakeholders and beneficiaries where appropriate.

Training reference materials

- IFRC M&E guidance,
- IFRC framework for evaluation,

Expected participants

- These are the selected project coordinators who already undertake CB-PMER training

Criteria for participation

All participants are required to undertake the online M&E course, which is available in the IFRC e-learning platform for free to all RCRC staff and volunteers (you only need to register):

<https://ifrc.csod.com/client/ifrc/default.aspx>

Date and Location

The CB action and evaluation have been scheduled for April and May 2016, exact date to be confirmed.

The introductory module will take place in PRCS headquarters, Ramallah with the evaluation and learning-by-doing elements will be carried out in the field.

Certificates

Participants who have attended all sessions and have been successful supported the evaluation will be awarded a certificate validated by PRCS and IFRC.

Annex B: Detailed Evaluation Methodology

To achieve the assignment objectives, the evaluation methodology followed four phases:

Phase 1– Inception phase

During the inception phase, in close consultation with PRCS, the consultant finalized the conceptualization of the approach and agreed on a detailed work plan with clear tasks and deadlines for the completion of the baseline and the final evaluation. The joint discussions addressed the following:

- General Project overview and a more detailed account of the evaluation's objectives;
- Roles, responsibilities and support expectations (by and from the project's team for the evaluation);
- The core team to be assigned by PRCS for helping in conducting the evaluation, and gaining the required experience and knowledge.
- Evaluation methodology, reference framework, data collection and analysis;
- Reporting and modes of communication.
- Evaluating Gaza activities: identification of support staff in Gaza, as well as the tools to be used for communication and coordination.

Based on this discussion the consultant:

- Developed evaluation questions (based on the scope of the ToR).
- Proposed the work plan for the evaluation.
- Confirmed the final time schedule.

The inception phase started by preliminary **meetings with the project team** (or contact point for the evaluation) to enable the consultant to acquire a better understanding about the intervention, to fine-tune suitable evaluation tools and activities, to decide on various operational modalities (e.g. organization, communication) for conducting the evaluation.

Desktop-review: In addition to the detailed work plan, this inception phase included a compilation and the desk review of relevant Project documents (e.g. project proposal, project's updates, meeting notes, reports, awareness material, procurement lists, etc.).

Developing a conceptual framework and preparation of evaluation materials /

proceedings. Following the desk review and discussions with the project team, the consultant was able to proceed and design an indicative approach to the overall assessment of the Project in addition to a conceptual framework and corresponding tools/ materials/ activities for the baseline and final evaluation. The conceptual framework included:

- Identification of applicable reference framework for the evaluation (outcomes and outputs as identified in the relevant documents of the Project);
- Strategic selection of evaluation stakeholders at different levels to address the Project' different types and levels of activities and potential impact and modes of data collection/ interviews (face-to-face structured interviews, Skype/ teleconference, focus groups, site visits) their sequencing and timing of evaluation activities;

- Establishing contacts with selected partners and stakeholders, setting organizational wheels into motion for set up of workshops/ focus groups, personal and remote interviews;

Inception Phase Output: The output of the inception phase was an orientation workshop to present to PRCS' team the proposed methodology, and tools for conducting the evaluation. The workshop was also used as a platform for coaching and orienting the PRCS staff of evaluation methods and techniques. More importantly, during the workshop the evaluation work plan was presented and discussed.

Phase 2 – Data Collection Phase

Immediately after the inception phase workshop, the data collection phase was begun. The following describe the four rounds of information/ data collection:

Round 1: Structured interviews with project management, partners, and stakeholders:

This round of data collection included structured interviews with:

- i. PRCS staff, who have been directly involved in the implementation and monitoring of the project;
- ii. Supporting staff/departments.
- iii. Nurses and gynecologists involved in the delivery of reproductive services.

The aim of this round of interviews was to assess the projects' *management* and *efficiency* dimensions from different perspectives. Rationale for how the project was designed, set up, synergies, coordination and resources allocation; interaction with beneficiaries and stakeholders', challenges faced and methods chosen to overcome them, among others were also explored.

Round 2: Focus group discussion (FGD) with Project beneficiaries and Volunteers

The second round of information gathering was conducted through focus group discussions with the Project's beneficiaries and volunteers. Topics/questions central to the evaluation, asset out in the TORs guided the focus group discussions.

The objective of the focus groups discussions was to efficiently extract relevant insights and information about the Project's relevance, effectiveness, and sustainability based on results, achievements, implementation challenges and lessons learned.

Simultaneously, the focus groups aimed also to prompt partners/beneficiaries to engage in an interactive self-evaluation process based on reflection, analysis and mutual learning. Experience shows that such approaches tend to elicit a greater experiential value, ownership, and commitment and for the stakeholders to take responsibility for implementing any changes they recommend.

The role of the consultants was to facilitate this learning process as well as to ensure that perspectives and insights of all stakeholders and partners are taken into account.

Round 3: Site visits

In addition, site visits were conducted to selected Primary Health Care centres (PHC) centres that were equipped through the Project. These are :Idhna(Hebron), Qabatya (Jenin), Jabalya (Gaza) and Deir Al Balah (Gaza).

During the site visits, the consultant had the chance to meet with different partners and investigate the impact of the project on the targeted population.

Evaluation Standards and Criteria

The methodologies covered in the coaching and the methods used to carry out the evaluation adhered to the IFRC Framework for Evaluation with particular attention to the processes upholding the standards of how evaluations should be planned, managed, conducted and utilized.

The **IFRC Evaluation Standards** are:

9. **Utility:** Evaluations must be useful and used.
10. **Feasibility:** Evaluations must be realistic, diplomatic, and managed in a sensible, cost effective manner.
11. **Ethics & Legality:** Evaluations must be conducted in an ethical and legal manner, with particular regard for the welfare of those involved in and affected by the evaluation.
12. **Impartiality & Independence:** Evaluations should be impartial, providing a comprehensive and unbiased assessment that takes into account the views of all stakeholders.
13. **Transparency:** Evaluation activities should reflect an attitude of openness and transparency.
14. **Accuracy:** Evaluations should be technical accurate, providing sufficient information about the data collection, analysis, and interpretation methods so that it's worth or merit can be determined.
15. **Participation:** Stakeholders should be consulted and meaningfully involved in the evaluation process when feasible and appropriate.
16. **Collaboration:** Collaboration between key operating partners in the evaluation process improves the legitimacy and utility of the evaluation.

Prospective Guiding Questions/Topics

Relevance and Appropriateness	<ul style="list-style-type: none"> ▪ Have the thematic areas of intervention chosen by PRCS been relevant to the individual and collective needs and priorities? ▪ What else should have been done as part of the project? Were there alternative uses of the support, which would have been preferable in being better, aligned with needs? ▪ How does the implementation of the project align with the original Pro Documents and applicable relevant reference frameworks? ▪ What was the added value of the implementing agency under this Project? ▪ Adequate assessment of local implementation capacity; ▪ Stakeholder participation in the design and in the management/implementation of the project, the level of local ownership, and issues of absorption capacity; ▪ The quality of design in terms of: <ul style="list-style-type: none"> ▪ Clarity and internal consistency of the stated objectives; ▪ Appropriateness of the Key Performance Indicators (KPIs) as in the logical framework; ▪ Realism in the choice and quantity of inputs (financial, human and administrative resources). 	<i>Multi-level & triangulation approach</i>
Effectiveness	<ul style="list-style-type: none"> ▪ Have the objectives of the project been fulfilled or are likely to be fulfilled in relation to the identified indicators? ▪ What progress have the project made towards achieving the expected results? What are the reasons for not achieving any of the results? ▪ What was the project's impact on direct and indirect beneficiaries, and the local community in general? ▪ Does the intervention have effective monitoring mechanisms in place to measure progress towards results? ▪ What has not worked and why? What are the limitations of the approach? 	<i>Multi-level & triangulation</i>

- What obstacles to the support have been faced and what measures were taken to overcome them?
- The extent to which the intended results could have been achieved at a higher level of quantity / quality by changing for example:
 - Responsiveness and flexibility of project management;
 - Monitoring of risks and external factors;
 - Balance of responsibilities between the various stakeholders;
 - Accompanying measures taken or to be taken by the partner authorities.

Efficiency and Coverage

- Do the achievements and outputs justify the cost?
- Were the arrangements of the service efficient in terms of the ability to reach objectives and obtain quality outputs?
- Was the duration of implementation period appropriate?
- Have the management of the project and consultative arrangements established?
- Have the implementing agency structure and coordination mechanisms effectively supported the delivery of the project?
- Did the implementing agency maintain open channels and responsive communication with local partners and beneficiaries?
- Has the diversity of methodologies used in interventions contributed to the overall effectiveness?
- Was the relationship between the project costs and results reasonable?
- Was the M&E Plan systematically applied and was it appropriate to the project?
- Have the project-managed risks effectively?
- Have the most efficient approaches been used during the implementation of the activities?
- Assess operational work planning and implementation (input delivery, activity management and delivery of outputs), and management of the budget (including cost control and whether an inadequate budget was a factor).
- The quality of information management and reporting, and the extent to which key stakeholders have been kept adequately informed of project activities (including beneficiaries/target groups);

Project management

Sustainability and Connectedness

- What plans are there for the future of the project after funding ceases? What will continue and what is likely to come to a halt?
- What, if anything, could have been done to improve sustainability?
- Are there follow-up needs, which could improve sustainability?
- To what extent did the project establish processes and systems that are likely to support the implementation of similar interventions?
- Are the involved parties willing and able to continue the work after the end of the project support and funding?
- Ownership: how far all stakeholders were consulted on the objectives from the outset, and whether they agreed with them and continue to remain in agreement;
- The adequacy, accuracy consistency of the project budget for

Focus groups

its purpose particularly phasing out prospects;

Impact	<ul style="list-style-type: none">▪ Will the type of interventions lead to the realization of the indicators outlined in the project design?▪ What was achieved in terms of “improving reproductive health on community based health care services bases for marginalized and vulnerable people”?	<i>Multi-level & triangulation</i>
Lessons learned & recommendations	<ul style="list-style-type: none">▪ What concrete lessons learned and take away can be applied for future programming?	<i>Focus Groups, and Interviews</i>

Phase 3 – Analysis and consolidation of desk and fieldwork findings

Composite analysis of both desk review and the more qualitative insights gained during fieldwork formed the final and the most critical part of the evaluation. Both were consolidated to produce the draft and then final evaluation report and operational as well as strategic recommendations. The analysis was based on the objectives set out in the ToR and followed the standards and values of the IFRC. Where possible, the core team of PRCS was given specific tasks in the analysis and drafting of findings and recommendations as part of the coaching/training part of this assignment.

Phase 4 – Producing the Draft Evaluation Report

Upon completion of the research and the data collection phase, the consultant produced a draft evaluation report, which was shared with PRCS/IFRC team to seek their comments and suggestions.

Phase 5 – Presentation of Evaluation Findings and Producing the Final Report

A power point presentation of the revised draft final report was organized along with a 2-day training session for PRCS staff. The purpose of the presentation was to validate and check the factual basis of the evaluation, and to discuss the draft findings, conclusions and recommendations.

On the basis of comments made by participants, a final version of the evaluation report was produced and submitted to PRCS/IFRC.

Annex C: Details of Evaluation Tools

A. Structured interviews:

Several interviews were conducted with key stakeholders, including:

1. Mrs. Fatma Skaik, Acting Director Of Primary Health Care, PRCS.
2. Mrs. Amelia Marzal, Head of Country Cluster, IFRC.
3. Dr. Wael, Manager of Health Services of PCRS.
4. Mrs. Maha Iqtish, PRCS, Ramallah.
5. Mr. Jamal Tmaizy, Administrative Manager of Idhna PRCS Branch.
6. Dr. Wafa Odeh, Gynaecologist at Idhna Clinic.
7. Mrs. Taghreed Qabajeh, Nurse at Idhna Clinic.
8. Mrs. Kefaya , Social Worker at Idhna PRCS Branch.
9. Dr. Amal Shaikh Ibrahim, Gynaecologist at Qabatya Clinic.
10. Mrs. Abeer , Nurse at Qabatya Clinic.
11. Mrs. Sahera , Social Worker at Qabatya PRCS Branch.
12. Dr. Ramez Dosh, PRCS, Gaza.
13. Mrs. Nahed Saqer, PRCS Coordinator, Gaza.
14. Mr. Mahmoud Al Ata, PRCS Jabalya Branch Manager.
15. Mr. Tawfiq Labad, PRCS Deir Al Balah Branch Manager.
16. Mr. Jihad Abed, PRCS Rafah Branch Manager.
17. Mrs. Boshra Masoud, Social Socialist, Jabalya.
18. Mrs. Hamada Najjar, Social Socialist, Rafah.

B. Focus Groups:

1. Focus group with eight beneficiaries of Idhna Clinic on June 12, 2016 (all were females).
2. Focus group with eight volunteers from Idhna PRCS Branch on June 12, 2016 (all were females).
3. Focus group with nine beneficiaries from Qabatya clinic on June 16, 2016 (all were females).
4. Focus group with six volunteers from Qabatya PRCS Branch on June 16, 2016 (all were females).
5. Focus group with six volunteers in Jabalya on June 12, 2016
6. Focus Group with seven volunteers in Deir Al Balah on June 16, 2016
7. Focus group with six beneficiaries in Deir Al Balah on June 16, 2016
8. Focus group with seven volunteers in Shaikh Ejleen on June 24, 2016
 1. Focus group with eleven beneficiaries in Rafah June 29, 2016.
- 9.

C. Documents Review

A thorough review of key documents and reports related to the Project was carried out. Some of these documents and reports included:

2. Project Proposal.
3. Various PNA strategies including: Palestinian National Development Plan 2014-2016 (PNDP), and Cross Sectoral Gender Strategy 2011-2013, and Palestinian National Health Strategy (2014-2106).
4. Strategy 2020: Saving Lives, Changing Minds-IFRC
5. Strategic Plan of PCRS.
6. Country Assessment of the Sexual and Reproductive Health and Rights (SRHR) situation in Palestine, December 2015.
7. Main Findings of Violence survey in the Palestinian Society, PCBS, 2011.
8. PCBS Press Release on the Occasion of International Health Day (07/04/2016)
9. OCHA Situation Reports (September 2014).

10. OCHA Humanitarian Bulletin (August 2015)
11. Violence Against Women in Gaza Strip After Israeli Military Operation (2014), Alianza por la Solidaridad (ApS) and ActionAid (AA), October 2015.
12. Gaza Children in the Edge, UNICEF, 2014.
13. Towards a Multi-Dimensional Look at the Health of Palestinian Women Report, Juzoor , 2010.

D. Site Visits:

14. A site visit to Idhna Clinic on June 12, 2016.
15. A site visit to Qabatya Clinic on June 16, 2016.
16. A site visit to Rafah Clinic on June 29, 2016.
17. A site visit to Jabalya Clinic on June 12, 2016.
18. A site visit to Deir Al Balah clinic on June 16, 2016.

Annex D: Questions Used in Interviews Focus Groups:

Questions for the Clinics staff:

- 1- what are the services that you are providing to the community?
- 2- how many beneficiaries visit/benefit from the services in a monthly/yearly bases?
- 3- what was the “contribution “ of the project to the clinic? How did that improve your work?
- 4- what were the main encountered challenges related to the project?
- 5- Do you have any recommendations for improvement/future interventions?

Questions for volunteers:

- 1- what was your role in the project?
- 2- what were the main activities that you participated in?
- 3- how do you evaluate the interaction with the community?
- 4- what were the main encountered challenges related to the project?
- 5- Do you have any recommendations for improvement/future interventions?

Annex E: Output Evaluation Matrix

Outcome/output	Indicators	Evaluation Results
Outcome 1: Reproductive health programme is enhanced in West Bank and Gaza, through primary health programme.	# of yearly consultations (Target: 15,840) #people benefited by the CBHFA activities (Target: 8,640 people)	
Output 1.1 PRCS PHC centres in Idhna (Hebron), Qabatya (Jenin), Azmut (Nablus), Jabalya (Gaza) and Der Al Balah (Gaza) provided with updated basic equipment, medicines and disposables to undertake reproductive health consultation.	# number of PHC equipped.(Target: 5) # number of people benefiting per month. (Target: 1,320)	Five PRCS PHC clinics were provided with standard equipment (e.g. ultrasounds, baby scale, stethoscope, etc.) and various kinds of medicines and vitamins. Due to procurement procedures and restrictions imposed by Israel (mainly on Gaza) the delivery and installation of equipment were delayed. For example: The ultrasound for Idhna clinic was delivered in January 2016, and Qabatya in April 2016 (the planned delivery date according to the Project plan was July 2015). The new equipment has improved the services and efficiency of the clinics, which resulted in increasing the number of benefices/patients every month. In average 800 people are benefiting per month in all clinics (less than the target)
Output 1.2 Awareness material prepared and printed to be use during awareness session in clinic and	# number of topics addressed (Target: 3) %of sessions using awareness material (Target:	Arabic awareness materials (e.g. leaflets, posters, etc.) were produced, and distributed. More than 40,000 copies of brochures

<p>CBHFA sessions</p>	<p>90%)</p>	<p>covering seven topics (Child Nutrition, Breast Self-examination, Feeding pregnant woman, Colic in children, Anemia, Diarrhea, and Care of elderly) were printed in West Bank and distributed in West Bank and Gaza. Distribution included PHC centres and PRCS-Community Awareness Committees (CACs). For awareness session and home visits being undertaken by CACs the awareness materials were always used as the information of reference being delivered to the participants.</p> <p>Informant of focus groups, and staff confirmed that more than 90% of the organized awareness sessions have used the developed materials.</p>
<p>Output 1.3 Awareness sessions with the community organized once a week in each of the locations, through nurses and already trained CBHFA Volunteers for 4,800 direct beneficiaries.</p>	<p># number of outreach activities per month (Target: 20) # average number of participants in each session(Target: 20)</p>	<p>Outreach activities were implemented in the five locations since January 2016. Nurses and the trained CBHFA volunteers conducted more than 80 awareness activities and sessions (inside and outside the clinics).</p> <p>In average 20 sessions have been conducted per month, and more than 900 citizens have benefited from these sessions (more than 95% were females).</p> <p>According to data obtained from volunteers and nurses, the average number of participants in each session exceeded 20 people.</p> <p>Due to the delay in delivering the equipment and the awareness materials and since the awareness sessions were linked to these two activities, the target for the total direct</p>

		beneficiaries was not achieved.
<p>Output 1.4 Home post-natal visit organized in each of the locations weekly through nurses and already trained CBHFA volunteers for 3,840 beneficiaries</p>	<p># number of home visits per month (Target: 20) # average number of participants in each visit (Target: 4)</p>	<p>The home post –natal visits started in November 2015 in the four locations. In Azmut location (Nablus district) the CAC volunteers realized that the culture in the community is not encouraging this type of community activity. Therefore, the CAC volunteers have increased the number of awareness sessions inside the clinic.</p> <p>About 250 home visits were conducted (more than 60 per month). The total number of people who attended the sessions during the home visits exceeded 800. The average number of participants in each session reached 4.</p>
<p>Outcome 2: Awareness on prevention of interpersonal violence is increased in Gaza with special focus to the most vulnerable groups, including women and children.</p>	<p># of direct beneficiaries (Target: 3,600 persons) # of indirect beneficiaries (Target: 10,800persons)</p>	
<p>Output 2.1 1 ToT for CBHFA volunteers in Gaza is conducted for around 25 volunteers focus on violence prevention and promotion of culture of peace</p>	<p>%of trainers already trained in CBHFA. (Target: 100%) # number of participants (Target: 25) %of trainees setting PoA (Target: 100%)</p>	<p>ToT was delivered by PRCS HQ staff for 25 volunteers representing five areas in Gaza including: Jabalya, Deir Al Balah, Shaikh Ejleen, Maen, and Rafah. The training was conducted in four days (24 hours in total) and focused on violence prevention and proposition of culture of peace.</p> <p>As a result of the training, plans of activities</p>

		(POA) were prepared for each location. It could be concluded that all indicators under this output have been achieved.
Output 2.2 Trainees conducted a training at local level in each of the districts: Jabalya, Gaza city, Deir Al Balah, Khan Yunis and Rafah, with a network of 100volunteers	% of trainees that conducted local training (Target: 100%) # number of participant in each local training (Target: 25)	Training on violence prevention was conducted by the PRCS staff and trained volunteers in five areas in Gaza. About 129 community volunteers benefited from the training. The training covered various topics related to violence prevention and mitigation.
Output 2.3 A baseline survey is conducted to better understand attitudes and behaviors, followed by an end-line survey at the end of the projectIndicators	# number of surveys conducted (Target: 2) % of relevant findings addressed through the project (Target: 60%)	Two surveys were conducted: (1) a baseline survey in November 2015; and (2) an end-line survey in March 2016. The findings and recommendations of the baseline survey informed the activities of the Project, while the results of the end-line survey were valuable for the design of the new project “ Public Health in Emergencies and Violence Prevention” which is funded by the Japanese government “ and will start soon. The implementation of the baseline survey faced a 6 months delay (originally planned to start in the 2 nd month of the Project-May 2015). The stated reasons behind this delay included: the contractual complications with the selected service provider, and the difficulties in obtaining permits to enter Gaza.
Output 2.4	# number of topics addressed (Target: 3)	About 10,000 copies of a comprehensive

<p>Awareness material adapted and printed to be use during awareness session with the community</p>	<p>% of sessions using awareness material (Target: 90%)</p>	<p>brochure that is tailored to the local context were produced and printed. The brochure included topics related to violence prevention. The brochure was distributed and used in the awareness sessions in PRCS branches in Gaza.</p> <p>All indicators under this output have been achieved. Despite the fact that the distribution of the brochure in Gaza was delayed for seven months (from May 2015 to Dec 2015) due to the difficulties in getting the brochure to Gaza from the West Bank.</p>
<p>Output 2.5 Outreach activities, sessions and home visits, organized in each district, weekly, for 3,600 direct beneficiaries and 10,800 indirect beneficiaries</p>	<p># number of outreach activities per month (Target: 20)</p> <p># average number of participants in each (Target: 20)</p>	<p>More than 160 outreach activities, sessions, and home visits were organized in the five areas of Gaza. The total number of participants and beneficiaries of these activities exceeded 11,000 persons. It is estimated that at least 85% of those beneficiaries were women, and more than 50% were children.</p> <p>All indicators under this output have been achieved.</p>