



Agència Catalana
de Cooperació
al Desenvolupament

EVALUATION REPORT

“Integral protection and health for the population of Hebron (H2) with special attention to the intersectionality between functional diversity and gender-based violence (West Bank, Palestine) (ACC029/19/0037)”

Implemented the Health Work Committees in cooperation with Movement for Peace and Hèlia

Funded by the Agència Catalana de Cooperació al Desenvolupament

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List of acronyms

ACCD	Agència Catalana de Cooperació al Desenvolupament
BwFD	Boys with Functional Diversity
CBOs	Community-Based Organisations
CEDAW	Convention of the Elimination of All Forms of Discrimination Against Women
CwFD	Children with Functional Diversity
ET	Evaluation Team
FD	Functional Diversity
FGDs	Focus Groups Discussion
GBV	Gender-Based Violence
GwFD	Girs with Functional Diversity
HR	Human Rights
HWC	Health Work Committees
ICRC	International Committee of the Red Cross
IHRL	International Human Rights Law
INGOs	International Non-Governmental Organisations
M&E	Monitoring and Evaluation
MoE	Ministry of Education
MoH	Ministry of Health
MoSD	Ministry of Social Development
MPDL	Movement for Peace
MSF	Médecins Sans Frontiers
MwFD	Men with Functional Diversity
NGOs	Non-Governmental Organisations
oPt	Occupied Palestinian territory
PA	Palestinian Authority
PRCS	Palestinian Red Crescent Society
PwFD	People with Functional Diversity
SSG	Self-Supporting Groups
ToRs	Terms of Reference
WB	West Bank

WG	Working Group
WwFD	Women with Functional Diversity

A. Main messages

To Health Work Committees

The project has had a great impact in the lives of many individuals and families in Hebron H2. Through their participation in the programme, they have accessed vital health and psychosocial services, have gained knowledge, skills and, above all, they have acquired abilities to claim their rights and influence their families and communities.

Having said that, the Health Work Committees (HWC) should consider how they can maintain and increase the health, rehabilitation and psychosocial services they have been providing to the target communities, as well as how they could share the *know how* acquired at the self-support centers to other communities and to other organisations working in the prevention of gender-based violence (GBV) and the protection of GBV survivors.

Furthermore, incipient networks of community-based organisations (CBOs) in Hebron H2 have been established by the project, and the HWC should explore how to foster this collaboration and utilise it to continue promoting the rights of people with functional diversity (PwFD) and the fight against GBV.

To Movement for Peace

Building long-time partnerships with organisations such as the HWC – that are providing vital services to the most disadvantaged groups in Hebron H2 and other communities in Area C across all the West Bank (WB) – is essential to improve the life's conditions of those groups, to increase the resilience of the target communities and to maintain the Palestinian presence in Area C, among others.

Movement for Peace (MPDL) should maintain and strengthen its partnership with the HWC and assess the good practices applied in this joint intervention to inform the design of future joint programmes. Moreover, MPDL should assess the successes and challenges of this partnership and use the lessons learnt in the design of a longer partnership strategy with the HWC.

MPDL should maintain too its focus on improving the life conditions of PwFD in Hebron H2, especially children with functional diversity (CwFD) and increase the support they were receiving through the assessed programme. The high positive impact in the lives of the children and the families has been proved through this process, and the methodologies used could be replicated and expanded to increase the long-term impact.

To MPDL and Hèlia

MPDL and Hèlia should consider integrating women and PwFD from Hebron H2 in their international advocacy efforts and providing to Hebron H2 rights holders the possibility of raise their voices and share their experiences. Furthermore, MPDL and Hèlia should assess the possibility of integrating other voices in their advocacy strategy, capitalising the network of CBOs created through the project.

To the HWC and MPDL

All right holders interviewed mentioned during the evaluation their intentions to share all what they have learned with others, and their will to engage deeper in their communities and/or in the work of CBOs. Partners should consider exploring future strategies to support and nurture this engagement, as well as facilitating further collaboration and networking between right holders (women and PwFD, and organisations).

Moreover, the project has faced many challenges when trying to increase the engagement of Hebron H2 youth in community-based activities. The HWC and MPDL should assess jointly what have been the main

barriers hindering youth participation and apply new methodologies in future interventions to ensure a more meaningful engagement (e.g. school-based programmes, participation of new partners, etc.).

To the Agència Catalana de Cooperació al Desenvolupament

The HWC is suffering from harassment and defamation campaigns launched by the Israeli Government and far right and extremist groups, due to the unique services they provide to the most disadvantaged population in Area C. Despite the personal and professional costs paid by the organisation, they have maintained their commitment with the most disadvantaged groups in the most marginalised areas. It is expected in the future that committed donors like the Agència Catalana de Cooperació al Desenvolupament (ACCD) will maintain their support and their firm defence of the work of the HWC, as well as the right of the Palestinian population to access basic health services.

B. Background and description of the evaluation

B.1. Background of the organisations and intervention

Since the beginning of its activity in Palestine in 1994, MPDL has actively worked with grassroots organisations to provide support to Palestinian women, specifically in the field of disability and the promotion of women's rights. In 1994 MPDL started its work with PwFD, extending its intervention until today, in partnership with HWC, a local non-governmental organisation (NGO) specialising in providing protection and integral health services to Palestinian population, especially women.

The HWC is an NGO that was formed in 1985 by healthcare professionals to reduce the existing healthcare deficits of the Palestinian population living in the occupied Palestinian territory (oPt). The HWC professionals provide services to people regardless of their race, social position, religion or political affiliation. The HWC is committed to raising the level and quality of primary health services within the community and focuses its efforts on ensuring that all people and families have equal access to the quality health developing and enhancing the community's participation, trust and a sense of social justice. However, the programme aimed at improving access to fundamental rights for Palestinian women is one of the central focuses of the HWC work. This resulted in the launch of a special project called "Women's Health", with the aim of providing information, attention and control to the same women about their physical and mental health. Their 34 years of experience has led to the providing quality health and development services to marginalised areas and vulnerable groups.

MPDL and the HWC have extensive experience in partnership of more than 10 years working with PwFD, with special attention to women with functional diversities (WwFD), in Hebron Governorate that has motivated the identification and implementation of the intervention object of this evaluation, which is part of the MPDL strategy in the occupied Palestinian territory (oPt).

The current project was based on the previous joint experience of MPDL and the HWC implementing projects in Hebron providing community-based support services to PwFD and their families, empowering PwFD through offering them skills and opportunities to assess and improve accessibility and inclusiveness in the communities and increasing the capacity of PwFD to engage in self-advocacy actions and promote plural and inclusive social participation in their communities.

B.2. Background of the project

The project promoted strategies to strengthen the integral protection of the population of Hebron H2, with special attention to the intersectionality between functional diversity (FD) and GBV. Specifically, work was carried out to improve the protection and physical and psychosocial health of PwFD and women and children in situations of greater vulnerability in the H2 area of Hebron. The proposed actions have been conceived and developed from a Gender and Human Rights based approach and an

Inclusive and Participatory approach. Therefore, outcome 1 was focused on the provision of medical, psychosocial and legal services to the target population. Outcome 2 was focused on increasing protection and inclusion at the community level for women survivors or at risk of GBV. Outcome 3 aimed to strengthen the knowledge, skills and level of commitment of responsibility holders and obligation holders to combat GBV and discrimination on the grounds of FD. Finally, the actions foreseen in Outcome 4 were developed in Catalonia to increase awareness, capacities, advocacy and the level of commitment of responsibility holders and obligation holders to combat GBV in the field of health and to defend the rights of the Palestinian people.

The following table shows a summary of the action:

Total duration of the action	30 months, from February 1 st 2020 to July the 31 st 2022 (initially planned for 24 months).
Objectives of the action	<p><u>General Objective:</u> Strengthen the integral protection of the population of Hebron H2 with special attention to the intersectionality between functional diversity and gender violence.</p> <p><u>Specific Objective:</u> Improved protection and physical and psychosocial health of people with functional diversity and women and children in vulnerable situations in Hebron H2.</p>
Partner(s)	MPDL (applicant), Hèlia (co-applicant) and the HWC (local organisation).
Target group(s)	<p>Rights holders: PwFD; women and PwFD who are survivors of GBV or at risk; family members and caregivers of PwFD; youth leaders, support groups.</p> <p>Responsibilities holders: health service providers and professionals, members of the platform of organizations working on the prevention and management of GBV in people with functional diversity in Hebron Governorate.</p> <p>Obligations holders: local, regional, national and international authorities.</p>
Final beneficiaries	PwFD and women and children.
Estimated results	<ul style="list-style-type: none"> • R1. Increased access to health and psychosocial care services for the most vulnerable persons; • R2. Increased protection and inclusion at the community level of women in a vulnerable situation; • R3. Strengthened knowledge, skills and level of commitment of duty bearers and duty bearers to combat GBV; and • R4. Strengthened awareness, capacity, advocacy and level of commitment of incumbents in Catalonia to combat GBV in the field of health and to defend the rights of the Palestinian people.
Main activities	<ul style="list-style-type: none"> • R1. Bidding and purchase of medicines, medical and rehabilitation equipment, and materials for the clinic. Provision of medical and rehabilitation services, psychosocial services on an individual and/or group basis and provision of legal support services, at the centre and at home with special attention to women and people with functional diversity. Coordination, monitoring and evaluation. • R2. Establishment and consolidation of support groups and young community leaders to promote gender equity, through the planning and implementation of community sensitization activities in the communities

	<p>and among young people. Organization and implementation of a contest on community sensitization on GBV prevention and on inclusion and equity, for youth and other relevant social actors. Coordination, monitoring and evaluation.</p> <ul style="list-style-type: none"> • R3. Establishment and consolidation of a coordination platform between local, national and international organizations working on prevention of GBV in PwFDs in Hebron Governorate. Preparation and implementation of trainings for health care providers and community work professionals on prevention and management of GBV in PwFDs. Preparation and implementation of an advocacy campaign based on the intersectionality between functional diversity and GBV in Palestine. Drafting of a report systematizing the program's experiences on intersectionality between functional diversity and GBV in Palestine. Coordination, monitoring and evaluation. • R4. Creation and promotion of the Working Group (WG) on Health and Gender in Catalonia, and advocacy actions to work with the Administration in the mainstreaming of the gender.
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B.3. Background of the evaluation

The evaluation focused on the period of implementation of the project, from February 1st 2020 to July the 31st 2022, and its geographical location, Hebron H2, in WB, Palestine.

The evaluation aimed to make a systematic and objective assessment of the above-mentioned project, its design, implementation and results, with the aim to determine the relevance and fulfilment of objectives and outcomes, developmental efficiency (such as the usage of the resources and their transformation), effectiveness, preliminary indications of the impact and the possible sustainability and/or continuity of the project, among others. Lessons learned and best practices recommendations, into the decision-making process of MPDL, its partner organisation, HWC, and the donor, ACCD, as well as on potential areas for strengthening the service delivery, and its relevance to the affected population. Specifically, the evaluation report discusses and provides conclusions and recommendations on the following questions:

- Relevance: was the project designed in a way that is relevant to reach its goals?
- Matching needs: did the project/activities meet the beneficiaries' needs?
- Which unmet needs did the evaluators identify that would be relevant for MPDL to investigate in an eventual continuation of the project?
- Synergies: to which extent were synergies achieved with other activities, as well as with local/international policies and donor policies?
- Internal coherence: were the result indicators and their means of verification adequate? What possible adjustments would the consultants recommend?
- Effectiveness: to which degree did the activities meet the objectives and results set out in the project (as outlined in the Logical Framework)?
- Impact and spill over: were there any unforeseen positive/negative effects of the activities?
- Efficiency: was the project run in an efficient way?
- Sustainability: are the results achieved sustainable?
- Gender mainstreaming: to which extent did the project succeed in including a gender

perspective?

- Identify lessons learned and provide recommendations.

Therefore, the final evaluation report provides project partners with sufficient information to make an informed judgement on the performance of the project, document lessons learned, and provide practical recommendations to improve the impact and sustainability of the project in future phases, among others.

Since the project was designed in the framework of the ACCD's *"Director Plan for Development Cooperation 2015- 2018"*, therefore, the evaluation integrated the Strategic Gender Approach Based on Human Rights included in the "Director Plan" both in the analysis and in the process of evaluating the action. Mainstreaming the Strategic Gender Approach Based on Human Rights in the evaluation of the action involved analysing whether the project promoted/protected human rights and gender equality. To that end, the evaluation team (ET):

- Focused on the design, processes, results and impacts of the project in order to provide evidence of its effects on gender relations/inequalities and in the exercise of human rights; and
- Understood the evaluation as a process that fosters the participation of the rights, obligations and responsibilities holders contributing to the accountability and capacity building to promote empowerment and transformation in the interest of gender equality and the exercise of human rights.

The evaluation mainstreamed the Strategic Gender Approach Based on Human Rights so that:

- It assessed the results and impact of the project on gender relations and human rights. The evaluation mainstreamed the Strategic Gender Approach Based on Human Rights through the criteria, evaluation questions and indicators in each of the questions envisaged, to ensure the collection of evidence of the action's effects on gender relations and human rights, especially on women's rights; and
- The active participation of the rights holders (particularly women) was considered as a key element to strengthen their abilities and promote their empowerment. A clear, transparent and participatory evaluation methodology has been developed to promote accountability towards the action's main beneficiaries and to ensure their active participation in the evaluation process.

The intended users of the evaluation report are the implementing partners, MPDL and the HWC, the project donor, ACCD, and any other interested party/participant.

This is an external final evaluation where an external consultancy firm, MIMAT Consultancy, with experience conducting evaluations was hired. The ET has had the ongoing support and accompaniment of the technical staff in both organisations, MPDL and the HWC, to implement the evaluation in the most efficient, participatory and useful way.

The ET was responsible for making the evaluation report credible and utility-focused and practice-oriented with specific suggestions for improvements and replication of positive results and findings.

B.4. General description of the evaluation process

The evaluation started in September 2022; the total duration will be 30 working days. The fieldwork was implemented during October-December 2022 in the WB. The assignment was conducted by MIMAT Consultancy, which is composed of [REDACTED]. The evaluation and the ET relied on the collaboration and support of MPDL and the HWC during the whole process.

The evaluation followed the methodology agreed with MPDL, further described in the following sections, and it combined:

- 1 day for the start-up of the evaluation;
- 4 days for the compilation and review of relevant documentation, as well as the preparation of the assignment with the elaboration of an Inception Report: evaluation matrix, tools and methodology, selection of respondents and locations, roles and responsibilities, limitations and difficulties, among others;
- 2 days for the confirmation and set up of the agenda, as well as the organisation of any logistics and arrangements needed;
- 10 days face-to-face (in country) fieldwork;
- 1 day for debriefing of the fieldwork;
- 3 days for collection, validation, feedback and analysis of the data;
- 8 days for development and revision of the draft/final narrative report with its annexes; and
- 1 day for the presentation and dissemination of the evaluation report.

C. Evaluation methodology

C.1. Desk review and inception report phase¹

The literature review phase – when the ET reviews the existing documentation related to the project – was an ongoing process during the whole assignment. The objective of this phase was the compilation of primary and secondary information related to the project and the evaluation.

The first stage – conducted between September and October 2022 – was home based and carried out by the consultants. In this case, the desk review raised questions about the project, the evaluation objectives and criteria, overall scope and expectations of the evaluation and the ET, key respondents that should be interviewed and sampling (e.g. rights holders, holders of responsibilities and obligations, locations), roles and responsibilities for each party, issues to take into consideration for the planning and fieldwork phases (e.g. schedule, resources available, limitations, etc.), among others.

After having cleared up any doubts with MPDL and the HWC, the ET proceeded to collect data related to the following items, which has been all included in the Inception Report:²

- Background of the organisation and project;
- Background of the evaluation, objectives and scope of the process;
- Identification, selection and sampling of the sources of information (key respondents) and the locations;
- Methodology and the qualitative and quantitative techniques/tools to be used during the fieldwork phase of the evaluation. Both parties discussed, analysed and modified the tools to obtain a final version for the fieldwork;
- Other considerations such as roles and responsibilities, and technical and staffing support (logistics) needed;

¹ For more information, please see Annex 2 – Desk review.

² For more information, please see Annex 3 – Inception report with annexes.

- Evaluation matrix with indicators (attached) and tools' matrix (attached);
- Challenges and limitations;
- Ethical and safety considerations and/or guidelines; and
- Crosscutting components and/or approaches.

The second stage was carried out parallel to the fieldwork – between October and December 2022 – when the consultants requested additional information to clarify issues identified during the initial desk review, preparation phase and/or because of new needs in the field.

Finally, the third stage was carried out parallel to the data analysis and the elaboration of the draft-final report, between December 2022 and January 2023.

C.2. Methodology

The ET was responsible for designing the evaluation methodology and tools. The evaluation followed a qualitative methodology and participants, rights holders and stakeholders, were selected through a non-probability purposive sampling methodology, with informants selected purposively according to the availability, interest and willingness to participate in the evaluation, e.g. to answer specific questions, according to their knowledge, etc. Representatives of all the target groups and actors involved and/or affected by the project were included to ensure that all groups' voices and feedback is considered in the evaluation process. The ET has cross-checked the data provided by the selected participants through different tools and sessions, and it concludes that the sample of the evaluation is representative.

The ET conducted the evaluation in a participatory manner through constructive open dialogue and discussions that promoted a learning environment for all stakeholders and respondents involved. To do so, the ET designed three tools to assess the project and collected relevant information at qualitative level, and when possible, at quantitative level, triangulating the data to ensure accuracy, richness and comprehensiveness of the results. The tools - individual and group semi-structured interviews, focus group discussions (FGDs) and a questionnaire - were developed to assess each one of the criteria included in the Terms of Reference (ToRs) as well as to provide recommendations about the project and to the partner organisations.

- The ET conducted semi-structured interviews with key informants, e.g. focal persons at the medical and rehabilitation centres, with community leaders, etc.; and
- The ET conducted FGDs with women and WwFD, men and men with functional diversities (MwFD), boys and boys with functional diversity (BwFD), girls and girls with functional diversity (GwFD), parents and community members in the 5 communities of Hebron H2 targeted by the project. To avoid bias, the ET coordinated with the HWC so that an equal participation of women and men, WwFD and MwFD, older and younger community's members was ensured; and
- To cross check the results of the FGDs and avoid bias, the ET performed a questionnaire to all the adult rights holders who have received direct services on the framework of the project.

During the course of the evaluation, the ET held several meetings with MPDL and the HWC key staff members in order to further discuss components of the assignment, e.g. scope and work plan, sampling of respondents, progress, etc. Time for clarifications, questions and answers for both parties was also allocated in those sessions. When needed, MPDL and the HWC have been responsible to provide the contact information for different actors and they have supported the coordination with the facilities to interview staff, service providers and/or rights holders.

C.3. Locations, sources of information and sampling process³

The evaluation was conducted in the different locations of the programme in Hebron H2 – WB, and all rights holders identified were inhabitants of this area and/or have received services in the centres or facilities sited in this area. The five communities targeted by the ET were Tel Rumeida, Jaabari, Wadi AlHusain, Jaber and Asahla.

The ET outlined the selection criteria for the sampling of respondents prior to the process, (information already included in the Inception Report). The ET, MPDL and the HWC were fully responsible for the selection of the respondents.

With regards to selecting the sample and its size, the ET identified the following groups of rights holders directly or indirectly affected by the programme's activities:

- WwFD;
- Caregivers of PwFD;
- MwFD;
- Women and men health service providers;
- WwFD in situation of extreme vulnerability;
- MwFD in situation of extreme vulnerability;
- Self-supporting groups (SSG) members;
- Adult and young women and men;
- Young girls and boys and adolescents,
- Community members;
- Community leaders; and
- Young women and men community leaders.

The ET has reached a total of 264 respondents, in 1 Governorate and 5 communities / locations. During the evaluation process, it has interviewed a total of 197 women and girls, as well as 67 men and boys.

All groups were targeted by the ET and their participation in the evaluation process was ensured. To access representative sample figures, the ET conducted an individual online survey, through Google Platform (to ease the access for the rights holders through personal devices), targeting all the adults who have received direct services (e.g. medical, rehabilitation and psychosocial services) and to caregivers of adolescents and children who have received direct services from the intervention.

Due to the large number of individuals supported by the project, the ET, in agreement with MPDL and the HWC, prioritised the access to key informants from all target groups while using qualitative data collection tools to ensure that all groups' voices and feedback were included in the evaluation process.

³ For more information, please see Annex 3 – Inception report and annexes.

Evaluation tool	Number of respondents
Key informant semi-structured interviews	<ul style="list-style-type: none"> • 5 key informants from partner organisations MPDL, HWC and Hèlia (3 female, 2 male) • 2 key informants from community-based organisations (CBOs) (2 male) • 3 key informants from service providers and/or specialists (2 female, 1 male) • 1 key informant from stakeholders (1 female) • 1 key informant from authorities (1 female)
FGDs	<ul style="list-style-type: none"> • 4 FGD with 49 participants (38 female, 11 male): <ul style="list-style-type: none"> ○ 1 FGDs with 9 mothers and 9 CwFD (14 female, 4 male) ○ 1 FGDs with 9 mothers and 7 CwFD (13 female, 3 male) ○ 1 FGDs with 8 women who received services (8 female) ○ 1 FGDs with 7 members of youth committees (3 female, 4 male)
Questionnaire	<ul style="list-style-type: none"> • 101 questionnaires distributed in the communities to caregivers of CwFD (50 girls with FD, 51 boys with FD) • 102 questionnaires distributed in the communities to women with and without FD, suffering or not GBV

C.4. Rating of the evaluation criteria

Based on the analysis performed during the working process, the ET has given each evaluation criteria a score, depending on the results of the analysis conducted with the available data. This scale allowed displaying in a simple way the extent to which the results / outcomes of the programme were achieved. The higher the value assigned to each criteria, the greater success of the programme in that particular field. In addition, this rating system allowed the comparison between criteria, clearly showing the strengths and weaknesses of the implemented action. To ensure the highest possible reliability, the following criteria have been applied for assessment:

- High: it means that according to the criteria, the situation is very satisfactory. All questions that relate to the criteria have positive responses and/or there is an exceptionally positive aspect that compensates for other minor problems. E.g. identification of good practices developed during the implementation of the programme that should be kept and/or replicated during future programme cycles;
- Medium-High: it means that according to the criteria, the situation is quite satisfactory. Most questions, which concern the criteria, have positive answers; despite comments or any

improvements made, the quality of the activities does not question the good overall performance of the programme;

- **Medium:** it means that according to the criteria, there are minor issues to be corrected because they could affect the overall operation of the programme. Improvements proposed do not involve a major revision of the programme's strategy, but they should be considered as a priority;
- **Medium-Low:** it means that according to the criteria, there are major problems to be corrected; improvements are needed, otherwise the overall implementation of the programme will be affected. Most of the questions concerning the criteria have negative responses. The proposed improvements involve a limited review of the programme's strategy; and
- **Low:** it means that according to the criteria, there are weaknesses and problems so severe that, if they are not addressed, the programme could fail. Substantially all the questions, which concern the criteria, have negative responses. Important adjustments and a full review of the programme's strategy are needed; otherwise the programme is in risk of not achieving its objectives.

C.5. Ethical principles, standards and norms

- **Responsibility:** the report has mentioned any dispute or differences of opinion that might have arisen among the ET or between the ET and the commissioner of the evaluation in connection with the findings and/or recommendations. The ET corroborated all assertions, or disagreement with them noted;
- **Integrity:** the ET was responsible for highlighting issues not specifically mentioned in the ToRs, if this is needed, to obtain a more complete analysis of the intervention;
- **Independence:** to this end, the ET has been recruited for its ability to exercise independent judgement. The ET ensured that it was not unduly influenced by the views or statements of any party. If the ET or the evaluation manager came under pressure to adopt a particular position or to introduce bias into the evaluation findings, it was its responsibility to ensure that independence of judgement was maintained. Where such pressures might have endangered the completion or integrity of the evaluation, the issue was referred to the evaluation manager who discussed the concerns of the relevant parties and decide on an approach which ensured that evaluation findings and recommendations were consistent, verified and independently presented;
- **Incidents:** if problems arose during the fieldwork, or at any other stage of the evaluation, they were reported immediately to the evaluation manager. If this was not done, the existence of such problems were not used to justify the failure to obtain the results stipulated in the ToRs;
- **Validation and credibility of the information:** the ET was responsible for ensuring the accuracy of the information collected while preparing the reports and it was ultimately responsible for the information presented in the evaluation report;
- **Intellectual property:** in handling information sources, the ET respected the intellectual property rights of the institutions and communities that were under review. All materials generated in the conduct of the evaluation were the property of MPDL and the HWC and can only be used by written permission. Responsibility for distribution and publication of the evaluation results rested with the organisations' local offices. With the permission of the organisation, the ET may make briefings or unofficial summaries of the results of the evaluation outside the organisations; and

- Delivery of reports: if delivery of the reports was delayed, or if the quality of the reports delivered was clearly lower than what was agreed, the penalties stipulated in the ToRs were applicable.

C.6. Crosscutting components and/or approaches

As part of the evaluation, the following approaches and/or crosscutting components were taken into consideration:

- Gender approach and mainstreaming: the analysis of gender relations is an essential element to understand the impact that international development cooperation programmes have on rights holders. There cannot be a place for human development and lasting peace without respect for the rights of women and girls, men and boys as well as the promotion of gender equality between women-men in societies benefiting from aid. This equity is also a strategic priority in all actions of MPDL, the HWC as well as its stakeholders. Therefore, in all phases of the evaluation process (desk review, fieldwork, data analysis and reporting), gender approach and mainstreaming were a central and crosscutting component for the ET. The evaluation results address the impact that the organisations and their project have on gender relations between women and men, girls and boys;
- Diversity as an asset in a rights perspective: women's and men's, girls' and boys' different backgrounds and experiences were also recognised by the ET as an asset and valuable to the project and partners' actions. Therefore, they were actively included and respected from a human rights perspective during the evaluation process;
- Participatory approach: the ET worked with a participatory approach, in which stakeholders were actively engaged in the development and implementation of the evaluation process. It is a fundamental aspect when it comes to the ownership of the process by MPDL, the HWC as well as the rights holders. During the evaluation process, participatory techniques were used, based in generating learning and knowledge, e.g. by conducting FGD with rights holders; by adapting tools according age, group and capacities to ease respondents' participation, and through regular meetings during the evaluation with MPDL and the HWC, etc.;
- Human rights-based approach: the ET worked throughout the evaluation process with a focus on human rights. The ET considered and treated actors and participants of their project not as mere recipients of development aid (or beneficiaries) but as holders of rights, responsibilities and obligations. E.g. the ET engaged with rights holders considering the particular human rights vulnerabilities, specifically, in terms of their right to health; it has also focused on the structural problems that limit the safe access to health, and it has also provided space to rights holders to know their rights and claim them, for example, when it comes to issues addressing the Ministry of Health (MoH);
- Conflict sensitivity approach: the ET took into consideration the conflict sensitivity approach to gain a detailed understanding of the operational context, the programme, and the interactions between the two, to ensure that both the process and the programme have a positive impact on conflict dynamics. In other words, to ensure that the programme and partners' actions minimise negative impacts and maximise positive impacts on conflict. E.g. conducting an internal conflict analysis and linking it to the project; intersection of other issues (economic, social, etc.);
- Safeguarding approach: the ET made sure that the evaluation process, as well as partners' project, ensured that everybody enjoys the right to be safe, no matter who they are or what their circumstances are. In other words, that all actors involved were being protected from harm, abuse or neglect. E.g. by coordinating with the HWC the access to the medical facilities; by

requesting consent to children and families, and by adapting the language of the tools to children and PwFD in general in order to avoid tension, misunderstandings, etc.;

- Learning and utilisation approach: the ET ensured that it considered throughout the intended final use of the evaluation and the needs of the primary intended users, to maximise utilisation of findings and recommendations; and
- Partnership approach: the ET ensured that the evaluation process took into consideration the relationship between MPDL and the HWC as well as the relevance and effectiveness of the partnership for mutual learning.

D. Challenges and limitations

- The scope of the project was very wide, providing services to thousands of individuals. To avoid misrepresentation of the population served by the intervention and bias of the sample selected, the ET with the HWC support designed and distributed a survey targeting the adult rights holders of the project. The results of the survey were used to crosscheck the findings of the semi-structured individual and/or group interviews and FGDs. Initially, the ET planned to distribute the questionnaire online, through mobile phones, but after the HWC recommendations, it ended conducting the questionnaire face-to-face to ensure the safety of the participants;
- Due to the sensitive situation that the HWC staff and offices is facing, the ET could not receive prior to the submission of this Inception Report the feedback of the HWC on the survey, and the adaptations needed to the rest of data collection tools. All tools were submitted to MPDL and the HWC once the ET finished the discussions with the local partner;
- On the same note, there were delays in providing the agenda to MPDL since it took longer than expected to be confirmed by the HWC, due to internal issues as well as due to the contextual situation;
- Moreover, to guarantee the security and safety of all the individuals involved in this participatory evaluation process (e.g. human resources, respondents – especially minors), the proposed work plan and agenda was modified in accordance with the security circumstances prior to the implementation of the fieldwork phase. The ET had all needed support from MPDL and the HWC and counted with flexibility from their side to adapt the agenda according to the needed changes;
- To protect the dignity and privacy of the rights holders, the ET only interviewed individuals who have received health, psychological or legal support upon their willingness to participate in the process. To enable the participation of PwFD in a situation of extreme vulnerability in the participatory process the ET has conducted 2 home visits and has met 3 of those individuals;
- A baseline prior to the implementation of the project was not conducted. The lack of a baseline was one of the major limitations for the evaluation process. A baseline could have provided – at the beginning of its implementation – an accurate profile of the project’s target groups. In other words, “to know where the HWC and rights holders were at the beginning of the project, where they wanted to be, and which results they wanted to achieve by the end of the action”. Therefore, the baseline could have also provided a starting point from which comparison could be made to measure, for example, the effects or impact of the action, especially regarding the M&E data collected. In this sense, it would have increased the utility of the data during the project cycle; and

- Having said that, the lack of a baseline has hindered the assessment of the impact, achievements and tracking changes to the rights holders' lives for the HWC's activities, how people cope and integrate the knowledge and/or information gained, or the impact of the advocacy activities, among others. Finally, it has also affected the accuracy when measuring the planned indicators and outcomes.

E. Main findings and results

E.1. Relevance

The project was designed according to the experiences and lessons learnt from previous interventions implemented jointly and separately by the project's partners. In this sense, prior to this project, HWC has already been present as a health provider in the Hebron Governorate area and Hebron H2 for more than 14 years, and it was well known by the local authorities and the community members. This presence and recognition have contributed to the ability of HWC to involve stakeholders and rights holders in the design and implementation of the intervention and ensured that all activities planned were relevant to the target population and responding to their needs.

According to interviewed representatives from the implementing partners, one of the learnings from previous experiences in this area was the high level of vulnerability of GBV survivors in Hebron H2 due to the lack of law enforcement and the absence of safe services accessible for women. Moreover, from their presence in the area, partners assessed that local communities were not sufficiently involved in the prevention of GBV and the protection of survivors. This existing lack of awareness and involvement has been confirmed by all informants participating in the evaluation process.

Based on these responses, one could say that the project has been designed to address the real needs and problems of the rights holders as well as the local and national stakeholders. Moreover, the project is coherent and very well aligned with the national authorities' priorities and the international standards and treaties and local human rights and gender equality legal frameworks.

Were the interventions relevant to the communities' priorities?

- **Health and rehabilitation needs**

All stakeholders interviewed - local authorities, community leaders and local organisations – stated that the right to health is permanently violated by Israel in the target areas. In this sense, they expressed that the health and rehabilitation services provided by the HWC are essential to the rights holders and they are not only responding to a need but also contributing to promote the right to health of the target population.

All target communities are in Area C, under Israel almost complete control, including security matters and all land-related civil matters such as land allocation, planning and construction, and infrastructure. The Palestinian Authority (PA) is responsible for providing education and medical services to the Palestinian population in Area C. However, construction and maintenance of the infrastructure necessary for these services remains in Israel's hands. Civil matters remained under Israeli control in Area C and they are the responsibility of the Israeli Civil Administration.

Moreover, Hebron H2, with approximately 32.000 inhabitants, is one of the most restricted areas within the WB, with 21 permanent checkpoints operated by Israeli occupation forces that regulate the movement of Palestinian residents and pose significant barriers to healthcare workers trying to access the area, among others. In fact, there is only one medical facility in Hebron H2 run by the Palestinian

Ministry of Health (MoH) for patients with acute conditions and it is permanently suffering from supply shortage.

Since 2011, the Palestinian Red Crescent Society (PRCS) has been operating a facility in the restricted area, which provides primary health care and responds to emergency calls by means of a single ambulance. In the event of a request from someone in the restricted movement areas, the PRCS must contact the International Committee of the Red Cross (ICRC), which in turn coordinates with the Israeli military for the ambulance to access the area, with the consequent delay and danger to the life of the person in need. Despite this arrangement, PRCS staff often face delays at checkpoints, needing additional communication with the ICRC to facilitate their passage. Regardless of the restrictions at checkpoints, some homes are inaccessible by ambulance, either because an area is blocked by un-staffed obstacles (fences, roadblocks or road gates) or because of the narrowness of the alleyways.

In August 2021 Médecins Sans Frontiers (MFS) opened a small clinic for women and children providing outpatient consultations, nutrition screening, mental health and sexual and reproductive health.

Having said that, there are no rehabilitation services available in the target area for PwFD besides the HWC clinic. Moreover, no medical facilities run by the MoH in the nearby areas are providing specialised rehabilitation services for PwFD, and families are forced to invest great amounts of money and time to seek specialised support. In this sense, it is important to point out that Hebron H2 is one of the most impoverished areas in the WB. According to the Hebron H2 survey conducted in February 2022 by the Food Security Sector Cluster, 98% of the households included in the survey are under the line of extreme poverty.⁴

All rights holders interviewed declared that the project activities were responding to their needs and the needs of their children. 68% of the parents of CwFD consulted declared that, prior to their involvement in the project, they could not afford providing the needed support to their children. The other 32% stated that they were facing heavy economic hardship due to the costs of the rehabilitation therapies of their children.

All women accessing specialised health services at the HWC clinic explained that, due to the restrictions of movement, they could not access all the services they needed on time. Moreover, some women declared that due to time consumption and unaffordable travel expenses, they deprived themselves from regular medical check-ups. According to the Hebron H2 survey conducted by the Food Security Sector Cluster in February 2022, 75% of the total surveyed families at Hebron H2 reported to have zero monthly income or an income of less than ILS 1,000 which is mainly distributed by the Ministry of Social Development (MoSD) and charitable individuals and organisations.

- **Women protection**

Hebron H2 is a very violent area. Population is suffering from extreme poverty, internal violence, settlers' violence, and the Occupation forces violence; but, despite all these reported forms of violence, women of Hebron participating in a poll conducted by the UN WOMEN in 2021, stated that GBV is one of the most prevalent forms of violence in their communities. Moreover, GBV is rarely reported to the authorities and, when reported, the answer from the authorities is very limited due to the Israeli control of the area, and the lack of funds and resources.

⁴ The H2 Area of Hebron City: Households' Survey to Assess the Socio-economic Conditions of Vulnerable & Marginalized Families Registered under the MoSD's System to Receive Assistance Food Security Sector Cluster Meeting 23/02/202.

61% of women who participated in the evaluation questionnaire stated that the activities of the project have targeted their needs to a great extent, 36% expressed that the activities targeted their needs to some extent and only 3% expressed that the activities have not targeted their needs.

According to the women who participated in FGDs, there is a general lack of awareness in their communities about women rights and protection mechanisms available for women. They believed that the awareness sessions offered by the project attended those needs and helped women to better understand their situation and claim their rights. When asked what the main barriers were preventing women from claiming their rights or seeking support, women participating in the FGDs referred to conservative social norms and lack of support from their families and communities. In this sense, they considered that awareness activities at the household and community level are essential to change the violent patterns in their communities.

Another barrier identified by women at the FGDs was the lack of "family spaces" in their communities that could be used as an entry point for mothers of young children. Most women reported that, besides family opposition, they also face the lack of time and/or space to participate in any initiative due to their role as caregivers of young children. Therefore, 100% of women participating at the FGDs considered their participation in the self-support groups for women as a life changing experience. All women interviewed considered this model of creating "safe spaces for women" at the rehabilitation centres as unique and extremely accessible. In fact, women expressed that they are prevented from their families to access other mixed spaces or travelling far from their communities on their own, but it is commonly accepted taking the CwFD to the rehabilitation centre or going to a women doctor medical check-up. Therefore, the access to the "self-support groups" is well accepted and they believed this model should be replicated in other communities.

Community members that participated in FGDs agreed with women that there is a lack of awareness at the community level, but due to the high levels of poverty, the extreme conservative norms and internal violence, they considered it very challenging bringing the community together to any kind of awareness initiative around women rights. Community members believed that this awareness should be built through alternative mechanisms, targeting different groups with different strategies, e.g. increasing the school based work to target young adolescents, etc. It is worth mentioning that most community members who attended the FGDs have not participated in any awareness activities related to women rights or GBV, but in initiatives intended to promote the rights of PwFD.

Community members also believed the main barrier for women to seek support or claim their rights is the lack of law enforcement. The current Apartheid system imposed by Israel in Hebron H2 makes it impossible for the PA to have a real presence in the area, and therefore women seeking their support should go out of their communities to other areas of Hebron H1. Moreover, the lack of funds and resources of the PA does not guarantee effective support in Hebron H1 either. Therefore, community members interviewed believed there is a need to develop community-based protection mechanisms to assist women seeking support. However, when asked to articulate about these mechanisms, community members could not describe them. While the claim is legitimate and worth exploring, the ET would like to point out the risks of establishing non-professional and specialised mechanisms to protect GBV survivors.

Local authorities interviewed confirmed their lack of presence in Hebron H2 and stated that the project design was very much aligned to their needs, since they needed local organisations based on Hebron H2 to promote and disseminate the messages of the PA national campaigns around GBV. Moreover, they considered that the leadership of HWC on creating a network of local organisations promoting the same messages, sharing information, and establishing a referral system has been essential for their work.

- **Target groups**

The ET believes that the primary target groups identified by the project, women and PwFD, are the most needed and vulnerable ones in their communities and their participation in the intervention has been extremely relevant.

The ET would like to point out the added value of targeting young CwFD. As expressed before, there are no rehabilitation facilities in Hebron H2 for PwFD and the services available in other areas of Hebron are extremely expensive. Most families in Hebron H2 live under the line of poverty and cannot afford the expenses of taking young children to rehabilitation services. Prior to the establishment of the rehabilitation unit, many of these children were not receiving any professional support. In this sense, caregivers interviewed by the ET declared that the rehabilitation unit for children established by the project has changed their lives and the lives of their children.⁵

The ET considers that project's partners have not reflected sufficiently in their reports the importance of targeting this group. In other words, the project has been able to provide support to one of the most disadvantaged population groups in Hebron H2, changing their lives and offering them opportunities that they could not access before, and all this extremely impactful work is not well reflected in the project's documentation, hindering the possibility of the donor to fully understand the real impact of the intervention.

While all target groups have been relevant to achieve the goals of the intervention, mechanisms implemented to ensure their participation have not always been effective to the same extent. As an example, the ET would like to mention the case of the youth. According to all stakeholders and rights holders interviewed, it is key to involve the younger generations in the prevention of GBV, changing their attitudes and perceptions about violence, consent, respect, etc. Having said that, the project has faced great challenges to involve youth in the designed activities and their presence and contribution to the awareness initiatives has been lower than expected.⁶ According to all rights holders and stakeholders interviewed, the project should have assessed the barriers preventing youth from community engagement and there is a need to assess new and creative mechanisms to increase youth participation in future interventions.⁷

Was the project designed according to the needs, demands and priorities of rights to promote equity, gender equality and Human Rights according to the international standards and treaties and local Human Rights and gender equality legal frameworks

According to all stakeholders and rights holders interviewed, the project has promoted human rights, equity, and gender equality according to the national and international standards. Moreover, stakeholders interviewed pointed out the ability of the partners to adapt the international human rights law (IHRL) vocabulary and concepts to the local culture. This is especially true for the activities oriented to promote gender equality, since a considerable part of the Hebron population opposes the implementation of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in Palestine.

⁵ For more information, please see Section E.3. Impact.

⁶ For more information, please see Section E.2. Effectiveness.

⁷ For more information, please see Section H. Recommendations.

As an example of the fierce opposition to the CEDAW implementation in Palestine, the Grand Mufti of Jerusalem and the oPt, Sheikh Mohammed Hussein, announced in the past that “it is not possible to ratify, under any circumstance, any law that does not comply with the provisions of Islamic sharia that are in force in the Palestinian territories”. The Palestinian Constitutional Court issued a decision in 2018 stating that “anything in the agreement that contradicts national identity does not have to be implemented”. The Palestinian Bar Association also rejected without any reservation the implementation and publication of CEDAW in its current form.

In the last years, groups in Hebron have been very active in expressing their refusal of the CEDAW and they have organised protests urging the government not to implement it. This is the challenging context where the project operates, and it has obviously conditioned the strategies applied by the project partners while promoting gender equality.

Having said that, the ET would like to highlight and acknowledge the great commitment of the local partner to the promotion of gender equality and the implementation of CEDAW. This commitment has exposed project' staff to threats by conservative parts of the community and it has endangered their personal safety. In this sense, the ET identified during the fieldwork that stronger mitigation mechanisms should have been developed and linked to a well-designed risk assessment to ensure the wellbeing of the staff and to enhance the viability and sustainability of the intervention in the future.⁸

Finally, all stakeholders and rights holders interviewed believed that the persecution HWC is suffering in recent years by Israel is due to their high commitment to ensure the right of Palestinians to health in Area C. In this sense, all participants in this assessment considered that one of the main goals of the HWC as an organisation is to promote the human rights of the Palestinians, and they believed this intervention has positively contributed to achieve this goal.

We can conclude that the relevance of the project is HIGH

E.2. Effectiveness with participation

The ET has observed that there is a dissonance between the logic model of the intervention and the achievements of the work implemented by the partners. The logic model fails to capture the real nature of the work and does not fully reflect the achievements and successes of the intervention. This may create a wrong impression on the level of achievement of the different results and objectives. As mentioned earlier, the lack of a baseline study also hindered the possibility to assess the level of achievement of the results, especially the ones related to the increase of capacities and/or knowledge.

In addition to that, one could say that the monitoring and reporting mechanisms designed by the partners have not contributed to measure and report on the real work implemented by HWC and have hindered the level of effectiveness of the intervention. Moreover, external factors such as the COVID-19 pandemic and the persecution and harassment of the HWC by Israel have hindered even more the capacities of partners to monitor and report timely on the activities implemented.

As a positive note, it is very Important to highlight that despite all the difficulties related to the context and the exposed external factors, the HWC has been able to launch and maintain the planned activities and it has contributed to improve the lives of many Palestinians during the course of the action.

⁸ For more information, please see Section H. Recommendations.

To what extent have the Human Rights/Gender equality objectives and results of the project been achieved? Do indicators and verification sources allow this assessment?

General Objective: strengthen the integral protection of the population of Hebron H2 with special attention to the intersectionality between functional diversity and gender violence

According to the staff interviewed, the activities of the project have contributed to the achievement of the general objective to some extent. Protection of the population of Hebron H2 is conditioned by many external factors beyond the scope of the intervention – e.g. lack of law enforcement, Israeli Occupation, violence, poverty, etc. – and, therefore, even if the project has enhanced the awareness and knowledge of women and PwFD about their rights, and it has provided specialised services to improve their physical and psychological conditions, integral protection was not always achievable in the current context.

Staff interviewed expressed their frustration when they faced the impossibility of providing full protection to GBV survivors due to the absence of law enforcement in the area. Despite this perception, GBV survivors interviewed by the ET expressed how the psychological and legal support provided by the project have enhanced their coping mechanisms.

Regarding the attention to the intersectionality, although the approach was clear for both partners, some factors have hindered the potential of the intervention to expose how the gender inequalities that women and girls suffer, were crossed with other forms of discrimination, such as age and FD, and that worsen their ability to access fully to their human rights. The main factor is the fact that different age groups were targeted for the different activities, being young CwFD the main target of the rehabilitation activities,⁹ while adult women were the main target for the psychological, legal, and other protection activities. This situation has not allowed a common framework where PwFD and women survivors of GBV could have shared protection mechanisms and/or collaborated on raising their voices and/or claiming their rights.

Intersectionality was strongly present in part of the training offered to community leaders on the topic of PwFD. According to the trainer, while the main goal of the workshop was to promote the rights of PwFD, the trainees were able through the training to identify and recognise the gender components on the discrimination forms against WwFD.

Regarding the community awareness activities, community members participating in FGDs explained that the community awareness days for the promotion of gender equity and the inclusion of PwFD focused on a specific topic at each venue, and none of the participants in the FGDs could articulate around the intersectionality component of those activities. The ET believes that the HWC has missed the opportunity to create greater awareness on the common factors that influence the lack of protection of both women and PwFD.

In this line, most of the community members participating on FGDs declared that they have participated in activities oriented to raise the awareness towards the rights of PwFD, and only 2 of the participants recalled their participation in activities related to the prevention of GBV.

Having said that, all the informants of the FGDs defined the training and awareness sessions as successful, and they declared that they have increased their knowledge and changed their perceptions

⁹ Women with functional diversity have participated in the SSG and in their community awareness activities, but the primary group of people with functional diversity targeted by the Hebron H2 centre have been young children.

around different topics. According to these testimonies, the ET believes that the HWC has already laid the foundation at the community level to build on and focus the awareness efforts on the mentioned topics in the future.

Specific Objective: Improved protection and physical and psychosocial health of people with functional diversity and women and children in vulnerable situations in H2

The totality of the respondents considered that the specific objective has been achieved to some extent, although there is room for improvement in the level of the protection granted to the population of Hebron H2, since this does not depend solely on the success of the project activities. Moreover, due to COVID-19 and the deteriorating economic and social conditions in Hebron H2, it was difficult for the respondents to assess the achievements of the project at the community level, while it was easier for them to acknowledge the improvement of the physical and/or psychosocial conditions of individuals.

As reflected in the monitoring reports, expected indicators have been reached, although data collected has not always been shared and explained to MPDL regularly, and the ET has noticed misunderstandings between different staff about the data collection mechanisms and how to report on the data. This is especially true for the gender and age division of rights holders participating in different activities. This division has not been clear for all partners and it has created misunderstanding about the nature, scope, and impact of certain activities.

11.SO. At the end of the programme, at least 90% of the 500 PwFD attended (250 women, 250 men) have improved their physical and psychosocial health status and have increased their personal autonomy.

The primary target group of the rehabilitation activities provided by the HWC in its Hebron H2 centre in Hebron was young CwFD. The way the indicator was formulated does not reflect the real nature of the work and the challenging conditions of working with these children and their families in the Hebron H2 environment.

According to all families interviewed, the participation of the children in the project has not only increased their personal autonomy but it has contributed to improve the life conditions of all the family members, especially the children's caregivers.

101 caregivers have participated in the survey conducted by the ET. When asked about the physical improvement of their children, 65% declared that it has improved to a great extent, 34% declared that it has improved to some extent, and only 1% declared that it has not improved. According to this information, the ET can conclude that this indicator has been reached.

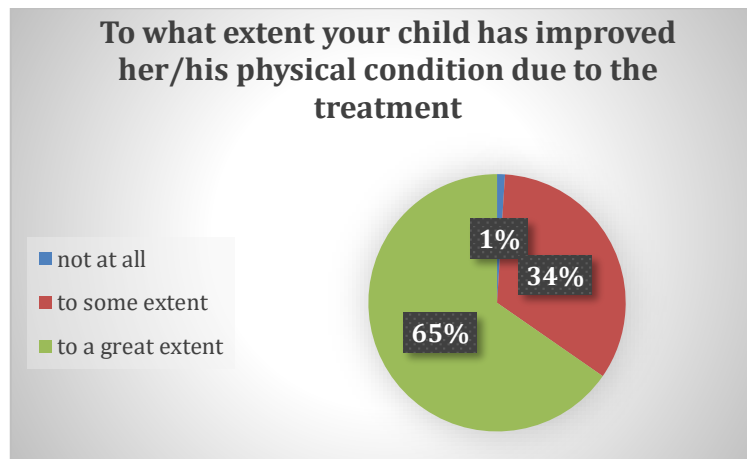


Figure 1

12.SO. At the end of the programme, at least 5,000 persons (3,250 women, 1,750 men, including 200 PwFD and 500 young persons) have improved their capacities to promote gender equity and inclusion in their respective communities

Community members, community leaders and local stakeholders interviewed stated that through the project's training and awareness sessions they have improved their capacities to promote gender equity and inclusion in their respective communities.

The ET was not able to meet any PwFD who participated in the training and awareness sessions offered by the project, but according to the community members interviewed, all activities included PwFD.

The ET has interviewed WwFD who are members of the SSG and they expressed the importance of their participation in those spaces to increase the awareness of the other participants about their situation and their rights.

The ET was not able to meet with any representative of the youth who had participated in the training and awareness sessions. As mentioned before, the HWC staff, community members and other stakeholders expressed the great challenges the programme faced to involve youth in the intervention activities. In this sense, respondents mentioned that there is a need to explore different approaches in future interventions to increase youth participation.¹⁰

13.SO. At the end of the programme, 80% of the 20 health service providers and 20 community work professionals who have participated in the training, have improved their capacities in the prevention and management of GBV in persons with functional diversity.

According to the staff interviewed and the trainer, the training was successful, and the health service providers have gained knowledge, yet the ET was not able to interview any of those professionals due to the lack of contact with the HWC and/or their lack of interest to participate in the evaluation. The ET believes that partners have missed the opportunity to establish a stronger relationship and network with those professionals that could replicate and/or multiply the impact of the programme in other communities and with other target groups.

The lack of follow up mechanisms with this target group has hindered the capacities of the partners to assess the real impact of the training when it comes to the professional performance of those health service providers to formulate lessons learnt for future interventions.

¹⁰ For more information, please see Section H. Recommendations.

The ET has interviewed community work professionals and they have stated that the knowledge gained during the training has contributed to changes in their approaches while dealing with PwFD and it has improved the support they can provide, e.g. by enhancing their referral mechanisms. All community work professionals interviewed pointed out "networking" as one of the added values of the training sessions. Most of them considered that this networking has increased the capacities of the communities to provide holistic support to PwFD.¹¹

R1. Increased access to health and psychosocial care services for the most vulnerable persons

All stakeholders and rights holders interviewed believed this result has been achieved to a great extent. As mentioned before, it was easier for rights holders to elaborate on the individual effects of the programme and, therefore, the success of the intervention on increasing the access to health to the most disadvantaged population at the target communities, was clear to all the participants in the evaluation process.

Two of the indicators measuring this result are quantitative Indicators and, according to the partners' records, they have been achieved.

11.R1. At the end of the programme, at least 6,000 persons (3,600 women and 2,400 men) have accessed specialised medical, rehabilitation and psychosocial services; and at least 100 women have accessed specialised legal services

Beyond the number of persons reached by the primary health unit, the women unit, the rehabilitation unit and the legal consultant, the ET would like to point out that, by only being able to offer these highly needed services and maintain them through the years with great commitment and professionalism, is a tremendous success. Moreover, all rights holders interviewed, have pointed out the high quality of the specialised services offered.

In this sense, from the 101 caregivers of CwFD participating in the survey, 66% rated the services as very professional and the other 34% as somehow professional. None of the caregivers have rated the services as not professional.

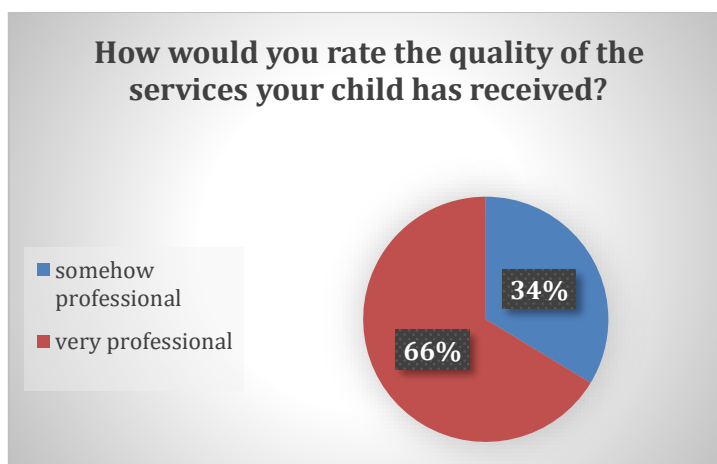


Figure 2

Caregivers of CwFD participating in FGDs, declared that the professionals of the rehabilitation unit have set "creative" mechanisms to offer support to the children and the families beyond the scheduled

¹¹ For more information, please see Section E.3. Impact.

sessions at the centre, contributing to the rapid improvement on the condition of the children. As an example, therapists have established an "online" follow up system with the families, allowing them to record on video their daily interactions with the children at home and providing them individual and specific feedback to maintain and integrate the rehabilitation activities in their daily lives.

The totality of the women participating in the FGDs has highlighted the professionalism and high standards of the psychosocial and legal support received. All women interviewed have pointed out the high quality of the services and the commitment of the team. Women felt that the project team was open to listen and receive suggestions about topics and activities that were relevant to them. Moreover, professionals have maintained the individual follow up of the cases beyond the scope of the project contributing to the wellbeing and safety of the women.

In this line, the programme has offered the services of a psychiatrist to the most acute cases. Psychiatric services are very limited in Palestine with only 20 registered psychiatrists in the WB. The HWC is the only organisation providing psychiatric consultations free of charge in Hebron. Women who have received the support of this service have described it as lifesaving and they have disclosed to the ET very traumatic situations, including suicidal thoughts, that they were facing prior to their participation in the programme.

Moreover, the ET would like to highlight the good practices applied by the HWC in relation to these services. According to the hired psychiatric and the staff interviewed, in the beginning of the intervention, psychiatric drugs were purchased by the HWC, upon the request of the doctor, who elaborated a list with the most common psychiatric medicines available in the market. These medicines were administered regularly to the patients, according to the doctor's prescription. This procedure ensured the availability of the needed treatments through all the healing process and was the key for improving the condition of the patients.

Regarding the legal services, women participating in the FGDs expressed that the counselling received was crucial for them to understand which legal options they had, and which were the procedures and mechanisms they could use. None of the women interviewed have undertaken any legal measure against their partners due to family and social pressure and/or financial considerations. In this sense, all stakeholders and rights holders interviewed believed that one of the main barriers faced by women to achieve their family and legal rights are the conservative social norms operating in the target areas.

12.R1. At the end of the programme, at least 80% of the 60 PwFD (30 women, 30 men) who have received prostheses and technical aids have improved their health status and personal autonomy through the services provided

During the evaluation process, the ET was able to interview caregivers of CwFD who have received technical aids. As mentioned earlier, CwFD are the primary target group of the rehabilitation unit in Hebron H2, while adults are normally targeted by HWC Halhoul centre. Therefore, the ET believes that the qualitative data collected related to this target group is sufficient to affirm that this indicator has been achieved.

According to the caregivers interviewed, children not only have increased their personal autonomy due to the technical aids received but they have also increased their self-esteem and their ability to interact in social situations due to the effects of the aids.¹²

All caregivers have pointed out the holistic approach of the intervention as one of the key factors that have contributed to the high effectiveness of the health component of the programme. As an example, CwFD who have received technical aids, have also participated in regular rehabilitation sessions,

¹² For more information, please see section E.3. Impact.

received online follow up by professionals, and their families have received training on how to maintain and continue with the rehabilitation processes, among others.

13.R1. At the end of the programme, at least 20 PwFD in a situation of extreme vulnerability (10 women and 10 men) have significantly improved their health status through surgical operations

The ET conducted three visits to people in a situation of extreme vulnerability. According to PwFD and their families, the surgical operations and the technical aids received within the framework of the programme, were critical to improve the health status of these persons.

It is important to highlight those caregivers and PwFD in a situation of extreme vulnerability interviewed, mentioned that they have not received rehabilitation follow up or psychosocial support to accompany the recovery processes. In this sense, therapists at the rehabilitation unit mentioned the hardship to cope with all the cases, and the impossibility due to staff, budget and resources shortage to increase the number of home visits. Because of the very positive effects that follow up and psychosocial support has had on CwFD and their families, the ET considers that there is a need to assess in future interventions the expansion of these services to other target groups such as PwFD in situations of extreme vulnerability.¹³

R2. Increased protection and inclusion at the community level of women in a vulnerable situation

Most stakeholders and rights holders interviewed believed that this result has been achieved to some extent. When asked about the factors that have hindered the achievement of this result to a greater extent, most respondents referred to COVID-19, internal violence and the economic situation.

COVID-19 has affected the ability of partners to conduct awareness sessions as planned and it has reduced the community life in general. Even though partners adapted their strategies to this situation and launched alternative activities through social media and other digital platforms, the reality is that the impact of the online sessions is more difficult to assess than the impact of face-to-face activities. The level of personal Involvement and commitment of participants is also lower.

Internal violence was mentioned by many stakeholders and rights holders as one of the main barriers to bring together community members to any activity and, especially, to activities oriented to promote gender equality and/or other topics that are not mainstreamed in the target communities. Rights holders described Hebron H2 as a divided society trapped in an ongoing conflict between different groups. In this sense, many informants claimed this internal violence as the main barrier to access to the youth and, as mentioned earlier, it was very difficult for the partners to promote youth leadership as was planned.

11.R2. At the end of the programme, each of the 5 communities has two self-support groups trained in inclusion and the prevention of violence, in which at least 40 persons (30 women and 10 men in each community on average; among whom 5 PwFD) participate

According to women participating in the self-support groups, this indicator does not reflect the reality of the work implemented within the groups. Beyond training, women in these SSG received life changing support services related to health, legal counselling, psychological and psychiatric attention, etc. that are not captured by this indicator. According to women, their participation has not only

¹³ For more information, please see Section H. Recommendations.

improved their knowledge about how to prevent violence and/or how to increase the awareness of their communities but it has also enhanced their quality of life.

80.3% of the women participating in the evaluation survey have been involved in activities of the SSGs. When asked to what extent their participation in the project improved their personal wellbeing, 52% declared having improved their personal wellbeing to a great extent, and 42% to some extent.

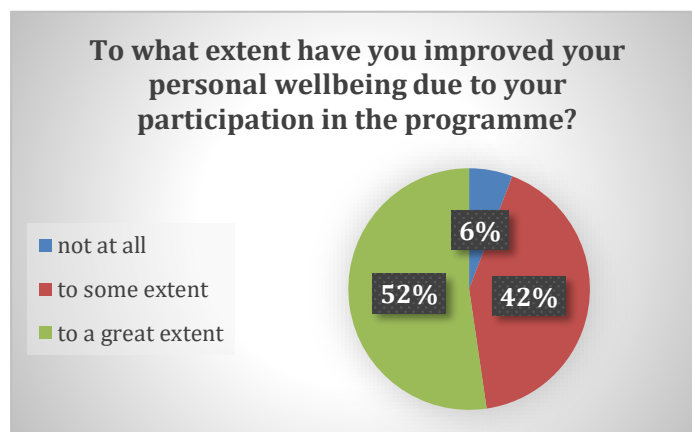


Figure 3

This perception was shared by the women participating in the FGDs that acknowledged an improvement in their physical, psychological and emotional wellbeing due to their involvement in the SSG activities.

This belief was also shared by trainers and professionals accompanying the SSG, who declared positive feedback from participants.

When asked about their participation in GBV awareness sessions, 100% of the women involved in the SSG confirmed their participation in these sessions, supporting the assumption of the HWC that women accessing health and recreational services offered by the women health unit would be exposed to the SSG and would join the initiatives. According to women participating in the FGDs, this was the case for most of them, while others arrived at the SSG after hearing about their activities from relatives, friends and/or neighbours.

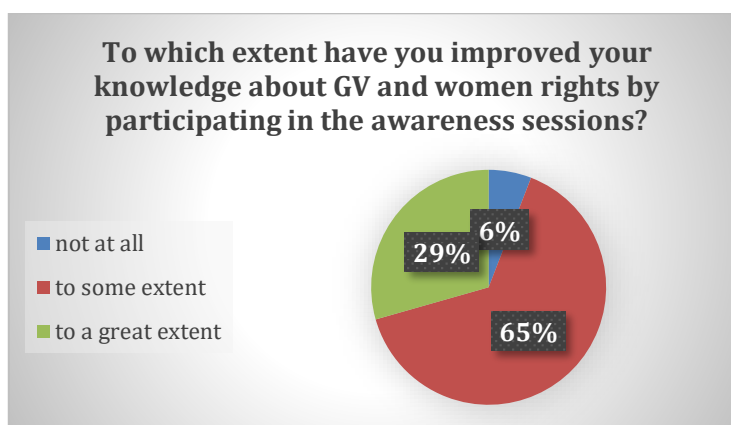


Figure 4

When asked about to which extent they have improved their knowledge about GBV and women rights by participating in the mentioned awareness sessions, 65% of the women declared that they gained knowledge to some extent, while 29% of the women declared that they increased their knowledge to a great extent, and only 6% of the women stated that they did not improve their knowledge at all.

12.R2. At the end of the programme, at least 80% of the 20 young community leaders (10 women and 10 men) have improved their capacities to promote gender equity in their communities

As mentioned earlier, the ET could not interview any of the young community leaders who participated in the programme activities, and it could not verify the level of achievement of this indicator. Having said that, according to the HWC staff, community members, community leaders and other stakeholders present in the target communities, the involvement of youth under the current situation in Hebron H2 is very challenging and there is a need to apply innovative strategies to attract them and to enhance their engagement with community life. Moreover, community members interviewed believed there is a need to better coordinate the activities targeting youth with other actors, such as the Ministry of Education (MoE), and others.¹⁴ In this line, local stakeholders interviewed believed that any intervention targeting youth in Hebron H2 should acknowledge the high level of violence this young people is exposed to, including specific activities and/or strategies oriented to heal from trauma and to improve their conflict resolution skills.¹⁵

13.R2. At the end of the programme, at least 5,000 persons (3,250 women and 1,750 men; among whom 200 PwFD and 500 young persons) have participated actively in the community awareness days for the promotion of gender equity and the inclusion of PwFD organised by the self-supporting groups and the young community leaders

According to the programme reports, this performance indicator has been only partially achieved, mainly due to the impact of COVID-19 restrictions in this type of public events. The ET has interviewed community members that participated in awareness sessions to promote gender equality and the inclusion of PwFD. According to their testimonies, the awareness campaigns and activities were meaningful, well designed, promoting messages adapted to the local context, and achieved their purposes. Having said that, most of the men interviewed by the ET participated in awareness sessions oriented to expose the challenges of PwFD and how to better include them in community life, but they were less familiar with the activities promoting gender equality. Only three of the men interviewed by the ET were involved in awareness activities to promote gender equity,¹⁶ but they were reluctant to elaborate on the contents of the activities. On the other hand, all women interviewed by the ET have participated in both types of activities.

In general, there is a perception that most of the community awareness sessions were designed under a specific topic, and not all of them promoted the intersectionality general approach of the programme. The ET questions if this approach responded to the specific needs of the communities, to a planned strategy to increase the participation and/or as a protective measure to reduce community backlash and prevent any harm to the SSG. All the possibilities are legitimate, and they should be considered when designing future awareness campaigns to promote gender equality in the target communities.¹⁷

All community members interviewed, women and men, declared that the participation of PwFD in the awareness activities was one of the added values of the programme, and they contributed to increase their visibility on the public spheres, as well as they normalised their contribution to community life. In this sense, all community members interviewed expressed that their beliefs and perceptions about PwFD have completely changed due to their participation in the programme activities.

¹⁴ For more information, please see Section H. Recommendations.

¹⁵ For more information, please see Section H. Recommendations.

¹⁶ Since the project has reached thousands of people, this could be an anecdotal coincidence; but community members interviewed by the ET were selected by HWC under the request of the ET, in order to identify those informants that could provide more detailed information about the project and it could inform about a larger number of activities.

¹⁷ For more information, please see Section H. Recommendations.

R3. Strengthened the knowledge, skills and level of commitment of the holders of responsibilities and obligations to combat GBV

According to HWC staff, focal point of organisations and duty bearers interviewed, this result was achieved to some extent. Two external factors were pointed out by all respondents, the Apartheid regime imposed by Israel in Hebron H2 that prevents Palestinian local and national involvement in the fight against GBV; and the COVID-19 that has hindered the capacities of the HWC to follow up on how health service providers trained in the framework of the programme, applied the gained knowledge in their professional lives.

11.R3. Eight months after the completion of the training, at least 75% of the 20 health service providers and 20 trained community work professionals report that the knowledge acquired in the training has helped them provide better quality care for PwFD in a situation of GBV

The ET could not assess what was the level of knowledge of the professionals attending the training prior to their participation, nor how they valued the knowledge gained and/or how they have been using this knowledge to improve their work as health service providers. Moreover, the HWC staff interviewed could not provide any details about the mechanisms and tools used to measure this indicator, claiming that those trainings were implemented the first year of the programme, in the middle of the pandemic. In this sense, the ET believes that the programme partners were not able to adapt their M&E tools sufficiently to the circumstances and, therefore, significant information has been lost.

The ET could not access any of the health service providers participating in the training, and this limitation also hindered the possibility to understand, from their personal experiences, the effects and impacts that the training has had in their lives. The ET would like to highlight that this lack of availability by the health service providers confirms the perception of a lack of follow up M&E tools to measure the impact of this activity on the long-term.

Having said that, trainers interviewed by the ET expressed that they have received positive feedback from the trainees at the completion of the training, and they believed that the contents and resources included in the training were somehow new and useful to the trainees.

12.R3. At the end of the programme, a platform for the coordination of organisations working on the prevention and management of GBV in PwFD in the Hebron Governorate was consolidated

As mentioned before, due to Israel control of the area, there is a continued impossibility of Palestinian duty bearers to fulfil their obligations to combat GBV in the mentioned area. This lack of accessibility has been challenged by the programme by establishing a platform of organisations working in the prevention of GBV and the protection of GBV survivors, that could mitigate the lack of law enforcement and/or the lack of governmental involvement. According to the local and national authorities interviewed by the ET, the platform has been a successful mechanism that, on the one hand, has improved the referral paths available for GBV survivors and, on the other hand, has provided first-hand information to the national authorities. Having said that, the local and national authorities interviewed confessed their limited possibilities of supporting the mentioned organisations in their work due to the lack of budget available.

According to focal points of the member organisations interviewed by the ET, the platform is a useful mechanism to improve the coordination and collaboration between the organisations, but still there is

a lot of potential to design common strategies where each organisation can lead different aspects of the work and provide expertise and capacity building to the others.¹⁸

13.R3. At the end of the programme, at least 24 articles have been published in the local press and social media regarding the prevention and management of GBV in PwFD.

According to partners, staff, SSG members and other community members, the programme has produced numerous and meaningful information that has been shared with the public through the local press and social media. The HWC has used social media platforms as well to promote their awareness campaigns and increase their reach.

Rights holders and community members interviewed by the ET expressed their belief that the use of platforms like Facebook and WhatsApp to disseminate the messages of the programme, were very effective and contributed to engage with women and other community members living in very isolated areas of Hebron H2.



To what extent the resources, services and benefits provided by the project have been equally distributed between men and women? What are the reasons for an unequal distribution?

According to staff from partner organisations, resources and services have been provided considering the needs of the rights holders and they have been distributed equally between women and men. Having said that, since one of the main goals of the intervention was to promote women rights and gender equality, and one of the strategies to achieve this goal was the creation of SSG for women in Hebron H2, it is possible to affirm that women have benefited to a greater extent from the intervention's activities, services and resources of the programme.

According to community members participating in FGDs, training sessions and awareness campaigns were designed targeting women and men and allowed equal participation and learning. Moreover, most of them pointed out the diversity of participants as one of the added value of these types of activities.

As mentioned earlier, regarding the health and rehabilitation components, the primary target group of these activities in the Hebron centre are women and CwFD. Focusing the services on these groups has enabled the establishment of a "safe space" for women in the facilities of the centre, considered by most informants as one of the most impactful achievements of the intervention. Having said that, the centre is also offering emergency and primary health services for the general population in the ground floor and these services are open to women and men, girls and boys and operated by female and male professionals.

In general, the ET could confirm that the project implementation was guided by the principles of equity and equality and all genders have participated equally in the design and implementation processes. Moreover, their different circumstances, needs and interests have been considered in the activities'

¹⁸ For more information, please see Section H. Recommendations.

development. In this sense, women from the SSG interviewed declared that they have been an active actor while designing the training, workshops and awareness sessions of the intervention, among others.

To what extent have the planned activities been accessible and promoted the active participation of women and the most disadvantaged groups? Has the participation of women and men been equal? If not, what are the reasons

According to the testimonies of all stakeholders and rights holders interviewed, the HWC has applied effective and successful strategies to ensure the participation of women and the most disadvantaged groups in the project activities. The ET can summarise these strategies as:

- **Establishment of safe spaces for women** that allowed free women participation and mitigated the negative reaction of families and neighbours. As stated by all women interviewed, the restrictive social norms that dictate the family life in Hebron are the main barrier preventing women from participating in any kind of community-based activity, or even to access primary services (such as health or education services). In this sense, the establishment of the SSG in the facilities of a medical centre, run by female professionals that offer services to women and children, has been key to promote the participation of women in all kinds of activities related to their health, wellbeing, awareness about their rights, protection and psychosocial support. Women explained that this is one of the only spaces they can access with the approval of their families.

When women were asked if they believed the services were accessible for all the women in their communities, they agreed on affirming that the activities of the SSG were accessible and open to all women, including WwFD. Having said that, they believed that due to the operating hours of the SSG, access of mothers with young children could have been limited. In this sense, they expressed the need to create “family spaces” or “family initiatives” in their communities that will facilitate the participation of mothers in social spaces. Women participating in FGDs considered that SSG could play a leadership role in enabling this type of activity in their communities;

- **Bringing the SSG activities to isolated neighbourhoods.** As mentioned before, the system of checkpoints, blockades and restriction of movements imposed by Israel has created a map of isolated islands in Hebron H2. Women caring of PwFD who live in neighbourhoods that are only a few hundred metres from the HWC centre, may have to walk kilometres around the checkpoints to access the centre – since circulation of Palestinian vehicles is prohibited in many streets - with all the consequences of being exposed to settler and Israeli forces violence, among others. To ensure participation of women and PwFD of these isolated areas, the HWC has established cooperation agreements with CBOs and other institutions present in these areas, such as kindergartens, to bring the SSG activities and approaches to the most remote communities. Women interviewed from these communities expressed to the ET that no other participatory activities for women are available in their communities, and they have experienced great relief and self-realisation by meeting other women and sharing experiences and learnings;
- **Involving community leaders and CBOs in the training and awareness sessions about the rights of PwFD has allowed the participation of this collective in initiatives and activities beyond the scope of the project.** Members of CBOs participating in FGDs expressed that prior to their participation in the project's activities, they were not aware of the specific needs of

PwFD and they did not have the knowledge and the capacities to design and develop activities that will promote their participation and interaction with other members of the communities. The ET was exposed to testimonies of community leaders and CBOs members that explained how they have changed their approach towards PwFD, and how they have started adapting their services and activities to increase the participation of PwFD.

The ET can conclude that all the planned activities and strategies implemented by the project partners have contributed to the participation of the most disadvantaged groups of the Hebron H2 society not only in the project activities but in other community-based activities led by different actors. Moreover, the success of these strategies has highly contributed to the level of effectiveness of the project.

In the same line, the ET can affirm that project's partners have contributed to enhance the participation of women not only at the level of the project activities but at the level of the community life as well, since the knowledge and skills gained under the umbrella of the project have allowed them to led awareness sessions targeting all the community members.

The ET also considers all the strategies put in place by the HWC to ensure women participation in the project as good practices that could be replicated in the future with other target groups and/or in different target communities.

As mentioned before, there are specific components of the intervention that were designed to target only women as a strategy to increase their participation and involvement, to ensure their safety and wellbeing, and to mitigate any family backlash that could create any harm to the women, especially to the GBV survivors. In this sense, the perception of all the stakeholders and rights holders interviewed is that women have participated more than men in this intervention. The ET finds this gap in participation totally justified by the partners' strategies. Even more, the ET believes that targeting only women for specific activities and programs of the Intervention has been a key factor to achieve the results and objectives planned.

We can conclude that the effectiveness of the project is MEDIUM-HIGH, and the participation of the project is HIGH

E.3. Impact

Does the project design allow us to assess the impact of the action?

The fact that the HWC and MPDL have not conducted a needs assessment and elaborated a baseline study to establish the benchmarks and targets of the project, has hindered the possibility of measuring the level of impact of the activities in the lives of the target groups.

The HWC has not shared properly M&E data related to effects of activities with MPDL and this may affect the level of impact achieved, since no external and/or internal factors were included in the monitoring systems, no risk analysis was in place, and MPDL could not apply mitigation and/or adjustment measures when needed due to the lack of information.

Moreover, the lack of impact indicators in the logframe limited the participation of stakeholders and rights holders in the M&E processes of the project. In this regard, there is a need to identify with the medical and rehabilitation staff and the caregivers clear and agreed indicators that could objectively

measure levels of wellbeing and resilience among patients and PwFD receiving health and rehabilitation therapies. To this end, it is crucial to include the medical staff and other professionals involved in the services in the definition of the indicators to avoid lack of accuracy.¹⁹

Due to the lack of impact indicators in the logical framework and in the M&E system, the ET has assessed the impact of the project in the target groups based on the evidence collected in the field. That evidence was cross checked with the data provided in the progress reports to triangulate the information based only on the rights holders' perceptions.

What were the expected and unexpected, positive and/or negative impacts of the project in the beneficiaries? To what extent has the project contributed to increase the capacities and empower the rights holders?

The ET has no record of any negative and/or harming impact related to the project activities, and all informants agreed in the perception that the intervention has generated positive impacts at different levels. At the individual level by bringing positive changes in the lives of women, PwFD, CwFD and families. At the community level by changing attitudes and the perceptions and by generating a nurturing environment that allows full participation of all community members, regardless their gender and/or their functional diversities. And at the national level by inciting duty bearers to promote gender equality as a strategic priority.

In general, informants participating in the evaluation believed that the higher impact was on women, PwFD and CwFD' lives and at the family level, while the areas of lower impact were the work with the youth - due to the difficulties to engaged them in the project - and with the duty bearers, due to their lack of meaningful presence in the target communities.

- **Impact on the lives of children with functional diversities**

All right holders and stakeholders interviewed considered that the establishment of the rehabilitation unit and the availability of specialist staff in different areas at the centre (physiotherapy, speech therapy and occupational therapy) have had a very positive impact in the lives of the children, because it has contributed to identify their additional needs and provide a holistic response to those needs. Moreover, staff and parents believed that rehabilitation therapy is a right of CwFD and that it should be supported and enforced by the MoH. In the absence of MoH services in Area C, the right of the children to health is systematically violated.

Caregivers recalled that prior to project implementation, FD of their children was not properly identified and targeted by any actor, and children were suffering from lack of understanding and support. Some of the mothers participating in the FGDs explained that children have been forced to leave schools and kindergartens due to this lack of understanding and professional support. In this sense, the ET believes that there is a need to explore potential capacity building to the schools and kindergarten staff from the target areas to enhance the inclusion of CwFD in the future.²⁰ According to the rehabilitation centre staff some initial contacts have been established and some initial discussions have been taking place with kindergartens in the area.

In the field of identification and diagnosis, the rehabilitation centre staff and the parents interviewed declared that the genetic tests undertaken under the umbrella of the project were very positive to

¹⁹ For more information, please see Section H. Recommendations.

²⁰ For more information, please see Section H. Recommendations.

identify specific aspects of physical conditions of each child, but even more on helping the families to understand the potential genetic risks of new pregnancies.

Parents interviewed declared that the developing of creative follow up mechanisms by the therapists - e.g., adapted materials to be used at home, online follow ups, etc. - has significantly contributed to improve the physical conditions of CwFD, and it could contribute in the long-term to the maintenance of the rehabilitation exercises at home by parents and caregivers. In this sense, all informants agreed that the high professionalism and commitment of the staff has been a key factor on the high level of impact achieved. Moreover, caregivers pointed out the great efforts invested by the rehabilitation unit team during the COVID-19 to adapt the support provided to the families and ensure continuity in the children's treatments.

100% of the caregivers reached by the ET through the survey and the FGDs affirmed that their children have significantly improved their physical condition due to their participation in the programme. Besides, the therapy, the follow up and the training to the caregivers, the provision of technical aids has been key to improve the physical condition of CwFD. Caregivers' testimonies exposed a wide range of actions that children were able to perform after participating in the program related to mobility, communication, and body control. Mothers of children receiving speech therapy also mentioned the improvement in their academic performance, and the positive impact at the emotional level. Children coping with speech difficulties had a poor image of themselves, and they were reluctant from participating in academic projects and/or activities because of lack of self-esteem. According to their mothers' testimonies, they have gained confidence and improved their perceptions about themselves.

According to staff and caregivers, one of the unexpected positive impacts of the project in the lives of some children has been the fact that they have been admitted back to schools and kindergartens. While this is a very positive impact of the project, mothers were worried about the high levels of bullying and violence that CwFD are suffering in the schools and considered that there is an urgent need to increase school-based awareness activities in the future.

- **Impact on the caregivers of children with functional diversities**

The ET would like to mention that all the parents participating in the FGDs were female, and that this pattern is consistent with the general attendance of parents to the rehabilitation activities offered by the HWC. The ET believes there is a need to explore alternative approaches to increase the participation of fathers in certain activities in the future without compromising the safe space for women that HWC has managed to create at the centre facilities.²¹

All the caregivers interviewed agreed that the training and supervision activities implemented by the staff of the centre had an impact in their capacities as parents to support their children's rehabilitation processes. They explained to the ET that beyond gaining knowledge and learning about different topics, the main impact was in their understanding of the different needs of their children. In this sense, it is important to mention that interviewed caregivers were aware of the changes that the project has made in their attitudes toward their children's condition, abilities, and future prospects. In fact, mothers interviewed recalled being completely lost and hopeless prior to their participation in the programme.

100% of the caregivers participating in the evaluation declared that they feel more able to support their children after their participation in the programme. Caregivers declared that they still need the support of professionals to provide the needed therapies to their children, and none of the mothers interviewed felt that they were able to support her children on her own, despite all the knowledge and techniques learned during the project implementation.

²¹ For more information, please see Section H. Recommendations.

Caregivers participating in the survey and the FGDs also mentioned the positive emotional impact of the programme in their lives. The programme has created a safe space where they can share experiences with other families and find support and understanding. Mothers explained that talking to other mothers, sharing the therapy spaces and participating in the SSG has significantly improved their emotional and psychological situation. Mothers referred to the lack of support and even harassment and violence they face within their extended families due to the condition of their children; they confessed feeling lonely, depressed, and isolated from the community. Bringing their children to the rehabilitation centre facilities have allowed these women to access the SSG and participate in many psychosocial and support activities that have enhanced their mental health conditions.

Moreover, mothers participating in FGDs have declared that being more efficient in the daily care of their CwFD has allowed them to have more time to take care of their own needs and the needs of other members of the family, contributing to reducing family tensions.

Another positive impact in the lives of the families of CwFD expressed by the informants is the economic impact. Prior to their participation in the project, families were facing a very hard decision: either not providing any support to their children or investing a considerable amount of money on accessing available services in other communities. The HWC is the only organisation providing rehabilitation services free of charge in Hebron H2. Caregivers explained to the ET that they were forced to ask for family support and even to incur in debts to provide the needed therapies to their children.

- **Impact on PwFD in situation of extreme vulnerability**

According to the PwFD and their caregivers interviewed by the ET, the impact of the project activities in their lives have been extremely positive. PwFD have improved their physical condition thanks to the surgeries and technical aids received on the framework of the project. Having said that, caregivers interviewed mentioned that they could benefit from psychosocial and economic support to cope with their situation. The ET believes that the HWC could explore avenues for added support to these families through the networking established by the programme with other CBOs and institutions at the target communities.²²

- **Impact on women in a vulnerable situation**

Women participating in the evaluation through the survey and the FGDs described positive impacts at four levels:

- **Physical level:** most women have participated in women health awareness and training sessions and they have increased their knowledge about nutrition, and health in general. Moreover, they have accessed breast tests and other gynaecologic tests and treatments that have highly contributed to improve their general physical condition. The head of the women unit at the centre has explained to the ET that, prior to their participation in the programme, many women had a very limited knowledge of reproductive health and women health, in general. Moreover, the programme has included the services of a nutritionist that have contributed to improve the diet of the participants and their health, in general, with personalised activities.

One of the most popular activities launched by the SSG has been the "zumba" classes for women, which according to all the participants in FGDs, have contributed greatly to improve their general physical condition, since most of the women are not engaged in any sport activities outside of the SSG;

²² For more information, please see Section H. Recommendations.

- **Emotional level:** the totality of women declared that their participation in the programme activities have contributed to a great extent to improve their self-esteem, their self-help mechanisms, and their abilities to express their feelings. Women survivors of GBV expressed that their participation in the programme and the psychological support received have been key in their own healing processes;
- **Social level:** as mentioned earlier, most women interviewed expressed that the SSG is one of the only social spaces where they are allowed to participate. Some women are prevented from accessing other social spaces by their families, while others by the restrictions of movement imposed by Israel. Therefore, all of them considered the location of the SSG (inside the community and at the medical centre) as an extreme added value that has contributed to their participation in the programme. Women expressed that the self-supporting mechanisms created by the participants have contributed enormously to increase their own agency. Meeting other women with similar or different situations, sharing knowledge, experiences and challenges with others, having the opportunity to share spaces and time with WwFD, etc. contributed to their empowerment and their abilities to socially interact outside the family. Women expressed that the ties established between women has exceeded the SSG sphere, and they have managed to create a solid network of support that can be maintained after the implementation of the programme; and
- **The awareness level:** women participating in FGDs stated that they have improved their knowledge about their rights and how to claim them, and after their participation in the programme, they feel more prepared to share this knowledge with other women. In this regard, all the women participating in FGDs declared that they have already shared the gained knowledge with other women in their families and in their communities. Some women expressed having influenced other women to join the SSG and/or to take other actions to protect their rights. Women survivors of GBV who have received legal counselling under the umbrella of the project, declared that the counselling has been very useful to identify their legal alternatives and to make conscious decisions about their lives and the lives of their families.

- **Impact on CBOs, community leaders and community members**

All informants agreed that the main change brought by the project at the community level was the improvement in the understanding of the needs and the rights of PwFD, putting inclusion at the centre of the community' life. CBOs representatives, community leaders and community members interviewed explained that they have completely changed their attitudes and perceptions towards PwFD and PwFD inclusion. All informants believed that these changes in their attitudes and beliefs will have long-term positive impacts in the lives of PwFD, because it will contribute to the community's ability to better support the rights of PwFD. As an example, the director of one of the CBOs explained to the ET that they have managed to secure funding to adapt the CBOs facilities to allow higher participation of PwFD in their activities.

In this sense, the HWC has utilised partnership with other local organisations and CBOs that are well integrated in the communities to expand the activities of the project, e.g. organisation of awareness campaigns, and it has managed to increase its presence in the communities through this collaboration, establishing solid relations that could be capitalised in future interventions.

To what extent has the project contributed to reduce unequal relationships/ eliminated barriers and conditions in relation to the violation of Human Rights and/or gender equality?

According to rights holders and stakeholders' testimonies, the implementation of the project has significantly contributed to the promotion of human rights, and especially the rights of PwFD in Hebron. Awareness around the needs and rights of PwFD have been raised, and according to the participants in the evaluation process, prejudices and wrong beliefs have been challenged and perceptions about the roles of PwFD at the family, education, workforce and community level have been changed.

According to the same informants, the implementation of the project has contributed to some extent to the promotion of gender equality in Hebron. While this statement could be considered as an indication of limited success of the programme to advocate for gender equality in the target areas, the ET believes that it reflects the hostile context where the programme is operating - a very conservative society exposed to high levels of violence and lacking law enforcement - and does not point out to any deficiency in the design or implementation of the activities. Moreover, the HWC staff has faced severe pressures and even personal threats due to their commitment to the promotion of women rights and gender equality, pointing out the tremendous personal and organisational efforts that the program has invested to achieve this goal.

Having said that, there is a need for future joint interventions to conduct an exhaustive risk analysis linked to the logical framework that will allow the mitigation of part of these barriers and will inform a specific strategy to promote women rights without compromising the security of the staff and the viability and recognition of other services provided by the HWC.²³

We can conclude that the impact of the project is HIGH

E.4. Efficiency

Are the expected results' cost clearly reasonable? Could the same results have been achieved at a lower cost? Could the project have been expanded with the same resources?

In general terms, the ET concludes that the activities of the project have been cost efficient. Considering the available budget and the large number of participants / rights holders reached, it can be said that the global benefits (outcomes and outputs) generated by the activities of the project justify the costs.

Starting from the scope of the project – at the level of activities and rights holders – as well as the reallocation of budget and resources when needed, in consultation and/with the approval of MPDL/ACCD, it is considered that, generally speaking, the number of available resources has matched with the level of needs and demands to be addressed, which has facilitated the response capacity of all the actors involved and, therefore, that the results and outputs of the project have been achieved. In this sense, the project can be considered cost-effective.

²³ For more information, please see Section H. Recommendations.

Generally speaking, the budget was designed from a cost-effective approach by MPDL and the HWC, according to the needs of the project and following the logical framework, in compliance with the ACCD guidelines as well as MPDL and the HWC Management Policies and Procedures for the administrative and financial functions of the local offices in Palestine, to ensure having the best quality with adequate and available funds. The HWC guide was the main reference during the bidding processes, an activity considered important throughout the intervention. MPDL has always respected the HWC's internal procedures and regulations, and it is in line with the ACCD regulations on tenders. It is concluded that the bidding and contracting - of service providers, equipment, supplies, etc. - have been adequately managed and that the processes have been transparent and suitable, with a positive effect on the efficiency of the project. In general terms, as indicated above, the HWC has sought different tenders for certain services, equipment, professionals, etc. To obtain the best price according to the quality and available funds. For each tender and/or contract, the HWC prepared a contract with the rights and responsibilities of each party. Once the supplies, goods or equipment arrived, it has been verified that they were those requested, that they were not damaged and that they were purchased for the agreed price. They were subsequently distributed under the supervision of the organisation's staff. Finally, the HWC proceeded to pay the supplier, receiving all the financial documents related to the acquisition.

Moreover, the budget also took into consideration MPDL and the HWC previous knowledge and experience of costs, and there was an assessment of prices and services needed. For example, the HWC (as well as MDPL) is very meticulous and strict when it comes to purchasing equipment and/or services conducting, for example, different bidding processes according to the costs of the items, among others, making always sure that contracts are signed with the best service providers according to the best quality / price ratio.

The budget has been sufficiently detailed too, showing the concepts broken down by each budget line, specifying the type and number of units, the cost per unit, salary costs, etc. This has facilitated the process of justifying funds. In addition, staff was aware of the budget available, being only able to access the information that affected their area of work, as well as taking part of the decision-making processes related to funds allocation. Generally speaking, partner organisations considered its design was efficient, precise and meticulous in order to include human resources, materials, etc. necessary for the implementation of the activities and, ultimately, the achievement of the results and objectives. However, HWC respondents mentioned that there was a need for some reformulations due to that, during the implementation of the project - and considering the pandemic and global context -, they realised that some costs were underestimated while some others were overestimated, in addition to the fact that some activities needed extra budget because the higher number of rights holders, because of new needs identified, etc. As mentioned earlier, all the needed changes were consulted with MPDL and approved, when needed, by the ACCD.

The funds were tight but sufficient to accomplish the scope of the project, as well as to purchase any needed goods and supplies, hospitality and transportation, etc. needed for the staff to conduct the activities, to implement and monitor the project, needed and/or provided to the rights holders, etc. In fact, it would not have been possible to implement the project with fewer resources since some of the activities and expenses, e.g. medical and laboratory equipment and supplies, counselling, transportation, etc. are very costly. Some rights holders expressed that with a higher budget, more modern and technical equipment and materials could have been purchased, for example in the case of rehabilitation and other medical treatments, to increase the number of meeting and training spaces, etc. All the material resources have been acquired, whenever possible, at the local level, thus boosting the local economy. HWC staff mentioned that the project was affected by the fall of exchange rate, forcing the organisation, in some cases, to search more deeply for the same resources and quality with lower budget to avoid compromising the activities and results. As a good practice, one can say that the HWC

has dedicated its organisational systems and resources as the project demanded. The existing structure was used to effectively manage the project and it has used the existing equipment and facilities too.

Despite human resources were not always sufficient, the funds invested as well as the work of the available staff was translated into the good quality of the implementation, monitoring and reporting. The HWC respondents mentioned that with more human resources available, it would have been possible to cover more needs and demands and, for example, extend the time for the treatments, offer more home visits, increase the number of training and counselling sessions, increase the time for follow up with the women/mothers, increase the time for more individual support, etc. In fact, right now, with the project finished, the HWC is providing services on a half time basis and respondents mentioned that there is a huge difference when it comes to the project period. E.g. the treatment provided to each child is shorter, they do not have the capacity to conduct all the home visits for families in remote areas, the waiting list keeps growing every day, etc. Respondents mentioned that they are not able to maintain the same quality and quantity of the medical and rehabilitation services with reduced or part-time staff. Staff involved in the project was hired according to the MPDL and the HWC requirements and standards, with contracts aligned with applicable Spanish and Palestinian labour laws too. The pandemic restrictions, which limited the presence of MPDL staff in the field, the HWC staff ensured its daily and ongoing presence in the field, assessing needs on the spot, participating as much as possible in events and activities, the daily routine of the centres, and ensuring the quality standards of the activities, among others.

Finally, expenditures were aligned with the approved budget and there have been no unjustified expenses or deviations. Activities were planned according to annual plans and the available budget and, to a great extent, the project has managed to implement the activities as expected until the end of the project, despite the pandemic context, the backlash suffered by the HWC and its operational activities as well as due to the political situation in Hebron H2. During the pandemic outbreak, an assessment of the situation had to be made, at technical and financial level. As a good practice, the partner organisations conducted sessions to reconduct the situation under the COVID-19 context and, with prior approval of the ACCD, they managed to extend the activities during four with no costs, which showed an efficient use of the available resources. One can say that the HWC has made an efficient use of available resources, e.g. clear division of tasks and responsibilities of the staff members distributed between Ramallah, Bethlehem and Hebron Governorates' offices, between offices' staff and in the field; direct implementation of activities, services and/or meetings by the HWC staff in its premises which contributed to reduce expenses, among others.

The ET believes that all these detailed practices are also a good sign of the high level of ownership of the project by the different actors involved.

Has the intervention been granted enough resources (financial, human and time resources) to mainstream the Strategic Gender Approach Based on Human Rights into the different phases of the project?

To what extent have the financial, human and time resources allocated to reducing gender inequalities have been enough?

Gender approaches based on human rights can be evaluated at project level in terms of parity, equality, equity or empowerment, among others. Gender approaches based on human rights place, for example, gender equality issues at the centre of policy decisions and resource allocations, and require explicit attention to gender perspectives, which would identify the need for changes in goals, policies, strategies

and actions, as well as institutional changes. This exercise requires the collection and analysis of information on how far gender approaches based on human rights have been addressed across the entire project. We can conclude that gender was a priority for the HWC at the time of analysing and researching the context, as well during the whole cycle of the project, including when it comes to the allocation of resources. Moreover, the project took into consideration the approach to intersectionality showing how gender inequalities that women and girls suffered were crossed with other forms of discrimination, such as age and functional diversity, that worsen their capacity and/or ability to access fully to their human rights, among others.

As mentioned in previous sections, respondents agreed that the project reached the expected groups of rights holders, ensuring their equitable participation, with equal opportunities to access to the activities, services and benefits, with no discrimination or preferences detected. In fact, targeted communities and/or rights holders were considered highly in need, and it is difficult, and even unfair in certain cases, to determine grades of vulnerability and marginalisation. The current situation in Palestine from different perspectives – political, social, educational, health, economic, cultural, etc. – makes its population vulnerable by itself. Having said that, the ET concludes that the HWC has managed to reach and provide access to the most vulnerable and marginalised target groups in Hebron H2, and it has generally provided services and activities to the people most in need, with special focus on women, with or without FD that suffered GBV, as well as CwFD and MwFD.

Women and girls, with or without FD, were included in the activities and programming, with the allocation of the needed resources to support them, and no evidence of discrimination was found. Moreover, the HWC conducted specific analysis to identify and collate needs and demands by women and girls, men and boys, with or without FD, having suffered or not GBV. Services and activities were offered and/or conducted within gender approaches based on human rights considering that, for example, due to the policies of the Occupation and the ongoing violations of rights, Palestinian civilians do not have access to their rights, such as access to quality health services – especially when it comes to vulnerable groups such as PwFD, women and girls included – that can ensure their wellbeing and quality of life, treatments, among others. There are clear evidences that the issues related to FD have been tackled in one way or another in the different activities, at individual and community level, while the issues related to GBV have followed a different strategy, focusing mostly at individual level with each woman and her immediate surrounding, providing them any service needed (knowledge, support counselling, legal aid, etc.). It was less explicit how the project was targeting this issue at community level to avoid a backlash and negative reaction against the project and the staff; in other words, at a community level, the project was being promoted as a health project focusing on WwFD and CwFD, as an entry point, while the organisation was also creating a safe space for women to meet, share their experiences, receive proper legal and psychological aid, do sport, receive trainings, etc. which not only had positive results at effectiveness and impact level, but also when it comes to the sustainability of the action.

However, it is important to mention that during the evaluation process, none of the respondents were aware about this specific strategy and about the fact that the project had the intention to mainstream it along all its cycle. Moreover, none of the respondents were able to answer if resources were enough to mainstream gender approaches based on human rights during the whole cycle of the project, as well as if resources were enough to reduce gender inequalities.

The ET considers that there are few reasons that might have led to this situation. It seems that the HWC was not aware of the specific strategy about gender approaches based on human rights – which guides the call for proposals under which the evaluated project was submitted – and the fact that the strategy should be mainstreamed at all levels of the project cycle, including when it comes to the budget and allocation of all sorts of resources. This might have happened either because the HWC was not fully

aware of the nature of the call for proposals and/or because, despite there were enough channels of communication, there was a lack of transfer of information from MPDL to the HWC in these matters.

Gender and human rights – specifically with vulnerable and needed persons and/or communities – are at the core of the HWC general strategy and work (at organisation and programmatic level) and, therefore, gender approaches based on human rights were taken into consideration during services and activities, for example, with trainings, awareness sessions, etc. with women and community leaders, despite of the organisation not being fully aware that these services and activities were part of an objective to mainstream gender approaches based on human rights. And, in fact, this could have happened because services and/or activities were not always maximised and they did not always have a clear integration and/or connection between them and, therefore, most of the respondents were not aware that all together was contributing to a common target or goal.

This lack of connection or fragmentation – as well as the lack of a global and joint vision - might also be result of the pandemic restrictions since the project falls under the health sector where strict policies and restrictions were applied and, therefore, the project – and its activities, services, etc. – was forced to be “fragmented” in a way that, for example, rights holders that were participating in specific activities related to FD were not aware or meeting rights holders participating in specific activities related to GBV, and vice versa due to social distance, limiting the number of participants, movement restrictions, etc.

Following the previous point, it is not always clear for the ET what activities were implemented according to the logical framework submitted and approved, which hinders the capacity of the ET to assess if the resources available were sufficient to achieve the results and objectives of the project in terms of gender approaches based on human rights as well as in terms of reducing gender inequality. The ET confirms that the HWC made an efficient use of the resources for this purpose but not as an active intention but rather due to the nature and focus of the project, with positive achievements and impact. However, the fact that the objectives of the project were not realistic considering the areas of intervention, among others factors, hinders the capacity of the ET to assess if resources were enough for these gender and human rights approaches, as well as how much they were able to reduce gender inequality and/or how much they contributed for these purposes (for example, in terms of effectiveness and impact).

In this sense, the ET has identified another critical point which is how gender responsive was the budget designed and how both partners did not establish a monitoring, reporting and evaluation mechanisms to assess the level of gender approaches based on human rights when it comes to financial aspects and other resources, so it is difficult to measure how transformative the budget was and to find links between resource allocations and results/objectives achieved. For example, neither during the desk review nor during the fieldwork, the ET was able identify gender-budgeting data to assess project’s performance against its objectives or a detailed presentation of the project’s financial resources to implement gender equality-related activities, gender based on human rights approaches, among others. Moreover, it was not possible to calculate resource allocations from a gender perspective, such as the cost per group of women and girls, and per group of men and boys, separately, and calculate the average cost per woman/girl and per man/boy. As another example, there was no collection of data related to who was using the resources, disaggregating the data/analysis between women/girls and men/boys and by other relevant characteristics. Finally, and as a positive note, the ET considers that the HWC has invested in certain physical infrastructure that has gendered and human rights dimensions, such as the centres attended by the women and mothers, including the child, health and social care offered, among others.

We can conclude that the efficiency of the project is MEDIUM-HIGH

E.5. Sustainability

The concept of sustainability must be adapted to the local conditions, characterised by very strong external constraints, and due to the characteristics of the interventions (long duration). In fact, the sustainability of a project in Palestine is rather difficult to attain and sometimes the concept is detached from the Palestinian reality where the whole future of the Palestinian population is not certain and sustained. The political situation in Palestine is not predictable, compounded by the current geographical division, the ongoing and/or recurrent episodes of violence with Israel, the current post-pandemic situation as well as the effect of international conflicts, such as Ukraine and Russia war, among others.

The long-term sustainability of the targeted sectors is also threatened by the funding situation, since most of the salaries from local organisations and local / national authorities – as well as other operational costs such as equipment, materials, supplies, rents, treatments and services, among others – are paid through external funding. The structural weakness of the Palestinian economy, strangled by the Israeli Occupation, and the consequent lack of local and/or internal financial resources, makes it very challenging for the stakeholders to mobilise funding for their operations, even if the sector is a priority, like in this case. Palestine, in those conditions, can be seen as a state in life-support mode.

Generally speaking, the HWC and the project was addressing sustainability, pretty much uniformly, and it was paying attention to most of its processes, involving stakeholders and rights holders during the different phases. In other words, the HWC was paying attention to sustainability during the planning, implementation and M&E levels, but it was weaker at the identification phase, for example and as it will be explained later, when it comes to the lack of an exit strategy or because of the fact that there is a need to address the involvement of local and national authorities, e.g. municipalities, MoH, police, etc. through all the stages of the project since the project is being implemented in Hebron H2 where Palestinian authorities do not have any jurisdiction.

One can say that, when it comes to the services and activities offered to rights holders, CBOs, etc. the HWC managed to lay strong foundations for the maintenance of important achievements – including when it comes to gender approaches based on human rights – and, as to a different or new project, its continuity is obviously relying on new funding – with high dependence of international donors – despite the lack of financial resources of key actors (e.g. local and national authorities). However, the HWC should be able to sustain low-cost activities, e.g. community awareness. Therefore, sustainability in this case must be intended as the continuity of the commitment by the HWC, with the support of its stakeholders, which can be assessed as high, despite the external threats (e.g. Occupation, COVID-19, etc.) are still high.

One of the most important aspects of sustainability is the upbringing of human resources, the building-up of human capital through training. This is particularly crucial and difficult in such a politically, social and financially unstable environment, under the Israeli Occupation and, currently, under the post-pandemic context. Respondents agreed that the project was very positive for the HWC and stakeholders when it comes to enhancing their organisational and operational capacities, at technical and management level, as well as the HWC's position as a referent organisation for the targeted sectors in Palestine and, specifically, in the area of intervention. One can say that, despite always having room for improvement, the technical, managerial and institutional sustainability of the HWC is strong, but it will need to continue being reinforced and/or improved in case it wants, for example, replicate and/or expands its operations in other vulnerable communities of the targeted area.

In this sense, capacity building should be seen as the process that could help the HWC and project to enhance its mission, strategies, skills, human resources, etc. to better serve the communities it attends

to. To foster and sustain effective projects, organisations should be both viable and well-managed, because regardless of how imaginative a project's design may be, its effectiveness will be largely dependent on a variety of factors such as finance, the ability to measure project performance and/or the engagement and mobilisation of human resources, among others. Therefore, capacity building activities were essential to the sustainability of the project as well as for the HWC, so it can continue to meet stakeholders and communities' needs efficiently and effectively.

Having said that, the HWC's management and staff should see capacity building as an "investment" for the organisation and integrate progressively the learning and methodologies gained through the project, to continue elevating the organisation's performance and its accountability to international standards. All of this will strengthen its institutional capacities and sustainability, not only as regards their current donors and supporters but for the rest of the stakeholders and communities too.

At the funding level, the totality of respondents mentioned that without funds, the HWC will not have the financial capacity to continue with the same volume of activities and services offered (treatments, medicines, counselling sessions, etc.), with the same number of stakeholders and communities reached or served. Moreover, besides the strong and important stakeholders' support, as well as the important alignment and relevance of the project for such actors, some of these stakeholders will not be able to support the HWC at financial level, such as the local and national authorities.

The lack of funds may not only affect the performance of the actions, but also the capacity of the HWC to maintain and/or expand its activities, keep its staff (because the work becomes more and more staff-driven), increase its outreach and/or mobilise other type of resources (e.g. communities during awareness activities), among others. Due to its expertise and knowledge, when comparing to other organisations, the work of the HWC staff cannot be replaced by, for example, volunteers – an important human resource for many organisations in order to conduct certain activities –, not only due to the nature of its work but also because it would lower the professionalism and expertise of the HWC and the work implemented. Still, respondents were able to provide some examples of certain activities that could continue with zero or fewer funding resources, such as community-based activities, youth committees and SSG meetings and actions, transfer of knowledge and experiences, among others.

Finally, as part of the sustainability strategies and considering the delicate situation of the organisation, the HWC has a financial sustainability plan to secure its current financial sources, diversify their portfolio of donors, and establish new and alternative sources of funds. It will be important to, for example, focus on private donors and individual donation, as well as to approach those donors that provide core-funding or who are flexible enough to allow the organisation to use the funds according to its own needs, plans and criteria.

To what extent have the obligations holders assumed their role in relation to the rights holders?

The fact that the HWC and the project was networking and/or coordinating with national/local authorities and other relevant stakeholders as well as with community members, strengthened the sustainability of the project and helped legitimise the HWC's work, thus ensuring ownership and multiplier effects. In fact, it is crucial to continue counting on the involvement and support at coordination and/or networking level of the local and national authorities – and through them, with other local actors, such as CBOs – who should be responsive and provide resources whenever possible. However, 100% of the respondents agreed that this was the role that Palestinian authorities could play in this intervention since the project was implemented in Hebron H2, an area where they do not have

any jurisdiction and Israel, as an occupying force, is not assuming any of its responsibilities towards the Palestinian civilians, including at health and GBV level.

Having said that, the HWC should continue working and/or strengthening the channels for communication, sharing information, cooperation, etc., not only with the stakeholders but with the communities too. Likewise, it should, for example, continue ensuring the sociocultural acceptance of the action, and the viability of its work, which ultimately, impacts on the future sustainability of the project and the organisation.

Have the results, effects and processes that have the potential to continue contributing to gender equality and/or the exercise of Human Rights been identified?

As a community-based project – through the HWC centre, CBOs, youth committees, SSG, etc. –, the ET considers that it has collected sufficient evidences to prove the long-term sustainability of the project's outcomes and outputs, including when it comes to gender equality and human rights.

- At individual level, it is important to emphasise the benefits for individuals beyond their participation in the project. As an example:
 - Transfer of knowledge, capacities, skills, tools, etc. gained by women with or without FD, having or not suffered GBV, youth community leaders, CBOs representatives through capacity building, training, awareness sessions and campaigns, the Platform, etc. which allows them to increase their self-esteem and confidence, motivates them to continue searching for information and learning about their rights and health, reach their peers and communities, increase their visibility, improve the effectiveness and quality of their activities and/or services, establish better channels of cooperation and networking with other communities and organisations, etc.
- At organisational level, focusing on the continuation of the benefits within the HWC, such as:
 - Organisational capacities (technical) gained through the support, counselling, guidance, etc. provided to stakeholders, to the Platform, etc.. In this sense, it is important to mention that individuals from the local stakeholders have also benefited from these activities, improving their knowledge, capacities and skills too when it comes to, for example, FD, GBV and human rights as well as their sensitivity when it comes to the situation of PwFD and women victims of GBV, among others; and
 - Use of materials and resources produced during their raising awareness activities, campaigns, by the platform, by the youth committees, etc.
- At community level, focusing on the continued capacity building for youth, CBOs and communities to continue developing and deliver the activities, which is directly related to the benefits at individual level, because empowered and skilled individuals are better prepared to act as agents of change for their peers and communities. As an example:
 - Some CBOs have started specific initiatives such as adapting their buildings for PwFD, organising inclusive activities, developing materials and resources for the families and communities, especially when it comes to FD and human rights;
 - Some individuals, such as the director of a kindergarten, have adapted the educational facilities and programme and they are now accepting CwFD; and/or

- Youth committees continue with their raising awareness activities and campaigns.

As we can see, the long-term benefits of community-based projects cannot be approached unilaterally since they are not just traditional projects; therefore, it is important to understand some of their features, which apply also to the current action:

- Rely on a community-based approach: community-based approach are ways of working in partnership with people of concern throughout community-based project implementation. Individuals and existing bodies, e.g. youth, SSG, CBOs, are able to recognise community's needs, capacities, resources, etc. and use them effectively to provide solutions supporting the community's goals;
- Imply community's acceptance, involvement and ownership: commonly linked with the previous feature, community's acceptance, involvement and ownership require incorporation of the targeted communities needs and priorities in all aspects of the action. As we could see in this project, community members (e.g. women, youth, SSG) have been able to better understand their needs and problems and, as such, they have been better suited to use their knowledge, skills and resources to identify actual solutions to their needs; and/or
- Require management capabilities: community-based projects seek to achieve long-term goals and, to achieve their sustainability, organisations involved (usually CBOs) need to possess adequate technical and financial capabilities to ensure proper implementation, as well as external guidance, if needed (for example, by the implementation partner), among others.

Despite these evidences, it is important to highlight that the ET could not identify a clear exit strategy for some of the key components of the project which rely, once the action is over, in the availability of resources (staff, funds, equipment and supplies, etc.) which affected the waiting list to access the services, the capacity of the part-time staff left to do home visits and a more individual attention, the mental health treatments for critical cases (e.g. with the uncertainty if there was a follow up once the project finished, considering that the treatment of mental health is a long-term process), with limitations to continue providing medicines for WwFD and CwFD, with women victims of GBV under critical mental health conditions, etc.. This lack of a clear exit strategy was also translated in how the local capacities and resources of the communities, considering that these are one of the most vulnerable and poor communities in Palestine exposed, at the same time, to very high levels of violence could continue with certain initiatives, even if they will do so, it is limited. And finally, there are also deficiencies, as mentioned earlier, in the support of local and national authorities which, as we saw, it is not possible because of the area of intervention, among others.

Having said that, 100% of the women interviewed considered that the treatment services and assistance activities to their CwFD were very relevant because they were like the introduction and/or gateway to other services that benefited them, for example, at legal and psychosocial level, when it comes to the SSG and the access to a safe space, as an evaluation phase of each family profile that allowed to identify their needs and priorities from a gender and human rights approach, including when it comes to their children. Therefore, through their children and through this model, women were involved in other individual and group activities with them as the main target group. As it was mentioned earlier, this was a very relevant and effective strategy since the HWC could cover the needs of women with or without FD and who have suffered or not GBV in a more personal way, behind the idea of a "health project for CwFD" and knowing that families/husbands will not opposed to the women/mother's attendance to the centre with their CwFD. This strategy reduced the reactivity of some members of the communities who opposed, at certain moments, this kind of activities due to the sociocultural imaginary and prejudices towards services covering GBV and women's human rights.

However, women also mentioned that once the project was over, they lost the safe space to meet which is one of the main priorities for them, for some even more than all the knowledge and skills acquired. Moreover, women with CwFD mentioned that learning how to improve the care for their children cannot be replaced by stopping the treatments, medicines supplies, etc. because one component complements each other, and both were critical for their children's health and wellbeing.

The project has involved, at different levels and from a holistic approach, the different actors involved in the targeted communities and within gender, human rights, health and FD areas of work. This gives the project the opportunity to have a multiplier effect at community level, because participants have been sharing their knowledge gained with their immediate social and/or professional environment. In addition, working with children as well as with their mothers/families means to work with the Palestinian community as a whole. All rights holders were able to describe an example of how they have shared the learning gained with other friends, family members, community members and how their experience motivated other women/families to attend the center. This has a positive effect in terms of the sustainability, which promotes long-term changes beyond this project.

We can conclude that the sustainability of the project is MEDIUM-HIGH

F. Lessons learnt

The main conclusion of the ET is that the theory of change established at the beginning of the intervention has been hold true during the implementation process, and while the project remained relevant to both stakeholders and rights holders, the effectiveness of the strategies designed to achieve the desired outcomes have varied depending on the target group, and the level of achievement has not been uniformed. The project managed to produce and disseminate sustainable resources and knowledge that could be used in the future by the target groups, despite some improvements should be introduce in order not to compromise the long-term effects of the action.

In this sense the main lessons learnt for future programme focus are:

- **The added value of using facilities providing basic services to children and women (e.g., rehabilitation centres, kindergartens, etc.) as an entry point for women survivors of GBV** to a wider range of counselling and support activities. This strategy enhances free women participation, reduces family opposition and social backlash, and ensures the security and safety of the women. Partners should consider maintaining and replicating this model in the future, especially in very conservative areas such as Hebron H2 communities;
- **The added value of exposing the intersectionality between FD and GBV.** In future interventions, partners should explore new strategies to better communicate this intersectionality to rights holders and stakeholders, since the training and awareness sessions where this approach was followed have been successful and meaningful to participants;
- **The potential of targeting youth to change attitudes toward GBV.** In future interventions, partners should explore new strategies and tools, e.g. use of social media challenges, to reach this target. Moreover, due to the internal social conflict affecting Hebron H2 and the division of the youth in the target community, any initiative oriented to increase youth participation at the community level should include “conflict resolution” and “mediation techniques” components;
- **The added value of involving neglected and vulnerable groups in the international advocacy efforts of the programme, e.g. women and youth.** In future interventions, MPDL

and Helia could support in identifying new potential platforms to voice the needs and demands of the target groups of the programme;

- **The need to involve household members and community leaders in the fight against GBV.** There is a need to explore in future programmes how partners could better target male partners and relatives, and how to orient the work with community leaders. Furthermore, there is a need to assess what could be the potential of further targeting public administrations and other organisms; and
- **The need to protect the space and the funding of human rights organisations in the oPt.** Harassment and defamation campaigns have been launched by the Israeli Administration and extremist groups against the HWC, due to the unique services they provide to the most disadvantaged population in Area C. It is expected in the future that partners like MPDL and donors like the ACCD will maintain their support and their firm defence of the work of HWC.

G. Conclusions

In general, the ET can affirm that the programme is responding to the needs of the target communities by providing highly needed services to the most vulnerable groups and by contributing to promote the rights of the Palestinian population in Hebron H2. Moreover, the ET can state that the project is coherent and very well aligned with the national authorities' priorities and the international standards and treaties around human rights and gender equality legal frameworks.

The HWC presence is rooted and recognised at the target communities, and its level of understanding of the specific context and needs of PwFD in Hebron H2 is extremely accurate. This unique knowledge has allowed the HWC, for example, to identify the need to create a rehabilitation unit focused on CwFD that has changed the lives of many families in the target communities.

Having said that, the HWC has less experience on the work with other target groups, such as youth, and it has faced significant challenges in involving this target group in the programme's activities. There is a need to assess if the partner's expertise is sufficient to identify new approaches and strategies to encourage youth participation in future interventions, or if there is a need to increase collaboration with other actors.

The ET considers the work around Result 1 as extremely successful and it is possible to affirm that PwFD, especially children and their families, and women at risk of GBV have increased their access to health and psychosocial services. Moreover, the ET believes that the programme not only has increased access to services, but it has developed high quality and personalised services that are unique not only in Hebron but in Palestine, and it should be consolidated and replicated in other geographical areas and with other target groups.

The ET believes that the HWC has been able to create safe spaces for women at risk of GBV and WwFD where they have increased their knowledge about their rights and how to claim them. Moreover, through their participation in these spaces, women have improved their wellbeing and their coping mechanisms and have enhanced their resilience. The ET considers that the HWC has applied several good practices during the implementation of the SSG that have greatly contributed to the positive impacts of this component.

MPDL and the HWC have initiated a unique approach in their awareness raising activities highlighting the intersectionality between FD and gender violence. The ET believes that COVID-19 and the deteriorating economic, social and security situation in the target communities have hindered achieving the expected outcomes with certain target groups, e.g., youth and households' members. Having said that, the ET believes that the HWC and MPDL have created a solid basis to continue with this path in the

future. The HWC, with the endorsement of the local and national authorities, have led the establishment of a network of organisations promoting gender equality in Hebron, and the ET believes that improving the capacities and the coordinated work of this network will contribute in the future to provide integral protection to the population of Hebron H2, with special attention to the intersectionality between FD and GBV.

The ET would like to highlight the positive changes that the programme activities have created in the lives of many individuals and families in the target communities. Beyond the expected improvement in the health and psychological wellbeing of the target rights holders, the project has been able to nurture significant supporting networks for women at risk of GBV or GBV survivors, and families of CwFD that have increased their resilience and their abilities to defend their rights.

Finally, these extremely positive impacts have not been well captured in the monitoring and reporting tools used by the partners and have limited the understanding of MPDL and ACCD about the unique nature of the intervention. Moreover, due to COVID-19 and the impossibility of MPDL to gain access to Palestine, and the attacks and harassment suffered by the HWC, communication and other sharing information mechanisms have been hampered and have hindered the possibilities of partners to have an accurate and shared view of the level of achievement of results and objectives.

H. Recommendations

H.1. Relevance

- The HWC should maintain their methodology of conducting regular needs assessments – with qualitative and quantitative approaches – in cooperation with partners and donor organisations, when possible, in order to identify potential target groups and needs, as well as to update the needs and problems to be addressed through the project activities;
- Moreover, the HWC should include staff and other professional service providers in the need assessments processes in order to develop the best strategies to target rights holders' needs;
- MPDL and the HWC should consider conducting a specific assessment to identify the barriers that are preventing youth from higher participation in community-based activities, and the potential enablers existing at the target communities. The results of this assessment could inform the design of better strategies to reach and involve this target group in future interventions;
- The HWC should maintain and expand the rehabilitation services that it is currently providing to PwFD, since it is the only organisation offering this type of support. Moreover, the HWC should continue its coordination and collaboration with CBOs and community leaders in order to enhance the lives of PwFD in their communities;
- The HWC should consider increasing its collaboration and support to the educational system in Hebron H2 through training or awareness activities for teachers and administrations, in order to enhance the abilities of schools to offer inclusive programmes that will allow a better integration of CwFD in the school life;
- The HWC should maintain and consolidate its collaboration and coordination with other local NGOs and INGOs providing health services in Hebron H2, to enhance the referral mechanisms between actors, avoid overlapping and increase the coverage; and
- The HWC should maintain and consolidate its strong partnership with local institutions and administrations and maintain updated information about its understanding of the different target groups' needs and constraints.

H.2. Effectiveness with participation

- The HWC should consider increasing the services provided to CwFD in the target areas, since there is a clear lack of opportunities for families to access these services and the impact of the rehabilitation activities has been proved as extremely positive both for the children and their families;
- Moreover, the ACCD and MPDL should consider increasing the funding and technical support to the rehabilitation units targeting children to enhance the coverage of the activities, and to allow stronger cooperation of the team with teachers and administrations of the educational centres that are providing education to the children treated at the centre;
- The HWC should consider expanding good practices applied by the rehabilitation units staff to other centres in other geographical areas;
- MPDL and the HWC should consider maintaining and/or increasing the community awareness activities around PwFD rights and GBV among the communities; Moreover, MPDL and the HWC should consider assessing new strategies and partnerships to better involve household members and community leaders in the fight against GVB;
- Moreover, MPDL and the HWC should reflect together on the factors that have influenced and hindered youth participation in the programme's activities to apply lessons learnt in future joint interventions;
- The HWC should consider increasing the number of SSG and the scope of their activities since the impact on the lives of the women has proven to be "lifesaving". Moreover, the HWC should consider providing further capacity building to the members of the SSG to enhance their abilities to lead on awareness community based activities;
- The HWC should consider exploring the existence of SSG structures to launch "family-oriented activities" to engage with young mothers and other household members;
- Moreover, the HWC should consider replicating the SSG component in future interventions in other geographical areas since it has been proven very effective in the present project, and there is a clear lack of this type of activities in Palestine;
- MPDL should incorporate the good practices applied by the HWC in the establishment of the SSG to other similar interventions with other partners in other areas of Palestine where the organisation is not operating;
- The HWC should maintain and increase the networking activities among CBOs and other local stakeholders, with the participation of the relevant national authorities, following the path initiated with this project;
- To ensure the measurement of results (as well as the impact of the project), the evaluation recommends introducing specific methodologies, such as baseline and endline surveys. The baseline and endline could be developed externally with the participation of stakeholders to ensure the participatory approach and ownership of the process; and
- The HWC should establish a clear counting methodology and share it with all staff involved in counting and reporting and with partners, taking into consideration the different characteristics of each service provided to avoid double counting (e.g.; counting services provided vs. counting patients, etc.).

H.3. Impact

- MPDL and the HWC should ensure the addition in their monitoring and reporting system of specific elements related to the analytical assessment of impact and progress, and not only to the description and development of the activities. In this regard, there is a need to identify clear and agreed indicators that could objectively measure levels of wellbeing and resilience among rights holders;
- MPDS and the HWC should maintain and increase the support to CwFD and PwFD at medical and rehabilitation settings, and consider increasing the work with education centres (e.g., schools, kindergartens, specialised centres, etc.) and other institutions working with CwFD;
- The HWC should maintain and increase the training offered to health service providers in healthcare institutions, and explore the addition of further follow up components to these sessions to assess how these professionals are making use of the knowledge gained;
- The HWC should maintain and increase the activities of the SSGs, investing resources and expertise through capacity building to the SSG' participants, to enhance their independence in the future, and the level of ownership of their healing processes; and
- The HWC and MPDL should internally assess the format and the scope of the activities designed to target youth, to adapt them better to the needs of this group and enhance the long-term impact in their lives, e.g. considering dividing the activities by age groups and genders, adapting the contents and the platforms used (such as social media, etc.), including "conflict resolution" components, and/or seeking collaboration of other organisations providing other types of youth based activities, e.g. sport, circus, dance, theatre, etc.

H.4. Efficiency

- In order to improve the communication with/between partners as well as the transfer of information, e.g. focus, priorities and/or strategies of the call of proposals, etc. clear mechanisms and/or protocols on communication sharing and reporting should be established by all parties involved during the whole cycle of the project;
- The HWC should continue to reinforce participation of target groups, especially rights holders, in all phases of the project management cycle;
- The HWC should continue conducting regular needs assessment and/or context analysis – both qualitative and quantitative, and taking into consideration crosscutting issues such as gender, children's rights, FD, age, etc. – in cooperation with their rights holders and stakeholders, in order to identify what is working best as well as any new problems, needs and demands, identify potential partner groups, etc., so it will be able to adjust its performances according to new operational contexts;
- In the event of critical situations such as the one experienced during the pandemic, it should be possible to find mechanisms or tools to be able to compensate the fall of the exchange rate which affect directly the budget of the projects and, therefore, extra efforts need to be invested by local organisations (e.g. resources). This is especially important when efforts have been made to maintain essential services or critical to continue responding to the needs of the rights holders which could not be stopped as they were more important than never during the lockdown, e.g. levels of GBV increased, home visits by the health sector stopped, etc.;
- The HWC and/or MPDL may conduct a cost-effectiveness analysis of the project – being, simply, "value for money", or the degree to which the project benefits the largest number of people at

the lowest reasonable cost – in order to, for example, design an accurate funding strategy and financial monitoring system in future actions – including at gender and human rights level – and as well as to identify good practices and lessons learnt. The cost per right holder can measure the total cost of the project divided by the number of direct rights holders. At its simplest, a cost-effectiveness project means being able to achieve the results (and, ultimately, the objectives) at a reasonable cost if not the lowest possible cost.

This seemingly straightforward analysis can be applied any time before, during or after the project implementation, and it can greatly assist during decision-making processes in assessing the project's efficiency. This analysis is also useful for the HWC and/or MPDL to better know and/or share the outcomes they desire, and, for example, it can also determine which set of activities achieve the greatest outcome for the costs. It is also useful in cases where outcomes are either intangible or otherwise difficult to monetise, e.g. awareness and advocacy activities, which fall into this category since we expect long-term interventions to achieve sustainable changes;

- Having said that, the HWC and/or MPDL should include, in the logical framework and the M&E, specific indicators and tools to assess the efficiency of the action in terms of gender approaches based on human rights. This will ease the implementation of a specific gender-budgeting evaluation or a gender audit of the project, based on the following framework on different aspects of public finance: expenditures (e.g. what gender gaps are being targeted, how does expenditure reach both women and men in accordance with their needs, etc.); income (e.g. are services for free or there is a minimum of payment for certain services and who is paying them); macroeconomic effects (e.g. what effects had the project on the distribution of resources between women and men, the impacts of the project on local and subnational economic sustainability), and decision making processes (how have women and men been represented in the project's decision-making). Assessing these issues can answer, for example, how resources were allocated and the outcomes for women and men, boys and girls in all their diversity, versus what was planned originally; if resources in the budget reached equally women and men; if women and men were able to access services that meet their needs; if the project was transformative and has it has addressed underlying norms and values that perpetuate gender inequalities, among others; and
- The HWC and/or MPDL could also implement a more specific exercise which is a gender-focused expenditure incidence analysis which focuses on the distribution of expenditure between women and men, boys and girls in all their diversity. The process investigates the unit costs of a specific service, and then calculates to what extent the service is being used by women, men, boys and/or girls (more characteristics can be added depending on level of disaggregation needed, such as age, race, ethnicity, rural/urban location, etc.). For example, this analysis can identify to what extent and in what way women and men benefited from expenditure on services, such as transportation infrastructure, healthcare, education, etc.

H.5. Sustainability

- The HWC may consider developing a sustainability plan (at financial, institutional, etc. level) and, together with its partners and donors (e.g. MPDL, ACCD) should have a clear exit strategy, in coordination with stakeholders too, in order to maximise the sustainability of the results' benefits and achievements, to avoid compromising the services and benefits of the project at mid-long term, as well as to ensure that it can all continue with the minimum resources investment and using the maximum of the local capacities and resources available;

- The HWC may continue identifying potential implementing and funding partners, e.g. donors, for new areas of implementation, expansion and/or replication, etc.;
- The HWC should continue addressing the issue of funding, one of the main restrictions of the project, in order not only to maintain key staff, the level of rights holders and/or the quantity of the services and activities, but to also cover their needs related to the project with the expected quality, as well as to expand and replicate the action in current and potential locations and/or communities;
- The HWC may continue putting efforts to ensure the institutional legitimation and acceptance of the action, as well as the viability of the HWC's work, which ultimately impacts on the future sustainability of the project;
- The HWC should continue offering training and capacity building activities to its staff and stakeholders (e.g. CBOs, local and national authorities, service providers, etc.) in order to ensure the organisational and operational sustainability;
- The HWC should continue working with local and national authorities to be able to maintain and consolidate their association and networking with the project, keep them informed and updated on the interventions, to have their support at an institutional level but also with resources (whenever possible), etc.;
- At the level of legal but also psychosocial support services, continue to offer spaces for women to meet, feel safe, share their stories and experiences, feel relieved, etc. These spaces are extremely important in relieving women of the pressure and stress they experience in their home environments (often with the continuous presence of perpetrators of violence), with their CwFD, etc. so that they can ask for and receive help and the support they need;
- As part of the exit strategy, the HWC should consider establishing a "phone hotline" for women with severe psychological and psychiatric needs to ensure that lifesaving response is provided in case of extreme need;
- Continue working at a horizontal and vertical level in relation to the provision of services and resources, since it implies an improvement and expansion in the quality of work, both internally and at the level of the reference system for the HWC and the project. It is important to continue to focus on the quality and depth of the interventions, rather than the number of people reached;
- The HWC should continue seeing capacity building as an "investment" for the organisation and integrate progressively the learning and methodologies gained through the training sessions, to continue elevating the organisation's performance and its accountability to international standards. All of this will strengthen the HWC institutional capacities and sustainability, not only as regards MPDL and the ACCD but for the rest of the stakeholders, communities and donors too; and
- The HWC should continue promoting the transfer of information, knowledge and know-how to communities in order to ensure both ownership and sustainability for future actions (including replication). E.g. promoting peers to peers' awareness and counselling on health and FD, wellbeing and GBV, habits and psychosocial issues through youth committees and SSG, etc.

I. Communication and dissemination plan of the results

Once the ET has presented the results of its analysis, collected in the evaluation report, it will ensure that the results of the evaluation are used appropriately and satisfy the demands that have motivated

its implementation. In accordance with the principles of transparency and utility, and to the extent possible, it will promote access and dissemination of the results and products generated within the framework of the evaluation with the aim of:

- Facilitate evidence-based learning, useful for decision-making and to improve the quality and transformative capacity of future actions;
- Accountability to the citizens of Catalonia and partner countries; and
- Encourage the participation and access of the main target groups and/or participants to the results of the evaluation to contribute to the strengthening of capacities and promote their empowerment, especially of women and girls, as well as PwFD.

Therefore, the ET will distribute copies of the report to the partner organisations – which will forward it to the ACCD –, stakeholders and rights holders. If needed, it will be adapted to the needs of the different recipients. The ET will also conduct a face-to-face dissemination workshop of the report in Palestine where visual materials will be used – such as presentations, pictures, etc. – and, if relevant, it will also conduct an online presentation to the donor, the ACCD.

MPDL and the HWC will be the main responsible to upload the report on their intranet, websites and relevant third parties' websites.