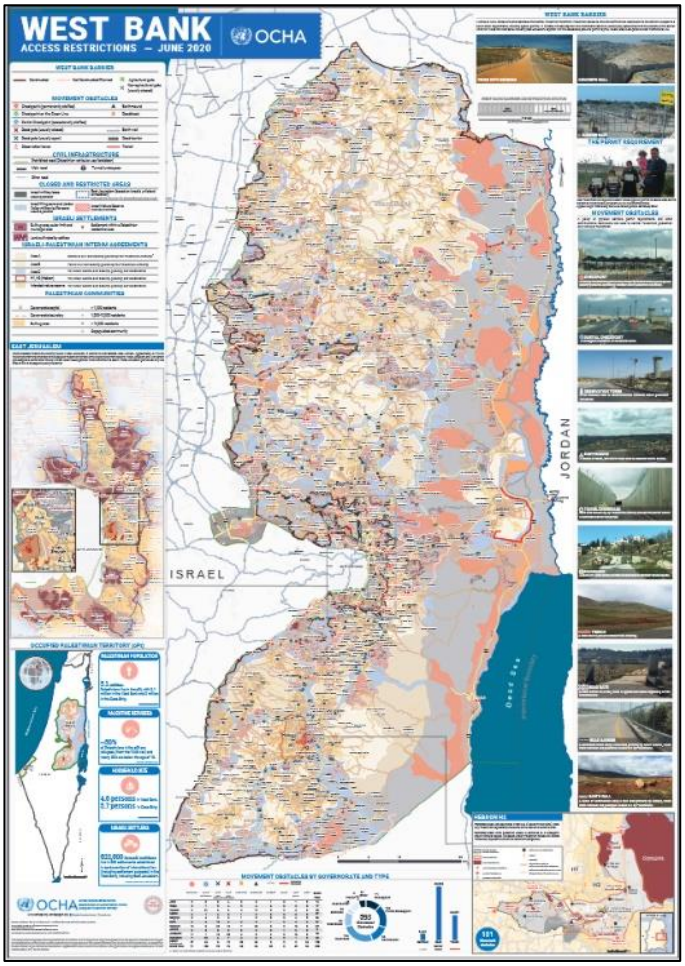
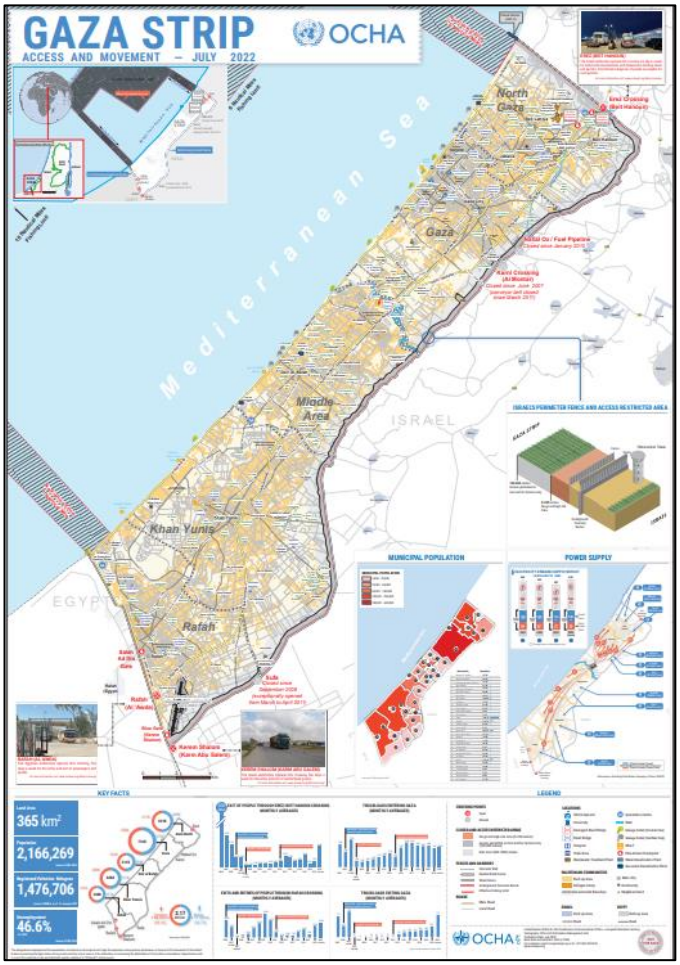
EVALUATION OF THE UNITED NATIONS POPULATION FUND (UNFPA) State of Palestine 6th COUNTRY PROGRAMME (2018 – 2022)

FINAL EVALUATION REPORT

May 2022

Map of State of Palestine





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Abbreviations and Acronyms

ANC	Antenatal care
ASRO	Arab States Regional Office
A&Y	Adolescents and Youth
CMR	Clinical Management of Rape
CO	Country Office
CP	Country Programme
CCA	Common Country Analysis/Assessment
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPE	Country Programme Evaluation
DSA	Daily subsistence allowance
ERG	Evaluation Reference Group
EQA	Evaluation Quality Assessment
EQAA	Evaluation Quality Assurance and Assessment
GDP	Gross Domestic Product
GBV	Gender-based Violence
GEWE	Gender and Women's Empowerment
GoP	Government of Palestine
HRBA	Human Rights-Based Approach
ICPD	International Conference on Population and Development
INGO	International Non-Governmental Organization
IP	Implementing Partner
KPs	Key Populations
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex
M&E	Monitoring and Evaluation
MAGs	Man Action Groups
MISP	Minimum Initial Service Package
oPt	Occupied Palestinian Territory
PMICS	Palestinian Multiple Indicators Cluster Survey
PCBS	Palestinian Central Bureau of Statistics
P&D	Population and Development
RO	Regional Office
SDGs	Sustainable Development Goals
SoP	State of Palestine
SRHR	Sexual and reproductive health and rights
ToR	Terms of Reference
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNPDF	United Nations Partnership for Development Framework
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNTG	United Nations Theme Group
WHO	World Health Organisation

Key Facts Table

Land	
Geographical location	Central of West Asia, Middle East[1]
Land area	6,025 km² [1]
Terrain	The occupied Palestinian territory (oPt) comprises five main agro-ecological zones: the Jordan Valley, the Eastern Slopes, the Central Highlands and the Semi-coastal Plain (West Bank), and the Coastal Plain (Gaza Strip).[2]
People	
Population	5.2 million in 2021[3]
Government	
Government	National Authority
Economy	
GDP Per Capita (US$) Current Prices	3656.7 in 2019 [4]
GDP Growth Rate (%)	-12% in 2020[5]
Proportion of Population below the National Poverty line (%)	29.2% in 2017[6]
GINI Index	33.7 in 2016[7]
Average Daily Wage for Wage Employees Aged 15 Years and Above	103.4 NIS in 2020[8]

[1] PCBS, Indicators, 2020. Available at: https://www.pcbs.gov.ps/site/lang__en/881/default.aspx?lang=en&fbclid=IwAR3Uc41JAay-SuoYdgJJAALC4YMNkLYfE5SOXyyFoMcRTV6A0CmldY1qvsk

[2] Isaac J, Hilal J. Palestinian landscape and the Israeli–Palestinian conflict. International Journal of Environmental Studies. 2011.

[3] UNFPA, State of Palestine-Overview, 2021

[4] PCBS, Major National Accounts Variables in Palestine at Current Prices, 2019. Available at: https://www.pcbs.gov.ps/statisticsIndicatorsTables.aspx?lang=en&table_id=376

[5] PCBS, Press Report on Economic Forecasts for 2021, 2020. Available at: https://www.pcbs.gov.ps/post.aspx?lang=en&ItemID=3879&fbclid=IwAR2Mf8g49qoPxXh16mbzk8oPaYzU3nQGyM2MXK9J9nBL_AVJIHo262E2E-w

[6] PCBS, Poverty Percentages Among Individuals in Palestine According to Monthly consumption Patterns by Region, 2017. Available at: https://www.pcbs.gov.ps/Portals/_Rainbow/Documents/Levels%20of%20living_pov_2017_01e.htm

[7] The World Bank, Gini index (World Bank estimate)- West Bank and Gaza, 2016. Available at: https://data.worldbank.org/indicator/SI.POV.GINI?fbclid=IwAR0IUVocPADP-fYQgr2021XiCvbU4vDbLqnuw5x_U-IfFxb94rlnBO1CY_o&locations=PS

[8] PCBS, Average Daily Wage for Wage Employees Aged 15 years and Above in Palestine by Region and Governorate and Sex, 2020. Available at: https://www.pcbs.gov.ps/Portals/_Rainbow/Documents/wages-2020-02e.html

Labour Force Participation Rate of Individuals Aged 15 Years and Above	40.9% (65.1% for men and 16.1% for women in 2020)[9]
Social and Health Indicators	
Human Development Index Rank	115 in 2019 [10]
Unemployment rate (overall)	25.3% in 2020[11]
Health Care Expenditures as Percent of GDP (%)	9.2% in 2019[12]
Literacy Rate (15 years and over) - Total	97.5% in 2020[13]
Total Fertility Rate	3.4 births per woman in 2021[1]
Adolescent birth rate	43 per 1,000 women in that age group[14]
Infant Mortality Rate per 1000 live births	6.9 per 1,000 live births in 2020 [15]
Under-five Mortality Rate per 1,000 live births	8.2 deaths per 1,000 live births in 2020 [1615]
Maternal Mortality Ratio per 100,000 live births	28.5 per 100,000 live births (31.4 per 100,000 live births in West Bank and 24.3 per 100,000 live births in Gaza Strip) in 2020 [1715]

[9] PCBS, Labour Force Participation Rate of Persons Aged 15 years and Above in Palestine by Sex and Governorate, 2020. Available at: https://www.pcbs.gov.ps/Portals/_Rainbow/Documents/Labour_Force_Participation%20Rate2020.html
[10] UNDP, Human Development Index Ranking, 2019
[11] PCBS, Unemployment Rate of Persons Aged 15 Years and Above in Palestine by Governorate and Sex, 2020. Available at: https://www.pcbs.gov.ps/Portals/_Rainbow/Documents/unemployment-2020-02e.html
[12] PCBS, Selected Indicators in Palestine, 2019. Available at: https://www.pcbs.gov.ps/statisticsIndicatorsTables.aspx?lang=en&table_id=948
[13] PCBS, Literacy Rate of Persons (15 Years and Over) in Palestine by Age Groups and Sex, 2020. Available at: https://www.pcbs.gov.ps/Portals/_Rainbow/Documents/Education-1994-2020-11E1.html

[14] PCBS, Main Indicators, 2019. Available at: https://www.pcbs.gov.ps/statisticsIndicatorsTables.aspx?lang=en&table_id=901
[15] Health Annual Report, Palestine, 2020.

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The United Nations Population Fund (UNFPA) State of Palestine 6th Country Programme Evaluation (CPE) for (2018-2022), has been a collective journey and effort involving multi-stakeholders who, in their different capacities have made it a success amidst the COVID-19 pandemic. Against that background, UNFPA would like to thank each individual and institution that has contributed enormously during the evaluation process.

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EXECUTIVE SUMMARY

Background

The UNFPA State of Palestine Country Office (CO) commissioned the Country Programme Evaluation (CPE) of its 6th Country Programme (CP) (2018-2022), to serve three **main purposes**: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; and (iii) contribute key lessons learned to the existing knowledge based on how to accelerate the implementation of the Programme of Action of the 1994 International Conference on Population and Development (ICPD). The evaluation was forward-looking and took into consideration the most recent strategy and UNFPA CO programming orientations. The **main audience and primary users** of the evaluation are: (i) The UNFPA Country Office; (ii) Government of Palestine (GoP); (iii) the United Nations Country Team (UNCT); (iv) Arab States Regional Office (ASRO); (v) and donors operating in the State of Palestine. The audience also encompasses: (i) Implementing Partners of the UNFPA CO; (ii) UNFPA Headquarters Divisions, branches, and offices; (iii) the UNFPA Executive Board; (iv) Academia; (v) Local civil society organizations (CSOs) and International NGOs; and (vi) Beneficiaries of UNFPA support.

Programme

The CP6 contributed to UNFPA's Global Strategic Plan 2018-2021, which was to achieve universal access to sexual and reproductive health, realise reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the ICPD. The CP6 was developed in close consultation with the Government of Palestine and civil society, academia, and other development actors, including United Nations organizations. The CP has alignment with specific strategic outcomes in the National Health Strategy, the Cross Sectoral Gender Equality and Women Empowerment, National Youth Sector Strategy, the National Social Development Strategy. In addition, the CP is aligned to the UNFPA Strategic Plan 2018-2021 which reaffirms the relevance of the current strategic direction of UNFPA, the goal of which is universal access to sexual and reproductive health and reproductive rights, focusing on women, adolescents, and youth. The outcomes in the CPD 2018-2022 are in sync with the outcomes in the UNFPA SP 2018-2021.

Methodology

The evaluation assessed the CP using four OECD/DAC criteria (relevance, effectiveness, efficiency, and sustainability) and three UNFPA criteria (coordination, coverage, and connectedness). It was based on a theory-based design fully considering Gender Equality and Empowerment of Women, Human Rights approach, and Humanitarian-Development-Peace Nexus. Further, the evaluation considered the impact of COVID-19 pandemic on the CP and the adjustments made to support the response of the Government. Adopting a participatory and mixed-method approach, qualitative data was collected through document review, key informant interviews (KIIs) and focus group discussions (FGDs) with implementing partners, stakeholders, beneficiaries and UNFPA staff. Data collection was based on a set of 10 evaluation questions corresponding to the criteria, and 245 people were interviewed in total. The evaluation was conducted through five phases: preparatory phase, design phase, field phase, reporting phase and dissemination phase. It was conducted in accordance with the UNFPA Evaluation Policy, UN Evaluation Ethical Guidelines, UNEG Evaluation Code of Conduct and UN Evaluation Norms and Standards.

Key Findings

a) With regard to policy and advocacy work UNFPA CO has had some success in CP6. However, the UNFPA programmes need to be more focused to accountability level. This is because there are evident weaknesses and inconsistencies in the implementation of laws and policies. This situation is compounded by the absence of a legislative council.

b) The evaluation showed that the UNFPA SRH programme, which is the core mandate for UNFPA, has been somewhat incoherent during CP6.

c) The UNFPA CO work on GBV work has been relatively strong, particularly regarding service delivery and at contributing to certain institutional changes and mechanisms such as the strategy on violence against women and the national referral system. Hoverer, UNFPA CO programmes should focus more on GBV prevention, and more on adolescent girls and child marriage.

d) The evaluation showed that the UNFPA PD work has produced some quality products, but the impact has been limited. It is within this regard that UNFPA must consider integrating PD with any other core programme.
e) Evidently, UNFPA CO managed during CP6 to have mainstreamed HRBA and gender quite well. However, UNFPA can do more to find innovative ways to reach the most vulnerable populations such as persons living with disabilities and the LGBTQI community.

Relevance

The UNFPA State of Palestine 6th CP responded to the needs of young people, women, and men to obtain adequate SRHR, A&Y, and Gender/ GBV information, services, and consultations. The CP addressed issues of gender inequalities and GBV, which remain a widespread problem in the country. Some beneficiary groups such as persons living with disabilities and the LGBTQI community, among others, were still in need of targeted interventions by UNFPA to ensure full consideration of 'those furthest behind'. The CP was aligned to international, national, and provincial development priorities. It is relevant to the UNFPA mandate, the needs of the Government of Palestine as well as the beneficiaries. The priorities are linked and aligned with the United Nations Development Assistance Framework for Palestine (UNDAF 2018-2022) and the UNFPA Strategic Plan 2018-2021.

Effectiveness

Outcome 1: Sexual and reproductive health and rights

The SRH programme is packed with heavy subject components that were addressed, during implementation of CP6, in a scattered manner where the CO spread itself quite thinly on modes of engagement in nine overarching strategies that are packed with heavy subject areas that were led under different programmatic areas by different lead staff, without prioritization. In this regard, the evaluation found that the SRH programme has been too scattered during CP6. In addition, the CO flexibility and ability to mobilise resources and achieve the intended SRH results while also addressing the impact of COVID-19 on SRH to ensure continuity of SRH services was an esteemed achievement by all. It is noted that the CO managed to raise only the minimum funds required for COVID-19. Furthermore, the CO managed to increase the funding for SRH programme over the period of the CPD, with most of the funding coming from humanitarian sources. The State of Palestine has performed well on SRH according to many observed indicators (such as on institutional delivery, skilled birth attendance, ANC visits). The maternal mortality ratio has improved over the last few decades but has been backsliding over the last 4 years. UNFPA's initiation and leadership in policy development and advocacy brought about significant changes in almost all CP6 output areas regarding SRH.

Outcome 2: Adolescents and Youth

The CO supported programmes for young people who resultantly benefited from SRH information through awareness/ trainings and civic engagement programmes, among whom included adolescent girls. The Y-Peer network enhanced its outreach and capacities of educators, and it was able to reach out to new localities and to engage new members to be part of the network. The network focused on utilising the interactive theatre in their activities and events. In this regard, UNFPA CO played a key role in Palestine's contributions to the ICPD summit in Nairobi. As chair of the United Nations Thematic Group (UNTG) on Young People, UNFPA championed and led several joint interventions with UN agencies. UNFPA supported the setup of youth friendly centers and in support of these initiatives, a mobile application "Mustashari- my counsellor" was developed in partnership with "love matters.com" and was the first application for young people for SRH in Arabic language in the country. Community members were reached through Y-PEER interventions using non- traditional tools and interventions in schools, universities, public places, and electronically.

Outcome 3: Gender equality and empowerment of women

UNFPA played a leading role in the development of the Palestinian GBV National Referral System (NRS). In 2018, the work on the NRS was strengthened by updating the health protocol for service providers to deal with women and girls GBV cases considering the GBV ESP package and the developed GBV SoPs. UNFPA's role also focused on capacity building for **emergency and humanitarian situations** with a focus on GBV, which is exemplified through its work building national systems to respond to emergency situations. The leadership role in the SRH and GBV required a specific focus on information production and sharing. UNFPA worked to create an enabling environment that would allow for higher levels of awareness, sensitivity, and acceptability of gender equality and GBV combating. The direction to involve men, community and religious leaders, and women and girls was further reinforced. UNFPA supported several joint activities including open days, capacity building, voluntary work by the

protection networks in Jerusalem, Tulkarm, and Jenin areas in West Bank. The work on capacity building with institutions improved the accessibility, quality, and acceptability of services. Given the reported increase in demand for GBV services during the pandemic, UNFPA had a clear and strong role on GBV response throughout the past two years and expanded beyond service provision and GBV coordination to also include a significant effort to provide protection/GBV training for isolation centres staff, and PPE and infection prevention training for frontline workers.

Unintended actions

The following were noted by the evaluation team as unintended results in so far as they were an off shoot of the response to the emergency caused by COVID-19 situation. The CO was fast at adapting to the COVID-19 crisis and adjusted its operations and implementation modalities. Several unintended results emerged, and since the onset of the crisis, UNFPA and stakeholders took concrete strides to provide remote services, awareness and capacity building, digitalization of SRH services and information and GBV protection and referral systems. UNFPA CO also put more emphasis on media, communication, and visibility activities in emergency situations where the communication and media outlets played an important role in advocacy and access to information

Efficiency

Implementation of field level interventions was done through government and NGO IPs who were monitored by UNFPA CO, based on annual financial disbursements with agreed workplans and reporting. UNFPA supported to build their institutional and individual capacities. There has been improvement in using advanced technology tools and digital solutions. IPs faced challenges related to the insufficiency of financial allocations to cover all their administrative and M&E costs, the lengthy government clearance processes, as well as the high turnover within IPs who fail to retain capacitated staff. The evaluation team found that the CO has recently started enhancing its M&E capacities. Before, the M&E function was mainstreamed as part of the programme implementation functions, which is usually a perfect scenario if the M&E capacities are strong. However, there has been some challenges in this process, particularly with the lack of a dedicated M&E position within the CO.

Sustainability

Prospects for the sustainability of the UNFPA's work was built around the engagement of national partners and stakeholders, building national capacities, and influencing policies. On the organizational level, technical training of trainers provided by UNFPA strengthened institutional capacity, coupled with information systems, tools and infrastructure, such as the CVRS and GBV IMS. UNFPA and partners were able to institutionalize CMR services with pertinent SOPs. The integration of the SRH courses within universities granted further sustainability. UNFPA invested in strengthening existing partnerships with humanitarian local actors and in establishing new ones and provided capacity building to sustain their ability to offer services beyond the CP. UNFPA contributed to the development of national policies on Combating Child Marriage, the National Youth Strategy and the SRH Strategy. On individual capacity building, UNFPA interventions had a positive impact on beneficiaries evident in their sustained access to SRH services and GBV support. The evaluation however found that although the systems have been improved, the sustainability of work on GBV within the health sector is doubtful because it is still seen as an add-on linked to projects and funding.

Coordination

UNFPA 6th CP contributed to the outcomes of the UNDAF 2018-2022, within the limited implementation of the UNDAF, and supported the UN Country Team. This included the inter-government steering committee, the UNCT team, the PCT team and the three result working groups on People, Opportunities, and Institutions. UNFPA chaired the GBV Sub-Cluster, and this led to a level of coordinated GBV work and increased the number of actors engaged. UNFPA also co-chaired the SRH Working Group with MoH. This strengthened synergy with United Nations entities in their areas of comparative advantage through joint advocacy, project implementation, monitoring, and tracking, while ensuring that a mechanism for multi-sectoral provision to gender-based violence prevention is in place. In addition, as leader in issues around young people in the UN, the UNFPA CO chaired the UN Theme Group on Young People. The IPs' partnership with UNFPA allowed them to participate in different coordination groups and understand what the developments are in SRH, A&Y and GBV areas at the national level and governorate levels.

Coverage

The UNFPA's 6th CP focused on the inclusion of marginalized areas and vulnerable adolescents, youth, and women, into programming. However, the evaluation team notes that coverage in the CP is impacted by the geographical fragmentation and the fact that there are areas that are not under the direct governance of the Palestinian government such as Area C and H1 where both service beneficiaries and providers must negotiate access to get to the healthcare facility. Beneficiary support had not been sufficient to address all the special and increasing needs of 'those furthest behind', such as the elderly, and LGBTQI communities.

Connectedness

UNFPA through its 6th CP took concrete strides on building capacities at local and national levels, primarily on SRH services, A&Y, and GBV response, as well as cross-cutting initiatives on PD information management systems and policy development. Over the multiple years of the CP, these efforts increased the ability of people, organizations, and the government to address humanitarian needs, risks and vulnerability. At the same time, development capacity building efforts ensured to maximize effectiveness, resilience, and country ownership to manage and deliver SRH, AY and GBV products and services to the target groups at the longer term. The evaluation accounted for interconnected capacity development results at the individual, organizational and enabling environment levels.

Main Conclusions

Strategic Level

Conclusion 1: Given the political realities of the occupation, and other crisis and emergency situations, including the on-going global COVID-19 pandemic, UNFPA continues to adapt to and take into consideration the unfolding national priorities.

Conclusion 2: UNFPA is a valued member of UNCT and strategically positioned as a development partner and recognized by the highest leadership of the country. UNFPA works with other UN agencies following the Delivering as One approach. The expansion of the existing partnership base to include the private sector and professional associations is paramount.

Conclusion 3: Work on policy and legal development continued, but with the absence of a functional Legislative Council since 2006, the State of Palestine did not witness any significant accomplishments on this front. With that, gaps in the full and proper implementation of these policies and laws continue

Programmatic Level

Conclusion 4: UNFPA has been successful in advocating and supporting human rights and gender integration, and to address vulnerabilities, socioeconomic and geographic disparities. HRBA and GEWE were incorporated during the design phase and mainstreamed throughout the SRH area interventions and activities. However, there have been weaknesses such as in the integration of LGBTQI populations and persons with disabilities in UNFPA programmes.

Conclusion 5: Commendable work has been achieved in the delivery of integrated SRHR services. The perception that SRH and family planning programmes have lost ground to other priority areas presents serious challenges for UNFPA. This also presents immense opportunities to innovate and to use the power of partnerships to increase focus on SRHR programmes.

Conclusion 6: UNFPA was committed to the approach of Leaving No One Behind. Nevertheless, there is need for novel ways and models of reaching the furthest behind first with quality SRH information and services.

Conclusion 7: UNFPA succeeded in the institutionalization and operationalization of the Minimum Initial Service Package (MISP) for SRHR in crisis to make sure that all affected populations have access to lifesaving SRH services. UNFPA's increasing focus on the clinical management of rape (CMR) is a step in the right direction in broadening the set of services for GBV survivors. Adequate technical capacity was provided for the development and implementation of a costed integrated national sexual and reproductive health plan.

Conclusion 8: UNFPA succeeded in achieving the set targets on the number of youth-led networks and organizations that implement health, social and economic programmes reaching adolescent girls at risk of child marriage. This impacted positively on youth participation and empowerment within the context of political realities of the occupation.

Conclusion 9: UNFPA support was critical in ensuring support for data generation through surveys. In this regard, UNFPA together with UNICEF supported the Palestinian Central Bureau of Statistics (PCBS) in conducting the 5th Multiple Indicator Cluster Survey (MICS) round during 2019 following the 4th round that was conducted in 2014.

Conclusion 10. CVA is an area for humanitarian interventions and social protection in risk-areas. In the case of the State of Palestine, CVA has been utilized to mitigate GBV risks under the overarching occupation and COVID-19 related conditions. This is an area that requires diligent and critical review and reform if UNFPA decides to continue with this approach.

Recommendations

Strategic Level

Recommendation 1: Considering the security considerations due to the ongoing occupation, lessons learnt from the COVID-19 response, and the resilience of the state institutions calling for investing in humanitarian-development nexus, UNFPA should focus on strengthening the national and sub national capacities in resilience programming, emergency preparedness, mitigation, prevention, and response to ensure access to essential and life-saving interventions in humanitarian emergency situations, with the subsequent recovery and rehabilitation actions. In this regard, there is a need to better leverage humanitarian funding (which constitutes 80% of UNFPA CO non-core resources) to the building of resilient systems of service delivery.

Recommendation 2: There is room for expanding the partnership base and building new and innovative partnerships. The next country programme should further expand its partnership base to include private sector and professional associations, among others. This is also considering the potential of the private sector in the country.

Recommendation 3: Beyond creating opportunities for more partnerships, UNFPA should draw on the space of trust and partnership arrangements through national and sub-national coordination mechanisms on young people, SRH and GBV. In this regard, working with young men and adolescents, and having a stronger focus on revitalizing the interventions on child marriage, will be of great value to the next CP.

Recommendation 4: Given that there are limitations on the degree of success achieved at the policy advocacy level due to the absence of accountability and monitoring mechanisms, in part due to a dysfunctional legislative council, UNFPA may want to consider focusing more on strengthening existing governmental (e.g., gender units within ministries and agencies) and non-governmental (various civil society coalitions) accountability mechanisms. Such accountability mechanisms will help scale up policy implementation, prevention, and enforcement of laws related to the ICPD agenda.

Programmatic Level

Recommendation 5: Resources permitting, UNFPA management should consider setting up the Population Dynamics sub-programme as a separate output. UNFPA should be pro-active and continue its advocacy role to ensure that the budgetary allocations for all programmes are either sustained or increased above current levels.

Recommendation 6: UNFPA's SRH programme in CP6 has been too scattered. The SRHR sub-programme should therefore invest in the integrated delivery of the constellation of SRHR services (family planning, STIs and HIV prevention, basic and comprehensive emergency Obstetric and Neonatal Care (EmONC) services, CMR and GBV, among others), quality of SRHR services and strengthen the full integration of SRHR in the national universal health coverage package.

Recommendation 7: UNFPA should introduce and demonstrate innovative ways and models of reaching the furthest behind first with quality sexual and reproductive health information and services to address geographic and other disparities

Recommendation 8: UNFPA and partners should further advocate for and support the operationalization of MISP and influence budgetary allocations from government on MISP. In addition, UNFPA should also provide technical support to National and Governorate governments on the implementation of the costed plans on MISP.

Recommendation 9: Building on the policy gains and programme accomplishments, UNFPA should support the Strategic Framework on Adolescents and Youth on SRHR at the national and governorate levels that facilitate the integration of adolescents and youth SRHR across the humanitarian-development continuum. At the same time, UNFPA should work with stakeholders to remove bottlenecks that impede implementation.

Recommendation 10: Building on the ongoing work of national and international organizations, UNFPA must continue its role in leading efforts to develop policies and legislations that will enhance women protection and empowerment. This will require a review of past efforts and lessons learned from that.

Recommendation 11: UNFPA should focus on strengthening the survey and census data systems and knowledge platforms on population changes with the focus on diversity and disparities to inform development policies and programmes, resilience building, emergency preparedness and response.

CHAPTER 1: INTRODUCTION

1.1 Purpose and Objectives of the Country Programme Evaluation

The purpose of the Country Programme Evaluation (CPE), according to the UNFPA Terms of references (ToRs) in Annex 1, was to provide an independent assessment of the UNFPA State of Palestine 6th CP (2018-2022) and to demonstrate accountability to stakeholders on the performance towards achieving development results and on invested resources. In addition to supporting evidence-based decision-making and contributing key lessons learned to the knowledge base of the organisation and the next programming cycle. Specifically, the objectives of this CPE were:

i. Provide an independent assessment of the relevance, effectiveness, efficiency, sustainability, coordination, coverage, and connectedness of UNFPA support and progress towards the expected outputs and outcomes set forth in the results framework of the country programme.
ii. Provide an assessment of the role played by the UNFPA country office in the coordination mechanisms of the United Nations Country Team (UNCT) with a view to enhancing the United Nations collective contribution to national development results.
iii. Draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programme cycle.

The main audience and primary users of the evaluation are: (i) The UNFPA Country Office; (ii) Government of Palestine (GoP); (iii) the United Nations Country Team (UNCT) in the State of Palestine; (iv) Arab States Regional Office (ASRO); (v) and donors operating in the country. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) Implementing Partners of the UNFPA CO; (ii) UNFPA Headquarters Divisions, branches, and offices; (iii) the UNFPA Executive Board; (iv) Academia; (v) Local civil society organizations (CSOs) and International NGOs; and (vi) Beneficiaries of UNFPA support (women and adolescents and youth).

1.2 Scope of the Evaluation

Geographical scope: The evaluation covered the West Bank, Gaza, and East Jerusalem where the UNFPA interventions were implemented.

Thematic scope: The evaluation covered the thematic areas of the 6th Country Programme (CP), namely: sexual and reproductive health, Adolescents and Youth and Gender Equality and the Women's Empowerment. In addition, the evaluation covered cross-cutting issues of population and development, human rights and gender equality, disability, and transversal aspects of coordination, monitoring, and evaluation (M&E), innovation and strategic partnerships.

Temporal scope: The evaluation covered interventions implemented within the time of the current 6th CP between 2018 and 2022.

1.3 Methodology and Process

1.3.1 Evaluation Criteria and Evaluation Questions

The evaluation criteria and guidance used in this evaluation report was provided in the UNFPA Evaluation Handbook, and related UNFPA guidance on conducting Evaluation in the COVID-19 Era. The evaluation systematically used the four OECD/DAC criteria[18] of relevance, effectiveness, efficiency, and sustainability, in addition to three UNFPA criteria of coordination, coverage and connectedness.[19] The design for the evaluation was also modelled on previous country-level evaluations led by members of this evaluation team. The evaluation criteria and evaluation questions are provided in Table 1.

Table 1: Evaluation Criteria and Evaluation Questions

[18]UNFPA Evaluation Office. (2019). Evaluation Handbook. How to Conduct a Country Programme Evaluation www.unfpa.org/EvaluationHandbook

[19]OECD. 2021. Evaluation Criteria https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm

Criteria	Evaluation Questions
1. Relevance	**EQ1:** To what extent has the country office been able to adapt to: i) the needs of diverse populations, including the needs of marginalized and vulnerable groups including people with disability elderly, women and girls in general (with specific focus on GBV survivors), youth in risk situations (youth out of school), etc. ii) national development strategies and policies; iii) the strategic direction and objectives of UNFPA; and iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and SDGs, v) the New Way of Working, the Grand Bargain, and Nairobi Commitments? **EQ2:** To what extent has the country office been able to timely respond to changes in national needs and priorities, including those of vulnerable or marginalized communities, or to shifts caused by crisis or major political changes such as the surge of COVID-19 pandemic and the recent escalation in Gaza? What was the quality of the response?
2. Effectiveness	**EQ3:** To what extent were the UNFPA country programme intended results achieved, taking into account potential changes made to the initial results framework due to the COVID-19 crisis, in view of technology, including unintended results? In particular, i) ensured continuity of sexual and reproductive health services and interventions and addressing GBV and harmful practices as part of the COVID-19 crisis response and recovery efforts? ii) empowerment of adolescents and youth to access sexual and reproductive health services; iii) promote gender equality and to effectively address gender-based violence; and iv) increased use of population data in the development of evidence-based national development plans, policies and programmes. **EQ4:** To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation, and monitoring of the country programme?
3. Efficiency	**EQ5:** To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures, and tools to pursue the achievement of the outcomes defined in the county programme including how these have fostered or, on the contrary, impeded the adaptation of the country programme response to changes triggered by the COVID-19 crisis?
4. Sustainability	**EQ6:** To what extent has UNFPA been able to support implementing partners and beneficiaries (women, adolescents, and youth) in developing capacities and establishing mechanisms to ensure the durability of effects including results occasioned by the Covid-19 response?
5. Coordination	**EQ7:** To what extent has the UNFPA Country Office contributed to the functioning and consolidation of UNCT coordination mechanisms?
6. Coverage	**EQ8:** To what extent have UNFPA humanitarian interventions systematically reached all vulnerable groups prioritised in the CPD and the geographic areas in which affected populations (women, adolescents, and youth) reside?
7. Connectedness	**EQ9:** To what extent has UNFPA humanitarian response supported and planned for longer-term development goals articulated in the results framework of the country programme? **EQ10:** To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities etc.) to better prepare for, respond to and recover from humanitarian crisis?

1.3.2 Evaluation Approach

Complementary approaches and guiding principles were used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds gender and human rights principles throughout the evaluation process, including, to the extent possible, participation and consultation of key stakeholders (rights holders and duty-bearers); and (iii) provides credible information about the benefits for recipients and beneficiaries of UNFPA support.

Theory-based approach

The theory of change played a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation validated the theory of change (ToC) underpinning the UNFPA State of Palestine 6th CP and used it to determine whether changes at result levels occurred (or not) and whether assumptions about change hold true.

Participatory approach
The CPE was based on an inclusive, transparent, and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. Out of the shared stakeholders map (Annex 4), participants in this evaluation included representatives from government, civil society organizations, IPs, academia, UN organizations, donors and beneficiary women, adolescents, and youth. The UNFPA Evaluation Manager established an ERG comprised of key stakeholders of the CP who provided inputs throughout the evaluation.

Mixed-method approach
The evaluation primarily used qualitative methods for data collection, including document review, interviews, focus group discussions and observations that ensured adequate and appropriate collection of data despite the COVID-19 restrictions. Data collection was conducted using remote and virtual means. Quantitative data was compiled from existing data sources, through desk review of documents, websites, and online databases.

Gender Equality and Women Empowerment
Using a gender lens, the evaluation considered gender equality and empowerment of women (GEWE) as a guiding principle in data collection using the mixed-method approach, analysis, and reporting. Questions were specifically asked on different marginalised and vulnerable groups, including women, adolescents and children exposed to gender-based violence, out-of-school children, persons with different abilities, internally displaced people and others based on socio-economic and geographical dimensions.

Humanitarian-Development Peace Nexus
The Evaluation considered the work of the UNFPA CO from a humanitarian-development peace nexus lens.[20] This helped to properly understand needs and the root causes of vulnerability, fragility, and inequality. Beyond the immediate programme location, analysis considered the broader political implications of intervening. The humanitarian-development-peace context challenges and opportunities were considered while assessing effectiveness and sustainability of programmes.

Precede-Proceed Model (PPM)
Utilizing the PPM model (Figure 3), the evaluation accounted for the complex nature of population health issues and considered the socio-ecological factors impacting health and social outcomes among the population being studied. The PPM model considered people's knowledge, skills, and behaviour as well as their environment (interpersonal and community) for potential intervention targets. The use of this model enabled a comprehensive evaluation of the UNFPA CO 6th CP from a structured multi-component perspective.

Impact of COVID-19 on the CP
The COVID-19 global pandemic created a public health, economic and social emergency since early 2020 with an anticipated two years needed for recovery of the lost opportunities. The evaluation took into consideration the impact of COVID-19 in tandem with the government response policies and emerging situation of the pandemic and assessed the additional activities supported and adjustments made by UNFPA CO through the 6th CP to support the COVID-19 response of the Government of Palestine.

1.3.3 Methods of Data Collection

The evaluation utilised several data collection methods, including key informant interviews (KIIs) with stakeholders, national and sub-national level implementing partners (IPs) and focus group discussions (FGDs) with programme beneficiaries. Sequenced simultaneously, all the data was collected remotely over Microsoft Teams, Zoom or Google Meet in line with COVID-19 restrictions following semi-structured interview guides that were prepared for each group of the target evaluation participants. The CO facilitated the appointments with the targeted evaluation

[20]Oxfam Discussion Paper (2019). The Humanitarian Development Peace Nexus. What does it mean for multi-mandated organisations? Oxfam International. www.oxfam.org

participants according to the agreed evaluation agenda provided in Annex 6. The specific data sources are provided in the Evaluation Matrix (Annex 3). The data collection tools used in this evaluation are showcased in Annex

Desk Review: The CPE involved the on-going extensive review of documents which informed the evaluation design and established an understanding of the implementation framework for the CP, management and monitoring and evaluation processes. Review of documents was done continuously during the CPE phases, including during report writing, it was used to triangulate with data provided by primary sources, enriched the evidence base and content of the report. The reviewed documents were identified as per UNFPA Evaluation Handbook guidelines, whereas additional documents included planning, monitoring, and evaluation reports on programme thematic areas.

Key informant interviews: KIIs were conducted with stakeholders at national and sub-national levels using semi-structured schedules based on the agreed evaluation questions. This methodology was useful in getting feedback and inputs on the processes and results of the CP from those who interacted with the programme both at field and policy levels based on the objectives of the CPE.

Focus Group Discussions: Sixteen FGDs with the selected programme beneficiaries were held remotely, in line with national and local regulations and restrictions for COVID-19 pandemic. In total 164 participants participated in the focus group discussions, including women, adolescents, youth, men, most-at-risk populations (MARPs) including people with disabilities, and gender-based violence survivours. The FGDs were convened per type of intervention and beneficiary group and facilitated by one of the three main evaluation consultants. Each FGD comprised between 6-12 participants who provided qualitative insights into the respective interventions, bearing in mind that the 6th CP interventions are implemented as integrated packages. The FGDs were conducted, where possible, in the local language of the beneficiaries and transcribed verbatim into English.

1.3.4 Sampling Plan of Evaluation Participants

The CPE adopted a purposive and participatory approach in selecting the stakeholders who participated in the KIIs and FGDs. They were identified based on the stakeholders' map provided by the UNFPA CO and the initial review of programme documents and discussions with the UNFPA team during the design phase. The selection of the sample took into consideration the gender and diversity factors and vulnerability, guided by the UNFPA Evaluation Handbook which instructs well about the criteria to identify the stakeholders for data collection including types of interventions, financial allocation, national and regional coverage, and inclusion of all types of stakeholders. The sample selected also followed the Handbook in the sense that it was illustrative, not statistically representative. It was guided by the UN Sustainable Development Group programming principle of 'Leaving No One Behind'[21]. Table 2 provides a list of institutions of the stakeholders and beneficiaries interviewed. Figure 1 further showcases the stakeholders and beneficiaries met through KIIS and FGDs.

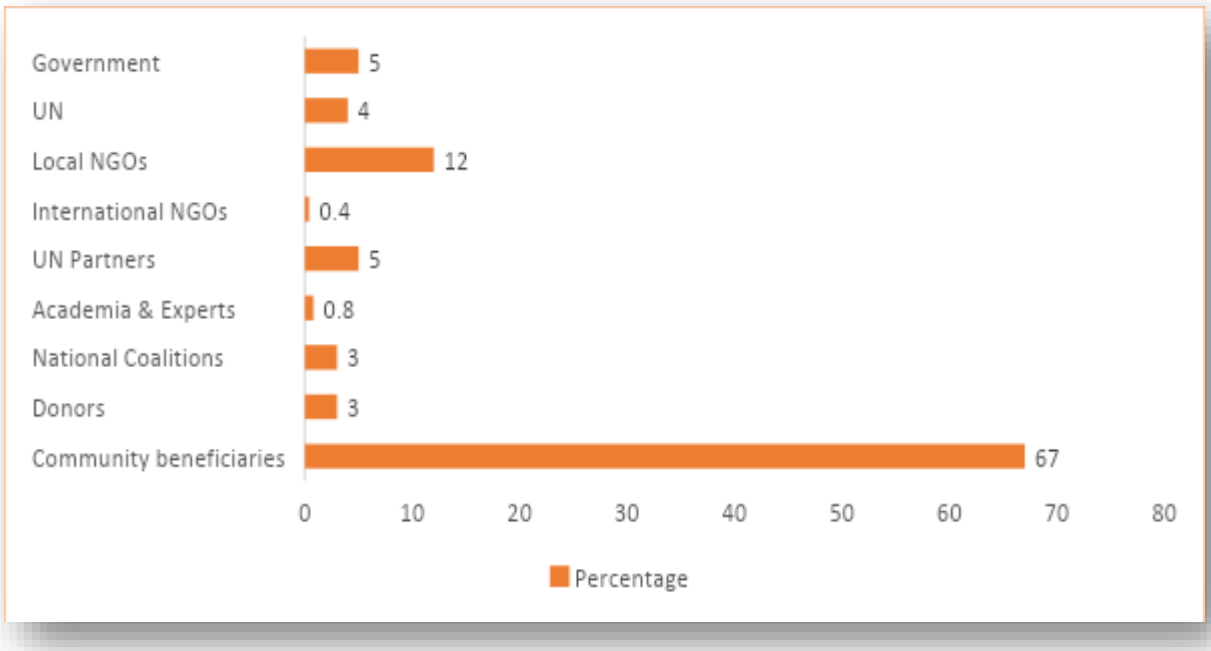
Table 2: Stakeholders and beneficiaries consulted

Type of Stakeholder	Gender			
	Female	**Male**	**Total**	**Percent**
Government	5	7	12	5
United Nations	7	3	10	4
Local NGOs	21	8	29	12
International NGOs	1	0	1	0.4
United Nations Partners	7	5	12	5
Academia & Experts	1	1	2	0.8
National Coalitions	5	3	8	3
Donors	5	2	7	3
Sub-total	**52**	**29**	**81**	**33**
Community beneficiaries (women, men, youth, adolescents)	110	54	164	67

[21] https://unsdg.un.org/resources/leaving-no-one-behind-unsdg-operational-guide-un-country-teams-interim-draft

Total	**162**	**83**	**245**	**100**

Figure 1: Stakeholders and beneficiaries met through KIIS and FGDs



1.3.5 Ethical Considerations

The evaluation was conducted in accordance with the UNFPA Evaluation Policy, United Nations Evaluation Group Ethical Guidelines, Code of Conduct for Evaluation in the UNEG[22], and the United Nations Norms and Standards for evaluation in the United Nations System.[23] The evaluation team adhered to the accepted codes of conduct: a) adhering to the international norms and standards, b) seeking consent from respondents, c) maintaining confidentiality, d) keeping sensitive information, e) avoiding bias, f) being sensitive to issues of discrimination, g) avoidance of harm and (g) respect for dignity and diversity. The ethical considerations were respected by ensuring that each member of the evaluation team maintain an ethical behaviour. Prior to the start of the data collection phase, internal brainstorming sessions were held specifically to ensure that each member of the team was aware of the ethical standards and code of conduct principles and was well equipped to deal with ethical issues during the conduct of the evaluation. In addition, in accordance with the ToRs, the evaluators signed the UNEG Code of Conduct prior to starting the evaluation process. Oral consents were obtained from all participants who took part in this evaluation. The special needs around GBV, and disability-related work were considered, while ensuring confidentiality with adequate and informed consent. In addition, to ensure privacy, FGDs involving female participants were organised separately from those for male participants, particularly for SRH and GBV to ensure that female and male participants feel comfortable, open, and uninfluenced by power dynamics when discussing sensitive issues such as reproductive health care practices.

1.3.6 Data Validation and Analysis

The data for the evaluation of the 6th UNFPA State of Palestine CP (2018-2022) was necessarily qualitative in nature, organized around three main thematic areas: sexual and reproductive health and rights, gender equality and women's empowerment, and population and development. The Evaluation Team used an iterative, multi-phased approach to analyse the data.

[22]United Nations Evaluation Group, UNEG Ethical Guidelines, http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=102 and UNEG Code of Conduct for Evaluation in the United Nations system.: http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=100

[23]http://www.unevaluation.org/document/detail/102

Review of the documents provided both contextual information and data that, in combination with primary data from online fieldwork, permitted the evaluators to provide detailed and credible answers to all the evaluation questions. The analysis was done by the team jointly, as well as individually.

Qualitative data from primary sources was analysed using the content and thematic analysis framework, which involved organizing data according to themes related to the evaluation objectives, evaluation questions and the criteria. Some quotes and human stories were cited verbatim in the findings to support the thematic analysis.

Quantitative data from secondary sources was analysed using descriptive statistical methods involving tabulations and graphing of the data. The raw data was obtained primarily from the Palestinian Central Bureau of Statistics (PCBS) and the UNFPA online dashboard, ensuring up-to-date data and indicators.

Data validation was a continuous process, the evaluators checked the validity of data and verified the robustness of findings at each phase throughout the evaluation. All findings of the evaluation were firmly grounded in evidence. The evaluation team used a variety of mechanisms to ensure the validity of the collected data, including:

- Triangulation techniques that reinforced the credibility and validity of the findings, judgements and conclusions obtained based on the primary qualitative data.
- Regular exchange with the evaluation manager at the UNFPA CO.
- Internal evaluation team meetings to share and discuss hypotheses, preliminary findings and conclusions and their supporting evidence.
- The debriefing meeting with the CO and the Evaluation Reference Group (ERG) at the end of the field phase. Feedback from both the CO and ERG will allow for further refinement of the evaluation recommendations and conclusions.

1.3.7 Data Quality Assurance

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) for this CPE was undertaken in accordance with the guidance and tools[24], and with roles and responsibilities described in the evaluation ToRs (Annex 1).The quality assurance system for the draft and final versions of the evaluation report covered elements including the report structure and clarity, design and methodology, reliability of data, analysis of findings, validity of conclusions and usefulness of the recommendations, as well as alignment with the integration of gender and human rights.

1.3.8 Evaluability Assessment, Limitations and Risks

The COVID-19 restrictions have impacted researchers globally since 2020. Therefore, the evaluation team considered mobility restrictions when developing the CPE design. The team was aware that mixed-methods evaluation studies would require the use of qualitative methods, which heavily rely on face-to-face interactions for data collection. The team therefore used Microsoft Teams/Zoom/Skype/ social media to conduct the KIIs and FGDs. In addition, immediate peer-debriefing and in-depth internal discussions mitigated barriers associated with online interviews. Restrictions related to COVID-19 requires some data to be collected remotely and therefore depended on respondents having access to Internet and telephones enabling remote communication, which may limit engagement from participants residing in remote and less resourced settings.

As noted earlier, the universe for the evaluation was all stakeholders engaged in the implementation of UNFPA interventions. These stakeholders, particularly implementing partners (IPs), were the major source for the generation of the required information. The major limitation of data generation is the use of remote access for interviews of participants, which may have affected the quality of data compared to face-to-face interviews. Debriefing meetings among the evaluation team members during data collection ensured consistency in data generation and that the necessary probes were followed during the interviews and FGDs in support of securing good quality data.

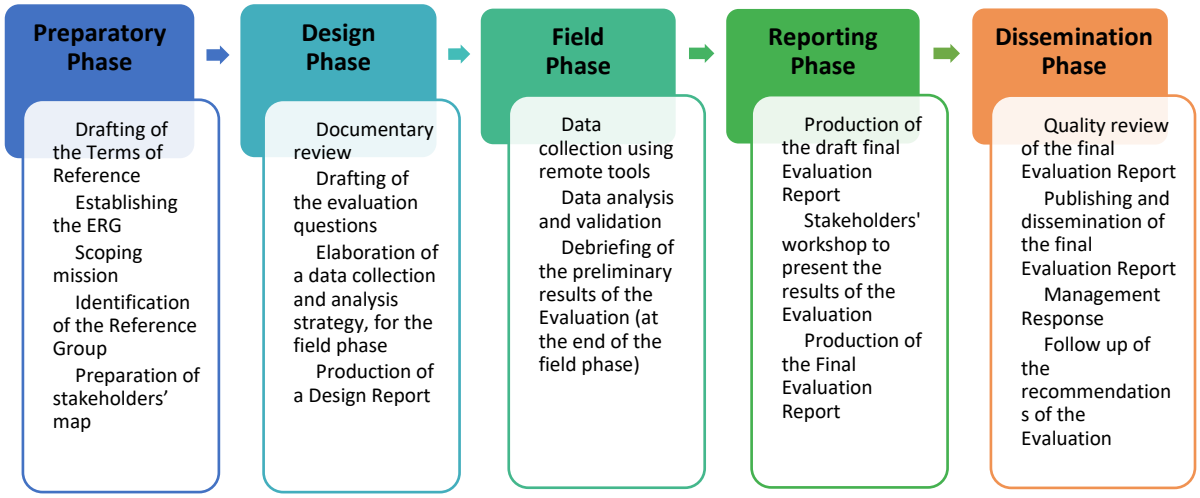
[24] https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance

The ToC was an essential building block of the evaluation methodology in this CPE. However, there is a strong possibility that UNFPA intervention in SRHR and gender equality was one of the factors affecting the change. Through the qualitative approach it would not be possible to isolate the exact contribution of a UNFPA intervention in a particular change. To minimize these data bias or limitations, several measures were adapted: (i) the qualitative data was complemented with quantitative data to strengthen the validity of the findings; and (ii) an effective use of technology and good quality interviews of the selected stakeholders generated the required information/ data.

1.3.9 Process Overview

The CPE was conducted through five phases, namely: preparatory phase, design phase, field phase, reporting phase and dissemination phase, as shown in Figure 2. The team worked in a complementary manner to obtain and analyse data that answers the evaluation questions and facilitate a credible and reliable evaluation.

Figure 2: Phases of CP Evaluation Process[25]



Preparatory Phase

The preparatory phase of the CPE was led by the evaluation manager at the UNFPA CO, which included:

- Establishment of the ERG and drafting of ToRs with support from the UNFPA ASRO M&E Advisor, which was approved by the Evaluation Office.
- Selection and recruitment of consultants by the CO to constitute the evaluation team.
- Compilation of background documents which were shared with the evaluation team for desk review.
- Preparation of a first stakeholders map (Annex 5) and list of Atlas projects.

Design Phase

The evaluation team conducted the design phase in consultation with the Evaluation Manager and the ERG. The Design Report was submitted in January 2022. This phase included:

- Desk review of initial background information and documents on the country context and CP.
- Formulation of a final set of evaluation questions based on the preliminary questions provided in the ToRs.
- Development of a comprehensive stakeholders' map and sampling strategy.
- Development of data collection methods and tools and identifying limitations. In addition to the development of an analysis strategy and work plan for the field and reporting phases.
- Development of the Evaluation Matrix (Annex 3).

Field Phase

- The evaluation team undertook valid and reliable data collection required to answer the evaluation questions over three weeks during January 2022.

[25]Evaluation Handbook. How to Conduct a Country Programme Evaluation at UNFPA. Available at: www.unfpa.org/EvaluationHandbook

- Towards the end of the field phase, the evaluation team conducted a preliminary analysis of the data with emerging findings and conclusions.
- A debriefing meeting with the CO and the ERG was held where the preliminary findings and emerging conclusions were presented and validated.

Reporting Phase

- Analytical work continued, considering the comments and feedback provided by the CO and the ERG at the debriefing meeting at the end of the field phase.
- A draft evaluation report was prepared and underwent an internal quality control.
- The draft report was reviewed for quality assurance by the UNFPA evaluation manager.
- consolidated comments and feedback provided by the members of the ERG.
- Based on the comments, the evaluation team made appropriate amendments and the final evaluation report was submitted to the evaluation manager.

Facilitation of Use and Dissemination Phase

- A PowerPoint presentation for the dissemination of CPE results was developed by the evaluation team.
- The Evaluation Manager will implement the communication plan to share the evaluation results and collect feedback.
- The Evaluation Manager will ensure that the final evaluation report is circulated to relevant units in the CO and consolidate all management responses in a final management response document.
- The evaluation manager will develop an evaluation brief that makes the results of the CPE more accessible to a larger audience.
- The final evaluation report, along with the management response and the independent EQA of the final report will be published on the UNFPA evaluation database by the Evaluation Office.

CHAPTER 2: COUNTRY CONTEXT

2.1 Development Challenges and National Strategies

The occupied Palestinian territory remains in a deeply protracted crisis and Palestinians live in a situation of vulnerability and structural disadvantage emanating from the ongoing occupation. The situation is further compounded by internal Palestinian political complexities, economic crisis, and falling aid inflows. Poverty rates have risen significantly over the past decade, reaching 29.2 per cent in 2020[26]. Vulnerabilities have been further exacerbated by the COVID-19 pandemic and related mobility restrictions, which overburdened an already-stretched healthcare system and aggravated socioeconomic conditions.

The Palestinian population is relatively youthful, but this is coupled with high unemployment rates. By 2018, Palestinian children under the age of 15 constituted 39% of the population (refugee and non-refugee), whereas the median age was 20.8. The total young age (0-14) dependency ratio is 67.2 (per 100 people aged 15-64). In 2019, young adults aged 18-29 comprised 23% of the Palestinian population. The unemployment rate among this category appears to be increasing, reaching 53% in 2020 (43% in the West bank and 67% in the Gaza Strip), with a twice-fold gap between males (38%) and females (68%). The overall unemployment rate among labour force participants is 25% with almost a 33% labour underutilisation rate; this varies between the West Bank (14%) and the Gaza Strip (46%). These indicators may increase considering the socio-political context in 2020 coupled with the eruption of the COVID-19 global pandemic.[27]

According to the Human Development Index, 2020, the State of Palestine is ranked in the medium category at 115 out of 189 countries.[28] With regard to demographic realities, the Palestinian population can be categorised into two groups: refugees and non-refugees. As of 2018, United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) registered refugees living in the West Bank and the Gaza Strip constituted around 41% of the total resident population. Approximately 64% of the Palestinian population in the Gaza Strip are refugees, while 26% of Palestinians in the West Bank are refugees. Of the total refugee population in the West Bank and Gaza, 7% suffer from at least one disability, and in 2017, 39% of Palestinian refugees were living in poverty. According to the Palestinian Central Bureau of Statistics (PCBS), the percentage of children with disabilities is 13.4% in the West Bank and 10.8% in Gaza strip.[29]

Faced with these challenges, the Government has developed national policy instruments towards positive reform. The Putting Citizens First Palestinian National Policy Agenda 2017-2022 (NPA) was released in December 2016 as a representation of the new national planning process. This policy acts as a vessel for establishing a viable, united, and fully independent state. Constituting the Fourth National Plan since 2008, the 2017-2022 NPA aims to focus public institutions on Palestinian citizens while using available resources for effectively and efficiently improving the quality of life for Palestinians. It serves to guide the development of strong and citizen-centred public institutions. Key national priorities are defined, including 'Social Justice and Rule of Law' as well as 'Strengthening Social Protection.' The NPA places the strategic direction of Government within the frame of three pillars which disaggregate to their respective national priorities and national policies.

The third pillar of the NPA 2017-2022 emphasizes the role of national social protection systems, transparency, and integrity standards, as well as the need for governance and a reduction in the persistence of multi-dimensional poverty. Previously, the 2008-2018 Palestinian Reform and Development Plan (PRDP) had set out a basis for allocating government resources, with a commitment from the PA to adopt an integrated policymaking, planning and budgeting process. This included developing a Medium-Term Expenditure Framework (MTEF) to allocate resources according to national policy priorities over the medium term. It further aimed to improve transparency, accountability, as well as coordination and communication. In contrast, in 2017 the PA cut the salary of civil servant employees in the Gaza Strip by 30%, while moving more than 1,600 Palestinian civil servants into forced retirement. The progress of Palestinian government reform in, in this regard, continues to be blurred within the

[26] UNCT, Common Country Analysis (CCA), August2022, p.4.
[27] PCBS, 2021. https://www.pcbs.gov.ps/post.aspx?lang=en&ItemID=3987
[28] Human Development Index, 2020.
[29] PCBS, statistics on people with disabilities, 2020, http://www.pcbs.gov.ps/postar.aspx?lang=ar&ItemID=3860

complexities of the internal political divisions, relations with Israel, and the international diplomatic-economic sphere. Under such conditions the NPA 2017-2022 serves to enhance governance capabilities.

It also places emphasis on vulnerable and marginalized groups as it aims to promote social integration by establishing job creation programmes for excluded groups including people with disabilities, youth, women, ex-prisoners. The focus on youth is also evident where the NPA aims to: Empower and equip Palestinian youth to participate meaningfully in public life and state building Ensure that our youth are provided with opportunities for a successful future. Place a particular focus on assisting disadvantaged youth. Other relevant national sectoral and cross-sectoral strategies include National Health Sectoral Strategy, the National Social Development Strategy, National Youth Strategy, Cross-Sectoral National Gender Strategy: Promoting Gender Equality, Equity, and Empowering of Women.

2.1.1 Sexual and Reproductive Health and Rights

Access to SRHR is affected in multiple ways: supplies are interrupted or reduced; specialized staff is difficult to train and retain; and physical access is reduced due to damaged infrastructure and barriers. In addition, psychological barriers to access are increased as fears for safety can prevent people from trying to access services or alter the frequency/timing of use. Furthermore, it is widely reported that prenatal stress due to these restrictions has an impact on foetal development, pregnancy complications and pregnancy outcomes. Along the same lines, early marriages continue to be noticed in 15 % of all marriages. Results of the 2019 violence survey conducted by PCBS showed that one out of three currently married women is subjected to physical violence by her husband; 57% of women suffered from psychological violence, the most common type of violence, followed directly by economic violence (41%).[30], The same survey showed that among marginalised groups 37% of women with disabilities had experienced some form of domestic violence. [31]

In emergency situations as in COVID-19 pandemic for example, shifting attention and critical resources away from the provision of SRH services, including maternal health care and gender-based violence (GBV) related services may result in exacerbated maternal and neonatal mortality and morbidity. By the first quarter of 2020, a total of 210,000 pregnant and lactating women, and 30,000 births over the next 3 months were estimated in the West Bank and Gaza Strip. Furthermore, GBV service providers, including SAWA helpline operators, have reported an increased demand for support, including for violence and abuse cases. Providers mitigated risk (making appointment times, limiting number of patients in waiting rooms, etc.) and attempted alternate modalities for care, including hotlines and phone consultations (which can detect some high-risk pregnancies), digital health outreach/education, as well as home and mobile clinic services. Coordination of SRH services among providers continue to be occurring under the leadership of the MOH and supported by UNFPA through the SRH Working Group (WG), among others.

Maternal Health

To decrease maternal mortality and morbidity, the SRHR regulatory framework suggests two key priorities: maternal health and abortion related care and services. It also highlights maternal health-related subject areas key actors shall commit to. These include safe motherhood, maternal nutrition, family planning, reproductive tract diseases (STIs/HIV/AIDS), Infertility screening and early management of reproductive health related cancers (cervical, and breast cancer as well as prostate cancer in the males), programs for women on menopausal phase including information and management services for menopausal problem. Child marriage is still prevalent. According to the Population, Housing and Establishments Census of 2017, nearly 11% of women aged 20-24 were married under the age of 18 years (8.5% in the West Bank and 13.8% in the Gaza).[32] The 2019 MICS data show that early childbearing amongst women aged 20-24 years who have had a liv birth before age 18 was 5.9 % and adolescent birth rate was 43 % compared to 48% for the year 2014.[33] Breast cancer is the most common cancer with 526 cases reported in 2020; 16.5% of all cancer cases, with an incidence rate 19.1 per 100,000 persons. Among females, breast cancer is the most common as 518 cases were reported in 2020, representing 32.0% of all cancer cases among females, with an incidence rate of 38.4 per 100, 000 female population. Primary health

[30] PCBS Violence Survey, 2019.
[31] Ibid.
[32] PCBS Census (2018). Population, Housing and Establishments Census of 2017
[33] PCBS, UNICEF & MICS (2021). Palestinian Multiple Indicator Cluster Survey 2019 – 2020: Survey Findings Report.

care clinics in MoH provide mammography services in the various health directorates in the West Bank and only one in Gaza. The number of cases examined in the various governorates was 5,131, of which 1,809 were abnormal and accounted for 35.3% of the examined cases. The number of ultrasound cases in the various West Bank governorates was 1,948, of which 1,205 cases were abnormal and accounted for 61.9% of the examined cases.[34]

Fertility and Family Planning

The total fertility rate fell gradually from 7.8 births per woman in 1971 to 3.8 births per woman in 2020. Recent reports show that there are 306 MOH centres providing FP services in the West Bank, which served 36,877 new beneficiaries in 2016. In the Gaza Strip, out of the 56 MOH centers, only 17 provide FP services which have served 5,659 women. MOH annual report on the year 2020 shows that the total number of visits to family planning centres during 2020 for the purpose of benefiting from family planning services was 50,277 visits in the West Bank. The number of new registered family planning beneficiaries was 18,645. The highest percentage of use was in the use of contraceptive pills which is 65.5% of the total. Condoms were the second in consumption reaching 18.2%, while the IUDs recorded 13.2% of the total number of methods obtained by the new beneficiaries.[35] Trends of using modern FP methods between 2000 and 2014, show a slow increase in the contraceptive prevalence rate from 51% in 2000 to 53% in 2010 and 57% in 2014. which remained almost the same (57.3 %) in the 2019 MICS survey, while the unmet need for family planning rose from 10.9% in the 2014 MICS survey to 12.9% in the 2019.[36] The annual increase of contraception use of all methods in the past 15 years is 0.78%. It is higher in the GS (1.2% annual increase) than in the West Bank (0.74% annual increase).

Recent data on family planning confirm stagnation in the use of contraceptives both in West Bank and Gaza as evident in the findings from the two 2014 and 2019 MICS surveys. According to the latter, of the total surveyed married women at the reproductive age, 57.3% use any FP method; of these 14.5% use any traditional method and 42.8% use any modern method. By region, the use of contraception was higher in Gaza (59.4%) than in the West Bank (55.9%) whereas the 2014 MICS revealed opposite findings (60% in the West Bank: 53% in Gaza). Results also showed that the most used modern contraceptive method continues to be the IUD, used by 26.1% of all married women. IUD use is higher in the West Bank (28.1%) than in Gaza (23.2%). Distantly apart, contraceptive pills follow as the second most used modern method (6.9%), which were more used in Gaza (8.5% versus 10% in 2014) than the West Bank (5.8% versus 6.5% in 2014) implying a decline in both regions compared to use in 2014. Similarly, male condoms were less used as a modern contraceptive method in Gaza (6.7%) compared to the year 2014 (7.4%) but still more than in the West Bank (4.3%) where the reading remained constant along the last 6 years (2014-2019). Other methods continue to be much less popular among users. This stagnant and inconsistent FP utilization manner hold strong indications on the outcome of FP programs and their quality as well as the intricate sociocultural contexts within which they operate.[37]

2.1.2 Adolescents and Youth

Increasing the ability of young people to exercise their sexual and reproductive health and reproductive rights (SRHR) is critical to reverse negative trends, such as child, early and forced marriage, gender-based violence and women's limited access to formal employment. Using youth-centred programmes and services is a more viable option where adolescent and youth SRHR services are taboo in many communities.

The future is an uncertain one for adolescents and youth, as youth unemployment rates currently reach 40 per cent in the West Bank and 62 per cent in Gaza. In addition, close to half a million children also require humanitarian assistance to access quality education. The protracted conflict and violent episodes of escalation in the West Bank, including East Jerusalem, the closure of the Gaza Strip, and physical access restrictions, pose daily challenges and threats to the fulfilment of children and youth's rights. Violence against children, including adolescents, in all its forms is of serious concern, as it compromises them of learning and future potential. Children, including adolescents, experience distress, fear and intimidation going to and coming from school in high-risk locations where they frequently must pass through checkpoints or walk by settlements. Constant exposure to conflict, economic hardship, and increased poverty, all contribute towards the acceptance of violence as a social norm,

[34]MOH (2021). Health Annual Report Palestine 2020. State of Palestine.
[35] Ibid.
[36]PCBS, UNICEF & MICS (2021). Palestinian Multiple Indicator Cluster Survey 2019 – 2020: Survey Findings Report.
[37]Khader, A & Abu Hamad, B (2018). Assessment of Family Planning Services in Palestine: Challenges and Opportunities. UNFPA.

which has adverse effects on children as they develop to youth. Youth comprise 30% of the population, of which 38.1% are adolescents aged 15-19 and 61.9% aged 20-29 years.

The Palestinian society has been continuously described as a 'young society'; nevertheless, Palestinian young people face many challenges affecting their economic, social and health wellbeing. Absence of conducive political, social, and economic environment for youth and adolescents to become socially engaged increases the potential for high-risk behaviours. Absence of a safe and healthy environment, malnutrition and lack of sport and exercise, and widely spread addictive behaviours such as smoking, alcohol and drugs increase youth feeling of dispersion and, hence, tendency to migration and/or suicidal attempts. These problems are worsened by the lack of knowledge and information and services tailored for adolescents and youth. The prevailing medical conception on youth as a healthy population has resulted in neglect to provide important health services leading to unfavourable social, emotional, and psychosocial consequences. Furthermore, programmes geared toward addressing youth issues do not engage and empower youth by fulfilling their rights to participate meaningfully in decision-making affecting their well-being. The high youth concern is unemployment which reached 30% according to the national youth survey, with the highest rate among females aged 18-24 reaching 60%. Adolescent girls are exposed to the risk of early marriage, particularly in rural and vulnerable areas., According to MICS 6 in 2019/2020, 13% of women aged 20-24 years got married for the first time before reaching the age of 18 years; about 11% in the West Bank compared to about 17% in the Gaza Strip. exposing them to complications of teenage pregnancy and affecting their likelihood to complete higher education and, consequently, preventing girls from attaining their full physical, social and emotional potential.[38]

Private sector is the main employer of youth, which emphasises the necessity of involving the private sector in all youth employment interventions. Any real change without their active participation is doubtable. Mobility and transportation impact on youth unemployment has been indicated as a significant barrier to youth opportunity of employment. The poor public transportation network paired with expensive transportation alternatives stands in the way of youth employment. This requires further policy attention to realize equitable opportunities for youth in all governorates.

2.1.3 Gender Equality and Empowerment of Women

Gender disparities have led to the State of Palestine having one of the lowest rankings in the region on the Gender Development Index (GDI) 0.87.[39] In comparison, the GDI values for Jordan and Oman are 0875 and 0.936, respectively. In the oPt, a prolonged occupation, gender inequalities, patriarchal norms and the male-dominated social, cultural, economic, and political structures continue to have adverse impacts on women's rights and participation across various realms of life. The participation of women in the labour force is low, despite the high levels of educational attainment. In 2019, women's participation in the labour force was 18% while it decreased to 16% in 2020. Not only women's participation in the labour force is low but there is a gap in daily wages, as women receive 98 NIS in comparison to 102 NIS for men. Around 25% of women receive a monthly wage less than the minimum wage (1450 NIS). Women continue to face these inequalities within the labour force while the legal system does not fully support women's rights with discriminatory legislations still in motion.

The participation of women in the Civil Public Sector, in 2017, employed women comprised 11.6% of the General Directors in the West Bank and Gaza Strip, while men comprised 88.4%; this percentage has slightly increased to 13% in 2020. Moreover, about 5.8% of the ambassadors are women in 2017, while it was 5.4% in 2008, and 4.3 in 2012. Furthermore, women's joining rate in the Palestinian police has slightly increased from 3.4% (2011) to 4.4% (2017). And in 2012, females constitute 12% of the judges, which has increased in 2017 to 18.3% (19.9 West Bank, 10.3% Gaza). The out-dated and disabled legal system does not establish social rights that conform with international standards relating to women and the abolition of inequality. Despite the PNA signing the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the legal system still fails to protect women's rights mostly in the family and criminal laws.

Palestinian women are not only subjected to societal, economic, and legal discriminatory practices but face restrictions of movement, arrests, and house demolitions imposed by the Israeli occupation. In 2020, 128 women

[38]MICS, 2019/2020.
[39]Human Development Report, State of Palestine, 2020.

were arrested, 3 were killed and more than 40 women are in Israeli prisons. These restrictions and oppressions, in addition to the prevalence of patriarchal cultural norms, also contribute to the perpetuation of gender-based violence. Despite reported decline in GBV (PCBS, 2019), the COVID-related lockdowns and movement restrictions have also resulted in an increase in GBV. Several relevant hotlines are receiving an increased number of GBV complaints. SAWA organization reported a 38% increase in women's hotline calls on GBV since the beginning of lockdown.

2.2 The Role of External Assistance

Since 1993 international donors have invested more than $30 billion as aid meant to develop the oPt, and support the Peace Process laid out in the 1993 Oslo Accord. The framework for this aid model was developed in 1993 by the World Bank in a policy document "An Investment in Peace" and the subsequent 1994 Paris Protocol. The Bank has also played a lead role since that time producing reports and policy recommendations for the top donors on how aid should be given, acting as the intellectual leader for an aid process dominated by the United States and funded by the EU as the top donor. In the process of spending that aid, those Western donors have radically redesigned the Palestinian government and economy in their image built on neoliberal policy models, with limited local ownership over the aid process. In 2021, the EU provided €34 million in humanitarian funding for Palestinians in need, including funds to address emerging needs due to the COVID-19 pandemic and the violence in Gaza. The EU humanitarian assistance included protection, safe education for children, and health care. Priority was focussed on improving care for victims of violence, including trauma care for the injured. The EU funding helped to upgrade water and sanitation services and to better prepare the health system for a sudden surge in demand due to disasters, conflict, or public health emergencies. In the West Bank, more specifically in Area C, East Jerusalem, and Hebron H2, the EU and several Member States support a consortium of humanitarian partners that protect communities threatened by demolitions, evictions, and settler violence. Net official development assistance received (current US$) was reported at 2234330078 USD in 2019, according to the World Bank.[40] Net official development assistance (ODA) consists of disbursements of loans made on concessional terms (net of repayments of principal) and grants by official agencies of the members of the Development Assistance Committee (DAC), by multilateral institutions, and by non-DAC countries to promote economic development and welfare in countries and territories in the DAC list of ODA recipients. It includes loans with a grant element of at least 25 percent (calculated at a rate of discount of 10 percent). Data are in current U.S. dollars.

[40] World Bank (2019). https://tradingeconomics.com/west-bank-and-gaza/net-official-development-assistance-received-current-us$-wb-data.html

Figure 3: ODA disbursed to the State of Palestine[41]

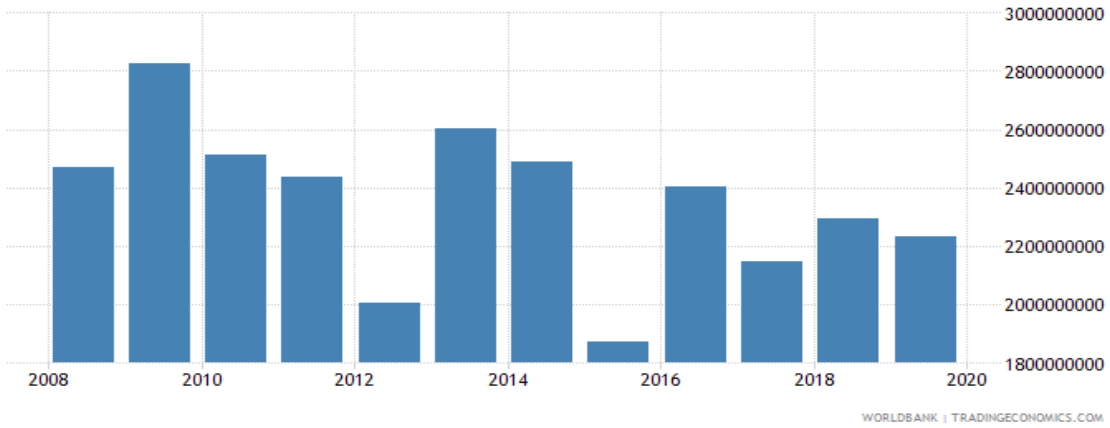


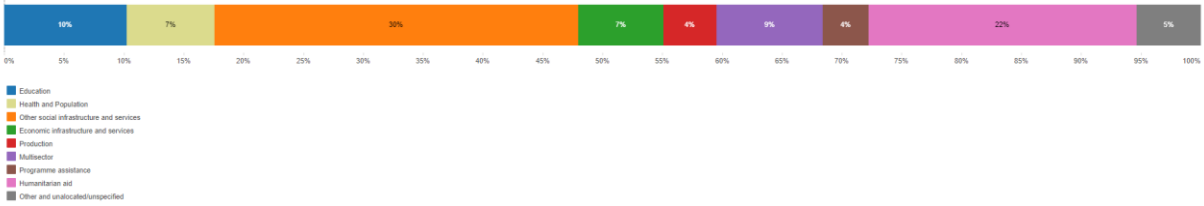
Figure 4: Receipts for West Bank and Gaza Strip[42]

	2017	2018	2019
Net ODA (USD million)	2,147.2	2,296.1	2,234.3
Net ODA/GNI (%)	13.0	13.5	
Gross ODA (USD million)	2,189.4	2,305.2	2,243.3
Bilateral share (gross ODA) (%)	57.6	66.4	66.9
Total net receipts (USD million)	2,154.3	2,292.4	2,236.1

For reference

	2017	2018	2019
Population (million)	4	5	5
GNI per capita (Atlas USD)	3,520	3,710	

Figure 5: Bilateral ODA by Sector for West Bank and Gaza Strip, 2018-2019[43]



[41] World Bank (2019). https://tradingeconomics.com/west-bank-and-gaza/net-official-development-assistance-received-current-us$-wb-data.html

[42] https://public.tableau.com/views/OECDDACAidataglancebyrecipient_new/Recipients?:embed=y&:display_count=yes&:showTabs=y&:toolbar=no?&:showVizHome=no

[43] https://public.tableau.com/views/OECDDACAidataglancebyrecipient_new/Recipients?:embed=y&:display_count=yes&:showTabs=y&:toolbar=no?&:showVizHome=no

CHAPTER 3: UNFPA RESPONSE AND PROGRAMME STRATEGIES

3.1 United Nations and UNFPA Strategic Response

UNFPA CO takes part in activities of the UNCT under the leadership of the United Nations Resident Coordinator, with the objective to ensure inter-agency coordination and efficient delivery of tangible results in support of the national development agenda and the SDGs. The UNCT works in partnership with and supports the Government and people of the State of Palestine towards achieving its national development priorities and results. The partnership is guided by United Nations Development Assistance Framework (UNDAF) which represents the United Nations' (UN) cooperation framework with the Government of the State of Palestine for the period 2018-2022. The UNDAF presents the key shared objectives of the UN system in country, the areas in which it intends to support the Government of Palestine and its people, and the expected outcomes of its cooperation. This UNDAF builds on the previous UNDAF for Palestine (2014-2017), which was also the first ever UNDAF for the oPt.

The UNDAF was developed by the UN system in consultation with national counterparts including line ministries, Government technical offices, civil society organizations as well as international partners. Whereas the UNDAF provides the overall vision for UN system-wide engagement in country, it is implemented through the country programmes and cooperation agreements of its specific UN Agencies, Funds and Programmes. Progress made against the overall commitments outlined in the UNDAF are jointly monitored by the Government of Palestine and the UN on an annual basis and reviewed at mid-term. The UNDAF (2018-2022) places the 2030 Agenda premise of 'Leave No One Behind' as the centrepiece of the entire UNDAF process, from the Common Country Analysis to the priority areas and outcome indicators found within this document. In view of the multi-dimensional challenges that the oPt is facing, foremost being 55 years of occupation, and the multiple global mandates under which the UN operates, this UNDAF recognizes the unique operating environment within which it will be implemented.

The UN's agreed goal is to "enhance development prospects for the Palestinian people, by advancing Palestinian statehood, transparent and effective institutions, and addressing key drivers of vulnerability". To achieve this goal, the UNDAF for 2018-2022 is framed around four fundamental strategic priorities, underpinned by the 2030 Agenda premise of 'Leave No One Behind': (i) supporting Palestine's path to independence; (ii) supporting equal access to accountable, effective and responsive democratic governance for all Palestinians; (iii) Leaving No One Behind: supporting sustainable and inclusive economic development; and (iv) Leaving No One Behind: social development and protection. It is notable that UNFPA programming in the 3 thematic components of SRHR, A&Y and GEWE is positioned to intervene for some of the community members in the 20 vulnerable groups of the UNDAF. The 20 groups include adolescent girls, refugees living in abject poverty, women exposed to gender-based violence, youth, among others.

3.2 UNFPA Response through the Country Programme

3.2.1 UNFPA Previous Cycle Strategy, Goal and Achievements

UNFPA has been working with the Government of Palestine since 1986 towards enhancing sexual and reproductive health and rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development. UNFPA is currently implementing the 6th CP.

The previous programme cycle, CP5 (2014-2017) focused on three areas namely, Sexual and Reproductive Health, Adolescents and Youth and Population Dynamics. UNFPA developed the proposed programme in close consultation with the Government, civil society, and United Nations organizations, aligning it with national development priorities, the United Nations Development Assistance Framework (UNDAF), 2014-2016, the UNFPA strategic plan, 2014-2017, and the Millennium Development Goals. Assuming there that there was progress in intra-Palestinian reconciliation talks while access restrictions persist, the previous cycle programme continued its two-pronged approach of providing both development and humanitarian assistance. While the development approach seeks to strengthen national institutions, UNFPA in the previous programme cycle also continued to focus on emergency preparedness and response to the protracted and at times acute crises that affect vulnerable communities in specific geographic areas, such as Gaza and some localities in the West Bank. In response to the

findings of the fourth country programme evaluation, the previous programme focused on advocacy, policy dialogue and knowledge management to promote reproductive health and reproductive rights to avert maternal deaths, increase postnatal care coverage, reduce the unmet need for family planning, empower young people and effectively respond to gender-based violence.

The key achievements that were realised during the CP5 included, among others, establishing and institutionalising a functional national system for maternal death surveillance and response, improving the quality of midwifery education programmes, improving eh quality of sexual and reproductive health service provision, with a focus on obstetric care, supporting the preparations of the 2017 Population Housing and Establishment Census and expanding youth networks, including the youth peer education network of organisations and institutions (Y-PEER). The Y-PEER sensitised more than 8 000 youth on reproductive health rights as well as civic participation.

3.2.2 The Current UNFPA Country Programme

The design of the current programme, CP6 was informed by a thematic evaluation of the gender programme, a project evaluation under the reproductive health programme, and the country case study on the support to the census conducted by the UNFPA evaluation office. The main lesson learned from all these evaluations was the need to bridge humanitarian and development programming. Accordingly, emergency preparedness, humanitarian response and resilience were mainstreamed across all programme outputs of CP6. The support that the UNFPA CO provided to the Government of Palestine under the framework of the CP6 was founded on national development needs and priorities articulated in the National Development Plan, the National Poverty Reduction Strategy, the United Nations Common Country Analysis Assessment (CCA) 2016, the United Nations Partnership for Development Framework (UNPDF), the United Nations Development Assistance Framework (UNDAF) and/ or United Nations Sustainable Development Cooperation Framework (UNSDCF) 2018-2022, the UNCT COVID-19 Development System Response Plan, Joint annual/ biannual work plans and Joint programme documents.

The CP6 contributed to the national policy agenda and the 2030 Agenda for Sustainable Development, with a focus on Goals 1, 3, 4, 5, 8, 10, 16 and 17. The CP6 further contributed directly to the second United Nations Development Assistance Framework for Palestine (2018-2022). CP6 was developed in close consultation with the Government of Palestine and civil society, academia, and other development actors, including United Nations organisations. The consultation process included five thematic programme area meetings and two validation workshops held in the West Bank and Gaza, as well as bilateral meetings with several stakeholders and partners.

The CP6 focused on strengthening the health and well-being of women and young people within a complex and multidimensional environment. In addition, CP6 recognised the unique operating environment and challenges within which it was implemented. CP6 targeted the most vulnerable while investing in reducing vulnerabilities and strengthening communities along with institutional and system resilience in the medium –to-long term. Simultaneously, CP^ focussed on emergency preparedness and response to the protracted and at times acute crises that affect vulnerable communities in specific areas in Gaza, the West Bank and Est Jerusalem.

Furthermore, CP6 focussed on strengthening the resilience of public institutions and communities to support ICPD goals on SRHR and gender-based violence, and in the broader context the sustainable development agenda. It is aligned with the Palestinian Vision 2025, and supports the achievement of the SDGs, with a focus on the ICPD in improving the health and well-being of women, adolescents, youth and the vulnerable, by reaching those furthest behind. The Government leadership role and commitment to SDGs achievement and UNFPA comparative advantage and strategic positioning was leveraged through joint programming initiatives during the implementation of CP6.

The 6th CP (2018-2022) contributes to three outcomes of the United Nations Sustainable Development Framework (UNSDF) 2018-2022, supporting the triangulation between people, institutions, and opportunity. Within the humanitarian coordination structure, UNFPA continues to lead the gender-based violence sub-cluster and the gender-based violence information management system task force and is the Chair of the UN Theme Group (UNTG) on Young People. In addition, UNFPA also co-chairs the SRH Working Group with MoH. This strengthens synergies with United Nations entities in their areas of comparative advantage through joint advocacy, project

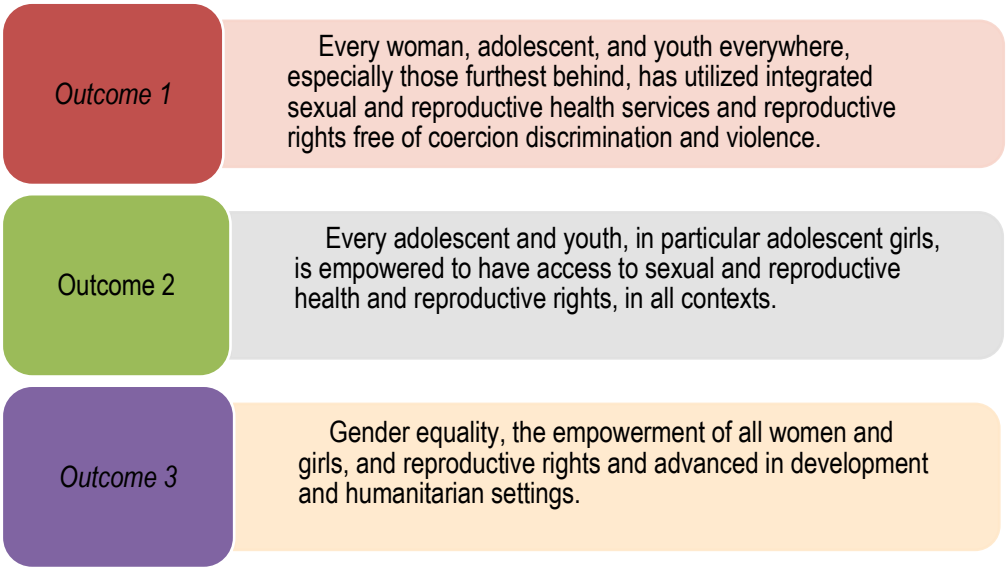
implementation, monitoring, and tracking, while ensuring that a mechanism for multi-sectoral provision to gender-based violence prevention is in place.

Bridging the development-humanitarian nexus is vital particularly considering the humanitarian crisis and continued occupation. The *Putting Citizens First* Palestinian National Policy Agenda 2017-2022 (NPA) which was released in December 2016, is a multi-year rolling development and humanitarian plan, that serves as the key reference point for resilience planning, emergency preparedness and response, including targeted capacity-building and service delivery supporting vulnerable populations.

The UNFPA partnership with the Ministry of Health, Office of the Prime Minister and the Palestinian Central Bureau of Statistics was strengthened to ensure that the national plans are aligned with population and development priorities. The Ministries of Education, Women, and the Higher Council for Youth and Sports, are also partners as well as NGOs, INGOs, academic institutions and United Nations agencies.

The UNFPA CO delivers its country programme through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) partnerships and coordination, and (iv) service delivery. The overall goal of the UNFPA sixth CP (2018-2022) is universal access to sexual and reproductive health and reproductive rights and reduced maternal mortality, as articulated in the UNFPA Strategic Plan 2018-2021. The CP contributes to the following outcomes of the UNFPA Strategic Plan 2018-2021:

Figure 6: UNFPA 6th Country Programme Outcomes



The UNFPA 6th CP (2018-2022) has three thematic areas of programming with distinct outputs that are structured according to three outcomes in the Strategic Plan 2018-2021 to which they contribute. The Results Framework UNFPA 6th CP (2018-2022) is presented in Annex 8.

Outcome 1: Sexual and reproductive health and rights

Output 1: Strengthened resilience of national institutions and civil society organizations to sustain coverage of high-quality sexual and reproductive health services, including for adolescents and youth, and in humanitarian settings. This is achieved by: (a) advocating for the inclusion of family planning commodities into the national budget to ensure sustainability; (b) supporting the capacity of national partners to provide sexual and reproductive health services and information to vulnerable communities; (c) expanding the youth-friendly health centre model in strategic locations, in line with national standards and needs, and global evidence; (d) improving management of obstetric complications by adopting and monitoring the use of obstetric protocols; (e) increasing the number of midwives and strengthen their role in sexual and reproductive health care provision, particularly in family planning; (e) increasing the number of midwives and strengthen their role in sexual and reproductive health care provision, particularly in family planning; (f) developing the capacity of national providers

on prevention, early detection and treatment of sexual and reproductive health-related morbidities, including breast cancer, sexually transmitted infections and HIV; (g) enhancing resilience of the health care system and its capacity for emergency preparedness and response, through institutionalization of the Minimum Initial Service Package; (h) strengthening the use of census data and socio-demographic analysis addressing population dynamics and investment in sexual and reproductive health; and (i) strengthening civil registration and vital statistics to improve availability of routine data to monitor implementation of the International Conference on Population and Development and the Sustainable Development Goals.

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Output 2: Enhanced capacity of the national Government and civil society organizations to design and implement programmes on reproductive health, empowerment and civic engagement for adolescents and youth, with special focus on the most vulnerable. This includes: (a) advocating for the operationalization of the national youth strategy; (b) supporting youth-led networks and organizations to create demand for sexual and reproductive health services, life skills, and civic engagement programmes for vulnerable adolescents and youth, particularly for adolescent girls at risk of child marriage; (c) advocating for effective participation of youth in conflicts and disaster risk management, to become agents of positive change based on Security Council resolution 2250; (d) promoting evidence-based advocacy and policy advice on population dynamics and its linkages with youth empowerment, addressing the demographic dividend and building on the generated evidence towards Palestine 2030.

Outcome 3: Gender equality and women's empowerment

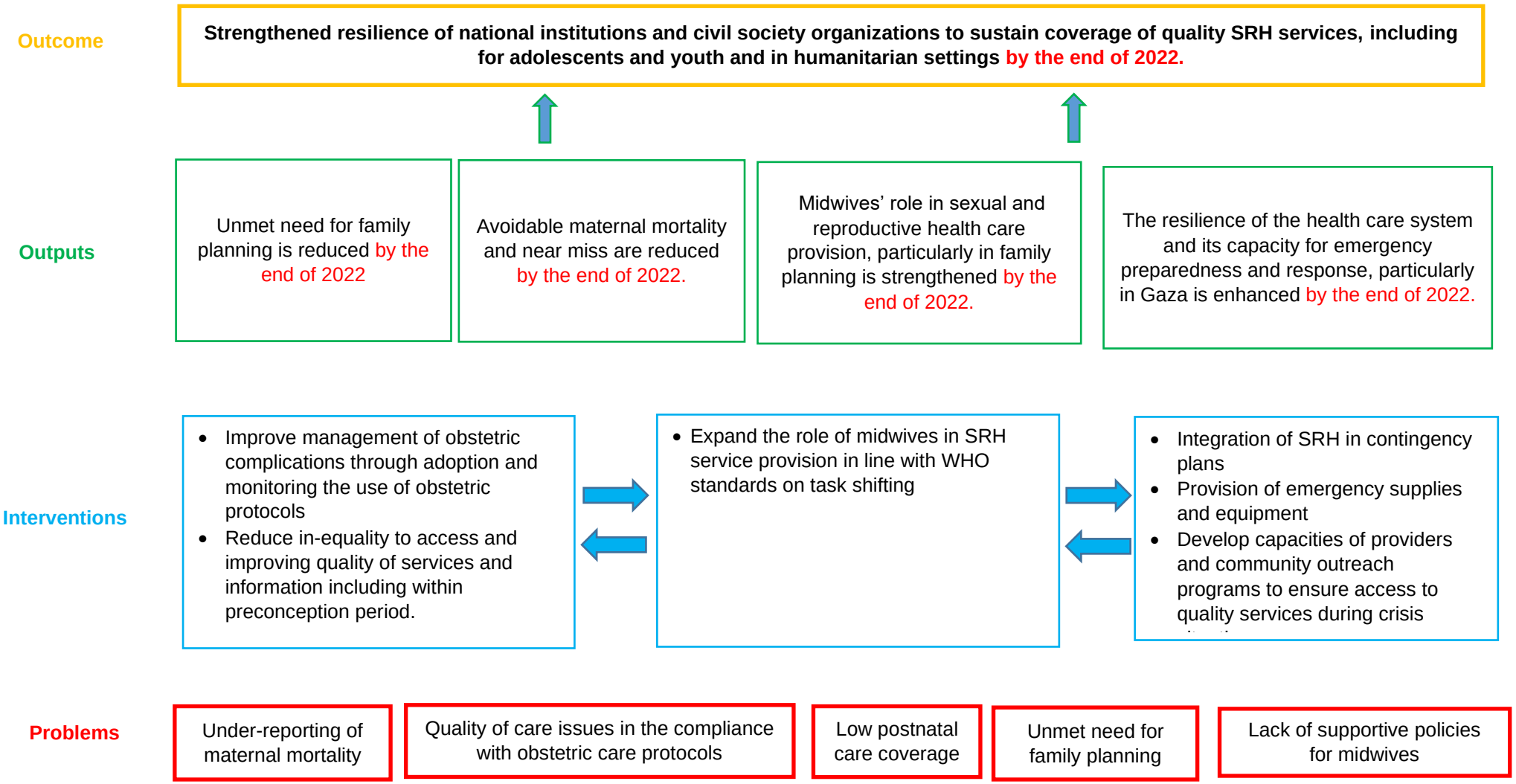
Output 1: Strengthened capacity of health and social protection actors to promote gender equality, reproductive rights and to effectively address gender-based violence, including in humanitarian settings. This includes: (a) supporting national partners' capacity to improve availability, accessibility, acceptability and the quality of multisectoral gender-based violence services, including health, psycho-social and legal counselling at national and district levels; b) strengthening case management systems; (c) promoting civil society engagement to improve monitoring and reporting of sexual and reproductive health and gender-based violence violations;(d) enhancing the engagement of men and boys and community leaders in promoting reproductive rights and sexual and reproductive health and gender equality; (e) strengthening coordination of the gender-based violence sub-cluster to better combat gender-based violence in humanitarian and development setting; (f) supporting evidence generation to inform gender-based violence programming, undertaking a gender-based violence survey.

3.2.3 Theory of Change

The ToC that describes how and why the set of activities planned under the CP6 are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA will be provided in the next version of this draft report. The ToC was an essential building block of the evaluation methodology.

Theory of Change and Programmatic Focus: The CP6 focused on the afore-mentioned three outcomes and three outputs covering SRH, AY and GEWE and there were various key interventions linked to each output. The Theory of Change was reconstructed by the Evaluation Team and the full diagrammatic representation for CP6 is shown in Annex 5. As an illustration, the diagrammatic representation for the SRHR sub-programme is showcased in Figure 7. Detailed descriptions of the linkages between results (outcome and output indicators) and interventions are found under Effectiveness (EQ3 and 4), where an evaluation of the Results and Intervention logic for the different strategic outcome areas have been made. The reconstructions of the ToC are marked in red in the diagrammatic presentation in Figure 7 and in Annex 5.

Figure 7: Theory of Change for the SRHR programme (reconstructed)



3.2.4 Country Programme Financial Structure

The financial data showcased in Table 3 is **indicative** and is based on data from the UNFPA CPD 2018-2022. UNFPA committed US$25.0 million over the five years of its 6th Country Programme (2018-2022) with US$5.0 million dollars from regular resources and US$20.0 million through co-financing modalities and/or other resources, including regular resources. The proposed funding for the UNFPA CP6 (2018-2022) is provided in Table 3 and is as follows by thematic programme: (a) Sexual and Reproductive Health (US$8.5 million); (b) Adolescents and Youth (US$6.5 million); (c) Gender Equality and Women's Empowerment (US$9.5 million). In addition, an amount of US$0.5 million was allocated for programme coordination and assistance.[44]

Table 3: Proposed Indicative Assistance (in millions of USD$), State of Palestine 6th CP (2018-2022)[45]

Strategic Plan Outcome Area	Type of Funding			Funding Source Allocation		Total as % of Total Budget
	Regular Resources (US$)	Other Resources (US$)	Total (US$)	Regular	Other	
1. Sexual and Reproductive Health	1.5	7.0	**8.5**	17.6%	82.4%	**34.0%**
2. Adolescents and Youth	1.5	5.0	**6.5**	23.1%	76.9%	**26.0%**
3. Gender Equality and Women's Empowerment	1.5	8.0	**9.5**	15.8%	84.2%	**38.0%**
Programme Coordination and Assistance	0.5	-	**0.5**	100.0%	0.0%	**2.0%**
Total	**5.0**	**20.0**	**25.0**	**20.0%**	**80.0%**	**100.0%**

Source: UNFPA State of Palestine Country Programme Document (2018-2022)

The GEWE component accounted for the highest allocation (38 percent) of which a significantly higher proportion, 84 percent was proposed to be financed by other resources and 16 percent by regular resources. The SRHR component followed with 34 percent, of which a significantly higher proportion 82 percent) was to be financed through other funds and the remaining 18 percent to be sourced from regular funds. The A&Y component was allocated 26 percent of the budget allocation, with a significant proportion (77 percent) financed by other funds and the re remaining third (23 percent) to be financed using regular resources. Finally, programme coordination and assistance were allocated 2 percent of the budget with all this allocation coming from regular funding.

Table 4: Evolution of Expenditure by SP Outcome (in USD$), State of Palestine 6th CP (2018-2022)[46]

Strategic Plan Outcome Area	2018	2019	2020	2021	Grand Total	Percent
Outcome 1: Sexual and Reproductive Health	1 111 963.39	1 829 158.53	2 467 276.21	2 762 706.01	8 171 104.14	37.0%
Outcome 2: Adolescents and youth	604 518.92	909 595.39	710 348.78	683 653.72	2 908 116.81	13.2%
Outcome 3: Gender equality and women's empowerment	2 210 873.78	2 948 796.72	2 528 643.86	3 060 163.95	10 748 478.31	48.6%
Outcome 4: Population and Development	92 172.81	91 292.02	48 337.55	23 701.52	255 503.90	1.2%
Outcome 5: Organizational Efficiency and Effectiveness (OEE)	71.88	20553.08	-	-	20624.96	0.1%
Grand total	**4 019 600.78**	**5 799 395.74**	**5 754 606.40**	**6 530 225.20**	**22 103 828.12**	**100.0%**

Source: UNFPA State of Palestine Country Programme Financial Analysis (2018-2021)

The data depicting the evolution of expenditure for CP6 shown in Table 4 reveals a general trend of increased sum of budget utilisation over the review period. The highest proportion of utilisation of the budget is associated with GEWE (48.6 percent) with SRHR having the sdeco0nd highest proportion of 37.0 percent followed by A&Y with 13.2%.

[44]UNFPA State of Palestine Country Programme Document (2018-2022).
[45]UNFPA State of Palestine Country Programme Document (2018-2022).
[46]CP Financial Analysis (2018-2021).

CHAPTER 4: EVALUATION FINDINGS

The information provided in this chapter consists of data from both the primary and secondary sources. The primary sources included interviews and group discussions with UNFPA CP6 grantees, beneficiaries, development and implementing partners; whereas the secondary sources consist of authentic UNFPA programme documents, including, but not limited to, plans, monitoring and annual reports, implementation and tracking frameworks, as well as evaluation reports.

4.1 Relevance

EQ1: To what extent has the country office been able to adapt to: i) the needs of diverse populations, including the needs of marginalized and vulnerable groups including people with disability elderly, women and girls in general (with specific focus on GBV survivors), youth in risk situations (youth out of school), etc. ii) national development strategies and policies; iii) the strategic direction and objectives of UNFPA; and iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and SDGs, v) the New Way of Working, the Grand Bargain, and Nairobi Commitments.

Summary

The UNFPA CP6 is well aligned to international, national, and provincial development priorities. It is relevant to UNFPA mandate, the needs of the Government of Palestine as well as the beneficiaries. The priorities are linked and aligned with the United Nations Sustainable Development Cooperation Framework for Palestine (UNSDCF 2018-2022). This link is further reflected in the UNFPA Strategic Plan 2018-2021 which reaffirms the relevance of the current strategic direction of CP6. The programme interventions of the three components are consistent with priority components of ICPD PoA and SDG Agenda and the transformative and people-centred results of UNFPA's Strategic Plan 2018-2021. All three programme elements were implemented in an integrated manner and addressed humanitarian preparedness and response.

The Government of Palestine and UNFPA jointly developed the 6th CP through a participatory process involving national and sub-national stakeholders, including civil society, the private sector, young people, UN organizations and development partners. The 6th CP had national coverage, with some interventions in specific locations based on local context and availability of resources. As regards adaptation to the changing needs in the national context, UNFPA responded effectively and timely to the COVID-19 pandemic and to the humanitarian situation caused by the occupation.

4.1.1 Addressing the needs of diverse populations

4.1.1.1 Sexual and reproductive health and rights

Although the State o Palestine has laws and policies on SRH and health indicators are steadily improving in some areas, there is still room for improvement in some components. The UNFPA CO 6th CP responded to the needs of the women who are unable to obtain adequate SRH information or services. The UNFPA State of Palestine dashboard shows that 62 percent of married or in union women aged 15-49 years use some method of family planning, with 65 percent of the demand being satisfied by a modern method.[47] According to the Palestinian Central Bureau of Statistics, the adolescent fertility rate (15-19 years) reached 43 per 1, 000 women in 2019, given substantial rates of under-age marriage, with differences in fertility levels by governorate.[48] The unmet need for

[47] UNFPA World Population Dashboard State of Palestine. Available at: https://www.unfpa.org/data/world-population/PS

[48] PCBS, Main Indicators, 2019. Available at: https://www.pcbs.gov.ps/statisticsIndicatorsTables.aspx?lang=en&table_id=901

family planning rate among all women aged 15-49 for 2021 was 7 percent while that among married or in union women was 11 percent. These unmet needs were addressed through the CP's integrated interventions, mainly under (Output 1): *Strengthened resilience of national institutions and civil society organizations to sustain coverage of high-quality sexual and reproductive health services, including for adolescents and youth, and in humanitarian settings.*

All beneficiaries who participated in the evaluation FGDs confirmed that the UNFPA activities and services that they received addressed their needs to access quality SRH and healthcare services, as well as access to information. Married women expressed they needed access to family planning services and to contraceptives, safe spaces, learning and awareness on SRH. SRH services were pinpointed by women as imperative to follow-up during and after pregnancies, provide family planning commodities and receive information and awareness. Of the additional services that beneficiary women find necessary are the ultrasound devices and some specific medications (e.g. inflammations, vitamins and medicines only served in bigger hospitals as mentioned by interviewees) and family planning IUD types different than what is offered[49]. Discussions with the evaluation participants showed that youth activities in relation to SRHR awareness and training were designed in a participatory approach ensuring responsiveness to their needs and concerns. Youth participation in the design of the advocacy activities ensured that the stereotypes are identified and addressed. National partners interviewed have identified the participatory manner through which the UNFPA's annual workplans used to be developed as one of the best practices that bolsters working with UNFPA. They further recommended to ensure participatory multi-year planning in future collaboration between the Government of Palestine and UNFPA to be able to achieve outcomes and impacts.

4.1.1.2 Adolescents and Youth

The contents of CP6 with reference to adolescents and youth adequately show that it is well aligned to the corporate priorities of UNFPA, being responsive to global, regional and national SRHR agenda. In this regard, the CP6 programme is aligned with the global youth strategy: my body my life my world as it looks at the A&Y agenda from a holistic vision of wellbeing including SRHR.

UNFPA support to the State of Palestine remains relevant in addressing challenges facing the Adolescents and Youth, the UNFPA CP6 focused on four areas, namely: adolescent sexual reproductive health and rights, comprehensive sexual education and life skills, youth empowerment, and youth participation. These adolescent and youth components that had been prioritized in the UNFPA CO CP6 were confirmed to be valid and relevant to the needs of the adolescents and youth based on the reflections of the Government Officials, UNFPA, Implementing Partners and beneficiaries that were consulted during the CPE fieldwork. Moreover, the beneficiaries appreciated the improved services and noted that they satisfied their desired needs. Through getting such services they appreciated their health and wellbeing had improved and has started seeing a reduction in adolescent pregnancies in the communities. In the area of promoting the empowering of adolescents and youth to enable them to play a vital role in their own development and in their communities; the State of Palestine officials expressed their appreciation to the support from UNFPA that fits into the immediate realization of this desire. UNFPA developed a questionnaire to determine the needs of the youth in consultation with partners.

The partners shared innovative activities for youth and emphasized on how much these activities met the needs of the youth and benefited them on the short and long term – for instance, the national SRH strategy, the national youth strategy, the humanitarian needs overview (HNO), the "Jerusalem Youth Summit" where youth can join and speak about important topics regarding youth in Jerusalem, big forum for girls to raise awareness regarding early marriage, Q-robot that contain special episodes about digital security for children inside schools, and humanitarian initiatives to support people who need help Moreover, these activities provided the youth with knowledge and skills that schools and universities were unable to provide them with. It is important to note that UNFPA's programmes are supportive of young people's access to health services and information, as well as opportunities for civic and political participation.

[49] Some types of IUD birth control implants could be inserted into the arm.

4.1.1.3 Gender equality and women's empowerment

GBV remains a widespread problem. The CP6 addressed issues of gender inequalities and GBV. The CP contributed to gender equality and women's empowerment through (Output 3): *Strengthened capacity of health and social protection actors to promote gender equality, reproductive rights and to effectively address gender-based violence, including in humanitarian settings.*

Awareness about early marriage was specifically critical to protect girls against risks of early and child marriage. Some beneficiary groups are still in need of further interventions (girls, male and female adolescents, and potentially LGBTQ+ groups), perhaps through specific and ongoing specific interventions that target the unique needs in future UNFPA programming, to ensure full consideration of the special and increasing needs of 'those furthest behind'.

The CP6 thematic component on Gender Equality and Women Empowerment (GEWE) is aligned with international priorities and global UNFPA global strategies. It is designed to contribute to key priorities of the five-year United Nations Development Assistance Framework (UNDAF), launched in 2018. It shared similar strategic intent with UNFPA Strategic Plan (2022-2025), as well as the sustainable development agenda, particularly SDG 5 on gender equality and empowerment of all women and girls. The strategic interventions are based on SDG indicators and targets for example indicator 5.1.1 on legal frameworks for gender equality and non-discrimination (e.g., work on the Family Law), indicator 5.2.1 on violence against women (e.g., work on the National Referral System). The goals and intervention under this component are closely aligned with national policy priorities expressed in the National Policy Agenda (2017-2022) and relevant sector and cross-sector strategies of the Palestinian Government, including the Cross-Sectoral National Gender Strategy, the National Strategy to Combat Violence Against Women (2011-2019) and the Social Protection Sector Strategy (2021-2023). In terms of content, focus and design, the CP reflects the above-listed needs and priorities in its various guiding documents and strategies including Gender Based Violence Sub-Cluster Strategy (2018-2020), the Strategy for Addressing Child / Early / Forced Marriage in the West Bank and Gaza (2020), and UNFPA's Humanitarian Response Plan (2021).

It is important to also note that UNFPA is leading the GBV Sub-Cluster Working Group, hence providing strategic technical leadership in agenda setting in the country, developing, and supporting dissemination of most of the policy frameworks and plans, and allowing the exchange of information and experiences among national and international partners working in the field of GBV. With that, it supports the promotion and preservation of GBV as an important agenda item among all duty-bearers.

Table 5: Alignment between CP6 (Component 3) and Country Priorities - GEWE

Country Programme (CP 2018-2022) Outcome/Outputs: Strengthened capacity of health and social protection actors to promote gender equality, reproductive rights and to effectively address gender-based violence, including in humanitarian settings.	
Overarching International Agenda	
SDGs	SDG 5 on gender equality and empowerment of all women and girls
UNDAF	Outcome 2.4: State and national institutions promote and monitor gender equality and enforce non-discrimination for all.
UNFPA – Global Strategic Plan 2022-2025	By 2025, the reduction in gender-based violence and harmful practices has accelerated.
National Agenda	
National Development Agenda (NPA) (2017-2021)	Eliminate all forms of discrimination and violence against women and girls.
The Updated National Social Development Sector Strategy (2021-2023)	Eliminate all forms of discrimination against women and girls, end all forms of violence against them, and remove all obstacles standing against the full participation of women in social and economic development and public life.
Cross-Sectoral National Gender Strategy: Promoting Gender Equality, Equity, and Empowering of Women	First Strategic Objective: to reduce all forms violence against women by half Third strategic objective: to strengthen institutional commitment to gender equality and equity, and women's empowerment in all public institutions.
Palestine CP Agenda (Examples)	
UNFPA's Humanitarian Response Plan (2021)	Preventing and Responding to Gender - Based Violence within COVID-19 impact on women and girls
Strategy for addressing Child / Early / Forced Marriage in the West Bank and Gaza (2020)	Eliminate all harmful practices particularly child/early/forced and forced marriage.
Gender Based Violence Sub-Cluster Strategy – State of Palestine (2018-2020)	Ensure Gender-Based Violence (GBV) is at the forefront of humanitarian response and development action.

4.1.1.3 Population and Development

Recommendations from reviews, assessments, and evaluations during the development of the UNFPA CO 6th CP identified the need to strengthen national gender equality mechanisms, policy frameworks and protection systems, exercise creativity in financing development, and strengthen the capacity of service provision at local levels and strengthen the systems' preparedness. The CP strengthened national capacities and provided technical support on data and information management systems in relation to SRH, AY, and GBV interventions.

4.1.2 Alignment with national development strategies and policies

The State of Palestine has an overarching National Development Vision supported by a range of progressive laws and policies. The UNFPA Palestine 6th CP was in alignment with the ***Putting Citizens First*** **Palestinian National Policy Agenda 2017-2022 (NPA)** that was released in December 2016 as a representation of the new national planning process. This policy acts as a vessel for establishing a viable, united, and fully independent state. It constitutes State of Palestine's Fourth National Plan since 2008.

The CPD indicates contribution to the following national priorities through the programme outputs:

- Sexual and reproductive health and rights outputs contributes to improving the institutional framework for the health-care sector
- Adolescents and Youth outputs contribute to enhanced capacity of national Government and civil society institutions and empowerment of adolescents and youth.
- Gender equality and women's empowerment outputs contributes to faster and efficient response to violence against women through enhanced social protection

The CP had a strategic fit with the international and national strategies, policies and frameworks. Anchored in the 2030 Agenda for Sustainable Development, particularly Goals 1, 3, 4, 5, 8, 10, 16 and 17, CP6 contributed directly to the second United Nations Development Assistance Framework for Palestine. The design of the SRH programme in specific was informed by a project evaluation under the reproductive health programme, and the country case study on the support to the census conducted by the UNFPA evaluation office. The national policy agenda and the National Health Strategy 2017-2022 were the backbone policy documents placing the programme in alignment with local priorities and needs. Later in 2019, the Nairobi conference and its commitments to advance the ICPD agenda at country level strengthened the CP relevance even more, for that what the State of Palestine committed to and defined as its national priorities in Nairobi, was completely in line with UNFPA-CO trajectory and strategic direction. Capitalizing on these solid alignments the programme launched the SRH 2018-2022 strategy that was endorsed by national actors in line with the National Policy Agenda, SDG agenda and UNFPA Strategic Plan.

Further, the CP contributed to the national Cross-Sectoral National Gender Strategy which calls for the reduction of all forms of violence against women by half and seeks to strengthen institutional commitment to gender equality and equity, and women's empowerment in all public institutions.

It also contributed to the National Youth Strategy which aims for a healthy lifestyle and awareness for all youth. UNFPA's programmes are supportive of young people's access to health services and information, as well as opportunities for civic and political participation The CP was also aligned with the National Strategy to End Child Marriage, to which UNFPA CO provided support, and Gender-Based Violence Sub-Cluster Strategy (2018-2020) that ensured that GBV is at the forefront of humanitarian response and development action.

4.1.3 Alignment with the strategic direction and objectives of UNFPA and UN in Palestine

The UNFPA CO 6th CP was developed in consultation with Government, civil society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia. It was aligned with the UNFPA Strategic Plan (2018-2021)[50], focusing on the goal to achieve universal access to sexual and reproductive health and reproductive rights, focusing on women, adolescents, and youth. The CP was committed to the UNFPA's three transformative and people-centred results of:

a. An end to preventable maternal deaths.
b. An end to the unmet need for family planning.
c. An end to gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage.

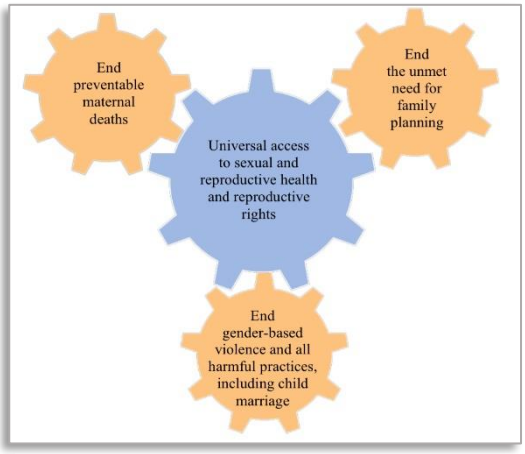


Figure 7: UNFPA Strategic Plan 2018-2021 Transformative Results
Source: UNPA Strategic Plan, 2017

Incorporating the ToC of the UNFPA Strategic Plan, the State of Palestine 6th CP contributed directly to three out of its four outcomes; (Outcome 1): Every woman, adolescent, and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination, and violence. (Outcome 2): Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts. (Outcome 4): Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings. Consideration was given to Population and Development, the principles of the Human Rights, Leaving No One Behind, Gender Responsiveness, as well as Development-Humanitarian action and sustaining Peace. However, the extent to which this was done is in question as will be discussed during the evaluation findings. The alignment of the 6th CP to the UNFPA Strategic Plan was also evident in the monitoring and reporting system by the UNFPA CO, which was anchored around the outcome and output indicators of the UNFPA Strategic Plan. Finally, the 6th CP adopted the essence of the Business Model of the UNFPA Strategic Plan by employing different approaches of engagement, strengthening national capacities, and promoting dialogue and knowledge sharing.

Moreover, the CP Outcomes were aligned with the strategic priorities of the UNDAF (2018-2022), CP Outcome 1 contributes to the UNDAF Strategic Priority 1: Leaving No One Behind: social development and protection and more specifically to Outcome 1: More Palestinians, especially the most vulnerable, benefit from safe, inclusive, equitable and quality services. The CP Outcome 2 contributes to the UNDAF Strategic Priority 2: Supporting equal access to accountable, effective, and responsive democratic governance for all Palestinians within this Strategic Priority to Outcome 3: All Palestinians are assured of responsive and enabling state functions at national and sub-national levels. Whereas CP Outcome 3 contributes to UNSDF Strategic Priority 2 and more specifically to Outcome 4 of this Strategic Priority: State and national institutions promote and monitor gender equality and enforce non-discrimination for all. The CP outputs are also aligned with the outcomes and outputs of the UNFPA Humanitarian Response Strategy (2012)[51]

4.1.4 Alignment with the ICPD Programme of Action and SDGs

The 6th CP was anchored around the goals of the ICPD Programme of Action and the ICPD+20 (2014) actions as follows:

[50] UNFPA. 2017. UNFPA – Strategic Plan, 2018-2021 https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA_.2017.9_-_UNFPA_strategic_plan_2018-2021_-_FINAL_-_25July2017_-_corrected_24Aug17.pdf

[51] UNFPA. 2012. Humanitarian Response Strategy. https://www.unfpa.org/resources/humanitarian-response-strategy#:~:text=It%20ensures%20that%20UNFPA's%20humanitarian,young%20people%20in%20crisis%20situations.

- Sexual and reproductive health and rights outputs contributes to the actions (i) Achieve universal access to SRHR as a part of universal health coverage by striving for zero unmet need for family planning, zero preventable maternal deaths and maternal morbidities, access for all adolescents and youth to comprehensive and age-responsive information, education, and adolescent-friendly services. (ii) Uphold the right to SRH services in humanitarian and fragile contexts by providing access to comprehensive SRH health information, education, and services.
- Adolescents and Youth outputs contribute to the action: delaying marriage beyond childhood and ensuring free and full choice in marriage-related decisions; exercise of the right to health, including access to friendly health services and counselling; access to health-promoting information, including on sexual and reproductive matters; acquisition of protective assets and agency, particularly among girls and young women, and promotion of gender equitable roles and attitudes; protection from gender-based violence; and socialisation in a supportive environment.
- Gender equality and women's empowerment outputs contributes to the action: Address sexual and gender-based violence and harmful practices, in particular child, early and forced marriages and female genital mutilation. This was by committing to strive for zero sexual and gender-based violence and harmful practices.
- Population and Development (*cross-cutting component in CP6*) outputs contributes to the action: Draw on demographic diversity to drive economic growth and achieve sustainable development. This was through the meaningful participation of adolescents and youth, supporting investments for their education, employment opportunities, family planning and SRH services and data systems.

Coherently with the SDGs, the 6th CP contributed to SDG Goal 3: Good Health and Well-being, SDG Goal 4: Quality Education, SDG Goal 5: Gender Equality, SDG Goal 10: Reduced Inequalities and SDG Goal 17: Partnerships for the Goals.

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EQ2: To what extent has the country office been able to timely respond to changes in national needs and priorities, including those of vulnerable or marginalized communities, or to shifts caused by crisis or major political changes such as the surge of COVID-19 pandemic and the recent escalation in Gaza? What was the quality of the response?

COVID-19 pandemic: Overall, the ongoing humanitarian situation caused by the continued occupation coupled by COVID-19 and associated restrictions have affected Palestinian women disproportionately, with greater uncertainty, stress and health and psychological risks, compounding entrenched inequality. Women have not been adequately represented or consulted in planning the response and their concerns have been widely overlooked. Emotional and physical abuse of women and children, including online, are thought to have increased sharply under COVID-19 pandemic conditions, while women have faced reduced access to support services and safe spaces.[52] With COVID 19 pushing more families into poverty, forcing girls to marry may be a negative coping mechanism. Government partners indicated during the evaluation that there was a clear decrease in the indicators related to SRH due to closure of clinics, reduced staff load and their engagement in COVID-related work.

In response, the already existing business continuity plan was implemented by the UNFPA CO, adjusting the focus of the CP in terms of financial allocations, prioritization of activities and implementation modalities. The CO also enhanced its capacity to be at the frontline of humanitarian response during the COVID-19 pandemic and subsequent government-imposed business closures and movement restrictions. Feedback from interviewees during the evaluation confirmed that the COVID-19 response by the UNFPA was fast and adequate, it addressed the arising needs and joined efforts with the Government and the UN partners to support the COVID-19 response efforts. New activities were designed to address the crisis, for example, mobile health clinics providing SRH services, distribution of PPE kits, shifting to online capacity building and providing beneficiaries and IPs with access to digital devices and internet/ online resources. UNFPA and IPs succeeded in covering the gap related to medication shortage and closure of health facilities via the timely detection of positive cases of COVID-19 among

[52]UNFPA et al. 2020. Daring to ask, listen, and act: a snapshot of the impacts of COVID-19 on women and girls' rights and sexual and reproductive health.
https://reliefweb.int/sites/reliefweb.int/files/resources/20200511_Daring%20to%20ask%20Rapid%20Assessment%20Report_FINAL.pdf

medical staff in primary healthcare clinics. UNFPA supported IPs to adapt to online service provision and placed more focus on advocacy. When the spread of the pandemic slowed and the lockdown ended, some activities returned to the face-to-face implementation by UNFPA, especially those engaging adolescents who preferred physical activities rather than online.

Further, UNFPA produced an advocacy paper on SRHR in times of crisis to demonstrate challenges around women's wellbeing during the pandemic and its impact on the accessibility to SRH services. The brief provided recommendations to policymakers on SRHR and GBV, youth and population data. Of the response measures by UNFPA to COVID-19 was the establishment of partnerships with private-sector health care providers to provide counselling and family planning services to relieve pressure on the public health system and ensure availability of family planning commodities to ensure their availability during their regular counselling services at the private clinics in the West Bank and the Gaza Strip. Finally, a gender-based Violence Needs Assessment was conducted in East Jerusalem in 2021 highlighting UNFPA's supported interventions during COVID-19.

Child marriage continues to be alarming: Evaluation participants substantiated the ability of UNFPA to respond to unfolding needs and priorities of their targeted groups. This is apparent regarding the issue of the continuation of early marriage even after the new law banning marriage under 18 years of age. According to the Minister of Women Affairs, Dr. Amal Hamad, *more than 600 underaged girls got married during 2021. To her this is a significant decline in numbers yet continues to be alarming and more efforts must be exerted to reduce the numbers.*

4.2 Effectiveness

EQ3: To what extent have the interventions supported by UNFPA contributed to the achievement of the expected results (outputs and outcomes) of the country programme and any other revisions that may have been done in view of the COVID-19 pandemic and technology?

Summary

The evaluation accounted for the contribution of the three interconnected outputs of the UNFPA 6th CP to the three outcomes of the UNFPA Strategic Plan 2018-2021. The outputs were fully achieved with several unintended results, as outlined in this section (final figures to be adjusted at the end of the evaluation). Implementation modalities of some of the CP6 interventions were adjusted to adapt to the COVID-19 restrictions and response measures.

4.2.1 Outcome 1: Sexual and reproductive health and rights

4.2.1.1 Degree of achievement of SRHR outputs

As set in the CPD, outcome 1 on SRHR was set to be achieved through (Output 1): ***Strengthened resilience of national institutions and civil society organizations to sustain coverage of high-quality sexual and reproductive health services, including for adolescents and youth, and in humanitarian settings.***

In relation to the **Output 1** UNFPA CO 6th CP achieved the following on SRHR:

- Humanitarian action: The CO flexibility and ability to mobilise resources and achieve intended SRH results while also addressing the impact of COVID-19 on SRH to ensure continuity of SRH services was an esteemed achievement by all. This is on top of its notable work on the pre-existing emergency caused by the escalations in Gaza and the extended humanitarian crisis this has created. COVID-19 pandemic placed additional load on the CO in general and the SRH programme, as a health issue with multidimensional impact. It required intervening within the health system to ensure longer term sustainability for provision with SRH services, while the system itself was overly strained by the shifting priorities, to respond to the epidemic related needs, but where SRH was not among the set priorities. Therefore, the role the CO played filled a significant SRH service gap that might have otherwise been left unaddressed. here was agreement among key informants that the CO successfully mobilised resources and demonstrated promptness and flexibility in adapting work. Despite the shifts in needs and disruptions in services the pandemic caused, the CO used the humanitarian

side of its mandate in the COVID-19 crisis response and recovery efforts and pooled its resources to ensure continuity of SRHR services and needs. Findings from the desk review and KIIs suggest that CO contributed to improved quality of SRH services through provision of SRH equipment that are critical for safe emergency services and preparedness such as Bakery balloons and Autoclave), along with establishment of safe delivery trainee's database. In addition, urgent supplies, safe delivery kits, disposables in response to "GMR" were provided in Gaza. Essential SRH supplies including medical equipment, drugs, disposables, and personal protective equipment were procured for several health facilities. In addition, UNICEF procured family planning methods for the first time ever and delivered them to MOH -Gaza on behalf of UNFPA under a joint UN agreement with UNFPA and WHO. On the one hand, this was a good practice of UN sister organisations delivering as one, where coordinated efforts were exercised in cooperation with MoH Gaza. On the other hand, it addressed family planning unmet needs which is one identified output area for the CP6 -SRH programme component.

- **SRH scatteredness:** In the SRH area, the CO had spread itself quite thinly on modes of engagement in nine overarching strategies that are packed with heavy subject areas, and that were addressed in a scattered manner with no prioritization. This is believed to be primarily caused by the mismatch this has with the CO staffing capacity and available resources (human and financial) as well as the lacking SRH internal coherence and the espoused administrative arrangements. No evidence was found to show that the nine strategies identified in the design phase of the programme for the SRH programmatic area followed any form of prioritization or reason/s for selecting certain intervention over another. And while the adopted approach allowed for quantitative measurement of achievements it remains hard to judge their quality and completeness. Another dimension of scatteredness is that other UN agencies got working on SRH issues such as WHO 's work on ANC at the MOH primary healthcare level and UNICEF on postnatal care leaving out postpartum and antepartum care, for example without adequate coordination with UNFPA. This growing overlap between mandates and the suboptimal coordination hindered UNFPA ability to realize the continuum of care model for improved maternal and child health and confuses MOH regrading who is doing what in SRH, as it gets individually approached by all these UN agencies with selected components of maternal health interventions. The absence of a programme lead officer during the CP6, weakened UNFPA's position and control over its SRH mandate area. After the program lead post reinstatement, a key empowerment management decision that needs to be made is to bring its components back to it to end SRH scatteredness and encourage prioritization. These are components that were relocated across various programme during the time the post was deleted, such as the MISP, CMR, pre-conception counselling, for example.

- **Addressing chronic maternal health gaps and reducing preventable maternal deaths is an SRH priority and a human rights imperative that can be enhanced by improved use of human resources for health.** Maternal health is an SRH pillar, and maternal mortality is one of the most critical preventable deaths. Evaluation participants emphasised that maternal mortality witnessed important developments during the evaluated programmatic cycle; mainly big shifts in notification, surveillance, reporting and case audit including the use of electronic forms and national exchange of data. This was achieved by the active MM review committee with UNFPA support, which was one area where UNFPA did well and should continue. In addition, an information rich maternal mortality report on the year 2020 has come out recently. It is recommended that this effort, be furthered by the institutionalisation of the clinical audit quality improvement process within hospital settings to improve the clinical practices. This very basic globally tested evidence-based practice has proven successful around the globe. Not only regarding maternal mortality but also other critical maternal health issues such as caesarean section and postnatal care where UNFPA did less well. Therefore, UNFPA should strongly **advocate for institutionalizing clinical audit** as part of the clinical daily routine of every maternity ward in every MOH hospital and adherence to which should be monitored and strictly accounted for. Taking clinicians out of their work environment for workshops and occasional training activities that might be accessible only to the same some, detaches the subject matter from its clinical context and work environment experiences and influencing factors, while clinical audits keep every component and everybody in the real context of place and space bringing to light the impact of what it has and have not, one interviewee forcefully maintained. One participant also added that while in our over-medicalized healthcare system there could be some political will issues and inter-professional competition (doctor-midwife) involved, **investing in midwives** in primary healthcare is a key solution for chronic gaps in women reproductive health namely, maternal mortality, unmet

family planning, CS, near-miss at this level. This will also ensure improved utilization of health human resources and lessens the prevalent underutilization of midwives. This is the approach that supports sustainability. Overall, in maternal health, there are many issues that need to be addressed. In terms of unifying the ANC for example, follow up showed that in practice updated protocol is not being followed by all service providers at MOH clinics, even with the numerous trainings and orientations that were done. Therefore, it is crucial that the upcoming programme cycle incorporates the development of monitoring **frameworks and checklists and associated accountability instruments** to ensure adherence to the updated protocol.

- **The mobile clinics UNFPA modelled is a promising project of outreach worthy of expansion, replication and strengthening.** It is recognized that UNFPA depends on short term humanitarian funding for these clinics and there is no real prospect of funding from the PA. However, it was found out that UNFPA has been attempting to ground these services better in the community, with local inclusive committees to steer and guide the clinics with regards to location, scope of services, needs, and potential community cost-sharing. However, the evaluation found that there is a window of opportunity for local ownership development and community cost-sharing of this much needed and appreciated service. New direct partnerships with CBOs, businesses, municipalities, and community leaders are all subject to consideration. Programme officers and IPs attested that people living in remote areas of the West Bank were provided with access to essential primary health care services through mobile clinics UNFPA modelled. The services integrated GBV response and youth friendly services in addition to SRH services. More than 12,000 people in vulnerable areas of the West Bank, particularly Bedouin communities Area C, had access to primary health care services through mobile clinics, with around 3200 consultations related specifically to SRH issues were given. Implementing partners consider mobile clinics a major component of the SRH program where substantial institutional and individual capacity building and community resilience are involved. Mental health and psychosocial support (MHPSS) are introduced and made integral to the mobile clinics programme. UNFPA organized and conducted training and capacity building the mobile clinic model and is aggressively pushing IPs to integrate it within the SRH service package especially in vulnerable communities. In FGDs with women beneficiaries in southern West Bank, participants voiced concerns and therefore requested improvements about the frequency of visits to their communities, team composition and subsequently certain service availability, type of services provided, specialist essential services such as gynaecology or physiotherapy and needed family planning commodities. Grateful and appreciative of the services they get through the mobile clinic, women beneficiaries also made complaints about almost all the mentioned services and requested improvements in all mentioned areas. Women beneficiaries from southern West Bank made a connection between their vulnerability as residents of Palestinian villages that are surrounded by Israeli settlements and the protective role of the mobile clinics in saving them the exposure to settlers' violence on the roads should they find themselves having to go for the service instead of it being brought close to them inside the safety of their communities.

- **UNFPA and IPs succeeded in building awareness and improving service utilization and therefore outcomes of breast cancer to survivors, but the missing post-treatment care including MHPSS impacted quality of the offered services and users' satisfaction with it.** UNFPA does not work on breast cancer in many contexts. One of the key reasons breast cancer is embedded so much in the programme is its link with GBV – the stigma of breast cancer leading to women being exposed to violence, abandonment, depression, and withholding of resources and similar issues. On the other hand, the 2020 national data confirm that breast cancer is the most common cancer 16.5% of all cancer cases with an incidence rate 19.1 per 100,000 population. It also represents 32% of all cancer cases among females. Combined these two social and health attributes qualified BC to SRH and GBV interventions on the UNFPA agenda. During the CP6, UNFPA built an effective partnership with PMRS and Augusta Victoria Hospital (AVH) bringing the mammography and awareness services including self-breast examination training to women close in their rural communities through the mobile clinic outreach. In addition, a registry of all women above 40 years of age in the targeted communities was integrated in the project and women were invited for screening by mammogram to enhance prevention through early detection. One key achievement of the project was shortening the time interval between diagnosis and onset of treatment from 4-6 months to two weeks In cases where a problem is detected in mammography BC survivors struggle with serious challenges some of which are beyond the scope of UNFPA work but can be addressed using the nurse navigator position that UNFPA may advocate for with MOH in the upcoming program cycle to facilitate lives of BC patients and support

different processes of treatment and post treatment! Obtaining a referral for breast ultrasound that is done only by few qualified male doctors, appointments with long waiting time at the public facilities and very high cost at the private ones, and the care plan termination in the post treatment phase, are few examples on such challenges. Participants described their experiences as beneficiaries from the UNFPA funded PMRS-AVH breast cancer services and the way it impacted their lives as being *"therapeutic, informative and empowering".* They talked about how the interventions and associated activities helped them heal and made them active members in their communities with a sense of value and boosted resilience. They also stressed the need to avoid seasonality of breast cancer awareness activities being more intense in October and demanded post-treatment support to the survivors so eagerly. At the policy level, documents and interviews confirm that a breast cancer protocol was developed and endorsed by the health minister but no evidence on protocol dissemination was found nor was there any evidence on follow up on adherence or any monitoring framework in place. A follow up call with the WHDD revealed that an internal review of the protocol classified it as a guideline only based on a WHO mission called for by MOH. Therefore, it was not launched or disseminated and the WHDD has it on this year (2022) annual plan for revival.

- **Securing family planning commodities did not receive sufficient funding because of competing demands on budgets. amid humanitarian emergency and socio-cultural barriers discourage use.** An assessment of family planning services in the West Bank and Gaza was done in the year 2018 with a special focus on opportunities and challenges. The study generated valuable evidence that could be used to guide planning for filling existent gaps and addressing unmet needs. It was used to reaffirm UNFPA leadership and credibility at the 5th Obstetric Conference in Gaza by giving a presentation of the main study findings. However, although family planning was included in the training on essential SRH services, it was not part of the procured essential SRH supplies. Evidence gathered from beneficiaries in focus group discussions conducted in this evaluation both in Gaza and West Bank, reiteratively showed lack of availability, access and affordability of family planning methods as a serious hindrance and main reason for unplanned pregnancies to themselves and many other women they know.

One 34 years old participant from the Gaza FGD expressed it thus:

> *""I have nine children, the first four I have chosen to bear but the following five I had them while I was trying to find a family planning method that I can afford but did not. At Alshujaya where I live these services are missing and women need to find them somewhere outside the community, but the majority do not know where".*

Therefore, as contraceptive methods were lately integrated in the essential drug list reference to the later SRH strategy, it is expected to address these barriers and resolve FP unmet needs if the needed resources are committed. This aligns with MOH commitments to Nairobi Summit being unmet needs for family planning alongside universal access to RH, averting maternal mortality and GBV.

These YFHS could however gain momentum and be impactful if appropriate linkages are made with the dedicated adolescent health unit established lately at MoH as part of the Government commitments for the Nairobi Summit, which were echoed in much of its cooperation with UNFPA with regards to policy advocacy work on youth friendly services and preconception care.

- **Adolescents and youth have access to SRH services and information, yet quality, consistency of availability, and responsiveness to the users' needs and their satisfaction with the services are all subject to careful examination including their harmonisation with relevant policy decisions at MOH.** In addition to the first youth-friendly health centre (YFHS) model in Doura, Hebron; the YFHS centers continued its activities in the three universities of Al Quds, AlAzhar, Birzeit, universities, and new four mobile clinics in the West Bank (Hebron, Jenin, Salfit and Sinjel). To date seven YFHS are providing youth –friendly health services, including referrals, nearly 20,000 young people reached through youth friendly service centres at universities alone, one of which is in Gaza at AlAzhar University. In addition, using technology to correspond with the interest of the youth beneficiaries, a lot of games, social media and short films were developed as vehicles and tools to send out SRH and other related messages. The youth and adolescents

are informed about these information points either from the school health programme, the extracurricular activities, the youth friendly health clinics, or health centers. While it is true that a new type SRH service package has been integrated and put in place to the benefit of the youth and adolescents in selected locations, little is known about the quality, accessibility, consistency of availability, standers of contents, location selection criteria, comprehensiveness, utility, and users' satisfaction with the services. Coverage is obviously very limited at this point but is expected to expand in future. Furthermore, monitoring of the services offered appear to be also non-existent. None of the KII gave any mention of it. That said, nevertheless, universities are certainly interested in a direct fair and strategic partnership with UNFPA to expand on these matters especially sexual health related issues of the youth, as they are becoming more aware of the need. Differences in university environment and progressiveness is understood, yet UNFPA certainly needs to continue to provide SRHR services and information through the centres.

- **Capacity development.**
  Through the Minimum Initial Service Package (MISP) for reproductive health in Crisis great capacity development achievements were made. There was agreement among interviewed partners that UNFPA efforts in capacity development of health care providers in essential SRH services via MISP is a great approach that should be institutionalized across all levels of macro and micro-policy as well as programmatically, as a priority in the MOH and nationally in the coming programmatic cycle. All believed in its significance for a more organized response to crises, and its value in enhancing resilience of the health care system and its capacity which are strategic achievements that are expected to improve the overall performance and readiness of the system. Desk review also showed that health care providers received training on essential SRH services including family planning, preconception care and infection prevention and control for SRH service centres. This is through interventions integral to two main strategies "supporting the capacity of national partners to provide SRH services and information to vulnerable communities" and "enhancing resilience of the health care system and its capacity for emergency preparedness and response, through institutionalization of the Minimum Initial Service Package-MISP" for reproductive health; capacities of 25 institutions were developed to implement MISP; in 2018 and 2019, sequentially. additional 37 health care workers received ToT on MISP. CO took an active role in developing an SRH emergency plan. It has supported the development of SRH emergency plan related to COVID19 in specific, which could be applicable under any emergency situation in the future with minor adaptations. This was frequented with recognition by partners in interviews.

  One key informant took capacity development for healthcare providers to another level pointing out that capacity building in an academically supervised educational setting is more strategic and credible. She proposed that the Masters in Women Health and the Masters in Public Health at Birzeit University could be great avenues for UNFPA to strategically invest in capacity building & knowledge production by, for example, providing funding support for SRH research in the form of supervised Master's Thesis or seminars, or covering the fees for the GBV Masters course or any SRH e-class open digitally to whoever is interested from healthcare providers who are not willing or unable to commit to the full Master programme, especially mothers who cannot afford to leave children alone at home to join classes at University.

- Developing the capacity of midwives was one of two approaches UNFPA adopted in improving management of obstetric complications, alongside developing, adopting, and monitoring the use of obstetric protocols. Desk review showed that the CO has supported the development and finalization of national protocols like national COVID-19 infection and pregnancy, menopause among others. A total of 292 physicians and midwives were trained and capable of utilizing national obstetric care protocols, in addition to 215 receiving on-the-job training in 2019. In addition, the capacity of midwives was developed to provide expanded life-saving services. To date 225 midwives have benefitted from stronger skills in advanced life support in Obstetric "ALSO", management of complicated labour, shoulder dystocia, preeclampsia, infection control, including training of trainers on Practical Obstetric Multi-Professional Training "PROMPT". Midwifery programme was reported to have been strengthened further by new e-learning courses that the Fund supported and made freely available to the midwifery learners in the government degree offering programmes to support midwifery education.

- Policy dialogue and advocacy for supporting the role of midwives in SRH services were done by reviewing policies & procedures manual in line with midwives' Job description, conducting public meetings and events with high-level participation of decision-makers i.e., Minister of Health in Midwifery Day celebration and joint launching of SWOP with Midwifery school in Gaza. Nonetheless, informal midwifery sources informed the evaluator that nothing tangible materialized as far as their job description is concerned. This means that UNFPA needs to continue following the important interventions it has initiated in this CP taking them through to full completion in the coming cycle until tangible achievements are made, inter alia, putting in place appropriate follow up, monitoring and accountability mechanisms to facilitate realization.

- **Advocacy and policy dialogue and support.**
  UNFPA's consistent stimulation, initiation and leadership of policy developments and advocacy work brought about significant changes in almost all CP6 output areas of SRH. About vulnerable and marginalized populations, for outcome 1 concerned with SRH, throughout the CP6 including during COVID 19 era, UNFPA's consistent stimulation, initiation and leadership of policy developments and advocacy work was an achievement that brought about significant changes in almost all output areas expounded in the CP6 document and annual reports. Examples include national SRH strategy, SRH emergency plan, protocol on pregnancy and COVID-19, national obstetric care protocol, preconception care protocol, YFHS standards & protocol, and sexually transmitted infections protocol finalization, Adolescents Health Coalition, and conferences, national SRH strategy review in alignment with the regional, RMNACH strategy, obstetric conferences in Gaza, and policy dialogue with religious leaders in Nablus. Policy entities creation, policy dialogue stimulation, community mobilisation, and new policies formulation all present strong evidence on the achievements UNFPA- including through its IPs- made toward creating a more favourable policy environment at the national level, that have markedly improved the integrated SRH information and services including in the COVID-19 situation. CO successful policy advocacy work and achievements materialised in its ability to take these policy activities/products ahead to MOH adoption and implementation. This included MOH adoption of all the developed protocols, establishment of the adolescent's health coalition, partners' active participation in the UNFPA fully sponsored adolescents' health conferences, and MOH endorsement of the SRH strategy.

  The SRH strategy. The strategy participatory development process: started mid-2017 and was completed early 2018, was led by the WHDD and the General Directorate of Health Policies and Planning at the MOH, has been active for four years, and will expire next year. Its strategic objectives, goals and strategies echoed the Nairobi Commitments & ICPD 25 for the State of Palestine, and UNFPA CO strategies for the SRH programme**. This all was an important achievement for the CO and nationally**. However, extent of stakeholders' engagement was not as inclusive as it should and could be. Key missing actors included INGOs, beneficiary women and youth, and private sector actors. This is a significant gap in the strategy development process, especially with the strategy focus on adolescence, and the fact that significant maternal health processes, outcomes and chronic standing issues lie within the private sector practices and areas of work, for instance. It implies that the CO needs to consider a mechanism for systematic private sector inclusion in UNFPA work re relevant areas of interventions. To this purpose, Association of Obstetricians and Gynaecologists is a suggested option. The fact that COVID-19 crisis postponed working on the strategy provides an offset opportunity by engaging the missing groups in the CO planned strategy revision and upscale this year before proceeding with implementation. UNFPA will support WHDD in stakeholders' analysis and mapping to engage further stakeholders and explore how beneficiaries could be involved so that their voices are heard. Discussions are planned to be done mainly with MOH as the national owner and planner of this strategy. In the process, it is recommended to observe the SRH strategy close alignment with the National Health Plan (NHP) where the SRH is embedded into its 6 strategic objectives as relevant, applicable, and responsive to the identified policy priorities for health development in the National Policy Agenda (NPA). It is also crucial to effectuate effective monitoring and accountability framework to keep SRH a top priority on the MOH work agenda. For this to materialize considerable policy advocacy work will be exerted, the same officer affirmed.

  Considering the SRH strategy implementation, evaluation team noted that some success factors were lacking and must be born in mind in the strategy review process, including; no action plan or follow up on

Implementation, some key targets were missed in the identified indicators such as caesarean section rates, ratio of anaemia among pregnant women, family planning use and unmet needs and postnatal care for example, modest cooperation and coordination between actors such as between WHO and UNFPA concerning clinical data by level of care , and lack of model building and replication such as in midwifery led care model even though its success and cost effectiveness was proven globally.

Data driven planning and national ownership support: Strengthening routine data at MOH, was an area of achievement for the CO, including updating the maternal mortality (MMR) monitoring mechanism, review of maternal deaths that occurred in 2019 by a specialized committee, completing the inclusion of the Robson Caesarean Classification form on the computerized electronic system, and building a list of national indicators for all maternal and child health services through monthly reports. Nonetheless, it was emphasized that UNFPA needs to be more data driven in creating programs and starting new services. In one senior KII from MOH, the respondent noted that although UNFPA cares about evidence generation and evidence driven planning, there were certain programmes it proposed and started with no baseline data, for example, developing a strategy on sexual transmitted infection (STIs), certain knowledge is needed to give some sense of direction and form a baseline that enables monitoring and measurement of progress afterwards. The need to be more data driven was furthered in a UNFPA officer interview who confirmed that discussions with MOH indicate that the top priority for the national SRH strategy realization is evidence-based practice i Another crucial data issue the same respondent raised was about the role UNFPA needs to play to prevent data fragmentation caused by selective interventions by other UN agencies. Currently, WHO is working with the Institute of Public Health on developing this SRH registry at primary health care clinics, but the leader of the SRH group at MOH who WHDD is not authorized to access and use the generated data. This registry is not accessible or shared with any other department at MOH or the UNFPA, although these data are core to the SRH strategy and other MOH work. There is a need-to-know what data are being collected at the primary level and link them to the secondary level data. This kind of data sharing and joint planning for the future on the level of data generation, management and ownership need to be achieved starting from the top policy level at MOH and enhanced by close coordination and cooperation between WHO and UNFPA leaderships and diffused down into the work of the technical teams of the two UN entities.

- **Knowledge management.**

Data and evidence were generated, programmatically and policy wise. At the policy level, no evidence was found to show any activity being done by the National Population Committee UNFPA formed at the Prime Minister Office for macro policy level advocacy. However, there have been some recent developments in the 'housing', leadership, and composition of this committee in the course of 2021 and UNFPA is hopeful that the committee will prove a more productive counterpart going forward. On another policy facet, however, emphasis was placed on generation of national data on women and child health, with a special focus on SRH related data, amongst others, and the UNFPA lead partner in this was the PCBS. KII revealed that PCBS received staff technical capacity building through uploading all SDG progress indicators in the Atlas system. Together with UNICEF, UNFPA supported the fifth MICS round in 2019 following the fourth round that was conducted in 2014. The great achievement here was that the MICS data helped place the State of Palestine on the global map of data enhanced by disseminating the MICS results. And although a considerable part of the MICS data is on SRH related issue, programmatically, no focal person for reproductive health exists at the PCBS because different parts fall under different departments such as population, health and gender for example, the senior key informant from PCBS explained.

Programmatically also, PCBS with support from UNFPA was engaged in a project for improving the quality of the health data obtained from the administrative records at the MOH hospitals. The project included a capacity building component to enhance the capacity of the technical staff in hospitals and the PHC facilities to optimize the quality of the data registered. Training on how to design the forms and build them, how to record the data accurately for dissemination including digitally on the official website. In addition, mini training courses were conducted for the nurses on data recording and accurate forms filling. MOH built on this project to increase the capacity of their staff and utilize the produced data. However, policymakers at MOH needs to be further sensitized on the need to invest on these data for data driven planning and clinical practice which is indisputably an important efficiency issue in the continually competing SRH needs and priorities. With the right cooperation mechanism in place, there is an opportunity for UNFPA to join WHO work on the PHC data

together with these important achievements and proceed with data management and evidence generation project more systematically and comprehensively in the coming programme cycle.

Alongside, there are at least 11 studies and assessments that UNFPA supported during the CP6 in SRH covering the following subjects: SRH transformative changes and social norms, family planning services, IVF, Breast Cancer, CMR, MHPSS interventions, near-miss, and needs assessment for mobile clinics. While these studies certainly generated enormous volume of valuable data that are worthy of building upon, some key observations could be made on these studies. One is that most studies were conducted by non-research institutions, many were conducted by the same service providing partners or researcher/s, extent of dissemination and use of findings and recommendations to inform SRH planning and practice is unclear or documented, relevance and utility to UNFPA work priorities was sometimes unclear such as the IVF study, all were available as paper hard copies with unnecessary cost implications, and lastly sometimes the researcher's authorship right was compromised by conflating it with UNFPA ownership right by stating technical reviewers as research team members of the produced knowledge product, for example, which may infringe the HRBA values.

- **Human rights and gender integration.**
  HRBA and GEWE were clearly and logically incorporated during the design phase and mainstreamed throughout the SRH area interventions and activities. The context is characterized by a protracted occupation, displacement, and blockade on the Gaza Strip. All these protractions are impacting the fact that there is much more longer-term perspective here than in any other humanitarian setting. Humanitarian workers struggle in Palestine because it wagers the line between humanitarian and development work. The situation is politically determined with access to rights issues for the Palestinian people., Therefore, UN and other agencies are responding to that reality with substantial uncertainty and frustration. This is how one humanitarian worker interviewed in this evaluation responded to the evaluation question on human rights integration into SRH work. Despite this reality, the SRH programmatic area was highly relevant to the human rights agenda that the PA articulated in its policy frameworks and strategy documents. Human rights-based approach (HRBA) is the mechanism by which human rights are safeguarded through adherence to the values of, fairness, equality, respect, dignity, and autonomy. Therefore, it's not about serving people and responding to their needs only, but also about the values inherent in the service provision process and associated interventions. From the human rights perspective, the SRH programme target groups are both the right-holders with their entitlements and duty-bearers with their obligations.

  By design, the programme catered for the needs of the two groups, adopting a participatory approach that operated at the three interconnected levels of: policy, institutions, and community. Within a robust network of partnerships, overall, the programme sought joint efforts of all partners through active engagement of multiple stakeholders and beneficiary groups including women and youth. At the institutional level, the focus was on the duty bearers as enablers for change in the SRH service provision or policy advocacy processes, and deliberate actions they had to make for the realization of the human rights of the right-holders, safeguarding their rights as well. Espousing an HRBA in programming, programme designers ensured that it expressly applies the international human rights framework primarily as implied in the right-holders right to health with all its ethical service obligations. Human rights were considered clearly and logically during the design phase and mainstreamed throughout this area interventions and activities. Equality of access to SRH services and information and therefore justice was a central tenet of the programme. Placing a special emphasis on people in vulnerable communities bringing services close to them in their homes via the mobile clinics, distribution of the emergency RH kits and the dignity kits to women that were internally displaced in Gaza and women during COVID-19 lockdown periods, creating safe spaces to women in community-based organisations, and establishing information points for youth in various locations in local institutions are all means by which the programme martialized its espousal of the HRBA. Sexual and reproductive health rights-including access to SRH care and information, as well as autonomy and choice in sexual and reproductive decision-making are inherently incorporated into UNFPA work. Some programme output areas constitute of the following:

- Voluntary, informed, and affordable family planning services,
- Pre-natal care, and safe motherhood services,
- Prevention and treatment of sexually transmitted infections (STIs), and cervical cancer,
- Prevention and treatment of violence against women and girls including, CMR and early marriage,
- Sexual health information, education, and counselling, to enhance personal relationships and quality of life to women, adolescents, and youth.

➢ **Socio-cultural limitations constrain the integration of HRBA and GEWE in selected SRH areas.** The evaluation findings suggest that some socio-cultural limitations continue to constrain the integration of human rights-based approach in selected SRH areas. Of these family planning and abortion are extremely sensitive and LGBTQ is even more sensitive yet there are some organisations that currently work on these issues in the country. One interviewed programme officer mentioned a brainstorming session that was organized recently by MOH upon UNFPA's request to understand the factors contributing to increase the unmet needs for family planning. Cultural factors and unavailability of methods in certain places were stated most often as key factors. In this regard, a UN actor interviewed in this evaluation maintained that; "Understanding the sensitivities and the context and navigating there, UNFPA is doing well". There is agreement among many stakeholders that the sociocultural concerns and sensitivities regarding these SRH issues are primarily owed to their perceived incompatibility with Islamic teachings. This suggests that there is a need to work more with faith-based organizations and actors and learning from the extent that south-to-south initiatives are successful in this regard.

4.2.1.2 Achieved versus planned SHRH outputs in CPD

The data in Table 5 showcase a high level of targets achievement across SRH output indicators. Notably, for a little more than the half (12 out of 23 indicators) the chosen indicators were simple yes/no indicators defining whether something has happened or not without any further details. The expanded analysis showcasing additional output indicators for the SRHR sub-programme is provided in Annex 10. To summarize, achievements were:

- Out of the measured output indicators for the year 2020, all were achieved except one.
- Two indicators were overachieved in 2018 and 2019, and both were concerning institutional capacity building to implement MISP.
- By year of implementation, 2018 fared best in terms of full achievement of targets by measurement indicators. The year 2019 is where the two overachievements were witnessed.

On the other hand, failures were as follows:

- Only one on institutional capacity building on MISP was not achieved in 2020 due to COVID 19 restrictions.
- Four targets were partially achieved, and these were on midwifery, knowledge management, SRH strategy and utilization of the national obstetric care protocol. All in addition to the unachieved target were planned for the year 2020.

Interviewed key informants owed this to UNFPA's diligence, expertise, loyalty, and ability to promptly act on its humanitarian commitments benefiting from its regional and global presence and networks in the humanitarian arena, whose substantial part falls within UNFPA's mandate area anyways. This in fact enabled it to keep going with its plans with high flexibility despite the pandemic, it was argued. Others made a connection between this high level of targets achievement and the strategic partnerships UNFPA has with civil society organisations whose presence on the ground is strong with well operating service facilities and clinics. Linking these targets achievement to output one on SRH outcome area, it is observed that while resilience of national institutions and civil society

> Gender integration is the SRHR mainstream. By design and implementation, SRHR is all about women empowerment and reproductive choice and rights. Gender crosscuts every single strategy, intervention area and activity in this SRH programme, be it the midwives, MISP, mobile clinics, YFHS and information points, reproductive morbidities including breast cancer and knowledge generation products. Ample evidence was found that UNFPA supported interventions targeted on the elimination of barriers to access (e.g., social, economic, location, language, cultural) to SRHR and GBV information and services for vulnerable and marginalized populations (e.g., women, adolescents and youth, women with disabilities etc.,), particularly those within groups that are furthest behind.

organizations has been strengthened by the programme interventions, this did not bring about a sustained coverage of high-quality SRH services, certainly not for women in reproductive age whose key maternal health indicators either deteriorated or made no progress. Examples include unmet needs for family planning, caseation section childbirth, contraception use, high risk pregnancy, and maternal mortality rate.

Table 6: Outcome 1: Summary of Results Achievements for Sexual and Reproductive Health

Strategic Plan Outcome 1: Every woman, adolescent, and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination, and violence.					
Output 1: Strengthened resilience of national institutions and civil society organizations to sustain coverage of high-quality sexual and reproductive health services, including for adolescents and youth, and in humanitarian settings.					
Output Indicators, Baseline and Targets		**2018**	**2019**	**2020**	**2021**
Postnatal care coverage *(Baseline: 38%, Target: 60%)*	Target	60%	60%	60%	60%
	Actual[53]	81.2%	78.9%	88.6%[54]	NA[55]
Number/ Percentage of physicians and midwives capable of utilizing the national obstetric care protocol *(Baseline: 65%, Target: 90%)*	Target	70	75	70	70
	Actual	70	75	70	90
Midwifery workforce policies are in place and based on the International Confederation of Midwives and World Health Organization standards *(Baseline: No, Target: Yes)*	Target	Yes	Yes	Yes	Yes
	Actual	Yes	Yes	Yes	Yes
Number of institutions that have capacity to implement the Minimum Initial Service Package at the onset of a crisis *(Baseline: 5, Target: 10)*	Target	6	7	27	-
	Actual	24	25	25	-
Number of youth centres offering referral services to youth-friendly health services *(Baseline: 1, Target: 10)*	Target	2	4	6	10
	Actual	2	4	7	10

Note: *These indicators reflect results framework in the CPD design. Other outputs and other output indicators were annually integrated into UNFPA annual workplans and found in Annex 10.*

4.2.2 Outcome 2: Adolescents and Youth

4.2.2.1 Degree of achievement of AY outputs

As set in the CPD, outcome 1 on SRHR was set to be achieved through (Output 1): ***Enhanced capacity of the national Government and civil society organizations to design and implement programmes on reproductive health, empowerment and civic engagement for adolescents and youth, with special focus on the most vulnerable.***

In relation to **Output 2.1**, UNFPA CO 6th CP achieved the following on A&Y:

- **SRH Information through awareness/ training and civic Engagement**
  UNFPA CO played a key role in the State of Palestine contributions to the ICPD summit in Nairobi. The CO supported programmes for young people who resultantly benefited from SRH information through awareness/ trainings and civic engagement programmes in Palestine, among whom included adolescent girls. Several CBOs benefited from programmes by IPs in partnership with the YPEER network and other youth groups. Several policy and advocacy events and dialogues were conducted with policy makers and with youth participation in all these initiatives. In partnership with UNRWA, a group of trained young refugees was formed and implemented initiatives in *Fawwar* and *Arroub* camps. A youth council was also established in one of the municipalities in the West Bank. A youth TEDX style platform entitled "POP youth" was established giving the youth a voice and agency in various topic areas. UNFPA CO as a chair of the UN Theme Group on young

[53] 2019 and 2018 percentages are based on MOH annual health reports and those are proxy based on percentages per visits to the nurses and doctors
[54] As per MICS 2021 survey.
[55] Data is not reported yet at national level.

people developed and presented to the UNCT a 3-year joint UN framework on youth which included four main outputs, including a joint proposal distributed among four UN lead agencies where UNFPA monitor its progress.

- **UNFPA supported the development of Y-Peer Network**

  The Y-Peer network enhanced its outreach and capacities of educators, and it was able to reach out to new localities and to engage new members to be part of the network. The network focused on utilising the interactive theatre in their activities and events. The network also worked on building new partnerships with different institutions and ministries to reach out to more beneficiaries and different categories. Moreover, the network was selected in 2018, as one of the top ten networks as announced by the Y-PEER international network. A national SRH conference in partnership with Juzoor and the MoEHE, was also held which found a base for follow up interventions by the MoEHE and NGO partners. One recommendation from the conference was the establishment of Adolescent Health coalition as part of a regional health forum. The Youth Program area contributed to the GBV, SRH and PD program areas through different interventions. In addition, a partnership with the private sector, i.e., the Bank of Palestine was initiated. On YPS, Youth networks and groups were supported to be more active and positive agents of change in their communities thus building up with community work, over 150 youth from different universities utilised effective synergy with local CBOs and universities to invite youth to raise knowledge on UNSCR 2250 on youth and female participation reaching additional 460 community members and enhanced capacities of 50 Y-Peers. In addition, five initiatives were implemented with the community addressing rights to women participation, UNSCR 2250 and peace messages through paintings, public talks, and other activities where 100 youth participated effectively and engaged 350 communities.

- **UNFPA supported the development of several policy advocacy around youth and adolescents.**

  As chair of the United Nations Thematic Group (UNTG) on Young People, UNFPA championed and led several joint interventions with UN agencies. Such of these interventions encompassed the global youth challenge planned jointly with UNICEF, joint UN calendar on international youth day, national youth summit in Gaza, the endorsement of the joint UN Youth program which was shared with the EU, and a joint workshop with the PALTEL Telecommunications group and UNICEF, UNFPA and UNDP to agree on common areas of interest to innovatively address the socio-economic and educational challenges experienced by youth. Evidently, the key advocacy efforts that the UNTG on Young People achieved through the leadership of UNFPA included the joint UN statement on IYD, youth and C19, Youth and Palestinian elections, and youth and the escalations in 2021. However, to enhance the initiatives around policy advocacy among Young People, there is a need to develop a joint communications strategy among the UN group members. In addition, UNFPA supported the establishment of the Palestinian Adolescent Health Coalition which includes more than 25 members among NGOs, INGOs, YPEER, MoH, MoE and UN. Within this coalition, a strategic framework for A&Y health was developed which will guide the new adolescent health unit at MoH. The national priority for UNFPA to support is the functioning of this unit and its linkage to the comprehensive school health department at MoE.

- **Service Delivery for Youth Friendly Service Centres and Mobile Clinics**

  UNFPA supported the et up of youth friendly centers and mobile clinics at higher education institutions. In support of these initiatives, a mobile application "Mustashari- my counsellor" was developed in partnership with "love matters.com" and was the first application for young people for SRH in Arabic language in the country.

- **Capacity Development for Young People**

  Community members were reached through Y-PEER interventions using non- traditional tools and interventions in schools, universities, public places, and electronically. Several basic and advance training benefited YPEER members who held a series of sessions, campaigns, and initiatives. The training of teachers and counsellors was conducted in several schools in East Jerusalem on GE, GBV, cyberbullying. The training of youth groups also to lead humanitarian action in Gaza in line with MYCHA project in the MENA region. A pool of young leaders in East Jerusalem was trained on leadership ills and met with the new Prime Minister. This pool was further empowered to participate in high-level meetings and policy dialogue. Several young people received specialized training on Peer helping to lead community-based protection initiatives. Notably, In Gaza, more than a thousand young people implemented protection initiatives using Peer Helpers approach

focusing on marginalized youth including juveniles, youth in conflict with the law, youth living in poverty, and young girls subjected to GBV.

In addition, towards specifically elevating the capacity of national government and civil society organisations to design and implement programmes on reproductive health, empowerment and civic engagement for adolescents and youth, and with special consideration on the most vulnerable, UNFPA achieved notable results with close collaboration with national ministries that comprise of the Ministry of Health, Ministry of Social Development), NGOs, universities, United Nations Agencies, notably, UNICEF and WHO, and youth groups and coalitions.

- **Knowledge Management for Young People**
  An update of the teachers'/counsellors' manual on adolescent health was one of the achievements on adolescent SRHR. In support of these initiatives, four studies were conducted: namely, (a) social norms hindering the access of women and girls to YFHS, (b) feasibility of YFHS delivery, (c) mapping of YFHS provider organizations and (d) IVF first study. In addition, a paper on people living with disabilities was developed. Furthermore, an assessment on youth reality in East Jerusalem was carried out by UNFPA IUNV focusing on the needs of youth in the Old City of Jerusalem.

- **Resource Mobilisation and Partnerships in support of Interventions for Young People**
  In support of interventions for Young People, UNFPA also established partnerships with youth-led networks and COBs. The youth-led networks consisted of Y-PEER, PMSA, Sports for Life, and the Youth Council in Gaza, among others. UNFPA reached out to young people through empowerment programmes, community awareness sessions and capacity development interventions and maintained youth representation and participation in across regional youth task forces. UNFPA also initiated discussions with the Palestinian private sector to solicit further support for youth empowerment. These engagements with the private sector included the Bank of Palestine. UNFPA also increased efforts in youth resource mobilization through integrating youth in several different proposals related to SRH and gender.

- **In sum, the results among interventions for Young People were achieved in the following main domains:**

  Advancing adolescent and youth health on the national agenda and policies.
  Enhanced awareness of adolescents and youth on gender equality,
  SRHR and mental health.
  Promoting youth leadership,
  Participation and engagement models, as well as accountability mechanisms towards empowering youth to actively make informed decisions about their lives and participate in development and humanitarian efforts.
  Established social responsibility partnerships and resource mobilization with private sector to support youth initiative and enhanced coordination mechanisms on youth priorities and needs at national level.

4.2.2.2 Achieved versus planned Adolescents and Youth outputs in CPD

The data in Table 6 provides a high level of achievement across AY output indicators. All the measured three output indicators for the A&Y component were achieved during the review period. These indicators were concerning supporting vulnerable youth in empowerment programmes, the support of youth-led networks and organizations that implement health, social and economic programmes reaching adolescent girls at risk of child marriage, and the sectoral plans that have policies to address the linkages between population dynamics and investment in youth wellbeing. In this regard, it can be confidently concluded that the AY sub-programme for CP6 excelled in meeting its targets as measured by the selected output indicators. This is despite that part of the implementation period for CP6 has been characterised by the COVID-19 pandemic with its associated negative impacts. The major reasons cited for this success has been the flexibility in the UNFPA despite the pandemic. Others also made the connection between these high levels of targets achievement and the strategic partnerships UNFPA has, and in the case of the AY component, with partners who are actively involved in supporting interventions for the young people. **The expanded analysis showcasing additional output indicators for the A&Y sub-programme is presented in Annex 10.**

Table 7: Outcome 2: Summary of Results Achievements for Adolescents and Youth

Strategic Plan Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.					
Output 2: Enhanced capacity of the national Government and civil society organisations to design and implement programmes on reproductive health, empowerment and civic engagement for adolescents and youth, with special focus on the most vulnerable.					
Output Indicators, Baseline and Targets		**2018**	**2019**	**2020**	**2021**
Number of vulnerable youth who completed empowerment programmes *(Baseline: 8,000, Target: 15,000)*	Target	3000	25,281	100,000	103,000
	Actual	14,081	75,032	283,039	124,505
Number of youth-led networks and organizations that implement health, social and economic programmes reaching adolescent girls at risk of child marriage *(Baseline: 2, Target: 10)*	Target	2	22	58	60
	Actual	17	37	60	70
Number of national sectoral plans that have policies to address the linkages between population dynamics and investment in youth wellbeing. *(Baseline: 1, Target: 5)*	Target	2	4	4	-
	Actual	3	4	5	-

Note: *These indicators reflect results framework in the CPD design. Other outputs and other output indicators were annually integrated into UNFPA annual workplans and found in Annex 10.*

4.2.3 Outcome 3: Gender equality and the empowerment of women and girls

4.2.3.1 Degree of achievement of GEWE outputs

According to the CPD, Outcome 3 on GEWE was achieved through one output; (Output 3.1): ***Strengthened capacity of health and social protection actors to promote gender equality, reproductive rights and to effectively address gender-based violence, including in humanitarian settings.***

In relation to **Output 3.1**, UNFPA CO 6th CP achieved the following on GEWE:

- **National policies, laws and the NRS**
  During the reporting period, UNFPA played a leading role in the development of the Palestinian GBV National Referral System (NRS). In 2018, the work on the NRS was strengthened by updating the health protocol for service providers to deal with women and girls GBV cases considering the GBV ESP package and the developed GBV SoPs. During 2019, two rapid assessments for the implementation of the National Referral System were conducted to shed the light on the main challenges facing the implementation of the NRS and gaps in the currently applied procedures. The work to modify the NRS continues to date, with a role for UNFPA and the various partners including the MoWA. The reporting on GBV cases and referral by national organizations continued through the CP6 period via the GBV cluster. In 2020, 21 national organizations are reporting on GBV cases detected and treated by civil society and government organizations through sharing data via GBV sub-cluster IMS about GBV types, profile of alleged perpetrators, locations, period and survivor's disaggregation. In addition, contribute to the COVID-19 5Ws for which the GBV Sub Cluster organized two information sessions. In 2013, the Palestinian Council of Ministers issued Decision No. 18 on the national referral system (NRS) for women victims of violence and published it in the Palestinian Official Gazette on 5 January 2014. While the work on policies and laws including the development of the NRS and its proper implementation continued, challenges relating to laws, policies and systems relating to gender equality and GBV are many and complex. Based on the key informant interviews and the review of documents, the challenges are many and include the following:

Capacity building

The overarching indicator of UNFPA's success is related to its key component 3 indicator which focuses on capacity building of national, governmental, and non-governmental institutions. During this reporting period, the work to achieve this indicator continued. The following are examples:

Build the capacity of 793 GBV specialist service providers to provide high quality medical, psychosocial, and legal services for GBV survivors through series of capacity building activities (trainings, workshops, and orientation sessions).

Two women shelters were supported by capacity building courses for the staff and dignity kits for 50 women GBV survivors were provided in the shelters. UNFPA supported national policy dialogue to support sustaining Nablus shelter as the only shelter in the North West Bank run by NGO and providing sheltering services. CMR advocacy strategy was developed by the Ministry of Health with an action plan. As a result, the capacity of 78 health and psychosocial professionals from the Ministry of Health hospitals and management, Primary Health Clinics, and Civil Society Organizations (CSOs) was built through two CMR training in West Bank and Gaza conducted by the roving team consultant during October 2018.

12 CBOs skilled in advocating for sexual and reproductive rights, including combatting gender-based violence, in compliance with human rights conventions and international standards

During the past 4 years, more than 250 non-GBV specialist in the West Bank and Gaza Strip were trained on how to detect treat and refer GBV cases.

In partnership with 3 other UN partners and through the HAYA joint project for Ending Violence against Women, UNFPA continued to strengthen the capacity of health providers in the hospitals and PHC clinics in detection, treatment and referring GBV cases in West Bank and Gaza. Over 70 GBV focal points at the Ministry of Health in West Bank and Gaza were trained on counselling. In addition, UNFPA has commenced the establishment of family counselling clinics in all hospitals and directorates of health in the West Bank and Gaza. TOT trainings for the frontline staff at hospitals on detection, treatment, referral of GBV cases with MoH staff members are completed. The monitoring and evaluation team of the Ministry of Women's Affairs that is responsible to follow up the implementation of the referral system was trained and supported.

The referral mechanisms between line ministries and NGOs still need more strengthening between psychosocial, legal and other services. To overcome this issue, CO will utilize the GBV sub-cluster. Despite the many years and efforts on this issue, the work is not completed and the NRS is only implemented in a limited and ad hoc manner, without a real systemization. At the same time, and as indicated previously, only a very small fraction of women utilize this system and most government and non-government organizations utilizing a small fraction of the available network of services to work with women GBV survivors.

According to several key informants, this is in part due to the limited trust in the system and its ability to assist women and provide true protection. The main principles of confidentiality and privacy in dealing with GBV cases still not respected and missing due to lack of knowledge in GBV main principles in dealing with GBV survivors. This is an area for development for UNFPA where a quantitative and qualitative increase in capacity building for all protection and service providers is needed.

One of the main challenges in GBV issues is the considerable gap in dealing with some definitions such as rape and sexual violence, in addition to the pseudo-scientific beliefs among health practitioners like hymen and virginity which are incompatible with the scientific method and WHO guidelines. CO will increase its capacity building in this area.

The problem of impunity for perpetrators of rape and incest and the lenient punishment for them. In this respect, it is notable that while this issue has been a key priority for relevant international organizations and the Palestinian women's movement, no real progress has been made. The present efforts are somewhat scattered without sufficient unity and coherent leadership and consistent and creative advocacy and lobbying capable of creating real policy and legal change. To deal with this challenge, more focus on advocacy efforts is needed to change policies and laws. Such efforts must be grounded on in-depth analysis of the past and present efforts, challenges and opportunities, and recommendations based on such analysis.

Targeting perpetrators and providing family support continue to be among the challenges that must be addressed as part of a comprehensive approach jointly with partners and stakeholders.

In Gaza, the use of SoPs (which continue to be valid in the absence of an approved NRS) is voluntary and varies significantly from one organization to another. It was notable that UNFPA partners are the most interested in and aware of the need for joint work and referral of cases among the partners. Yet, these SoPs are not an alternative to an NRS nor are they fully adhered to or utilized.

Against that backdrop, it must be noted that the revision process of the NRS has been recently completed. The MoWA will submit the new system for approval by the Ministerial cabinet. While no date is set for its approval, work must start to refresh and update the capacities of service providers and key stakeholders on the new system. In addition, it is expected that further work will be needed on bylaws, regulations, monitoring mechanisms and enforcement.

➢ Emergency and humanitarian situations

UNFPA's role also focused on capacity building for emergency and humanitarian situations with a focus on GBV, which is exemplified through its work building national systems to respond emergency situations. The following are examples.

During 2019, a Contingency plan in responding to GBV was developed for Gaza Strip. The main objective of this plan was to ensure standardized approaches to GBV prevention and response in humanitarian settings both as part of contingency planning and humanitarian response efforts. The contingency plan will help UNFPA as chairing the GBV Sub – Cluster, to ensure proper preparedness measures that protects IDPs and mitigate GBV during emergency. UNFPA continued, with limitations due to COVID-19, to disseminate the plan and support partners in the implementation.

At the same time and to ensure GBV sensitivity across the board, the CO contributed to capacity strengthening among non-GBV specialists for relevant staff from critical humanitarian areas in West Bank and Gaza. To address the gaps mentioned, Alianza La Solidaridad (APS) and UNFPA Palestine CO gender and GBV team conducted 4 training workshops 3 days each in Gaza, Jericho, Jerusalem, and Nablus during June until November 2019 for non GBV specialists on GBV concepts, psychosocial First Aid (FPA), and referral pathways. More than 160 participants attended the training, pre and post assessments and evaluation were prepared and the co facilitator supported the training delivery also took the lead in reviewing the UNFPA existing service directory (mapping) of GBV services in all targeted districts.

➢ Information Production and Dissemination

The leadership role in the SRH and GBV required a specific focus on information production and sharing. During the 2018-2020 period UNFPA supported the following efforts:

With PCBS, UNFPA supported the long-awaited survey on gender-based violence (2019). The previous survey was from 2011; the data indicated that violence overall has reduced somewhat. Data from the national violence survey serve as a unique opportunity for national authorities to monitor progress made in relation to eliminating violence against women and girls.

A further contribution to the pool of knowledge on GBV came in the form of a study on GBV and women and girls with disabilities to identify the needs and gaps in providing women and girls with disability with available, accessible, acceptable and quality GBV services in Gaza Strip and West Bank.

UNFPA conducted a study on GBV and women and girls with disabilities to identify the needs and gaps in providing women and girls with disability with available, accessible, acceptable, and quality GBV services in Gaza Strip and West Bank. The study was presented to GBV Sub-Cluster members both in West Bank and Gaza and was widely circulated among duty bearers, GBV service providers and academics.

UNFPA CO supported GBV IMS review and strengthening among local partners and Hemaya network in Jerusalem. Furthermore, UNFPA in close collaboration with OCHA worked to update the GBV reporting system where more than 25 organizations reporting GBV cases under OCHA humanitarian dashboard.

Regional Review to Map Laws, Policies and Practices Related to UNFPA's Mandate Across the Arab States Region took place. The review will provide UNFPA ASRO and the Country Office (CO) with evidence-based information on existing SRHRR related laws, policies, and strategies in each of the targeted 15 countries which will support the formulation of right-based policies for SRH and related interventions. This will contribute to reaching the 2030 goals as reflected in the UNFPA strategic plan (2018-2021).

UNFPA conducted a study on Survivors and Service Providers of Sexual and GBV. The study examined the socio-political and psychological factors affecting, hindering, and/or promoting Palestinian GBV survivors' access to healthcare and justice, and the quality of the services they are provided with.

In 2020, UNFPA updated and circulated the GBV service directories on a regular basis, including through the GBV sub-cluster.

➢ Awareness, Cultural Change and Advocacy

The proper implementation of laws and policies requires a comprehensive approach to change. To do that, UNFPA worked to create an enabling environment that would allow for higher levels of awareness, sensitivity, and acceptability of gender equality and GBV combating. The direction to involve men, community and religious leaders, and women and girls was further reinforced. Some of these activities include:

250 community leaders received ToT on SRHR and GBV elimination. The trained leaders and Imams provided 600-community sessions and reached 13,000 women and men. Guideline on SRHR for community and religious leaders were developed and used during the outreach meetings.

10,000 women and girls reached with outreach, advocacy and awareness activities focusing on GBV prevention and child marriage. 245 women/girls participated in the life skills training focusing on leadership, communication, networking, effective teamwork skills and labour market needs.

235 women reached with vocational training and grants in West Bank including Jerusalem and Gaza Strip. Vocational and life skills training provided an effective mechanism to empower GBV survivors and women at risk to overcome economic hardship conditions. Such activities aimed at generating viable income for families and providing sustainable self-employment to the target beneficiaries in their respective communities.

Further awareness and advocacy efforts during 2019 consolidated cumulative results. The following are examples:

3000 women and girls received awareness in different vulnerable communities. These sessions aimed at raising their awareness on SRH and GBV and the available referral pathways and considered as detection points to detect and refer GBV survivors.

Following advocacy by UNFPA and partners, the Minister of health announced that first aid GBV services will be free of charge for GBV survivors in the hospitals.

A national conference led by ministry of women affairs supported by UNFPA took place in Ramallah advocated to raise the age of marriage for boys and girls to the age 18 years with no exception from Shari'a courts. The law was later passed, although with a possibility of exceptions as determined by Sharia courts – a major loophole.

Two summer camps for girls 14-21 years old were conducted, one in Mythaloon safe space and one in Alsela village. The camps included several activities " educational - health, social, legal and GBV - and debriefing activities, First Aid and vocational training " in Alsila 109 girl participated, while 112 participated in Maythaloon. By the end of each camp a debriefing trip was conducted " 90 girls and boys participated in the nearby village of Alsiela and 140 in Maythloon.

These advocacy and policy-oriented efforts led to a further focus on GBV in 2019. For example, following advocacy by UNFPA and other partners, a law on raising the law of marriage to 18 was passed. At the planning and policy level, a new GBV contingency plan was developed in 2019. The joint programme HAYA has allowed UNFPA to make progress on capacity strengthening within relevant Ministries for enhanced GBV response, as well as the establishment of family counselling clinics in all hospitals and directorates of health in the West Bank and Gaza.

Through HAYA joint program, UNFPA supported the national efforts to conduct the national violence survey 2019 (the previous one was conducted in 2011). The survey was conducted in participatory manner, where NGOs and national experts participated in identifying the concepts and definitions of the survey and were involved in training the field workers. UNFPA supported PCBS to distribute the GBV service directory for 16,000 household to ensure the no harm among women and girls GBV survivors.

➢ Protection Networks

Advocacy and awareness activities, as well as ensuring widespread coverage, require building and strengthening protection networks. While these networks are important on all regions, they are especially important in the most marginalized regions including East Jerusalem and Area C. In the West Bank and Gaza, 10 protection networks are established. In 2020, UNFPA continued supporting the established protection networks. An assessment was conducted in coordination with the Ministry of Social Development on the role of the different types of protection networks and to support the ministry supervision role. UNFPA supported 14 joint activities including open days, capacity building, voluntary work by the protection networks in Jerusalem, Tulkarm and Jenin areas in West Bank. Experiences and views of the networks are mixed. Key informants from partner organizations list several strengths for the networks:

"*Our network is an opportunity to build the capacity of member organizations through joint capacity building activities and planning. In addition, the network is as a strong advocacy and lobbying body working with others to impact change in the fields of gender equality and GBV." (KI, male, Gaza)*

"Our network has the potential to become an independent body – organization that would specialize in the providing of services to women and girls suffering from GBV through the establishment of a joint service centre." (KI, female, Gaza)

"The network is most necessary in Jerusalem, as we as Palestinian organizations are limited in our ability to provide services to women, who are caught up between the lack of formal Palestinian service provision in the region, and the hesitance to use services provided by Israeli institutions." (KI, female, West Bank)

In contrast, there are concerns about the mandate, functioning and performance of these networks. The arguments range from limited and fluid mandate, lack of systematization and the limited use of these networks for true coordination, complementarity, and mutual reinforcement. The following are examples of areas of improvement:

"Many of the members misunderstand the true nature of the network; they became members out of self-interest believing that membership will bring in additional funding through exposure and capacity building." (KI, male, Gaza)
"Not all members are equal interested in the network; many are inactive, and they only attend meetings that they believe might benefit them." (KI, female, West Bank)
"There is very limited protection work done through the network; the organizations that network among each other have been doing that on ad hoc basis even before the establishment of the network; in most cases, there are limited number of cases of joint work for the benefit of women." (KI, female, West Bank)
"The work on the protection networks has been going through a vicious cycle with no progress; very few are active which also seem to be reflecting the reality in these areas and the level of existing coordination amongst them; the question is how many women have truly benefited from these networks?!" (KI, female, government institution, West Bank)

➢ **Engendering accessibility, and quality of service**

The work on capacity building with institutions improved the accessibility, quality, and acceptability of services. In 2018, UNFPA upgraded 20 health facilities in the West Bank including Jerusalem and Gaza Strip. The work aimed at enabling partners to detect, treat and refer women and girls GBV survivors. The facilities included 5 hospitals, 6 safe spaces and 9 PHC. In 2019, multisectoral services continued to expand, and were provided on an ongoing basis through 10 dedicated 'safe spaces' for women; these all now provide at least 8 services – an increase from the previous 6. UNFPA Minimum standards have served the needs of thousands of women: over 5000 women received a range of different services. At the same time, UNFPA CO supported national partners to scale up the number of GBV services provided in the existing 10 safe spaces from 6 to 8 services. These services are health, psychosocial, legal services, vocational training and economic initiatives, high quality sheltering, dignity kits and community networking. Among the achievements in the field of services are the following:

Facilitated GBV survivors to access services through updating a service directory that includes all the GBV available services, service providers, focal points and their contact details.
32,000 GBV cases were reported by GBV Sub-Cluster partners through the system in 2017-2018.
32,000 women and girls detected by the GBV IMS and reporting systems as of December 2018.
6000 women received case management, medical, psychosocial and legal services in the safe spaces, PHC clinics and hospitals.
In 2019, services continued to be improved and accessible by women and girls. More than 1000 women and girls benefited by life skills training courses such as embroidery, Russian embroidery, photography, First Aid, manufacturing of detergents, food production and others based on the needs and requests from the women and girls in the safe spaces.
In addition, 3,000 women and girls received multi sectoral services including health, legal, psychosocial and vocational services in West Bank and Gaza Strip.

Continued support for safe spaces and mobile clinics providing SRH and GBV Services

In 2021, UNFPA continued supporting nine safe spaces and three mobile clinics providing SRH and GBV services in nine districts in West Bank, Jerusalem, and Gaza Strip, while increasing the minimum service provided to women and girls in humanitarian situation from six minimum services to nine services including SRH, MHPSS, case management, legal counselling, couple therapy, dignity kits, cash and voucher assistance, livelihood and vocational training and life skills. This was crucial not only to respond to the emerging humanitarian needs of vulnerable groups, particularly women and girls' survivors' of GBV, as well as at risk of GBV, but also as an approach to integrating, scaling up and responding to the needs of women according to impact of continued humanitarian crises. In total 11,970 beneficiaries (10,370 women, 400 men, 1000 girls and 200 boys) were provided with MHPSS, case management and legal consultation services by shelter, mobile clinics, and safe spaces. In addition, 16,132 of women, girls, men, and boys (disaggregated by age, and disability) who accessed PSS support services were reached with awareness sessions in Gaza and West Bank. And 126,437 of people were reached with awareness raising messages through social media, videos, SMS etc. The services supported

by UNFPA and implemented by its partners are essential and must be expanded quantitatively and qualitatively. The testimonies by women participating in the FGDs illustrate the vital role of these services to women and families:

While the list of benefits to women who access these centers and safe spaces are critical to the women how receive them, it was confirmed by most representatives of these centers that the utilization of the basic health services is widespread and that most women in the regions where these centers are located have access and utilize these health services (especially reproductive ones). In contrast, analysis of the available primary data reveals that gaps continue:

- Despite all the ongoing work by UNFPA, partners and other stakeholders, a gap is in the reach of the neediest and most marginalized women especially the women who suffer from GBV. This is reflected in the fact that supported centres provide multiple services and some of the women who access the center's health services will not necessarily seek or benefit from the rest of the services that are designed to reduce their exposure to GBV (as evidenced by several women participating in the FGDs,). In fact, according to PCBS data, only 1.4% of women exposed to GBV report that they seek psycho-social and/or legal services. This is a slight increase from 0.7% in 2011 (1.1% from 0.7% in the West Bank and 1.8% from 0.8% in Gaza). The most common coping mechanism with GBV is silence, followed by attempting to deal with the violence at the level of the household, while others seek support from their extended families.

> "To me, my life was saved after I was introduced to the safe space in my community; I moved with my family to this community to be able to prove my residency in Jerusalem, but we are surrounded by lack of proper municipal services, protection and just overall basic welfare. I felt like a stranger, uncomfortable and started to feel depressed. This was compounded by my husband losing his work and starting to go deeper into a depression and anger phase. Having the safe space and the support group of women living round me saved my life." (Female, 43, married with children, Jerusalem region)
> "I came to the center to check on some health issue related to my pregnancy; I, however, came up with much more. The services provided for my health were an opportunity to gain more education, training and empowerment in general. I am a stringer person in my household and my husband and children are better off with my new gained empowerment." (Female, 39, married with children, Jenin region)
> "With all the danger souring my life in Gaza and even during and after the war, I feel that the nearby center, with the other women and the amazing staff, I feel safer; I feel there is a place that I could go to; it is a safe haven for me and in many cases I bring my children to play in the safety of the center." (Female, 43, married with children, North of Gaza)

- The causes of GBV are complex and multi-layered, and while availability of services is essential, it is insufficient. According to FGDs and interviews, the surrounding environment, the level of family support, economic dependency, vulnerability and presence of children, and the fear of social stigma, all play a major role in the way women GBV survivors cope with their violent realities. Nevertheless, most participants believe that women tend to accept their violent realities and their situations, trying to disguise under societal concepts such as: *"you should tolerate your husband", "your husband has the primary say over your life, he is the man", "he is a good man, but the circumstances are difficult",* among many other justifications, that participants believe to be driven from the deeply embedded patriarchal society.
- Many other participants, women GBV survivors and CSO representatives alike emphasized that most women do not report in fear of aggravated violence. Some also mentioned that participants lack trust in GBV services. The participating women and informants believe that women GBV survivors seek faith and prayer or acceptance respectively, this is due to the pervasive beliefs and social norms, and the fear of social stigma, further injustice, and other negative repercussions if they would approach legal or social support.
- Another area of improvement is related to the increasing focus on sexual violence, as a specific type of violence, with disproportional negative impact on women, girls, and male children. It is also potentially, perpetrated based on gender and sexual identity, based on preliminary informal reports. Several key informants noted that the current efforts of UNFPA and other relevant stakeholders, while noting and working on sexual violence, much still needs to be done in this field. While GBV as a concept includes all types of violence, this argument is placing emphasis on sexual violence as a primary area that is not yet high on the national agenda. This reflects social norms that are not yet sufficiently conducive to real dialogue and policy on sexual violence and harassment in all institutions, but with an increasing focus on the private sector. This argument also reinforced by the increase in reported electronic/virtual violence, especially in the field of sexual and financial extortion of young males and females, as reported by the Palestinian Civil Police reaching 2740

filed complaints in 2020 and close to 3000 in 2021[56]. The UNFPA's increasing focus on the clinical management of rape is also a step in the right direction in broadening the set of services for GBV survivors. This also implies further focus on the continued need to develop CMR capacities among partner agencies.

While the intention is to service women and girls, the results confirm that most beneficiaries of services are married women. Adolescent and young females, unmarried women and older women are not yet sufficiently reaching out to receive SRH services. The need for a focus on this area is confirmed by the fact that most participants in FGDs were mid-age women with children. In addition, the perception that only married women will need such services reflects the limited perception of the emotional, sexual and health needs of young females and single women. According to a key informant (female, West Bank): "*society at large and the health community consider young and single women as non-existent to large degree; these women are assumed to be asexual and not in need of any SRH services. Some of the cases facing young and adolescent females are some of the complex and dangerous cases; while health and protection practitioners are not capacitated or sensitive enough to deal with such cases*."

➢ **Response to COVID-19 on Gender Equality and GBV**

The year 2020 was marred by the multiple challenges posed by the COVID-19 pandemic, and the State of Palestine was no exception, influencing the ability to implement its work and the accessibility and quality of services. and UNFPA were no exception. The pandemic had a disproportionate impact on all aspects of women's lives. Given the sharp increase in demand for GBV services during the pandemic, UNFPA had a clear and strong role on GBV response throughout the year and expanded beyond service provision and GBV coordination to also include a significant effort to provide protection/GBV training for isolation centres staff, and PPE and infection prevention training for frontline workers. The response for the pandemic required a continuation and reinforcement of existing partners and services, as well as COVID-19 emergency-specific actions. The continuation of its **regular support** in the fields of gender equality, GBV and SHR services to women and girls included:

- Built the capacities of 70 service providers from NGOs, MoH, and MoSD through the provision of a training on how to operate hotline and provide online services. In addition, 210 frontline service providers were trained on prevention and treatment of GBV cases in the quarantine centres in West Bank and Gaza. As a result, 2481 women and girls supported by the helpline and virtual awareness raising sessions in Gaza and West Bank. In addition, UNFPA Supported the establishment of 2 isolation rooms in two women shelters in West Bank and Gaza to use for the isolation of new COVID-19 cases and prepared a policy note through the GBV Sub-Cluster on sheltering services in partnership with UN Women.
- In the field of promoting civil society engagement, and as part of supporting the GBV services preparedness and response in emergencies in the West Bank and Gaza, UNFPA supported 15 service providers to develop their contingency plans. UNFPA will continue supporting these organizations in 2021.
- Drafted GBV messages during COVID-19 that were circulated nationally through the RCCE task force and globally by the GBV AoR and CoP and established an online repository of Gender/GBV resources for COVID-19 response.
- Drafted one article for the Humanitarian Bulletin on GBV - the pandemic within the pandemic, contributed with GBV inputs to a continuous series of 25 OCHA COVID-19 SitReps as well as a Protection Note on Quarantine sites with the Protection Cluster.
- UNFPA CO maintained its leadership role as the Chair of the GBV Sub Cluster through active participation in the protection cluster and UNCT/HCT, calling for regular GBV Sub Cluster meetings, especially to monitor the impact of COVID-19 on the GBV sector, and coordinate prevention and response activities.
- Successfully positioned GBV in the COVID-19 Response Plan and its two updates, securing more than 50% funding request for GBV.
- BY the end of 2021, UNFPA provided 2347 vulnerable women with vouchers (847 women for an individual amount of USD 100 (647 in the West Bank and 200 in the Gaza Strip)) and cash assistance (1500 women in Gaza for an individual amount of USD 200) to respond to the urgent needs of economically vulnerable families and women at risk of GBV in the West Bank, and the Gaza strip. Furthermore, 1,550 women from Gaza received dignity kits. Each kit contained sanitary pads, hygiene items, flashlight, and some basic medications such as painkillers and selected First Aid items. These services were particularly crucial in Gaza to cover the

[56] https://alquds.com/2021/08/17/%D8%A7%D9%84%D8%B4%D8%B1%D8%B7%D8%A9-%D9%84%D9%80%D8%A7%D9%84%D9%82%D8%AF%D8%B3-1500-%D8%B4%D9%83%D9%88%D9%89-%D9%84%D8%AC%D8%B1%D8%A7%D8%A6%D9%85-%D8%A5%D9%84%D9%83%D8%AA%D8%B1%D9%88%D9%86%D9%8A/

needs of vulnerable women and their family needs especially after the 11-days of escalation in May 2021 where thousands of families were displaced to UNRWA schools and to their relatives.

Response to the pandemic continued in 2021, where the need for psychosocial support and health support for young people increased. Consequently, a hotline called "Shobak/window" was established to provide MHPSS to young people and linked to Mostashari application. In 2021, PMRS' psychosocial counselor, nurse and midwife received 373 calls on the hotline from young people requesting general health and social consultations mainly related to COVID-10 (33 calls), MHPSS consultations (308 calls), SRH and ANC follow up (32 calls). Youth were also referred to other service providers, whenever needed. In addition, promotional activities continued both levels: Community promotional sessions were aligned with Mostashari promotional and awareness sessions and on social media, targeting in total 2876 beneficiaries (1725 women, 287 men, 719 girls, and 145 boys; including 14 women with disability, 2 men with disability, and 5 girls with disability). In total, 6576 beneficiaries (3390 women, 1952 men, 904 girls, and 330 boys) were targeted by all these mechanisms in 2021. With all these achievements, the challenges continued. GBV survivors faced difficulties in accessing services during the pandemic due to the continuous lockdowns, requiring a massive shift to virtual services. In addition, following validation of national Child Marriage strategy, the work of the task force was put on hold due to COVID-19.

➢ **CVA Response to COVID-19 on Gender Equality and GBV**

In response to the pandemic, and its resulting economic hardship, increase in GBV and isolation of women in marginalized regions, UNFPA sought to introduce CVA and economic empowerment grants to its humanitarian response and as part of the GBV case management provide in its supported health clinics, women centers and safe spaces. In 2020, and within the multi-sectoral services, 3,010 women GBV survivors and those who are at risk of GBV benefited from voucher and food package support as part of the CVA interventions to protect them from financial pressure and GBV. Beneficiaries received $150 paper voucher in Gaza and $100 USD e-vouchers in East Jerusalem. Eligibility criteria included context-specific proxies for high GBV risk, health related vulnerability, and economic vulnerability[57]. The implementation of the CVA was harmonized with WFP as it is the leading UN agency on CVA services to the poor, with a fully developed system of implementation. The work was also coordinated with partners across the West Bank and Gaza; they in turn sub-contracted other local partners to select GBV and at-risk women and ensure their reception of the provided support. In this regard, several notes must be taken into consideration:

- This is a recent addition to the service package provided by UNFPA and its partners. As a humanitarian agency, UNFPA initiated fund-raising activities and was at the same time approached by donors to implement CVA activities.
- As an organization, UNFPA is strategic and well-equipped to work and dispatch its resources during emergency and post-emergency settings. It, however, has no previous experience in working the field of CVA. Moreover, UNFPA partners lacked the needed capacity or experience to implement such large initiatives which are also confined within a limited timeframe.
- The evaluation team agrees with the UNFPA responsible staff that the CVA is not yet consolidated, nor clearly linked – conceptually or in reality – to the achievement of gender equality and women economic empowerment. It, however, might be potentially linked as part and parcel of humanitarian assistance and relief during emergency situations. In the long run, it might also be linked to the improvement of case management and to be treated as part of a comprehensive and mutually reinforcing elements of a service package. To achieve this, UNFPA had the following two objectives in mind: 1) to ease the financial pressures off the households during COV_D-19 lockdown in order to reduce the risk of GBV; 2) to integrate cash into case management and other services to ensure that GBV survivors are financially supported in case they need additional GBV-related services (e.eg., hiring a lawyer, finding a place to live, etc.).
- While initial reports show that most women are satisfied with the CVA support, more assessment must be implemented to capture the true value of CVA to women as an emergency relief or/and as potentially reducing the risk of exposure to GBV. The fact that UNFPA provided such limited support for one time, it might be difficult to capture true impacts; yet it is necessary.

[57] For more, refer to an internal assessment conducted by UNFPA: Vouchers for Essential Items and GBV Prevention and Response: State of Palestine, 2021.

- In the process to implement its CVA activities, UNFPA approached its partners; they in turn sub-contracted other NGOs or provided their members (in the case of Networks) with the opportunity to provide lists of women beneficiaries from their services to be supported. Not all approached accepted to participate. In a few cases, it was the self-recognition that they do not have the capacity to engage in such activity, or as a disagreement with UNFPA on how it approached them without any true consultation on the needs and priorities and best implementation modalities in this regard. In addition, while there is no confirmation that not all women who received the CVA were necessarily GBV survivors, it was noted, however, that they were at least at risk of exposure to GBV. Future work must clearly articulate the meaning of at-risk of GBV and operationalized through valid and measurable indicators to allow proper targeting and achieve the maximum possible impact.
- While not part and parcel of its mandate, economic empowerment is an activity that UNFPA experimented with. The linkage between the grants provided by UNFPA and the true benefits in achieving gender equality and women empowerment must be further investigated. The present evaluation is unable to establish if these grant shave played a real role in reducing GBV or the risk of it. Further research is needed if this an area that UNFPA would be interested to pursue in the future; something that is not recommended by this evaluation. With that, they must be viewed from a long-term, gender transformative, perspective.
- In general, while this above approaches to CVA and economic empowerment might be justified by the humanitarian crisis related to COVID-19 and other occupation-related stresses, they must be fully reviewed in the future to identify the best entry points for effective impact and to ensure that these notions re full integrated with GBV services and case management, and with an aligned focus on GBV survivors. It must also be noted here that UNFPA is not mandated to provide CVA assistance for general economic empowerment of women. The UNFPA CO does not plan to do that.

4.2.3.2 Achieved versus planned GEWE outputs in CPD

The data in Table 8 provides a high level of achievement across GEWE output indicators. Overall, regarding the performance of the output indicators, the majority (3 out of 4) of the output indicators under GEWE were achieved or overachieved. Key informants attributed this to the implementation of the country programme in a participatory government-led process involving strategic partnerships with key government and non-government organizations. It might also be explained by the ability of UNFPA to raise funding to respond to the humanitarian needs and during the COVID-19 pandemic era. However, the key outcome indicator *of "Proportion of ever married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months"* is not confirmed in 2021 as after showing progress (from 37% in 2011 to 29% in 2019, as evident from the 2019 GBV survey by PCBS) has been deteriorating because of the conditions surrounding the pandemic and economic deterioration. In the absence of updated official data in this field, it is hard to monitor the progress in this field. It must also be noted that this indicator is a high-level impact indicator, and while UNFPA is a key player in this field, progress or deterioration must be contextualized within the broader socioeconomic, policy and legal surrounding conditions, as well as the individual and collective efforts by all stakeholders. **The expanded analysis showcasing additional output indicators for the GEWE sub-programme is presented in Annex 10.**

Table 8: Outcome 3: Summary of Results Achievements for Gender Equality and Women's Empowerment

Strategic Plan Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.					
Output 3: Strengthened capacity of health and social protection actors to promote gender equality, reproductive rights and to effectively address gender-based violence, including in humanitarian settings.					
Output Indicators, Baseline and Targets		**2018**	**2019**	**2020**	**2021**
Number of gender-based violence survivors benefiting from services, including medical treatment, case management, psychosocial support, legal counselling, and referral *(Baseline: 1,500, Target: 100,000)*	Target	4 facilities	25facilities	20,000	11,700
	Actual	21,000 GBV survivors and at risk, 9 facilities received trainings	20,000 women and girls, 36 facilities received trainings	23,100	11,700
Number of civil society organizations skilled in advocating for sexual and reproductive rights, including combatting gender-based violence, in compliance with human rights conventions and international standards *(Baseline: 3, Target 10)*	Target	-	-	-	-
	Actual	20	30	50	60[58]
Number of facilities equipped and functioning as safe spaces for gender-based violence survivors *(Baseline: 4, Target: 10)*	Target	6	40	10	12
	Actual	20	45[59]	31	41
Number of networks that upheld the gender-based violence referral pathway and introduced the minimum standards *(Baseline: 4, Target: 10)*	Target	3	30	6	20
	Actual	20	30	6	12
Number of community leaders reached and sensitized with correct messages on gender-based violence prevention *(Baseline: 1,800, Target: 7,000)*	Target	-	-	-	-
	Actual	6,250	6,000[60]	7,000	7,278

Note: *These indicators reflect results framework in the CPD design. Other outputs and other output indicators were annually integrated into UNFPA annual workplans and found in Annex 10.*

4.2.4 Unintended Effects

The COVID-19 pandemic took its toll on the operations and implementation of the 6th CP, nevertheless, the UNFPA CO was fast at adopting to the crisis and adjusting its operations and implementation modalities. Several unintended results had emerged that could be tapped on for future programming. The COVID-19 pandemic created an unprecedented emergency of significant disruption in services, relocation of resources, and a decline in affordability and access to almost all types of health services including SRH. The situation was compelling to all service providers and development actors including UNFPA.

Within its SRH mandate, resilience of the health care system and its capacity for emergency preparedness and response was enhanced through institutionalization of the MISP for reproductive health. CO took an active role in developing an SRH emergency plan and supported the development of SRH emergency plan related to COVID19 in specific, which could be applicable under any emergency in the future with minor adaptations. In sum, while the work with health centers, clinics and safe spaces was conceived and designed to provide services under normal circumstances, the pandemic period proved that these services were essential under the conditions of the COVD-19 pandemic. UNFPA was able to innovatively utilize the widespread outreach and existing capacities of its

[58] This is not a cumulative figure and estimated. The organizations include the partners, the safe spaces, the networks that UNFPA supported such as Hemaya which includes 12 organizations and WISAL in Gaza which includes 25 organizations.
[59] This figure included the 9 safe spaces, 3 mobile clinics and the PHC clinics at MoH
[60] Estimated figure.

partners to provide a relatively rapid response and flexible arrangements to curb the negative impact of the pandemic.

A small number of key informants and women participating in FGDs alerted the evaluation team to the need for UNFPA to assess elements relating to any unintended potential lack or limited adherence to human rights respect of women receiving CVA. They reported that women had to be brought from far-way areas and pay a relatively significant amount of money to receive their Voucher/ATM card. In some cases, mothers had to leave children unattended or decide for care with relatives. Delays were also reported in reaching women who would wait for hours to receive their vouchers/cards. Delays were also reported in relation to the actual disbursement of the promised cash value. According to UNFPA staff, this is mostly related to misunderstandings on the part of the issuing bank and the inability of women to use such new forms of payment.

The COVID-19 pandemic accelerated progress on the digitalization of SRH services and information and GBV protection and referral systems. Since the eruption of the crisis, UNFPA and stakeholders took concrete strides to provide remote services and awareness and capacity building through online sessions, phone consultations, digital applications, SMS text messaging, voice calls and interactive voice response. UNFPA CO also put more emphasis on media, communication, and visibility activities in emergency situations where the communication and media outlets played an important role in advocacy and access to information. Furthermore, several studies and policy papers were conducted to assess impact of COVID-19 on SRH and GBV with recommendations to government and partners.

In the area of adolescents and youth, innovative interventions by UNFPA CO included the publication of an advocacy brief on adolescents and youth and COVID-19 in addition to the development of a Plan of Action for Young People based on a needs assessment.

In the area of GEWE, while the focus of services was on adult married women, the benefits went beyond women themselves. Many of the women participating in the FGDs reported that the gained awareness, skills and overall empowerment was felt by all other family members. The evaluation team noted that women who had been for many years participating in empowerment activities on a regular basis, while in limited number, were the ones who have the most conviction in the value of the work and services provided by the various centers and safe spaces. One of the women in Gaza (36, married with children), confirmed what many other women expressed: "*I informed and encouraged many of the women in my surrounding to visit the center and utilize its services; I for once went to check on my pregnancy, but that turned into a long-term empowerment process*." These women are a great asset to the success of future interventions, not only as role models, but also as ambassadors of change, connectivity and reach to the most marginalized women who are inhibited from reaching any services that pertain to their victimization through GBV.

EQ4: To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation, and monitoring of the country programme?

4.2.5 Integrating Gender and Women's Empowerment in CP6

There is evidence that gender and women's empowerment was mainstreamed by UNFPA CO at the programmatic and organizational levels for CP6. Addressing the needs of girls, adolescents and women have been considered across all activities, since the design of the CP, throughout implementation and monitoring. More women participated in implementation of CP interventions, including within Safe Spaces and leaders in Youth Networks and Coalitions. Moreover, accessing services through online and digital tools allowed for equitable access for women and men equally, and girls and boys. Capacity strengthening activities targeting national partners and IPs covered GEWE and human rights issues. UNFPA CO, on the same front, ensured the use and application of gender sensitive and transformative language in all its media material and publications, as well as in annual reports.

UNFPA staff interviewed during the evaluation indicated that the ways and extent to which GEWE considerations were integrated into the CP varied between humanitarian and development settings. In the humanitarian setting, the programme is flexible, and decision-making largely lies within the UNFPA CO, implications of gender inequalities and GBV were seen and could be addressed. However, with development programmes, decision-

making is done by the government on all aspects of the programme, including priorities and implementation approaches and design of activities and targeting. UNFPA used the successes and lessons learned from the humanitarian programme to advocate for work with the government in the development setting. The strategic partnership between UNFPA CO and the Prime Minister's Office and other line Ministries such as MoH and MOE ensured was good entry point, yet still limited because not all actors report and not all of them have the needed systems in place. An example is the GBV IMS which has influenced the national strategies and led to the development of SOPs for essential GBV prevention and response service package led by the government. The developed of the SRHR strategy that was endorsed by the government was gender-sensitive and looked at women through a lifecycle approach. Working on the CRVS, the government looked at the gender issues likely affecting registration of women deaths.

IPs working with UNFPA who were interviewed during the evaluation commended on the capacity building they received by UNFPA on GEWE and human rights approaches. The M&E plans developed by IPs in close coordination and support from UNFPA CO ensured that they monitor and report on gender-sensitive indicators. There were efforts to link these indicators to contribution to SDGs 3 and 5. IPs further provided trainings to their own staff focusing on different elements such as gender equality, human rights, children rights and inclusion. IPs also ensured the prevention of the sexual exploitation and abuse (PSEA) and developed measures for their applications.

4.2.6 Integrating Human Rights in CP

In its 6th CP, working on SRH was a priority for UNFPA guided by the human rights principles for individuals and groups. UNFPA ensured accountability and participation of different beneficiary groups and accountability to the affected populations and having incentive-based volunteers as well. UNFPA focused on the principles of Leaving No One Behind and ensured non-discriminatory and quality interventions. Besides working on SRHR at the policy level, UNFPA was one of the few organizations also working on this domain at CBOs level. Like with AY and GEWE, working on the integration of Human Rights within the humanitarian programmes was less challenging than with the development programme.

People interviewed during the evaluation pinpointed and social barriers to work and advocate for LGBTQ groups. UNFPA provided the service regardless of any sexual orientation, yet there were incidences where staff had refused to provide the service considering sexual orientation. As capacities were built on rights-based approaches, the services were made available for all groups including minorities and special groups. Furthermore, the evaluation noted that throughout the implementation of the 6th CP, the lack of commitment from the human rights agencies and partners on the SRHR agenda was an on-going challenge identified by the UNFPA CO team in all annual reporting.

4.2.7 Humanitarian-Development-Peace Nexus

The UNFPA's CP reflected a strengthened humanitarian-development-peace (HDP) nexus approach across its three outcomes and all the work it undertakes to ensure coherence between the three response pillars humanitarian, development, and peace. UNFPA has been active to make SRH and GBV services and products accessible to all governorates in the West Bank and Gaza. The evaluation accounted for the UNFPA's CP contribution to the HDP nexus through elements contained within the CP, including the collaboration among peacebuilding, development, and humanitarian actors through the UNCT and the Humanitarian Partners Forum. The UNFPA CP and humanitarian, development and peacebuilding organizations in Palestine contributed collectively to the same outcomes and the strategic priorities of the UNSDF. Collaboration included implementation of joint activities, assessments, and monitoring, especially during the COVID-19 crisis.

In addition, YPS is one of the HDP typical intervention areas. This is where UNFPA supported the youth's meaningful engagement in the society as part of the YPS agenda which is linked to the prevention and protection of young people from violence and other risky behaviour.

UNFPA's assistance initiatives implemented in West Bank, Gaza and East Jerusalem provide models of excellence and quality services that are accessible to all communities including vulnerable populations. The CP took short,

medium, and long-term perspectives in its interventions that ranged between the provision of SRH services and GBV response to communities, to strengthening national capacities, supporting information and data management systems, as well as development of national SRH Strategy, Youth strategy and CMR guidelines and SOPs. This was seen as convenient by the evaluation team to the country's protracted and complex nature of the humanitarian situations where resilience needs grow higher over time.

Although addressing the drivers of the crisis was not a primary objective of UNFPA's humanitarian programme, yet UNFPA was able to contribute by building trust among groups and between the Government and the population and by ensuring equitable access to SRH and GBV services. The safe spaces in the communities serve everyone, promoting social cohesion. Discussions during the evaluation highlighted the heavy load of the humanitarian programme on one hand, and the limited funding for the development interventions on the other.

4.3 Efficiency

EQ5: To what extent has UNFPA made good use of its human, financial and administrative resources, including technology, and used a set of appropriate policies, procedures, and tools to pursue the achievement of the outcomes defined in the county programme, including how these have fostered or, on the contrary, impeded the adaptation of the country programme response to changes triggered by the COVID-19 crisis?

4.3.1 Funding Modalities, Reporting and Administrative Arrangements

The UNFPA CO maintained a very good funding level for the 6th CP from donors. Albeit national partners find that more funding was needed to allow UNFPA to respond to needed assistance on national priorities (eg: GBV), as well as to provide further capacity strengthening to the government. The implementation of field level interventions was done through government and NGO IPs who were managed by the UNFPA CO, based on annual financial disbursements with agreed workplans and reporting. Monthly and quarterly meetings were held between UNFPA and IPs, in addition to joint monitoring. During the evaluation, IPs reported that UNFPA supported to build their institutional and individual capacities. This includes through specialized training on SRH and GBV, as well as on M&E with regard reporting on indicators and use of tracking systems, project management and soft skills. They believe that they would additionally benefit from leadership and strategic managerial skills, as well as financial capacities and governance. In general, all interviewed IPs were satisfied with the technical, administrative, and logistical support provided by the UNFPA teams, despite the many logistical and administrative processes required by UNFPA.

IPs found that the financial support provided by UNFPA was adequate for the implementation of service delivery activities. However, the funds were not sufficient to cover some of their administrative costs, funds were only partially enough for the needed procurement, M&E or the human resources working on the operations. Some of the interviewed IPs reported that they faced challenges with the regularity of funds quarterly and at the end of the financial year, which hindered their abilities to procure and provide medications to beneficiaries at the Reproductive Health clinics and sometimes for logistical expenses (eg: allowances and coffee breaks during activities). Another challenge for them was the inflexibility of the budget allocations provided to the IPs, where in some cases the IPs find more convenience to make budget changes according to the developments during actual implementation on ground. But when the COVID-19 pandemic started, UNFPA was responsive with budget reallocations, for example to procure necessary digital equipment for the continuation of activities (for example, laptops, internet for staff working from home).

UNFPA staff differentiated between the capacities of government IPs and those of NGO IPs, UNFPA has been working with NGOs for some years on SRH and GBV services, which enabled them to gain experience. Also, on child marriage, there was weak political will and decision-making power by the government. Challenges cited by IPS included the high turnover of IPs' staff who fail to retain capacitated staff, and sometimes limited communications capacity. There has been improvement in using advanced technology tools and digital solutions (e.g., kobo for assessments, data visualization and M&E dashboards), which would be beneficial to expand on in future programming with adequate investments.

On use of technology to foster achievement of results, UNFPA CO made efficient use of technology to foster achievement of CP6 results with SRHR, AY, GEWE and data sharing. Evidence was obtained that the CO has produced and widely disseminated inclusive audio-visual materials and some with integrating sign language, supporting SRHR, AY and GEWE and COVID-19 in addition to several IEC materials. Furthermore, the adolescent health teacher's manual was developed, and schoolgirls and boys were reached through the virtual character "Majd" - the Brave Student. Furthermore, several innovative games, social media and short films were developed as vehicles and tools to send out SRH, AY and GEWE information and other related messages including during COVID 19 lockdown periods.

4.3.2 Utilisation of Funds

Fund allocations were made by UNFPA based on national priorities and the vision and mandate of the UNCT in Palestine (further discussion under 4.1 Relevance section). The UNFPA CO came forward with funding and human resources, which was appreciated by the UNCT. UNFPA was able to mobilise resources such as for communication and advocacy and for the youth in the UNCT. This was especially inevitable during COVID-19 amid issues related to gender equality and GBV.

4.3.3 Personnel

The technical capacities of the programme personnel were high, as reflected by IPs, government partners and UN staff. The UNFPA CO has specialized teams for SRHR, AY and GEWE in place, and maintained the positions of a Humanitarian Coordinator, Heads of Departments, and support functions. Field presence in the West Bank and Gaza bolstered the efficiency of implementation of the CP. Feedback by national partners was positive about the technical capacities of the UNFPA CO team. Almost all the interviewed UNFPA CO staff from the different teams found that the CO requires organizational structure review that would allow for capacities equivalent to the funding availability and programme intended outputs. They reflected that the current total number of staff was not sufficient compared to the workload nor the amount of funding, which posed challenges and workload issues. The area of M&E could possibly integrate Population and Development functions and would thus specifically benefit from additional staff in place to support population and data functions where UNFPA can play a key role within the next programming.

In addition, UNFPA has built the capacity of personnel in various organizations and government entities on resources management, mobilization, leadership skills and organization management. UNFPA has also provided its personnel to monitor the implementation of programme activities of different partners. However, nearly half of the implementation of the 6th CP was characterised with the global pandemic COVID 19. With COVID-19 on the play, the whole situation and plan of personnel's physical presence in the offices and at the field changed. UNFPA, the government of the State of Palestine, other development partners, IPs at the national and grassroots levels and rights holders were equally affected. To a large extent, the COVID-19 pandemic and the political context in the State of Palestine affected implementation of work. However, with time, the innovation of using available personnel and technology within the UNFPA CO and in areas where it was accessible eased the implementation of the CP.

4.4 Sustainability

EQ6: To what extent has UNFPA been able to support implementing partners and beneficiaries (women, adolescents, and youth) in developing capacities and establishing mechanisms to ensure the ownership and durability of effects including results occasioned by the Covid-19 response?

UNFPA CO has vast experience of working with various diverse types of implementing partners including CSOs in Gaza, West Bank and East Jerusalem in CP implementation. The work UNFPA has been doing in the State of Palestine should continue to provide the needed humanitarian assistance. The UNCT recognizes that the ownership and durability of the humanitarian work is not sufficiently tackled, especially on GEWE issues, and that more sustainable solutions need to be sought. A high level of funding allocations is inevitable to ensure sustained humanitarian support continues. It was however reported that UNFPA and indeed other development organisations should work more with local organisations so that the programmes become acceptable to the local communities.

This was reported to improve on trust of the local communities on the genuineness of the programmes towards improving their livelihoods.

Prospects for sustainability of the UNFPA's work was built around the engagement of national partners and stakeholders, building national capacities, and influencing policies. In the views of the interviewed national partners, UNFPA's work encompassed elements that suggest high prospects for sustainability. These included the technical training of trainers that was provided by UNFPA strengthened institutional capacity on a wide array of fields and at different levels, including on GBV response, empowerment of adolescents and youth, and SRH information and service provision. The information systems, tools, and infrastructure established public-private partnerships as well as the advocacy at the national level contributed to creating an enabling environment on SRHR, AY, and GBV. UNFPA and partners were able to institutionalize CMR services and SOPs, in addition to the development of national policies on Combating Child Marriage, the National Youth Strategy and SRH Strategy which were developed through a participatory process with sustainability and governance as one of the main domains. Finally, the integration of the adolescent and youth SRH courses within universities grants further sustainability.

Ownership and durability were especially considered within the CP's work on population and data, a main strategic partner to UNFPA was the Palestinian Central Bureau of Statistics. Building systems such as the CVRS and introducing new tools for analysis of census and survey data goes a long way towards promoting sustainability of data systems. It is worth noting also that UNFPA established technical committees for the strategies that it supported and built capacities of its members on SRHR, AY and GEWE. In addition, UNFPA established partnerships with humanitarian local actors in place. The capacity building that was provided to these actors ensured their sustained ability to offer the humanitarian services beyond the current 6th CP, as confirmed by these partners during the evaluation. They mentioned that they have the capacity to provide services to beneficiaries on SRH, AY and GBV response, and to cascade the training to more staff within their agencies. Even with the phenomena of the high staff turnover, the developed pertinent guidelines provide reference for the trainings. Nevertheless, UNFPA staff and most of the partners mentioned that the issue of the high turnover was yet one of the main adversities to sustainability of UNFPA's efforts.

On communities and beneficiary levels, the UNFPA interventions had positive impact evident in their sustained access to SRH services, AY, and GBV support. Trained volunteers through the youth coalition networks such as Y-PEER Network and the safe spaces can implement community and outreach activities. In this regard, UNFPA worked with the youth to develop a strategic plan for resource mobilization and sustainability. Vulnerable youth who benefited from the vocational trainings have gained skills to facilitate their jobs or work opportunities.

A challenge shared by UNFPA staff during the evaluation is that donors appear to develop different policies, but they do not commit funding for their implementation. The State of Palestine has so many policies in place, nevertheless, they are not being implemented. This calls for a coordinated action by the UN and development partners that contribute the Government of Palestine's efforts. Looking at development SRH indicators, it appears that Palestinian health facilities are providing most of the services, but the issue remains with the quality and the inequality of access. More investments are needed in health services to ensure quality and universal access where SRH is part of the medical coverage. Feedback from national partners reflected that they believe that without UNFPA, there are services and advancements that would not continue as they are anchored around the implementation of projects by UNFPA. For example, work on GBV within the health sector is still doubtful because it is still seen as an add-on that is still linked to projects and funding. Still for example, the GBV cases that are reported, and survivors provided with services is not high enough. This is unlike the work on family planning which is more effective. During the evaluation, interviewees find that effort still needs to be put on social behaviour and attitude change and on further capacity building at all levels with innovative approaches, such as coaching and on the job-training and support.

The evaluation however was not able to account for consideration by the CP to wider contextual challenges including the protracted occupation, the poor economic performance, the water deficit and food systems. In addition, integration of Palestinian youths into the labour market remains challenging. These challenges would have toll on UNFPA CO ability to continue to provide humanitarian assistance considering the already strained donor market. This challenge is aggravated by the risks of a decline international humanitarian support and the

uncertainty of the range of impact of the COVID-19 global crisis. This risk to sustainability of services was realized by UNFPA (document reviews) in light with donor fatigue and reallocation of resources to fund other emergency crises.

4.5 Coordination

EQ7: To what extent has the UNFPA Country Office contributed to the functioning and consolidation of UNCT coordination mechanisms?

On the humanitarian agenda, there has been coordination through the Humanitarian Partners Forum. There are working groups and sub-working groups regularly meeting with representation by different agencies. Some groups, such as the GBV one, had proliferation including a gender task force and the gender reference group. UNFPA 6th CP delivered against the UNSDF 2018-2022 (as detailed in the EQ1 on Relevance) and supported the different UNCT coordinating groups. This included the inter-government steering committee, the UNCT team, the PCT team and the three result working groups on People, Opportunities, and Institutions. However, as highlighted by the UN staff during the evaluation, group meetings were rarely organized, which adversely affected the overall strategic leadership and implementation on the UN development agenda in the State of Palestine. Feedback during the evaluation showed that joint programming is limited between the different UN agencies. There is a sense of competition and agencies can sometimes become territorial around their specific areas of focus. In addition, the COVID-19 crisis played a strong role on coordination as programme shifted focus to the socio-economic framework for response.

This evaluation found that there is a lack of effective and active UN-UN coordination and some local partners particularly the MOH. It is prudent to mention that this is in the context of a non-functioning UNDAF and the general lack of coordination mechanisms. There is evidence that there is a gap in this coordination that reflects in an overlap that does not indicate UN agencies commitment to the boundaries of the defined mandates of each. This could be weakening and confusing to local partners, in addition to creating unnecessary competition amongst them when some NGOs are encouraged to take over some MOH roles with the support and participation of some UN agencies. In addition, there are local ownership issue in some of the poorly coordinated UN efforts such as between WHO and UNFPA when it comes to the Public Health Institute (PHI) work on some SRH indicators and areas at the PHC level excluding the hospitals where complementary data is located. Not only that this creates fragmentation in national data and poorly informed related policy decisions but also the data generated by the PHI is owned, controlled, utilized, and published by WHO and MOH staff have difficulties accessing and benefiting form it in practice and quality improvement.

Throughout the CP6, UNFPA CO maintained its leadership role as the Chair of the GBV Sub-Cluster through active participation in the protection cluster and SAG regular meetings. Active reporting to the humanitarian dashboard owned by OCHA. 21 national organizations are reporting quarterly on GBV cases detected and treated by civil society and government organizations through entering data via GBV sub-cluster IMS about GBV types, perpetrators, locations, timing, and survivor's disaggregation. Also, an analytical paper entitled "The Palestinian women and the Great Return of March in Gaza Strip" has been finalized by GBV Sub Cluster. This analytical paper presented the humanitarian situation in Gaza Strip and its impact on Women and girls. Moreover, Seven GBV sub-cluster meetings were held in West Bank and five in Gaza.

UNFPA utilizes its role and membership in the GBV sub-cluster to further promote the focus on women and girls with disability. UNFPA made progress in building a strong and coherent GBV sub-cluster, with excellent cooperation around the HRP process, strong inclusion of NGOs (including a focus on disability) as partners for humanitarian response. The GBV sub cluster is clearly the most active sub cluster within the protection AOR. Some 11 sub cluster meetings were conducted and widely attended, in addition to a workshop on the 2019 Violence Survey preliminary results. This confirmed the leading role of the GBV Sub-Cluster in sharing knowledge and discussing needs and gaps related to GBV prevention and response. UNFPA's work on the HAYA programme with UN Women, UNHABITAT and UNODC is another example.

UNFPA CO maintained an active role in leadership in promoting issues around adolescents and youth. In 2021 UNFPA as a chair of the UN Group on Young People, identified private sector partners to work with for the

empowerment of young people. In addition, an adolescent health unit was established at the MoH in line with the strategic framework of UNFPA. The sub-programme adopted three YFHS models in several universities, where YFHS were integrated in mobile clinics providing SRH services in remote locations. In addition, in partnership with the Prime Minister's Office, the UNFPA CO led the signing of the "volunteerism" agreement along with other key partners. The sub-programme also established partnerships with youth-led networks and CBOs. In this regard, YEPEER, PMSA, sports for Life, and Youth Council in Gaza, and youth groups in the West Bank and in Gaza in addition to MYCHA, and Harah Theatre. The sub-programme increased efforts in youth resource mobilization through integrating youth in several different initiatives related to SRH and gender.

IPs interviewed during the evaluation mentioned that the partnership with UNFPA allowed them to participate in different coordination groups and understand what the developments are in SRH and GBV areas at the national level. Through the groups, they become updated on the procedures, tools and implementation strategies and cope within their entities at an early stage. They added that UNFPA provided technical support on the GBV working group at the policy level and at the field level, providing strategies for coordination, implementation and access to information and services.

Furthermore, UNFPA was well positioned and actively participating where possible within the UN coordination groups, retreats and discussions to advocate for SRH, AY, and GBV issues where possible. For example, within the M&E group, UNFPA had been active in supporting the coordination of all the reporting and the planning of the UNCT. At the UNFPA CO level, it was mentioned by staff and partners that there was a good level of coordination between the components on SRHR, GBV and Youth, yet sometimes implementation was done with a level of separation from one another, with divided budgets and activities.

4.6 Coverage

EQ8: To what extent have UNFPA humanitarian interventions systematically reached all vulnerable groups and the geographic areas in which affected populations (women and adolescents and youth) reside?

The UNFPA's 6th CP focused on the inclusion of marginalized areas and vulnerable adolescents, youth, and women, into programming. However, the evaluation team notes that coverage in the CP is impacted by the geographical fragmentation and the fact that there are areas that are not under the direct governance of the Palestinian government such as Area C and H1 where both service beneficiaries and providers must negotiate access to get to the healthcare facility. This is coupled with the rurality of most of the communities in these peripheral areas which implies availability of less resources and more marginalisation of people left behind. Jerusalem has its own peculiar vulnerability which is not necessarily a question of access to SRH care but is about the everydayness of State violence, persecution, endless experiences of being challenged, and the missing security Jerusalemites need to have a healthy life at home, at work, in the community and wherever they might be. The focus of UNFPA's interventions was clearly on women, adolescents and girls, and vulnerable Palestinians, and to an extent, people with disabilities. However, beneficiary support had not been sufficient to address all the special and increasing needs of 'those furthest behind', especially in development settings. Some marginalized and vulnerable groups were left behind with unmet needs. Of those, the stakeholders interviewed pinpointed that the extent of inclusion of the most vulnerable and marginalized was not fully considered. These include the elderly, people with disabilities, women in menopause age, and LGBTQ communities. These groups face challenges in access to SRH services and information, as well as GBV protection due to physical, communication and social constraints.

In addition, vulnerability in Gaza is more related to the political divide, the repeated escalations, as well as the huge number of men and women, girls and boys that were internally displaced as a result. The well documented outcome is inequities between West Bank and Gaza when it comes to different SRH processes indicators and availability of medications as well as structure, contents, and size of the offered SRH services. Notable, significant UNFPA work was done in Gaza and in area C and Bedouin communities in the West Bank, but the coverage is varying and inadequate in many communities and bound by the location of the IPs health centers and SRH facilities. In one example, participants in FGDs particularly pointed out the narrow scope of geographical coverage of the interventions. They stressed the need to broaden the scope and coverage of mental health and psychosocial

counselling, replicate the safe space model in other parts of the GS and expand the existing one to be more inclusive and impartial, and attend to FP unmet needs more consistently and comprehensively. The implemented activities across the cities differed from each other in terms of intensity and activeness. were implemented in most of the governorates, but in some regions, they were active more than other regions. For instance, the YPEER is implemented in most of the governorates, but in some regions, they are not active at all. The implemented projects in Gaza covered all the strip and targeted all categories of the population. In addition to promoting the needs and rights of marginalized groups within the GBV sub-cluster and service providers, UNFPA's focus on adolescents, youth and women with disability, child girls and the elderly is evident:

The UNFPA CO launched the first youth mobile application. In this regard, first Youth SRH mobile application, namely, the Mustashari - My Counsellor, was developed and launched during 2020.
The UNFPA CO led in and out of school interventions. I and out of school interventions were conducted using social innovative tools and approaches: MAJD "the brave student". Peer to peer interventions among adolescents and youth episodes were broadcasted on Palestine TV to reach a varied spectre of the population segment including vulnerable groups.
One of the most notable directories is the Service Directory for GBV Survivors in braille language, for women and girls with disability, which was produced in partnership with EDUCAID (a member in the GBV sub-Cluster).
As a joint effort of the Gender Based Violence Sub-Cluster (GBVSC) and Child the Working Group (CPWG), UNFPA CO developed a strategy for combating child/early marriage to guide stakeholders in addressing increased rates of child/early marriage in conflict-affected areas in the West Bank and Gaza and among identified communities in humanitarian and development contexts. This strategy will be launched with the support of UNFPA and UNICEF.
UNFPA jointly with Tunisia co., Oman and Lebanon conducted a joint study on GBV among elderly. The study highlighted the increase of violence and the bad condition that elderly people suffered from in the four countries. The study was conducted under the supervision and technical support by ASRO.
The present and potential close cooperation with WFP (and the work with MoSD) will allow UNFPA to have an impact on the lives of women and families through further integration of GBV in the considerations for assessing poverty and marginalization.

4.7 Connectedness

EQ9: To what extent has UNFPA humanitarian response supported and planned for longer-term development goals articulated in the results framework of the country programme?

EQ10: To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities etc.) to better prepare for, respond to and recover from humanitarian crisis?

UNFPA through its 6th CP took concrete strides on building capacities at local and national levels, primarily on SRH services, AY, and GBV response, as well as cross-cutting initiatives on PD information management systems and policy development. Over the multiple years of the CP, these efforts increased the ability of people, organizations, and the government to address humanitarian needs, risks and vulnerability. At the same time, development capacity building efforts ensured to maximize effectiveness, resilience, and country ownership to manage and deliver SRH, AY and GBV products and services to the target groups at the longer term.

The evaluation accounted for interconnected capacity development results at the individual, organizational and enabling environment levels. The evaluation team further noted that most of CP6 interventions were implemented within the humanitarian and developmental-peace nexus. At the national level, evidence on connectedness is in the UNFPA CP having emergency preparedness and response and disaster risk reduction plans, both of which are budgeted and integrate SRH, AY and GBV components including family planning and STIs.

4.8 Individual capacity building

Through comprehensive training packages, UNFPA improved individual skills, knowledge, and capacities, extended to multiple local and national stakeholders, implementing partners and government staff, as well as beneficiary men, women, youth, and girls. Capacities of developmental and humanitarian implementing partners and staff at National Health Facilities increased on identifying related SRH and GBV gaps and needs, they learned about the provision of family planning and counselling, the Minimum Initial Service Package (MISP) in case of

emergency. They were also trained on infection control and prevention, obstetric ultrasound and contraceptives and maternal nutrition.

Targeting the different community groups, UNFPA supported the conduct of awareness raising sessions and TOT for youth volunteers. This covered different SRH and GBV topics, such as psychological/anxiety disorders and First Aid, SGBV-Safe Referral, and National Standards for Youth-Friendly SRH services. UNFPA also supported the creation of the Y-PEER Network which empowered them as educators who further led awareness for youth using specialized theatre and innovative remote-based techniques. During the evaluation, interviewees mentioned that there is a need for more capacity building for IPs in the governance, leadership, accountability, and M&E aspects.

4.9 Monitoring and Evaluation

UNFPA contributed to improving organizational performance by strengthening the M&E portfolio in CO. In turn this would also contribute to increased capacity inn M&E for the IPs. In this regard, several initiatives were undertaken in support of the CO M& E function. As part of the Annual Program Review and a Mid Term Review for the 6th CP, the CO conducted a virtual workshop with its partners to review progress, challenges and lessons learned against all program targets. Key recommendations were identified from the second half of the CP implementation period. In addition, the quarterly reporting on milestones were completed by all staff to allow for internal quality review by the M&E Officer, management, and RO. In addition, there were successful engagement with the newly established UN Data Group, replacing the UN M&E group, which led to joint initiatives, including on the HDP nexus, and informing indicators across the humanitarian and development work-streams. Due to demands of the M&E function in the CO it is commendable that there was reinforcement with an additional staff complement to support M&E functions in both the West Bank and Gaza. The challenges included that that are multiple sources for M&E activities, including CPD, SP, UNDAF and ad hoc projects in addition to numerous requests originating from COVID-19 crisis, at National, regional, and global SitReps, C-19 global development and humanitarian response plans. Again, the UN Data Group [is not fully replacing the former UN M&E working groups, particularly regarding monitoring and evaluation of progress against UNDAF outputs and outcomes.

4.10 CO Capacity Strengthening Towards Persons with Disabilities

UNFPA contributed to improving organizational performance by supporting systems, processes, plans and guidelines for persons with disabilities. Towards promoting inclusive organisational practices within UNFPA CO, the CO supported the establishment of small disability committee which has representatives from different departments. The CO also undertook an office physical audit of accessibility to the infrastructure. Overall, the office is relatively well equipped for access for people with disabilities. Towards increased resource mobilisation for mainstreaming disability in UNFPA's CO interventions, the CO has actively sought to work with organisations of people with disabilities. In addition, the UNFPA CO supported implementing partners to improve the physical accessibility of health facilities and safe spaces for women and girls, provide basic sign language training for the staff, and develop GBV service directory using brail language. Finally, towards, Enhanced knowledge of UNFPA's implementing partners on the needs and rights of persons with disabilities, and in close cooperation with UNFPA's implementing partner, Starts of Hope organization for women with disability, UNFPA CO organized various trainings, sensitization, and coaching sessions with the staff of our implementing partners on the needs and rights of persons with disabilities, as well as improving inclusive services. Challenges included the fact that remote working arrangements implemented for much of the review period prevented an active focus on implementation of recommendations emerging from the physical accessibility audit. Furthermore, the CO has yet to complete recommendations for other items related to disability, such as an in-depth look at communications materials, human resource practices, and mainstreaming of best disability practices in programming.

4.11 Communications and Partnerships

UNFPA contributed to improving organizational performance by supporting systems, processes, and plans to facilitate communications and partnerships. In this regard, the CO worked to achieve objectives articulated in the UNFPA CO communications plan, focusing on visibility for UNFPA's programmatic priorities and donor visibility. The notable achievements by the CO in this area included, media visibility for UNFPA CO, production of advocacy briefs to highlight UNFPA CO's priorities particularly in humanitarian situations, and around issues of Young

People, where UNFPA has a lead name on behalf of the UNCT, successful donor visibility, including events with Young People on GBV prevention, significantly improved photo library and several stories on UNFPA CO priorities including notable stories on the global UNFPA platform. There were several challenges that included the fact that the UNFPA CO does not have a dedicated Communications Officer due to lack of dedicated funding. In addition, CO communications rely on a small team of volunteer focal points as well as occasional dedicated consultancies, and hence has a limited capacity to set larger and more ambitions advocacy goals. The evaluation team notes that the CO continues to seek to build better communications capacity to foster and promote the achievement of CP results.

4.12 Enabling environment

It is evident that UNFPA contributed to improving policy frameworks on SRHR, Adolescents and Youth and GBV as well as population and data. UNFPA supported the development of the National SRH Strategy, the National Population Youth Strategy, National GBV Strategy as well as the National Child Marriage Strategy. UNFPA supported these initiatives through consultation workshops with the participation of strategic partners including ministries, academia, NGOs, and international development partners. In addition, UNFPA CO provided the necessary technical input and assessments in collaboration with partners and the Government of Palestine.

CHAPTER 5: CONCLUSIONS

5.1 Strategic Level

Conclusion 1:
Given the political realities of the occupation, and other crisis and emergency situations, including the on-going global COVID-19 pandemic, UNFPA continues to adapt to and take into consideration the unfolding national priorities.
Under the humanitarian response, UNFPA made a timely response. As part of the Humanitarian Response Plan (HRP) led by the High Commissioner Office, the support that UNFPA to the concerns and needs of women with disability as a special population group leverage the relevance of its interventions. The CP is aligned with the global youth strategy: my body my life my world as it looks at the A&Y agenda from a holistic vision of wellbeing including SRHR. UNFPA's programmes are supportive of young people's access to health services and information, as well as opportunities for civic and political participation. UNFPA's contribution towards sexual and reproductive health have been highly relevant and responsive to national needs at the levels of policy, strategy and guideline development, knowledge management, capacity development in the health sector, support for service provision, and reproductive commodity supply. The Ministry of Health (MoH) is the core line ministry with which UNFPA works at national level for SRH. The SRH focus of UNFPA is fully aligned and responsive to the priority and national needs, building on commitments and support from previous CPs. The CO developed a pathway in the form of a Response Plan to the COVID-19 pandemic and implemented it as a plan of action from the onset of this emergency. The Plan of action encompassed key interventions and high priority areas to reduce the impact of the pandemic to development and humanitarian interventions. UNFPA came up with innovative responses that included 'programme criticality' duty of care of staff and Implementing Partners and beneficiaries addressing COVID-19 prevention. These responses focused on continual provision of essential services to ensure that the focus of CP6 interventions was not impended.

Origin: EQ1; Evaluation criteria: Relevance
Recommendation: Strategic level R1

Conclusion 2:
UNFPA is a valued member of UNCT and strategically positioned as a development partner and recognized by the highest leadership of the country. UNFPA works with other UN agencies following the Delivering as One approach. The expansion of the existing partnership base to include the private sector and professional associations is paramount.
UNFPA's strategic and convening role and accomplishments in SRHR, GBV prevention and response, youth empowerment, evidence and data generation, and partnership coordination are well recognized by the government, civil society, and development partners. UNFPA CO is the chair of the UN Theme Group on young people. The country has a functioning inter-agency gender-based violence coordination body because of UNFPA guidance and leadership. UNFPA CO maintained its leadership role as the Chair of the GBV Sub Cluster through active participation in the protection cluster and UNCT/HCT, calling for regular GBV Sub Cluster meetings, and to coordinate prevention and response activities. Among Palestinians, UNFPA has a strong reputation of connectedness, and loyalty to the country and the people and this is an important source of strength that can only facilitate UNFPA's work with partners, stakeholders, and individuals at the grassroots. It co-leads the system-wide monitoring and reporting mechanism on the socio-economic response related to health, GBV and youth. At the humanitarian front, UNFPA continues to coordinate its efforts at the country, regional, and global levels in support of prevention, response, and early recovery from the COVID-19 pandemic.

The technical support of UNFPA, which is very much relevant to the needs of SRHR, Gender/GV and AY, was given to CP6 beneficiaries in Gaza, West Bank and East Jerusalem. However, the situation among young people remains dire in the State of Palestine, particularly in Gaza and the West Bank. The Palestinian population is relatively youthful, but this is coupled with high unemployment rates. The unemployment rate among young people aged 18-29 years was 53% in 2020 (43% in the West bank and 67% in the Gaza Strip).
Origin: EQ9, 3 and 4; Evaluation criteria: Connectedness and effectiveness
Recommendation: Strategic level R3.
Conclusion 3:

Work on policy and legal development continued, but with the absence of a functional Legislative Council since 2006, the State Palestine did not witness any significant accomplishments on this front. With that, gaps in the full and proper implementation of these policies and laws continue. Particularly on GBV, while work services work is notable, there may be a need to strengthen accountability in implementation, prevention, accessibility to GBV services through a well – connected referral system and behavioural and normative change This is important for all groups, but vital for young men and male and female adolescents. The new law (2020) banning marriage under 18 must be monitored to ensure full and true implementation. To mitigate risks and reinforce positive change, UNFPA might opt to strengthen the role of its civil society and community – based partners to ensure social accountability and true representation of the voices of the right holders, especially the ones most vulnerable (e.g., GBV survivors, women with limited access to services, adolescents from families facing adversity). This might also be combined with further work to develop the capacities of the MoWA and its partners.
Policy works in both areas have yielded results; however, implementation is lagging for both SRH and GBV. In the area of Gender, UNFPA supported the development of the Palestinian GBV National Referral System (NRS). On referral, the GBV Sub-Cluster has been diligent in coordinating the regular updating of the national referral pathways throughout the entire 6th CP period, with funding and support from UNFPA. While the challenge of impunity for perpetrators of rape and incest and the lenient punishment associated with such violations is a major issue of concern, this has been a key priority for relevant international organizations and the Palestinian women's movement. The evaluators noted that no real progress has been made towards addressing this issue. The present efforts are somewhat scattered without sufficient unity and coherent leadership and consistent and creative advocacy and lobbying capable of creating real policy and legal change. It may be that different kinds of advocacy, or different kinds of analysis of the blockages in the process, are necessary to address this issue.

UNFPA's consistent stimulation, initiation and leadership of policy developments and advocacy work brought about significant changes in all areas of SRH. Regarding vulnerable and marginalized populations, for outcome 1 concerned with SRH, throughout the CP6 including during COVID 19 era, UNFPA's consistent initiation and leadership of policy developments and advocacy work brought about significant changes in almost all output areas expounded in the CP6 document and annual reports. Examples include national SRH strategy, SRH emergency plan, protocol on pregnancy and COVID-19, national obstetric care protocol, preconception care protocol, YFHS standards & protocol, national protocol on breast cancer and sexually transmitted infections finalization, Adolescents Health Coalition, and conferences, national SRH strategy review in alignment with the regional, RMNACH strategy, obstetric conferences in Gaza, and policy dialogue with religious leaders in Nablus. Policy entities creation, policy dialogue stimulation, community mobilisation, and new policies formulation all present strong evidence on the achievements UNFPA- including through its IPs- made toward creating a more favourable policy environment at the national level, that have markedly improved the integrated SRH information and services including in the COVID-19 situation.

Origin: EQ 3 and 4; Evaluation criteria: Effectiveness
Recommendation: Strategic level R 3 and 4.

5.2 Programmatic Level

Conclusion 4:
UNFPA has been successful in advocating and supporting human rights and gender integration, and to address vulnerabilities, socioeconomic and geographic disparities. HRBA and GEWE were incorporated during the design phase and mainstreamed throughout the SRH area interventions and activities. However, there have been weaknesses such as in the integration of LGBTQI populations and persons with disabilities in UNFPA programmes.
UNFPA's advocacy and support on the above matter is hampered by the fact that the context is a protracted occupation, displacement, and blockade on the Gaza Strip. In sum all these protractions are impacting the context within which CP6 programmatic interventions are implemented. This leads to a situation where humanitarian workers struggle because of the intricate nexus between humanitarian and development work. By design, the SRH programme catered for the needs of the two groups, viz, right-holders with their entitlements and duty-bearers with their obligations, adopting a participatory approach that operated at the three interconnected levels of: policy, institutions, and community. Within a robust network of partnerships, overall, the programme sought joint efforts of

all partners through active engagement of multiple stakeholders and beneficiary groups including women and youth.

Origin: EQ3 and 4; Evaluation criteria: effectiveness
Recommendation: Programmatic level R6

Conclusion 5:
Commendable work has been achieved in the delivery of integrated SRHR services. The perception that SRH and family planning programmes have lost ground to other priority areas presents serious challenges for UNFPA. This also presents immense opportunities to innovate and to use the power of partnerships to increase focus on SRHR programmes. There is need to strengthen the quality of care (focusing on midwifery) and the full integration of SRHR in the national universal health coverage package including promoting laws and legislation development and implementation, cross-sectoral coordination, intra-sectoral coordination, and integration towards achieving the localization of services and universal health coverage.
UNFPA and IPs succeeded in building awareness and improving service utilization and therefore outcomes of breast cancer to survivors. Nonetheless, due to the limited number of women the project could serve, breast cancer remains an area of "unfinished business". Safe spaces in health centres optimize access to services and improves effectiveness in programme delivery. GBV is a basic component of SRH services and information anyways, and GBV services are provided by the women health teams who work at the safe space where women GBV survivours are normally informed about available integrated SRH services. To increase the utilization of integrated SRH services, UNFPA's focus remained on: i) Strengthening capacities to provide high-quality, integrated information and services for the prevention, early detection and treatment of sexual and reproductive health-related morbidities, including breast cancer, sexually transmitted infections and HIV; ii) Enhancing resilience of the health care system and its capacity for emergency preparedness and response, through institutionalization of the Minimum Initial Service Package, and iii) Supporting the capacity of national partners to provide integrated sexual and reproductive health services and information to vulnerable communities.

Origin: EQ3 and 4; Evaluation criteria: effectiveness
Recommendation: Programmatic level R6

Conclusion 6:
UNFPA was committed to the approach of Leaving No One Behind. Nevertheless, there is need for novel ways and models of reaching the furthest behind first with quality SRH information and services.
UNFPA supported various stakeholders reaching people who are left behind through mobile clinics, and varied GBV interventions, notably those with disability focus, and those that focussed on the remote locations in Area C that has no other health services. UNFPA also supported the Prime Minister's Office in fulfilling the rights and needs of adolescents and youth by supporting leadership and participation of youth in initiatives that encourage dialogue and seek local solutions for SRH challenges, with a focus on young girls. As UNFPA CO chairs the UNTG on Young People, several joint interventions and events were carried out with the UN group's members. These include key advocacy efforts in the UNTG on Young People that were achieved through the leadership of UNFPA. These include joint UN statement on the International Youth Day, Youth and the Palestinian Elections, and Youth and the recent escalations.

Origin: EQ3 and 4; Evaluation criteria: effectiveness
Recommendation: Programmatic level R7

Conclusion 7:
UNFPA succeeded in the institutionalization and operationalization of the Minimum Initial Service Package (MISP) for SRHR in crisis to make sure that all affected populations have access to lifesaving SRH services. The UNFPA's increasing focus on the clinical management of rape (CMR) is a step in the right direction in broadening the set of services for GBV survivors. Adequate technical capacity was provided for the development and implementation of a costed integrated national sexual and reproductive health plan.
There was participatory involvement of stakeholders in the orientation and consultative process to develop the Minimum Initial Service Package (MISP) for SRH in humanitarian settings. The integrated national sexual and reproductive health strategy 2018-2022 was printed and disseminated and UNFPA CO and MOH participated in the launching of the LAS RMNACH strategy to ensure harmony between the regional and national strategies. However, the strategy was only partially implemented due to COVID-19. The increased focus on CMR is a step in the right direction.
Origin: EQ3 and 4; Evaluation criteria: Effectiveness
Recommendation: Programmatic level R8

Conclusion 8:
UNFPA succeeded in achieving the set targets on the number of youth-led networks and organizations that implement health, social and economic programmes reaching adolescent girls at risk of child marriage. This impacted positively on youth participation and empowerment within the context of political realities of the occupation.
UNFPA continued to make good progress as lead of the GBV sub-cluster, with a successful and inclusive HRP process undertaken, and an important contribution to the formation of a national Child Marriage Task Force to end child marriage in oPt. The GBV Sub-Cluster, together with the Child Protection Area of Responsibility, took the initiative to form the Child Marriage Task Force in 2019. The output of this Task Force is not a national strategy to end child marriage, but an advocacy plan to advocate with community leaders, religious leader, and Sharia court judges to minimize the use of exceptions given to the Palestinian law against Child Marriage based on religion.

With UNFPA support, the following were realised: IPs successfully implemented programmes in partnership with CBOs and youth-led groups and networks including the YPEER, youth council in Gaza and West Bank. Young people were heavily involved in the response and recovery of COVID-19 physical and virtual interventions which included humanitarian youth-led initiatives, awareness raising sessions, basic, advanced, and theatre-based trainings for YPEER, GBV related initiatives, and campaigns on IWD, IYD, IVD, Breast Cancer, IDGC, and 16 days' campaign. Furthermore, partnerships with youth led CSOs and youth groups were established for improving youth meaningful participation in the Palestinian elections within the formed task force namely, 'Youth for Palestine. However, the work of the national Child Marriage Task Force was put on hold due to COVID-19 and the May 202Escalation.

Origin: EQ 3 and 4; Evaluation criteria: Effectiveness
Recommendation: Programmatic level R9

Conclusion 9:
UNFPA support was critical in ensuring support for demographic surveys. UNFPA together with UNICEF supported the Palestinian Central Bureau of Statistics (PCBS) in conducting the 5th Multiple Indicator Cluster Survey (MICS) round during 2019 following the 4th round that was conducted in 2014. The great achievement here was that the MICS data placed the State of Palestine on the global map of comparable data. The evaluation team believe that the support to produce quality data will greatly benefit from a stand-alone and dedicated Population Dynamics sub-programme in the CO. In addition, the evaluators conclude that the concept of leaving no one behind was well understood by the data collection agencies/institutions. However, at the policy level, no evidence was found to show any activity being done by the National Population Committee. Regarding the NPC, it is notable that the organisation led on the articulation of the Nairobi Commitments. There have also been some recent developments in the 'housing', leadership and composition of this committee in the course of 2021 and UNFPA is hopeful that the committee will provide a more productive counterpart going forward. While PCBS is the body that produces data, UNFPA can work with the National Population Committee to advise and recommend on the type of data to be produced,

and to assist in its proper dissemination and use. This will also be the body that UNFPA coordinates with to implement the Nairobi Commitments. It is important to note and recognize that while it is indeed true that the population commission has not been very active, it did articulate the Nairobi commitment, which was an important contribution.

UNFPA supported 11 studies and assessments in different areas in the SRH programme in CP6. These studies certainly generated enormous volumes of valuable data that are worthy of building upon. The MICS has generated reliable statistics on the causes and risk factors of maternal mortality including key demographic and health indicators related to family planning, mother, and child health. However, issues related to who conducts those studies, quality assurance of the research products, and dissemination modalities remain standing. That the National Population Committee is expected to provide a more productive role during the next CP and in championing data production is a welcome development.

Origin: EQ 3 and 4; Evaluation criteria: Effectiveness
Recommendation: Programmatic level R11

Conclusion 10:

CVA is an area for humanitarian interventions and social protection in risk-areas. In the case of the State of Palestine, CVA has been utilized to mitigate GBV risks under the overarching occupation and COVID-19 related conditions. This is an area that requires diligent and critical review and reform if UNFPA decides to continue with this approach.

Origin: EQ 3 and 4; Evaluation criteria: Effectiveness
Recommendation: Programmatic level R10

CHAPTER 6: RECOMMENDATIONS

Based on the conclusions, the following recommendations were developed. The recommendations will be fine-tuned in a consultative process, because of participatory discussion with UNFPA CO and follow-up rounds of validation with the Evaluation Reference Group. The timeframe for the implementation of the recommendations has been indicated under short-term, medium-term, and long-term periods.

6.1 Strategic Level

Short-term period

1. Considering the security considerations due to the ongoing occupation, lessons learnt from the COVID-19 response, and the resilience of the state institutions calling for investing in humanitarian-development nexus, UNFPA should focus on strengthening the national and sub national capacities in resilience programming, emergency preparedness, mitigation, prevention, and response to ensure access to essential and life-saving interventions in humanitarian emergency situations, with the subsequent recovery and rehabilitation actions. In this regard, there is a need to better leverage humanitarian funding (which constitutes 80% of UNFPA CO non-core resources) to the building of resilient systems of service delivery.

Operational Implications: The technical implication is that UNFPA and partners should identify innovative ways of dealing with on-going and unexpected humanitarian crises. The financial implication is that UNFPA should mobilise funds regularly to meet the requirements for humanitarian situations.
Priority: High; **Target level**: UNFPA CO, National and Governorate governments; IPs; **Based on Conclusion:** 1

2. There is scope for expanding the partnership base and building new and innovative partnerships. The next country programme should further expand its partnership base to include private sector and professional associations, among others. This is also considering the potential of the private sector in the country.

Operational Implications: The technical implications given the lesson that past approaches and conventional partnerships used to address past situations turned out to be no longer enough, or necessarily relevant, to handle the challenges and operate in the complex context are as follows (a) UNFPA should optimally make use of its comparative advantage as the leader in integrated programming anchored on gender and human rights as well as an agency with technical expertise in multi-sectoral programming and the humanitarian aid-development nexus; (b) creating functional alliances and networks for transformative changes and innovative solutions..
Priority: High; **Target level**: UNFPA CO, national and governorate governments; and IPs; **Based on Conclusion:** 2

Medium-term period

3. Beyond creating opportunities for more partnerships, UNFPA should draw on the space of trust and partnership arrangements through national and sub-national coordination mechanisms on young people, SRH and GBV. In this regard, working with young men and adolescents, and having a stronger focus on revitalizing the interventions on child marriage, will be of great value to the next CP.

Operational Implications: The technical implication is that quality technical support should be provided by UNFPA to ensure that the national and sub-national coordination mechanisms are continuously functional.
Priority: High; **Target level**: UNFPA CO, National and Governorate governments; IPs; **Based on Conclusion:** 3

4. Given that there are limitations on the degree of success achieved at the policy advocacy level due to the absence of a National Legislative Assembly, UNFPA may want to consider focusing more on establishing accountability mechanisms. UNFPA should focus on establishing accountability mechanisms and models for scaling up policy implementation, prevention, and enforcement of laws related to the ICPD agenda.

Operational Implications: The technical implication is that UNFPA should provide technical support to national and governorate governments to facilitate accountability mechanisms for the implementation of policies and laws. **Priority**: Medium; **Target level**: UNFPA CO; IPs. **Based on Conclusion**: 3

6.2: Programmatic Level

Short-term period

5. Resources permitting, UNFPA management should consider setting up the Population Dynamics sub-programme as a separate output. UNFPA should be pro-active and continue its advocacy role to ensure that the budgetary allocations for all programmes are either sustained or increased above current levels.

Operational Implications: The human resource implication is that UNFPA should ensure that there are dedicated technical staff to undertake the advocacy activities. UNFPA should also ensure that there are financial resources and dedicated staff for the Population Dynamics sub-programme within the M& E Portfolio.
Priority: Medium; **Target level**: UNFPA CO; IPs; **Based on Conclusion**: 10.

6. UNFPA's SRH programme in CP6 has been too scattered. The SRHR sub-programme should therefore invest in the integrated delivery of the constellation of SRHR services (family planning, STIs and HIV prevention, basic and comprehensive emergency Obstetric and Neonatal Care (EmONC) services, CMR and GBV, among others), quality of SRHR services and strengthen the full integration of SRHR in the national universal health coverage package.

Operational Implications: The human resource implication is that UNFPA should ensure that there are dedicated technical staff to undertake the advocacy activities as well as providing the required technical support.
Priority: Medium; **Target level**: UNFPA CO; IPs; **Based on Conclusion**: 7

7. UNFPA should introduce and demonstrate innovative ways and models of reaching the furthest behind first with quality sexual and reproductive health information and services to address geographic and other disparities.

Operational Implications: The technical implication is that UNFPA CO should give priority to develop the innovative models and communications strategies and test them for their effective applicability. In addition, the CO staff should engage the national and governorate counterparts throughout to ensure ownership of implementation.
Priority: Medium; **Target level**: UNFPA CO; IPs; National and Governorate; **Based on Conclusion**: 6

8. UNFPA and partners should further advocate for and support the operationalization of MISP and influence budgetary allocations from government on MISP. In addition, UNFPA should also provide technical support to National and Governorate governments on the implementation of the costed plans on MISP.

Operational Implications: The technical implication is that UNFPA must give specific guidance on the implementation modalities of MISP.
Priority: Medium; **Target level**: UNFPA CO; National and Governorate governments; IPs **Based on Conclusion**:7

9. Building on the policy gains and programme accomplishments, UNFPA should support the Strategic Framework on Adolescents and Youth on SRHR at the national and governorate levels that facilitate the

integration adolescents and youth SRHR across the humanitarian-development continuum. At the same time, UNFPA should work with stakeholders to remove bottlenecks that impede implementation.

Operational Implications: The implications are that UNFPA should provide technical support and guidance as well as financial support to the relevant IPs including National and Governorate governments on the use of the above framework. In addition, UNFPA should continuously advocate to the IPs on the value of these frameworks.
Priority: Medium; **Target level**: UNFPA CO; National and Governorate governments; IPs **Based on Conclusion**: 8

10. Building on the ongoing work of national and international organizations, UNFPA must continue its role in leading efforts to develop policies and legislations that will enhance women protection and empowerment. This will require a review of past efforts and lessons learned from that. Those include an improvement in the governmental and non-governmental partnerships, building on UNFPA's work on the topic throughout the years, focus on prevention and cultural change, as well as ensuring accessibility to relevant services. CVA should further be supported as a mechanism for humanitarian interventions and social protection in risk-areas. In addition, UNFPA should focus on more achievable targets at sub-national level.

Operational Implications: The implications are that UNFPA should provide the required technical support in the formulation of pro-women laws as well as ensuring that there are dedicated human resources (technical staff) to undertake the advocacy activities.
Priority: High; **Target level**: UNFPA CO; National and Governorate governments; IPs **Based on Conclusion**: 9 & 10

11. UNFPA should focus on strengthening the survey and census data systems and knowledge platforms on population changes with the focus on diversity and disparities to inform development policies and programmes, resilience building, emergency preparedness and response.

Operational Implications: The technical implication is that UNFPA CO should provide regular quality support to the relevant offices at national and sub-national levels. While it is It is acknowledged that the National Population Committee has achieved little despite multiple requests from UNFPA to join the platform as an observer with this being declined, the evaluators take note of the recent developments in the 'housing', leadership, and composition of this committee. During the next CP, UNFPA should expect to have a more productive counterpart in the name of the National Population Committee functions optimally.
Priority: Medium; **Target level**: UNFPA CO; Other UN agencies; National and Governorate governments; IPs. **Based on Conclusion**: 9

Annex 1: Terms of Reference

1. Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA expands the possibilities of women and young people to lead healthy and productive lives. The strategic goal of UNFPA is to "achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development (ICPD), to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality".[61] In pursuit of this goal, UNFPA works towards three transformative and people-centred results: (i) end preventable maternal deaths; (ii) end the unmet need for family planning; and (iii) end gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results will contribute to the achievement of the Sustainable Development Goals (SDGs), in particular good health and well-being (Goal 3), the achievement of gender equality and the empowerment of women and girls (Goal 5), the reduction of inequality within and among countries (Goal 10), and peace, justice and strong institutions (Goal 16). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure that no one will be left behind and that the furthest behind will be reached first.

UNFPA has been operating in the occupied Palestinian territory since 1987. The support that the UNFPA Country Office (CO) provides to the Government of Palestine under the framework of the 6th Country Programme (CP) 2018 – 2022 builds on national development needs and priorities articulated in:

The National Development Plan

The National Poverty Reduction Strategy

The United Nations Common Country Analysis/Assessment (CCA) 2016

The United Nations Partnership for Development Framework (UNPDF

The United Nations Development Assistance Framework (UNDAF) and/or United Nations Sustainable Development Cooperation Framework (UNSDCF) 2018-2022

The UNCT COVID-19 Development System Response Plan

Joint annual /biannual work plans

Joint programme documents

Meeting agendas and minutes of joint United Nations working groups

Donor reports

The 2019 UNFPA Evaluation Policy requires CPs to be evaluated every two programme cycles "unless the quality of the previous country programme evaluation was unsatisfactory and/or significant changes in the country contexts have occurred". The country programme evaluation (CPE) will provide an independent assessment of the relevance and performance of the UNFPA 6TH CP (2018-2022) in State of Palestine, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended

[61] UNFPA Strategic Plan 2018-2021.

results. The CPE will also draw key lessons and provide a set of actionable recommendations for the next programme cycle.

The evaluation will be implemented in line with the *Handbook on How to Design and Conduct Country Programme Evaluations at UNFPA* (UNFPA Evaluation Handbook), which is available at: https://www.unfpa.org/EvaluationHandbook. The handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation. It offers step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key evaluation stakeholders at all stages in the evaluation process. The handbook includes a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the Evaluation Manager perform in the different evaluation phases.

The main audience and primary users of the evaluation are: (i) The UNFPA State of Palestine CO; (ii) SoP; (iii) the United Nations Country Team (UNCT) in State of Palestine; (iv) Arab States Regional Office, ASRO; (v) and donors operating in State of Palestine. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) Implementing partners of the UNFPA State of Palestine CO; (ii) UNFPA headquarters divisions, branches and offices; (iii) the UNFPA Executive Board; (iv) academia; (v) local civil society organizations and international NGOs; and (vi) beneficiaries of UNFPA support (in particular women and adolescents and youth). The evaluation results will be disseminated to these audiences as appropriate, using traditional and new channels of communication and technology.

The evaluation will be managed by the Evaluation Manager within the UNFPA State of Palestine CO, with guidance and support from the Regional Monitoring and Evaluation (M&E) Adviser at ASRO, and in consultation with the Evaluation Reference Group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of terms of reference.

2. Country Context

1. In 2022, the Gaza Strip and the West Bank, including East Jerusalem, will have been under occupation for 55 years. Ending the occupation is the most important factor in enabling Palestinians to chart a successful course to the Sustainable Development Goals (SDGs). While under occupation the Palestinian Government will continue to have highly restricted control over the levers of development, and as long as it remains the occupying power, the ultimate accountability for Palestine's ability or failure to reach the global goals articulated in the 2030 Agenda for Sustainable Development remains with the Government of Israel. Overall, the operational environment in the oPt is characterized by: A fragile security situation; numerous restrictions on movement, on access to large areas of the West Bank and the entirety of Gaza, and on the ability of Palestinians to access natural resources, build and develop in Area C and East Jerusalem; an ongoing settlement enterprise; and regular instances of human rights violations with weak accountability.

2. The population in the occupied Palestinian territory remains in a situation of vulnerability and structural disadvantage due to the continued occupation and the political division between the West Bank and Gaza. The prolonged occupation has resulted in a protracted protection crisis; where as estimated by the Humanitarian Country Team (HCT), approximately 2.45 million Palestinians across the oPt will require some sort of humanitarian assistance in 2021, with a sharp increase in the number of people suffering from severe as opposed to moderate need reaching around 346,000. The Palestinian Authority has made progress in building state institutions, yet its viability is challenged by financial constraints and donor dependency.

3. In 2020, the population in Gaza and the West Bank was 5.2 million (PCBS, 2021), with a population growth rate of 2.8 per cent; it is projected to grow to 6.9 million by 2030. Population growth rates will remain high despite expected reductions in the total fertility rate which reached 3.8 births per woman;(3.8 births in the West Bank and 3.9 births in the Gaza Strip) as reported in the latest Palestinian Multiple Indicators Cluster Survey "PMICS" (2020). The demographic trends and future changes in age structures point to a decrease in the number of children (0-14 years), a slight increase in the number of elderly

(above age 60), and a sharp increase in working-age population. This calls for targeted investments in youth and women's empowerment, to provide an opportunity for development, economic growth and healthier lives.

4. 2020 was as a year of setbacks for the Palestinians, their institutions, and their economy due to the COVID-19 pandemic and an unprecedented fiscal crisis. During the first COVID-19 lockdown last spring, around 150,000 Palestinians lost their jobs, and similarly large negative impacts are expected from the present lockdown (OCHA, 2020). In 2020, the Palestinian economy contracted around 10 to 12 percent—one of the largest annual contractions since the Palestinian Authority was established in 1994. The unemployment rate reached 25.9% with 15.7% in the west bank compared to 46.6% in the Gaza Strip (PCBS, 2021).

5. Planning for development requires data analysis of current and future population trends and understanding of the social and economic consequences of population dynamics; population growth, fertility rate, mortality rates, migration and the change in age structure. Population data are important for policy and decision makers to learn how population trends and dynamics play a powerful role in development and, therefore, must be factored into planning and policy decisions. Through census and surveys, UNFPA continues to support national efforts through the Palestinian Central Bureau of Statistics (PCBS) in collecting demographic data and strengthening the national information system. PCBS efforts are channelled towards developing and enhancing the Palestinian official statistical system through; the establishment of a comprehensive and unified statistical system to serve as an instrument of guidance for diagnosing problems and evaluating progress, raising the public's awareness through the release of information through the mass media, and building ties with the Palestinian academic institutions, the creation of a library of Palestinian and international statistics and an archive of Palestinian censuses and surveys covering a wide range of areas and conducting a population and housing census and agriculture census every ten years or less in accordance with the rules of a special census act issued by the President of the Palestinian National Authority, and to conduct an Establishment census every five years or less.

6. The Ministry of Health reports a maternal mortality ratio of 16.7 maternal deaths per 100,000 live births. Studies identified as a major cause the quality of care, especially in compliance with obstetric care protocols, supervision and documentation. Antenatal care reached 93.5 percent per pregnancy (PMICS, 2020). Among women seeking reproductive health services, breast cancer is the main cause of mortality with five-year survival rates of 30 to 40 percent.

7. Unwanted pregnancies were reported at 30 percent in 2014. The prevalence rate of modern contraceptives is 57.3 percent, with a 12.9 percent unmet need for contraception (PMICS, 2020). The unmet need for family planning is related to the unavailability of contraceptives, the poor quality of family planning services and sociocultural factors. A 2016 UNFPA study on family planning showed that trends in family planning method choices were associated with the unavailability of skilled midwifes. Currently, there are 3,000 midwives less than needed to provide adequate sexual and reproductive health services.

8. Palestinian population is youthful. Some 69% of the population is under 30 years old; 22% (1.14 million) of the population are youth between the ages of 18-29 (23% in the West Bank and 22% in Gaza Strip. The youth population is set to double by 2050 – and to increase by one million people by 2030. Young people are disproportionately affected by a range of negative factors: the protracted crises, the effects of occupation, internal Palestinian fragmentation, exclusion, and a high unemployment rate, which stands at 52 per cent among youth aged 19-29 as indicated in the latest labor force survey (2019). The National Youth Survey showed that only 20 per cent of youth are participating in voluntary work and only 40 per cent reported interest in participating in an election event. As for sexual activity, 25 per cent of unmarried male youth (19-24 years) and 22 percent of younger male youth (17-18 years) reported having sexual experience. Rates for females were generally similar. Rates for sexual intercourse remain lower (9.5 percent of older unmarried males and 7 percent of females). While HIV/AIDS prevalence remains relatively low, the lack of comprehensive sexual education is likely to lead to increase in incidences of sexually transmitted infections. It is therefore critical to take preventive action now, as well as ensure that integrated health services include and non-discriminatory sexual and reproductive health counselling.

9. Child marriage and early and unplanned pregnancies restrict opportunities and limit capabilities of many adolescent girls, where the adolescent birth rate reached 43 percent in 2019 with a childbearing rate of 5.9 percent based on the latest PMICS (2020).

10. Palestinian women suffer multiple overlapping vulnerabilities; they are subject to discrimination and violence, and limited in their choices due to the legal and sociocultural norms. This compromises the full enjoyment of their human rights and their ability to reach their full potential. Preliminary findings of a survey carried out by the Palestinian Central Bureau of Statistics (PCBS) in the second quarter of 2019, reveal that 29 percent of Palestinian women in the oPt, or nearly one in three, has reported psychological, physical, sexual, social or economic violence by their husbands at least once during the preceding 12 months. The prevalence of violence against women by their husbands is significantly higher in the Gaza Strip (38 percent) compared to West Bank (24 percent).

11. Domestic violence is already on the rise. There is already a higher risk of gender-based violence (GBV), namely against women, girls, and boys, for Palestinians in impoverished communities that are chronically exposed to collective violence and economic insecurity- this includes Gaza, refugee camps, or Area C in the West Bank (COVID-19: Gendered Impacts of the Pandemic and Implications for Policy and Programming, 2020). It is important to note that COVID-19 has exacerbated gender inequities and gender-based violence, with increased incidence of violence under lockdowns. Compounded economic impacts of the pandemic have been felt especially by women and girls, who generally earn less, hold less secure jobs, and face greater risk of losing their livelihoods or descending into poverty. Currently, and in light of COVID-19 and subsequent official response and measures, 40 per cent of surveyed Palestinian expect an increase in community violence and 33 per cent expect an increase in domestic violence. The findings clearly demonstrate the increased physical violence complaints the hotlines have been receiving in addition to the psychosocial violence that is systematically highlighted (COVID-19: Gendered Impacts of the Pandemic and Implications for Policy and Programming, 2020). In spite of increased global awareness of the need to address GBV in in crisis-affected settings, its prevalence is difficult to determine, in light of the large number of cases that go unreported where national prevalence data from 2019 showed that less than 2% of women facing violence sought assistance. The reasons for this include insufficient availability of, and lack of awareness of, available services, however a major reason for the reluctance to seek support remains the powerful stigma associated with GBV. It is important to note that COVID-19 outbreak has limited the number of resources available for gathering this type of evidence in emergency contexts. In light of these alarming facts, the number of reported violence cases is expected to increase.

3. UNFPA Country Programme

UNFPA has been working with the Government of Palestine since 1987 towards enhancing sexual and reproductive health and rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development. UNFPA is currently implementing the 6th CP in the State of Palestine.

UNFPA CO sixth Country Program, covering the period 2018-2022, was adopted by UNFPA Executive Board in 2017. It includes three strategic thematic outcome areas, namely; Sexual and Reproductive Health, Adolescents and Youth, Gender Equality and Women's Empowerment in addition to a specific outcome on program coordination and assistance. The design of the 6th country program was informed by a thematic evaluation of the gender program, a project evaluation under the reproductive health program, and the country case study on the support to the census conducted by the UNFPA evaluation office. As a result, emergency preparedness, humanitarian response and resilience are mainstreamed across all program outputs. The country program was also developed in close consultation with the Government and civil society, academia and other development actors, including United Nations organizations.

The 6th CP (2018 – 2022) is aligned with the national policy agenda and the 2030 Agenda for Sustainable Development, particular Goals 1, 3, 4, 5, 8, 10, 16 and 17. The programme will also contribute directly to the second United Nations Development Assistance Framework for Palestine (2018 – 2022). The programme aims at

improving the health and well-being of women and young people within a complex and multidimensional environment, taking into consideration the unique operating environment and challenges within which it is being implemented. The programme targets the most vulnerable while investing in reducing vulnerabilities and strengthening communities along with institutional and system resilience in the medium-to-long term. Simultaneously, it focuses on emergency preparedness and response to the protracted – and at times acute – crises that affect vulnerable communities in specific areas in Gaza, the West Bank and East Jerusalem.

The UNFPA CO delivers its country programme through the following modes of engagement: [(i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination, and (v) service delivery].

The **overall goal** of the UNFPA 6th CP (2018 – 2022) is **universal access to sexual and reproductive health and reproductive rights and reduced maternal mortality (**by improving the health and well-being of women and young people within a complex and multidimensional environment), as articulated in the UNFPA Strategic Plan 2018-2021. The CP contributes to the following **outcomes** of the UNFPA Strategic Plan 2018-2021:

- **Outcome 1.** *Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence*.
- **Outcome 2.** *Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.*
- **Outcome 3.** *Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.*

The UNFPA 6th CP (2018 – 2022) has 3 thematic areas of programming with distinct **outputs** that are structured according to the 3 outcomes in the Strategic Plan 2018-2021 to which they contribute.

Outcome 1: Sexual and reproductive health
Output 1: Strengthened resilience of national institutions and civil society organizations to sustain coverage of high-quality sexual and reproductive health services, including for adolescents and youth, and in humanitarian settings. This will be achieved by: (a) advocating for the inclusion of family planning commodities into the national budget to ensure sustainability; (b) supporting the capacity of national partners to provide sexual and reproductive health services and information to vulnerable communities; (c) expanding the youth-friendly health centre model in strategic locations, in line with national standards and global evidence; (d) improving management of obstetric complications by adopting and monitoring the use of obstetric protocols; (e) increasing the number of midwives and strengthen their role in sexual and reproductive health care provision, particularly in family planning; (f) developing the capacity of national providers on prevention, early detection and treatment of sexual and reproductive health-related morbidities, including breast cancer, sexually transmitted infections and HIV; (g) enhancing resilience of the health care system and its capacity for emergency preparedness and response, through institutionalization of the Minimum Initial Service Package; (h) strengthening the use of census data and socio-demographic analysis addressing population dynamics and investment in sexual and reproductive health; and (i) strengthening civil registration and vital statistics to improve availability of routine data to monitor implementation of the International Conference on Population and Development and the Sustainable Development Goals.

Outcome 2: Adolescents and youth
Output 1: Enhanced capacity of the national Government and civil society organizations to design and implement programmes on reproductive health, empowerment and civic engagement for adolescents and youth, with special focus on the most vulnerable. This will be achieved by: (a) advocating for the operationalization of the national youth strategy; (b) supporting youth-led networks and organizations to create demand for sexual and reproductive health services, life skills, and civic engagement programmes for vulnerable adolescents and youth, particularly for adolescent girls at risk of child marriage ; (c) advocating for effective participation of youth in conflicts and disaster risk management, to become agents of positive change based on

Security Council resolution 2250; (d) promoting evidence-based advocacy and policy advice on population dynamics and its linkages with youth empowerment, addressing the demographic dividend and building on the generated evidence towards Palestine 2030.

Outcome 3: Gender equality and women's empowerment
Output 1: Strengthened capacity of health and social protection actors to promote gender equality, reproductive rights and to effectively address gender-based violence, including in humanitarian settings. This will be achieved by: (a) supporting national partners capacity to improve availability, accessibility, acceptability and the quality of multisectoral gender-based violence services, including health, psycho-social and legal counselling at national and district levels; (b) strengthening case management systems; (c) promoting civil society engagement to improve monitoring and reporting of sexual and reproductive health and gender-based violence violations; (d) enhancing the
engagement of men and boys and community leaders in promoting reproductive rights and sexual and reproductive health and gender equality; (e) strengthening coordination of the gender-based violence sub-cluster to better combat gender-based violence in humanitarian and development setting; and (f) supporting evidence generation to inform gender-based violence programming, undertaking a gender-based violence survey.

In addition, the UNFPA CO takes part in activities of the UNCT under the leadership of the United Nations Resident Coordinator, with the objective to ensure inter-agency coordination and efficient delivery of tangible results in support of the national development agenda and the SDGs.

The **theory of change** that describes how and why the set of activities planned under the CP are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology.

4. Objectives and Scope of the Evaluation

4.1. Purpose

The CPE will serve the following three main purposes outlined in the 2019 UNFPA Evaluation Policy: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; and (iii) contribute key lessons learned to the existing knowledge based on how to accelerate the implementation of the Programme of Action of the 1994 ICPD.

4.2. Objectives

The **purpose** of this CPE is:

i. To provide the UNFPA CO, national stakeholders, the UNFPA ASRO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA State of Palestine **UNFPA 6th Country Programme (2018-2022) .**

ii. To broaden the evidence base for the design of the next programme cycle.

The **objectives** of this CPE are:

i. Provide an independent assessment of the relevance, effectiveness, efficiency and sustainability of UNFPA support and progress towards the expected outputs and outcomes set forth in the results framework of the country programme.

ii. Provide an assessment of the role played by the UNFPA country office in the coordination mechanisms of the UNCT with a view to enhancing the United Nations collective contribution to national development results.

iii. Draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programme cycle.

4.3. Scope

Geographical Scope

The evaluation will cover West Bank, Gaza and East Jerusalem where UNFPA implemented interventions.

Thematic Scope
The evaluation will cover all/the following thematic areas of the 6th CP: Sexual and Reproductive Health, Adolescents and youth and Gender equality and women's empowerment. In addition, the evaluation will cover cross-cutting issues such as population and development, human rights and gender equality, disability and transversal aspects of coordination; monitoring and evaluation (M&E); innovation; and strategic partnerships.

Temporal Scope The evaluation will cover interventions planned and/or implemented within the time period of the current CP: 2018 – 2022.

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1 Evaluation Criteria

In accordance with the methodology for CPEs outlined in the UNFPA Evaluation Handbook (see section 3.2, pp. 51-61), the evaluation will examine the following four OECD/DAC evaluation criteria: **relevance, effectiveness, efficiency and sustainability.** It will also use the evaluation criterion of coordination to assess cooperation and partnerships of UNFPA within the UNCT and whether UNFPA interventions promote synergy and avoid gaps and duplication. As the UNFPA country office has been operating in humanitarian settings, the evaluation will also use the humanitarian-specific evaluation criteria of coverage and connectedness to investigate to what extent UNFPA has been able to reach affected populations with life-saving services and work across the humanitarian-peace-development nexus and contribute to building resilience.

Relevance	The extent to which the objectives of the UNFPA country programme correspond to population needs at country level (in particular, those of vulnerable groups), and were aligned throughout the programme period with government priorities and with strategies of UNFPA.
Effectiveness	The extent to which country programme outputs have been achieved and the extent to which these outputs have contributed to the achievement of the country programme outcomes.
Efficiency	The extent to which country programme outputs and outcomes have been achieved with the appropriate amount of resources (funds, expertise, time, administrative costs, etc.).
Sustainability	The continuation of benefits from a UNFPA-financed intervention after its termination, linked, in particular, to their continued resilience to risks.
Coordination	The extent to which UNFPA has been an active member of, and contributor to existing coordination mechanisms of the UNCT
Coverage	The extent to which major population groups facing life-threatening suffering were reached by humanitarian action.
Connectedness	The extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account.

5.2. Preliminary Evaluation Questions

The country programme evaluation is expected to provide answers to a number of evaluation questions which are derived from the above criteria. The evaluation questions will delineate the thematic scope of the CPE and are meant to formulate key areas of inquiry that are of interest to various stakeholders, thereby optimizing the focus and utility of the CPE. *It is important to state here that the Evaluation Questions have been adapted to ensure that the Evaluation Exercise can adequately provide useful information for the development of a new Country Program Document (CPD) by ensuring they adequately reflect the new Covid-19 environment, which so far has been protracted in many countries.*

The evaluation questions presented below are indicative and the evaluators are expected to develop a final set of evaluation questions based on these preliminary questions, in consultation with the Evaluation Manager at the UNFPA CO and the Evaluation Reference Group (ERG). *These changes must also be cleared with the Regional*

M&E Advisor to ensure the final questions are in line with UNFPA corporate guidance, especially as it relates to adaptation for the current context.

Relevance

1. To what extent has the country office been able to adapt to: i) the needs of diverse populations, including the needs of marginalized and vulnerable groups *including people with disability*; ii) national development strategies and policies; iii) the strategic direction and objectives of UNFPA; and iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and SDGs, v) the New Way of Working and the Grand Bargain.

2. To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized communities, or to shifts caused by crisis or major changes such as the surge of COVID-19 pandemic and the recent escalation in Gaza? What was the quality of the response?

Effectiveness

3. *To what extent were the UNFPA country programme intended results achieved, taking into account potential changes made to the initial results framework due to the COVID-19 crisis?* In particular:

i) Ensured continuity of sexual and reproductive health services and interventions and addressing GBV and harmful practices as part of the COVID-19 crisis response and recovery efforts? ii) empowerment of adolescents and youth to access sexual and reproductive health services; iii) promote gender equality and to effectively address gender-based violence; and iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?]

4. To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation and monitoring of the country programme?

Efficiency

5. To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme *including* how these have fostered or, on the contrary, impeded the adaptation of the country programme response to changes triggered by the COVID-19 crisis?

Sustainability

6. To what extent has UNFPA been able to support implementing partners and beneficiaries (women, adolescents, and youth) in developing capacities and establishing mechanisms to ensure the durability of effects *including results occasioned by the Covid-19 response?*

Coordination

7. To what extent has the UNFPA Country Office contributed to the functioning and consolidation of UNCT coordination mechanisms?

Coverage

8. To what extent have UNFPA humanitarian interventions systematically reached all vulnerable groups and the geographic areas in which affected populations (women and adolescents and youth) reside?

Connectedness

9. To what extent has UNFPA humanitarian response supported and planned for longer-term development goals articulated in the results framework of the country programme?

10. To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities etc.) to better prepare for, respond to and recover from humanitarian crisis?

The final evaluation questions and the evaluation matrix will be presented in the design report

6. Methodology and Approach

6.1 Evaluation Approach

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA CO in State of Palestine are expected to contribute to a series of results (outputs and outcomes) that lead to the overall goal of UNFPA. The theory of change also identifies the causal mechanisms, risks and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why, as it focuses on the analysis of causal links (assumptions) between changes at different levels of the results chain described by the theory of change and explores how these assumptions and contextual factors affected the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA State of Palestine 6th CP (2018-2022) (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true *especially with all the changes necessitated by the Covid-19 Pandemic*. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, effective, efficient and sustainable the support provided by the UNFPA State of Palestine was during the period of the 6th CP and *how the new CPD could be developed reflecting the realities of the current pandemic context.*

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA State of Palestine 6th CP (2018-2022) made.

Participatory approach

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. The UNFPA State of Palestine CO has developed a stakeholders' map (Annex B) to identify stakeholders who have been involved in the preparation and implementation of the CP, and those partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include; representatives from government, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors and, most importantly, beneficiaries (women and adolescents and youth). They can provide insights and information, as well as referrals to data sources that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of programming of the CP. Particular attention will be paid to ensuring participation of women, adolescent girls and young people, especially those from vulnerable and marginalized communities.

The Evaluation Manager in the UNFPA State of Palestine CO has established an ERG comprised of key stakeholders of the CP including national governmental and non-governmental counterparts. And UNFPA ASRO M&E Adviser, the gender program officer, youth program officer and the RH program officer, and the assistant representative. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection. *The data collection approaches will include document review, interviews, group discussions and observations using a combination of tools and approaches that are in harmony with current contexts, government restrictions to travel, and the need for social distancing occasioned by the ongoing Covid-19 Pandemic. Alternative approaches including the use of remote data collection tools through electronic means, and the use of telecommunication and video-conferencing facilities like Zoom Video, Microsoft teams, Google as appropriate for interviews and FGDs will be deliberately explored. Field visits*

and field observations may only be conducted when reasonably feasible and are in line with national/local guidance on measures to mitigate the ovid-19 pandemic. The qualitative data will be complemented with quantitative data to minimize bias. Quantitative data will be compiled through desk review of documents, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds gender and human rights principles throughout the evaluation process, including, to the extent possible, participation and consultation of key stakeholders (rights holders and duty-bearers); and (iii) provides credible information about the benefits for recipients and beneficiaries (women and adolescents and youth) of UNFPA support through triangulation of collected data.

6.2 Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook, *and other related UNFPA guidance on conducting Evaluation in the Covid-19 Era.* The handbook, *and the accompanying guidance documents* will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is expected that, once contracted by the UNFPA State of Palestine CO, the evaluators acquire a solid knowledge of the handbook.

The CPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation*[62]*, Ethical Guidelines for Evaluation*[63]*, Code of Conduct for Evaluation in the UN System*[64]*, and Guidance on Integrating Human Rights and Gender Equality in Evaluations*[65]. When contracted by the UNFPA CO the State of Palestine, evaluators will be requested to sign the UNEG *Code of Conduct* prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in State of Palestine. The methodological design of the evaluation shall include in particular: (i) a theory of change; (ii) a strategy for collecting and analyzing data; (iii) specifically designed tools for data collection and analysis; (iv) an evaluation matrix; and (v) a detailed work plan.

The evaluation team is strongly encouraged to refer to the Handbook at all times and use the provided tools and templates at all stages of the evaluation process.

The evaluation matrix

The evaluation matrix is centerpiece to the methodological design of the evaluation (see Handbook, section 1.3.1, pp. 30-31 and Tool 1: The Evaluation Matrix, pp. 138-160 and the evaluation matrix template in Annex C). It contains the core elements of the evaluation: (i) what will be evaluated (evaluation questions for all evaluation criteria and key assumptions to be examined as part of the evaluation questions), and (ii) how it will be evaluated (data collection methods, sources of information and analysis methods for each evaluation question and associated key assumptions). By linking each evaluation question (and associated assumptions) with the specific data sources and data collection methods required to answer the question, the evaluation matrix plays a crucial role before, during and after data collection.

In the design phase, the matrix helps evaluators to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and direct observation at sites visited. During the field phase, the evaluation matrix serves as a reference document to ensure that data is systematically collected for all evaluation questions and that data is documented in a structured and organized way. At the end of the field phase,

[62] http://www.unevaluation.org/document/detail/1914

[63] http://www.unevaluation.org/document/detail/102

[64] http://www.unevaluation.org/document/detail/100

[65] http://www.unevaluation.org/document/detail/980

the matrix is useful to verify whether sufficient evidence has been collected to answer all evaluation questions and identify data gaps that require additional data collection. In the reporting phase, the evaluation matrix facilitates the drafting of findings per evaluation question and the identification and articulation of conclusions and recommendations that cut across different evaluation questions.

As the evaluation matrix plays a crucial role at all stages of the evaluation process, it will require particular attention from both the evaluation team and the Evaluation Manager. The evaluation matrix will be drafted in the design phase and must be included in the design report. The evaluation matrix will also be included in the annexes to the final evaluation report, to enable users to access the supporting evidence for the answers to the evaluation questions.

Finalization of the evaluation questions and assumptions

Based on the preliminary evaluation questions presented in the present terms of reference (see section 5.2), the evaluators are required to finalize the set of questions that will guide the evaluation. The final set of evaluation questions will need to clearly reflect the evaluation criteria and key areas of inquiry (highlighted in the preliminary evaluation questions). The evaluation questions should also draw from the theory of change underlying the CP. The final evaluation questions will structure the evaluation matrix (see Annex C) and shall be presented in the design report.

The evaluation questions must be complemented by a set of critical assumptions that capture key aspects of how and why change is expected to occur based on the theory of change of the CP. This will allow evaluators to assess whether the preconditions for contribution to results at output and, in particular, outcome levels are met. The data collection for each of the evaluation questions and assumptions will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling strategy

The UNFPA State of Palestine CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA State of Palestine CO has produced a stakeholder mapping to identify the whole range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP (see Annex B)

Based on information gathered through desk review and discussions with the CO staff, the evaluators will refine the initial stakeholders map and develop a comprehensive stakeholders' map. From this stakeholders' map, the evaluation team will select a sample of stakeholders at national and sub-national levels who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, pp. 62-63). In the design report, the evaluators should also make explicit what groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA State of Palestine CO will provide the evaluators with information on the accessibility of different locations, including logistical requirements and security risks and concerns. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA in terms of thematic focus of programming and context.

The final sample of stakeholders to be consulted and sites to be visited will be determined in consultation with the Evaluation Manager based on the review of the design report.

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 3.4.2, pp. 65-73.

Primary data will be collected through semi-structured interviews with key informants at national and sub-national levels (government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as group discussions with service providers and beneficiaries (women and adolescents and youth) and direct observation during visits to programme sites.

Secondary data will be collected through desk review**,** primarily focusing on annual and mid-year reviews of the CP, progress reports and monitoring data, evaluations and research studies (incl. previous CPEs, assessments of the CP, evaluations by the UNFPA Evaluation Office, research by international NGOs and other United Nations organizations etc.), housing census and population data, and records and data repositories of the UNFPA State of Palestine CO and its implementing partners, such as health clinics/centres. Particular attention will be paid to compiling data on key performance indicators of the UNFPA State of Palestine CO during the period of the 6th CP (2018-2022).

The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions (e.g., disability status) to the extent possible.

The evaluation team is expected to dedicate a total of [3] weeks for data collection in the field. The data collection tools that the evaluation team will develop, which may include protocols for semi-structured interviews and group discussions, a checklist for direct observation at sites visited or a protocol for document review, shall be presented in the design report.

Data analysis
The evaluation matrix will be the major framework for analyzing data. Once all data will have been entered into the evaluation matrix for each evaluation question, the evaluators should identify common themes, patterns and relationships in the data, as well as areas that should be further explored to answer the evaluation questions (see Handbook, sections 5.1 and 5.2, pp. 115-117).

Validation mechanisms
All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data, including (for more detailed guidance see Handbook, section 3.4.3, pp. 74-77):

- Systematic triangulation of data sources and data collection methods (see Handbook, section 4.2., pp. 94-95);
- Regular exchange with the Evaluation Manager at the CO;
- Internal evaluation team meetings to share and discuss hypotheses, preliminary findings and conclusions and their supporting evidence (an important internal validation mechanism will take place when the evaluation team gets together to prepare the debriefing with the CO and the ERG); and
- The debriefing meeting with the CO and the ERG at the end of the field phase where the evaluation team present the preliminary findings and emerging conclusions.

Additional validation mechanisms may be established, as appropriate. Data validation is a continuous process throughout the different evaluation phases. The evaluators should check the validity of data and verify the robustness of findings at each stage in the evaluation, so they can determine whether they should further pursue specific hypotheses or disregard them when there are indications that these are weak (contradictory findings or lack of evidence).

The validation mechanisms will be presented in the design report.

7. Evaluation Process

The CPE process can be broken down into five different phases that include different stages and lead to different deliverables: preparatory phase; design phase; field phase; reporting phase; and facilitation of use and

dissemination phase. Quality assurance must be performed by the Evaluation Manager and the evaluation team leader throughout all phases to ensure the production of a credible, useful and timely evaluation.

7.1. Preparatory Phase *(Handbook, pp.35-40)*

The Evaluation Manager at the UNFPA CO will lead the preparatory phase of the CPE, which includes:

- Establishment of the ERG.
- Drafting the terms of reference (ToR) for the CPE with support from the ASRO M&E Adviser and in consultation with the ERG, and approval of the draft ToR by the Evaluation Office.
- Selection of consultants by the CO, pre-qualification of the consultants selected by the Evaluation Office, and recruitment of the consultants by the CO to constitute the evaluation team.
- Compilation of background information and documents on the country context and CP for desk review by the evaluation team.
- Preparation of a first stakeholders map (Annex B) and list of Atlas projects (Annex D).
- Development of a communication plan by the Evaluation Manager in consultation with the communications officer at the UNFPA CO to support dissemination and facilitate the use of evaluation results. This plan should be updated as the evaluation process evolves, so it is ready for immediate implementation when the final evaluation report is issued.

7.2. Design Phase *(Handbook, pp.43-83)*

The evaluation team will conduct the design phase in consultation with the Evaluation Manager and the ERG. This phase includes:

- Desk review of initial background information and documents on the country context and CP, as well as other relevant documentation.
- Formulation of a final set of evaluation questions based on the preliminary evaluation questions provided in the ToR.
- Development of a comprehensive stakeholders' map and sampling strategy to select sites to be visited and stakeholders to be consulted through interviews and group discussions.
- Development of a data collection and analysis strategy, as well as a concrete work plan for the field and reporting phases (see Handbook, section 3.5.3, p. 80).
- Development of data collection methods and tools, assessment of limitations to data collection and development of mitigation measures.
- Development of the evaluation matrix (evaluation criteria, evaluation questions, assumptions, indicators, data collection methods and sources of information).

At the end of the design phase, the evaluation team will develop a **design report** that includes the results of the above-listed steps and tasks. The design report will be developed in consultation with the Evaluation Manager, the ERG and the ASRO M&E Adviser. The template for the design report is provided in Annex E.

7.3. Field Phase *(Handbook, pp. 87 -111)*

The evaluation team will undertake a field mission to the State of Palestine to collect the data required to answer the evaluation questions. Towards the end of the field phase, the evaluation team will also conduct a preliminary analysis of the data to identify emerging findings and conclusions to be validated with the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of three weeks is recommended, however, the Evaluation Manager will determine the optimal duration of the field mission in consultation with the evaluation team during the design phase. The field phase includes:

- Meeting with the UNFPA CO staff to launch the data collection.
- Meeting of evaluation team members with relevant programme officers at the UNFPA CO.
- Data collection at national and sub-national levels.

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the preliminary findings and emerging conclusions from the data collection. The meeting will serve as an important validation mechanism and will enable the evaluation team to develop credible and relevant findings, conclusions and recommendations.

7.4. Reporting Phase *(Handbook, pp.115 -121)*

In the reporting phase, the evaluation team will continue the analytical work (initiated during the field phase) and prepare a **draft evaluation report**, taking into account the comments and feedback provided by the CO and the ERG at the debriefing meeting at the end of the field phase.

This draft evaluation report will be submitted to the Evaluation Manager for quality assurance purposes. Prior to the submission of the draft report, the evaluation team must ensure that it underwent an internal quality control against the criteria outlined in the Evaluation Quality Assessment (EQA) grid (Annex F). The Evaluation Manager and the ASRO M&E Adviser will subsequently prepare an EQA of the draft evaluation report, using the EQA grid. If the quality of the report is satisfactory (form and substance), the draft report will be circulated to the ERG for comments and feedback. In the event that the quality of the draft report is unsatisfactory, the evaluation team will be required to revise the report and produce a new version.

The Evaluation Manager will collect and consolidate the written comments and feedback provided by the members of the ERG. On the basis of the comments, the evaluation team should make appropriate amendments, prepare the **final evaluation report** and submit it to the Evaluation Manager. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Conclusions need to clearly reference the specific evaluation questions from which they have been derived, while recommendations need to reference the conclusions from which they stem.

The evaluation report is considered final once it is formally approved by the Evaluation Manager at the UNFPA CO.

7.5. Facilitation of Use and Dissemination Phase *(Handbook, pp.131 -133)*

In the facilitation of use and dissemination phase, the evaluation team will develop a **PowerPoint presentation for the dissemination of the evaluation results** that conveys the findings, conclusions and recommendations of the evaluation in an easily understandable and user-friendly way.

The Evaluation Manager, together with the CO communications officer, will implement the communication plan to share the evaluation results with the CO, ASRO, ERG, implementing partners and other stakeholders. The Evaluation Manager will also ensure that the final evaluation report is circulated to relevant business units in the CO, invite them to submit a management response, and consolidate all responses in a final management response document (see Annex G). The UNFPA CO will subsequently submit the management response to the UNFPA Policy and Strategy Division in HQ.

It is also highly recommended that the Evaluation Manager, in collaboration with the communications officer at the UNFPA CO, develop an evaluation brief that makes the results of the CPE more accessible to a larger audience (see sections 8 and 10 below).

The final evaluation report, along with the management response and the independent EQA of the final report will be published on the UNFPA evaluation database by the Evaluation Office. The final evaluation report will also be made available to the UNFPA Executive Board and will be published on the UNFPA CO website.

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. It should include (at a minimum): (i) a stakeholders' map; (ii) an evaluation matrix (incl. the final set of evaluation questions, indicators, data sources and data collection methods); (iii) the evaluation approach and methodology, with a detailed description of the agenda for the field phase; (iv) and data collection tools and techniques (incl. interview and group discussion protocols). For guidance on the outline of the design report, see Annex E.

- **PowerPoint presentation of the design report.** The presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the Evaluation Manager and the Regional M&E Adviser, the evaluation team will develop the final version of the design report.

- **PowerPoint presentation for debriefing meeting with the CO and ERG.** The presentation provides an overview of key preliminary findings and emerging conclusions of the evaluation. It will be delivered at the end of the field phase to present and discuss the preliminary evaluation results with UNFPA CO staff (incl. senior management) and the members of the ERG.

- **Draft and final evaluation reports.** The final evaluation report *(maximum 70 pages plus annexes)* will include evidence-based findings and conclusions, as well as a full set of practical and actionable recommendations to inform the next programme cycle, A draft report precedes the final evaluation report and provide the basis for the review of the CO, ERG members, the Evaluation Manager and the Regional M&E Adviser. The final evaluation report will address the comments and feedback provided by the UNFPA CO, the ERG, the Evaluation Manager and the ASRO M&E Adviser. For guidance on the outline of the final evaluation report (see Annex H).

- **PowerPoint presentation of the evaluation results.** The presentation will provide an overview of the findings, conclusions and recommendations to be used for dissemination purposes.

Based on these deliverables, the Evaluation Manager, in collaboration with the communications officer at the UNFPA CO will develop an:

- **Evaluation brief.** The evaluation brief will be a short and concise document that provides an overview of the key evaluation results in an easily understandable manner, to promote use among decision-makers and other audiences. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Evaluation produces for centralized (EO) evaluations.

All the deliverables will be developed in English language.

9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to monitor the quality of centralized and decentralized evaluations at UNFPA through two processes: quality assurance and quality assessment. While quality assurance occurs throughout the evaluation process and covers all deliverables, quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report only.

The EQAA of this CPE will be undertaken in accordance with the guidance and tools that the UNFPA Evaluation Office developed as part of the EQAA system of the evaluation function at UNFPA (see https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance). An essential component of the EQAA system is the EQA grid (see Handbook, pp. 268-276 and Annex F) which defines a set of criteria against which draft and final evaluation reports are assessed to ensure the independence, impartiality, credibility and utility of evaluations. The EQA criteria will be systematically applied to this CPE.

The Evaluation Manager is primarily responsible for quality assurance of the key deliverables of the evaluation. However, the evaluation team leader also plays an important role in undertaking quality assurance. The evaluation team leader must ensure that all members of the evaluation team provide high-quality contributions and that the deliverables submitted to UNFPA comply with the quality assessment criteria outlined in the EQA grid.[66] The evaluation quality assessment checklist (see below), which is based on the EQA grid, is used as an element of the proposed quality assurance system for the draft and final versions of the evaluation report.

1. Structure and Clarity of the Report To ensure report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards and following the editorial guidelines of the UNFPA Evaluation Office (Annex I).
2. Executive Summary To provide an overview of the evaluation, written as a stand-alone section including key elements of the evaluation, such as objectives, methodology and conclusions and recommendations.
3. Design and Methodology To provide a clear explanation of the methods and tools used, including the rationale for the methodological approach. To ensure constraints and limitations are made explicit (including limitations applying to interpretations and extrapolations; robustness of data sources, etc.)
4. Reliability of Data To ensure sources of data are clearly stated for both primary and secondary data. To provide explanation on the credibility of primary (e.g. interviews and group discussions) and secondary (e.g. reports) data established and limitations made explicit.
5. Findings and Analysis To ensure sound analysis and credible evidence-based findings. To ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause and effect links between an intervention and its end results (including unintended results) are explained.
6. Validity of Conclusions To ensure conclusions are based on credible findings and convey evaluators' unbiased judgment of the intervention. Ensure conclusions are prioritized and clustered and include: summary, origin (which evaluation question(s) the conclusion is based on), and detailed conclusions.
7. Usefulness and Clarity of Recommendations To ensure recommendations flow logically from conclusions, are targeted, realistic and operationally feasible, and are presented in order of priority. Recommendations include: summary, priority level (very high/high/medium), target (administrative unit(s) to which the recommendation is addressed), origin (which conclusion(s) the recommendation is based on), and operational implications.
8. SWAP - Gender To ensure the evaluation approach is aligned with SWAP (guidance on the SWAP Evaluation Performance Indicator and its application to evaluation can be found at http://www.unevaluation.org/document/detail/1452 - UNEG guidance on integrating gender and human rights more broadly can be found here: http://www.uneval.org/document/detail/980).

[66] The evaluators are invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: https://web2.unfpa.org/public/about/oversight/evaluations/. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

The EQAA process for this CPE will be multi-layered and will involve: (i) the Evaluation Manager at the UNFPA CO, (ii) the ASRO M&E Adviser, and (iii) the UNFPA Evaluation Office, whose roles and responsibilities with regard to EQAA are described in section 11. Management of the Evaluation in this ToR.

10. Indicative Timeframe and Work Plan

The table below indicates the specific activities and deliverables and their timelines (dates) at all stages of the evaluation. It also indicates where guidance and relevant tools and templates can be found in the UNFPA Evaluation Handbook.

Evaluation Phases and Activities	Deliverables	Dates/Duration	Handbook
Preparatory Phase			
This phase is completed before the commitment to the Evaluation process (by the CO and ASRO)			
***Design Phase (*10 working days)**			
Desk review of initial background information and documents on country context and the CP (incl. bibliography and resources in the ToR)		6-10 September	
Drafting of the design report (incl. articulation of evaluation methodology, finalization of evaluation questions, development of evaluation matrix, methods and tools and indicators, development of comprehensive stakeholders map and sampling strategy, and drafting the agenda for the field phase)	**Draft design report**	11-15 September	Template 8: The Design Report for CPE, pp. 259-261 Tool 5: The Evaluation Questions Selection Matrix, pp. 168-169 Tool 1: The Evaluation Matrix, pp. 138-160 Template 5: The Evaluation Matrix, pp. 256 Template 15: Work Plan, p. 278 Tool 10: Guiding Principles to Develop Interview Guides, pp. 185-187 Tool 11: Checklist for Sequencing Interviews, p. 188 Template 7: Interview Logbook, p. 258 Tool 9: Checklist of Issues to be Considered When Drafting the Agenda for Interviews, pp. 183-187 Template 6: The CPE Agenda, p. 257 Tool 6: The CPE Agenda, pp. 170-176
Presentation of the draft design report to the ERG for comments and feedback	**PowerPoint presentation of the design report**	*16 September*	
Review of the draft design report by the Evaluation Manager, ERG and the Regional M&E Adviser	*Consolidated feedback provided by Evaluation*	17-24 September	

	Manager to evaluation team leader		
Revision of the draft design report and submission to the Regional Evaluation Advisor for **approval**	**Final draft design report**	30 September	
***Field Phase* (21 working days)**			
Meeting of the evaluation team with CO staff to launch data collection	***Meeting between evaluation team/CO staff***	*30 September*	Tool 7: Field Phase Preparatory Tasks Checklist, pp. 177-183
Individual meetings with relevant programme officers at the CO	***Meeting of evaluators/CO programme officers***	*1 October*	
Data collection (incl. interviews with key informants, site visits, direct observation, group discussions, desk review etc.)	**Entering data/information into the evaluation matrix**	1 – 24 Oct	Tool 12: How to Conduct Interviews: Interview Logbook and Practical Tips, pp. 189-202 Tool 13: How to Conduct a Focus Group: Practical Tips, pp. 203-205 Template 9: Note of the Results of the Focus Group, p. 262
Debriefing meeting with CO staff and the ERG to present preliminary findings and emerging conclusions from data collection	**PowerPoint presentation for debriefing with the CO and the ERG**	*25 October*	Example of PowerPoint presentation (for a centralized evaluation undertaken by the Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/FINAL_MTE_Supplies_PPT_Long_version.pdf
Reporting Phase (18 working days)			
Drafting of the evaluation report and submission to the Evaluation Manager	**Draft evaluation report**	26 Oct- 12 Nov	Template 10: The Structure of the Final Report, pp. 253-264 Template 11: Abstract of the Evaluation Report, p. 265 Template 18: Basic Graphs and Tables in Excel, p. 288
Review of the draft evaluation report by the Evaluation Manager, the ERG and the Regional M&E Adviser Development of the **EQA** of the draft evaluation report by the Evaluation Manager and the Regional M&E Adviser	*EQA of the draft evaluation report*	12-22 November	Template 13: Evaluation Quality Assessment Grid and Explanatory Note, pp. 269-276 Tool 14: Summary Checklist for a Human Rights and Gender Equality Evaluation Process, pp. 206-207 Tool 15: United Nations SWAP Individual Evaluation Performance Indicator Scorecard, pp. 208-209
Drafting of the final evaluation report (including annexes) and submission of the final evaluation report to the Evaluation Manager	**Final evaluation report (including annexes)**	23-28 November	
Preparation of the **management response** by CO	*Management response*	1-6 December	Template 12: Management Response, pp. 266-267

Submission of the final evaluation report to the Evaluation Office **and the management response** to the Policy and Strategy Division		10 December	
Preparation of the independent **EQA of the final evaluation report** by the Evaluation Office	*Final EQA of the evaluation report*	20 December	
Dissemination and Facilitation of Use			
Development of the **presentation** for the dissemination of the evaluation results by evaluation team	**PowerPoint presentation of the evaluation results**	20 – 21December	
Development of the **evaluation brief** by the Evaluation Manager, with support from the communications officer at CO	*Evaluation brief*	21 – 23 December	Example of evaluation brief (for a centralized evaluation undertaken by the Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_MTE_Supplies_Brief_FINAL.pdf
Publication of the final evaluation report, the EQA and the management response on the UNFPA evaluation database		30 December	
Dissemination of the evaluation report and the evaluation brief to stakeholders	*Including (but not limited to): Communication via email; stakeholders meeting; workshops with implementing partners etc.*	31 December	

Once the evaluation team leader has been recruited, she/he will develop a detailed work plan (see Annex J) in close consultation with the Evaluation Manager.

11. Management of the Evaluation

The **Evaluation Manager** at the UNFPA CO will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The Evaluation Manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of the use of the evaluation results. She/he will also coordinate the exchanges between the evaluation team and the ERG. The major task of the Evaluation Manager is to ensure the quality, independence and impartiality of the evaluation in line with the UNEG norms and standards and ethical guidelines for evaluation. The Evaluation Manager has the following roles and responsibilities:

- Compile a preliminary list of background information and documentation on both the country context and the UNFPA CP and file them in a Google drive to be shared with the evaluation team upon recruitment.
- Prepare a first stakeholders map and a list of Atlas projects and share them with the evaluation team.
- Prepare the ToR for the evaluation in line with the ready-to-use ToR from the Evaluation Office, with support from the Regional M&E Adviser, and submit the ToR to the Evaluation Office for approval.
- Establish the ERG.
- Chair the ERG, convene meetings with the evaluation team and manage the interaction between the evaluation team and the ERG.

- Launch and lead the selection process for the team of evaluators in consultation with the Regional M&E Adviser.

- Identify potential candidates to conduct the evaluation, complete the consultant assessment matrix to assess their qualifications, and propose a final selection of evaluators with support from the Regional M&E Adviser, to be submitted to the Evaluation Office for pre-qualification.

- Provide evaluators with logistical support in making arrangements for data collection (site visits, interviews, group discussions etc.).

- Prevent any attempts to compromise the independence of the evaluation team throughout the evaluation process.

- Perform the quality assurance of all the deliverables submitted by the evaluators throughout the evaluation process (notably the design report: focusing on the final evaluation questions, the theory of change, sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection, as well as the draft and final evaluation reports).

- Coordinate feedback and comments of the ERG on the deliverables produced by the evaluation team throughout the evaluation process and ensure that feedback and comments of the ERG are adequately addressed.

- Conduct an EQA of the draft evaluation report in collaboration with the [acronym of UNFPA Regional Office] M&E Adviser, in line with the EQA grid and its explanatory note.

- Develop a communication plan (in coordination with the CO communication officer) to guide the dissemination of the evaluation results, and update the plan as the evaluation process evolves.

- Lead and participate in the preparation of the management response.

- Submit the final evaluation report, EQA and management response to the Regional M&E Adviser and the Evaluation Office.

At all stages of the evaluation process, the Evaluation Manager will require support from staff of the UNFPA CO. Specifically, the roles and responsibilities of the **Country Office staff** are:

- Contribute to the preparation of the ToR, specifically: the stakeholder mapping and the compilation of initial background information and documentation, and provide input to the evaluation questions.

- Be available for meetings with/interviews by the evaluation team.

- Provide support to the Evaluation Manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national levels.

- Provide input to the management response.

- Contribute to the dissemination of the evaluation results.

The progress of the evaluation will be followed closely by the **Evaluation Reference Group (ERG)** which is composed of relevant UNFPA staff from the CO, ASRO, representatives of the national Government of Palestine, non-governmental implementing partners, as well as other relevant key stakeholders (see Handbook, section 2.3., p.37). The ERG will serve as a entity to ensure the relevance, quality and credibility of the evaluation. It will provide inputs on key milestones in the evaluation process, facilitate the evaluation team's access to sources of information and undertake quality assurance from a technical perspective. The ERG has the following roles and responsibilities:

- Provide input to the drafting of the ToR, including the selection of preliminary evaluation questions.

- Provide feedback and comments on the design report.

- Provide comments and substantive feedback from a technical perspective on the draft and final evaluation reports.
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation.
- Assist in identifying key stakeholders to be consulted during the evaluation process.
- Participate in review meetings with the evaluation team as required.
- Contribute to learning, knowledge sharing and dissemination of evaluation results, as well as the completion and follow-up on the management response.

The **Regional M&E Adviser** at UNFPA ASRO will provide guidance and backstopping support to the Evaluation Manager at all stages of the evaluation process. The roles and responsibilities of the ASRO M&E Adviser are:

- Provide feedback and comments on the draft ToR (including annexes) in accordance with UNFPA Evaluation Handbook, and submit the final draft version to the Evaluation Office for approval.
- Support the Evaluation Manager in identifying potential candidates and assessing the qualifications of consultants, as well as review the completed consultant assessment matrix.
- Liaise with the Evaluation Office on the completion of the ToR and the selection of the evaluation team.
- Review the design report and provide comments to the Evaluation Manager, with a particular focus on the final evaluation questions, the theory of change, the sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection.
- Review the draft evaluation report and jointly prepare an EQA of the draft evaluation report with the Evaluation Manager.
- Support the Evaluation Manager in the final review of the final evaluation report.
- Ensure the CO complies with the request for a management response.
- Support the CO in the dissemination and use of the evaluation results.

The UNFPA **Evaluation Office** will play a crucial role in the EQAA of the evaluation. The roles and responsibilities of the Evaluation Office are as follows:

- Review and approve the final draft ToR
- Review and pre-qualification of the consultants who will constitute the evaluation team.
- Update and maintain the UNFPA consultant roster with pre-qualified consultants for the evaluation.
- Commission the independent, external EQA of the final evaluation report.
- Publish final evaluation report, EQA and management response in the evaluation database.

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader (International) with overall responsibility for carrying out the evaluation exercise, and (ii) 2 team members (National) who will provide technical expertise in thematic areas relevant to the UNFPA mandate (adolescents and youth, gender equality); and (iii) a young and emerging evaluator who will provide support throughout the evaluation process including overseeing a component of the program if s/he has such expertise. The team leader shall also perform the role of technical expert for one of the thematic areas of programming under the 6th UNFPA CP.

The evaluation team leader will be recruited internationally (incl. in the sub-region), while the evaluation team members will be locally recruited to promote national evaluation capacity development and to ensure adequate knowledge of the country context. The evaluation team leader must have solid knowledge and experience in conducting evaluations of development interventions and/or humanitarian action. In addition, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and be able to work in a multidisciplinary team in a multicultural environment.

12.1. Roles and Responsibilities of the Evaluation Team

Evaluation team leader
The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. She/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. She/he will lead and coordinate the work of the evaluation team and ensure the quality of all deliverables at all stages of the evaluation process. The Evaluation Manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, the evaluation approach, methodology, work plan and agenda for the field phase, the draft and final evaluation reports, and the PowerPoint presentation of the evaluation results. She/he will lead the presentation of the design report and the debriefing meeting with the CO and ERG at the end of the field phase. The Team leader will also be responsible for liaising with the Evaluation Manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for **SRHR** as described below.

The SRHR expert will provide expertise on integrated sexual and reproductive health services, HIV and other sexually transmitted infections, maternal health, family planning. She/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the expected deliverables in her/his thematic area of expertise. She/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA CO staff and the ERG. She/he will hold interviews and group discussions with stakeholders, and undertake desk review.

Evaluation team member: Adolescents and Youth Exper*t*
The adolescent and youth expert will provide expertise on youth-friendly SRHR services, comprehensive sexuality education, adolescent pregnancy, SRHR of young women and adolescent girls, access to contraceptives for young women and adolescent girls, youth leadership. She/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the expected deliverables in her/his thematic area of expertise. She/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA CO staff and the ERG. She/he will hold interviews and group discussions with stakeholders, and undertake desk review, as advised by the evaluation team leader.

Evaluation team member: Gender Equality and Women Empowerment Expert
The gender equality expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as gender-based violence and harmful practices, such as child, early and forced marriage She/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the expected deliverables in her/his thematic area of expertise. She/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA CO staff and the ERG. She/he will hold interviews and group discussions with stakeholders, and undertake desk review, as advised by the evaluation team leader.

Evaluation team member: ***Young and Emerging Evaluator***

The young and emerging evaluator will work with the evaluation team in all phases of the CPE. S/he will support the evaluation team leader and members in developing the methodological design of the evaluation by contributing to the review of information and documents on the country context and the CP, and the operationalization of the evaluation approach and methodology through the validation of the theory of change, the finalization of the evaluation questions and the development of the evaluation matrix, methods, tools and indicators. The young and emerging evaluator will also participate in data collection by supporting the conduct of site visits, interviews and focus group discussions, as advised by the evaluation team leader. In addition, she/he will contribute to data analysis and the drafting of the evaluation report, including the formulation of recommendations. In addition, she/he will provide administrative support throughout the evaluation process and participate in meetings with the Evaluation Manager, UNFPA CO staff and the ERG.

The modality and participation of the evaluation team members (including the young and emerging evaluator) in the evaluation process, including data collection analysis, provision of technical inputs to the drafting of the design and draft and final evaluation reports will be agreed with the evaluation team leader and these tasks performed under her/his supervision and guidance.

The modalities for the participation of the evaluation team members in the evaluation process, the responsibilities including data collection analysis, as well as the nature of their respective contributions to the drafting of the design report and the draft and final evaluation reports will be agreed with the evaluation team leader and these tasks performed under her/his supervision.

12.2. Qualifications and Experience of the Evaluation Team

Team leader and SRHR Expert

The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in Public Health, Social Sciences, Demography or Population Studies, Statistics, Development Studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development and/or humanitarian action.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- Substantive knowledge of sexual and reproductive health and rights.
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold standards for quality evaluation as defined by UNFPA and UNEG.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law, and principles as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate and supervise the work of the evaluation team.
- Ability to supervise a young and emerging evaluator, create an enabling environment for her/his meaningful participation in the work of the evaluation team, and provide guidance and support required to develop her/his capacities.
- Experience working with a multidisciplinary team of experts, including young and emerging evaluators
- Excellent analytical skills and demonstrated ability to formulate evidence-based conclusions and realistic and actionable recommendations.

- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the national development context.
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English and Arabic.

Adolescent and youth expert

The competencies, skills and experience of the Adolescent and Youth Expert should include:

- Master's degree in Public Health, Human Rights Law, Social Sciences, Development Studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian action].
- Substantive knowledge of adolescent and youth issues, in particular sexual and reproductive health and rights of adolescents and youth.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law, and principles as well as the international humanitarian architecture and coordination mechanisms
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the national development context.
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English and Arabic.

Gender Equality Expert

The competencies, skills and experience of the gender equality expert should include:

- Master's degree in Women/Gender Studies, Human Rights Law, Social Sciences, Development Studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian action].
- Substantive knowledge on gender equality and the empowerment of women and girls, gender-based violence and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law, and principles as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.

- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the national development context.
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English and Arabic.

Young and emerging evaluator

The young and emerging evaluator must be under 35 years of age and her/his competencies, skills and experience should include:

- Bachelor's degree in public Health, demography or population studies, social sciences, development studies or a related field.
- In possession of a certificate in evaluation or equivalent qualification.
- Less than five years of work experience in conducting evaluation or M&E in the field of international development.
- Solid analytical and problem-solving skills.
- Demonstrated ability to work in a team
- Strong organization skills, communication skills and writing skills.
- Good command of information and communication technology and data visualization tools.
- Good knowledge of the mandate and activities of UNFPA and other United Nations organizations will be an advantage.
- Fluent in written and spoken English and Arabic.

13. Budget and Payment Modalities

The evaluators will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

The payment of fees will be based on the submission of deliverables, as follows:

Upon approval of the design report	20%
Upon submission of a draft final evaluation report of satisfactory quality	40%
Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results	40%

In addition to the daily fees, the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees and would only apply when a travel/mission has been pre-approved by UNFPA.

The provisional allocation of workdays among the evaluation team will be the following:

	Team leader	Team Members (Thematic Experts and Young and Emerging Evaluator)
Design phase	*10*	*7*
Field phase	*15*	*15*
Reporting phase including: -Contribution to first draft report - Consolidation and finalization of the final report - Preparation and facilitation of stakeholder workshop	*15*	*13*
Dissemination and facilitation of use phase	*1*	*0*
TOTAL (days)	*41*	*35**

*Number of days for each team member showing days of effort not merely calendar days

The exact number of workdays for each evaluator will be determined by the evaluation manager. The final distribution of the workload will be proposed by the evaluation team in the design report and submitted to the evaluation manager for approval.

Annex 2: List of Documents Consulted/Reviewed

Global UNFPA documents

1. UNFPA Strategic Plan (2014-2017) (incl. annexes)

https://www.unfpa.org/resources/strategic-plan-2014-2017

2. UNFPA Strategic Plan (2018-2021) (incl. annexes)

https://www.unfpa.org/strategic-plan-2018-2021

3. UNFPA Evaluation Policy (2019)

https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019

4. Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA (2019)

https://www.unfpa.org/EvaluationHandbook

5. Relevant centralized evaluations conducted by the UNFPA Evaluation Office – available at: https://www.unfpa.org/evaluation

Palestinian national strategies, policies and action plans

6. National Development Plan
7. United Nations Development Assistance Framework (UNDAF) Relevant national strategies and policies for each thematic area of programming

UNFPA CO programming documents

8. UNFPA 6th Country Programme Document for the State of Palestine (2018 – 2022).
9. United Nations Common Country Analysis/Assessment (CCA)
10. CO annual work plans
11. Joint programme documents
12. Mid-term reviews of interventions/programmes in different thematic areas of programming
13. Reports on core and non-core resources
14. CO resource mobilization strategy

UNFPA CO M&E documents

15. UNFPA 6th Country Programme M&E Plan
16. CO annual results plans and reports
17. CO quarterly monitoring reports
18. Previous CPEs https://web2.unfpa.org/public/about/oversight/evaluations/

Other documents

19. Implementing partner work plans and progress reports
20. Implementing partner assessments
21. Audit reports and spot check reports
22. Meeting agendas and minutes of joint United Nations working groups

Other literature:

PCBS, Indicators, 2020. Available at:
https://www.pcbs.gov.ps/site/lang__en/881/default.aspx?lang=en&fbclid=IwAR3Uc41JAay-SuoYdgJJAALC4YMNkLYfE5SOXyyFoMcRTV6A0CmldY1qvsk
Isaac J, Hilal J. Palestinian landscape and the Israeli–Palestinian conflict. International Journal of Environmental Studies. 2011.
UNFPA, State of Palestine-Overview, 2021
PCBS, Major National Accounts Variables in Palestine at Current Prices, 2019. Available at:
https://www.pcbs.gov.ps/statisticsIndicatorsTables.aspx?lang=en&table_id=376
PCBS, Press Report on Economic Forecasts for 2021, 2020. Available at:
https://www.pcbs.gov.ps/post.aspx?lang=en&ItemID=3879&fbclid=IwAR2Mf8g49qoPxXh16mbzk8oPaYzU3nQGyM2MXK9J9nBL_AVJlHo262E2E-w

PCBS, Poverty Percentages Among Individuals in Palestine According to Monthly consumption Patterns by Region, 2017. Available at: https://www.pcbs.gov.ps/Portals/_Rainbow/Documents/Levels%20of%20living_pov_2017_01e.htm
The World Bank, Gini index (World Bank estimate)- West Bank and Gaza, 2016. Available at: https://data.worldbank.org/indicator/SI.POV.GINI?fbclid=IwAR0IUVocPADP-fYQqr2021XiCvbU4vDbLqnuw5x_U-IfFxb94rlnBO1CY_o&locations=PS
PCBS, Average Daily Wage for Wage Employees Aged 15 years and Above in Palestine by Region and Governorate and Sex, 2020. Available at: https://www.pcbs.gov.ps/Portals/_Rainbow/Documents/wages-2020-02e.html
PCBS, Labour Force Participation Rate of Persons Aged 15 years and Above in Palestine by Sex and Governorate, 2020. Available at: https://www.pcbs.gov.ps/Portals/_Rainbow/Documents/Labour_Force_Participation%20Rate2020.html
UNDP, Human Development Index Ranking, 2019
PCBS, Unemployment Rate of Persons Aged 15 Years and Above in Palestine by Governorate and Sex, 2020. Available at: https://www.pcbs.gov.ps/Portals/_Rainbow/Documents/unemployment-2020-02e.html
PCBS, Selected Indicators in Palestine, 2019. Available at: https://www.pcbs.gov.ps/statisticsIndicatorsTables.aspx?lang=en&table_id=948
PCBS, Literacy Rate of Persons (15 Years and Over) in Palestine by Age Groups and Sex, 2020. Available at: https://www.pcbs.gov.ps/Portals/_Rainbow/Documents/Education-1994-2020-11E1.html
PCBS, Main Indicators, 2019. Available at: https://www.pcbs.gov.ps/statisticsIndicatorsTables.aspx?lang=en&table_id=901
Health Annual Report, Palestine, 2020.
Oxfam Discussion Paper (2019). The Humanitarian Development Peace Nexus. What does it mean for multi-mandated organisations? Oxfam International. www.oxfam.org
United Nations Evaluation Group, UNEG Ethical Guidelines, http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=102 and UNEG Code of Conduct for Evaluation in the United Nations system.: http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=100
http://www.unevaluation.org/document/detail/102
https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance
ICS Survey, PCBS, UNICEF, UNFPA, 2014.
World Bank (2019). https://tradingeconomics.com/west-bank-and-gaza/net-official-development-assistance-received-current-us$-wb-data.html
Human Development Report, State of Palestine, 2020.
https://public.tableau.com/views/OECDDACAidataglancebyrecipient_new/Recipients?:embed=y&:display_count=yes&:showTabs=y&:toolbar=no?&:showVizHome=no
UNFPA State of Palestine Country Programme Document (2018-2022).
https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA_.2017.9_-_UNFPA_strategic_plan_2018-2021_-_FINAL_-_25July2017_-_corrected_24Aug17.pdf
UNFPA. 2012. Humanitarian Response Strategy. https://www.unfpa.org/resources/humanitarian-response-strategy#:~:text=It%20ensures%20that%20UNFPA's%20humanitarian,young%20people%20in%20crisis%20situations.
UNFPA et al. 2020. Daring to ask, listen, and act: a snapshot of the impacts of COVID-19 on women and girls' rights and sexual and reproductive health.
https://reliefweb.int/sites/reliefweb.int/files/resources/20200511_Daring%20to%20ask%20Rapid%20Assessment%20Report_FINAL.pdf

Annex 3: The Evaluation Matrix

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
RELEVANCE **EQ1: To what extent has the country office been able to adapt to: i) the needs of diverse populations, including the needs of marginalized and vulnerable groups[67] including people with disability; ii) national development strategies and policies; iii) the strategic direction and objectives of UNFPA; and iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and SDGs, v) the New Way of Working and the Grand Bargain.** **EQ2: To what extent has the country office been able to timely respond to changes in national needs and priorities, including those of vulnerable or marginalized communities, or to shifts caused by crisis or major changes such as the surge of COVID-19 pandemic and the recent escalation in Gaza? What was the quality of the response?**			
Assumption: **The 6th CP is adapted to the needs of the population, in particular those of marginalised and vulnerable groups, and to the changing needs in the COVID-19 context during the programming process, while retaining focus on human rights and gender equality and discrimination dimensions.**	● Evidence for an exhaustive, sex-disaggregated and accurate needs assessment, identifying the varied needs of Palestinian population, including women and girls, and marginalized and vulnerable groups where such groups may include women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with different abilities; refugees, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas and from remote areas, among others, prior to the programming of the four components of the CPD and AWPs, as well as during program implementation (responding to changing COVID-19 emergencies). ● The selection of target groups for UNFPA-supported interventions in the four target segment components of the programme is consistent with identified needs (as detailed in the needs assessment) and was revised to adapt to changing priorities in the COVID-19 situation. ● Evidence that the programmatic interventions had flexibility to respond to changing needs.	● ICPD POA, MDG reports, SDG reports, UNFPA Strategic Plan 2018-2021, 6th CPD (2018-2022), COARs, UNDAF and review; AWPs ● GoP/UNFPA 5th CPE ● National policy/strategy documents ● Needs assessments ● Surveys (including PDHS, MICS, etc.), census data, and other reports ● Surveys showing sex disaggregation, urban/ rural divide, regional/ geographical disparities for UNFPA's four components, ● Other relevant studies used to understand the HR and GE context, ● And evidence of needs assessments, alignment of CP with UNDAF, and national documents till 2018 but including documents for the period 2018-2021 for programmatic changes ● COVID 19 survey reports for all four pillars of UNFPA ● UNFPA CO staff	● Documentary analysis ● Interviews with UNFPA CO staff ● Interviews with implementing partners ● Interviews with key Government officials in line Ministries and Departments (Ministry of Health, Ministry of Education, Ministry of Youth affairs, Ministry of Planning and Development, etc.) ● Interviews/focus groups with final beneficiaries ● Interviews with NGOs/ donors, including local organisations, working in the same mandate area as UNFPA, e.g. Canada

[67] *In asking about marginalised and vulnerable groups we mean whether specific focus was retained on persons with different abilities, ethnic and religious minorities, transgender communities, and communities residing in rural and remote areas.*

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	● Extent to which the interventions planned within the AWPs (across the four components of the programme) targeted women and girls, and the most vulnerable, disadvantaged, and excluded population groups listed above, in a prioritized manner with evidence that they were targeted as participants and beneficiaries.		

FINDINGS:

Context in Palestine:

The evaluation found that the programme in Palestine is implemented within the context of a humanitarian crisis caused by the ongoing occupation. This situation has been exacerbated by the COVID-19 pandemic, among other crises such as the shortage of water. The fact that persons are not allowed to travel to some parts of Palestine without permits creates hindrances and limits freedom of movement of the people.

There are also challenges regarding the use of language in for instance SRH as some of the words used in SRH are not acceptable in accordance with Muslim culture. There is therefore need for appropriate curriculum to be design that is appropriate to the sensitive nature of some of the terms used in RSRHR and linked to for instance sexuality education in schools.

High unemployment rates as well as falling and average real wages have created pressures on children to work to support their families. This is further exacerbated by weaknesses in the education system and the lack of an effective, reliable and comprehensive social security system, which increases the risk of families resorting to child labour. The ILO project "Enhanced Knowledge and Capacity of Tripartite Partners to Address the Worst Forms of Child Labour in the occupied Palestinian territory" supports the global goal of eliminating the worst forms of child labour by 2016 through awareness raising and capacity building initiatives that target government, worker, employer and civil society representatives. By promoting a greater understanding of child labour, including its worst forms, national partners can take action to adopt or modify legislation and reinforce their knowledge base on child labour.

Regarding gender empowerment: Over the past decade the occupied Palestinian territory has witnessed a significant and persistent gender gap in labour force participation. While men's labour force participation rate has remained steady since 2000 (registering 68.7 per cent by June 2013) women's labour force participation rate has remained at less than a quarter of men's rate, albeit rising from 13 per cent in 2000 to 16 per cent by June 2013. A significant gender pay gap also persists where women's median daily wage is only 84 per cent of men. Women's access to decent work is also the result of the ramifications of the continued Israeli occupation, the limited employment opportunities generated by the Palestinian economy, the inadequate provision of social protection, as well as social norms prevailing in the Palestinian society.

UNFPA has smartly found its way to reach some of the people in Jerusalem, especially the youth, men and women, including people with disabilities. The main findings that have emanated from the evaluation are as follows:

- About policy and advocacy work UNFPA CO has had some success in CP6. However, the UNFPA programmes need to be more focused to accountability level. This is because there are evident weaknesses and inconsistencies in the implementation of laws and policies. This situation is compounded by the absence of a legislative council.
- The evaluation showed that the UNFPA SRH programme, which is the core mandate for UNFPA, has been somewhat incoherent during CP6.
- UNFPA CO work on GBV work has been relatively strong, particularly regarding service delivery and at contributing to certain institutional changes and mechanisms such as the strategy on violence against women and the national referral system. Hoverer, UNFPA CO programmes should focus more on GBV prevention, and more on adolescent girls and child marriage
- The evaluation found that the UNFPA PD work has produced some quality products, but the impact has been limited. It is within this regard that UNFPA must consider integrating PD with any other core programme.
- UNFPA CO managed during CP6 to have mainstreamed HRBA and gender quite well. However, UNFPA can do more to find innovative ways to reach the most vulnerable populations such as persons living with disabilities and the LGBTQI community.

Alignment of programme to national priorities and international development priorities:

The UNFPA CP6 is well aligned to international, national, and provincial development priorities. It is relevant to UNFPA mandate, the needs of the Government of Palestine as well as the beneficiaries. The priorities are linked and aligned with the United Nations Sustainable Development Cooperation Framework for Palestine (UNSDCF 2018-2022).

Link is reflected in the UNFPA Strategic Plan 2018-2021 which reaffirms the relevance of the current strategic direction of CP6. The programme interventions of the three components are consistent with priority components of ICPD PoA and SDG Agenda and the transformative and people-centred results of UNFPA's Strategic Plan 2018-2021. All three programme elements were implemented in an integrated manner and addressed humanitarian preparedness and response.

CP6 via participatory process involving national and sub-national stakeholders, including civil society, the private sector, young people, UN organizations and development partners. The 6th CP had national coverage, with some interventions in specific locations based on local context and availability of resources.

With respect to adaptation to changing needs in the national context, UNFPA responded effectively and timely to the COVID-19 pandemic and also to the humanitarian situation caused by the occupation.

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
EFFECTIVENESS **EQ3:** ***To what extent were the UNFPA country programme intended results achieved, taking into account potential changes made to the initial results framework due to the COVID-19 crisis, and use of technology to foster achievement of results? In particular:*** **Ensured continuity of sexual and reproductive health services and interventions and addressing GBV and harmful practices as part of the COVID-19 crisis response and recovery efforts?** ***(with a focus on comparison of intended goals, outcomes and inputs with the actual achievements in terms of results as well as measurement of unintended results)***			
Assumption: **Quality integrated Sexual and Reproductive Health and Family Planning information and services, especially for the vulnerable and marginalized populations were demonstrably increased and national policy environment for it was improved, where contribution of UNFPA is demonstrated, and with a robust theory of change underlying the results chain logic; and that a limited number of strategic activities led to significant results, in a complex country programme in the COVID-19 context during the programming process.**	With regard to vulnerable and marginalized populations, during CP6: ● Evidence of change/s in policy environment at regional and national level that have markedly improved the integrated SRH and FP information and services in the COVID-19 situation. ● Extent to which these change/s in policy environment is/are a contribution from UNFPA interventions. ● Extent to which these improvements in integrated SRH and FP information and services is/are a contribution from UNFPA interventions. Evidence of gained political support and engagement in improving SRH and FP information and services, especially for vulnerable and marginalized populations. ● Proportion of sessions where SRH and FP was discussed in respective assemblies at national and regional level. Extent of strengthening the capacities at national and regional levels, to improve quality integrated SRH and FP information and services, during CP6:	Regarding policy environment, at national and regional levels: ● Relevant policy documents that were revised. ● Relevant plans that were revised in response to changes in policies; ● Relevant National and Regional data sources for service and outcome indicators: - DHS - MICS - DHIS - UNFPA Annual Reports ● Monitoring and periodic reports produced by: - UNFPA - Implementation partners - UNFPA CO staff - Regional staff	Review of Relevant Documents - Policy and planning documents - Relevant reports - Analysis of secondary data Political support and engagement - Analysis of primary data - Review of assembly records - Analysis of interviews with politicians Strengthening the capacities - Analysis of relevant reports ○ training reports ○ Training modules ○ Minutes of meetings

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	● Proportion of policy and planning level seminars / workshops / meetings on SRH and FP information and services, that were partially or fully supported by UNFPA. ● Proportion of training events for different cadre of workforce, that were partially or fully supported by UNFPA. Extent to which these interventions are informed by needs and interests of diverse groups of stakeholders; ● Evidence of consultations with stakeholders during planning phase; ● Proportion of plans for which stakeholders were consulted during planning. Extent to which the service delivery output / outcome indicators are improved. ● Proportion of health facilities which have recently started offering SRH and FP services; ● Proportion of increase in FP clients Proportion of clients who are satisfied with the service delivery outlets. Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design.	- AWPs and APRs **2.1.** Political support and engagement - Assembly records - In depth Interviews with relevant politicians. Strengthening the capacities - Reports of Policy and planning level Seminar / workshop. - Minutes of relevant policy and planning level meetings; - Training modules, that were revised - Training modules that were produced; - Training reports; - UNFPA reports on capacity building initiatives and events. Consultations with stakeholders for planning: - Reports on planning consultations with stakeholders Service delivery improvement - DHIS	○ Seminar and workshop reports Stakeholder consultation - Review of relevant consultation reports - Analysis of planning reports Service delivery - Analysis of health facilities' data - DHIS - Analysis of findings from client satisfaction survey

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
		- MICS - Health facilities' reports - Client satisfaction survey	

FINDINGS

Verbatim from participant: 'I must say that I am very happy with the UNFPA, and we did a very good job, since I arrived here. Even if they are very specialized in sexual and reproductive health, they do a lot of other programmes such as for gender equality to prevent gender-based violence and yes, this is interesting to work with them.'

Regarding Humanitarian action - the CO flexibility and ability to mobilise resources and achieve the intended SRH results while also addressing the impact of COVID-19 on SRH to ensure continuity of SRH services was an esteemed achievement by all. This is on top of. its notable work on the pre-existing emergency caused by the hostilities in Gaza and the extended humanitarian crisis this has created.

Even though the COVID-19 Corona pandemic placed additional load on the CO in general and the SRH programme, as a health issue with multidimensional impact. It required intervening within the health system to ensure longer term sustainability for provision with SRH services, while the system itself was overly strained by the shifting priorities, to respond to the epidemic related needs, but where SRH was not among the set priorities.

SRH scatteredness: In the SRH area, CO spread itself quite thinly on modes of engagement in nine overarching strategies that are packed with heavy subject areas, that were addressed in a scattered manner with no prioritization. This is believed to be primarily caused by the mismatch this has with the CO staffing capacity and available resources (human and financial) as well as the lacking SRH internal coherence and the espoused administrative arrangements. No evidence was found to show that the nine strategies identified in the design phase of the programme for the SRH programmatic area followed any form of prioritization or reason/s for selecting certain intervention over another.

The mobile clinics UNFPA modelled is a promising project of outreach worthy of expansion, replication and strengthening. UNFPA depends on short term humanitarian funding for these clinics and there is no real prospect of funding from the PA. However, the Fund has been attempting to ground these services better in the community, with local inclusive committees to steer and guide the clinics with regards to location, scope of services, needs, and potential community cost-sharing.

With respect to securing family planning commodities did not receive sufficient funding because of competing demands on budgets. amid humanitarian emergency and social-cultural barriers discourage use.

Using Minimum Initial Service Package (MISP) for reproductive health in Crisis great capacity development achievements were made. Also, there was agreement among interviewed partners that UNFPA efforts in capacity development of health care providers in essential SRH services via MISP is a great approach that should be institutionalized across all levels of macro and micro-policy as well as programmatically, as a priority in the MOH and nationally in the coming programmatic cycle. All believed in its significance for a more organized response to crises, and its value in enhancing resilience of the health care system and its capacity which are strategic achievements that are expected to improve the overall performance and readiness of the system.

The evaluation further found that UNFPA's consistent stimulation, initiation and leadership of policy developments and advocacy work brought about significant changes in almost all CP6 output areas of SRH. About vulnerable and marginalized populations, for outcome 1 concerned with SRH, throughout the CP6 including during COVID 19 era, UNFPA's consistent stimulation, initiation and leadership of policy developments and advocacy work was an achievement that brought about significant changes in almost all output areas expounded in the CP6 document and annual reports.

EQ3: (continued…)

(ii) Empowerment of adolescents and youth to access sexual and reproductive health services;
(with a focus on comparison of intended goals, outcomes and inputs with the actual achievements in terms of results as well as measurement of unintended results)

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption: **Comprehensive, gender-sensitive, high-quality Adolescent Sexual and Reproductive Health (ASRH) services are in place and accessible in underserved areas with a focus on the (varied needs of) adolescents and young people and vulnerable and marginalized groups and were demonstrably increased and national policy environment for it was improved, where contribution of UNFPA is demonstrated, and with a robust theory of change underlying the results chain logic; and that a limited number of strategic activities led to significant results, in a complex country programme in the COVID-19 context during the programming process.**	● Extent to which M&E of programme achievements indicate timely meeting of outputs in the context of the COVID-19 pandemic. ● The extent to which outputs in CP6 are likely to have contributed to outcome results ● Evidence of youth leadership and engagement? ● Extent to which Life Skills-Based Education (LSBE) is integrated and ensures international standards? ● Evidence of increased government or stakeholder commitment to A&Y? ● Evidence that technology was introduced and that it improved effectiveness pertaining to office activities and program implementation. ● Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design.	● M&E documentation ● AWPs and APRs ● Relevant programme, project and institutional reports of stakeholders ● UNFPA CO staff ● Palestinian Government, and IPs ● Remote Site visits ● Regional-district data (DHS, MICS, DHIS, planning and monitoring unit data) ● IP partner reports ● UNFPA Annual reports (2018-2021) ● Health system staff and care providers ● Women/service recipients in communities ● National budget information ● National disaggregated statistics related to reproductive health ● Reproductive health strategy ● Reproductive normative tools, guidelines, strategies ● Final beneficiaries/members of the community (including those who use the services and those who do not) ● Relevant reports (on ASRH) produced by national/international adolescents and youth organizations.	● Interviews with Ministries/ departments of Health/ Planning, Women's Development other relevant government ministries and departments, youth networks and academic institutions ● Interviews with WHO and other relevant United Nations agencies ● Document review ● Interviews with health professionals ● Interviews and focus group discussions with service users and non-users
FINDINGS **Verbatim in support of findings:**			

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Verbatim: 'Yeah my final thoughts I would say that we really need the help of you and UNFPA to reintroduce the network and to use the language of the people to reach them and to tell them that we are answering your needs and your questions, we are a trusted network and to have for us to have a curriculum, when we talk in health wise and in gender based issues and so on, that we have a curriculum that we give it to trainers when they go to the field speaking to these people.' Verbatim – and on the cultural aspect: 'We need a new curriculum to help us re introduce this according to the cultural aspects and to engage these services and more.' Verbatim: -'You know, but it's time is a religion, the country, as you know, most of the people here are Muslims, so when we speak about sexual orientation, gender identity etc., that is not allowed to speak clearly about so we have face it, it causes some problems in communication with the communities here'. The evaluation found that UNFPA played a key role in the State of Palestine's contributions to the ICPD summit in Nairobi. The CO supported programmes for young people who resultantly benefited from SRH information through awareness/ trainings and civic engagement programmes, among whom included adolescent girls. Several CBOs benefited from programmes by IPs in partnership with the YPEER network and other youth groups. Several policy and advocacy events and dialogues were conducted with policy makers and with youth participation in all of these initiatives. The Y-Peer network enhanced its outreach and capacities of educators, and it was able to reach out to new localities and to engage new members to be part of the network. The network focused on utilising the interactive theatre in their activities and events. The network also worked on building new partnerships with different institutions and ministries in order to reach out to more beneficiaries and different categories. Moreover, the Palestine network was selected in 2018, as one of the top ten networks as announced by the Y-PEER international network. A national SRH conference in partnership with Juzoor and the MoEHE, was also held which found a base for follow up interventions by the MoEHE and NGO partners. One recommendation from the conference was the establishment of Adolescent Health coalition as part of a regional health forum. UNFPA supported the development of several policy advocacy around youth and adolescents. As chair of the United Nations Thematic Group (UNTG) on Young People, UNFPA championed and led several joint interventions with UN agencies. Such of these interventions encompassed the global youth challenge planned jointly with UNICEF, joint UN calendar on international youth day, national youth summit in Gaza, the endorsement of the joint UN Youth program which was shared with the EU, and a joint workshop with the PALTEL Telecommunications group and UNICEF, UNFPA and UNDP to agree on common areas of interest to innovatively address the socio-economic and educational challenges experienced by youth. Evidently, the key advocacy efforts that the UNTG on Young People achieved through the leadership of UNFPA included the joint UN statement on IYD, youth and C19, Youth and Palestinian elections, and youth and the escalations in 2021. However, in order to enhance the initiatives around policy advocacy among Young People, there is a need to develop a joint communications strategy among the UN group members. UNFPA supported the et up of youth friendly centers and mobile clinics at higher education institutions. In support of these initiatives, a mobile application "Mustashari- my counsellor" was developed in partnership with "love matters.com" and was the first application for young people for SRH in Arabic language. Community members were reached through Y-PEER interventions using non- traditional tools and interventions in schools, universities, public places, and electronically. Several basic and advance training benefited YPEER members who held a series of sessions, campaigns and initiatives. The training of teachers and counsellors was conducted in several schools in East Jerusalem on GE, GBV, cyberbullying. The training of youth groups also to lead humanitarian action in Gaza in line with MYCHA project in the MENA region. A pool of young leaders in East Jerusalem was trained on leadership ills and met with the new Prime Minister. This pool was further empowered to participate in high-level meetings and policy dialogue. Several young people received specialized training on Peer helping to lead community-based protection initiatives. Notably, In Gaza, more than a thousand young people implemented protection initiatives using Peer Helpers approach focusing on marginalized youth including juveniles, youth in conflict with the law, youth living in poverty, and young girls subjected to GBV. Close collaboration with national ministries that comprise of the Ministry of Health, Ministry of Social Development), NGOs, universities, United Nations Agencies, notably, UNICEF and WHO, and youth groups and coalitions. Update of the teachers'/counsellors' manual on adolescent health was one of the achievements on adolescent SRHR. In support of these initiatives, four studies were conducted: namely, (a) social norms hindering the access of women and girls to YFHS, (b) feasibility of YFHS delivery, (c) mapping of YFHS provider organizations and (d) IVF first study. In addition, a paper on people living with disabilities was developed. Furthermore, an assessment on youth reality in East Jerusalem was carried out by UNFPA IUNV focusing on the needs of youth in the Old City of Jerusalem. In support of interventions for Young People, UNFPA also established partnerships with youth-led networks and COBs. The youth-led networks consisted of Y-PEER, PMSA, Sports for Life, and the Youth Council in Gaza, among others. UNFPA reached out to young people through empowerment programmes, community awareness sessions and capacity development interventions and maintained youth representation and participation in across regional youth task forces. UNFPA also initiated discussions with the Palestinian private sector to solicit further support for youth empowerment. These engagements with the private sector included the Bank of Palestine. UNFPA also increased efforts in youth resource mobilization through integrating youth in a number of different proposals related to SRH and gender.			
EQ3: (continued…)			

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
iii) Promote gender equality and to effectively address gender-based violence? ***(with a focus on comparison of intended goals, outcomes and inputs with the actual achievements in terms of results as well as measurement of unintended results)***			
Assumption 1: **National priority of government and other institutions on gender equality, women's empowerment and Gender Based Violence (GE WE and GBV) was demonstrably increased, law and legislative framework and policy environment for it was improved, and institutional capacities and systems were strengthened, where contribution of UNFPA is demonstrated, and with a robust theory of change underlying the results chain logic; and that a limited number of strategic activities led to significant results, in a complex country programme in the COVID-19 context during the programming process.** **Assumption 2:** **Technical capacity of national institutions, Women Commissions and NGOs related to GE, WE and GBV needed to be increased.**	● Advocacy/Coordination Committees on GEWE & GBV established/ strengthened and functioning. ● Number of lobbying initiatives/ coaching meetings held by UNFPA country office with Parliamentarians and Women's Cauci for GEWE & GBV related laws and its effective implementation, like improvement in Domestic Violence, Child Marriage Restraint and other laws/ policies and its implementation ● Number of Advocacy / Coordination / Coaching meetings held by UNFPA country office with Commissions to support improvement in laws/ policies and its effective implementation pertaining to GEWE & GBV ● Evidence of participation & leadership in coordination structures in GEWE & GBV working groups at national & sub-national level. ● Evidence of appropriateness of the IPs selected to deliver the results regarding legal analytical review for improvement in GEWE & GBV laws and policies ● Evidence of gender focal points in national and regional institutions, IPs and NGOS trained on GE, WE and GBV ● Evidence of technical assistance provided to strengthen relevant national and regional institutions, government departments, IPs and NGOs to effectively implement programmes on GEWE & GBV	● UNFPA gender focal point and/or team working on GEWE & GBV and UNFPA CO staff ● Relevant UN, national and regional institutions, IPs and NGOS working in GE, WE and GBV, as well as catering to marginalized and vulnerable segments of the community, as below: ➢ Relevant Government departments like Law Department, Social Welfare, Women's Development, among others. ➢ Relevant NGOs ➢ Relevant implementing partners ● Documents for analysis: - M&E documentation - UNFPA Annual reports (2018-2021) and 6th CPD - AWPs and APRs - M& E reports - Relevant programme, project and institutional reports of stakeholders - IP partner reports ● Documents for analysis and legal analytical review of national documents/ laws: - National policies/ strategic documents such as, the United Nations SDG Framework for	● Documentary analysis appearing under **Sources of Information, eg**: - 6th CPD etc - National policies/ strategic documents and laws pertaining to AoR. ● Interviews with all those appearing under **Sources of Information,** which includes relevant UN, donors, national and regional institutions, IPs and NGOS working in GE, WE and GBV ● Focus Group Discussion with those listed above ie with diverse groups of organizations, including donors and implementing partners, on supporting national capacity for prioritizing GEWE and GBV and catering to marginalized and vulnerable segments of the community ● and beneficiaries if possible.

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	● Evidence of establishing and strengthening gender-based violence response services and elimination of harmful practices including child marriage. ● Evidence of focus in programmatic interventions was retained on inclusiveness and diversity where marginalized communities and other vulnerable segments were targeted. Marginalized groups may include women, adolescents and children; women exposed to gender-based violence; poverty, out-of-school children; transgender persons; persons with different abilities; refugees, internally displaced persons, ethnic and religious minorities, and people living in crisis-affected areas, based on socio-economic and geographical dimensions. ● Number of people with different abilities provided information, access, service or other facilities for SHR/GBV ● Evidence that UNFPA supported interventions targeted on the elimination of barriers to access (e.g. social, economic, legal, location, language, cultural) to SRH and GBV information and services for vulnerable and marginalized populations (e.g., women, adolescents and youth, and those listed above), particularly those within groups that are furthest behind. ● Evidence that skills acquired are being used at work by stakeholders trained under CP6. ● Evidence that technology was introduced and that it improved effectiveness pertaining to office activities and program implementation.	Palestine 2018-2022, and other National policy/strategy documents pertaining to AoR. including National surveys on GEWE & GBV, Palestine DHS, National Plan of Action on Human Rights (GE/ minorities / disability / children), etc. - National / regional laws and legal framework for its implementation for conducting legal analytical review.	

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	● Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design.		

FINDINGS

The evaluation found that UNFPA played a leading role in the development of the Palestinian GBV National Referral System (NRS). In 2018, the work on the NRS was strengthened by updating the health protocol for service providers to deal with women and girls GBV cases considering the GBV ESP package and the developed GBV SoPs. During 2019, two rapid assessments for the implementation of the National Referral System were conducted to shed the light on the main challenges facing the implementation of the NRS and gaps in the currently applied procedures. The work to modify the NRS continues to date, with a role for UNFPA and the various partners including the MoWA.

The overarching indicator of UNFPA's success is related to its key component 3 indicator which focuses on capacity building of national, governmental and non-governmental institutions.

The proper implementation of laws and policies requires a comprehensive approach to change. To do that, UNFPA worked to create an enabling environment that would allow for higher levels of awareness, sensitivity and acceptability of gender equality and GBV combating.

Advocacy and awareness activities, as well as ensuring widespread coverage, require building and strengthening protection networks. While these networks are important on all regions, they are especially important in the most marginalized regions including East Jerusalem and Area C. In the West Bank and Gaza, 10 protection networks are established.

The work on capacity building with institutions improved the accessibility, quality and acceptability of services. In 2018, UNFPA upgraded 20 health facilities in the West Bank including East Jerusalem and Gaza Strip. The work aimed at enabling partners to detect, treat and refer women and girls GBV survivors.

In 2021, UNFPA continued supporting nine safe spaces and three mobile clinics providing SRH and GBV services in nine districts in West Bank, Jerusalem and Gaza Strip, while increasing the minimum service provided to women and girls in humanitarian situation from six minimum services to nine services including SRH, MHPSS, case management, legal counselling, couple therapy, dignity kits, cash and voucher assistance, livelihood and vocational training and life skills.

Supporting verbatim:

"To me, my life was saved after I was introduced to the safe space in my community; I moved with my family to this community to be able to prove my residency in Jerusalem, but we are surrounded by lack of proper municipal services, protection and just overall basic welfare. I felt like a stranger, uncomfortable and started to feel depressed. This was compounded by my husband losing his work and starting to go deeper into a depression and anger phase. Having the safe space and the support group of women living round me saved my life." (Female, 43, married with children, Jerusalem region)

"I came to the center to check on some health issue related to my pregnancy; I, however, came up with much more. The services provided for my health were an opportunity to gain more education, training and empowerment in general. I am a stringer person in my household and my husband and children are better off with my new gained empowerment." (Female, 39, married with children, Jenin region)

"With all the danger souring my life in Gaza and even during and after the war, I feel that the nearby center, with the other women and the amazing staff, I feel safer; I feel there is a place that I could go to; it is a safe haven for me and in many cases I bring my children to play in the safety of the center." (Female, 43, married with children, Jerusalem regionNorth of Gaza)

While the intention is to service women and girls, the results confirm that most beneficiaries of services are married women. Adolescent and young females, unmarried women and older women are not yet sufficiently reaching out to receive SRH services. The need for a focus on this area is confirmed by the fact that most participants in FGDs were mid-age women with children. In addition, the perception that only married women will need such services reflects the limited perception of the emotional, sexual and health needs of young females and single women.

EQ4:
To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation and monitoring of the country programme?

Assumption: **CP6 programming in SRHR, Gender and Women's Empowerment and Adolescents and Youth is gender sensitive and human rights-friendly: The most vulnerable population groups, including youth, marginalised groups, migrants, the Roma**	● Evidence of increased quantity of women's protection services ● Evidence of increased quality of women's protection services through strengthening of the referral network and integration of GBV prevention and	● CP6/ CPAP and Strategic Plans ● CAWPs ● National policy/strategy documents	● Documentary analysis ● Data analysis ● Interviews with UNFPA CO staff

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
population, refugees and host communities are getting involved in supported interventions.	response in service provision including equipment and quality of venues, recruitment of experts, service quality and speed, etc. ● Existence of programmes involving men and young people for combating GBV ● Evidence of effective monitoring of the National Action Plan on Domestic Violence ● Evidence-base on young people's perception about GBV developed ● A gender sensitive curriculum developed in partnership with CSOs.	● Needs assessment studies ● Programme evaluations ● Implementing partners and beneficiaries.	● Interviews with implementing partners ● Interviews/ Focus groups with beneficiaries

Integrating Gender in programming:

- The evaluation found that gender and women's empowerment was mainstreamed by UNFPA CO at the programmatic and organizational levels for CP6. Addressing the needs of girls, adolescents and women have been considered across all activities, since the design of the CP, throughout implementation and monitoring. More women participated in implementation of CP interventions, including within Safe Spaces and leaders in Youth Networks and Coalitions.
- Accessing services through online and digital tools allowed for equitable access for women and men equally, and girls and boys. Capacity strengthening activities targeting national partners and IPs covered GEWE and human rights issues. UNFPA CO, on the same front, ensured the use and application of gender sensitive and transformative language in all its media material and publications, as well as in annual reports.
- UNFPA staff interviewed during the evaluation indicated that the ways and extent to which GEWE considerations were integrated into the CP varied between humanitarian and development settings. In the humanitarian setting, the programme is flexible, and decision-making largely lies within the UNFPA CO, implications of gender inequalities and GBV were seen and could be addressed. However, with development programmes, decision-making is done by the government on all aspects of the programme, including priorities and implementation approaches and design of activities and targeting. UNFPA used the successes and lessons learned from the humanitarian programme to advocate for work with the government in the development setting. The strategic partnership between UNFPA CO and the Prime Minister's Office and other line Ministries such as MoH and MOE ensured was good entry point, yet still limited because not all actors report and not all of them have the needed systems in place. An example is the GBV IMS which has influenced the national strategies and led to the development of SOPs for essential GBV prevention and response service package led by the government. The developed of the SRHR strategy that was endorsed by the government was gender-sensitive and looked at women through a lifecycle approach. Working on the CRVS, the government looked at the gender issues likely affecting registration of women deaths.
- Some government officials interviewed showed commitment to address gender issues and focus on international standard and a survivor-centred approach. There are difficulties applying the international standards at the national level due to culture, stigmatization, protection laws and the continued occupation. For example, reporting on gender violence and rape is mandatory by law, but this is not usually accepted at the field level. The newly developed SOPs on GBV prevention provided a base where national actors can move forward. Internal guidelines for the different agencies for the implementation of the SOPs were developed and are aligned. Institutional challenges continue in terms of the quality and available services, as well as capacity of the staff in these institutions.
- IPs working with UNFPA who were interviewed during the evaluation commended on the capacity building they received by UNFPA on GEWE and human rights approaches. The M&E plans developed by IPs in close coordination and support from UNFPA CO ensured that they monitor and report on gender-sensitive indicators. There were efforts to link these indicators to contribution to SDGs 3 and 5. IPs further provided trainings to their own staff focusing on different elements such as gender equality, human rights, children rights and inclusion. IPs also ensured the prevention of the sexual exploitation and abuse (PSEA) and developed measures for their applications.

Integrating Human Rights in CP

The evaluation found that working on SRH was a priority for UNFPA guided by the human rights principles for individuals and groups. UNFPA ensured accountability and participation of different beneficiary groups and accountability to the affected populations and having incentive-based volunteers as well. UNFPA focused on the principles of Leaving No One Behind and ensured non-discriminatory and quality interventions. Besides working on SRHR at the policy level, UNFPA was one of the few organizations also working on this domain at CBOs level. Like with AY and GEWE, working on the integration of Human Rights within the humanitarian programmes was less challenging than with the development programme.

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
People interviewed during the evaluation pinpointed and social barriers to work and advocate for LGBTQI groups. UNFPA provided the service regardless of any sexual orientation, yet there were incidences where staff had refused to provide the service in light of sexual orientation. As capacities were built on rights-based approaches, the services were made available for all groups including minorities and special groups. Furthermore, the evaluation noted that throughout the implementation of the 6th CP, the lack of commitment from the human rights agencies and partners on the SRHR agenda was an on-going challenge identified by the UNFPA CO team in all annual reporting.			
EFFICIENCY **EQ5:** **To what extent has UNFPA made good use of its human, financial, and administrative resources and used an appropriate combination of tools, approaches and innovation and technology, also leveraging the national resources, to pursue the achievement of the outcomes defined in the country programme i*ncluding* how these have fostered or, on the contrary, impeded the adaptation of the country programme response to changes triggered by the COVID-19 crisis?**			
Assumption: **Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen and in a timely and sustainable manner *including the situation occasioned by the Covid-19 response.***	● Evidence that the planned resources were received to the foreseen level in AWPs ● Evidence that resources were received in a timely manner ● Evidence of adequacy of resources (Financial, Personnel etc.) to deliver the programme's outputs /results ● Evidence of coordination and complementarity among the programme components of UNFPA and coherence among government ministries ● Evidence of progress towards the delivery of multi-year, predictable, core funding delivered to implementing partners ● Evidence of appropriateness of the IPs selected to deliver the results ● Evidence of timely transfer of funds ● Evidence of effective mechanisms to control waste and fraud ● Evidence that inefficiencies were identified and corrected in a timely manner ● Evidence of focus of UNFPA resources on high impact activities ● Extent to which the allocation of resources to targeted groups took into account the need to	● AWPs ● Relevant Programme, Administrative and Financial Management Documents including: ● Project standard progress reports ● And reports reflecting leverage / usage of national resources ● Financial Reports from Implementing Partners, and UNFPA (Atlas reports) ● Audit Reports for IPs ● Field Monitoring Visit Reports	● Documentary review: financial documents at the UNFPA (from project documentation) ● and interviews with administrative and financial staff ● Documentary review: annual reports from partner ministries, and implementing partners, ● audit reports and monitoring reports ● Interviews with implementing partners from government (ministry level/ secretariat level/ organisational staff) ● Interviews with implementing NGO partners who received budgetary support ● Interviews with UNFPA country office staff ● Interviews with beneficiaries of funding (including NGOs) ● Interviews with UNFPA administrative staff, government and NGOs, donors on the coordination, complementarity of implementation, and leveraging of national resources.

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	prioritize those most marginalized including women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like AR or internally displaced people, among others, ● Evidence that technology was introduced and that it improved efficiency pertaining to office activities and program implementation.		

FINDINGS:

Funding Modalities, Reporting and Administrative Arrangements

The evaluation found that CO maintained a very good funding level for the 6th CP from donors. Albeit national partners find that more funding was needed to allow UNFPA to respond to needed assistance on national priorities (eg: GBV), as well as to provide further capacity strengthening to the government. The implementation of field level interventions was done through government and NGO IPs who were managed by the UNFPA CO, based on annual financial disbursements with agreed workplans and reporting. Monthly and quarterly meetings were held between UNFPA and IPs, in addition to joint monitoring.

During the evaluation, IPs reported that UNFPA supported to build their institutional and individual capacities. This includes through specialized training on SRH and GBV, as well as on M&E with regard reporting on indicators and use of tracking systems, project management and soft skills. They believe that they would additionally benefit from leadership and strategic managerial skills, as well as financial capacities and governance. In general, all interviewed IPs were satisfied with the technical, administrative and logistical support provided by the UNFPA teams, despite the many logistical and administrative processes required by UNFPA.

IPs found that the financial support provided by UNFPA was adequate for the implementation of service delivery activities. However, the funds were not sufficient to cover some of their administrative costs, funds were only partially enough for the needed procurement, M&E or the human resources working on the operations. Some of the interviewed IPs reported that they faced challenges with the regularity of funds quarterly and at the end of the financial year, which hindered their abilities to procure and provide medications to beneficiaries at the Reproductive Health clinics and sometimes for logistical expenses (eg: allowances and coffee breaks during activities). Another challenge for them was the inflexibility of the budget allocations provided to the IPs, where in some cases the IPs find more convenience to make budget changes according to the developments during actual implementation on ground. But when the COVID-19 pandemic started, UNFPA was responsive with budget reallocations, for example to procure necessary digital equipment for the continuation of activities (for example, laptops, internet for staff working from home).

UNFPA staff differentiated between the capacities of government IPs and those of NGO IPs, UNFPA has been working with NGOs for some years on SRH and GBV services, which enabled them to gain experience. Also, on child marriage, there was weak political will and decision-making power by the government. Challenges cited by IPS included the high turnover of IPs' staff who fail to retain capacitated staff, and sometimes limited communications capacity. There has been improvement in using advanced technology tools and digital solutions (eg: kobo for assessments, data visualization and M&E dashboards), which would be beneficial to expand on in future programming with adequate investments.

On use of technology to foster achievement of results, UNFPA CO made efficient use of technology to foster achievement of CP6 results with SRHR, AY, GEWE and data sharing. Evidence was obtained that the CO has produced and widely disseminated inclusive audio-visual materials and some with integrating sign language, supporting SRHR, AY and GEWE and COVID-19 in addition to several IEC materials. Furthermore, the adolescent health teacher's manual was developed, and schoolgirls and boys were reached through the virtual character "Majd" - the Brave Student. Furthermore, several innovative games, social media and short films were developed as vehicles and tools to send out SRH, AY and GEWE information and other related messages including during COVID 19 lockdown periods.

Utilisation of Funds

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Moreover, fund allocations were made by UNFPA based on national priorities and the vision and mandate of the UNCT (further discussion under 4.1 Relevance section). The UNFPA Palestine CO came forward with funding and human resources, which was appreciated by the UNCT. UNFPA was able to mobilise resources such as for communication and advocacy and for the youth in the UNCT. This was especially inevitable during COVID-19 amid issues related to gender equality and GBV. **Personnel** The evaluation further found that the technical capacities of the programme personnel were high, as reflected by IPs, government partners and UN staff. The UNFPA CO has specialized teams for SRHR, AY and GEWE in place, and maintained the positions of a Humanitarian Coordinator, Heads of Departments and support functions. Field presence in the West Bank and Gaza bolstered the efficiency of implementation of the CP. Feedback by national partners was positive about the technical capacities of the UNFPA CO team. Almost all the interviewed UNFPA CO staff from the different teams found that the CO requires organizational structure review that would allow for capacities equivalent to the funding availability and programme intended outputs. They reflected that the current total number of staff was not sufficient compared to the workload nor the amount of funding, which posed challenges and workload issues. The area of M&E could possibly integrate Population and Development functions and would thus specifically benefit from additional staff in place to support population and data functions where UNFPA can play a key role within the next programming. UNFPA has built the capacity of personnel in various organizations and government entities on resources management, mobilization, leadership skills and organization management. UNFPA has also provided its personnel to monitor the implementation of programme activities of different partners. However, nearly half of the implementation of the 6th CP was characterised with the global pandemic COVID 19. With COVID-19 on the play, the whole situation and plan of personnel's physical presence in the offices and at the field changed. UNFPA, the government of the State of Palestine, other development partners, IPs at the national and grassroots levels and rights holders were equally affected. To a large extent, the COVID-19 pandemic and the political context in the State of Palestine affected implementation of work. However, with time, the innovation of using available personnel and technology within the UNFPA CO and in areas where it was accessible eased the implementation of the CP.			
SUSTAINABILITY **EQ6:** **To what extent has UNFPA been able to generate political will and support partners and stakeholders in developing capacities and establishing mechanisms to ensure ownership and the durability of effects including results occasioned by the COVID-19 response?**			
Assumption: **Government/partners/ stakeholders capacities and mechanisms are improved for ownership and continuation of interventions, despite COVID-19 impact related to resource constraint.**	Evidence of following: ● Established sustainability mechanism for the programme. ● The likelihood of the programme and its benefits to be sustainable. ● Established systems to continue the programme. ● Capacity development including staff training. ● Community and country ownership including financial resource commitments. ● Partner organizations with sustainability plans. ● Existence of Scale-up plans/strategies. ● Commitment to continue allocation of resources to targeted groups like women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities	Documents: *Relevant Sectoral Policies and Strategic Plans:* ● Annual Work Plans for Implementing Partners ● Country Programme Reports ● AWPs; Reports; ● IP progress reports, relevant sector strategic plans *Special study reports; Mid-term review reports, Strategic plan evaluations for sectors including health, education, community/social sectors.* ● National Level Stakeholders ● UNFPA staff, Government, IPs staff, and Heads of Departments (Health, Education, Social Welfare, Planning,	● Documents review and analysis ● Key informant interviews ● Interviews with implementing partners from government (ministry level/ secretariat level/ organisational staff) ● Interviews with implementing NGO partners who received budgetary support ● Focus group discussions with final beneficiaries

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	and other vulnerable segments like AR or IDPs, among others. ● Developing an enabling or adaptable environment for real change on HR & GE; ● Institutional change conducive to systematically addressing HR & GE concerns	● Relevant Field level IPs.	

FINDINGS

A strategy that has be bolstered up is for UNFPA to work with local organisations in the communities because this removes the presence of a 'Western' International organisation on the ground. This strategy is likely to have better results as the local organisations are more acceptable within the communities than the bigger International 'Western' organisations. The communities create a barrier is they perceive it as if 'you are trying to change our lives and our tradition, so they end up saying we don't need your help.'

The second aspect is that 'when you use local staff you use the staff that can speak the local language in the community, and they can reach out more.' This will lead to more robust results as local people know the local social norms to have a successful project.'

The evaluation found that CO has experience of working with various diverse types of implementing partners including CSOs in Gaza, West Bank and East Jerusalem in CP implementation. The work UNFPA has been doing should continue to provide the needed humanitarian assistance. The UNCT recognizes that the ownership and durability of the humanitarian work is not sufficiently tackled, especially on GEWE issues, and that more sustainable solutions need to be sought.

A high level of funding allocations is inevitable to ensure sustained humanitarian support continues. It was however reported that UNFPA and indeed other development organisations should work more with local organisations so that the programmes become acceptable to the local communities. This was reported to improve on trust of the local communities on the genuineness of the programmes towards improving their livelihoods.

Prospects for sustainability of the UNFPA's work was built around the engagement of national partners and stakeholders, building national capacities and influencing policies. In the views of the interviewed national partners, UNFPA's work encompassed elements that suggest high prospects for sustainability. These included the technical training of trainers that was provided by UNFPA strengthened institutional capacity on a wide array of fields and at different levels, including on GBV response, empowerment of adolescents and youth, and SRH information and service provision. The information systems, tools and infrastructure, established public-private partnerships as well as the advocacy at the national level contributed to creating an enabling environment on SRHR, AY, and GBV. UNFPA and partners were able to institutionalize CMR services and SOPs, in addition to the development of national policies on Combating Child Marriage, the National Youth Strategy and SRH Strategy which were developed through a participatory process with sustainability and governance as one of the main domains. Finally, the integration of the adolescent and youth SRH courses within universities grants further sustainability.

Ownership and durability were especially considered within the CP's work on population and data, a main strategic partner to UNFPA was the Palestinian Central Bureau of Statistics. Building systems such as the CVRS and introducing new tools for analysis of census and survey data goes a long way towards promoting sustainability of data systems. It is worth noting also that UNFPA established technical committees for the strategies that it supported and built capacities of its members on SRHR, AY and GEWE. In addition, UNFPA established partnerships with humanitarian local actors in place. The capacity building that was provided to these actors ensured their sustained ability to offer the humanitarian services beyond the current 6th CP, as confirmed by these partners during the evaluation. They mentioned that they have the capacity to provide services to beneficiaries on SRH, AY and GBV response, and to cascade the training to more staff within their agencies. Even with the phenomena of the high staff turnover, the developed pertinent guidelines provide reference for the trainings. Nevertheless, UNFPA staff and most of the partners mentioned that the issue of the high turnover was yet one of the main adversities to sustainability of UNFPA's efforts.

On communities and beneficiary levels, the UNFPA interventions had positive impact evident in their sustained access to SRH services, AY, and GBV support. Trained volunteers through the youth coalition networks such as Y-PEER Network and the safe spaces can implement community and outreach activities. In this regard, UNFPA worked with the youth to develop a strategic plan for resource mobilization and sustainability. Vulnerable youth who benefited from the vocational trainings have gained skills to facilitate their jobs or work opportunities.

A challenge shared by UNFPA staff during the evaluation is that donors appear to develop are competing to develop different policies, but they do not commit funding for their implementation. The State of Palestine has so many policies in place, nevertheless, they are not being implemented. This calls for a coordinated action by the UN and development partners that contribute the Government of Palestine's efforts. Looking at development SRH indicators, it appears that Palestinian health facilities are providing most of the services, but the issue remains with the quality and the inequality of access. More investments are needed in health services to ensure quality and universal access where SRH is part of the medical coverage. Feedback from national partners reflected that they believe that without UNFPA, there are services and advancements that would not continue as they are anchored around the implementation of projects by UNFPA. For example, work on GBV within the health sector is still doubtful because it is still seen as an add-on that is still linked to projects and funding. Still for example, the GBV cases that are reported, and survivors provided with services is not high enough. This is unlike the work on family planning which is more effective. During the evaluation, interviewees find that effort still needs to be put on social behaviour and attitude change and on further capacity building at all levels with innovative approaches, such as coaching and on the job-training and support.

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
The evaluation however was not able to account for consideration by the CP to wider contextual challenges including the protracted occupation of Palestinian territories, the poor economic performance, the water deficit and food systems. In addition, integration of Palestinian youths into the labour market remains challenging. These challenges would have toll on UNFPAstine CO ability to continue to provide humanitarian assistance considering the already strained donor market. This challenge is aggravated by the risks of a decline international humanitarian support and the uncertainty of the range of impact of the COVID-19 global crisis. This risk to sustainability of services was realized by UNFPA (document reviews) in light with donor fatigue and reallocation of resources to fund other emergency crises.			
COORDINATION **EQ7:** **To what extent has the UNFPA Country Office contributed to the functioning and consolidation of UNCT coordination mechanisms?**			
Assumption: **UNFPA CO support was coherent with the national priorities and international normative frameworks; due to coherence UNFPA CP6 has improved other UN and development partners work in Area of Responsibility (AoR) and COVID-19 interventions.**	● The extent to which UNFPA CO has appropriately considered the priorities of the government and key stakeholders. ● Evidence of UNFPA's partnership/ consultation with national institutions on AoR. ● Evidence of UNFPA's contribution to programmatic interventions stated in national policies and programs on AoR. ● Evidence of active participation in UN technical working groups; ● Evidence of participation & leadership in humanitarian coordination structures, Area of Responsibility and SRHR, AY, GE/GBV working groups at national & sub-national level., ● Evidence of UNFPA participation in the working groups and/or joint initiatives corresponding to mandate areas and COVID-19 program; ● Evidence of sharing of information between UN agencies. ● Evidence of joint programming initiatives (planning) & M&E. ● Evidence of projects/ outputs that actually added value to partners'/ UN agencies work in UNFPA mandated areas.	● 6th CPD (2018-2022) ● National policies/ strategic documents such as the United Nations Development Assistance Framework for Palestine (UNDAF) 2018-2022, the International Conference on Population and Development, the 2030 Agenda for Sustainable Development. ● Alignment of CP6 with UNDAF, and national documents till 2018 but including documents for the period 2018-2022 for programmatic changes ● Monitoring and evaluation reports ● Joint programmes and work plan and reports ● UNCT and UN programme documents ● AWPs ● APRs ● UNFPA CO staff ● GoP and key partners	● Documentary analysis ● Interviews with UNFPA CO staff ● Interviews with development partners ● Interviews with UN agencies that include: WHO, UNRWA, WFP, UNICEF, UN WOMEN, ILO, UNDP, UNODOC and UN Habitat, among others.

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection

FINDINGS:

On the humanitarian agenda, there has been coordination through the Humanitarian Partners Forum. There are working groups and sub-working groups regularly meeting with representation by different agencies. Some groups, such as the GBV one, had proliferation including a gender task force and the gender reference group. UNFPA 6th CP delivered against the UNSDF 2018-2022 (as detailed in the EQ1 on Relevance) and supported the different UNCT coordinating groups. This included the inter-government steering committee, the UNCT team, the PCT team and the three result working groups on People, Opportunities and Institutions. However, as highlighted by the UN staff during the evaluation, group meetings were rarely organized, which adversely affected the overall strategic leadership and implementation on the UN development agenda in the State of Palestine. Feedback during the evaluation showed that joint programming is limited between the different UN agencies. There is a sense of competition and agencies can sometimes become territorial around their specific areas of focus. In addition, the COVID-19 crisis played a strong role on coordination as programme shifted focus to the socio-economic framework for response.

This evaluation found that there is a lack of effective and active UN-UN coordination and some local partners particularly the MOH. It is prudent to mention that this is in the context of a non-functioning UNDAF and the general lack of coordination mechanisms. There is evidence that there is a gap in this coordination that reflects in an overlap that does not indicate UN agencies commitment to the boundaries of the defined mandates of each. This could be weakening and confusing to local partners, in addition to creating unnecessary competition amongst them when some NGOs are encouraged to take over some MOH roles with the support and participation of some UN agencies. In addition, there are local ownership issue in some of the poorly coordinated UN efforts such as between WHO and UNFPA when it comes to the Public Health Institute (PHI) work on some SRH indicators and areas at the PHC level excluding the hospitals where complementary data is located. Not only that this creates fragmentation in national data and poorly informed related policy decisions but also the data generated by the PHI is owned, controlled, utilized and published by WHO and MOH staff have difficulties accessing and benefiting form it in practice and quality improvement.

Throughout the CP6, UNFPA CO maintained its leadership role as the Chair of the GBV Sub-Cluster through active participation in the protection cluster and SAG regular meetings. Active reporting to the humanitarian dashboard owned by OCHA. 21 national organizations are reporting quarterly on GBV cases detected and treated by civil society and government organizations through entering data via GBV sub-cluster IMS about GBV types, perpetrators, locations, timing and survivor's disaggregation. Also, an analytical paper entitled "The Palestinian women and the Great Return of March in Gaza Strip" has been finalized by GBV Sub Cluster. This analytical paper presented the humanitarian situation in Gaza Strip and its impact on Women and girls. Moreover, Seven GBV sub-cluster meetings were held in West Bank and five in Gaza.

UNFPA utilizes its role and membership in the GBV sub-cluster to further promote the focus on women and girls with disability. UNFPA made progress in building a strong and coherent GBV sub-cluster, with excellent cooperation around the HRP process, strong inclusion of NGOs (including a focus on disability) as partners for humanitarian response. The GBV sub cluster is clearly the most active sub cluster within the protection AOR. Some 11 sub cluster meetings were conducted and widely attended, in addition to a workshop on the 2019 Violence Survey preliminary results. This confirmed the leading role of the GBV Sub-Cluster in sharing knowledge and discussing needs and gaps related to GBV prevention and response. UNFPA's work on the HAYA programme with UN Women, UNHABITAT and UNODC is another example.

UNFPA CO maintained an active role in leadership in promoting issues around adolescents and youth. In 2021 UNFPA as a chair of the UN Group on Young People, identified private sector partners to work with for the empowerment of young people. In addition, an adolescent health unit was established at the MoH in line with the strategic framework of UNFPA. The sub-programme adopted three YFHS models in several universities, where YFHS were integrated in mobile clinics providing SRH services in remote locations. In addition, in partnership with the Prime Minister's Office, the UNFPA CO led the signing of the "volunteerism" agreement along with other key partners. The sub-programme also established partnerships with youth-led networks and CBOs. In this regard, YEPEER, PMSA, sports for Life, and Youth Council in Gaza, and youth groups in the West Bank and in Gaza in addition to MYCHA, and Harah Theatre. The sub-programme increased efforts in youth resource mobilization through integrating youth in several different initiatives related to SRH and gender.

IPs interviewed during the evaluation mentioned that the partnership with UNFPA allowed them to participate in different coordination groups and understand what the developments are in SRH and GBV areas at the national level. Through the groups, they become updated on the procedures, tools and implementation strategies and cope within their entities at an early stage. They added that UNFPA provided technical support on the GBV working group at the policy level and at the field level, providing strategies for coordination, implementation and access to information and services.

Furthermore, UNFPA was well positioned and actively participating where possible within the UN coordination groups, retreats and discussions to advocate for SRH, AY, and GBV issues where possible. For example, within the M&E group, UNFPA had been active in supporting the coordination of all the reporting and the planning of the UNCT. At the UNFPA CO level, it was mentioned by staff and partners that there was a good level of coordination between the components on SRHR, GBV and Youth, yet sometimes implementation was done with a level of separation from one another, with divided budgets and activities.

Verbatim from participant: *'We need to improve collaboration, the joint programming, the complementation rather than stepping on each other's toes' (KII, male_)*

'We like the fact that UNFPA is expanding its interventions in the field' (KII, female).

This as the respondent emphases on is important for effective joint programmes between the UNFPA and UN agencies. Also stressed is the need for consultation between the UNFPA and the UN agencies during joint programming to ensure that there is clear understanding between the two agencies during interventions.

COVERAGE

EQ8:

To what extent have UNFPA humanitarian interventions systematically reached all vulnerable groups prioritised in the CPD and the geographic areas in which affected populations (women and adolescents and youth) reside?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption: **The services rendered for humanitarian assistance demonstrated target segmentation of beneficiary groups that especially included vulnerable and marginalised groups, (Marginalized groups may include Women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with disabilities; refugees, internally displaced persons, ethnic and religious minorities, and people living in crisis-affected areas based on socio-economic and geographical dimensions.**	● Evidence of systematic target segmentation of beneficiary groups across socio- economic and geographical dimensions, so as to reach vulnerable and marginalised groups. ● Evidence that affected communities are mapped and disaggregated ● Mapping evidence of geographical area covered for humanitarian assistance. ● Evidence of budgetary allocation for SRH and GBV in humanitarian assistance programmatic interventions. ● Evidence that UNFPA supported interventions targeted the elimination of barriers to access (e.g. social, economic, legal, location, language, cultural) to SRH and GBV information and services for vulnerable and marginalized populations (e.g., women, adolescents and youth, those with disabilities, and others listed under assumption), particularly those within groups that are furthest behind.	● AWPs ● UNDAF progress reports on humanitarian assistance arrangements ● Progress reports on beneficiary and stakeholder mapping ● UNFPA M&E reports on humanitarian assistance interventions ● Budgets allocated to SRH and GBV in humanitarian assistance program of UNFPA and received/ utilized by national / regional institutions and IPs ● M&E reports on access provided to vulnerable groups	● Documentary analysis ● Geographical map showing beneficiaries ● Interviews with UNFPA country office staff and humanitarian assistance cell/ staff ● Interviews with members of the donor / INGO clusters ● Interviews with other United Nations agencies ● Interviews with government ministries / departments responsible for emergency preparedness and involved in humanitarian response ● FGDs with beneficiaries of funding (including NGOs), including those working within refugee or internally displaced persons' camps (where relevant)

FINDINGS

The evaluation found that CP focused on the inclusion of marginalized areas and vulnerable adolescents, youth, and women, into programming. However, the evaluation team notes that coverage in the CP is impacted by the geographical fragmentation and the fact that there are areas that are not under the direct governance of the Palestinian government such as Area C and H1 where both service beneficiaries and providers must negotiate access to get to the healthcare facility. This is coupled with the rurality of most of the communities in these peripheral areas which implies availability of less resources and more marginalisation of people left behind.

Jerusalem has its own peculiar vulnerability which is not necessarily a question of access to SRH care but is about the everydayness of State violence, persecution, endless experiences of being challenged, and the missing security Jerusalemites need to have a healthy life at home, at work, in the community and wherever they might be. The focus of UNFPA's interventions was clearly on women, adolescents and girls, and vulnerable Palestinians, and to an extent, people with disabilities. However, beneficiary support had not been sufficient to address all the special and increasing needs of 'those furthest behind', especially in development settings.

Some marginalized and vulnerable groups were left behind with unmet needs. Of those, the stakeholders interviewed pinpointed that the extent of inclusion of the most vulnerable and marginalized was not fully considered. These include the elderly, people with disabilities, women in menopause age, and LGBTQ communities. These groups face challenges in access to SRH services and information, as well as GBV protection due to physical, communication and social constraints.

In addition, vulnerability in Gaza is more related to the political divide, repeated escalations of hostilities, and the huge number of men and women, girls and boys that were internally displaced with utter vulnerabilities as a result. The well documented outcome is inequities between West Bank and Gaza when it comes to different SRH processes indicators and availability of medications as well as structure, contents and size of the offered SRH services. –

Significant UNFPA work was done in Gaza and in area C and Bedouin communities in the West Bank, but the coverage is varying and inadequate in many communities and bound by the location of the IPs health centers and SRH facilities. In one example, participants in FGDs particularly pointed out the narrow scope of geographical coverage of the interventions. They stressed the need to broaden the scope and coverage of mental health and psychosocial counselling, replicate the safe space model in other parts of the GS and expand the existing one to be more inclusive and impartial, and attend to FP unmet needs more consistently and comprehensively. –

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
The implemented activities across the cities differed from each other in terms of intensity and activeness. were implemented in most of the governorates, but in some regions, they were active more than other regions. For instance, the YPEER is implemented is implemented in most of the governorates, but in some regions, they are not active at all. The implemented projects in Gaza covered all the strip and targeted all categories of the population. In addition to promoting the needs and rights of marginalized groups within the GBV sub-cluster and service providers, UNFPA's focus on adolescents, youth and women with disability, child girls and the elderly is evident:			
CONNECTEDNESS **EQ9: To what extent has UNFPA humanitarian response supported and planned for longer-term development goals articulated in the results framework of the country programme?** **EQ10: To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities etc.) to better prepare for, respond to and recover from humanitarian crisis?**			
Assumption: **The response undertaken during humanitarian contexts demonstrated coherence and connectedness with a focus on longer-term development needs.**	● Evidence of active participation in UN technical working groups during humanitarian situation; ● Evidence of participation and leadership in humanitarian coordination structures, ● Evidence of Area of Responsibility and SRHR, AY, GBV working groups at national and sub-national level., ● Evidence of leading role played by UNFPA in the working groups and/or joint initiatives corresponding to mandate areas; ● Evidence of sharing of information between UN agencies. ● Evidence of joint programming initiatives (planning) & M&E. *National/ Societal Resilience:* ● Evidence of National policies that support GE, SRH & RR ● Social protection schemes & safety nets ● Disaggregated data & data systems ● Positive social norms. *Community Resilience:* ● Prioritized rights & health of women & young people in humanitarian-	● UNFPA AWPs ● Minutes of meetings on subject ● Correspondence with other agencies on subject ● UNDAF progress reports on coordination mechanisms ● Minutes and Reports of relevant Coordination Structures for thematic areas/issues, and long-term development needs planning	● Documentary analysis ● Interviews with UNFPA country office staff and humanitarian assistance cell/ staff ● Interviews with members of the donor / INGO clusters ● Interviews with other United Nations agencies ● Interviews with government ministries / departments responsible for emergency preparedness and involved in humanitarian response ● FGD with beneficiaries of funding (including NGOs), including those working within refugee or internally displaced persons' camps (where relevant) ● Site visits to refugee or internally displaced persons' camps (where relevant.

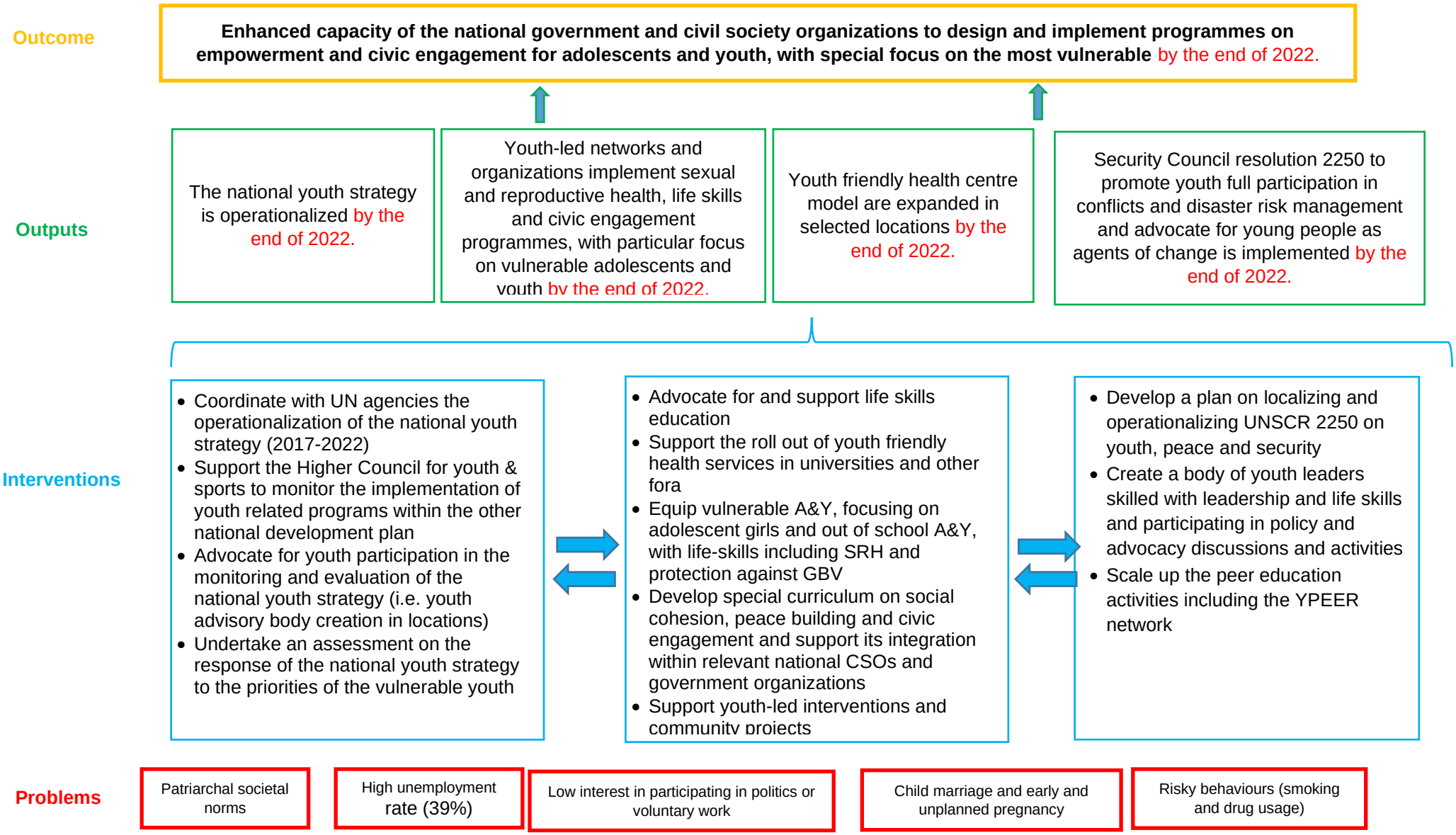
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	development-peace through collective action *Family/ Individual Resilience:* ● Empowered women, girls & young people as agents of change ● Universal access to quality integrated SRH information & services, including MHM ● Safe home environment, free of violence & harmful practices.		
FINDINGS: The evaluation found that UNFPA CP6 took concrete strides on building capacities at local and national levels, primarily on SRH services, AY, and GBV response, as well as cross-cutting initiatives on PD information management systems and policy development. Over the multiple years of the CP, these efforts increased the ability of people, organizations, and the government to address humanitarian needs, risks and vulnerability. At the same time, development capacity building efforts ensured to maximize effectiveness, resilience, and country ownership to manage and deliver SRH, AY and GBV products and services to the target groups at the longer term. The evaluation accounted for interconnected capacity development results at the individual, organizational and enabling environment levels. The evaluation team further noted that most of CP6 interventions were implemented within the humanitarian and developmental-peace nexus. At the national level, evidence on connectedness is in the UNFPA CP having emergency preparedness and response and disaster risk reduction plans, both of which are budgeted and integrate SRH, AY and GBV components including family planning and STIs. UNFPA country programme is inclusive of marginalized groups and those left behind. For instance, the country programme during COVID-19 used digital and virtual tools to reach out to the marginalized groups such as people living with disabilities. So, the UNFPA country took advantage of the COVID-19 situation and could thus reach to these marginalized social groups. In addition, together with UNFPA the AICS found an app that works on the smart phone that everyone can use and that and this can be used to reach out to the disadvantaged social groups in the communities. Participant: verbatim: 'During COVID-19 and the economic depression we found out that a lot of the girls have dropped out of schools and have been married.'			
Notes: The CPE Team proposed that EQ3 (focusing on Effectiveness) should incorporate the comparison of the intended goals, outcomes and inputs with the actual achievements in terms of results. In addition, measurement of unintended results (negative or positive) was included. The criterion of Technology is an add-on proposed by the evaluation team. Resultantly, the aspect of technology was included in EQ5 (effectiveness) and EQ7 (efficiency). In asking about marginalized and vulnerable groups the evaluation team implies whether specific focus was retained on persons with different abilities, ethnic and religious minorities, transgender communities, and communities residing in rural and remote areas.			

Annex 4: Stakeholder' Map

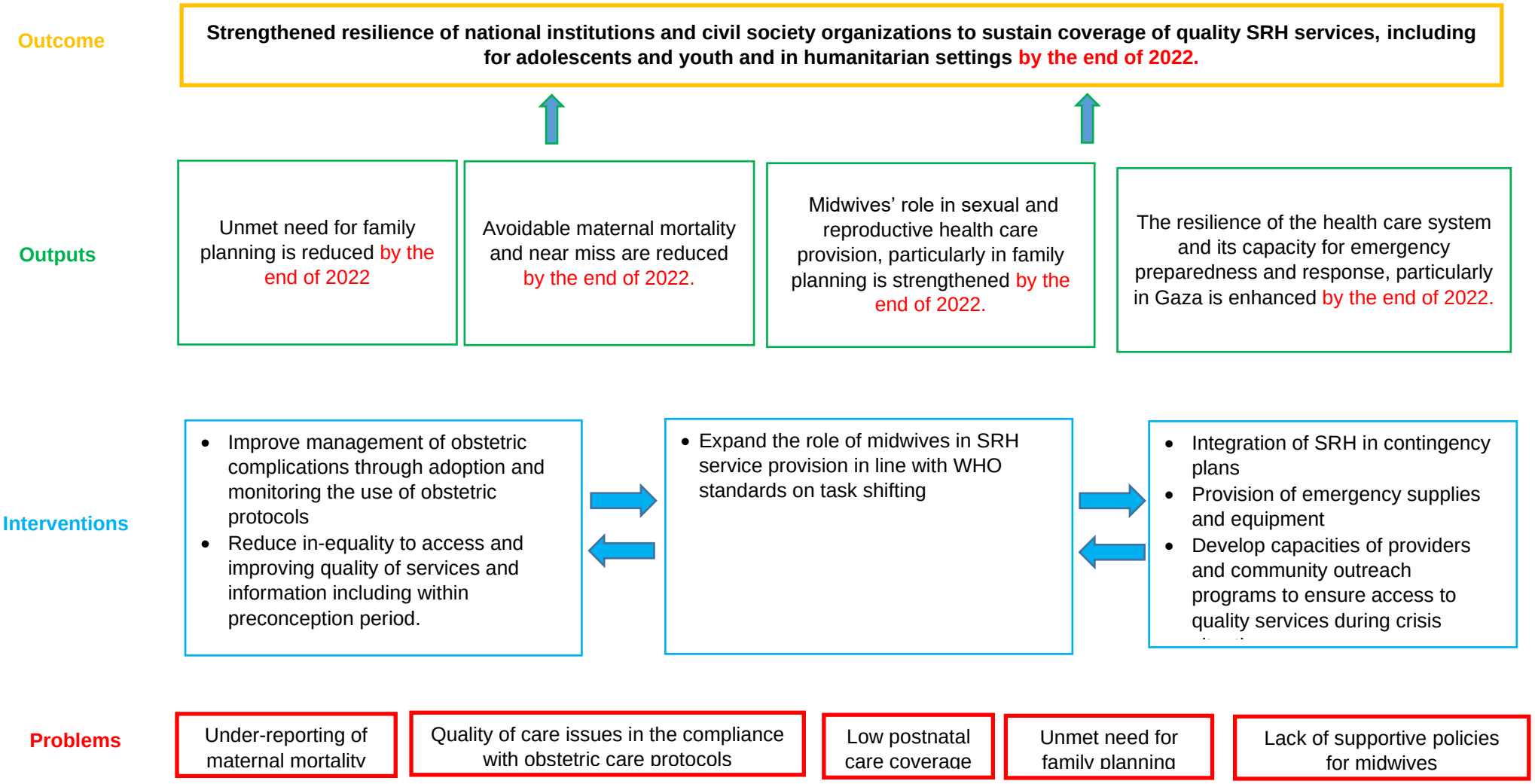
Donors	Implementing Agencies: Government	Implementing Agencies: Local NGO	Implementing Agencies: Other UN	Other Partners: Government	Other Partners: Local NGO	Other Partners: International NGO	Other Partners: National Coalitions	Other Partners: Other UN	Other Partners: Academia	Other Partners: Private Sector	Rights Holders (Beneficiaries of UNFPA's Support)	Duty bearers, clusters and sub-clusters and NGOs (Beneficiaries of UNFPA's Support)
Strategic Plan (2018-2021) Outcome 1: Sexual and Reproductive Health												
Belgium Canada Denmark Italy Japan OCHA TTF - Multi Donor UN Women UNICEF Program Fund	Ministry of Health; Palestinian Central Bureau of Statistics	Palestinian Medical Relief Society; Abdel-Shafi Community Health; Burj Alluluiaq Social Center; Campaign for Children Rehabilitation; Juniour for Health and Social Development; Palestinian Family Planning and Protection; Palestinian Medical Relief Soc; Save Youth Future Society; Women's Affairs Center	WHO					UNRWA, UNICEF, WHO, UN WOMEN	Birzeit University		Women in reproductive age in the West Bank and Gaza, including vulnerable communities, Area C, and East Jerusalem Female and male youth in the West Bank and Gaza Vulnerable women with breast cancer, and victims of gender based violence Men in Gaza Adolescent Health Coalition (Capacity building, and knowledge sharing)	Physicians, nurses, midwives and health-related management staff in the Ministry of Health and its governmental health clinics Health professionals in UNRWA and NGOs Health professionals at the Ministry of Justice Social workers of mobilize clinics at NGOs SRH Working group chaired by MoH and UNFPA (Capacity building and knowledge sharing) Mobile Clinic Working Group (Coordination support and mapping) National Population Committee (NPC) Community Based Organizations working in health in Gaza (provision of equipment)
Atlas / GPS Project Code	(HRF01GBV, PAL05MOH, PAL06GBV, PAL06SRH)	(PAL06SRH, PAL06YTH); (HRF01GBV, PAL06GBV, PAL06SRH); (PAL06SRH, PAL06YTH); (PAL05CCP, PAL06SRH); (PAL06SRH, PAL06YTH); (PAL06SRH); (PAL05MRS, PAL06YTH, PAL06SRH); (PAL06YTH); (HRF01GBV)										
Strategic Plan (2018-2021) Outcome 2: Adolescents and youth												
Belgium Canada Italy OCHA SPAIN UN WOMEN UNICEF Program Fund	Ministry of Social Development; Ministry of Education and High; Palestinian Central Bureau of Statistics	Palestinian Medical Relief Society; Burj Alluluiaq Social Center; Save Youth Future Society; Shareik youth Forum; Juniour for Health and Social Development	UNRWA					UNICEF, UNRWA, UNDP, UN Women, ILO	Birzeit University (Bethlehem), Al-Aqsa University (Gaza)	Bank of Palestine, Baby First	Youth groups in 11 universities (YAP) Youth local councils in the West Bank, Gaza and East Jerusalem Y-Peer Network members in the West Bank, Gaza and East Jerusalem Adolescents and youth in schools in the West Bank, Gaza and East Jerusalem Out-of-School students, particularly in East Jerusalem Juvenile Youth with disabilities Adolescent Health Coalition (Capacity building	Teachers and counselors in school health, counseling and special education and gender department in the Ministry of Education Adolescents Unit at the Ministry of Health Health professionals in governmental clinics Vocational and social counselor at the Ministry of Social Development at youth rehabilitation centers Professionals working in NGOs (capacity building on Adolescents and youth health, gender, SRH) UN Youth Theme Group (UNRWA Chairs, coordination support, joint programming and knowledge sharing)
Atlas/GPS Project Code	PAL06YTH	PAL06YTH; PAL06YTH; (PAL05SYF, PAL06YTH); (PAL06YTH); PAL06YTH										
Strategic Plan (2018-2021) Outcome 1: Gender equality and wome's empowerement												
Canada Denmark Italy Japan OCHA Program Fund Spain TTF - MULTI DONOR UN Women UNICEF	Ministry of Health; Ministry of Women's Affairs; Ministry of Education and High; Ministry of Social Development; Palestinian Central Bureau of Statistics	Palestinian Medical Relief Society; Abdel-Shafi Community Health; Burj Alluluiaq Social Center S; Health Work Committees; Juniour for Health and Social Development; Palestinian Family Planning and Protection Association; Palestinian Initiatives for The Promotion of Global Dialogue and Democracy (MIFTAH); Save Youth Future Society; Shareik youth Forum; The Culture and Free Thought Association; Women's Affairs Center; Union of Health Work Committees; The Palestinian Working Women	UNRWA, Work Food Programme					WFP, UNIDO, UN Habitat, UN Women	Birzeit University	Rowya TV, MAAN News Agency	Women victims of gender based violence in Hebron, Nablus, Jenin (Maythaloun, Saryis, Al-Jdidah, etc.), city of Jerusalem, Tulkarem, Ramallah and city of Gaza, Khanyounes, Breij, Jabaliya, and Rafah Women at risk of violence and poverty in the West Bank and Gaza Women with disability in the West Bank and Gaza	Health professionals at the Women Health Development Department at the Ministry of Health Counseling Department and Women and Child Department at the Ministry of Social Development Counselors and teachers at the Ministry of Education Hemayat Network staff GBV Sub-cluster (60 members)(Capacity building, research, knowledge sharing)
Atlas/GPS Project Code	HRF01GBV; HRF01GBV	(HKH01GBV, PAL05MRS, PAL06SRH, PAL06YTH); (HRF01GBV, PAL06SRH); PAL06YTH; PAL06YTH; (HRF01GBV); HRF01GBV; (HRF01PAL, PAL06YTH); (PAL06SRH, PAL06YTH); (HRF01GBV, HRF01PAL); (HRF01GBV, HRF01PAL)										

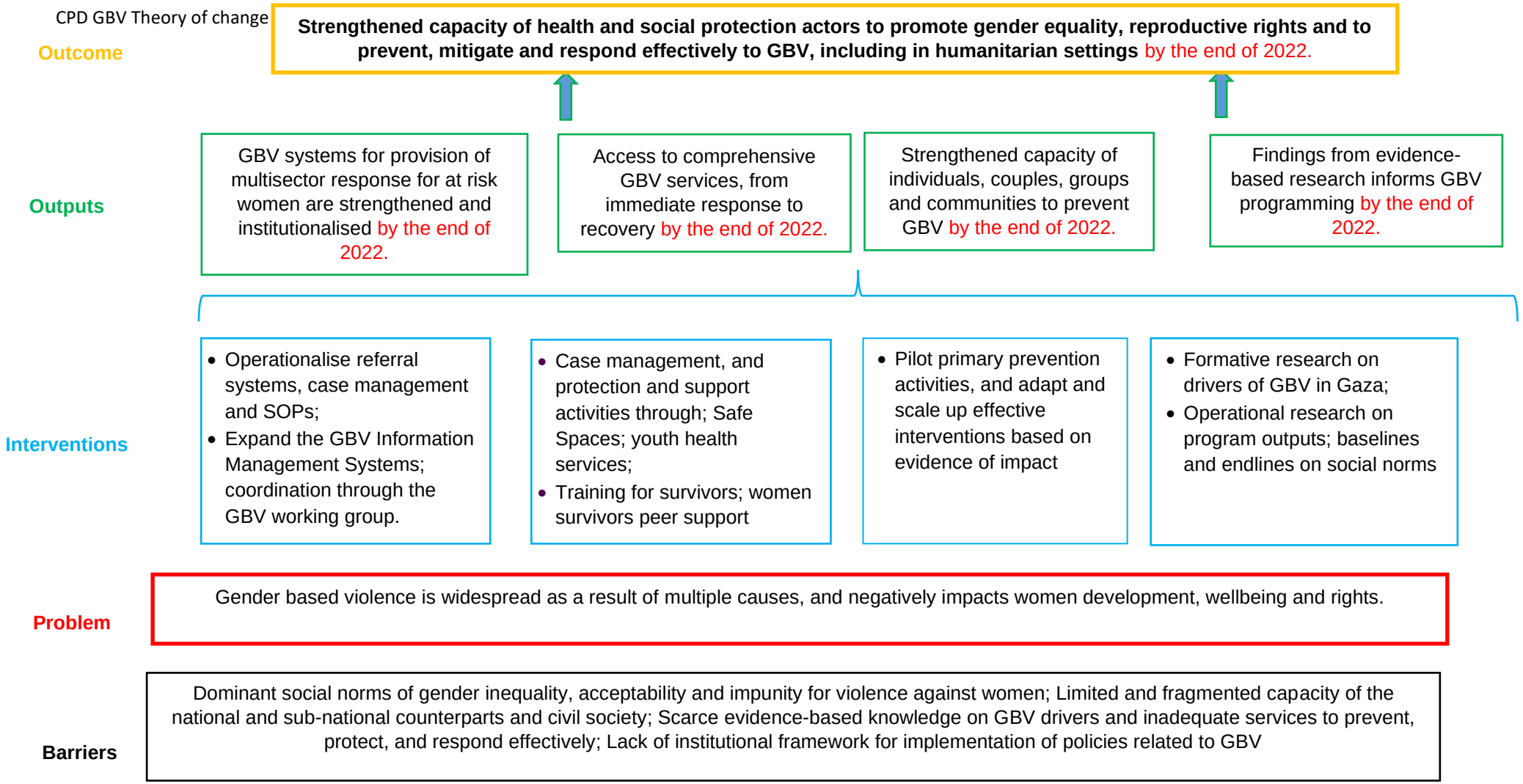
Annex 5: Theory of Change (Reconstructed)

CPD Youth Theory of change



CPD RH Theory of change




CPD GBV Theory of change
Outcome
Strengthened capacity of health and social protection actors to promote gender equality, reproductive rights and to prevent, mitigate and respond effectively to GBV, including in humanitarian settings by the end of 2022.
Outputs
GBV systems for provision of multisector response for at risk women are strengthened and institutionalised by the end of 2022.
Access to comprehensive GBV services, from immediate response to recovery by the end of 2022.
Strengthened capacity of individuals, couples, groups and communities to prevent GBV by the end of 2022.
Findings from evidence-based research informs GBV programming by the end of 2022.
Interventions
• Operationalise referral systems, case management and SOPs;
• Expand the GBV Information Management Systems; coordination through the GBV working group.
• Case management, and protection and support activities through; Safe Spaces; youth health services;
• Training for survivors; women survivors peer support
• Pilot primary prevention activities, and adapt and scale up effective interventions based on evidence of impact
• Formative research on drivers of GBV in Gaza;
• Operational research on program outputs; baselines and endlines on social norms
Problem
Gender based violence is widespread as a result of multiple causes, and negatively impacts women development, wellbeing and rights.
Barriers
Dominant social norms of gender inequality, acceptability and impunity for violence against women; Limited and fragmented capacity of the national and sub-national counterparts and civil society; Scarce evidence-based knowledge on GBV drivers and inadequate services to prevent, protect, and respond effectively; Lack of institutional framework for implementation of policies related to GBV

Annex 6: Data Collection Tools

Sexual and Reproductive Health (SRH)

Key Informant Interview Guide for Implementers of the SRH component

Key Informants

- UNFPA SRH staff
- IPs

General Introduction - Purpose of the evaluation
I am (we are) part of a four-person team to evaluate UNFPA's 6th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials from the national and local governments, INGOs and NGOs, Development Partners, Academia and some beneficiaries.
Core interview: Objectives of the interview guide transformed into questions
1. Objective: <u>RELEVANCE</u> of the support strategy of the UNFPA 6th country Programme to the population needs, government priorities and global policies and strategies. **Possible Questions**: a. What are the most prevalent population needs? b. To what extent the UNFPA interventions have addressed the needs and interests of diverse groups of stakeholders through in-depth consultation? c. To what extent has UNFPA support adapted to the needs of population including the needs of marginalized and vulnerable group such as transgender, ethnic and religious minorities, people with disabilities, refugees, IDPs, and from remote areas? d. To what extent UNFPA interventions are planned and implemented with participation from vulnerable and marginalized populations? e. How the population needs changed in COVID-19 pandemic? f. To what extent the support of UNFPA adapted the changing needs in the COVID-19 context?

g. To what extent UNFPA interventions are aligned with international instruments (e.g., CEDAW, CRPD, CRC), standards and principles on HR & GE and contributes to their implementation?

h. What are the human rights issues and gender issues?

i. To what extent the UNFPA support was responsive to human rights and gender equality dimensions?

2. **Objective: <u>COHERENCE</u> of the project/activities to both the national priorities, international normative frameworks and UNFPA policies and strategies and how they address different and changing national contexts**

Possible questions:

a. To what extent is the 6th Country Programme (CP6) aligned to national priorities (including Vision 2030, Annual Development Plans?

b. To what extent is the CP6 aligned to international framework (including United Nations Sustainable Development Framework (UNDAF) for Palestine 2018-2022, and the International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development?

c. To what extent is the CP6 aligned to the SDGs?

d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies? What was the quality of such a response?

e. To what extent UNFPA participated in working groups, relevant to its mandate, formed by the Government of Palestine and UN agencies?

f. To what extent UNFPA has been participating in relevant initiatives from Government of Palestine and UN agencies

g. To what extent has the programme integrated gender and human rights based approaches?

3. **Objective: <u>EFFECTIVENESS</u> of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

Possible questions:

a. Extent to which the UNFPA has influenced the change in policy environment concerning Sexual and Reproductive Health and Family Planning information services?

    a. Were there seminars, workshops or meeting for policy makers to discuss reviews policies related to SRH and FP?

    b. Who arranged those events?

    c. From where the funds were managed?

    d. Were the policies reviewed and revised by policy makers?

e. Were the revised policies were translated in planning?

f. Were the planning documents revised in view of policy changes?

b. To what extent has UNFPA strengthened the national capacities to provide quality integrated Sexual and Reproductive Health and Family Planning information services, especially for the vulnerable and marginalised population?

a. What are the interventions carried out by UNFPA to strengthen capacities?

b. What cadre of service delivery force was involved in strengthening the capacities?

c. Who supported the capacity building interventions?

c. Extent to which UNFPA interventions have been successful in addressing the needs of diverse groups of stakeholders.

a. What is the geographical extent of various stakeholder groups?

b. What interventions were targeted to ensure inclusion of all stakeholders?

d. Is there any evidence of political support and engagement in UNFPA interventions?

a. Issues of SRH and FP were discussed in respective national / regional assembly?

b. Decision taken by respective assemblies.

e. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the targets achieved?

f. To what extent UNFPA interventions contributed to introducing technology and that it improved effectiveness pertaining to office activities and program implementation?

g. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

4. **Objective: EFFICIENCY of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

Possible questions:

a. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 6th CP?

b. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

5. Objective: SUSTAINABILITY of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

a. To what extent did the programme build capacity for Government structures and other partners (including as well M&E capacities and ability to generate and disseminate learning) to be able to maintain the change made by the programme interventions, if any?

b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes, and policies?

c. What are the main comparative strengths of UNFPA CO; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus?

6. Objective: COVERAGE of different segment of the society with humanitarian assistance

Possible questions:

a. To what extent has the UNFPA systematically targeted different segment of the society with humanitarian assistance, including vulnerable/ marginalized groups based on socio-economic and geographical disparities?

b. To what extent has the UNFPA Country Programme addressed the geographical disparities with gender and human rights dimensions?

7. **Objective: CONNECTEDNESS during a humanitarian situation**

Possible questions:

a. To what extent, the initiative taken by UNFPA during a humanitarian situation took longer-term development needs, concerns and inter-connected problem into consideration?

8. Existence and functioning of coordination mechanisms

Possible questions:

a. To what extent has UNFPA contributed the functioning and consolidation of United Nations country team (NCT) coordinates mechanism? (Including how much UNFPA contributed towards coordination between national stakeholders (West Bank and Gaza) despite the political context.)

Objective: Interviewee Recommendations

Adolescent and Youth (AY)

Key Informant Interview Guide for Implementers of the AY Component

Key Informants

- UNFPA AY staff;
- IPs

General Introduction - Purpose of the evaluation
I am (we are) part of a four-person team to evaluate UNFPA's 6th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials from the national and local governments, INGOs and NGOs, Development Partners, Academia and some beneficiaries.
Core interview: objectives of the interview guide transformed into questions
➢
1.Objective: **Relevance** of the support strategy of the UNFPA 6th country Programme to the population needs, government priorities and global policies and strategies. **Possible Questions**: a. Could you give us a brief on UNFPA programmatic interventions for adolescents and youth implemented in the time-period of 2018 to date? b. To what extent has UNFPA support adapted to the needs of population including the needs of marginalized and vulnerable group such as transgender, ethnic, and religious minorities, people with disabilities, IDPs, and from remote areas? c. How relevant do you perceive UNFPA interventions for adolescents and youth to be in regard to national objectives/priorities and global policies and strategies including the humanitarian situation? d. To what extent the support of UNFPA adapted the changing needs in the COVID-19 context? e. To what extent the UNFPA support was responsive to human rights and gender equality dimensions? **Objective: Coherence of the project/activities to both the national priorities, international normative frameworks and UNFPA policies and strategies and how they address different and changing national contexts**

Possible questions:

a. To what extent is the UNFPA interventions for adolescents and youth aligned to national priorities (including Vision 2030, Annual Development Plans?

b. To what extent is the UNFPA interventions aligned to international framework (including United Nations Development Assistance Framework (UNDAF) for Palestine 2018-2022, and the International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development?

c. To what extent is the CP6 aligned to the SDGs?

d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies? What was the quality of such a response?

e. To what extent has the programme integrated gender and human rights-based approaches?

Objective: <u>Effectiveness</u> of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

a. To what extent has UNFPA increased the national priority on Adolescent and Youth and enhanced national capacities to provide adolescent and youth friendly services, especially to the most vulnerable adolescent girls?

b. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the targets achieved?

c. To what extent UNFPA's are intervention in LSBE integrated into the national/regional curricula and ensures international standards?

d. To what extent has the policy environment changed as a result of UNFPA's interventions in adolescents and youth?

e. To what extent has UNFPA's intervention contributed in youth leadership and engagement? To what extent UNFPA support did increase stakeholders' commitment (e.g. UN agencies) to adolescent and youth?

f. To what extent has UNFPA interventions contributed in introducing technology and that it improved effectiveness pertaining to office activities and program implementation?

g. What are the key lessons learnt and best practices that can contribute to the knowledge base of UNFPA and partners and be applied in future programme and policy development?

4. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

h. How and to what extent has the UNFPA Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 6th CP?

i. To what extent have the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights?

j. To what extent has the allocation of resources to targeted groups considered the need to prioritize those most marginalized including women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like IDPs, among others?

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

k. To what extent has did the UNFPA intervention for adolescents and youth build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?

l. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies to provide adolescent and youth friendly services?

m. What are the main comparative strengths of UNFPA CO; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus?

6. Objective: Coverage of different segment of the society with humanitarian assistance

Possible questions:

n. To what extent has the UNFPA systematically targeted different segment of the society with humanitarian assistance, including vulnerable/ marginalized groups based on socio-economic and geographical disparities among adolescents and youth?

o. To what extent has the UNFPA interventions for adolescents and youth were responsive to gender and human rights dimensions?

7. Objective: Connectedness during a humanitarian situation

Possible questions:

p. To what extent, the initiative taken by UNFPA during a humanitarian situation took larger-term development needs, concerns and inter-connected problem into consideration?

q. To what extent has UNFPA played a leading role in the working groups and/or joint initiatives on adolescents and youth?

r. Do you think there is sharing of information between UN agencies?

8. Existence and functioning of coordination mechanisms

Possible questions:

s. To what extent has UNFPA contributed to the functioning and consolidation of the United Nations Country Team (UNCT) coordination mechanism?
(Including how much UNFPA contributed towards coordination between national stakeholders (West Bank and Gaza) despite the political context.

t. Objective: Interviewee Recommendations

Gender Equality, Women Empowerment and Gender Based Violence (GEWE & GBV)

Key Informant Interview Guide for Implementers of the GEWE & GBV Component

Key Informants

- UNFPA GE/ Humanitarian staff;
- IPs

General Introduction - Purpose of the evaluation
I am (we are) part of a four-person team to evaluate UNFPA's 6th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials/ members from the national and local governments and institutions, INGOs and NGOs, UN agencies and Development Partners, and some beneficiaries.
Please elaborate when asking about disadvantaged and vulnerable groups to specifically include categories relevant to disadvantaged segments. Please ask about: ● Transgender groups ● Ethnic minorities ● Religious minorities ● People with different abilities ● People from remote and underserved areas ● Internally displaced persons ● Women and girls that are exposed to violence ● GBV survivors ● Out of school children ● Women, girls and adolescents and any others, if relevant to the national context. **Core interview: objectives of the interview guide transformed into questions**

➢

1. **Objective**: **Relevance** of the support strategy of the UNFPA 6th country Programme to the population needs, government priorities and global policies and strategies.

Possible Questions:

a. Could you give us a brief on which programmatic interventions you/ your organisation implemented in the time-period of 2018 to date, that were supported by UNFPA?

b. What do you think are the most prevalent population needs related to GEWE and GBV?

c. To what extent UNFPA interventions are aligned with international instruments (e.g., CEDAW, UDHR, CRC), standards and principles on HR & GE and contributes to their implementation?

d. Was there exhaustive, sex-disaggregated and accurate needs assessment, identifying the varied needs of the Palestinian population, including women and girls, and marginalized and vulnerable groups (read out categories listed above), undertaken prior to GEWE GBV programming of the CPD and AWPs, as well as during program implementation (responding to changing COVID-19 emergencies).

e. Is the selection of target groups for UNFPA-supported interventions in the programme consistent with identified needs (as detailed in the needs assessment) and was revised to adapt to changing priorities in the COVID-19 situation?

f. Evidence that the programmatic interventions had flexibility to respond to changing needs.

g. In cognizance of the GEWE and GBV issues, to what extent UNFPA's support was responsive to these issues?

h. How did the population's needs change in COVID-19 pandemic? And to what extent the support of UNFPA adapted to the changing needs in the COVID-19 context?

i. To what extent has UNFPA support adapted to the needs of population including the needs of marginalized and vulnerable group (where marginalized groups may include women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with different abilities; refugees, internally displaced persons, ethnic and religious minorities, and people living in crisis-affected areas and from remote areas) based on socio-economic and geographical dimensions?

2. **Objective: Coherence of the project/activities to both the national priorities, international normative frameworks and UNFPA policies and strategies and how they address different and changing national contexts**

Possible questions:

a. To what extent is the 6th Country Programme (CP6) aligned to national priorities (including Vision 2030)?

b. To what extent is the CP6 aligned to international framework including United Nations Sustainable Development Framework for Palestine 2018-2022, the 2030 Agenda for Sustainable Development, CEDAW working group report?

c. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies? What was the quality of such a response?

d. To what extent has the programme mainstreamed gender and human rights-based approaches?

e. To what extent UNFPA participated in relevant initiatives and working groups, relevant to its mandate, formed by the Government of Palestine and UN agencies regarding GEWE and GBV and harmful practices?

3. Objective: <u>Effectiveness</u> of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

a. To what extent has UNFPA increased the national priority, strengthened capacities, systems and institutions and improved legal and policy environment in support of gender equality, women empowerment, gender-based violence presentation and response services and other harmful practices?

b. To what extent did the interventions supported by UNFPA in programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the targets achieved?

c. If we speak of specific programmatic activities implemented by you with UNFPA's support, please provide information related to the following activities; (read out those relevant to interviewee's program):

- Technical capacity of (national institutions, Women Commissions and NGOs related to GE, WE and GBV) needed to be increased and then how was it increased
- Advocacy / Coordination Committees on GEWE & GBV established/ strengthened and functioning
- Number of lobbying initiatives/ coaching meetings held with Parliamentarians and Women's Cauci for GEWE & GBV related laws and its effective implementation, like improvement in Domestic Violence, Child Marriage Restraint and other laws/ policies and its implementation and what was achieved
- Number of Advocacy / Coordination / Coaching meetings held with Commissions/ institutions to support improvement in laws/ policies and its effective implementation pertaining to GEWE & GBV with achievements.
- Participation & leadership in coordination structures in GEWE & GBV working groups at national & sub-national level with achievements.
- Appropriateness of IPs for delivering the results regarding legal analytical review and its implementation for improvement in GEWE & GBV laws and policies and achievements
- Gender focal points/ others in national and regional institutions/ IPs were trained on GE, WE and GBV. and that skills acquired are being used at work by stakeholders trained under UNFPA program.

- Technical assistance was provided to strengthen relevant national and regional institutions/ IPs to effectively implement programmes on GEWE & GBV and what were the achievements
- Gender-based violence response services and elimination of harmful practices including child marriage were established and strengthened and what were achievement e.g.: give number of survivors who received help/ which options were selected by survivors (legal/ pshycho-social/ shelter, etc.).
- What are achievements on prevention side of GBV
- Was there focus in programmatic interventions on inclusiveness and diversity by targeting marginalized communities and other vulnerable segments. Marginalized groups are listed above. (Read them out) and include women, adolescents and children; women exposed to gender-based violence etc., based on socio-economic and geographical dimensions.
- Did UNFPA supported interventions target for the elimination of barriers to access (e.g. social, economic, legal, location, language, cultural) to SRH and GBV information and services for vulnerable and marginalized populations (e.g., women, adolescents and youth, and those listed above), particularly those within groups that are furthest behind.
- To what extent UNFPA supported interventions contributed in introducing technology and digital innovation which improved effectiveness pertaining to office activities and programmatic interventions and its implementation?
- What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

4. **Objective: <u>Efficiency</u> of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

Possible questions:

a. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 6th CP?

b. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

c. Were resources allocated for targeting groups that needed to be prioritized like those most marginalized including women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with different abilities; refugees, internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas, under privileged based on socio-economic and geographical dimensions.

d. Please provide information on the following if it is applicable to you:

- the planned resources were received to the foreseen level in MoU
  - resources were received in a timely manner
  - adequacy of resources (Financial, Personnel etc.) to deliver the programme's outputs /results
  - progress towards the delivery of multi-year, predictable, core funding delivered to implementing partners
  - appropriateness of the IPs selected to deliver the results
  - timely transfer of funds
  - effective mechanisms to control waste and fraud
  - inefficiencies were identified and corrected in a timely manner
  - focus of UNFPA resources on high impact activities
  - Extent to which the allocation of resources to targeted groups considered the need to prioritize those most marginalized including women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like AR or IDPs, among others,
  - Evidence that technology was introduced and that it improved efficiency pertaining to office activities and program implementation.

5. Objective: <u>Sustainability</u> of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

a. To what extent did the programme build capacity for Government structures / other partners to be able to maintain the change made by the programme interventions, if any?

b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?

c. What are the main comparative strengths of UNFPA CO; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus?

d. Are any of following achieved

- Established sustainability mechanism for the programme. And the likelihood of the programme and its benefits to be sustainable.
- Established systems to continue the programme.

- Capacity development including staff training.
- Community and country ownership including financial resource commitments.
- Partner organizations with sustainability plans.
- Existence of Scale-up plans/strategies.
- Commitment to continue allocation of resources to targeted groups like women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like AR or IDPs, among others.

6. **Objective: <u>Coverage</u> of different segment of the society with humanitarian assistance**

Possible questions:

a. To what extent has the UNFPA systematically targeted different segment of the society with development/ humanitarian assistance, including vulnerable/ marginalized groups based on socio-economic and geographical disparities?

b. Did the services rendered for humanitarian assistance demonstrate target segmentation of beneficiary groups that especially included vulnerable and marginalised groups? Marginalized groups may include women, adolescents, and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with disabilities; refugees, IDPs, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas.

c. To what extent has the UNFPA Country Programme addressed the geographical disparities with gender and human rights dimensions?

d. Is there evidence that affected communities receiving humanitarian assistance were mapped and disaggregated

e. Any evidence of budgetary allocation for SRH and GBV in humanitarian assistance programmatic interventions.

f. Please provide details of how GBV response program was implemented and what were the achievements eg what is the data for survivors using the referral pathways/ options or how many women were provided counselling/ sent to shelters/ given legal aid/ and other options given to survivors.

g. Was GBV part of essential services package during the COVID-19 crisis and how did the program adapt during the crises to the needs of the beneficiaries.

h. Any other e.g., any activity on GBV prevention/ advocacy/ WE in your program supported by UNFPA

i. Did you in UNFPA supported interventions target the elimination of barriers to access (e.g. social, economic, legal, location, language, cultural) to SRH and GBV information and services for vulnerable and marginalized populations (e.g., women, adolescents and youth, those with disabilities, and others listed under assumption), particularly those within groups that are furthest behind.

7. **Objective: Connectedness during a humanitarian situation**

Possible questions:

a. To what extent, the initiative taken by UNFPA during a humanitarian situation took larger-term development needs, concerns and inter-connected problem into consideration?

b. Was there active participation in UN technical working groups during humanitarian situation; please name them with details

c. Was there participation and leadership in humanitarian coordination structures; please name them with details

d. Evidence of GBV working groups at national and sub-national level.,

e. Evidence of leading role played by UNFPA in the working groups and/or joint initiatives corresponding to mandate areas, where IP was invited to participate / represent.

f. Do you think there is sharing of information between UN agencies/ do you know of any joint programming initiatives (planning) or M&E by them in humanitarian situations?

8. **Existence and functioning of coordination mechanisms**

Possible questions:

a. To what extent has UNFPA contributed the functioning and consolidation of United Nations country team (NCT) coordinates mechanism?

b. Do you think there is sharing of information between UN agencies/ do you know of any joint programming initiatives (planning) or M&E by them?

c. Do you see UN agencies as a joint united group or vice versa where each is working in its own silo or even competing with sister agency?

9. **Objective: Technology use to render improvement in program delivery**

Possible questions:

a. Do you know if UNFPA taken strides to embrace technology and digital innovation in its work to render improvements in programme delivery?

b. To what extent has UNFPA taken strides to embrace technology and digital innovation in other organizations?

c. Did this contribute to improvement in efficiency or effectiveness of program delivery

Objective: Interviewee Recommendations

Please do provide recommendations as they will be made part of the evaluation report. Kindly provide any key lessons learnt or best practices that you might have missed mentioning during the interview.

Sexual Reproductive Health

Key Informant Interview Guide for Other Key Players (not implementing organizations)

UN Agencies, donors, and Organizations that are not implementing the Programme but are key players in the sector (Resident Coordinator, others in humanitarian assistance)

WHO, UNRWA, WFP, UNICEF, UN WOMEN, ILO, UNDP, UNODOC and UN Habitat, amongst others.

General Introduction - Purpose of the evaluation
I am (we are) part of a four-person team to evaluate UNFPA's 6th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials from the national and local governments, INGOs and NGOs, Development Partners, Academia and some beneficiaries.
Core interview: objectives of the interview guide transformed into questions
Please elaborate when asking about disadvantaged and vulnerable groups. Please specify to include categories relevant to disadvantaged segments. Please ask about: ● Transgender groups, Ethnic minorities, religious minorities, People with different abilities, People from remote and underserved areas including newly merged Districts. ● Refugees, internally displaced persons. ● And any others, if relevant to the context.
1. Objective: **Relevance** of the support strategy of the UNFPA 6th country Programme to the population needs, government priorities and global policies and strategies. **Possible Questions**: a. How relevant do you perceive UNFPA's work to be regarding national objectives and priorities including the humanitarian situation? b. How well does the UNFPA activities/work support the national priorities that are in place? **2. Objective: Coherence of the project/activities to both the national priorities, international normative frameworks and UNFPA policies and strategies and how they address different and changing national contexts** **Possible questions:** a. To what extent is the 6th Country Programme (CP6) aligned to national priorities (including Vision 2030, Annual Development Plans?

b. To what extent is the CP6 aligned to international framework (including United Nations Development Assistance Framework (UNDAF) for Palestine 2018-2022, and the International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development?

c. To what extent is the CP6 aligned to the SDGs?

d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies? What was the quality of such a response?

e. To what extent has the programme integrated gender and human rights-based approaches?

3. **Objective: <u>Effectiveness</u> of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

Possible questions:

a. To what extent has UNFPA strengthened the national capacities and the policy environment to provide quality integrated Sexual and Reproductive Health and Family Planning information services, especially for the vulnerable and marginalised populations?

b. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the targets achieved?

c. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

4. **Objective: <u>Efficiency</u> of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

Possible questions:

a. Please comment how and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 6th CP?

b. Please comment to what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

5. **Objective: <u>Sustainability</u> of the benefits from UNFPA support likely to continue, after CP has been completed**

Possible questions:

a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?

b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?

c. What are the main comparative strengths of UNFPA CO; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus?

6. **Objective: Coverage of different segment of the society with humanitarian assistance**

Possible questions:

a. To what extent has the UNFPA systematically targeted different segment of the society with humanitarian assistance, including vulnerable/ marginalized groups based on socio-economic and geographical disparities?

b. To what extent has the UNFPA Country Programme addressed the geographical disparities with gender and human rights dimensions?

7. **Objective: Connectedness during a humanitarian situation**

Possible questions:

a. To what extent, the initiative taken by UNFPA during a humanitarian situation took larger-term development needs, concerns and inter-connected problem into consideration?

8. **Existence and functioning of coordination mechanisms**

Possible questions:

a. To what extent has UNFPA contributed the functioning and consolidation of United Nations country team (NCT) coordinates mechanism?

9. **Objective: Technology use to render improvement in program delivery**

Possible questions:

a. To what extent has UNFPA taken strides to embrace technology and digital innovation in its work to render improvements in programme delivery?

b. To what extent has UNFPA taken strides to embrace technology and digital innovation in other organizations?

10. **Objective: Interviewee Recommendations**

Adolescent and Youth

Key Informant Interview Guide for Other Key Players (not implementing organizations)

UN Agencies, donors, and Organizations that are not implementing the Programme but are key players in the sector (Resident Coordinator, others in humanitarian assistance)

WHO, UNRWA, WFP, UNICEF, UN WOMEN, ILO, UNDP, UNODOC and UN Habitat, amongst others

General Introduction - Purpose of the evaluation
I am (we are) part of a four-person team to evaluate UNFPA's 6th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials from the national and local governments, INGOs and NGOs, Development Partners, Academia and some beneficiaries.
Core interview: objectives of the interview guide transformed into questions
Please elaborate when asking about disadvantaged and vulnerable groups. Please specify to include categories relevant to disadvantaged segments. Please ask about: ● Transgender groups ● Ethnic minorities ● Religious minorities ● People with different abilities ● People from remote and underserved areas including newly merged Districts. ● Internally displaced persons. ● And any others, if relevant to the context.
1 Objective: **Relevance** of the support strategy of the UNFPA 6th country Programme to the population needs, government priorities and global policies and strategies. **Possible Questions**:

a. How relevant do you perceive UNFPA's work to be in regard to national objectives and priorities including the humanitarian situation?

b. How well does the UNFPA activities/work support the national priorities that are in place?

2 Objective: Coherence of the project/activities to both the national priorities, international normative frameworks and UNFPA policies and strategies and how they address different and changing national contexts

Possible questions:

a. To what extent is the 6th Country Programme (CP6) aligned to national priorities (including Vision 2030, Annual Development Plans?

b. To what extent is the CP6 aligned to international framework (including United Nations Development Assistance Framework (UNDAF) for Palestine 2018-2022, and the International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development?

c. To what extent is the CP6 aligned to the SDGs?

d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies? What was the quality of such a response?

e. To what extent has the programme integrated gender and human rights-based approaches?

3 Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

a. To what extent has UNFPA increased the national priority on Adolescent and Youth and enhanced national capacities to provide adolescent and youth friendly services, especially to the most vulnerable adolescent girls?

b. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the targets achieved?

c. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

4 Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- **a.** Please comment how and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 6th CP?
- **b.** Please comment to what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

5 Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- **a.** To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- **b.** To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- **c.** What are the main comparative strengths of UNFPA CO; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus?

6 Objective: Coverage of different segment of the society with humanitarian assistance

Possible questions:

- **a.** To what extent has the UNFPA systematically targeted different segment of the society with humanitarian assistance, including vulnerable/ marginalized groups based on socio-economic and geographical disparities?
- **b.** To what extent has the UNFPA Country Programme addressed the geographical disparities with gender and human rights dimensions?

7 Objective: Connectedness during a humanitarian situation

Possible questions:

a. To what extent, the initiative taken by UNFPA during a humanitarian situation took larger-term development needs, concerns and inter-connected problem into consideration?

8 Existence and functioning of coordination mechanisms

Possible questions:

a. To what extent has UNFPA contributed the functioning and consolidation of United Nations country team (NCT) coordinates mechanism?

9 Objective: Technology use to render improvement in program delivery

Possible questions:

a. To what extent has UNFPA taken strides to embrace technology and digital innovation in its work to render improvements in programme delivery?

b. To what extent has UNFPA taken strides to embrace technology and digital innovation in other organizations?

c. Objective: Interviewee Recommendations

Gender Equality, Women Empowerment and Gender Based Violence

Key Informant Interview Guide for Other Key Players (not implementing organizations)

UN Agencies, donors, and Organizations that are not implementing the Programme but are key players in the sector (Resident Coordinator, others in humanitarian assistance)

WHO, UNRWA, WFP, UNICEF, UN WOMEN, ILO, UNDP, UNODOC and UN Habitat, amongst others.

General Introduction - Purpose of the evaluation
I am (we are) part of a four-person team to evaluate UNFPA's 6th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation, and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials/ members from the national and local governments and institutions, INGOs and NGOs, UN agencies and Development Partners, and some beneficiaries.
Core interview: objectives of the interview guide transformed into questions **Please elaborate when asking about disadvantaged and vulnerable groups. Please specify to include categories relevant to disadvantaged segments. Please ask about:** ● Transgender groups ● Ethnic minorities ● Religious minorities ● People with different abilities ● People from remote and underserved areas ● Internally displaced persons IDPs). ● Women and girls that are exposed to violence ● GBV survivors ● Out of school children ● Women, girls and adolescents and any others, if relevant to the context. **Core interview: objectives of the interview guide transformed into questions**

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1. **Objective**: **Relevance** of the support strategy of the UNFPA 6th country Programme to the population needs, government priorities and global policies and strategies.

Possible Questions:

Could you give us a brief on UNFPA programmatic interventions implemented in the time-period of 2018 to date, that were supported by UNFPA?

a. What do you think are the most prevalent population needs related to GEWE and GBV?

b. To what extent UNFPA interventions are aligned with international instruments (e.g., CEDAW, UDHR, CRC), standards and principles on HR & GE and contributes to their implementation?

c. Was there exhaustive, sex-disaggregated and accurate needs assessment, identifying the varied needs of Palestinian population, including women and girls, and marginalized and vulnerable groups undertaken prior to GEWE GBV programming of the CPD and AWPs, as well as during program implementation.

d. Is the selection of target groups for UNFPA-supported interventions in the programme consistent with identified needs (as detailed in the needs assessment) and was revised to adapt to changing priorities?

e. Evidence that the programmatic interventions had flexibility to respond to changing needs.

f. In cognizance of the GEWE and GBV issues, to what extent UNFPA's support was responsive to these issues?

g. How did the population's needs change in COVID-19 pandemic? And to what extent the support of UNFPA adapted to the changing needs in the COVID-19 context?

h. To what extent has UNFPA support adapted to the needs of population including the needs of marginalized and vulnerable group (where marginalized groups may include women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with different abilities; refugees, internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas and from remote areas) based on socio-economic and geographical dimensions.?

2. **Objective: Coherence of the project/activities to both the national priorities, international normative frameworks and UNFPA policies and strategies and how they address different and changing national contexts**

Possible questions:

a. To what extent is the 6th Country Programme (CP6) aligned to national priorities (including Vision 2030, National Plan of Action for Human Rights)?

b. To what extent is the CP6 aligned to international framework including United Nations Sustainable Development Framework for Palestine 2018-2022, the 2030 Agenda for Sustainable Development, CEDAW working group report?

c. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies? What was the quality of such a response?

d. To what extent has the programme mainstreamed gender and human rights-based approaches?

e. To what extent UNFPA participated in relevant initiatives and working groups, relevant to its mandate, formed by the Government of Palestine and UN agencies regarding GEWE and GBV and harmful practices?

3. **Objective: <u>Effectiveness</u> of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

Possible questions:

a. To what extent has UNFPA increased the national priority, strengthened capacities, systems and institutions and improved legal and policy environment in support of gender equality, women empowerment, gender-based violence presentation and response services and other harmful practices?

b. To what extent did the interventions supported by UNFPA in programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the targets achieved?

c. If we speak of specific programmatic activities implemented by you with UNFPA's support, please provide information related to the following activities if relevant to your program:

- Technical capacity of (national institutions, Women Commissions and NGOs related to GE, WE and GBV) needed to be increased and then how was it increased
- Were Advocacy / Coordination Committees on GEWE & GBV established/ strengthened and functioning
- Number of lobbying initiatives/ coaching meetings held with Parliamentarians and Women's Cauci for GEWE & GBV related laws and its effective implementation, like improvement in Domestic Violence, Child Marriage Restraint and other laws/ policies and its implementation and what was achieved
- Number of Advocacy / Coordination / Coaching meetings held with Commissions/ institutions to support improvement in laws/ policies and its effective implementation pertaining to GEWE & GBV with achievements.
- Participation & leadership in coordination structures in GEWE & GBV working groups at national & sub-national level with achievements.
- Appropriateness of IPs for delivering the results regarding legal analytical review and its implementation for improvement in GEWE & GBV laws and policies and achievements
- Gender focal points/ others in national and regional institutions/ IPs were trained on GE, WE and GBV. and that skills acquired are being used at work by stakeholders trained under UNFPA program.

- Technical assistance was provided to strengthen relevant national and regional institutions/ IPs to effectively implement programmes on GEWE & GBV and what were the achievements
- Gender-based violence response services and elimination of harmful practices including child marriage were established and strengthened and what were achievement eg: give number of survivors who received help/ which options were offered and what was selected by survivors (legal/ pshycho-social / shelter etc).
- What are achievements on prevention side of GBV
- Was there focus in programmatic interventions on inclusiveness and diversity by targeting marginalized communities and other vulnerable segments. Marginalized groups may include women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with different abilities; refugees, internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas, based on socio-economic and geographical dimensions.
- To what extent UNFPA supported interventions contributed to introducing technology and digital innovation which improved effectiveness pertaining to office activities and programmatic interventions and its implementation?
- What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

4. **Objective: <u>Efficiency</u> of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

Possible questions:

a. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 6th CP?

b. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

c. Were resources allocated for targeting groups that needed to be prioritized like those most marginalized including women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with different abilities; refugees, internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas, under privileged based on socio-economic and geographical dimensions.

d. Please provide information on the following:

- the planned resources were received to the foreseen level in MoU.

- resources were released in a timely manner. If there were delays is there a reason, why?
- adequacy of resources (Financial, Personnel etc.) to deliver the programme's outputs /results.
- progress towards the delivery of multi-year, predictable, core funding delivered to implementing partners.
- appropriateness of the IPs selected to deliver the results.
- timely transfer of funds
- effective mechanisms to control waste and fraud
- inefficiencies were identified and corrected in a timely manner
- focus of UNFPA resources on high impact activities
- Extent to which the allocation of resources to targeted groups considered the need to prioritize those most marginalized including women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like AR or IDPs, among others,
- Evidence that technology was introduced and that it improved efficiency pertaining to office activities and program implementation.

5. Objective: <u>Sustainability</u> of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

a. To what extent did the programme build capacity for Government structures / other partners to be able to maintain the change made by the programme interventions, if any?

b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?

c. What are the main comparative strengths of UNFPA CO; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus?

d. Are any of following achieved

- Established sustainability mechanism for the programme. And the likelihood of the programme and its benefits to be sustainable.
- Established systems to continue the programme.
- Capacity development including staff training.

- Community and country ownership including financial resource commitments.
- Partner organizations with sustainability plans.
- Existence of Scale-up plans/strategies.
- Commitment to continue allocation of resources by Government/IP to targeted groups like women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like AR or IDPs, among others.

6. Objective: <u>Coverage</u> of different segment of the society with humanitarian assistance

Possible questions:

a. To what extent has the UNFPA systematically targeted different segment of the society with development/ humanitarian assistance, including vulnerable/ marginalized groups based on socio-economic and geographical disparities?

b. Did the services rendered for humanitarian assistance demonstrate target segmentation of beneficiary groups that especially included vulnerable and marginalised groups, marginalized groups may include women, adolescents, and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with disabilities; refugees, IDPs, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas.

c. To what extent has the UNFPA Country Programme addressed the geographical disparities with gender and human rights dimensions?

d. Is there evidence that affected communities receiving humanitarian assistance were mapped and disaggregated

e. Any evidence of budgetary allocation for SRH and GBV in humanitarian assistance programmatic interventions.

f. Please provide details of how GBV response program was implemented and what were the achievements eg what is the data for survivors using the referral pathways/ options or how many women were provided counselling/ sent to shelters/ given legal aid/ and other options given to survivors.

g. Was GBV part of essential services package during the COVID-19 crisis and how did the program adapt during the crises to the needs of the beneficiaries.

h. Any other e.g.: any activity on GBV prevention/ advocacy/ WE

i. Did UNFPA supported interventions target the elimination of barriers to access (e.g., social, economic, legal, location, language, cultural) to SRH and GBV information and services for vulnerable and marginalized populations (e.g., women, adolescents, and youth, those with disabilities, and others listed under assumption), particularly those within groups that are furthest behind.

7. Objective: Connectedness during a humanitarian situation

Possible questions:

a. To what extent, the initiative taken by UNFPA during a humanitarian situation took larger-term development needs, concerns and inter-connected problem into consideration?

b. Was there active participation in UN technical working groups during humanitarian situation; please name them with details

c. Was there participation and leadership in humanitarian coordination structures; please name them with details

d. Evidence of GBV working groups at national and sub-national level.,

e. Evidence of leading role played by UNFPA in the working groups and/or joint initiatives corresponding to mandate areas, where IP was invited to participate / represent.

f. Do you think there is sharing of information between UN agencies/ do you know of any joint programming initiatives (planning) or M&E by them in humanitarian situations.

8. Existence and functioning of coordination mechanisms

Possible questions:

a. To what extent has UNFPA contributed the functioning and consolidation of United Nations country team (NCT) coordinates mechanism?

b. Do you think there is sharing of information between UN agencies/ do you know of any joint programming initiatives (planning) or M&E by them?

c. Do you see UN agencies as a joint united group or vice versa where each is working in its own silo or even competing with sister agency?

9. Objective: Technology use to render improvement in program delivery

Possible questions:

d. To what extent has UNFPA taken strides to embrace technology and digital innovation in its work to render improvements in programme delivery?

e. To what extent has UNFPA taken strides to embrace technology and digital innovation in other organizations?

Objective: Interviewee Recommendations

Please do provide recommendations as they will be made part of the evaluation report. Kindly provide any key lessons learnt or best practices that you might have missed mentioning during the interview.

Population and Development (PD)

Key Informant Interview Guide for Other Key Players (not implementing organizations)

UN Agencies, donors, and Organizations that are not implementing the Programme but are key players in the sector (Resident Coordinator, others in humanitarian assistance)

WHO, UNRWA, WFP, UNICEF, UN WOMEN, ILO, UNDP, UNODOC and UN Habitat.

General Introduction - Purpose of the evaluation
I am (we are) part of a four-person team to evaluate UNFPA's 6th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials from the national and local governments, INGOs and NGOs, Development Partners, Academia, and some beneficiaries.
Core interview: objectives of the interview guide transformed into questions
Objective: **Relevance** of the support strategy of the UNFPA 6th country Programme to the population needs, government priorities and global policies and strategies. **Possible Questions**: **b.** How relevant do you perceive UNFPA interventions for adolescents and youth to be regarding national objectives/priorities and global policies and strategies including the humanitarian situation? **c.** How well is the selection of target groups for UNFPA-supported interventions in the programme consistent with identified needs (as detailed in the needs assessment) and was revised to adapt to changing priorities? **Objective: Coherence of the project/activities to both the national priorities, international normative frameworks and UNFPA policies and strategies and how they address different and changing national contexts** **Possible questions:** **a.** To what extent is the 6th Country Programme (CP6) aligned to national priorities (including Vision 2030, Annual Development Plans? **b.** To what extent is the CP6 aligned to international framework (including United Nations Development Assistance Framework (UNDAF) for Palestine 2018-2022, and the International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development? **c.** To what extent is the CP6 aligned to the SDGs?

d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies? What was the quality of such a response?

e. To what extent has the programme integrated gender and human rights-based approaches?

Objective: <u>Effectiveness</u> of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

a. To what extent has UNFPA increased the national priority on Adolescent and Youth and enhanced national capacities to provide adolescent and youth friendly services, especially to the most vulnerable adolescent girls?

b. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)?

c. To what extent has UNFPA's intervention in LSBE is integrated into the national/regional curricula and ensures international standards?

d. To what extent has UNFPA's intervention contributed to youth leadership and engagement?

e. To what extent has the policy environment and commitment of the Government of Palestine (national/regional) changed as a result of UNFPA's interventions in adolescents and youth?

f. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

Objective: <u>Efficiency</u> of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

a. Please comment how and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 6th CP?

b. Please comment to what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to

c. Please comment to what extent UNFPA support contributed in advancing gender equality and human rights dimensions?

Objective: <u>Sustainability</u> of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?

b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?

c. What are the main comparative strengths of UNFPA CO; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus?

Objective: Coverage of different segment of the society with humanitarian assistance

Possible questions:

a. To what extent has the UNFPA systematically targeted different segment of the society with humanitarian assistance, including vulnerable/ marginalized groups based on socio-economic and geographical disparities?

b. To what extent has the UNFPA Country Programme addressed the geographical disparities with gender and human rights dimensions?

Objective: Connectedness during a humanitarian situation

Possible questions:

a. To what extent, has the initiative taken by UNFPA during a humanitarian situation took larger-term development needs, concerns and inter-connected problem into consideration?

b. To what extent did UNFPA played a leading role in the working groups and/or joint initiatives on adolescents and youth?

c. Do you think there is sharing of information between UN agencies?

Objective: Existence and functioning of coordination mechanisms

Possible questions:

a. To what extent has UNFPA contributed to the functioning and consolidation of the United Nations Country Team (UNCT) coordination mechanism?

(Including how much UNFPA contributed towards coordination between national stakeholders (West Bank and Gaza) despite the political context.

Objective: Interviewee Recommendations

Focus Group Discussion for Humanitarian Assistance (SRH)

General Introduction - Purpose of the evaluation
I am (we are) part of a four-person team to evaluate UNFPA's 6th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation, and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials from the national and local governments, INGOs and NGOs, Development Partners, Academia and some beneficiaries.
Core interview: objectives of the interview guide transformed into questions
Please elaborate when asking about disadvantaged and vulnerable groups. Please specify to include categories relevant to disadvantaged segments. Please ask about: ➢ Transgender groups, Ethnic minorities, religious minorities, People with different abilities, People from remote and underserved areas including newly merged Districts. ➢ Refugees, internally displaced persons. ➢ And any others, if relevant to the context.
1. Objective: <u>Relevance</u> of the project/activities to address population needs, through humanitarian assistance (UNFPA prioritizes the sexual and reproductive health needs of women and adolescent girls, which are often neglected in humanitarian emergencies, to increase their access to sexual and reproductive health services and protects them from gender-based violence). **Possible questions:** a. What were, and are your priority needs? b. How well have you been consulted about your needs?
2. Objective: <u>Coherence</u> of the humanitarian assistance to ensure inclusiveness – 'leave no-one behind'. **Possible questions:** a. Are the services received in your area inclusive, covering all the needy? b. Did you help plan the services you have received? c. Did the services address persistent vulnerability and build resilience in protracted crises? d. What effect do you think the work should have?
3. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results. **Possible questions:** a. Did you receive the services when you needed them? Were there delays? b. Did you receive what you expected? Were you consulted afterwards about your use of the items and services?
4. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes). **Possible questions:**

a. Are the SRH and FP services available in your locality?
b. Do you avail these facilities?
c. To what extent are you satisfied with the services?
d. Can you provide examples of success of the services or activities?
e. How do you think the activities can be improved?
f. What was helpful for you regarding your health (access to contraceptives, birth spacing)?
g. Will the activities/services be useful in the future?

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

a. Can you carry on the work without UNFPA?
b. What will help you carry on the SRH work on your own?

6. Objective: Existence and functioning of coordination mechanisms

Possible questions:

a. Do you receive support from other UN agencies and/or can you say how well the activities are coordinated, overlapping or gaps identified?

7. Objective: Lessons learnt and best practices

Possible questions:

a. What would have done differently with the same resources?
b. What was the most and least successful approach in the delivery of CP outputs?
c. What are the lessons and good practices that should be continued and/or replicated elsewhere?

8. **Objective: FGD group recommendations**

Annex 7: CPE Agenda

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
DESIGN PHASE[68]						
Day 1: (4 November 2021)	11h00-12h00 CPE First Orientation Meeting with ASRO and UNFPA CO.	Evaluation Team; Country Representative; and Programme Staff	Remote Access	Evaluation Team and UNFPA Country Office	Evaluation Brief	Evaluation Team brief on CPE expectations; clarification of ToR; clarification of team member roles.
Day 2: (5 November 2021)	09h00-10h00 Evaluation Team 11h00-14h00 ET internal work 14h30-18h00 Document review and drafting design report	Evaluation Team internal meeting ET preparatory work Evaluation Team internal work	Remote Access	Document Review Design Report	Document Review Design Report	Review of the ToR; review of individual agendas; Listing of documents to obtain from UNFPA CO. Understanding the UNFPA 6th CP (2018-2022) Development of the design report

[68] During the Design Phase, ddocument review and compilation of the Design Report are conducted simultaneously. Document Review continues throughout the Evaluation process until the Final Evaluation Report is completed and submitted.

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
Day 3: (6 November 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 4: (7 November 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 5: (8 November 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 6: (9 November 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 7: (10 November 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 8: (11 November 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 9: (12 November 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 10: (13 November 2021)	08h00-18h00	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
	Document review and drafting design report					
Day 11: (14 November 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 12: (15 November 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 13: (17 November 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 14: (18 November 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 15: (19 November 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 16: (20 November 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
	Further consultation on design report	Evaluation Manager	Remote Access	Design Report	Design Report	Development of the design report
Day 17: (22 November 2021)	08h00-13h30	Evaluation Team internal meeting	Remote Access	Design Report	Design Report	Development of the design report

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
	Further consultation on design report					
	14h00 Submit draft design report to Evaluation Manager	Evaluation Team	Remote Access	Design Report	Design Report	Submission of the design report for review by CO
Day 18: (23 November 2021)	08h00-18h00 Further Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 19: (24 November 2021)	08h00-18h00 Further Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 20: (25 November 2021)	08h00-18h00 Further Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 21: (27 November 2021)	08h00-18h00 Further Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 22: (29 November 2021)	13h00-14h30 Present CPE Design Report in general briefing session (plenary)	ERG members; CO technical heads	Remote Access	Design Report	Design Report	Present Design Report; validation of the evaluation matrix, the intervention logic and the overall agenda
	15h30-18h30 Incorporate comments on the Design Report	Evaluation Team internal meeting	Remote Access	Design Report	Design Report	Finalisation of the design report

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
Day 23: (2 December 2021)	08h00-18h00 Finalise Design Report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Finalisation of the design report
	14.00 Submit Final Design Report	Team Leader	Remote Access	Design Report	Design Report	Receipt and approval of final Design Report
	14.30-15.30 Brief consultation meeting on field work logistics with EM	Evaluation Manager	Remote Access	Design Report	Design Report	Final agreement on field work logistics
FIELDWORK PHASE						
The times indicated (where possible) are tentative. UNFPA CO please provide and confirm these times for each of the programme areas for the Evaluation Team.						
Management and CO Programme Staff Interviews:						
Date	**Activity/ institution**	**Evaluator's Name**	**Location (Online/ remote meetings)**	**Location Link with the CP**	**Selection criteria**	**Justification**
Day 24: (6 December 2021)	9h15-09h45 Interview with Country Representative, Kristine Blokhus		UNFPA Country Office	Country Representative	CO interview: Senior Management	Detailed brief to the Evaluation Team on management & coordination of CP
	10h00-11h00 Interview with Communication Team (Kristine Blokhus, Laura Bawalsa and Mohammed Nasr)		UNFPA Country Office	Programme - Communication (Head)	CO interview: Communication	Detailed brief to the Evaluation Team on the actual portfolio being implemented

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
	11h30-12h30 Interview with Head: SRH Programme, Reem Amarneh		UNFPA Country Office	Chief Technical Specialist, Maternal Health/Family Planning/SRHR(Head)	CO interview: SRH&R	Detailed brief to the Evaluation Team on the actual portfolio being implemented
	13h30-14h30 Interview with Head: Gender/ GBV Programme, Sana Asi		UNFPA Country Office	Programme Specialist (Head)	CO interview: GEWE	Detailed brief to the Evaluation Team on the actual portfolio being implemented
	15h00-16h00 Interview with Head: Adolescent and Youth Programme, Sima Alami		UNFPA Country Office	Programme - Adolescent and Youth (Head)	CO interview: AY	Detailed brief to the Evaluation Team on the actual portfolio being implemented
Day 25 (7 December 2021)	9h15-10h15 Interview with Head of UNFPA Gaza Sub-Office & SRH Officer, Osama Abu Eita		UNFPA Country Office	Programme Specialists (SRHS) & Head of Gaza Office (Operations)	CO interview: Senior Management	Detailed brief to the Evaluation Team on the actual portfolio being implemented
	10h30-11h30 Interview with Head (Operations), Mayyada Malki		UNFPA Country Office	Head: Operations	CO interview: Operations	Detailed brief to the Evaluation Team on the actual portfolio being implemented
	12h00-13h00 Interview with Deputy Country Representative, Ziad Yaish		Via Zoom	Deputy Country Representative	CO interview: Senior Management	Detailed brief to the Evaluation Team on management & coordination of CP
	13h00-13h30		Via Zoom	Programme M&E	CO interview: Senior Management	Brief about CO M&E capacities

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
	Interview with Deputy Country Representative & MEAL Officer, Ziad Yaish and Joan Jubran					
FIELD PHASE[69]						
National						
GOVERNMENT						
Date	**Activity/institution/**	**Evaluator's Name**	**Location**	**Location Link with the CP**	**Selection criteria**	**Justification**
Day 28 (5 December 2021)	09h00-10h00 Stakeholder 1		Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	10h30-11h30 Stakeholder 2		Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	12h00-13h00 Stakeholder 3		Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	14h00-15h00 Stakeholder 4		Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	15h30-16h30 Stakeholder 5		Remote Meeting	Focal Person	Government Counterpart	Government Counterpart

[69] IP interviews in this category will be conducted simultaneously by the team of 4 CPE Consultants.

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
Day 29 (6 December 2021)	09h00-10h00 Stakeholder 6		Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	10h30-11h30 Stakeholder 7		Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	12h00-13h00 Stakeholder 8		Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
IPs						
Day 30: (7 December 2021)	09h00-10h00 Stakeholder 1		Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	10h30-11h30 Stakeholder 2		Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	12h00-13h00 Stakeholder 3		Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	14h00-15h00 Stakeholder 4		Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	15h30-16h30 Stakeholder 5		Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	15h30-16h30 Stakeholder 7		Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
	15h30-16h30 Stakeholder 8		Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
UN/ DONORS						
Day 31: (8 December 2021)	09hh00-10h00 UNICEF		Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	10h30-11h30 UNDP		Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	12h30-13h30 UNRWA		Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	14h00-15h00 UN Women		Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
Day 32: (9 December 2021)	09h00-10h30 WFP		Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	11h00-12h00 WHO		Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	12h30-13h30 UNODOC		Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	14h00-15h00 Un Habitat		Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	15h30-16h30		Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
	UNDP					
***Regional KIIs and FGDs with programme beneficiaries will be undertaken from 12 December 2021 to 28 December 2021.**						
REPORTING PHASE[70]						
Day 46: (29 December 2021)	09h00-18h00 Debriefing meeting with CO staff and the ERG to present emerging findings and preliminary conclusions after data collection.	Evaluation Team	Remote Access	Debriefing meeting	Evaluation Report	Presentation of emerging findings and preliminary conclusions after data collection.
Day 47: (30 December 2021)	09h00-18h00 Data Analysis	Evaluation Team internal work	Remote Access	Data Analysis	Evaluation Report	To produce useable information /results from raw data to inform the draft evaluation report
	08h00-18h00 Compilation of the different parts of drafting evaluation report	Evaluation Team internal work	Remote Access	Evaluation Report	Evaluation Report	Internal presentation of preliminary results by each evaluator and preparation of a joint presentation
Day 48: (31 December 2021)	09h00-18h00 Data Analysis	Evaluation Team internal work	Remote Access	Data Analysis	Evaluation Report	To produce useable information /results from raw data to inform the draft evaluation report

[70] Data analysis and compilation of Evaluation Report will be conducted simultaneously wherein secondary data will be validated and triangulated with primary data from KIIs and FGDs.

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
	08h00-18.00 Compilation of the different parts of drafting evaluation report	Evaluation Team internal work	Remote Access	Evaluation Report	Evaluation Report	Internal presentation of preliminary results by each evaluator and preparation of a joint presentation
Day 49: (3 January 2022)	09h00-18h00 Data Analysis	Evaluation Team internal work	Remote Access	Data Analysis	Evaluation Report	To produce useable information /results from raw data to inform the draft evaluation report
	08h00-18h00 Compilation of the different parts of drafting evaluation report	Evaluation Team internal work	Remote Access	Evaluation Report	Evaluation Report	Internal presentation of preliminary results by each evaluator and preparation of a joint presentation
	08h00-18h00 Compilation of the different parts of drafting evaluation report	Evaluation Team internal work	Remote Access	Data Analysis	Evaluation Report	Internal presentation of preliminary results by each evaluator and preparation of a joint presentation
Day 50: (7 January 2022)	09h00-18h00 Data Analysis	Evaluation Team internal work	Remote Access	Evaluation Report	Evaluation Report	To produce useable information /results from raw data to inform the draft evaluation report
	08h00-18h00 Finalise drafting of evaluation report	Evaluation Team internal work	Remote Access	Data Analysis	Evaluation Report	Synthesis of the evaluation findings
Day 51 (12 January 2022)	10h00	Team Leader	Remote Access	Evaluation Report	Evaluation Report	Submission to EM of the Draft Evaluation Report

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
	Draft CPE Report submitted to UNFPA CO for review					
Day 52: (15 January 2022)	08h00-18h00 Feedback received from CO and incorporation of comments in the draft Evaluation Report	Evaluation Team internal work	Remote Access	Evaluation Report	Evaluation Report	Synthesis of the evaluation findings
Day 53: (19 November 2022)	09h00-12h00 Morning: Presentation of draft Evaluation Report in a plenary session with ERG and CO staff	CO staff and members of the ERG	Remote Access	Evaluation Report	Evaluation Report	Presentation of the CPE findings and recommendations; open discussions (workshop) with CO staff and ERG members
	14h00-15h00 Afternoon: Evaluation Team internal wrap-up meeting	Evaluation Team		Evaluation Report	Evaluation Report	Analysis of the outcome of the workshop; distribution of tasks; next steps
Day 54: (20 January 2022)	08h00-18h00 Incorporation of comments from ERG and prepare second draft Evaluation Report and Final PowerPoint Presentation	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Production of Second Draft Evaluation Report
Day 55: (21 January 2022)	08h00-18h00 Incorporation of comments from ERG and prepare second draft Evaluation	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Production of Second Draft Evaluation Report

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
	Report and PowerPoint presentation					
Day 56: (22 January 2022)	08h00-18h00 Submit second draft CPE Report to EM	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Submission of the second draft of the Evaluation Report to the EM in UNFPA CO
Day 57: (23 January 2022)	10h00 Further comments as received from UNFPA CO based on second draft Evaluation Report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
	08h00-18h00 Address the comments and finalise CPE report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
Day 58: (24 Januaary2022)	08h00-18h00 Address the comments and finalise CPE report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
Day 59: (25 January 2022)	08h00-18h00 Address the comments and finalise CPE report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
Day 60: (26 January 2022)	08h00-18h00 Address the comments and finalise CPE report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
Day 61: (27 January 2022)	08h00-18h00	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
	Address the comments and finalise CPE report					
Day 62: (28 January 2022)	08h00-18h00 Address the comments and finalise CPE report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
Day 63: (31 January 2022)	10h00 Submit Final CPE Report to the Evaluation Manager	Team Leader	Remote Access	Evaluation Report	Final Evaluation Report	Submission of the Final Evaluation Report to the EM, UNFPA Country Office.

Annex 8: Sustainable Development Goals Status

Sustainable Development Goals Status[71]*		
Goal	**Indicator and Source**	**Status**
SDG1- End poverty in all its forms everywhere	Proportion of population living below the national poverty line (PCBS, Poverty Atlas 2017, 2019)	29.2%
SDG2- End hunger, achieve food security and improved nutrition and promote sustainable agriculture	Prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES) (FAO 2019)	26.3%
	Prevalence of stunting among children under five years of age (PCBS_Palestinian Multiple Indicator Cluster Survey 2019-2020 Database)	8.7%
	Prevalence of malnutrition among children under five wasting (PCBS_Palestinian Multiple Indicator Cluster Survey 2019-2020 Database)	1.3%
	Prevalence of malnutrition among children under five, by type overweight (PCBS_Palestinian Multiple Indicator Cluster Survey 2019-2020 Database)	8.6%
SDG3- Ensure healthy lives and promote well-being for all at all ages	Maternal Mortality Ratio (Ministry of Health, 2020)	28.5 Per 100,000 live births
	Under-Five Mortality Rate (Annual Health Report 2020)	8.2 Per 1,000 live births
	Adolescent birth rate (PCBS, 2020.Multi indicators cluster survey, 2019-2020)	43 per 1,000 women in that age group
	Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease (Ministry of Health. Data base, 2018)	20.3 per 10,000 persons
SDG 4- Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in reading by sex (PCBS, 2020.Multi indicators cluster survey, 2019- 2020)	52.7%
	Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in numeracy by sex (PCBS, 2020.Multi indicators cluster survey, 2019- 2020)	45.8%
	Participation rate in organized learning (one year before the official primary entry age), by sex (Ministry of education, Data Base of Education Survey for scholastic Year 2019/2020)	72.3
SDG5- Achieve gender equality and	Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or	58.2%

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empower all women and girls	former intimate partner in the previous 12 months, by form of violence and by age (PCBS_Database of Violence Survey in the Palestinian Society, 2019)	
	Proportion of women aged 20-24 years who were married or in a union before age 15 (PCBS_Palestinian Multiple Indicator Cluster Survey 2019-2020 Database)	0.7%
	Proportion of women aged 20-24 years who were married or in a union before age 18 (PCBS_Palestinian Multiple Indicator Cluster Survey 2019-2020 Database)	13.4%
	Proportion of seats held by women in national parliaments (PCBS_Gender Statistics Database, 2018)	11.3%
	Proportion of seats held by women in local governments (PCBS_Gender Statistics Database, 2020)	20%
	Proportion of elected seats held by women in deliberative bodies of local government (Central Elections Commission- Palestine, 2019)	21.2%
	Proportion of women in managerial positions (PCBS_Labour Force Survey Database, 2020)	22.2%
SDG6- Ensure availability and sustainable management of water and sanitation for all	Proportion of population using safely managed drinking water services (PCBS, Palestinian Multiple Indicator Cluster Survey 2019-2020)	39.5%
	Proportion of population using safely managed sanitation services (PCBS, Palestinian Multiple Indicator Cluster Survey 2019-2020)	97.6%
	Proportion of population using a hand-washing facility with soap and water (PCBS, Palestinian Multiple Indicator Cluster Survey 2019-2020)	95.2%
	Proportion of population practicing open defecation (PCBS, Palestinian Multiple Indicator Cluster Survey 2019-2020)	0%
SDG7-Ensure access to affordable, reliable, sustainable and modern energy for all	Proportion of population with access to electricity (PCBS, Palestinian Multiple Indicator Cluster Survey 2019-2020)	100%
	Renewable energy share in the total final energy consumption (PCBS_Energy Balance, 2019)	11.7%
	Energy intensity measured in terms of primary energy and gross domestic product (GDP) (PCBS Energy Balance, National Accounts, 2018)	3.6 Megajoules/US$
SDG8- Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	Annual growth rate of real GDP per capita (Palestinian Central Bureau of Statistics, 2020. National Accounts at Current and Constant Prices, 2000-2020)	-13.7%
	Annual growth rate of real GDP per employed person (Palestinian Central Bureau of Statistics, 2019. National Accounts at Current and Constant Prices, 2000-2019)	-1.5%
	Proportion of informal employment in total employment, by sex (PCBS Labour Force Survey Database, 2020)	62.1%
	Unemployment rate, by sex, age and persons with disabilities (PCBS_Labour Force Survey Database, 2020)	25.9%
	Proportion of youth (aged 15-24 years) not in education, employment, or training (PCBS_Labour Force Survey Database, 2020)	34.5%
	Proportion and number of children aged 5-17 years engaged in child labour, by sex and age (PCBS Labour Force Survey Database, 2020)	1.9%

SDG9- Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation	Manufacturing value added as a proportion of GDP (Palestinian Central Bureau of Statistics, 2020. National Accounts at Current and Constant Prices, 2000-2020)	11.1%
	Manufacturing value added per capita (Palestinian Central Bureau of Statistics, 2020. National Accounts at Current and Constant Prices, 2000-2020)	322.2 US Dollars
	Manufacturing employment as a proportion of total employment (PCBS_Labour Force Survey Database, 2020)	12.8%
	CO2 emission per unit of value added (Emission to Air Report/Environment Statistics, 2018)	290 Ton/USD Million
SDG10- Reduce inequality within and among countries	Growth rates of household expenditure or income per capita among the bottom 40 per cent of the population and the total population (PCBS Expenditure and Consumption survey, 2017)	-8.59%
	Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law (PCBS, Database of Rule of Law and Access to Justice Survey, 2018)	10.5%
SDG11- Make cities and human settlements inclusive, safe, resilient and sustainable	Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities (PCBS, 2020)	77.1%
SDG12- Ensure sustainable consumption and production patterns	Number of countries with sustainable consumption and production (SCP) national action plans or SCP mainstreamed as a priority or target into national policies (Environment Quality Authority, 2020)	1 Yes/No
	Number of parties to international multilateral environmental agreements on hazardous waste, and other chemicals that meet their commitments and obligations in transmitting information as required by each relevant agreement (Environment Quality Authority, 2020)	1 Yes/No
SDG13- Take urgent action to combat climate change and its impacts	Proportion of local governments that adopt and implement local disaster risk reduction strategies in line with national disaster risk reduction strategies (National Disaster Risk Management Center, 2019).	68.8%
SDG14- Conserve and sustainably use the oceans, seas and marine resources	Not Available	Not Available
SDG15- Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss.	Forest area as a percentage of total land area (UNSD, 2020)	1.68%
	Coverage by protected areas of important sites for mountain biodiversity (UNSD-DB, 2020)	19.96%
	Mountain Green Cover Index (Environment Quality Authority, 2016)	12.5%
	Red List Index (UNSD, 2021)	0.89718%

SDG16- Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	Number of victims of intentional homicide per 100,000 population, by age and sex (The Palestinian police, 2020)	1.7 Per 100,000 population
	Number of victims of intentional homicide, by age and sex (The Palestinian police, 2020)	48 victims
	Proportion of people that feel safe walking alone around the area they live (PCBS, Database of Rule of Law and Access to Justice Survey, 2018)	92%
	Proportion of children aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month (PCBS_Palestinian Multiple Indicator Cluster Survey 2019-2020 Database)	90.1%
	Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18 (PCBS_Database of Violence Survey in the Palestinian Society, 2019)	2.8%
	Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms (PCBS_Victimization Survey, 2020)	52.4%
	Unsentenced detainees as a proportion of overall prison population (The Palestinian police, 2020)	57.6%
	Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months (PCBS_Database of Rule of Law and Access to Justice Survey, 2018)	2.1%
	Proportion of businesses that had at least one contact with a public official and that paid a bribe to a public official, or were asked for a bribe by those public officials during the previous 12 months (PCBS_Database Survey on Measuring the Utilization of Statistics in Policy Making in Private Sector in Palestine, 2019)	0.4%
	Proportion of population satisfied with their last experience of public services administrative services (PCBS, Socio-Economic Conditions Survey, 2018)	94.2% satisfied
	Proportion of population satisfied with their last experience of public services healthcare services (PCBS, Socio-Economic Conditions Survey, 2018)	84.4% satisfied
SDG17- Revitalize the global partnership for sustainable development	Total government revenue as a proportion of GDP, by source (Ministry of finance, 2019)	23.7%
	Proportion of domestic budget funded by domestic taxes (Ministry of finance, 2019)	23.4%
	Proportion of individuals (10 years and above) using the Internet (PCBS, Household Survey on Information and Communications Technology, 2019)	70.6%

*The indicators were selected as per the Atlas of Sustainable Development 2020, State of Palestine, reduced version. Available at: http://palestinecabinet.gov.ps/WebSite/Upload/Documents/Atlas%20of%20Sustainable%20Development%202020%20Final%20reduced-min.pdf

Annex 9: State of Palestine UNFPA 6th Country Programme (2018-2022) Results Framework

Goal: Achieved universal access to sexual and reproductive health, realized reproductive rights, and reduced maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality

UNFPA Thematic Areas of Programming

I. Sexual and reproductive health	II. Adolescents and youth	III. Gender equality and women's empowerment

UNFPA Strategic Plan Outcomes

Outcome 1: Sexual and reproductive health Outcome indicator(s): · Percentage of unmet need for family planning Baseline: 10.9%; Target: 8%	Outcome 2: Adolescents and youth Outcome indicator(s): National youth strategy incorporates sexual and reproductive health programmes and services Baseline: No; Target: Yes	Outcome 3: Gender equality and women's empowerment Outcome indicator(s): · Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months. Baseline: 37%; Target: 30% · Number of updates of the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations Baseline: 0; Target: 2

UNFPA State of Palestine 6th CP Outputs

Output 1: Strengthened resilience of national institutions and civil society organizations to sustain coverage of high-quality sexual and reproductive health services, including for adolescents and youth, and in humanitarian settings	Output 2: Enhanced capacity of the national Government and civil society organizations to design and implement programmes on reproductive health, empowerment and civic engagement for adolescents and youth, with special focus on the most vulnerable	Output 3: Strengthened capacity of health and social protection actors to promote gender equality, reproductive rights and to effectively address gender-based violence, including in humanitarian settings

UNFPA State of Palestine 6th CP Intervention Areas

Access to essential primary health care services to the most vulnerable in areas of the West Bank

- People living in remote areas of the West Bank were provided with access to essential primary health care services through mobile clinics. The services integrate gender-based violence response and youth friendly services in addition to sexual and reproductive health services.

Procurement of essential SRH supplies

- Essential SRH supplies including medical equipment, drugs, disposables, and personal protective equipment were procured for a number of health facilities.

Capacity development of health care providers in essential SRH services

- Health care providers received training on essential sexual and reproductive health services including family planning, preconception care and infection prevention and control for SRH service centres.

Development of national protocols

- Essential national protocols were developed: SRH-COVID-19 assessment and SRH emergency plan

Continued activities and services of the YFHS both in universities and in other new mobile clinics throughout the West Bank

Adolescent and Youth Health

- An advocacy brief on adolescents and COVID-19 has been published.
- An Adolescent health unit was established at the Ministry of Health.
- A three-year strategic framework on adolescents & youth SRHR was developed and endorsed by the Ministry of Health and the Palestinian Adolescent Health Coalition.
- Youth friendly health services strengthened through 4 mobile clinics in the West Bank. The model has also been adopted by 4 universities.
- Mustashari (" My counsellor") the first mobile app on sexual and reproductive health dedicated for adolescents and youth was developed and launched.
- A pool of young researchers on sexual and reproductive health and rights has been established.

Young People's Leadership and Participation

- National Volunteer Service programme signed with Prime Minister's office in partnership with UNICEF, UNDP under the umbrella of Generation Unlimited.
- A number of knowledge products have been published and disseminated including the situation of Youth in East Jerusalem, youth and COVID-19.

Comprehensive Sexuality Education (CSE)

- Adolescent heath teacher's manual developed.

Gender and Women's Empowerment

- Women, girls, men and other vulnerable children and adolescents (orphans, juveniles) received GBV services and case management through the "safe spaces".
- Vulnerable women benefitted from cash and voucher assistance to alleviate financial pressure and prevent GBV.
- New GBV family counselling rooms in Primary health care

  centres established and equipped.
- Women GBV survivors received vocational training and small grants to enable them to start their own business and generate income.
- School teachers from 3 directorates in the West Bank

  Received training on GBV prevention, detection and referral inside schools.
- GBV service providers were supported to put in place contingency plans for emergency preparedness.
- Male perpetrators were provided with individual and couple

  Counselling services.
- GBV sub cluster, under UNFPA's leadership, grew to a total of 118 members - with around 15% increase in membership in 2020 ensuring coordination of GBV prevention and response, including in the context of COVID-19, as well as maximum coverage of GBV services.

- In addition to the first YFHS model in Doura, Hebron; the YFHS centers continued its activities in three universities, and new four mobile clinics in the West Bank (Hebron, Jenin, Salfit and Sinjel).

- School girls and boys were reached through the virtual character "Majd" - the Brave Student. Majd is a 12-year-old adolescent boy/girl, representing a 'typical' adolescent Palestinian (40.7%) of the Palestinian society. The Majd character was incorporated in schools' manual and was also broadcasted on Palestine TV, as a means of helping adolescents' access information useful to navigating this time in their lives.
- Y-Peer volunteers were mobilized for COVID-19 outreach and awareness.

Coordination

- UNFPA coordinated joint UN interventions and advocacy with and for young Palestinians within the UN Theme group on Young people

GBV COVID-19 Response (2020 interventions)

- 5,800 women including women with disabilities, girls and children in quarantine (home and/or quarantine centres) received protection, prevention and mitigation services.
- 210 frontline service providers were trained on prevention and treatment of GBV cases in quarantine centres.
- 5,000 dignity kits distributed.
- More than 10,000 women and girls including women with disabilities who are in need were provided with essential hygiene and protection products.
- UNFPA supported a major shift to online counselling service provision for GBV survivors through capacity development for 70 service providers from NGOs, Ministry of Health and Ministry of Social Development on remote service provision.
- Around 2,500 women and girls received support through the helpline and other awareness raising sessions.
- An online repository of Gender/GBV resources for COVID-19 response was established and key GBV messages were circulated.
- 2 shelters were equipped with quarantine facilities in order to be able to receive new cases during the COVID-19 pandemic
- A Policy note on sheltering services developed in partnership with UN Women.

Annex 10: UNFPA CO State of Palestine CPD 6 Output Indicators (2018-2021)

ID	Indicator	Baseline	Target 2018	Actual 2018	Target 2019	Actual 2019	Target 2020	Actual 2020	Target 2021	Actual 2021
Sexual and reproductive health (SP 2018-2021) **Outcome 1: Strengthened resilience of national institutions and civil society organizations to sustain coverage of high-quality sexual and reproductive health services, including for adolescents and youth, and in humanitarian settings**										
Output 1: Enhanced capacities to develop and implement policies, including financial protection mechanisms, that prioritize access to information and services for sexual and reproductive health and reproductive rights for those furthest behind, including in humanitarian settings	Country has conducted at least one census since 2005, with results disaggregated by age and sex for each enumeration area, and publicly accessible online (Source: Census report)	Yes (2017)	Yes	Yes	-	-	-	-	-	-
	A costed, integrated national sexual and reproductive health (SRH) plan prioritizing access to all elements of a comprehensive package of SRH information and services for adolescents (family planning, STI, HIV, Safe abortion, pre/postnatal care, uncomplicated pregnancies, EmONC, cervical cancer, violence against women), at least five marginalized groups and at least one of the key population groups exists	No (2014)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
	Country has emergency preparedness and response and disaster risk reduction plans both of which are budgeted and integrate SRH components (family planning, STI and HIV prevention, basic and comprehensive EmONC services and clinical management of rape) (Source: Health Cluster Prepared ness and Contingency plans)	No (2017)	-	-	Yes	Yes	Yes	Yes	Yes	Yes
	Country can release a representative sample of census data within 12 months of launching the main census report (Source: Census report)	Yes (2017)	Yes	Yes	-	-	-	-	-	-

	Country conducted the 2020 round population and housing census during the reporting year and included in the census questionnaire the Washington Group questions on disability (Source: Census report)	Yes (2017)	Yes	Yes	-	-	-	-	-	-
	SRH and GBV knowledge and material produced and disseminated (Source: Project Documents)	Yes (2017)	-	-	Yes	Yes	Yes	Yes	Yes	Yes
Output 2: Strengthened capacities to provide high-quality, integrated information and services for family planning, comprehensive maternal health, sexually transmitted infections, and HIV, as well as information and services that are responsive to emergencies and fragile contexts	Strengthened capacity of health care providers to provide life-saving SRH services and information, including, breast cancer care. (Source: MOH and partners annual reports)	Yes (2019)	-	-	-	-	Yes	Yes	Yes	Yes
	Postnatal care coverage (Baseline: 38%, Target: 60%) **CPD 6 indicator designed in the CPD document*	38% (2017)	60.00%	81.20%	60.00%	78.90%	60.00%	88.60%	60.00%	NA
	Number of institutions that have capacity to implement the Minimum Initial Service Package (MISP) at the onset of crisis (Source: Project Documents) **CPD 6 indicator designed in the CPD document*	5 (2017)	6	24	7	25	27	25	-	-
	Number/percentage of physicians and midwives capable of utilizing national obstetric care protocols (Source: IP Project Reports) **CPD 6 indicator designed in the CPD document*	65 (2017)	70	70	75	75	70	70	70	90

	Number of youth centres offering referral services to youthfriendly health services Baseline: 1; Target: 10 (Source; IP and UNFPA reports) *CPD 6 indicator designed in the CPD document*	1 (2017)	2	2	4	4	6	7	10	10
	Mobile clinics services strengthened in terms of coordination and package of services offered. (Source: Health Cluster, OCHA, UNFPA and partners' report)	No (2020)	-	-	-	-	-	-	Yes	Yes
Output 3: Strengthened capacities of the health workforce, especially those of midwives, in health management and clinical skills for high-quality and integrated sexual and reproductive health services, including the humanitarian settings	Midwifery workforce policies are in place and based on the International Confederation of Midwives and WHO standards (Source: Project documents) *CPD 6 indicator designed in the CPD document*	No (2017)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Number of health service providers trained as trainers during the year on the minimum initial service package with support from UNFPA covering all the following areas: i) MISP overview and coordination, ii) sexual and gender-based violence, iii) HIV and STIs, iv) Adolescent SRH, v) Maternal health and family planning and vi) action planning (noncumulative) (Source: IPS and Project documents)	10 (2018)	-	-	30	37	-	403	-	1011
Adolescents and youth (SP 2018-2021) **Outcome 2: Enhanced capacity of the national Government and civil society organizations to design and implement programmes on reproductive health, empowerment and civic engagement for adolescents and youth, with special focus on the most vulnerable**										
Output 6: Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and	Number of marginalized girls that are reached by life skills programmes that build their health, social and economic assets (noncumulative)	3152 (2017)	1000	1930	-	-	1000	2219	1000	4000

reproductive health and rights, and well-being										
Output 7: Policies and programmes in relevant sectors tackle the determinants of adolescent and youth sexual and reproductive health, development and well-being	Number of national sectorial plans that have policies to address the linkages between population dynamics and investment in youth well-being. (Source: UNFPA Reports) **CPD 6 indicator designed in the CPD document*	1 (2017)	2	3	4	4	4	5	4	5
	Country has at least two sectors, apart from the health sector and within education, finance/economic development, gender, youth, labor that have strategies which integrate the sexual and reproductive health of adolescents and youth, including those marginalized	Yes (2017)	Yes	Yes	-	-	Yes	Yes	-	Yes
Output 8: Young people have opportunities to excersice leadership and participate in sustainable development,	Country has national development plan/strategies (for 5 or 10 years) or poverty reduction strategy papers approved in the year that explicitly reference demographic dynamics, including changing age structure, population distribution and urbanization, (Source: National Strategies and Plans)	Yes (2017)	Yes	Yes	-	-	Yes	Yes	Yes	Yes

humanitarian action and in sustaining peace	Number of youth-led networks and organizations that implement health, social and economic programmes reaching adolescent girls at risk of child marriage (Source: IP and UNFPA Reports) **CPD 6 indicator designed in the CPD document*	2 (2017)	2	17	22	37	58	60	60	70
	Number of vulnerable youth who completed empowerment programmes. (Source: IP and UNFPA Reports) **CPD 6 indicator designed in the CPD document*	8000 (2017)	3000	14081	25281	75032	100000	283039	103000	124505
	Country has been in a humanitarian crisis and has included young people in decisionmaking mechanisms in all phases of the humanitarian response	No (2017)	Yes	Yes	-	-	-	Yes	-	Yes
	Country has institutional mechanisms for the participation of young people in policy dialogue and programming, including in peacebuilding processes (Source: IPs reports)	Yes (2017)	Yes	Yes	-	-	Yes	Yes	-	Yes

Gender equality and women's empowerment (SP 2018-2021) **Outcome 3: Strengthened capacity of health and social protection actors to promote gender equality, reproductive rights and to effectively address gender based violence, including in humanitarian settings**										
Output 9: Strengthened policy, legal and accountability frameworks to advance gender equality and empower women and girls to exercise their reproductive rights and to be protected from violence and harmful practices	Country has rolled out intervention models or strategies that empower marginalized and excluded groups to exercise their reproductive rights, and that enable their rights to be protected from gender-based violence and harmful practices, with support from UNFPA (Source: progress reports)	Yes (2017)	Yes	No	-	-	-	-	Yes	No
	Country has a national mechanism to engage men and boys in national policies and programmes to advance gender equality and reproductive rights, with support from UNFPA (Source: progress reports)	Yes (2017)	Yes	No	-	-	-	-	Yes	No
	COUNTRY has conducted research mapping of legal initatives and exisiting legal frameworks on GBV (Source: ESP Asssess ment, Joint UN Women, UNDP and UNFPA mapping)	Yes (2018)	-	-	Yes	Yes	Yes	Yes	Yes	Yes
	COUNTRY has evidence-based programmes and policies addressing GBV prevention and response	Yes (2018)	-	-	Yes	Yes	Yes	Yes	Yes	Yes
Output 10: Strengthened civil society and community mobilization to eliminate	# of affected women, girls, boys and men (including community leaders and humanitarian gatekeepers) who can list two referral points for GBV survivors (Source: Survey Results Report)	0 (2017)	2700	13000	23000	28000	3500	3150	7000	7278

discriminatory gender and sociocultural norms affecting women and girls	Number of communities that developed advocacy platforms, with support from UNFPA, to eliminate discriminatory gender and sociocultural norms that affect women and girls (non-cumulative)	7 (2017)	9	9	-	-	-	-	1	2
	Number of community leaders reached and sensitized with correct messages on gender-based violence prevention (Baseline: 1,800, Target: 7,000) **CPD 6 indicator designed in the CPD document*	1800 (2017)	-	6500	-	6000	-	7000	-	7278
	Number of knowledge products produced on GBV and disseminated (Source: Publications)	6 (2018)	-	-	10	10	3	10	6	9
	COUNTRY has GBV programmes aimed at men and boys as advocates against GBV	Yes (2018)	-	-	Yes	Yes	Yes	Yes	Yes	Yes
	Number of women, men, girls and boys reporting GBV (Source: GBV IMS)	45000 (2017)	-	-	-	-	3000	17297	20000	0
Output 11: Increased multisectoral capacity to prevent and address gender-based violence using a continuum approach in all contexts , with a focus on advocacy, data, health and health systems, psychosocial support and coordination	# of health facilities assessed by CMR specialist for readiness to provide CMR services (Source: CMR Assessment Report (Health facility assessments, capacity building plans, training reports, health facility records))	0 (2017)	2	4	8	8	10	0	10	0
	# of partners engaged in formal process for data sharing that is aligned to GBVIMS practices (Source: Signed ISPs)	20 (2017)	23	23	23	23	25	42	20	25
	# facilities providing case management assessed for quality of care (Source: Case Manage ment Quality Assessm ent	0 (2017)	1	6	9	9	1	7	9	9

	Findings / Report)									
	# of affected locations that have been assessed for GBV risks (Source: Risk Assessm ent Findings / Risk Assessm ent Report)	0 (2017)	1	1	2	5	2	2	-	-
	# of GBV coordination meetings held during the year (Source: GBV Coordina tion Portal site)	0 (2017)	12	12	12	11	-	-	-	-
	# of UNFPA led GBV coordination mechanisms with an endorsed GBV strategy (Source: GBV Coordina tion Strategy Docume nt (GBV SC ToR / Workpla n / capacity develop ment strategy etc.))	2 (2017)	2	2	2	2	1	1	1	1
	Proportion of women and girls participating in WFS activities who report satisfaction with services (Source: Survey Results Report (attenda nce sheets, IP - WFS records))	0 (2017)	375	380	700	2250	50	85	80	98
	Number of networks that upheld the gender-based violence referral pathway and introduced the minimum standards (Source: Signed/ Finalized SOPs (Referral cards/ diagrams /brochur es etc.)/ GBV Service Directory) **CPD 6 indicator designed in the CPD document*	0 (2017)	3	20	30	30	6	6	20	12
	# of locations (static health facility, mobile clinics, and safe spaces) providing GBVrelated service **CPD 6 indicator designed in the CPD document*	4 (2017)	6	20	40	45	4	10	12	41

	# of GBVrelated services provided (of 6 possible services, from UNFPA Minimum Standards) (Source: Distribution Records / Facility Reports /Facility Records)	6 (2017)	6	6	6	6	7	10	9	9
	# of health facilities that have received equipment or supplies (Source: Distribution Records / Facility Reports /Facility Records)	0 (2017)	3	11	21	26	0	15	85	46
	Number of civil society organizations skilled in advocating for sexual and reproductive rights, including combatting gender-based violence, in compliance with human rights conventions and international standards (Baseline: 4, Target: 10) **CPD 6 indicator designed in the CPD document*	4 (2017)	-	20	-	30	-	50	-	60
	Number of gender-based violence survivors benefiting from services, including medical treatment, case management, psychosocial support, legal counselling and referral (Source: IPs/service providers reports) **CPD 6 indicator designed in the CPD document*	0 (2017)	4 facilities	21000 GBV survivors, 9 facilities received trainings	25 facilities	20000 GBV survivors, 36 facilities received trainings	20000	23100	11700	11700
	Country experienced humanitarian crises and that conducted rapid assessments of the affected populations, including pregnant women (Source: Assessments Reports)	Yes (2018)	Yes	Yes	Yes	Yes	-	Yes	Yes	Yes
	Number of girls subjected to violence that have accessed the essential services package (noncumulative)	800 (2016)	1000	1000	-	-	-	2000	-	1000
	Number of women subjected to violence that have accessed the essential services package (noncumulative	5000 (2016)	6000	6000	-	-	-	9355	-	10370

	Country has a national mechanism to engage multiple stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address genderbased violence (Source: progress reports)	No (2017)	Yes	Yes	-	-	-	-	Yes	Yes
	Country has national systems to collect and disseminate disaggregated data on both the incidence and prevalence of genderbased violence (Source: IMS data, survey data)	Yes (2017)	Yes	Yes	-	-	-	-	Yes	Yes
	COUNTRY has established national systems for the treatment of survivors of GBV including essential GBV service package (Source: Referral system SOP)	Yes (2018)		-	Yes	Yes	Yes	Yes	Yes	Yes
Output 12: Strengthened response to eliminate harmful practices, including child, early and forced marriage, female genital mutilation and son preference	Number of girls at risk of or affected by child marriage who receive, with support from UNFPA, prevention and/or protection services and care related to child, early and forced marriage (noncumulative)	500 (2017)	1000	10000	-	-	-	-	1000	7353