

**Evaluation of the Public Health in Emergencies and
Violence Prevention Project – Gaza Strip
2016**

**Palestine Red Crescent Society
and
International Federation of Red Cross and Red Crescent Societies**

May 2017

Executive summary

In April 2016, the Palestine Red Crescent Society (PRCS) with support from the International Federation of Red Cross and Red Crescent Societies (IFRC) through funding from the Government of Japan commenced the Public Health in Emergencies (PHiE) and Violence Prevention Project (VP) in the Gaza Strip. The project was developed under the frame of the PRCS Primary Health Care (PHC) project and builds on previous activities conducted under the Reproductive Health and Violence Prevention Project completed in May 2016.

The overall objective of the PHiE and VP project is: *to contribute to build communities' capacities to address health needs and violence prevention and mitigate risks caused by natural and/or man-made disasters and build a long-term resilience.*

The project has two intended Outcomes:

- 1. Vulnerable Palestinian communities have increased self-support capacity to prepare and respond to health hazards resulting from community's isolation or limited access to health care in case of war conflicts, occupation restrictions and natural disasters.*
- 2. Target communities in Gaza are supported in efforts to promote a culture of non-violence and peace and violence prevention.*

The project began on 1 April 2016 and was due to end on 31 March 2017. In agreement with the Government of Japan a no-cost extension was granted to the project to 30 June 2017.

The project aimed to build resilient communities through the establishment of an operational network of trained PRCS community health volunteers. The volunteers worked through Community Awareness Committees (CAC) in close collaboration with Primary Health Care centres; and with the Disaster Management, Emergency Medical Services, Youth and Volunteers Department of the PRCS. A total of 152 PRCS PHC volunteers were active at community level to increase awareness on public health and violence prevention and mobilize the community. The project also aimed to increase the capacity of the PRCS staff and volunteers through developing competency in the following areas:

- Identifying and assessing hazards and risks to public health
- Developing contingency and emergency response plans
- Providing psychosocial interventions
- Raising awareness on Health in Emergency (HiE) topics
- Assisting injured people through first aid training
- Promoting violence prevention through a culture of non-violence and peace

In April 2017, PRCS and IFRC commissioned a final evaluation of the project (see ToR at Annex A). An external consultant was appointed as Team Leader to conduct the evaluation with in-country team support provided by the PRCS Director of Projects Unit and the IFRC Federation Representative for Palestine. The field work was scheduled to take place in week 16 (17-21 April 2017), however, one day prior to departure permission for team members to travel to the Gaza Strip was withdrawn by the ICRC on safety and security grounds.¹ Shortly thereafter, it was not possible for members of the evaluation team to enter Ramallah to visit PRCS HQ.

¹ The fieldwork dates coincided with some 1,500 Palestinian political prisoners (held by Israel) commencing a mass hunger strike to press for basic rights.

The overall project approach to capacity building has been to build a 'community structure' through the establishment or upgrading of an operational network of trained PRCS volunteers (whom are members of the community) empowering them with knowledge and skills related to violence prevention and preparedness to public health hazards in emergencies. The range of skill development for the volunteers is extensive, and includes: nutrition; non-communicable disease control; water and sanitation; reproductive health and sexual abuse; epidemic disease recognition and prevention: early warning of epidemics: basic First Aid; support for most vulnerable members of the community that include elderly people with chronic diseases, people with disabilities and mental health problems, pregnant women, newborns; supporting Primary Health Centres at times of emergency through crowd control, registration, and triage; and psychosocial support. The extent of the capacity building topics is entirely appropriate to ensure the project's outcomes were secured, and the results of volunteer feedback to the review strongly indicate that capacity has been built in all relevant areas.

The evaluation established that the project is highly relevant and is well designed, coherent and logical. Project objectives concerned with enhancing community resilience are fully in alignment with PRCS strategy and responding to the needs of the Palestinian population given the lack of support being provided to those communities. There is a good gender/diversity balance among beneficiaries, which occurs naturally in the project design with women appearing to be very strongly represented in PRCS volunteer groups. The evaluation also considers that addressing interpersonal violence and sexual abuse prevention through community engagement is crucial to enhancing community resilience in the Gaza Strip, and thus the project's beneficiary targeting is highly relevant and appropriate; The targeting of children and women affected by conflict and violence is particularly orientated to building resilience through strengthening the individual and subsequently the broader community; however, more men could have been targeted through project activities.

The evaluation found that the project builds on existing approaches adopted by the RCRC Movement and adapted by PRCS in response to the challenging and complex situation found in the Gaza Strip. The project also builds on and makes use of existing structures, notably the CACs and PRCS volunteer Network. Indeed, during one volunteer discussion group it was stated that many beneficiaries indicate a desire to become PRCS volunteers: this well illustrates how respected the current PRCS volunteers are viewed by the community. The project largely utilised volunteers that had been trained through the earlier Reproductive Health Project that was the forerunner to this project. However, it is felt that potential opportunities were missed in two areas: to expand the PRCS volunteer network by recruiting new (more) volunteers rather than providing training to existing PRCS volunteers; and to use Youth as Agents of Behaviour Change (YABC) approach more fully in the project.

A number of key informants suggested that any future project could broaden its targeting of beneficiaries. This could likely be done in two key ways: *geographical targeting* and *activity grouping*. In terms of *geographical targeting*, opportunity exists to continue to target vulnerable groups in the existing target areas in the Gaza Strip and also the West Bank. The project timeframe at 12 months is relatively short and many key informants felt there was still much to be done to reach all beneficiaries in need of project services.

The planned project activities are considered highly sufficient to achieve the project's immediate objective. Indeed, the evaluation considers the project document and its stated activities and plan of action to represent an overall 'good' planning approach. All activities are orientated to securing the project outcomes, and the scheduled plan of action for the 12 month period is considered well thought through and planned in a timely way. Based on the above, it may be concluded that the project has made reasonable progress to securing its objective. However, it was not possible to independently verify the figures provided by PRCS and no written documentation other than the Interim Report was offered as evidence for progress

against indicator targets. This is the most significant weakness in the project and prevents an objective analysis of how the project has secured its results and contributed to planned impact. The evaluation considers the budget allocation appropriate and reasonable given the project objectives and based on an analysis of activities undertaken compared to the available budget, it would be fair to say that resources have been used appropriately and reasonably well.

Given the project's short-term nature and overall design, this evaluation considers the project's exit strategies, plans and approach to sustainability wholly appropriate. While select activities that are primarily knowledge-based can readily continue without project funding, it is important that other activities are funded if they are to continue. For example, there are many activities that rely on a level of equipment and PRCS would likely struggle to maintain activity level should funding cease. Similarly, there are costs associated with running trainings that if unmet would likely lower volunteer and community participation. At risk here, if funding is withdrawn, is the opportunity for PRCS to maintain its Volunteer Network and continue building community resilience through the work they do.

There is strong evidence to illustrate that the project is having short-term positive impact. This is particularly evident from the results of the volunteer feedback in which all respondents felt that their capacity had been improved as a result of the training provided by PRCS (with the vast majority using their skills to support their communities); and that communities are considered safer and more resilient as a result of the CAC's work. Based on the evidence obtained during the evaluation, it may be concluded that the project has contributed towards reducing vulnerability in the targeted communities.

The key recommendations arising from the evaluation are as follows:

- 1: Any future project design should carefully strategize how it recruits volunteers to the project in order to best utilise training resources.*
- 2: Any future project should mainstream the Youth as Agents of Behaviour Change (YABC) approach more systematically into the design of the project.*
- 3: Any future project design should attempt to 'link' project trainings to better leverage efficiencies of scale.*
- 4: Any future project must develop a robust monitoring and reporting system inclusive of baseline/end line surveys before permission is granted to proceed with only activities that have indicators/targets within the project log frame.²*
- 5: PRCS should view processes related to evaluations and reviews as part of the project and not something that is just 'done' at a later stage.*
- 6: Funding should be secured to continue supporting the volunteers and branches reached through this project with a longer timescale than just one year.*
- 7: Any future project should seek meaningful partnerships with other humanitarian organisations – including Movement partners - working on similar project themes within Palestine to ensure synergies and multiplying opportunities.*

In overall conclusion, the evaluation established that the project has made good progress to securing its intended results. This has been achieved through a well-designed project coupled with an approach of 'increasing community resilience' through a range of appropriate and well-

² The recommendation is worded as such so that activities related to the management and setting up of the project are not prevented from going forward.

targeted activities that meet the needs of target beneficiaries. PRCS and volunteer capacity has both been developed and improved, particularly the focus on building volunteer capacity aimed at increasing community resilience in the Gaza Strip.

What has been less successful is the project's rather limited monitoring and reporting modality, which is the prime responsibility of PRCS branches as there is no planning, monitoring, evaluation and reporting Unit at PRCS headquarter level. This negatively impacts on project efficiency, effectiveness and ability to measure impact; and is a failing within the project. However, this comment should not detract from the very good work the project is doing with beneficiaries in the Gaza Strip and if PRCS can implement the recommendations contained in this report, a future project should achieve significant positive results.

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Abbreviations

CBHFA	Community Based Health and First Aid
DM	Disaster Management
EU	European Union
GBV	gender based violence
HiE	Health in Emergency
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
JICA	Japan International Cooperation Agency
MENA	Middle East and North Africa
MoE	Ministry of Education
NDP	National Development Plan
NGO	Non-Government Organisation
NS	National Society
OCAC	Organisational Capacity Assessment and Certification
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OD	Organisation Development
oPt	occupied Palestinian territory
PHC	Primary Health Care
PMER	Planning, monitoring, evaluation and reporting
PNS	Participating National Society
POA	Plan of Action
PRCS	Palestine Red Crescent Society
PSS	Psychosocial Support
RCRC	Red Cross Red Crescent
SG	Strategic Goals
SOP	Standard Operating Procedure
SRP	Strategic Response Plan
UNFPA	United Nations Population Fund
UNRWA	United Nations Relief and Works Agency
WHO	World Health Organisation
YABC	Youth as Agents of Behaviour Change

1 Programme background

In April 2016, the Palestine Red Crescent Society (PRCS) with support from the International Federation of Red Cross and Red Crescent Societies (IFRC) and funding from the Japanese Government commenced the Public Health in Emergencies (PHiE) and Violence Prevention Project (VP) in the Gaza Strip. The project was developed under the frame of the PRCS Primary Health Care (PHC) project and builds on previous activities conducted under the Reproductive Health and Violence Prevention Project completed in May 2016.

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The project aimed to build resilient communities through the establishment of an operational network of trained PRCS community health volunteers. The volunteers will work through Community Awareness Committees (CAC) in close collaboration with Primary Health Care centres; and with the Disaster Management, Emergency Medical Services, Youth and Volunteers Department of the PRCS. A total of 152 PRCS PHC volunteers are active at community level to increase awareness on public health and violence prevention and mobilize the community.

The project also aimed to increase the capacity of the PRCS staff and volunteers through developing competency in the following areas:

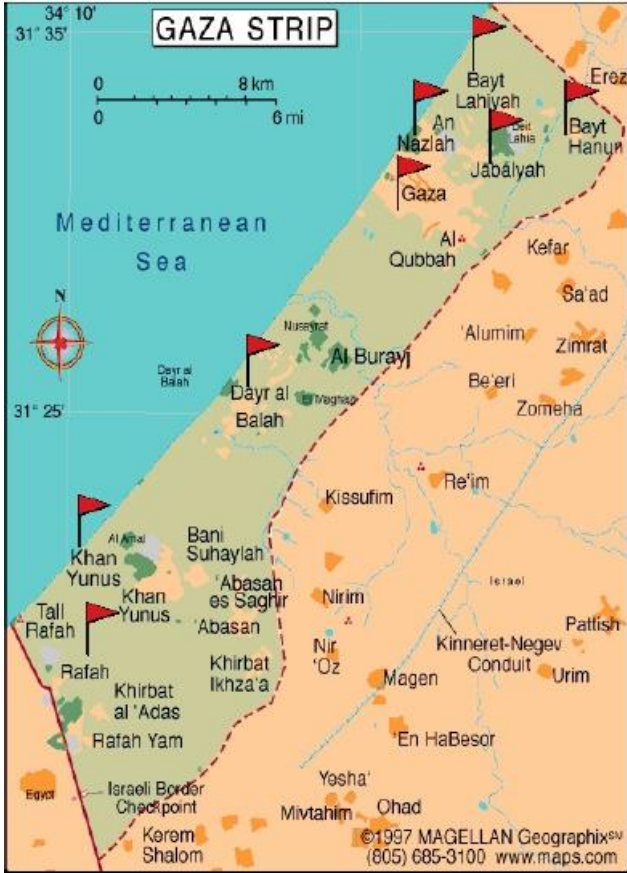
- Identifying and assessing hazards and risks to public health
- Developing contingency and emergency response plans
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This project targeted nine locations in the Gaza Strip (see Table 1 below).

Table 1: Project locations in the Gaza Strip showing intervention component – PHiE or VP

#	Name of location	Geographic area	Governorate	Nearest Branch	# of volunteers	Component	
						PHiE	VP
1.	Biet Hanon	North	North Governorate	Jabalia	20		
2.	Biet Lahia	North		Jabalia	13		
3.	Al Zautin	Center Gaza	Gaza Governorat	HQ Gaza	19		
4.	Tal Al Hawa	Center Gaza		HQ Gaza	11		
5.	Al Maghazi	Middle	Middle Governorate	Dier Al Balah	20		
6.	Anwar Islaieh	South	Khan Younis Governorate	Khanyounis	12		
7.	Al Shiekh Naser	South		Khanyounis	12		
8.	Al Mawasi	South		Khanyounis	20		
9.	Rafah	South	Rafah Governorate	Rafah	25		

Figure 1: Map of project locations in the Gaza Strip



The project target beneficiaries included the general community (specifically women, children and teenagers) and aimed to reach 11,000 direct beneficiaries (see Table 2 below). This was to be achieved by volunteers conducting an average of 4 community activities per month in each location with an estimated average attendance of 20 people in each. An estimated 33,000 people were to benefit indirectly from project activities.

Table 2: Estimation of people benefiting from the project by location³

	Biet Hanon	Biet Lahaia	Al Zautin	Tal Hawa	Al Maghazi	Anwar Islaieh	Al Shiekh Naser	Al Mawasi	Rafah	Total
Health Awareness outreach activities		1,000	1,000			1,000		1,000	1,000	5,000
Health Awareness indirect beneficiaries		3,000	3,000			3,000		3,000	3,000	15,000
VP Awareness outreach activities	1,200		1,200	1,200	1,200		1,200			6,000
VP Awareness indirect beneficiaries	3,600		3,600	3,600	3,600		3,600			18,000
Total per location	4,800	4,000	8,800	4,800	4,800	4,000	4,800	4,000	4,000	44,000
Total direct beneficiaries	11,000									
Total indirect beneficiaries	33,000									

For context purposes, a brief description of each partner is provided below:

Palestine Red Crescent Society:

Active in Palestine since 1994, the PRCS has more than 9,000 active volunteers throughout Palestine. The National Society (NS) is the only independent Palestinian institution able to work both in the West Bank, East Jerusalem, Gaza, as well as for refugees in Lebanon, Syria and Egypt. PRCS provides services through its branches and sub-branches, hospitals and social and medical centres in the West Bank, Gaza and in the diaspora. Activities cover disaster preparedness, disaster risk reduction, rehabilitation and ability development, emergency medical services, psychosocial support (PSS), primary and secondary health care, dissemination of International Humanitarian Law and RCRC Principles and Values, and Youth Action.

IFRC and Movement Partners in the occupied Palestinian territories (oPt):

The IFRC along with ten Partner National Societies (PNS) are currently present in oPt. These include: the National Red Cross and Red Crescent Societies of Canada, Denmark, Germany, Italy, the Netherlands, Norway, Qatar, Spain, Sweden, Turkey and the United Arab Emirates. Most of these PNS' support PRCS with various programmes or projects. Other PNS', such as the British, Japanese and Icelandic Red Cross support PRCS on a distance basis through Emergency Appeals or with specific projects.

The International Committee of the Red Cross (ICRC) provides technical and financial support to the PRCS. ICRC and PRCS jointly conduct assessments and implement programmes when possible. Besides Movement coordination, the PRCS, together with ICRC and IFRC, coordinates efforts and shares operational information with United Nations inter-agency partners including the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the United Nations Relief and Works Agency (UNRWA), and other government bodies such as the Ministry of Social Affairs, Ministry of Education (MoE), Ministry of Health, local municipalities, councils and local universities.

³ Source: Project document 2016.

2 Evaluation method

In April 2017, PRCS and IFRC commissioned a final evaluation of the project (see ToR at Annex A). An external consultant was appointed as Team Leader to conduct the evaluation with in-country team support provided by the PRCS Director of Projects Unit and the IFRC Federation Representative for Palestine.

The method for the evaluation consisted of:

- A literature/desk review.
- A stakeholder analysis and field tool mapping exercise (see Annex B).
- A planned field visit to the Gaza Strip for the IFRC Federation Representative scheduled to take place in week 16 (17-21 April 2017).
- A key partner stakeholder questionnaire (see Annex C).
- A PRCS Volunteer questionnaire (see Annex D).
- Key stakeholder interviews with staff and volunteers involved in the project, including representatives from PRCS Management, PRCS Youth and Volunteers, and RCRC Movement partners in country. The full list of individuals consulted for the evaluation can be found at Annex E.
- Interviews with ICRC, IFRC, and PNS from the MENA region (see Annex E).

The Team Leader was responsible for: undertaking the desk review, developing the evaluation methodology and field tools, conducting stakeholder interviews, and preparing the final report.

Due to restrictions in entering the Gaza Strip the IFRC Representative and PRCS Director of Projects Unit were responsible for undertaking consultations with representatives from branches and conducting a field visit to one Gaza branch.

Limitations

The field work was scheduled to take place in week 16 (17-21 April 2017), however, one day prior to departure permission for team members to travel to the Gaza Strip was withdrawn by the ICRC on safety and security grounds.⁴ Shortly thereafter, it was not possible for members of the evaluation team to enter Ramallah to visit PRCS HQ.

Not all the required documents (particularly those related to the monitoring and recording of activities) were available for the evaluation team to review.

⁴ The fieldwork dates coincided with some 1,500 Palestinian political prisoners (held by Israel) commencing a mass hunger strike to press for basic rights.

3 Main Findings

This section of the report presents the key findings as per the evaluation criteria headings contained within the Terms of Reference.

3.1 Relevance

3.1.1 *The extent to which the programme aligns with the needs, priorities and policies of the PRCS and its strategic plan*

The project document describes the many challenges faced by the population living in the Gaza Strip and the very negative economic, psychological, social and health situations that they face. The PRCS' strategic vision⁵ is to "Enhance PRCS' status and the humanitarian role it plays in the provision of health and social services with a view to alleviating suffering and building the resilience of local communities". In this regard, the project in its broadest sense is in full alignment with PRCS strategy and its target beneficiaries.

More specifically, the project document (page 3) identifies four of the 6 PRCS strategic plan goals (SG) to which it aims to contribute. These are:

- SG 1 - Upgrading PRCS' preparedness and humanitarian interventions in times of disaster, crisis and emergency.
- SG 2 - Active participation in building the capacities and resilience of local communities and mitigating risks caused by natural and/or man-made disasters.
- SG 4 - Provide support to young people, children, women, the disabled, the elderly as well as to all other marginalized groups.
- SG 6 - Contribute to the provision of health care services to address the needs of local communities.

The evaluation established the project does indeed contribute to these SGs and would go further to suggest that the project also contributes to SG 3 – "the continuous organizational and resource development as well as capacity building of PRCS' branches, sub branches and departments".

In conclusion, the project is highly relevant and contributes to PRCS' strategy and meets the needs of target beneficiaries. The project is well designed, coherent and logical. All activities are relevant to the PRCS stated aim for the project - improving community resilience.

3.1.2 *The extent to which the project aligns with strategies of the Government of Japan and IFRC*

The Government of Japan's approach to assisting the Palestinian people is outlined in a February 2017 concept note that summarises its 'basic aid policy'.⁶ The original project proposal focused alignment with the main purpose of the Government of Japan's 'supplementary budget', particularly efforts to strengthen the linkage between humanitarian

⁵ As detailed in the PRCS country strategy (2014–2018).

⁶ The policy approach strategizes *peace building through promoting economic and social self reliance* as a condition for stability and betterment of people's livelihoods; following which conditions for improving basic life infrastructure and support for socially vulnerable people (refugees, women, children etc.) follow.

assistance and development assistance, and providing support for the improvement of livelihoods in health, water sanitation and education sectors in order to drive reconstruction of Gaza forward. In this regard, the project is in full alignment with the Embassy of Japan's expectations.

The IFRC does not have a current written strategy for Palestine, however, the 2015 and 2017 Operational Plans⁷ endorsed by PRCS senior management outline how the IFRC Country Office aims to support PRCS to implement its strategic vision and increase impact at the community level. At the holistic level, the aims of IFRC's *Strategy 2020* are mainstreamed into the 2017 IFRC Country Plan and are fully in line with PRCS's Strategy 2014-2018. From this analysis it is very clear that the project is strongly aligned with the strategic aims outlined in all 3 key areas of Strategy 2020:

- Strategic Aim 1: Save lives, protect livelihoods, and strengthen recovery from disasters and crises.
- Strategic Aim 2: Enable healthy and safe living.
- Strategic Aim 3: Promote social inclusion and a culture of non-violence and peace.

The IFRC Country Plan strongly aligns itself to the project through Areas of Focus 4 (Health) and 7 (Culture of non-violence and peace) and acknowledges the heavily challenging and changing environment in oPt, as well as the need to facilitate PRCS cooperation with partners and better position the NS in the international community. While the project is also clearly aligned with a principal aim of Strategy 2020 - to build strong National Societies through the Organisational Capacity Assessment and Certification (OCAC) process⁸ through its broader association with IFRC - there is no articulated link to OCAC within the project document and/or subsequent activities.

3.1.3 *The extent to which the project aligns with country national policies*

The most relevant country policies to guide and/or frame the project are the:

- Strategic Response Plan (SRP) for occupied Palestinian territory 2014-2016 (OCHA)⁹; and
- Palestine National Development Plan (NDP) 2014-2016.¹⁰

These are considered in turn below.

The SRP 2014-2016 focuses on addressing the humanitarian needs of the most vulnerable populations in the Gaza Strip resulting from the policies and practices linked to the occupation, conflict and climate related events/natural disasters and gender specific vulnerabilities. The SRP has two strategic objectives:

⁷ A 2016 Development Operational Plan was not available for review.

⁸ The general objective of OCAC is to enable National Societies to assess their own capacity and performance so as to determine the best approaches for their self-development, and also to acknowledge those National Societies that have reached a high level of proficiency.

⁹ https://www.ochaopt.org/documents/hpc_2014-2016.pdf

¹⁰ http://planipolis.iiep.unesco.org/sites/planipolis/files/ressources/palestine_ndp_state_final.pdf According to International Monetary Fund sources there is no current Poverty Reduction Strategy for Palestine.

1. Enhancing the protective environment for the most vulnerable communities in the oPt, including the provision of equitable access to essential services; and
2. Improving the food security and addressing the deteriorating resilience of vulnerable and food insecure communities.

The goal of humanitarian assistance through the SRP continues to be mitigating the impact of occupation practices and related conflict and other violence on the Palestinian civilian population, including improving food security and ensuring that Palestinians can access basic services. In this regard, the project is in full alignment with OCHA's strategy.

The Palestine National Development Plan is primarily a macroeconomic and fiscal approach for securing national policy agenda objectives related to:

1. Economic development and employment.
2. Good governance and institutions building.
3. Social protection and development.
4. Infrastructure.

In terms of the NDP, it is primarily the third category to which the project most closely relates, particularly in the strategy for creating links between development and humanitarian aid as articulated in the Social Protection and Development objectives for the period 2014-2016.¹¹

In terms of the extent to which the project is complimentary to other efforts carried out at National level, the current European Union (EU) - Palestinian Authority Action Plan (2016)¹² is worthy of comment, specifically with regard to the objective of supporting the Palestinian social protection system with an allocation of Euros 40.0 million through payment of social allowances to poor and vulnerable Palestinian families in the West Bank and the Gaza Strip. This activity reinforces the reform of the social protection system and the social cohesion among Palestinians and arguably contributes to reducing enabling environments that contribute to poor health and increasing violence. As such, it may be concluded that project work is in full alignment with the objectives of the State of Palestine, and EU policies for engagement in Palestine.

The original project document also made a strong national policy link with the Sendai Framework for Disaster Risk Reduction 2015-2030, indicating that contributions would be made through:

- Enhancing the resilience of national health systems, including by integrating disaster risk management into primary, secondary and tertiary health care, especially at the local level;
- Developing the capacity of health workers in understanding disaster risk and applying and implementing disaster risk reduction approaches in health work; and
- Promoting and enhancing the training capacities in the field of disaster medicine; and supporting and training community health groups in disaster risk reduction approaches in health programmes, in collaboration with other sectors, as well as in the implementation of the International Health Regulations (2005) of the World Health Organisation (WHO).

¹¹ See pages 60-69 of the Palestine National Development Plan for details.

¹² https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/neighbourhood/pdf/key-documents/palestine/20160219-aap-2016-palestine-part_1-financing-commission-decision.pdf

Although there is little information available at the national level to indicate how the Palestinian Authority has enacted Sendai in practice, the project is in strong alignment with the November 2015 'road map' for the implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030 in the Arab Region.¹³

3.1.4 Continuing relevant activities in a new project initiative

All of the project activities are relevant to be carried forward into any new project phase. Specifically, however, key informants suggested that several activities deserved particular attention:

Psychosocial support activities – a number of key informants felt that more training and support was needed for psychosocial support activities for *both* beneficiaries and volunteers themselves. There is clearly a level of stress that volunteers experience when working with beneficiary communities, particularly in areas related to sexual violence, and more needs to be done to support volunteers to deal with these issues.

While not an activity set of the current project, a number of key informants suggested that the reproductive health activities from the project's forerunner would be worth re-instating in any new project. Such a decision would need to be taken in consultation with the wider stakeholder community including inter agency organisations that traditionally have a 'lead' responsibility for guiding such operations e.g. the United Nations Population Fund (UNFPA).

3.1.5 Project target beneficiaries

The project has two primary target groups (see Table 2) in 9 locations throughout the Gaza Strip (see Table 1). These are the:

- *Community in general*: specifically women, teenagers and children. The project aimed to target an average of 11,000 direct beneficiaries through awareness outreach PHiE and VP activities, with a further 33,000 people being reached indirectly.
- *PRCS Community Based Health and First Aid (CBHFA) Volunteers*: the project aimed to build the capacity of 152 volunteers in PHiE and VP.

In terms of the *community in general*, the project's approach to targeting beneficiaries has centred on identifying vulnerable communities and individuals living in the Gaza Strip who are at risk of disasters in the broadest sense, as well as specifically identifying communities and individuals subject to deprivation, marginalization, inequality and loneliness. Within the beneficiary selection process, the project accounted for:

- How political violence, economic stress and poor living conditions are directly associated with increased prevalence of interpersonal violence; and how populations already facing enhanced risk, such as children and women, become even more threatened during times of disasters and crisis; and
- Specific activities that could be undertaken in the Gaza Strip that would address the humanitarian needs of the above identified groups.

¹³ The regional meeting convened in Cairo, from 8 to 10 November 2015 under the auspices of the League of Arab States and the United Nations Office for Disaster Risk Reduction (UNISDR). The meeting was attended by representatives from Algeria, Bahrain, Comoros, Djibouti, Egypt, Iraq, Jordan, Lebanon, Mauritania, Morocco, Palestine, Qatar, Sudan, Tunisia and UAE. Source: <https://www.unisdr.org/archive/46676>

The evaluation considers that these aspirations concerned with enhancing community resilience are fully in alignment with PRCS strategy and responding to the needs of the Palestinian population given the lack of support being provided to those communities. The formulation of the project - given its PHiE and VP components - under PRCS' CBHFA 'umbrella' also made a great deal of sense and ensured coherence with relevant health issues. There is a good gender/diversity balance among beneficiaries, which occurs naturally in the project design with women appearing to be very strongly represented in PRCS volunteer groups. Some of the volunteers commented that it would be useful to have more male family members participate in events, with more being done in any future phase to encourage/motivate men to join activities.

The evaluation also considers that addressing interpersonal violence and sexual abuse prevention through community engagement is crucial to enhancing community resilience in the Gaza Strip, and thus the project's beneficiary targeting is highly relevant and appropriate. The targeting of children and women affected by conflict and violence is particularly orientated to building resilience through strengthening the individual and subsequently the broader community.

In terms of the *PRCS CBHFA Volunteers*, the project largely utilised volunteers that had been trained through the earlier Reproductive Health Project that was the forerunner to this project. The importance of promoting a culture of non-violence through RCRC volunteer network at grassroots level is crucial to securing positive sustainable behaviour change and the evaluation considers this approach to be highly relevant and appropriate. However, it is felt that potential opportunities were missed in three areas:

- (i) to expand the PRCS volunteer network by recruiting new (more) volunteers rather than providing similar/repeat training to existing PRCS volunteers; and
- (ii) to use Youth as Agents of Behaviour Change (YABC) approach more fully in the project. The YABC used by the PRCS is very effective at mobilising and motivating youth volunteers, not only in regard to improving how services and activities are delivered to target beneficiaries, but also in relation to improving confidence and motivation amongst volunteers and youth themselves;
- (iii) building synergies with existing Movement programmes in Gaza i.e. with the Netherlands Red Cross Youth 3FM Project.

The Youth and volunteers interviewed for previous PRCS projects¹⁴ report that the approach has helped them "deal with others in a human way", better deal with family relationships and conflict, and increased personal confidence. YABC training showed that the participants' ability to engage in peer-education has been effectively developed and that they are motivated to act as positive thinkers and role-models in building and promoting a culture of non-violence and peace in their communities. These findings lead to Recommendations 1 and 2 in Section 4 of the report.

A number of key informants suggested that any future project could broaden its targeting of beneficiaries. This could likely be done in two key ways: *geographical targeting* and *activity grouping*. In terms of *geographical targeting*, opportunity exists to continue to target vulnerable groups in the existing target areas in the Gaza Strip. The project timeframe at 12 months is relatively short and many key informants felt there was still much to be done to reach all beneficiaries in need of project services.

¹⁴ Palestine Red Crescent Society Disaster Management and Organisational Development Project 2011-2015.

In terms of activity grouping (i.e. PHiE or VP), the project design was to conduct either PHiE or VP activities with certain target groups in certain locations (only Al Zautin in Gaza Governate conducted both PHiE and VP activities). The reason for not conducting both types of activities in target areas is not made clear in the project document or interim report, but does suggest that opportunities for leveraging efficiencies related to ‘scale’ are missed. In any future project, an approach that attempts to conduct all project activities with target beneficiaries would increase both impact and efficiency. This leads to Recommendation 3 in Section 4 of the report.

3.2 Effectiveness

3.2.1 The extent to which the project objective has been realised and the relevance of activities to objectives

The overall objective for the project was to: *contribute to build communities’ capacities to address health needs and violence prevention and mitigate risks caused by natural and/or man-made disasters and build a long-term resilience*; for which there were two intended outcomes as follows:

- 1. Vulnerable Palestinian communities have increased self-support capacity to prepare and respond to health hazards resulting from community’s isolation or limited access to health care in case of war conflicts, occupation restrictions and natural disasters.*
- 2. Target communities in Gaza are supported in efforts to promote a culture of non-violence and peace and violence prevention.*

Each outcome was accompanied by a short set of indicators, which are shown below in Table 3 along with the results obtained through the evaluation.

Table 3: Outcome indicators and targets with results secured to date

Outcome 1:		
No.	Indicator and target	Results provided by PRCS
1	# of RC health volunteers mobilized within vulnerable communities. Target: 80.	84
2	# of people mobilized by awareness sessions. Target: 5,000.	5875
3	% of target communities adopting preparation and response measures to health hazards. Target: 80%.	95%
Outcome 2:		
No.	Indicator and target	Result
1	% of locations that conduct VP training. Target: 5.	5
2	# number of participants in each training. Target: 25.	25

3	% of training setting a PoA. Target: 100%.	70%
4	% of CACs that adopt measures to prevent, mitigate or respond to inter-personal or community violence. Target: 100%.	93%
5	# people reached by awareness raising and public sensitization campaigns on human dignity, respect for diversity and non-violence. Target: 6,000.	6555

Based on the above, it may be concluded that the project has made reasonable progress to securing its objective. However, it was not possible to independently verify the figures provided by PRCS and no written documentation other than the Interim Report was offered as evidence for progress against indicator targets.

The planned project activities are considered highly sufficient to achieve the project's immediate objective. Indeed, the evaluation considers the project document and its stated activities and plan of action (Section 2.4. of the project plan) to represent an overall 'good' planning approach. All activities are orientated to securing the project outcomes, and the scheduled plan of action for the 12 month period is considered well thought through and planned in a timely way. The only exception to this statement relates to activity iii 'Conducting training in each location' under Output 2.1 (Violence Prevention Community Volunteer Network). This activity was only scheduled for one time in the second month of the project, whereas a more considered planning approach might have included a refresher training in say early Quarter 3.

In addition to planned project activities orientated to securing the project's two outcomes, a separate set of 'project management' activities were designed to accompany the main project activities. These are considered appropriate and the planning schedule¹⁵ is timely. However, there is a lack of activity detail to guide project management, particularly in relation to:

- describing how monitoring and reporting of progress against activities; and
- regular recording of project progress against indicator targets and planned activities.¹⁶

This is the most significant weakness in the project and prevents an objective analysis of how the project has secured its results and contributed to planned impact (see further Section 3.2.2. below). This leads to Recommendation 4 in Section 4 of the report.

It should be noted that some activities were delayed resulting in the request for the no-cost extension, but given the complexity of operating in the Gaza Strip with its subsequent serious challenges, it is positive to see a project deliver activities in a reasonably effective way. What is important to conclude from the above is that in any future project there needs to be a much stronger approach to project monitoring and reporting, and specifically toward relevant IFRC regional and global indicators.

¹⁵ Page 12 of the project document.

¹⁶ Post evaluation note: On 13 June 2017 the PRCS forwarded to the consultant a sample of a monthly monitoring report sheet used by the Gaza Branch to monitor PHiE and VP activities. On the base of this evidence, the evaluation accepts that the Branch does have a level of monitoring and reporting in place. Subsequently, several of the 'stronger' comments made in the report on this issue have henceforth been revised to reflect this fact.

3.2.2 *The likelihood of securing planned impact*

The planned project impact was principally expressed through the two outcomes detailed in Section 3.2.1 (see above) and the accompanying indicators. Based on these results, it may be said that the project has made good progress.

3.2.3 *Baseline and end line surveys*

While there was no formally commissioned baseline survey for the project, the project drew on the baseline survey commissioned for the project's forerunner - the Reproductive Health and Violence Prevention Project 2015-2016.¹⁷ This baseline survey centred on the reality of violence in the Gaza Strip and aimed to identify the:

- socio-economic conditions of people subject to violence
- types and causes of violence conducted in the Gaza Strip
- groups subject to violence and groups that conduct it
- causes and the different types of violence prevalent in the Gaza Strip
- mechanisms of intervention and resolution, which are implemented by the people subject to violence

The baseline was due to act as a 'base' for monitoring, evaluation and reporting plans and it may be safely assumed that the current project drew on the baseline for the same purpose.¹⁸ However, there is:

- Little evidence to illustrate how the baseline was used in the current project for the purpose of monitoring and reporting.
- A lack of baseline data related to PHiE (as the Reproductive Health and Violence Prevention Project 2015-2016 baseline only recorded data relevant to violence prevention).

This said, it was sensible to draw on the baseline undertaken for the Reproductive Health and Violence Prevention Project 2015-2016 as at least 50% of the current project is orientated to this focus. This indicates an effective use of resources by drawing on previous learning.

Following the development of the project document and draft log frame¹⁹ in which indicators and targets were included. However, the project did not develop a robust monitoring plan that tracked progress against indicators.

3.2.4 *The technical quality of project activities and the effectiveness and appropriateness of methodologies and approaches applied*

As it was not possible for this evaluation to observe any project activities in practice, it is not appropriate to comment on the technical quality of any project activities. However, the consultant has conducted other PRCS evaluations involving similar project work managed by

¹⁷ Conducted by the Institute for Development Studies Palestine in October 2015.

¹⁸ A post-baseline study was also undertaken in July 2016.

¹⁹ It should be noted that the project does not have a log frame in the full sense of the term, but one that shows only outcomes, outputs and activities.

the same PRCS staff, and has drawn favourable impressions regarding the technical quality of project activities implemented at field level.

What is more difficult to determine is 'how' activities are managed from a human resource perspective e.g. who or which branch within PRCS Gaza oversees the implementation of activities and guides the volunteers to do their work. It is known from the project document that there are five Gaza PRCS branches (Jabalia, Gaza HQ, Dier Al Balah, Khanyounis, and Rafah) engaged in the project, but the extent to which these or Gaza HQ directly manage activities is not known.

3.2.5 *Good practise within capacity building, volunteering and organisational development*

When considering good practise within capacity building it is useful to differentiate between the PHiE and VP aspects of the project as these were targeted toward separate locations (see Table 1 - Project locations in the Gaza Strip showing intervention component).

In terms of *PHiE* capacity building, the project approach has been primarily to develop and strengthen CBHFA volunteer capacity built under the Reproductive Health and VP project in the Jabalia and Dier Al Balah branches; and build new capacity in the Gaza HQ, Khanyounis, and Rafah branches.²⁰ In terms of *VP* capacity building, the project approach has been to develop existing volunteer capacity in the Jabalia, Gaza HQ, Dier Al Balah, Khanyounis, and Rafah branches, which were all target branches under the Reproductive Health and VP project.

The overall project approach to capacity building has been to build a 'community structure' through the establishment or upgrading of an operational network of trained PRCS volunteers (whom are members of the community) empowering them with knowledge and skills related to violence prevention and preparedness to public health hazards in emergencies. The range of skill development for the volunteers is extensive, and includes: nutrition; non-communicable disease control; water and sanitation; reproductive health and sexual abuse; epidemic disease recognition and prevention: early warning of epidemics: basic First Aid; support for most vulnerable members of the community that include elderly people with chronic diseases, people with disabilities and mental health problems, pregnant women, newborns; supporting Primary Health Centres at times of emergency through crowd control, registration, and triage; and psychosocial support.

The extent of the capacity building topics listed above is entirely appropriate to ensure the project's outcomes were secured, and the results of the volunteer questionnaire (see Table 3 below) strongly indicate that capacity has been built in all these areas. The questionnaire results also indicate that more needs to be done to help volunteers raise their awareness on the CAC emergency response and contingency plans.

²⁰ According to the Reproductive Health Project document the Gaza HQ, Khanyounis, and Rafah branches were not targeted.

Table 3: Volunteer questionnaire response²¹

	Question	Yes	No
1	I have received previous Public Health in Emergencies (PHiE) training from PRCS	25	2
2	I have received previous Violence Prevention training from PRCS	22	5
3	I can identify and assess hazards and risks to public health	26	1
4	I am aware of the Community Awareness Committee (CAC) contingency plan	22	5
5	I am aware of the CAC emergency response plan	19	8
6	I have the skills to provide psychosocial interventions if required	25	2
7	I have the knowledge to raise awareness of health in emergency topics within the community	24	3
8	I the skills to assist injured people with first aid	26	1
9	I have the confidence and knowledge to promote violence prevention and promote a culture of non-violence and peace in my community	25	2
10	I have actively used my PHiE knowledge to help my community	26	1
11	I have actively used my VP skills to support my community	25	2
12	My capacity has been improved as a result of the training provided by PRCS	27	0
13	People within my community are safer and more resilient as a result of the CAC's work	27	0
14	The PRCS PHiE/VP work is reaching the most vulnerable community members	21	6 ²²

In terms of project contributions to PRCS organisation development (OD), the project design did not specifically reference how it would approach this issue, however, it may be concluded that the overall approach described in the project document contributes strongly to *building up a well-functioning key volunteer structure in branches and diversifying the volunteer base through equal access*. The project does not attempt to address *reinforcing the PRCS decentralisation process* or ensuring *cross-departmental coordination*, which given the size and scope of the project is not considered an omission.

²¹ The questionnaire was sent to 27 volunteers with a 100% response rate.

²² The 'No' answers given here indicate that PRCS could reach *more* vulnerable populations.

3.3 Efficiency

3.3.1 The efficiency of project resource use and value for money

To help determine how efficiently resources/inputs (funds, expertise, time etc.) have been converted to results/outputs, the evaluation reviewed available financial data that showed a correlation between the allocated PRCS budget²³ against recorded budget utilisation as of January 2017 (the latest budgetary information available at the time of writing).

The budget has been divided into three main budget lines as follows:

Budget heading	US\$
Public Health in Emergency	105,863
Violence Prevention	41,387
Management of Project	55,461
Total	202,711

The higher allocation for the PHiE budget heading is in large part due to higher single cost items compared to VP activities; namely 'health devices for volunteers' at US\$ 15,000, 'nurse support' at US\$ 28,800, and 'basic emergency medication' at US\$ 26,813 - all of which are considered legitimate expenses for PHiE activities.²⁴

The budget 'rate of spend' of approximately 75% of overall budget allocation by month nine²⁵ is in line with expectations accounting for the no-cost extension awarded to the project until the end of May 2017.

Overall, the evaluation considers the budget allocation appropriate and reasonable given the project objectives (with the exception of accountant costs considered in Section 3.3.4) and based on an analysis of activities undertaken compared to the available budget, it would be fair to say that resources have been used appropriately and reasonably well. However, in any project, it is almost certain that work can be done better, more cheaply and more quickly²⁶ if management have sufficient data on which to make informed decisions, an issue which is considered further in Section 3.3.2 below.

3.3.2 Project management

It is understood that management changes within PRCS HQ means that projects undertaken in the Gaza Strip fall under the direct responsibility of the Gaza Branch. This is appropriate given the access restrictions to the Gaza Strip and the need for the Gaza Branches to have autonomy and proper decision-making responsibilities for the project. However, as reflected elsewhere throughout this document, and through no fault of the Gaza Branch, project management practice and protocols are not as strong as those found at PRCS HQ in Ramallah. Given the monitoring and reporting issues found during the evaluation, closer support in terms of monitoring and reporting would have been appropriate.

²³ US\$ 202,711.00. The evaluation did not set out to review IFRC expenditures.

²⁴ It is difficult to determine from the evaluation however how the emergency medication supply was used, and whether the products were used efficiently.

²⁵ As per information available at January 2017.

²⁶ Acknowledging the difficulties of procurement in the Gaza Strip.

As stated earlier, the initial Plan of Action (POA) for the project²⁷ is considered appropriate for project planning purposes. In May 2016, project management took the opportunity to revise/update the original POA to better reflect the operational reality of working in the Gaza Strip. This was timely - within one month of commencing the project - and had the main consequence of rescheduling a number of activities by between two and 3 months, which partly accounts for the current delay in activity implementation. This suggests the initial planning of operations might have been slightly optimistic, however, once the revisions were made, actual project implementation largely mirrored the May 2016 POA and indicates the overall PRCS management of the project has been effective and appropriate.

A project Interim Report²⁸ was conducted covering the first eight months of the project (1 April 2016 to 31 December 2016), however, this was not published until 17 March 2017, very close to the end of the project. It would have been better if the data collection for the Interim Report had taken place at say month six, with the report being produced within a 2 week period and then being rapidly disseminated to all project stakeholders for a consultation/workshop process to consider how activities were progressing.²⁹

It was clear from the evaluation process that management do not necessarily see the evaluation itself as being part of the project. The project was not 'evaluation ready' and this considerably slowed the evaluation process. Key documents were either unprepared or unavailable. This leads to Recommendation 5 in Section 4 of the report.

3.3.3 Human resources

The volunteer and Gaza branch staff human resource contribution to the project is considered cost effective given its extensive utilisation of existing resources as no or little cost. The Project Coordinator cost at 50% of time (US\$ 9,600) is considered appropriate for the size of the project; however, the allocation of a full-time accountant to the project at the cost of some US\$ 18,000 (9% of the total PRCS budget allocation) seems disproportionate for the project size.

3.4 Sustainability

3.4.1 Exit strategies, plans and approach to sustainability

The project does not elaborate any specific exit strategy or plan post project, but instead focuses on the sustainable nature of the project through its branches and volunteers. Specifically, the project suggests that sustainability will be achieved by developing knowledge and skills of target communities, and through PRCS volunteers or branch staff being active within those communities – as one key informant in Gaza put it “knowledge is sustainable”. This said, without essential equipment a number of activities would not be able to continue.

The evaluation found that the project builds on existing approaches adopted by the RCRC Movement and adapted by PRCS in response to the challenging and complex situation found in the Gaza Strip. The project also builds on and makes use of existing structures, notably the CACs and PRCS volunteer Network. Indeed, during one volunteer discussion group it was stated that many beneficiaries indicate a desire to become PRCS volunteers and were very proud to be associated with PRCS, knowing what they were doing was making a real difference under exceptionally difficult circumstances: this well illustrates how respected the current PRCS volunteers are viewed by the community.

²⁷ Developed during the project inception period.

²⁸ IFRC (2017). Interim Report – Public Health in Emergencies and Violence Prevention – Gaza Strip.

²⁹ It is understood that there was a gap of 6 months between IFRC Heads of Delegation.

There is an assumption that the project human resources can assist with the development of other PRCS branches through peer education processes. All of these assumptions the evaluation finds perfectly plausible and realistic based on past PRCS performance. There is also an assertion that the CACs will continue with activities post project, linking with different NGOs and local authorities; and this too is possible but resourcing of some degree would likely be required.

The focus on strengthening community capacity and fostering a sense of community resilience and ownership is an entirely appropriate approach to securing sustainability of intervention. Slightly less realistic is the project's assertion that active community members from one location will be able to assist in launching similar projects in other villages, not least because of the resourcing required to support this idea. This said, if resourcing was provided, there is no reason why this should not take place.

Given the project's short-term nature and overall design, this evaluation considers the project's exit strategies, plans and approach to sustainability wholly appropriate.

3.4.2 Risks and assumptions

The project document does not identify any risks and assumptions, and this is an omission to good project design and subsequent management. There are many risks that could take the project focus away from implementing planned activities, including other emergency operations, as well as major conflict as arose during the 2014 Gaza war.

3.4.3 Activities likely to be continued following withdrawal of the project from target areas

While select activities that are primarily knowledge-based can readily continue without project funding, it is important that other activities are funded if they are to continue. For example, there are many activities that rely on a level of equipment (e.g. medicines, first aid kits, publications etc.) and PRCS would likely struggle to maintain activity level should funding cease. Similarly, there are costs associated with running trainings (e.g. transport, catering) that if unmet would likely lower volunteer and community participation. At risk here, if funding is withdrawn, is the opportunity for PRCS to maintain its Volunteer Network and continue building community resilience through the work they do. As PRCS have indicated a need for more well-trained volunteers, equipment, and improved branch capacity to manage the volunteers, attention should be paid to this concern.

3.4.4 The extent to which the project collaborated with national and local authorities and other partners outside the Red Cross Red Crescent Movement

The project appears to have strong working relationships and cooperation modalities with the relevant municipalities/local authorities including relevant education authorities for access to schools. This is evident through the project's reported collaboration with schools and orphanages in the Gaza Strip. Outside of local authority collaboration, the project's main active partnership appears to be with the SOS Organisation³⁰ and the Love and Peace Association.

³⁰ SOS Children's Villages is a worldwide organization in over 130 countries that enables children to have a home with parents or caregivers. SOS Children's Villages – Palestine is a member association of SOS Children's Villages International. Source: <http://www.sos-palestine.org>

There is little evidence of any collaboration with other external actors outside of the Movement, but this was not a key feature of the project despite the project document indicating that partner organisations would include the United Nations Children’s Fund (UNICEF), WHO, UNRWA, UNFPA, OCHA, the Ministry of Health, and JICA. It is likely these were included as being ‘concerned stakeholders’ rather than having any partnership role within the project. It was reported by PRCS in Gaza that the NS participates in health and shelter cluster meetings, but no further information as to how this contributed to the project was available. In future, any project should be more realistic as to the nature of the partnership it will have with key agencies and organisations rather than just listing them in documentation. If they are named then the nature of the relationship should be detailed, and any future project design should draw on the recent findings of the Partnership Development Delegate regarding new partnership development.³¹

3.5 Impact

3.5.1 The positive and negative effects of the project in the short and long-term perspective

There is strong evidence to illustrate that the project is having short-term positive impact. This is particular evident from the results of the volunteer questionnaire (Figure 2 above) in which all 27 respondents felt that their capacity had been improved as a result of the training provided by PRCS (with the vast majority using their skills to support their communities); and that communities are considered safer and more resilient as a result of the CAC’s work. It is too early to say if the short-term positive impact will translate into longer-term impact and much of the success tied to this aspiration relies on the retention of volunteers and their continued engagement with their communities. This of course requires them to be supported (as well as the Gaza branches that oversee their work) and leads to Recommendation 6 in Section 4 of the report).

The evaluation found no negative effects either for the short- or long-term of the project; nor any raised expectations of the community that could not be fulfilled.

3.5.2 The extent to which the project reached its target group

There is evidence to indicate that the project has effectively reached its various target groups, although more men could have been specifically targeted through activities. The project interim report details clear activity results for both PHiE and VP activities that illustrates the extent to which the PRCS volunteers and community beneficiaries have been reached. The latest available data indicates that for PHiE, 98 direct beneficiaries (comprising PRCS/CAC volunteers and community members) were trained, with 150 outreach sessions being conducted reaching some 2,612 indirect beneficiaries in a 4 month period. And for VP, 101 direct beneficiaries (comprising PRCS/CAC volunteers and community members) were trained, with 160 outreach sessions being conducted reaching some 3,569 indirect beneficiaries in a 5 month period. Unfortunately, there is no cumulative data evidence base available that indicates the total number of indirect and direct beneficiaries reached by the project. This is a monitoring failure and supports Recommendation 4.

3.5.3 The extent to which the project contributed towards reducing vulnerability in targeted communities

³¹ Supported by British Red Cross through IFRC.

A key design feature of the project is its focus on building community capacity to better cope with PHiE, and to prevent and manage violence. In this regard, the impact focus - as illustrated by the indicators for the project outcomes - has appropriately centred on volunteers and associated activities, as well as the wider community (see Table 3). However, it is the testimony of the project volunteers and beneficiaries that provide a clear insight into the very positive impact the project has had on contributing to building communities' capacities to address health needs and violence prevention and mitigate risks caused by natural and/or man-made disasters and building long-term resilience as evidenced by the response to questions 12 and 13 in Figure 2 above.

A group discussion of eight beneficiaries³² felt that training on VP had led to a number of key positive behaviour changes. These included increased ability to manage children effectively, with the result that children are now better behaved. Where previously beneficiaries reported it was fairly 'normal' to beat children, the project through effective dissemination and training has persuaded parents to manage the children better by first listening to their needs. If parents see others hurting children, they now feel able to tell them to stop, and explain the purpose of the PRCS project. Importantly, parents are better able to help children that are injured through first aid provision. Significantly, the group discussion participants reported that men are slowly becoming educated about VP (by the women participants) and there was some evidence that men are participating in VP sessions.³³

From a PHiE perspective, beneficiaries show a raised awareness on environmental sanitation and better understanding of how this impacts on their water supply. Consequently, they have changed behaviour to keep their environment cleaner. Beneficiaries also reported that following advice from RCVs, on for example WASH and communicable disease control, they are better able to care for themselves. This means that they don't always have to go to a clinic and incur unnecessary expenditure. It was also reported that before the project began, there was a lot of garbage in the community in which children played. Now in areas where RCVs are living environmental sanitation has improved. Again, group discussion participants reported that activities are less than the community needs, and suggested that training should be provided to volunteers on to how to look after people with disabilities; and that stocks of medical supplies/equipment should be increased.

Volunteers interviewed for the evaluation reported how they have learned to manage communicable disease, through WASH dissemination and activities (i.e. washing hands, personal hygiene, food safety, environmental sanitation), and also learned about the prevention of sexual abuse. They reported working together within health centres as well as undertaking home visits, and paying special attention to pregnant women, for example, through breastfeeding guidance. Volunteers felt that providing clinics, with medication, and equipment, as well as undertaking home visits was especially important for the community as women receiving the services indicated that their health would worsen without them. Important too were the volunteers' work during emergencies when people were displaced and staying at centres for internally displaced persons.

Specific challenges the volunteers faced related to gaining the trust of beneficiaries and the time this took; and conducting activities in schools, which required written requests and permission between the PRCS and authorities. In terms of future project opportunities, volunteers suggested geographical scope of the project could to be expanded to include other vulnerable areas; that future beneficiary targeting should include teachers to ensure sustainability; and that a longer project period is really required to see real change. Volunteers

³² Mayada Elsharif; Fatma Abu Aqel; from Bet Lahya; Hanaa Saqala from Zaitoun; Afaf Hamd; Ibtesam Hamd from Bet Hanon; May Shamalkh from Tal Aalhawa; Samia al Radeaa from Love and Peace Association- Bet Hanon; Ekram Elehwahy from Bet Hanon.

³³ It was reported that men find it difficult to participate in VP discussions due to negative peer pressure.

also suggested there was opportunity to expand or link the project to broader CBHFA programming; and that more innovative training, for example, using social media should be explored.

Based on the evidence obtained during the evaluation, it may be concluded that the project has contributed towards reducing vulnerability in the targeted communities; and the IFRC's belief that the project contributes to "stabilization of local communities, alleviate tension in the community, promotes physical and mental health by addressing urgent needs, and reducing the risk to further disaster at micro and macro levels"³⁴, is well found. The sum of these findings leads to Recommendation 6 in Section 4 of the report.

3.6 Management and Partnership

3.6.1 The degree to which PRCS has obtained ownership of the project

The project is wholly managed by the PRCS with the project management team, both in Gaza Strip and the Ramallah HQ. PRCS demonstrate a high degree of ownership for all activities conducted, especially those individuals associated with the Gaza Branch.

3.6.2 The working relationship between PRCS and IFRC throughout the project period

The IFRC engagement in the project has been orientated to providing technical support and guidance through the various IFRC Representatives, as well as conducting monitoring visits when permission has been granted to enter the Gaza Strip. Both PRCS and IFRC describe the project working relationship as 'positive' and 'constructive'.

3.6.3 Harmonisation with other partners

The project document indicates partnerships with: the Japanese Red Cross Society (JRCS), Swedish Red Cross, Norwegian Red Cross, Spanish Red Cross, Danish Red Cross, Canadian Red Cross, Netherlands Red Cross, and the International Committee of the Red Cross. The most significant harmonisation of the project is with the JRCS (through its seconded role of the IFRC MENA Health Coordinator), which was involved in the final project design and contribution of technical advice to the project. The JRCS has also provided technical support from the MENA Office through its regional representation. There were no articulated plans to develop multiplier effects (i.e. by building on existing PNS work in the Gaza Strip) with any of the other aforementioned PNS', which as previously stated may have been a missed opportunity.

Due to the challenges and constraints of operating in the Gaza Strip the project may have found it difficult to harmonise activities with other partners and it is accepted this was never a significant design feature of the project to begin with. However, it is known that there are several Japanese NGOs working in Gaza, as well as the Japan International Cooperation Agency (JICA), and it is the policy of the Representative Office of Japan to the Palestinian Authority to encourage that wherever possible organisations look for multiplying and synergy opportunities.

Given the project's strong VP focus, there could have been opportunity to seek some form of working relationship with UNFPA given the UN agency's work with the Ministry of Health,

³⁴ Part of the project overall objective.

Ministry of Social Development and Ministry of Woman's Affairs aimed at responding effectively to gender based violence (GBV) in the Gaza Strip. Similarly, Save the Children³⁵ is also active in the Gaza Strip particularly in schools, and opportunity exists here for some level of cooperation. This finding leads to Recommendation 7 in Section 4 below.

4 Recommendations

This section details the recommendations that follow from the findings detailed in Section 3 above (in order of appearance in the document rather than importance).

Recommendation 1: *Any future project design should carefully strategize how it recruits volunteers to the project in order to best utilise training resources.*

It is understandable that PRCS wishes to continue developing the existing capacity of its volunteer base, however, providing repeat training to the same volunteers may not be the best use of resources. It may be prudent to expand the PRCS volunteer network by recruiting new (more) volunteers rather than providing similar/repeat training to existing ones. This approach would also have the benefit of reaching more beneficiaries and increasing opportunities for sustainability of activities.

Recommendation 2: *Any future project should mainstream the Youth as Agents of Behaviour Change (YABC) approach more systematically into the design of the project.*

The current project *may* have elements of YABC but they are neither evident nor articulated in any documents. Consideration should also be given to how to a future project can better engage with other PNS' that have worked with YABC in Palestine, for example with the Danish Red Cross on the recently concluded 'Youth as Agents for Behavioural Change' project implemented by the PRCS under the EU Peace Building Initiative.

Recommendation 3: *Any future project design should attempt to 'link' project trainings to better leverage efficiencies of scale.*

The project design was to conduct either PHiE or VP activities with certain target groups in certain locations (only Al Zautin in Gaza Governate conducted both PHiE and VP activities). This suggests that opportunities for leveraging efficiencies related to 'scale' are missed. In any future project, an approach that attempts to conduct all project activities with target beneficiaries would increase both impact and efficiency.

Recommendation 4: *Any future project must develop a robust monitoring and reporting system inclusive of baseline/end line surveys before permission is granted to proceed with only activities that have indicators/targets within the project log frame.³⁶*

There is a lack of activity detail to guide project management, particularly in relation to describing how monitoring and reporting of progress against activities; there is limited regular recording of project progress against indicator targets and planned activities; and there is no cumulative data evidence base that indicates the total number of indirect and direct

³⁵ Save the Children in the oPt works with government, local partners and stakeholders on providing education, protection for children, greater access to health care, and employment opportunities for youth at risk.

³⁶ The recommendation is worded as such so that activities related to the management and setting up of the project are not prevented from going forward.

beneficiaries reached by the project. This is a weakness and prevents an objective analysis of how the project has secured its results and contributed to planned impact.

In any future project review/evaluation, PRCS should undertake a thorough analysis of how well the intervention was received by the community i.e. the indicators/results should be more impact orientated with a view to securing and recording positive changes at community level. This will require recording how the project has improved the situations of beneficiaries and thus lead to strong impact assessments.

Recommendation 5: *PRCS should view processes related to evaluations and reviews as part of the project and not something that is just 'done' at a later stage.*

It was clear from the evaluation process that PRCS management do not see the evaluation itself as being part of the project. The project was not 'evaluation ready', key documents were either unprepared or unavailable, which considerably slowed the evaluation process and reduced efficiencies. Furthermore, opportunities related to learning from evaluations and reviews are lost if they are not seen as part and parcel of the project itself.

Recommendation 6: *Funding should be secured to continue supporting the volunteers and branches reached through this project with a longer timescale than just one year.*

There is strong evidence to illustrate that the project is having positive impact. However, while it is too early to say if the short-term positive impact will translate into longer-term impact, much of the success tied to this aspiration relies on the retention of volunteers and their continued engagement with their communities.³⁷ This requires volunteers to be supported (as well as the Gaza branches that oversee their work) in the future and preferably for a longer time frame beyond just one-year. The IFRC Country Office, with MENA Regional Office support, should use evaluation as justification for continued support to the targeted volunteers/branches (accepting that in any new project activities may be different).

Recommendation 7: *Any future project must seek meaningful partnerships with other humanitarian organisations – including Movement partners - working on similar project themes within Palestine to ensure synergies and multiplying opportunities.*

Given the project's strong VP focus, working relationships with UNFPA (given the UN agency's work with the Ministry of Health, Ministry of Social Development and Ministry of Woman's Affairs aimed at responding effectively to gender based violence (GBV) in the Gaza Strip should have been sought; as well as with Save the Children who are active in schools in the Gaza Strip. It is essential that these potential synergies and multiplying opportunities are not ignored. Additionally, it is understood that the Danish Red Cross will shortly commence its design process for 2018, and this thinking could easily be incorporated in their programming. It would greatly benefit the PRCS if the IFRC Country Coordinator/ Federation Representative could be extensively involved in any such process to ensure that future partnerships are undertaken in alignment with Movement cooperation modalities.

³⁷ At the time of writing, the Gaza Strip was facing increasing power cuts and shortages of fuel that were creating an impending crisis for Gaza's 14 public hospitals and threatening the closure of essential health services that would leave thousands of people without access to life-saving health care. The WHO indicated that if no solution was found, Gaza's 14 public hospitals would be forced to partially or completely close essential services.

5 Conclusion

In overall conclusion, the evaluation established that the project has made good progress to securing its intended results. This has been achieved through a well-designed project coupled with an approach of 'increasing community resilience' through a range of appropriate and well-targeted activities that meet the needs of target beneficiaries. PRCS and volunteer capacity has both been developed and improved, particularly the focus on building volunteer capacity aimed at increasing community resilience in the Gaza Strip.

What has been less successful is the project's limited monitoring and reporting modality, which is the prime responsibility of PRCS branches as there is no PMER Unit at PRCS headquarter level. This negatively impacts on project efficiency, effectiveness and ability to measure impact; and is a failing within the project. However, this comment should not detract from the very good work the project is doing with beneficiaries in the Gaza Strip and if PRCS can implement the recommendations contained in this report, a future project should achieve significant positive results.

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Annex A – Evaluation Terms of Reference

Terms of Reference Evaluation of the "Public Health in Emergencies and Violence Prevention Project in Gaza"

1. Background

In 2009, the Palestine Red Crescent Society (PRCS), Primary Health Care (PHC) Department adapted a new approach of Community Based Health First Aid (CBHFA), through the learning by doing approach. As a result of their experience, PRCS expanded the concept of CBHFA, based on the unique Palestinian context.

This **Public Health in Emergencies and Violence Prevention Project in Gaza** is conceived in the frame of the PHC project of PRCS, through CBHFA and builds on the previous activities under *Reproductive Health and Violence Prevention Project* (completed in May 2016), jointly managed by PRCS and IFRC. The project was initiated as a result of the war against Gaza in 2014, where 1.8 million Palestinians in the Gaza Strip endured the worst escalation of hostilities since 1967. Over 1,500 Palestinian civilians were killed, more than 11,000 injured and some 95,000 remain currently displaced, accommodated either with host families, rented apartments, in their heavily damaged homes or next to it in makeshift shelters, tents and caravans. Consequently, after the experiences in Gaza, PRCS is seeking to empower the capacity of staff and volunteers in the areas of: Public Health in Emergency and Violence Prevention. The project is the second one implemented in Gaza with IFRC and the generous support of the Government of Japan.

The current project focuses its interventions in 9 locations in the Gaza strip whereby a total number of 152 PHC volunteers from PRCS worked at a community level to increase awareness on public health and violence prevention and community mobilisation, as well as increase the capacity of the PRCS staff and volunteers in developing and gaining achievements in the following areas:

- Identifying and assessing hazards and risks to public health
- Developing a contingency plan, and emergency response plan
- Providing psychosocial intervention
- Raising awareness on health in emergency
- Assisting injured people through first aid training
- Violence Prevention and promoting a culture of non-violence and peace

The overall objective of the project is to contribute to *“build communities’ capacities to address health needs and violence prevention and mitigate risks caused by natural and/or man-made disasters and build long-term resilience.”*

2. Objectives of the evaluation

The objectives of the Final Evaluation are:

- A. Assess the *relevance, efficiency, effectiveness, impact and sustainability* of the of the project in relation to the objectives (and supporting outputs) set out in the Project Document
- B. Based on the findings of ‘A’, develop a set of key recommendations on which aspects of the project should continue, which should discontinue, which should be amended/modified; and which should be added.

- C. If the team conclude that a third phase of the project is recommended, key steps in the formulation for a new project under the 2017 IFRC Operational Plan for oPt, and possible areas of focus should be outlined.

3. Output

An end-of project evaluation report consisting of three levels of information:

- Firstly, the executive summary to be written in a separate paper providing the bare essentials for decision-makers regarding the background, major conclusions in relation to the evaluation criteria, recommendations and lessons learned (total 3-5 pages).
- The second level is the main report (max. 25 pages plus a list of abbreviations) of which a substantial part will be the main conclusions and recommendations. These should be substantiated with more detailed information only to the extent necessary. Detailed findings should be referred to the annexes. Conclusions and recommendations in the main report should have references to the relevant findings in the annexes.
- The third level in the report should contain the annexes. Those should provide all information necessary to substantiate major conclusions and recommendations in the main report. The Terms of Reference, the team's itinerary, list of persons met, and list of documents used should also be annexed.

4. Scope of Work

The evaluation shall comprise but not necessarily be limited to the following evaluation criteria:

Relevance

- Assess whether the project objectives are in line with the needs, priorities and policies of ³⁸
 - a) the PRCS (including its Strategic Plan)
 - b) Government of Japan Strategies and relevant International Federation of Red Cross and Red Crescent Societies (IFRC) policies (particularly Strategy 2020, Building Strong National Societies framework and OCAC),
 - c) Country national policies including the national Palestine National Development Plan
 - d) Other relevant strategies and policies,
- How relevant activities be continued within new project initiatives?
- To what extent is the project complimentary to the efforts carried out at National level?
- How has the project selected target beneficiaries?

Effectiveness

- Assess to what extent project objectives been reached? Are activities sufficient to realise agreed objectives? Have activities been sufficient to realise agreed objectives? Is it likely that the project will have the planned impact? Have a baseline and end line survey been conducted? Assess the technical quality of the project activities and the effectiveness and appropriateness of methodologies and approaches applied.
- Identify good practise or lack of same in relation to established good practise within organisational development, capacity building and volunteering.

³⁸ The outcomes of the underneath assessment will assist in the development of the next phase of the proposal more than the assessment of the currently implementing one

Efficiency

- Assess the efficiency of the project in converting its inputs (funds, expertise, time etc.) to outputs, with an indication of whether the project has represented good ‘value for money’ given the resources invested. The changes in the country context should be taken into account.
- Assess the efficiency of project management including financial management practices, human resource management systems and tools, development of budgets and plans of action (according to annual external audits).

Sustainability of the project

- Assess the extent to which viable exit strategies have been sufficiently elaborated in the initial planning of the project. This includes an analysis of prerequisites and measures to achieve sustainability of the project especially what kind of realistic sustainability can be achieved under occupation.
- Assess whether the risks and assumptions still hold and if mitigation strategies have been applied to accommodate possible developments in the project-operating environment.
- What activities are likely to be continued following withdrawal of the project from target areas?
- Assess the extent to which the project has collaborated with national and local authorities and other partners outside the Red Cross Red Crescent Movement.

Impact

- Assess the positive and negative effects of the project in the short and longer perspective? To what extent has the project reached its target group(s)?
- How has the project contributed towards reducing vulnerability in the targeted communities and increased resiliency of communities?

Management and Partnership

- Assess the degree to which PRCS at all relevant organisational levels has obtained ownership of the project.
- Assess the development of the working relationship between PRCS, IFRC, throughout the project period.
- Assess if attempts have been made to promote harmonisation with other partners; thereby reducing administrative costs of the project implementation (e.g. through establishment of alliances with other PNSs, IFRC and ICRC).

5. Method of work

An evaluation team led by an external consultant as Team Leader will conduct the evaluation. The IFRC Representative and PRCS management representative will support the team leader. Given the restrictions to entering Gaza, the field work of the evaluation will be conducted by the IFRC Representative in oPt and PRCS Management. The Team Leader will be responsible for; undertaking the desk review, interviewing via skype PRCS senior management, project staff and the drafting of the final report. The evaluation will be conducted through a combination of desk review, fieldwork, workshop and consultation with relevant stakeholders. Consultation with representatives from the branch will take place including a field visit to Gaza branch. In addition to the final report, a short video-clip will be developed, as part of the final evaluation, to document the most significant change for beneficiaries as a result of the impact of the project. The management of the team developing the video

clip will fall under the responsibility of the IFRC Representative in oPt and PRCS Management and will be shared with the back donor.

Methodology will follow an initial literary review of the project documents and outputs and reports. Following that a visit to Palestine to interview staff and volunteers involved in the project including:

PRCS Management
Relevant Department Staff (PSP, Youth, Volunteer, Projects)
Youth and Volunteers
RC/RC Movement partners in country

- Field visits will be conducted one branch.
- That the team will study relevant material before starting the evaluation.
- A wrap up session will be held to discuss the initial results and confirm the next steps with PRCS management.
- The draft report will be distributed to PRCS management and IFRC for comments and further discussion. After receiving the comments, the Review team leader will finalise the report and submit to IFRC and PRCS.

6. Time frame

- The evaluation will take place from 10th-20th April including (2) day for preparation, (3) days of fieldwork, (5) days of compilation of results and drafting and finalisation.
- The draft evaluation will be delivered to the IFRC and PRCS no later than 8 days after the end of the review mission.
- The final evaluation report that entails all the necessary modifications/input from both PRCS and IFRC will delivered no later than 30th April 2016 and submitted to John Entwistle (john.entwistle@ifrc.org who will share it with PRCS

7. Team Composition

Team Leader

Ms Fatima Skaik, Director Projects Unit, PRCS

IFRC Head of Office Palestine

8. Documents available

- PRCS and IFRC Strategies
- Project document and supporting documents
- Updated budget, including expenditures to date
- Plan of action or implementation plan
- Baseline, M&E plan, latest monitoring report
- Quarterly and annual reports
- IFRC Strategy 2020
- Relevant IFRC strategic guidelines, including Guidelines on Gender Based Violence

Annex B - Field tool/stakeholder matrix

RCRC/PNS	PRCS	Authorities/Community	UN/Agency	INGOs
IFRC ICRC JRCS Sw RC NorCross DRC Can RC NLRC	Category 1: <ul style="list-style-type: none"> • Management • Project staff • PSP Dept • Youth & Volunteer Dept • PHC Dept Category 2: <ul style="list-style-type: none"> • Project Volunteers 	CACs PHC Centres Min of Health DM Agency or EMS Local councils CBOs Project beneficiaries	UNICEF WHO UNRWA UNFPA OCHA JICA	To be identified
Field tool approach				
Tool 1 - Questionnaire from JE (all above) plus semi-structured interviews by consultant for identified stakeholders	Category 1: semi-structured interviews by consultant Category 2: individual questionnaire Tool 2 (sent to all 152 project volunteers), plus Group Interviews (Tool 3) for representative sample	Possible Group Interviews (Tool 3) for select stakeholders e.g. CAC	Tool 1 - Questionnaire from JE (to relevant agencies)	Tool 1 - Questionnaire from JE (to relevant INGOs)
Notes				
No translation of tool required	Translation required for Tool 2 (individual questionnaire – blue text) but no translation required for completed forms Translation required for Tool 3 (group questions – blue text) and for completed group discussion results	Translation required for Tool 3 (group questions – blue text) and for completed group discussion results	No translation of tool required	No translation of tool required

Annex C – Stakeholder interviews

External evaluation of the Public Health in Emergencies and Violence Prevention Project in the Gaza Strip

The Palestine Red Crescent Society (PRCS) and International Federation of the Red Cross Red Crescent (IFRC) have commissioned an independent evaluation of the *Public Health in Emergencies (PHiE) and Violence Prevention Project (VP)*. Your views and experiences as a key partner are very valuable to the evaluation as they provide insights into PRCS' performance and the contribution it makes to Public Health in Emergencies and Violence Prevention in the Gaza Strip.

The Project is conducted in the following locations:

#	Name of location	Geographic area	Governorate	Nearest Branch	# of volunteers	Component	
						PHiE	VP
1.	Biet Hanon	North	North Governorate	Jabalia	20		
2.	Biet Lahia	North		Jabalia	13		
3.	Al Zautin	Center Gaza	Gaza Governorat	HQ Gaza	19		
4.	Tal Al Hawa	Center Gaza		HQ Gaza	11		
5.	Al Maghazi	Middle	Middle Governorate	Dier Al Balah	20		
6.	Anwar Islaieh	South	Khan Younis Governorate	Khanyounis	12		
7.	Al Shiekh Naser	South		Khanyounis	12		
8.	Al Mawasi	South		Khanyounis	20		
9.	Rafah	South	Rafah Governorate	Rafah	25		

In this questionnaire you will find a number of statements.

- Please indicate the extent to which you agree or disagree with each of the statements provided by marking the appropriate box on the corresponding scale with an 'X'.
- In addition to your answer, please provide a brief statement/comment in the 'supporting comments' column that supports and/or expands on the answer you have given.
- If the question is not relevant to you please leave it blank.

Notes:

- Your response will remain confidential and will only be accessed by the consultant. In the final report only your organisation will be named.
- Please return your completed questionnaire to Mark Shepherd (m.shepherd@kemaconsulting.org) by Friday 21 April 2017.

Question	Supporting comments i.e. evidenced-based examples										
<p>1. I have a good understanding of the PHiE work undertaken by PRCS in the Gaza Strip.</p> <table border="1" data-bbox="220 383 847 479"> <tr> <td>Strongly Agree</td> <td>Agree</td> <td>Disagree</td> <td>Strongly Disagree</td> <td>Don't Know</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<p>2. I have a good understanding of the VP work undertaken by PRCS in the Gaza Strip.</p> <table border="1" data-bbox="220 667 847 763"> <tr> <td>Strongly Agree</td> <td>Agree</td> <td>Disagree</td> <td>Strongly Disagree</td> <td>Don't Know</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<p>3. The Project work is relevant to communities living in the Gaza Strip.</p> <table border="1" data-bbox="220 954 847 1050"> <tr> <td>Strongly Agree</td> <td>Agree</td> <td>Disagree</td> <td>Strongly Disagree</td> <td>Don't Know</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<p>4. The Project work targets the most vulnerable populations living in Gaza (see table above).</p> <table border="1" data-bbox="220 1240 847 1337"> <tr> <td>Strongly Agree</td> <td>Agree</td> <td>Disagree</td> <td>Strongly Disagree</td> <td>Don't Know</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<p>5. The Project work is aligned with the priorities of my organisation.</p> <table border="1" data-bbox="220 1525 847 1621"> <tr> <td>Strongly Agree</td> <td>Agree</td> <td>Disagree</td> <td>Strongly Disagree</td> <td>Don't Know</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<p>6. The Project is having a positive impact on addressing the health needs of communities living in the Gaza Strip.</p> <table border="1" data-bbox="220 1809 847 1906"> <tr> <td>Strongly Agree</td> <td>Agree</td> <td>Disagree</td> <td>Strongly Disagree</td> <td>Don't Know</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<p>7. The Project is having a positive impact on addressing the violence prevention needs of communities living in the Gaza Strip.</p> <table border="1"> <tr> <td>Strongly Agree</td> <td>Agree</td> <td>Disagree</td> <td>Strongly Disagree</td> <td>Don't Know</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<p>8. The Project work is strongly <i>aligned</i> with the priorities of communities living in the Gaza Strip.</p> <table border="1"> <tr> <td>Strongly Agree</td> <td>Agree</td> <td>Disagree</td> <td>Strongly Disagree</td> <td>Don't Know</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<p>9. The Project work is strongly <i>aligned</i> with National level priorities.</p> <table border="1"> <tr> <td>Strongly Agree</td> <td>Agree</td> <td>Disagree</td> <td>Strongly Disagree</td> <td>Don't Know</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<p>10. The Project works in collaboration with my organisation.</p> <table border="1"> <tr> <td>Strongly Agree</td> <td>Agree</td> <td>Disagree</td> <td>Strongly Disagree</td> <td>Don't Know</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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If there is any additional information that you feel important to share please include it here.

Name of person completing the questionnaire:	Organisation and Position title:
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Thank you very much for taking the time to complete this questionnaire. Your contribution is highly valued.

Please return your completed questionnaire to Mark Shepherd (m.shepherd@kemaconsulting.org) by Friday 21 April 2017.

Annex D – PRCS Volunteer questionnaire

Volunteer Questionnaire

Name:

Location:

Sex (please underline): Female Male

Type of volunteer (please underline): PHiE VP

Please provide your answer to the questions below by placing an X in the relevant 'Yes' or 'No' column.

	Question	Yes	No
1	I have received previous Public Health in Emergencies (PHiE) training from PRCS		
2	I have received previous Violence Prevention training from PRCS		
3	I can identify and assess hazards and risks to public health		
4	I am aware of the Community Awareness Committee (CAC) contingency plan		
5	I am aware of the CAC emergency response plan		
6	I have the skills to provide psychosocial interventions if required		
7	I have the knowledge to raise awareness of health in emergency topics within the community		
8	I the skills to assist injured people with first aid		
9	I have the confidence and knowledge to promote violence prevention and promote a culture of non-violence and peace in my community		
10	I have actively used my PHiE knowledge to help my community		
11	I have actively used my VP skills to support my community		
12	My capacity has been improved as a result of the training provided by PRCS		
13	People within my community are safer and more resilient as a result of the CAC's work		
14	The PRCS PHiE/VP work is reaching the most vulnerable community members		

Annex E – Key informants

Dr. Bashar, Deputy General Director, Palestine Red Crescent Society Gaza

John Entwistle, Federation Representative, oPt

Shoko Hanzawa, Second Secretary, Representative Office of Japan to the P.A

Maki Igarashi, Regional Representative, Japanese Red Cross

Fatma Skaik, Director Of Projects Unit. Palestine Red Crescent Society

27 PRCS Volunteers from the Gaza Strip