

EVALUATION OF UNFPA SUPPORT TO THE PREVENTION, RESPONSE TO AND ELIMINATION OF GENDER-BASED VIOLENCE, AND HARMFUL PRACTICES

2012-2017

Palestine Case Study



Evaluation Office

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Evaluation of UNFPA support to the prevention, response to and elimination of gender-based violence and harmful practices (2012-2017)

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Acronyms and Abbreviations

AoR	Areas of Responsibility
CCA	Common Country Assessment
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CLA	Cluster Lead Agency
CMR	Clinical Management of Rape
CO	Country Office
CORT	Collaborative Outcomes Reporting Technique
CP	Child Protection
CPWG	Child Protection Working Group
CRC	Convention on the Rights of the Child
FGM	Female Genital Mutilation
FTE	Full-Time Employee
GBV	Gender-based Violence
GBViE	GBV in Emergencies
GBVIMS	GBV Information Management System
GEEW	Gender Equality and Empowerment of Women
GFP	Gender Focal Point
GPC	Global Protection Cluster
HNO	Humanitarian Needs Overview
HP	Harmful Practices
HR	Human Rights
HRBA	Human Rights Based Approach
HRP	Humanitarian Response Plan
HTP	Harmful Traditional Practices
HWC	Health Work Committees
IASC	Inter-Agency Standing Committee
ICPD	International Conference on Population and Development
IHL	International Humanitarian Law
IHRL	International Human Rights Law
JPO	Junior Professional Officer
MISP	Minimum Initial Standards Package
MoE	Ministry of Education
MoH	Ministry of Health

MoSD	Ministry of Social Development (formerly Ministry of Social Affairs)
MoWA	Ministry of Women’s Affairs
MTRP	Medium-Term Response Plan
NPA	National Policy Agenda
NRS	National Referral System
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
oPt	Occupied Palestinian Territory
PA	Palestinian Authority
PMRS	Palestinian Medical Relief Society
PSS	Psychosocial support
SADD	Sex and Age Disaggregated Data
SOPs	Standard Operating Procedures
SRHR	Sexual and Reproductive Health and Rights
SWAP	System Wide Action Plan
TFR	Total Fertility Rate
ToC	Theory of Change
UK	United Kingdom
UN	United Nations
UNCTAD	United Nations Conference on Trade and Development
UNDAF	United Nations Development Assistance Framework
UNFPA	United National Population Fund
UNODC	United Nations Office on Drugs and Crime
UNRWA	United Nations Relief and Works Agency for Palestine Refugees
US	United States
VAW	Violence Against Women
VAWG	Violence Against Women and Girls
WAC	Women’s Affairs Committee
WATC	Women’s Affairs Technical Committee
WHDD	Women’s Health and Development Directorate (within MoH)
WHO	World Health Organisation

Executive Summary

Palestine is one of the most complex contexts in the world and, as a territory under occupation for 50 years, has a number of interlinking development and humanitarian needs. Occupation impacts on every aspect of life for Palestinians in relation to all basic human rights.

Despite this, Palestine is classified as a middle-income country. The mid-2015 population was 4.481 million, with approximately 1.85 million in the Gaza Strip – the third most densely populated area in the world after Hong Kong and Singapore. Unlike Hong Kong and Singapore, Palestine has a high total fertility rate (TFR) of 4.1 (even higher in the Gaza Strip) with predictions of the Gaza Strip becoming “unliveable” by 2020.¹ The State of Israel has effectively blockaded the Gaza Strip since 2007, controlling and restricting movement of people and goods.

The Gaza Strip is controlled by Hamas as opposed to the Fatah-controlled Palestinian Authority in (parts of the) West Bank², with significant challenges working across West Bank and the Gaza Strip. Differences in laws, structures, roles, authority of line ministries, and services can be seen across the board.

Palestine has high levels of gender based violence (GBV), particularly domestic violence which is seen to be pervasive, wide-spread, normalised, and exacerbated by tensions caused by the occupation. There are particular areas where GBV is extremely high, correlating to those areas under ‘humanitarian response’ rather than under ‘development programming’.

The UN framework of support is three-pronged, having a United Nations Development Assistance Framework

¹ United Nations Conference on Trade and Development (UNCTAD), Palestine Report to SEG, September 2015

² The West Bank is not wholly under the control of the Palestinian Authority. Area C, for example, is under Israeli control.

(UNDAF); a Humanitarian Response Plan (HRP); and interventions and a response under the United Nations Relief and Works Agency (UNRWA) working specifically with *Palestine* refugees rather than the overall Palestinian population.³

The UNFPA Country Office (CO) is based in East Jerusalem, with a sub-office in the Gaza Strip which opened in 2003. There is a clear story of UNFPA’s increasing attention to the response to, the prevention of, and the elimination of GBV across both the development and humanitarian spheres. This GBV work is deeply embedded within the UNFPA Palestine Gender Programme, with a focus on strengthening government and civil society capacity to address GBV, and responding to ad hoc humanitarian crises.

In 2014 UNFPA implemented a two-year Danish-funded “Working Together to Stop Gender-Based Violence” project which is widely credited for ‘putting GBV on the map in Palestine’.⁴

The current UNFPA portfolio of GBV activities is based around five main interacting components of support and interventions:

- Support to the National Referral System (NRS)
- Support to civil society coalitions
- Support to service delivery
- GBV Sub-Cluster Coordination
- Data management through the gender based violence information management system (GBVIMS) and support to the ‘Observatory’

Key Findings:

1. UNFPA is seen nearly across the board to provide relevant and aligned support to the

³ *Palestine* refugees, falling under the mandate of UNRWA, are specifically “persons whose normal place of residence was Palestine during the period 1 June 1946 to 15 May 1948 and who lost both home and means of livelihood as a result of the 1948 conflict”.

⁴ A quote from a key informant referenced in the UNFPA Final Evaluation Working Together to Stop Gender Based Violence Final Report, December 2016.

context with the exception of addressing the occupation directly.

2. Some partners report decreasing participation in work-planning and addressing the full range of needs – coinciding with the classification of Palestine as a “yellow” country (in UNFPA’s internal quadrant classification system) and the associated shift in modes of engagement to be aligned with the UNFPA Strategic Plan 2014-2017.

3. The UNFPA quadrant classification does not work well for Palestine, with impacts on the ability to align to national needs.

4. Generally high levels of inclusion and the use of a human rights based approach have been seen, although attention to disability has been limited.

5. UNFPA are uniquely placed to lead on GBV in Palestine due to comparative advantages around multi-sectoral approaches, being an organisation straddling the development-humanitarian divide, and leading on the GBV Sub-Cluster.

6. UNFPA GBV programming in Palestine has consistently been based on an in-depth understanding of causal chain and effect of activities and outcomes.

7. Lack of vertical coordination⁵ among actors is critical in Palestine across the board and this presents both a challenge and an opportunity to UNFPA in relation to GBV leadership and coordination.

8. The leadership of the GBV Sub-Cluster has increased UNFPA visibility in GBV leadership overall and has contributed to an increased role of the Sub-Cluster which plays a critical role in GBV prevention, response, and information management in Palestine.

9. The diversity of partnerships, across government, health organisations, and women’s rights organisations works well and is itself strategic; however, partners themselves each receive limited funding and do not all feel that their UNFPA-supported work is strategic.

10. UNFPA support to the National Referral System (NRS) has been critical but there are still challenges for the NRS to overcome to be fully functional.

11. A number of functional and impactful coalitions exist across West Bank and the Gaza Strip, many established and functioning with support from UNFPA, though a rationalisation of overlapping mandates could strengthen overall effectiveness.

12. There is a myriad of different databases for collecting GBV data (and some for basic case management purposes) but the plurality of databases means there is limited understanding of the GBV situation across Palestine.

13. UNFPA and other actors support clinical and psychosocial support (PSS) services for survivors, but legal referral, shelter, and economic empowerment components are less well covered. PSS services for men, women, boys and girls in Palestine are not currently being fully utilised as a prevention intervention. Safe Spaces are a key dimension of response.

14. UNFPA are almost universally lauded for leadership of the GBV Sub-Cluster / GBV Sub-Working Group which is viewed as an extremely useful space.

15. Palestine is a good case study of a GBV Sub-Cluster straddling a (relatively artificial) development-humanitarian divide and should be used as best practice for UNFPA becoming a thought leader in working across the continuum.

⁵ Respondents referred to an abundance of horizontal coordination mechanisms – at grass roots level, between UN agencies, and between donors, but a lack of vertical coordination mechanisms connecting grass roots to UN to donors and to government.

There are a number of learnings for both the UNFPA Palestine Country Office and for the broader thematic evaluation.

Opportunities for Palestine:

1. UNFPA Palestine should take the opportunity to further articulate clearly, consistently and constantly (across all staff, with the same message) the demarcations between UN Technical Agencies and Security Council responsibilities and mandate with regard to the occupation. Across the board, partners exhibit a general disenchantment with the UN system in regard to failing to directly address the occupation (i.e. ending the occupation) and promoting 'one UN' coherence contributes to the unhelpful perception that UNFPA holds any accountability for Security Council decisions. Working on SCR 1325 compounds this.

2. Palestine faces a complex context straddling humanitarian and development, with relatively high national indicators but pockets of extreme poverty where service delivery (i.e. more downstream work not prescribed for "yellow" quadrant countries) continues to be desperately required. This experience should be used to inform the next iteration of UNFPA's global classification system, with a particular focus on the link between country classification, resource allocation and modes of engagement.

3. Expand upon recent initiatives to ensure new partners with experience on disability (and addressing other intersecting identities) – such as AISHA in the Gaza Strip – are included as grantees or sub-grantees paying particular attention to women and girls with disabilities (both physical and intellectual).

4. Strengthen the GBV Sub-Cluster, taking it to the next level, which should include consideration of a dedicated Cluster Coordinator. Furthermore, revise the ToR so the Cluster is designated a "Sub-Cluster" and not a sub-working group. Sub-Clusters have specific responsibilities, accountabilities and authorities under global guidance (the Inter-

Agency Standing Committee (IASC) 2015 Cluster Coordination Reference Module) and it is critical that the GBV Sub-Cluster is respected as an official Sub-Cluster.

5. Consider the Theory of Change collectively developed by UNFPA and UNICEF for a new "Innovations to Eliminate Gender-Based Violence in Palestine" proposal and the discussions within the CORT evaluation process to inform the UNFPA Palestine GBV ToC for the next CPD.

6. Replicate and build upon work already done, such as the 2016 Gender Evaluation Workshop to promote visibility across all UNFPA partners of UNFPA strategic choices in the diversity of partnerships (recognising that some partners will still feel dissatisfied if they receive only a low level of funding as one 'puzzle piece' of the whole).

7. Continue to support the NRS - with sustained trainings, dialogues across ministries involved and between West Bank and the Gaza Strip – and link it to database GBVIMS to ensure a coherent whole.

8. Conduct a mapping of all existing coalitions (the data to inform this is in the 2016 report: Mapping Interventions – Preventing and Responding to GBV)⁶ and consider a rationalisation of coalitions based on overlapping organisations, purposes, and activities.

9. Support a rationalisation of databases and alignment under the authority of MoWA but based on the clear classification categories provided by GBVIMS.

10. Use the 2016 GBV Mapping Report and the gaps identified for the basis of 2018-2019 UNFPA GBV strategy for response services, reviewing all the services required for survivors including clinical response, PSS response, legal and justice, shelter

⁶ See: http://palestine.unfpa.org/sites/default/files/pub-pdf/2016%20GBV%20Mapping%20Report%20-%20Final%20EN_0.pdf

(emergency and longer-term) and rehabilitation strategies (economic empowerment). Review the current service providers (including, for example, Italian Cooperation direct funding to Tawasol Centres), and continue investment in areas of gaps, including safe spaces and expansion into economic empowerment.

11. Potential to hold a regional workshop to discuss the development-humanitarian continuum with lessons learnt from the Palestine context, with evidence generated informing global level UNFPA strategies and humanitarian architecture.

Considerations for the overarching thematic evaluation:

1. The business model of the 2014-2017 UNFPA SP, including linking modes of engagement to country quadrant classification and resource allocation has not been helpful for Palestine, as it does not adequately reflect the complexity of working in the context or the range of needs that must be met (even under improved aggregate development indicators).

Alignment to the UNFPA Strategic Plan as per the “yellow” quadrant classification is considered to be a limitation in Palestine, as it does not account for the vast differences across Palestine and the unique development - humanitarian context.

2. The Theory of Change developed for the new “Innovations to Eliminate Gender-Based Violence in Palestine” proposal provides interesting possibilities for consideration for the Global Theory of Change.

This Theory of Change provides an opportunity to consider additional barriers, and reinforce the Global ToC to reflect the Palestine context. This would include the additional barriers highlighted within the Palestine ToC reinforcing the underlying and all-encompassing box of “additional specific considerations in humanitarian settings” by providing an extra comment related to each

of the other barrier boxes to highlight specific humanitarian threats. Country-Specific Humanitarian ToC’s should recognise all the normal existing barriers *and* how the humanitarian context has reshaped or exacerbated those barriers within the particular context. For example, in Palestine quality services will include PSS as both a GBV prevention and response strategy

The “limited and fragmented capacity for response” barrier, which is likely to significantly worsen within a humanitarian situation, should be explicitly linked to the coordination intervention strategy, and, where possible, how UNFPA can link development and humanitarian coordination functions to as a thought leader working across the development-humanitarian continuum.

3. PSS services can be implemented as prevention as well as response; and, more broadly, a package of response services should be seen within a loop of prevention, response, and ‘building back better’ with response as a means of building resilience and increasing future prevention.

In a context such as Palestine, the high levels of stress for men, women, boys, and girls associated with daily life under occupation is a driver of GBV. Reducing that stress addresses a driver and therefore, causally, reduces GBV.

4. Coordination is challenging when too many coalitions and different coordination models exist.

There is an overall lack of vertical coordination in Palestine, with numerous different coordination models but with limited coordination mechanisms *between* the different coordination mechanisms. This is then reflected at the grass-roots level with a number of different and overlapping coalitions in existence.

5. GBV Sub-Clusters must be resourced to take to the next level.

The Palestine GBV Sub-Cluster is a best practice model for UNFPA in terms of the high regard within which it is universally held by partners across the board. Now that UNFPA have taken on sole leadership of the GBV Area of Responsibility (AoR) more committed resourcing to Sub-Clusters is necessary to ensure that GBV receives the same attention and resourcing through centralised Humanitarian Response Plan (HRP) funding mechanisms as Child Protection and other sectors.

6. The development-humanitarian divide is complex and humanitarian architecture is not fit for purpose for all humanitarian responses: the Palestine GBV Sub-Cluster strategy of 'straddling the divide' could provide the basis for UNFPA global strategy.

The Palestine case study provides relevant reflection on the development-humanitarian continuum and UNFPA's place, role, and opportunities within this. Whilst humanitarian situations are drivers of exacerbating GBV, they are never the underlying cause of GBV, and the utility of a GBV response in recognising this is embedded within an understanding of resilience, prevention, and building back better. The Palestine case highlights the general ineffectiveness of humanitarian architecture, designed for the humanitarian situations which characterised the world forty years ago and which is more and more observably unfit for purpose for many current protracted and complex humanitarian situations.

1. Context and Background

1.1 Overall Economic and Social Context

History and Occupation

Palestine is one of the most complex contexts in the world and only a brief history can be provided in this report.

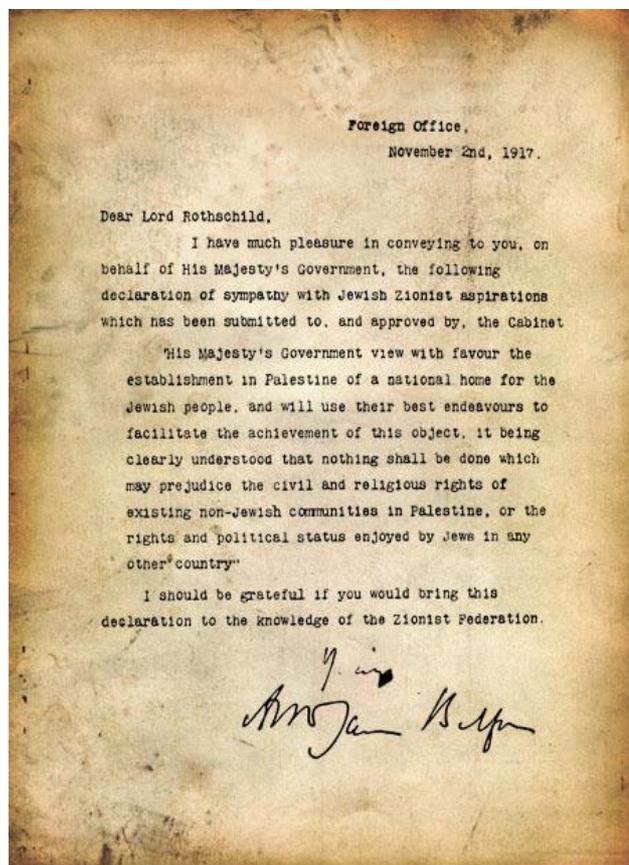
On 2nd November 1917 The “Balfour Declaration” was a paragraph within a letter sent by then-British Foreign Secretary Arthur James Balfour to Lionel Walter Rothschild, the leader of the British Jewish Community. The Balfour Declaration committed United Kingdom (UK) support to establishing a Jewish homeland in the area of the middle-east long-claimed by Jewish people due to strong historical and religious ties: the same area of the old Ottoman Empire with significant historical religious ties for Islam, Christianity, and Judaism.

In 1920, after the First World War, the UK created a British-administrated entity of Mandate Palestine out of part of the old Ottoman Empire – based on various war-time allegiances of the UK with Arabs against Ottoman Turks. Legitimacy for this was established through the League of Nations Mandate System⁷ (hence “Mandate Palestine”).

After the horrors of the Holocaust in the Second World War, the creation of the State of Israel was declared by David Ben-Gurion, Executive Director of the World Zionist Organisation, on 14 May 1948. This came after a UN vote on the plan to partition Palestine and Israel on 30 November 1947, which resulted in conflict – known in Hebrew as The War of Independence, and known in Arabic as The Nakba, or Catastrophe. The First Arab-Israeli War quickly followed the vote, with other Arab States engaging in the conflict.

The “Green Line” border was established as part of the 1949 Armistice and served as the de facto border between Israel and Palestine between 1949 and 1967. All subsequent peace processes have worked towards respecting the Green Line.

Since then, continuing conflict has characterised the region. Hundreds of thousands of Palestinians were displaced from what is now the State of Israel. The United Nations Relief Works Agency (UNRWA) was created in 1948 with the uniquely specific task of providing assistance to *Palestine* refugees, defined as those displaced from what is now Israeli land during the 1948 conflict and their descendants.

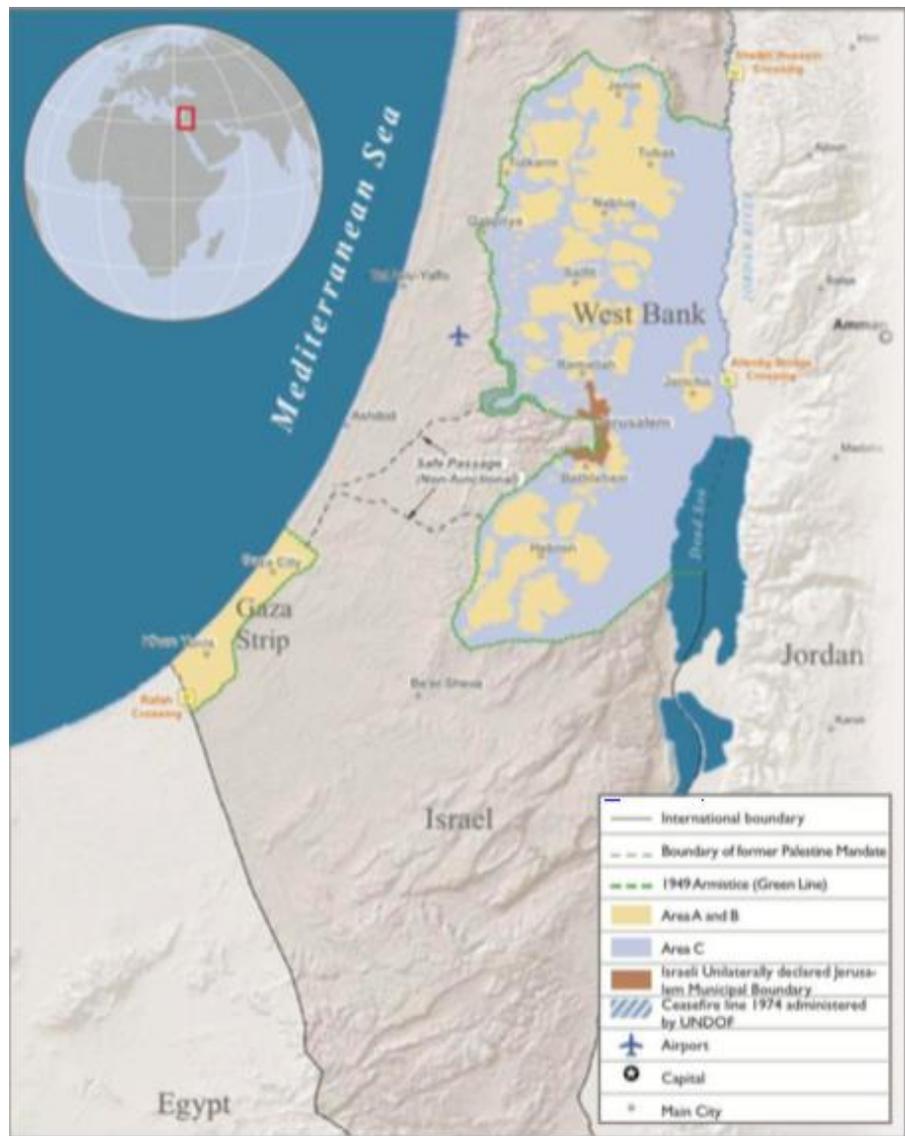


⁷ A League of Nations Mandate was a legal status for territories whose control transferred from one country to another after World War I.

The 1967 Six-Day War, fought between Israel and Egypt, Jordan, and Syria, was an overwhelming success for Israel where the Gaza Strip and the Sinai Peninsula were captured from Egypt, the Golan Heights were captured from Syria, and the West Bank and East Jerusalem were captured from Jordan. Over 300,000 Palestinians fled the West Bank, becoming refugees.

The 1973 Yom Kippur War was initiated by a coalition of Arab States led by Egypt and Syria, with the primary purpose of re-taking Sinai and the Golan Heights. Whilst the Arab coalition was not successful, this war led to attitude shifts on all sides which initially led to the first intifada (uprising) in 1987 but subsequently paved the way for a peace process, starting with the Madrid Conference of 1991 and culminating in the Oslo Accords of 1993 and 1995. This led to the Camp David Summit in 2000 which failed and was swiftly followed by the second intifada.

From this point onward, the peace process has been in a state of stalemate. The Palestinian Authority (PA), created by the Gaza-Jericho Agreement after the 1993 Oslo



UNDAF, 2014-2016

Accords, had limited control over parts of the West Bank and the Gaza Strip. However, an internal struggle within the Palestinian Authority between Fatah and Hamas – Hamas being recognised by Israel, the US, the UK, EU member states and others as a terrorist organisation – resulted in the Fatah-led PA only controlling the non-Israeli areas of the West Bank.⁸ Since the last election in 2006, Hamas remain in control of the Gaza Strip and since 2007 the Gaza Strip has been effectively blockaded by Israel with total Israeli control over movement of persons and goods in and out of the Gaza Strip.

⁸ After the 1993 Oslo Agreement the West Bank was divided into three parts, Areas A, B, and C. Area C, which makes up approximately 61-65% (depending on different sources), is fully under the control of Israeli Administration.

In 2012, the UN recognised the “de facto” State of Palestine. Prior to this, the UN referred to the West Bank and the Gaza Strip areas as “Palestinian Territory, Occupied” – or as oPt, Occupied Palestinian Territory.

As of 2016, 136 countries (approximately 70% of the United Nations Member States) recognise the State of Palestine.⁹ Sweden is the only EU country to currently formally recognise the State of Palestine, although other countries have consistently raised the issue. The US, the UK, Canada, and Australia do not recognise the State of Palestine.

There have been a series of proposed UN Security Council Resolutions on Israel, focusing on how Israel is acting as an Occupying Power (rather than on the occupation itself) and illegal actions such as illegal settlements in West Bank territory. The majority of these Resolutions have been vetoed by the US,¹⁰ but Security Council Resolution 2334 of 23 December 2016 – which called for an end to Israeli settlement building – was passed (with an outgoing President Obama’s abstention rather than veto). Israel has also been condemned in 45 resolutions by the United Nations Human Rights Council since its inception in 2006.

Occupation impacts on every aspect of life for Palestinians in relation to all basic human rights. Due to the ongoing powerlessness of the UN Security Council to address the occupation, partially due to the continued US veto, Palestinian Authorities and Palestinian civil society feel a general disenchantment and disconnect with the UN system which impacts on the work of all UN technical agencies.

Demographic Statistics

The mid-2015 population of Palestine was 4.481 million¹¹ (compared to a State of Israel population of 8.375 million), with 1.85 million in the Gaza Strip. There is an estimated further 12 million diaspora Palestinians living across the globe.¹² More than 1.5 million Palestinians live in 58 recognized Palestine refugee camps in Jordan, Lebanon, the Syrian Arab Republic, the Gaza Strip and the West Bank, including East Jerusalem.¹³ The 2050 population prediction is 9.165 million (more than double), with the largest increase being in the Gaza Strip, expected to increase from 1.85 million to 3.1 million. At approximately 364 square kilometres, and with a current population edging towards 2 million, the Gaza Strip is already the third most densely populated area in the world, after Singapore and Hong Kong. Unlike Singapore and Hong Kong which both have below-replacement-level Total Fertility Rates (TFR), Palestine overall has a very high TRF of 4.1 (even higher in the Gaza Strip). With severe movement restrictions and limited to no access for most of those living in the Gaza Strip to leave, “[t]he social, health and security-related ramifications of the high population density and overcrowding are among the factors that may render the Gaza Strip unliveable by 2020, if present trends continue”.¹⁴

Palestine has a high youth population (40% of the population is under 15, and only 3% is 65 and above) and has almost universal literacy rate (99% for both male and female) and high tertiary enrolment rate – even higher for women than for men (58% female compared to 43% male).

⁹ <http://www.polgeonow.com/2016/02/map-which-countries-recognize-palestine-2016.html>.

¹⁰ From 2002, the US has adopted the Negroponte Doctrine, named for then US Ambassador to the UN, John Negroponte, which states that the US will not support any UN Resolution that does not equally condemn all terrorism when speaking to Israeli Occupation Acts, and that an improvement of the security situation would have to be included as a pre-condition for any call for Israeli forces to withdraw positions over the Green Line.

¹¹ All demographic statistics are from Population Reference Bureau Datafinder – a compendium of the most updated UN-accredited data - <http://www.prb.org>.

¹² <http://pcbs.gov.ps/Portals/Rainbow/Documents/Population%20e%20s.htm>, 2015 figures

¹³ UNRWA: <https://www.unrwa.org/palestine-refugees>

¹⁴ United Nations Conference on Trade and Development (UNCTAD), Palestine Report to SEG, September 2015.

However, whilst these education indicators are very positive, Palestine also has a very high overall unemployment rate of 27%, with 42% unemployment in the Gaza Strip. Youth unemployment is extremely high – 40% overall, and 58% in the Gaza Strip and female youth (15-24) participation in the labour market is extremely low at 8%.

The 2014 Palestine Central Bureau of Statistics (PCBS) household survey showed 25.8% of Palestine's population living in poverty (17.8% in the West Bank and 38.8% in the Gaza Strip).¹⁵

Despite these indicators, Palestine is still considered a middle-income country, ranking 113 out of 188 in the Human Development Index.¹⁶

SRHR, GBV and HPs

Palestine has a higher maternal mortality but a lower Infant mortality than the region (lifetime risk of maternal death is 1 in 330 for Palestine and 1 in 500 for the region, and infant mortality is 18 infant deaths per 1,000 live births compared to 22 for the region). Maternal mortality is still much lower than the global average. Despite this, and the high educational indicators – normally correlating to lower levels of GBV – Palestine still has high levels of GBV. Additional issues, such as the occupation, are a high contributory factor.

There is significant social stigma to reporting GBV and a lack of overall data on GBV in Palestine, though, in general, GBV occurs in multiple forms and at various levels of society. Domestic violence is known to be both particularly high and particularly normalised and, as shared anecdotally (from clinical service-providing organisations), sexual violence is mostly seen within the family unit rather than outside. There are particular pockets of extremely high levels of GBV, correlating with those areas where the UN delivers a humanitarian response rather than a development one – for example, the Gaza Strip, Area C, and H2 within Hebron¹⁷ of the West Bank under Israeli-administrative control.

Early marriage¹⁸ does exist and – anecdotally – appears to be increasing in the Gaza Strip, H2 in Hebron, and Area C. There are higher rates of early marriage in urban areas than in rural areas (contradicting the global trend for child marriage). However, data from the 2016 UNICEF State of the World's Children report puts child marriage in Palestine at 1% under the age of 15 and 15% under the age of 18, significantly lower than many other contexts both in the region and globally.

Female Genital Mutilation (FGM) and son preference, the other two harmful practices considered by the overall thematic evaluation, are not practiced in the Palestinian context.

Reported often as “accidental”, honour killing¹⁹ is another silent harmful practice, highlighted both by UNFPA and partners. A 2014 report by the Office of the High Commissioner for Human Rights (OHCHR) highlighted an increase in honour killings (“the phenomenon of killing women under the pretext of so-called family honour”),²⁰ stating that although robust national statistics were not available, the Women's Centre for Legal Aid and Counselling (WCLAC) had data showing 4 deaths in 2011, 13 deaths in 2012, and 27 deaths in 2013. The 2016 Comprehensive Analysis for Gender Based Violence and Status of the National Referral System in the West Bank states: “[t]he most shocking

¹⁵ <http://www.ps.undp.org/content/dam/papp/docs/Publications/UNDP-papp-research-PHDR2015Poverty.pdf>

¹⁶ United Nations Development Assistance Framework, 2018-2022.

¹⁷ Hebron is within the West Bank but the city is divided between H1 – controlled by the Palestinian Authority, and H2 – under Israeli control.

¹⁸ In Palestine, Child Marriage is usually referred to as Early Marriage.

¹⁹ Honour killing is not one of the specified harmful practices within the Global Evaluation. The other specifically-referenced harmful practices – FGM and son preference – are not practices within Palestine.

²⁰ OHCHR, Women's Human Rights and Justice: Murder of Women in Palestine under the Pretext of Honour, April 2014.

manifestation of GBV is honour killing. Since 2010, over 50 women have been murdered in honour killings throughout the Palestinian territories”.²¹

Despite the challenges, the Minister for Women’s Affairs believes that progress is being made and that, on the whole, women and girls in Palestine are in a better situation than twenty years ago, particularly vis à vis patriarchal social norms and their manifestation with families and communities²².

Until recently, and as a non-recognised state, Palestine’s engagement with international conventions has been informal. However, In April 2014, Palestine applied to join the Geneva Convention and various other international human rights treaties and conventions including the Convention on the Rights of the Child (CRC) and the Convention to Eliminate all forms of Discrimination Against Women (CEDAW).²³

Governing Structures and The Divide: East Jerusalem, West Bank and Gaza Strip

Since 2007, the oPt has been internally divided with the Gaza Strip controlled by Hamas and parts of the West Bank under the administration of the Fatah-led Palestinian Authority.²⁴ East Jerusalem remains under Israeli control, as does Area C within the West Bank. The Palestinian Government National Policy Agenda (NPA) 2017-2022 is the fourth national plan since 2008. Its first stated goal is the establishment of the State of Palestine while other objectives include support to all citizens of Palestine in the Gaza Strip, West Bank, and East Jerusalem (East Jerusalem defined as “the future and eternal capital of the State of Palestine”).²⁵

The NPA consists of three pillars:

1. The Path to Independence
2. Government Reform
3. Sustainable Development

The NPA notes that sustainable development “cannot be achieved under occupation and without control over Area C’s vast resources”.²⁶ The NPA also notes the increasing incursion of Israeli occupation of Palestinian land:

“The Israeli government’s illegal²⁷ occupation of Palestine’s land is intensifying through ever-expanding settlements, annexation, enclosure behind the separation wall, the unending siege of Gaza and forced evictions of Palestinians from Jerusalem. Our human rights are being trampled daily by Israeli forces through widespread arrests, executions, administrative detentions, increased home demolitions and control and exploitation of Palestine’s natural resources. We pledge to our citizens that every effort will be made along every avenue to strengthen local resilience and bring about a peaceful, just end to the occupation and achieve our long-denied, long overdue independence.”

Palestine National Policy Agenda 2017-2022

Box 1: Palestine's National Plans Since 2008
• 2008-10 Palestinian Reform and Development Plan
• 2011-13 National Development Plan: Establishing the State, Building Our Future
• 2014-16 National Development Plan: State-Building to Sovereignty

²¹ MoWA and Chemonics, Comprehensive Analysis for Gender Based Violence and the Status of the National Referral System in the West Bank, August 2016, p.21.

²² Interview with Minister of Women’s Affairs

²³ <http://reliefweb.int/report/occupied-palestinian-territory/palestinian-treaty-applications-boost-chances-accountability>.

²⁴ The West Bank is not wholly under the control of the Palestinian Authority. Area C, for example, is under Israeli control.

²⁵ Palestine National Policy Agenda, 2017-2022.

²⁶ Ibid.

²⁷ Under International Humanitarian Law (IHL) the occupation itself is not technically considered to be illegal.

In addition to the occupation, the stalemate between Fatah and Hamas has led to accusations that Fatah deliberately restricts access to services for those living under Hamas in the Gaza Strip, whilst counter accusations include Hamas specifically not paying Fatah funds for electricity to pass on to the State of Israel. All of this means that people in the Gaza Strip are in effect being thrice oppressed – by Hamas within the Gaza Strip, and by both the Fatah-led PA and the State of Israel outside of the Gaza Strip.

There is a significant challenge working across West Bank and the Gaza Strip, and differences in laws, structures, roles, authority of line ministries, and services can be seen across the board. Whilst line ministries based in Ramallah in the West Bank technically cover the Gaza Strip as well, the staff and structures are in effect different due to the general lack of movement between the two areas and strict control by Hamas in the Gaza Strip.

There are, however, attempts through ministries and various UN Agencies (including UNFPA) to have umbrella, coordinated work plans across the West Bank, East Jerusalem, and the Gaza Strip. In reality these are difficult to implement given the challenges highlighted above.

In relation to line ministries, those most involved in GBV include the Ministry of Women's Affairs (MoWA), the Ministry of Social Development (MoSD),²⁸ and the Ministry of Health (MoH) – particularly the Women's Health and Development Directorate (WHDD) within the MoH. Coordination between ministries is inconsistent, with competition rather than collaboration arising in some areas such as mandated authority over the National Referral System. Competition for UN funding is also rife.

1.2 The Development-Humanitarian Context: UNRWA, UNDAF, HRP

External assistance and protection from the UN system in Palestine operate under three distinct frameworks: The United Nations Relief and Works Agency for Palestine Refugees (UNRWA); the United Nations Development Assistance Framework (UNDAF); and the Humanitarian Response Plan (HRP). Nearly half of all Palestinians living in the oPt, and almost 70% of those living in the Gaza Strip, are in need of some form of humanitarian assistance. The 2014 Israeli military operation against the Gaza Strip led to high levels of displacement within the Gaza Strip and a mammoth task of reconstruction in its wake (see below section 1.2 under the Humanitarian Response Plan).

UNRWA is a unique UN Agency, established after the 1948 Arab-Israeli conflict to provide direct assistance to those displaced from what became the State of Israel into what is now Palestine as well as further afield in what is referred to as the "Near East": Lebanon, Syria, and Jordan. UNRWA's mandate is extremely specific and, in the absence of any political solution, has continued to be extended year on year – most recently in December 2016, for a further three years.²⁹

Palestine refugees, falling under the mandate of UNRWA, are specifically "persons whose normal place of residence was Palestine during the period 1 June 1946 to 15 May 1948 and who lost both home and means of livelihood as a result of the 1948 conflict". Those then displaced by border shifts in the 1967 war are also eligible as *Palestine* refugees to register with UNRWA, as are the descendants of *Palestine* refugee males (only males, not females).³⁰ In contrast, *Palestinian* refugees would be any other Palestinian refugee outside of the current territory of Palestine, who fall under

²⁸ Previously the Ministry of Social Affairs (MoSA).

²⁹ <https://www.unrwa.org/newsroom/official-statements/it-time-political-action-resolve-long-standing-crisis>.

³⁰ <https://www.unrwa.org/who-we-are>.

the mandate of UNHCR. *Palestinian* refugees have the right to return to Palestine, even if conflict, oppression or persecution precludes their ability to do so. *Palestine* refugees – many of whom are in the current territory of the West Bank and the Gaza Strip – have had their right to return to the land from which they were displaced, which is now the State of Israel, denied to them.

When UNRWA first began operations on 1 May 1950 they served approximately 750,000 Palestine refugees. Now they serve approximately five million Palestine refugees across Palestine, Jordan, Lebanon and Syria.³¹ UNRWA serves Palestine refugees in both camp and non-camp settings, and works relatively independently of the UNDAF and the HRP. They serve a large number of persons with limited resources and are generally seen – by donors and other UN entities, civil society and NGOs – as being resourceful and efficient. However, the level of coordination between UNRWA and other UN entities is low, partially due to the clear distinction in persons of concern to UNRWA compared to all other UN entities. One donor reported that UNRWA felt like a “stepsister” of the UN system, somewhat apart from the system and not really fitting into the standard global architecture which adds to the lack of coordination.

2014-2016 saw the first ever **UNDAF** in Palestine based on a common country assessment (CCA). Due to the “evolving political situation”, there was no UNDAF prior to 2014 and instead the UN Country Team (UNCT) supported programming through a framework of a Medium-Term Response Plan (MTRP) with the specific objectives of supporting the establishment of a legitimate and effective Palestine State and achieving the MDGs.³²

The 2014-2016 UNDAF framed development assistance within six priority areas:

- Economic empowerment, livelihoods, food security, and decent work
- Governance, rule of law, justice, and Human Rights
- Education
- Health
- Social protection
- Urban development, natural resource management, and infrastructure

With a vision of “all people...fully enjoy[ing] human rights, peace, prosperity, freedom and dignity in an independent and viable State of Palestine, living side by side with Israel in peace and security”.³³ This 2014-2016 UNDAF was costed at approximately \$1.2 billion and was aligned to national development plans as below:

Alignment of UN common development plans with the national development cycle

PA	Palestinian Reform and Development Plan (PRDP) 2008-2010			National Development Plan (NDP) 2011-2013			National Development Plan [NDP] 2014-2016		
UN		Medium Term Response Plan 2009-2010		Medium Term Response Plan 2011-2013			UN Development Assistance Framework 2014-2016		
Year	2008	2009	2010	2011	2012	2013	2014	2015	2016

UNDAF 2014-2016

Building on the 2014-2016 UNDAF, the new 2018-2022 UNDAF has just been agreed. Reaffirming commitments to the 2030 Agenda and the Sustainable Development Goals, the forthcoming UNDAF continues to place Palestinian people at the centre of development programming. The new UNDAF

³¹ Ibid.

³² UNFPA Country Programme Document, 2011-2013.

³³ United Nations Development Assistance Framework, 2014-2016.

is framed around four strategic areas, aligned with the three pillars of the Palestine NPA and underpinned by the 2030 Agenda premise of ‘Leave No One Behind’:

- Supporting Palestine’s path to independence
- Supporting equal access to accountable, effective and responsive democratic governance for all Palestinians
- Leaving No One Behind: supporting sustainable and inclusive economic development
- Leaving No One Behind: social development and protection

Gender based violence is referenced under Strategic Area 4 (Leaving No One Behind: social development and protection).

The 2017 **Humanitarian Response Plan** (HRP) references a total of 2 million people in need of humanitarian assistance out of the total Palestine population of 4.8 million. Of the 2 million people identified as being in need of humanitarian assistance, 1.8 million have been identified as being in need of “some form of protection assistance”.³⁴ The plan itself targets 1.6 million for assistance with a total request of \$547 million. 95 partners contributed programming plans to the HRP.³⁵³⁶

The HRP notes the 2014 “round of hostilities” in relation to the Israeli military operation in the Gaza Strip and highlights that this, on top of nine years of blockage of the Gaza Strip since Hamas took control in 2007, has resulted in “particularly acute [needs],...[with] humanitarian services provided by the international community a life-line for 1.1 million people”.³⁷ 65,000 people were displaced during the 2014 conflict. After the hostilities ended, there remained increased restrictions on permits to exit the Gaza Strip and access the West Bank, and heightened tensions and sporadic airstrikes in the Gaza Strip continue. In addition to this, a sharp increase in demolition of Palestinian homes throughout West Bank and East Jerusalem has characterised the post-2014 conflict era.

The HRP also seeks to improve “strategic and operational coherence with development actors” and align more fully with the Government line Ministries of the State of Palestine, NPA, and UNDAF priorities and to seek “more sustainable solutions” for the humanitarian crisis.³⁸

The HRP strategic objectives are:

- To protect the rights of Palestinians under occupation in accordance with International Humanitarian Law (IHL) and International Human Rights Law (IHRL)
- To ensure acutely-vulnerable Palestinians under occupation in the Gaza Strip and the West Bank have access to essential services
- To strengthen the ability of acutely-vulnerable Palestinian households to cope with protracted threats and shocks

Protection is central to the HRP, which defines Palestine as “effectively a chronic protection crisis” and underscores that “protection concerns continue to be the primary drivers of humanitarian need and inform every cluster’s response plan”.³⁹

Needs, Targets, and Requirements

³⁴ Ibid.

³⁵ Humanitarian Response Plan, 2017.

³⁶ As with all Humanitarian Response Plans, the total in need; those in need of specifically protection assistance; and the total target will often be different figures. Not all those identified as being in need are identified as having specific protection needs. Due to limited predicted resources, not all those identified as being in need will be targeted within a specific HRP.

³⁷ Ibid.

³⁸ Ibid.

³⁹ Ibid.

	TOTAL		BREAKDOWN OF PEOPLE TARGETED					BY SEX & AGE	
	People in need	People targeted	People targeted Gaza	People targeted West Bank	UNRWA* Total	UNRWA target/Gaza	UNRWA target/West Bank	% female	% children, adult, elderly**
Education	521,569	417,225	351,263	65,962	184,260	184,260	NA	46%	95.5%
Food Security	1,650,000	1,570,000	1,650,000		1,010,000	912,000	98,000	49.1%	44.8 49.5 51.7%
Health/Nutrition	998,443	535,443	330,000	205,443	301,964	200,000	101,964	57%	58 39.2%
Shelter and NFIs	285,846	163,818	150,582	13,236	88,356	88,356	NA	49.1%	41.8 49.5 45.5%
WASH	1,461,800	465,151	327,408	137,743	NA	1,329,662	NA	49%	46.2 49.3 45.5%
Protection	1,848,665	1,630,192	1,030,912	600,000	NA	NA	33,766	49%	46.2 49.3 45.5%

2017 Palestine Humanitarian Response Plan

The GBV response plan falls under protection cluster priorities. However, GBV emergency health response has not been included under the Protection Cluster as this is seen to be a health intervention; it is not, however, considered a priority within the Health Cluster. This fragments the response. The protection cluster priorities include monitoring, documentation and advocacy; legal aid; protective presence; child protection services; psychosocial support (PSS) services for children and adults; mine risk education; and multi-sectoral support for survivors of GBV.

The 2017 HRP was based on the 2017 Humanitarian Needs Overview (HNO) which characterised the exacerbation of GBV as:

“The protracted protection crisis resulting from decades of Israeli occupation together with the prevailing patriarchal culture in Palestinian society has exacerbated GBV in all forms, including sexual violence, domestic violence and early marriage. The State of Palestine has the legal obligation to adopt preventative measures, support victims and ensure accountability. Its progress in implementing these obligations, however, has been overall very limited. This is partially related to occupation related policies and to the Palestinian political divide, which have undermined the capacity of local authorities to respond in a holistic manner to these issues. Across Gaza, Area C and East Jerusalem, fragmentation of legal systems and law enforcement authorities often result in impunity of perpetrators of GBV. Constraints on the provision of, and access to GBV services have resulted in unmet needs in regard to health, legal and psychosocial support to GBV victims.”

2017 Humanitarian Needs Overview

The next HRP will be a 3-year cycle rather than the normal 1-year cycle, increasing the chances of improved strategic and operational coherence with development actors.

1.3 UNFPA Palestine

The UNFPA 2015-2017 CPD budget allocated to gender equality is \$1.5 out of \$9.1 million, down from \$2.2 out of \$9.75 million for the 2011-2013 CPD. Additional GBV support falls under the sexual and reproductive health (integrated services), adolescents and youth and population dynamics (evidence and data) areas of work.

The UNFPA Palestine office consists of 19 staff, 15 currently based in East Jerusalem and 4 based in the Gaza Strip office (established in 2003). The gender team is composed of four staff.

The work of the country office on GBV is focused on strengthening government and civil society capacity to promote gender equality and women’s empowerment by addressing GBV. There is a clear story of UNFPA support to the prevention, response to and elimination of GBV and harmful practices evolving across time and country programme cycles. Work on GBV in both the

development and humanitarian spheres falls primarily under the gender equality outcome area of the country programme (aligned with UNFPA SP 2014-2017), though work on GBV is also mainstreamed across the other three programmatic outcome areas: sexual and reproductive health, adolescents and youth, and population and development.

The evolving nature of UNFPA's GBV work in Palestine dates back to 2000,⁴⁰ when the Second Intifada resulted in the blockade of many areas and hundreds of thousands of Palestinians severely restricted in freedom of movement and access to services: stories were shared of women delivering babies at checkpoints as there was no access granted to hospitals or clinics. At this point, UNFPA responded to the immediate SRH and GBV needs of the population with hygiene kits and psychosocial support services. UNFPA also supported the foundations of the development of coalitions of women's organisations working on Security Council Resolution 1325⁴¹ in Nablus, Hebron, Jordan Valley, and the Gaza Strip.

From 2007 to 2014, there was one full-time employee (FTE) UNFPA staff member working across two programmatic outcome areas (gender equality and population and development), with a humanitarian focus for the work on gender despite the fact that, in Palestine, the situation is so complex and fluid, that the development / humanitarian divide is relatively artificial.

In the aftermath of the Second Intifada in 2000, UNFPA's GBV programming was supported primarily by Norwegian funding, together with humanitarian funding from Australia and Canada. However, as the effects of the Intifada dissipated, development needs (again, a relatively artificial distinction, but one important to donors) became more pronounced and GBV support turned increasingly toward national and civil society capacity building.

In 2014, Danish funding supported UNFPA GBV programming across five countries under an umbrella regional programme of "Innovations to Eliminate GBV in Humanitarian Contexts". Under this umbrella regional funding, Palestine implemented the "Working Together to Stop Gender-Based Violence" from 1 May 2014 to 31 December 2016.⁴² The evaluation of this programme quotes the UN Organisation for Coordination of Humanitarian Affairs (OHCA) as saying "it was this Danish-funded project that had put GBV on the map in Palestine".⁴³

Key achievements of this project, as detailed within the final evaluation report, included:

- An improved national referral system, including the development of protocols for referral
- GBV as the fifth indicator under the second strategic objective of the National Health Policy 2017-2022
- Improved political will to address GBV within the Ministry of Health (MoH)
- Improved equipment for health facilities
- Establishment of five safe spaces based on the one-stop shop model
- Guidelines for GBV and Child Protection

⁴⁰ All descriptive information regarding the evolving work of UNFPA on GBV (and gender equality more broadly) emerged from interviews with the UNFPA Palestine team working on gender and GBV.

⁴¹ The Security Council adopted [resolution \(S/RES/1325\)](#) on women and peace and security on 31 October 2000. The resolution reaffirms the important role of women in the prevention and resolution of conflicts, peace negotiations, peace-building, peacekeeping, humanitarian response and in post-conflict reconstruction and stresses the importance of their equal participation and full involvement in all efforts for the maintenance and promotion of peace and security. Resolution 1325 urges all actors to increase the participation of women and incorporate gender perspectives in all United Nations peace and security efforts. It also calls on all parties to conflict to take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse, in situations of armed conflict. The resolution provides a number of important operational mandates, with implications for Member States and the entities of the United Nations system. - <http://www.un.org/womenwatch/osagi/wps/>.

⁴² UNFPA Final Evaluation Working Together to Stop Gender Based Violence Final Report, December 2016.

⁴³ Ibid.

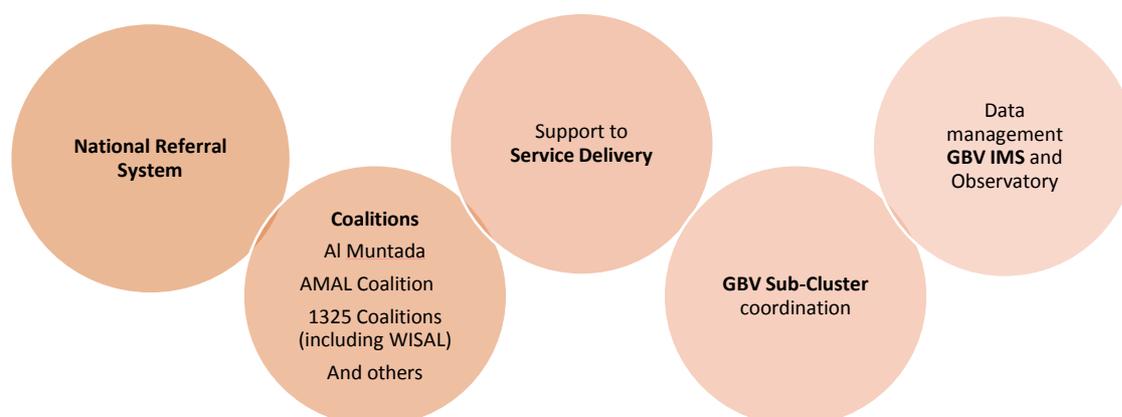
- Development of GBV Information Management System (GBVIMS)

Importantly, this Danish funding allowed UNFPA to expand the team working on gender and GBV, increasing from one staff member in 2013 to four staff in 2017, including a Junior Professional Officer (JPO). This expansion has, in turn, allowed UNFPA to leverage additional funding and further expand the GBV programme, with current funding in 2017 from Canada, Spain, and Denmark and future plans for UK and (continued) Canadian funding.

The additional funding has allowed UNFPA to increase GBV activities including supporting trainings (for, for example, Clusters) on the updated Inter Agency Standing Committee (IASC) guidelines on the integration of GBV interventions in humanitarian action (2015)⁴⁴ and on planning for the Clinical Management of Rape (CMR) training. Exchange visits for training with relevant line ministries and national partner staff have been undertaken to Jordan.

In addition, since the 2014 Gaza war, UNFPA has been investing in promoting and evolving the GBV Sub-Cluster (under the Protection Cluster). Prior to 2014, the GBV sub-working group sat under the development-orientated and UN Women-led Gender Task Force, and, during periods of crisis, would informally shift to the Protection Cluster. Now, it formally straddles both development support, remaining as a sub-working group under the Gender Task Force, and humanitarian response, as a sub-cluster under the OHCHR-led Protection Cluster (see Section 3.3 for more details).

The current portfolio of UNFPA GBV activities highlights five interacting components of support and interventions:



Under the business model of the current UNFPA Strategic Plan 2014-2017, Palestine is classified as a country that falls within the “yellow” quadrant with relatively higher ability to finance and lower need, and with corresponding limitations on the range of modes of engagement the country office should be using.

⁴⁴ The 2015 Guidelines for Integrating Gender-Based Violence in Humanitarian Action were revised from the 2005 version and can be found here - <http://gbvguidelines.org/en/home/>.

<i>Ability to finance</i>	<i>Need</i>			
	Highest	High	Medium	Low
Low	A/P, KM, CD, SD	A/P, KM, CD, SD	A/P, KM, CD	A/P, KM
Lower-middle	A/P, KM, CD, SD	A/P, KM, CD	A/P, KM	A/P
Upper-middle	A/P, KM, CD	A/P, KM	A/P	A/P*
High	A/P*	A/P*	A/P*	A/P*

A/P = Advocacy and policy dialogue/advice
 KM = Knowledge management

CD = Capacity development
 SD = Service delivery

* Physical presence only in select countries.

UNFPA Strategic Plan, 2014-2017

This means that, since 2014, UNFPA Palestine has been moving toward more “upstream” support to government and civil society via advocacy and policy dialogue/advice and knowledge management (the latter through IMS systems via the GBV Sub-Cluster and with national attempts at consolidating GBV data management through the new “Observatory”⁴⁵). Though Palestine has, on the aggregate, witnessed improved development indicators, deep pockets of inequality and rights violations persist with attendant needs that remain more “downstream”; ensuring alignment to both the UNFPA SP business model and the varied needs of the population (often masked by aggregate indicators) has been particularly challenging, underscoring the importance perhaps of reviewing/revising the business model (country office classification, modes of engagement, and the resource allocation system).

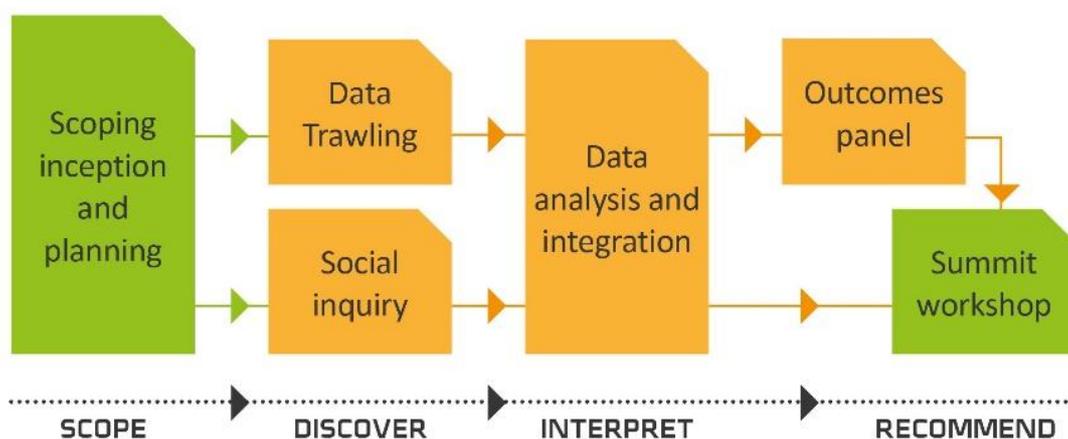
⁴⁵ This is a GBV information management system database being established by the Palestine Authority under the Ministry of Women’s Affairs.

2. Methods

Palestine is one of four countries chosen as an in country case study for the global thematic evaluation and is the only one with humanitarian context. As noted above, Palestine falls within the “yellow” quadrant of UNFPA classification and presents an opportunity to observe a range of development and humanitarian interventions. Although Palestine has relatively low expenditure, it has a relatively high ratio of core resources, providing an opportunity to better understand the implications of the UNFPA business model on GBV and HPs. Palestine is also a lower-middle income country with medium human development overall, which is consistent with the other shortlisted countries in the sample.

This case study is part of a global thematic evaluation that is framed by Collaborative Outcomes Reporting Technique (CORT) and complemented by a portfolio analysis. CORT is a participatory branch of contribution analysis comprised of four stages: 1) scoping (participatory theories of change mapping); 2) data trawling (desk review); 3) social enquiry; and 4) Outcome (expert) panels and summit workshop to validate the performance story.

Figure 1: The CORT process



Each case study is based on a mini-CORT process that includes a summit workshop with an extended reference group to support participatory analysis and interpretation of the performance story for UNFPA in a given context. Using participatory processes, the case studies seek to identify possible unintended effects (both positive and negative).

The case study was based on four lines of evidence:

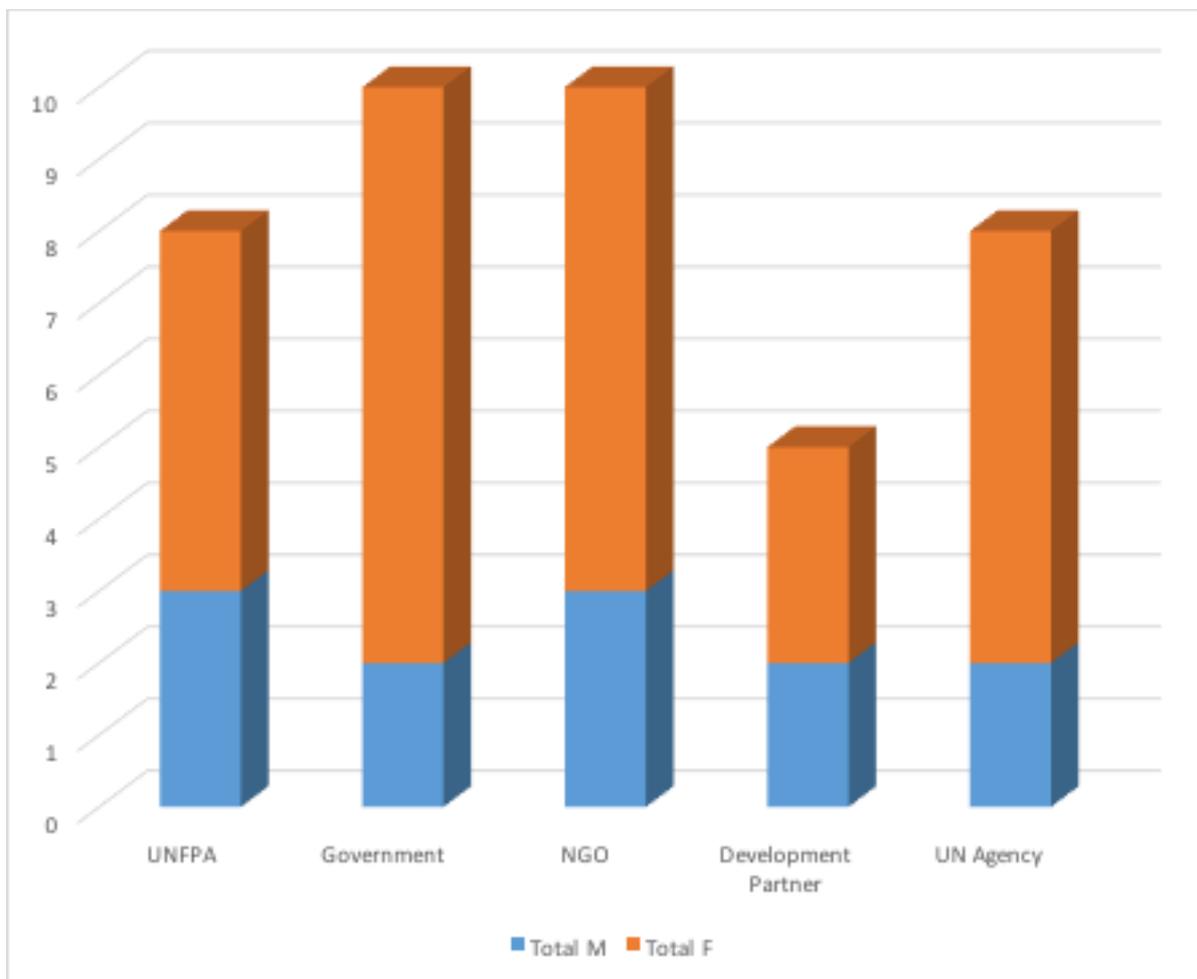
- East Jerusalem Interviews
 - UN Agencies and Development Partners
- West Bank Interviews
 - In Ramallah and Qalqilya – Government Partners, Development Partners, NGO Partners, and Civil Society
- Gaza Interviews
 - Government Partners, NGO Partners, and Civil Society
- Desk review of secondary evidence

The following sampling criteria for organizing the case study agenda were used and refined throughout the process:

- Coverage of all stakeholder groups, to the extent possible, across the West Bank and Gaza
- Coverage of the full range of support provided/types of interventions (i.e. service-based GBV approaches, support to coalition building and capacity of civil society organisations, coordination efforts etc.)
- Coverage of the major elements of the budget related to GBV and HPs
- Coverage of different sub-national contexts (e.g. West Bank, Gaza)
- Selection of site visits based on coverage (see above criteria) and positive deviance (i.e. opportunities to investigate what works) as permitted by security considerations

Overall, the case study consulted with **51 people, including 39 women and 12 men** from five different stakeholder groups (see diagram, below).

Figure 2: Numbers of consulted stakeholders



3. Findings

The following 15 findings are based on the evaluation matrix and the global theory of change presented in the Inception Report.

3.1 To what extent is UNFPA’s work on preventing, responding to and eradicating GBV/HPs – including UNFPA’s internal policies and operational methodologies – aligned with international human rights norms and standards, implemented with a human-rights-based approach, and addressing the priorities of stakeholders?

Key Findings:

- | | |
|------------|--|
| Finding 1: | UNFPA is seen nearly across the board to provide relevant and aligned support to the context <i>with the exception of addressing the occupation directly</i> . |
| Finding 2: | Some partners report decreasing participation in work-planning and addressing their full range of needs – coinciding with the classification of Palestine as a country in the “yellow” quadrant and the associated shift in modes of engagement to be aligned with the UNFPA Strategic Plan 2014-2017. |
| Finding 3: | The UNFPA quadrant classification does not work well for Palestine, with impacts on the ability to align to national needs. |
| Finding 4: | Generally high levels of inclusion and the use of a human rights based approach have been seen, although attention to disability has been limited. |

[Alignment of UNFPA interventions at global, regional and country level with international, regional and national policy frameworks including strategic plan outcomes](#)

UNFPA Palestine is aligned with international, regional, and national policy frameworks, including strategic plan outcomes.

UNFPA Palestine has a diverse range of partners able to address the three dimensions of work on GBV – prevention (for example, through women’s organisations, advocacy, civil society coalitions, and awareness raising); response (for example, through health partners providing a range of services to survivors, and through the support to the National Referral System); and elimination (for example, through work on shifting socio cultural attitudes and supporting line Ministries and aligning interventions with efforts to effect policies aimed at reducing, and ultimately eliminating, gender-based violence and harmful practices).

Most interviewed partners – across government and civil society – reported UNFPA interventions being relevant and aligned to **national policy frameworks and national priorities**. One line ministry reported that UNFPA support was able to “[help us] achieve our goals...[whilst remaining]...in line with their programmes and objectives”. UNFPA is primarily seen more as a partner than a donor.

However, partners across the board exhibited a general disenchantment with, and disconnect from, the UN system as whole due to the inability of UN technical agencies to directly address the occupation – seen as being a primary driver of all aspects of violence, including GBV, poverty, and harm. In relation to the 2016 16 days of activism on GBV, respondents reported UNFPA being “uncomfortable” supporting the theme which was on dignity and the right to return for Palestinian women. Another respondent said “it is not good for us to see UN agencies running away from the political issues” with a different informant also stating “UN agencies close their eye to the

occupation and this is not acceptable; the driver for GBV is the occupation...and UN agencies ignore this”.

It is important to note that (a) this is not a criticism levelled specifically against UNFPA, but a criticism of all UN agencies and the UN system in general, (b) it is clear that UNFPA and sister agencies have no authority over Security Council actions and no mandate to address what is, possibly, the most intractable political situation of the last fifty years, and (c) it has a specific impact on the advancement of GBV work. However, it is unclear to what degree partners consistently understand the difference between different organs of the United Nations system and therefore feel that if UNFPA are not addressing the occupation directly, then UNFPA are not addressing the main causes of GBV as framed within national frameworks and policies.

Additionally, the UNFPA classification of Palestine as a “yellow” country within the Global Strategic Plan 2014-2017 and the corresponding Palestine Country Programme 2015-2017, with the associated modes of engagement, has led to shifts in support. Whilst this shows **alignment with the UNFPA Strategic Plan (2014-2017)** it has potentially also impacted UNFPA’s ability to align fully with national needs, raising, for instance, criticism of decreased participation in work-planning and setting of objectives and activities:

“we had very minimal participation in the process...maybe because they [UNFPA] work at the regional and international level they have certain activities to be done and some fit in one country but not another...”

“before, in 2010 or 2012, we used to sit as partners and discuss together....recently we don’t have this opportunity to sit together”

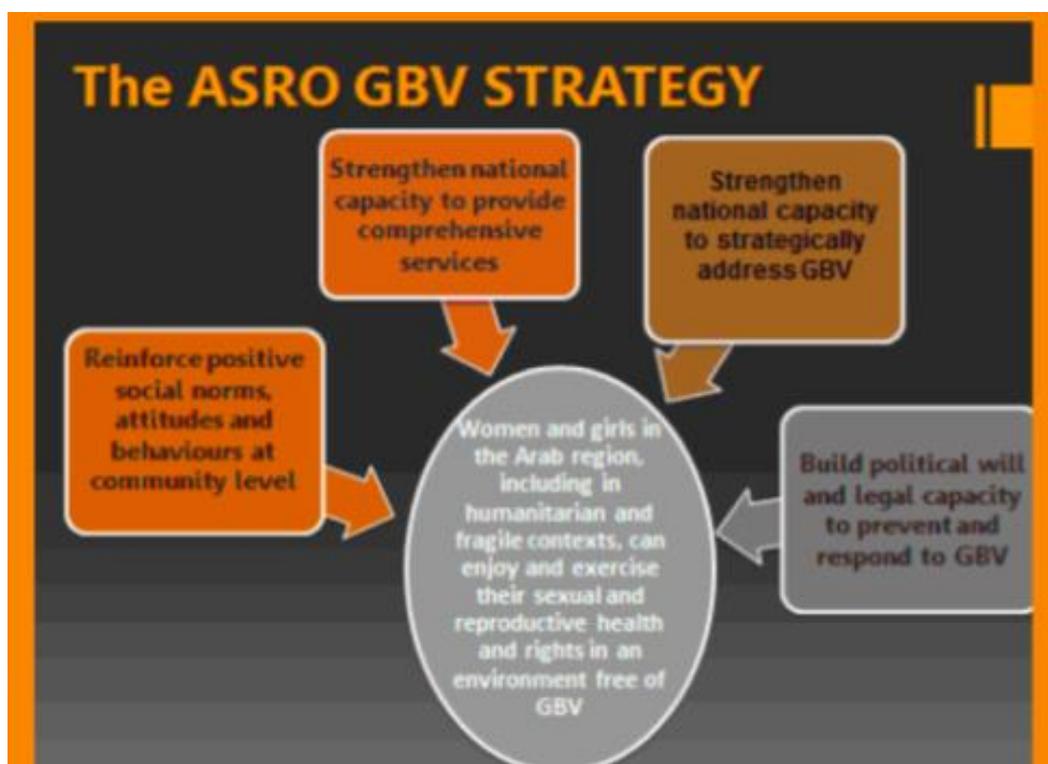
various key informant respondents

The timing would appear to coincide with the implementation of the UNFPA SP 2014-2017 and the categorization of Palestine as a “yellow” country with the attendant requirement of UNFPA Palestine to shift to more ‘upstream’ modes of engagement, although the timing also coincides with an increasing share of UNFPA’s work being funded by non-core funding with specific activities, outputs, and outcomes attached, rather than relying on core funding sources for GBV programming.

In relation to the quadrant classification, UNFPA Palestine is aligned with the UNFPA 2014-2017 Strategic Plan, even though it is considered to be a limitation, or restriction, which does not fully account for the vast differences across Palestine and the unique development-humanitarian context. Whilst it is understood that modes of engagement for humanitarian situations fall outside of the quadrant classification, the fluidity of the situation in Palestine and the complexity of the UNDAF, HRP, and UNRWA framing, mean that despite the overall middle-income indicators there remains pockets of development-defined populations who do not fall within the parameters of a “yellow” classification.

The overall Palestine GBV programme was relatively ad hoc and responsive – particularly to humanitarian shocks – before the regional Danish funding under “Innovations to Eliminate GBV in Humanitarian Contexts” was received and the “Working Together to Stop Gender-Based Violence” project was implemented in Palestine 2014-2016. This project has formed the foundation for the evolving GBV programme and the final evaluation of this project recognised a conformity with the global UNFPA Strategic Plan 2014-2017 (Outcome 3 on Gender Equality) whilst also aligning to the UNFPA Palestine CPD 2015-2017 (Outputs 1 and 2) and being “anchored” in the Humanitarian Response Plan. That evaluation also found UNFPA’s work on GBV to be “pertinent” to UNDAF and the Palestine National Development Plan, and aligned with the National Strategy to Combat Violence Against Women 2011-2019 and the Cross-Sectoral National Gender Strategy 2011-2013.

There is also an alignment with the UNFPA Arab States **Regional Strategy** on GBV 2014-2017 in terms of recognising the four pillars within the regional strategy and ensuring that activities within Palestine are aligned across the pillars:



Many of the Palestine interventions cross multiple pillars of the regional strategy.

Regional Strategy	Palestine
Pillar One: Reinforce positive social norms and attitudes and behaviours at community level	<ul style="list-style-type: none"> Support to forming and functioning of coalitions in GBV; the al-Muntada Coalition of civil society organisations working on GBV in West Bank and the AMAL Coalition of civil society organisations working on GBV in the Gaza Strip Working with community leaders and building capacity of Imams and community leaders to discuss early marriage and GBV Plan for a new “Brave Man Diary” documentary with the Ministry of Education (MoE) and a new reality TV show addressing gender equality issues
Pillar Two: Strengthen national capacity to provide comprehensive services	<ul style="list-style-type: none"> National Referral System
Pillar Three: Strengthen national capacity to strategically address GBV	<ul style="list-style-type: none"> Support to coalitions (al-Muntada, AMAL,

	and 1325 coalitions)
Pillar Four: Build political will and legal capacity to prevent and respond to GBV	<ul style="list-style-type: none"> • National Referral System • GBV Sub-cluster leadership (building will and capacity for GBV mainstreaming through clusters)

UNFPA interventions based on comprehensive situation analyses of affected populations in development and humanitarian contexts

UNFPA interventions are based on a comprehensive understanding of the unique development-humanitarian situation within Palestine.

As referenced, the Palestine context is one of complexity and fluidity across the development-humanitarian continuum, with both a protracted Occupation-defined crisis, and threats and shocks which can come suddenly, such as “Operation Protective Edge”, the 2014 Gaza conflict. Under the UNDAF / HRP split the UNDAF contains UN and internationally-supported interventions responding to “one or more of the national sector strategies” and the HRP responds to the protracted emergency – such as in the Gaza Strip and across Israeli-administered areas of West Bank – and ad-hoc flare-ups of hostilities.⁴⁶

Notwithstanding the complexities, most partners and documentary evidence show that UNFPA’s interventions are based on a comprehensive analysis of the affected populations across the diverse areas within Palestine and are targeted to addressing the specific needs of communities in specific areas. All partners believed that UNFPA support and programming was undertaken with a human-rights based approach (HRBA), barring, as mentioned above, addressing the occupation (a key underlying driver of GBV).

The integration of disability within programming was however raised as an area that could be strengthened, with one health clinic visited by the evaluation team not showing a high level of understanding of specific needs of GBV services for women with disabilities – particularly in relation to providing services to women with mental disabilities. However, a different health clinic visited in the Gaza Strip provided a much more nuanced understanding, with an additional partner with a special focus on women with disabilities recently sub-contracted as a sub-grantee. Therefore there appears to be an increasing understanding of disability inclusion issues within UNFPA programming and, as such, a strengthened HRBA to programming.

UNFPA interventions are based on gender analysis and address underlying causes of GBV and HPs through non-discrimination, participation, and accountability

UNFPA does not address the occupation which for some, is, if not an underlying cause, a strong contributory driver for GBV and HPs. UNFPA’s work on prevention is perceived as less visible than the work on response. However, UNFPA’s support to civil society organisations addresses underlying causes of GBV and HPs.

In addition to the specific complexities of the political situation in Palestine, there exist socio-cultural norms across societies that perpetuate GBV, and, as a result, taking aside the occupation and its

⁴⁶ UNFPA and Protection Cluster, GBV Mapping Report, 2016.

impact on GBV, GBV would still exist as a multi-dimensional practice within the context and should be addressed as such.

Some line ministries and civil society organisations questioned the balance between UNFPA's support to response and prevention, seeing a majority of UNFPA's visible portfolio support leaning more towards response – support to the national referral system, support to service delivery, and data management both through and outside of the GBV Sub-Cluster.

Work on prevention and addressing root causes was considered to be less visible, although the coalitions established by and supported by UNFPA – al-Muntada, AMAL, and the 1325 coalitions – have been addressing root causes through working to shift social norms and increasing women's participation in political and social spheres. A donor reported that UNFPA is uniquely placed among UN agencies (due, inter alia, to strong partnerships across stakeholder groups) to support the work to advance shifts in social cultural attitudes, a central underlying cause, changes in which are critical to eliminating GBV.

There was also a sense that UNFPA's support is more practical than strategic – a perspective partially fuelled by the lack of addressing the occupation head-on (as referenced previously) and partially due to UNFPA having a large diversity of partners resulting in all partners receiving relatively small funding allocations (to be discussed in Section 3.3).

In regard to child marriage, there is a sense that more could be done. Palestine child marriage statistics are not high compared to the region or even globally (1% marry under 15 and 15% marry under 18)⁴⁷ but one line ministry spoke to a lack of agreement between ministries and relevant UN agencies (UNFPA, UNICEF, and UN Women) on priority actions to be taken to address child marriage.

One civil society organisation (CSO) interestingly highlighted the relationship between male school drop-out and early marriage. More specifically, it was shared that boys dropping out of school early and going to work in Israeli settlements, were seen culturally as being in a position to marry. Family and community pressure to marry was present, with girls that were younger than the boys themselves chosen as brides. The CSO reportedly raised the issue many times with the Ministry of Labour and the Ministry of Education, neither of whom committed to any action.⁴⁸

Generally, there is a sense that more could be done to prevent early marriage (response services are available for high levels of divorce of marriages including young brides). The new joint UNFPA-UNICEF *"Innovations to Eliminate Gender-Based Violence in Palestine"* proposal includes a component on child marriage under Output 3.2:

"Support the development and implementation of the Communication for Behaviour Impact (COMBI) Plan for decreasing GBV, including child marriage, in Palestine based on the regional experience, and the results of UNICEF analysis on child marriage, which will be available soon"⁴⁹

3.2 To what extent is UNFPA programming on GBV/HPs systematically using the best available evidence to design the most effective combination of interventions to address the greatest need and leverage the greatest change?

⁴⁷ UNICEF, State of the World's Children Report, 2016.

⁴⁸ Noting that early marriage must be tackled through changing legislation at the level of the Palestinian Authority before the respective line ministries can genuinely address the issue.

⁴⁹ UNFPA / UNICEF Proposal, *"Innovations to Eliminate Gender-Based Violence in Palestine"*, 2016.

Key Findings:

- Finding 5: UNFPA are uniquely placed to lead on GBV in Palestine due to comparative advantages around multi-sectoral approaches, being an organisation straddling the development-humanitarian divide, and leading on the GBV Sub-Cluster.
- Finding 6: UNFPA GBV programming in Palestine has consistently been based on an in-depth understanding of causal chain and effect of activities and outcomes.

UNFPA interventions are aligned with its comparative strengths across settings informed by a robust mapping of other in-country stakeholders and support including at subnational level or in areas/populations at risk.

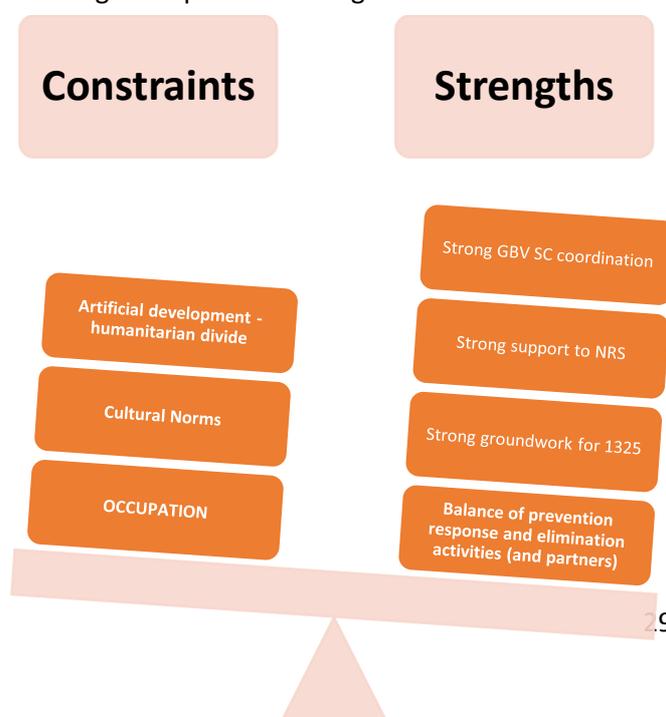
UNFPA’s interventions are broadly aligned with its comparative strengths.

What can UNFPA do / what is UNFPA doing?	Who else can do this?	What is different about UNFPA?
Supporting MoWA for NRS	UN Women	A multi-sectoral approach with a variety of partners
Supporting response services	WHO / Health Cluster	A multi-sectoral approach with a variety of partners
Linkages with SRH and PD		UNFPA uniquely placed given mandate and skills
Convening role for civil society	UNDP / UN Women	Strong foundation with support to al-Muntada / AMAL / 1325 coalitions
GBV Sub-Cluster Coordination role across UN, NGOs, Government and Civil Society		UNFPA global responsibility for leading on GBV Area of Responsibility (AoR)

UNFPA’s GBV work in Palestine has consistently been driven by bringing together gender as an analytical lens and GBV and examining power relations and patriarchy. UN Women have consistently worked on gender and have increasingly incorporated GBV into their (development-only) programming.

UNFPA are uniquely placed as the lead UN Agency taking multi-sectoral approaches to GBV across prevention, response, and elimination through engaging with different partners across West Bank, the Gaza Strip, and East Jerusalem, and across both development and humanitarian contexts. These three components together provide UNFPA with a high comparative strength in GBV interventions in Palestine. As referenced above, UNFPA is also seen as adding specific value (among UN agencies) and particularly strong in supporting shifts in (patriarchal) sociocultural norms vis-à-vis GBV.

In addition, UNFPA leadership of the GBV Sub-Cluster – and the recent UNFPA sole leadership of the GBV Area of Responsibility (AoR) at global level – provide the basis for consolidating UNFPA’s comparative advantage. The Palestine GBV Sub-Cluster is unique (globally) in that it



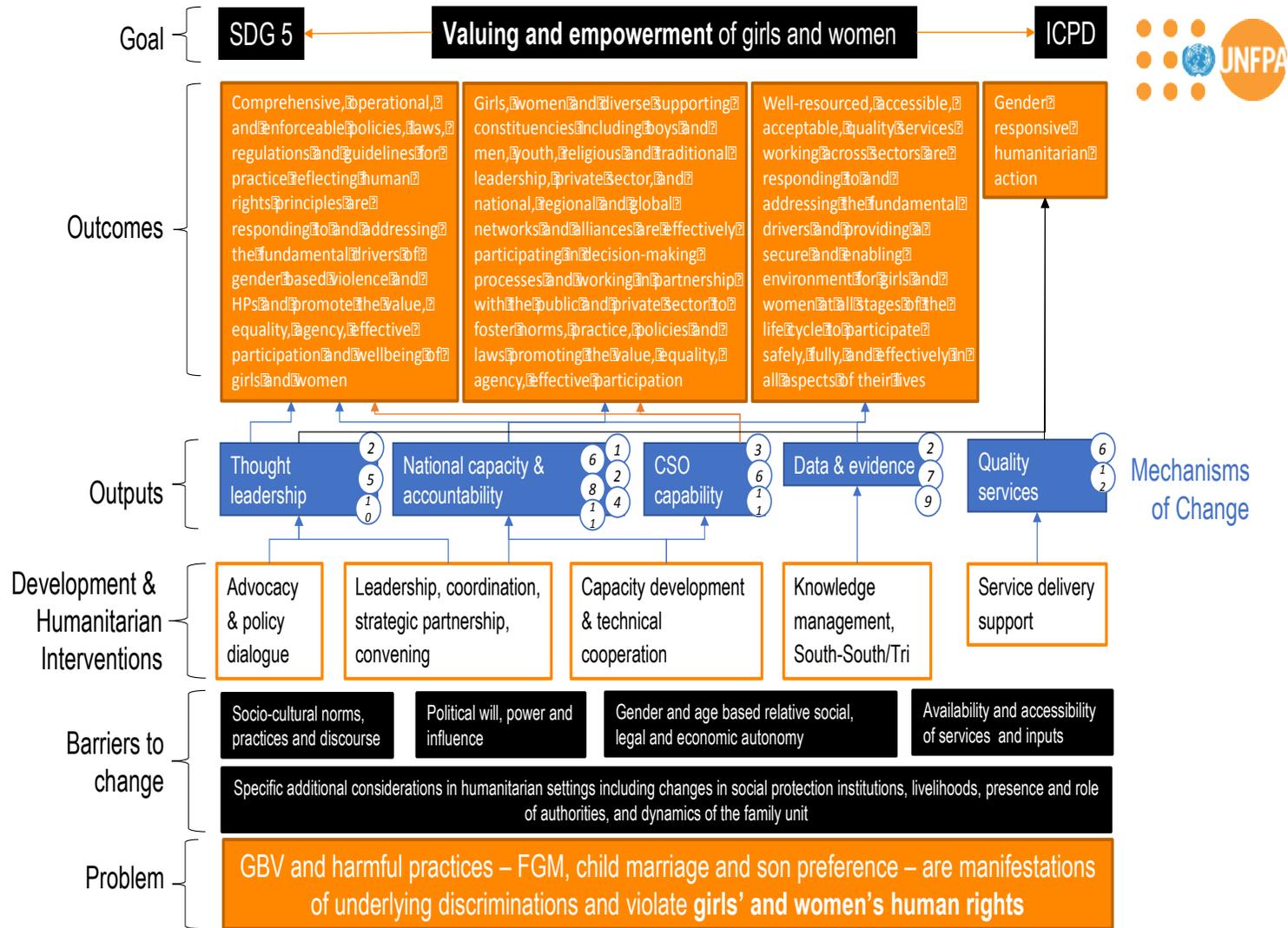
straddles both humanitarian and development spheres, sitting as a sub-cluster under the OHCHR-led Protection Cluster, and as a sub-working group under the UN Women-led Gender Task Force.

UNFPA interventions based on coherent and robust theories of change which can adapt to rapidly shifting situations and contexts

There is no specific overarching written Theory of Change (ToC) for the overall GBV programme in Palestine.

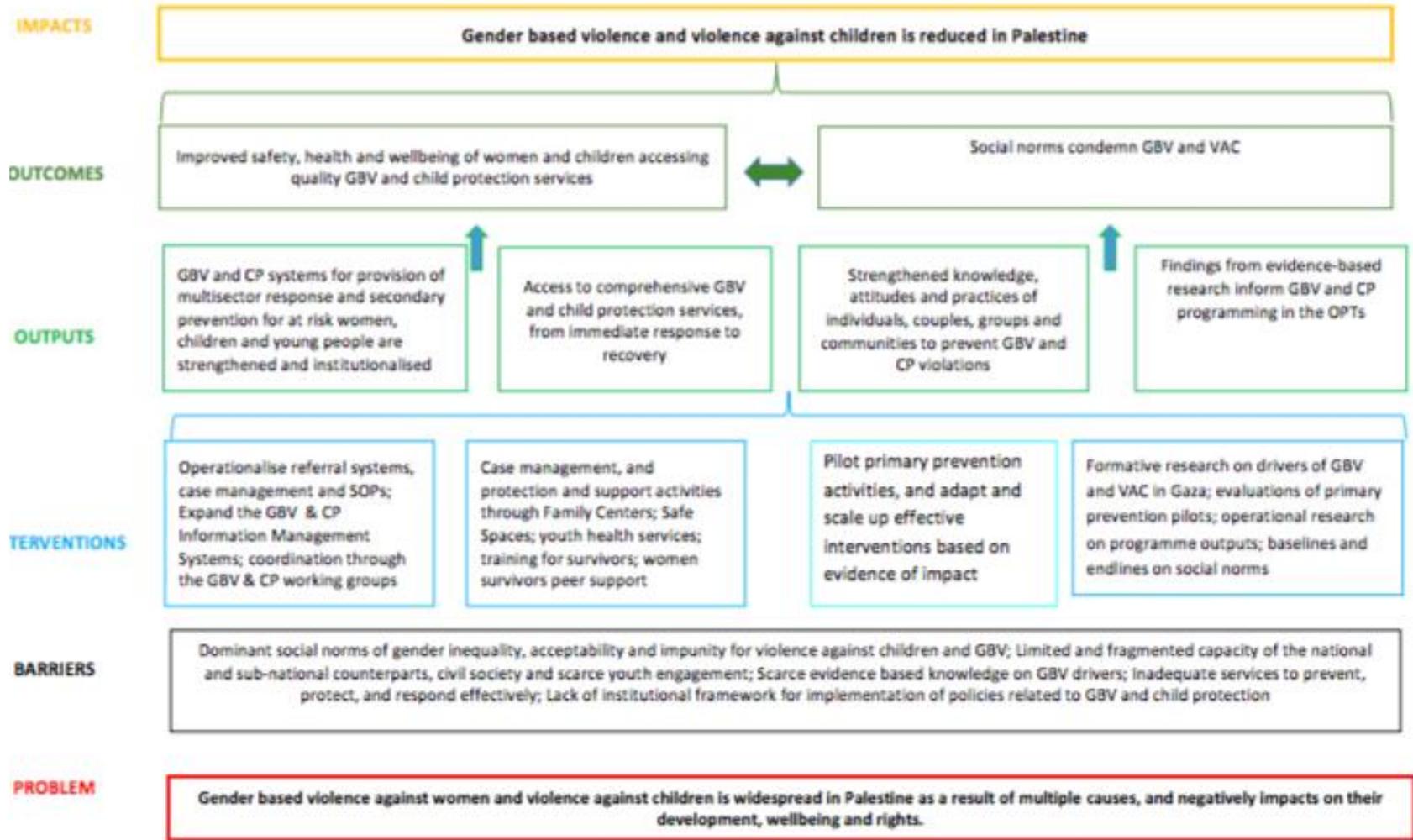
However, UNFPA Palestine interventions have been built on a strong understanding of context and logical causal chain effects. The new UNFPA-UNICEF *“Innovations to Eliminate Gender-Based Violence in Palestine”* proposal process included a two-day workshop in which a Palestine-specific ToC for GBV was developed. This can be compared below to the Global ToC.

Global Theory of Change



Palestine Theory of Change for GBV Programming⁵⁰

⁵⁰ Developed as part of the proposal process for the anticipated UNFPA / UNICEF Project “*Innovations to Eliminate Gender-Based Violence in Palestine*”, 2016.



The Palestine *“Innovations to Eliminate Gender-Based Violence in Palestine”* ToC and the Global ToC have a number of similarities, but equally, some differences. The two theories of change diverge upwards, with problem statements and barriers naturally being more convergent than interventions, outputs, outcomes, or goals.

Both problem statements highlight the impact of GBV on the rights of women and girls, with the Global ToC problem statement articulating GBV as “manifestations of underlying discriminations” and the Palestine specific *“Innovations to Eliminate Gender-Based Violence in Palestine”* ToC referencing “multiple causes”.

Barriers highlighted in the two respective theories of change are similar, although Palestine has additional barriers that **could be considered for the global ToC**, namely:

- Acceptability of and impunity for GBV
- Limited and fragmented government and civil society capacity
- Lack of evidence on drivers

Global ToC Barriers		Palestine DFOD ToC Barriers
Socio-cultural norms	Specific additional humanitarian considerations in	Dominant social norms of gender equality
Political will		Lack of institutional framework
Gender and age-based relative social, legal, and economic autonomy		
Availability and accessibility of services		Inadequate services
		Acceptability and impunity for GBV
		Limited and fragmented capacity of government and civil society
		Lack of evidence on drivers

Interventions for the Global ToC include advocacy, coordination and convening, capacity development, knowledge management, and Service Delivery Support. Interventions for the Palestine *“Innovations to Eliminate Gender-Based Violence in Palestine”* ToC are more specific and programmatic focused; operationalisation of systems, case management, primary prevention activities piloting and scale up, and formative research.

Outputs differ quite significantly with the Global ToC having very high level outputs across five core areas (thought leadership, national capacity, civil society capacity, data and evidence, and services) leading to three core outcomes (comprehensive policies and laws, girls and women participating in decision-making processes, and availability of quality services).

The Palestine *“Innovations to Eliminate Gender-Based Violence in Palestine”* ToC has more specific outputs across the areas of:

- Systems
- Services
- Knowledge, attitude, and practices, and
- Research

These outputs link broadly to two main outcomes of services and social norms (which can be linked to response and prevention programming, respectively).

Further evolution of ToC for Palestine, as emerged from this CORT evaluation process, would include:⁵¹

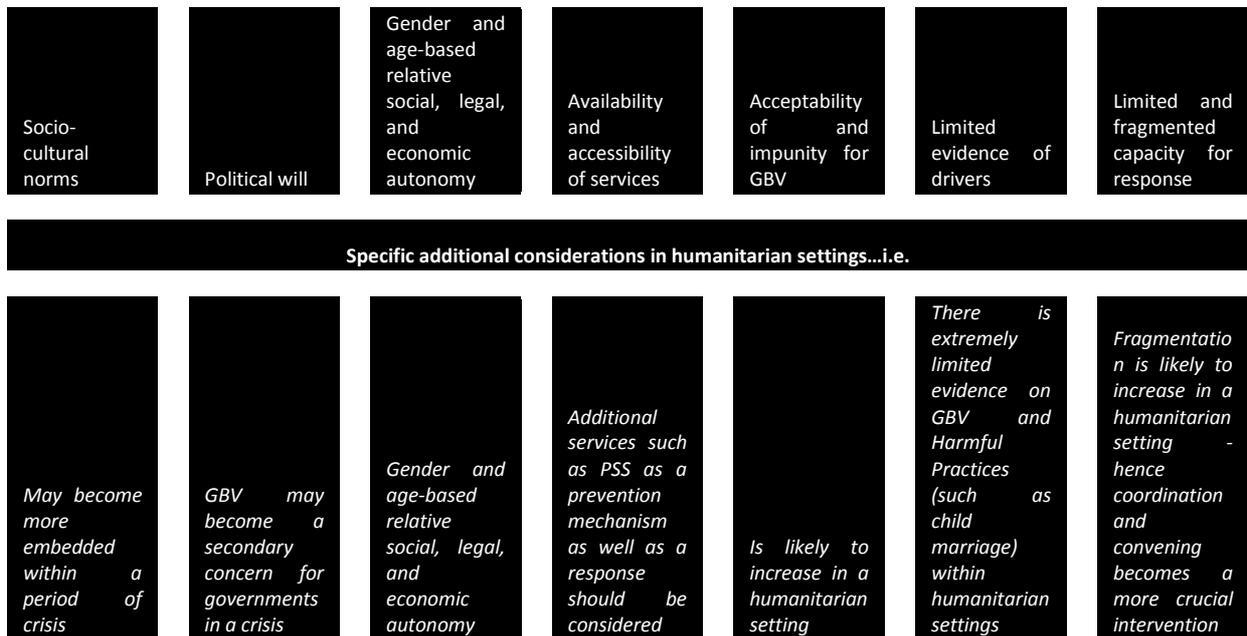
- Problem Statement:
 - To explicitly state underlying causes and contributing factors such as occupation, patriarchal social norms and attitudes, and gender inequality.
 - To note that these systems of intersecting oppression are themselves a form of violence.
- Barriers
 - To expand the concept of the family unit (noted in the Global ToC within an overarching “humanitarian barrier” box) to include family dynamics and other relations and to separate this as a specific stand-alone barrier.
 - The Humanitarian barrier box in the Global ToC should, for specific contexts such as the Palestine occupation-induced protracted emergency, include all barriers that normally exist *and* how the humanitarian situation has reshaped / exacerbated these barriers.
 - The Age and Gender barrier box could be expanded to include other factors of identity, particularly marital status. In Palestine evidence generally suggests that GBV is higher for married women (particularly as domestic violence and intimate partner violence are so for married women) and age of marriage also impacts on vulnerability.
 - Availability and Accessibility of Services barrier box could include a reflection on the lack of legislation and policies to guarantee the safety of service providers offering GBV services.
- Interventions
 - Male engagement should be included, as this is a key strategy for UNFPA Palestine in terms of shifting cultural norms.
- Outputs
 - “Acceptable” should be added to the quality service output.
- Goal
 - The goal should be broader than SDG 5, to include CEDAW and relevant Security Council Resolutions such as 1325.
- Overall
 - To portray “humanitarian” as both a protracted occupation-induced crisis, with ad hoc rapid-onset escalations of hostilities, and the different effects that these two distinct humanitarian contexts have across all barriers, strategies, outputs, outcomes and ability to move consistently and without regress towards the goal.

Considerations for the Global ToC would be:

- To consider the additional barriers highlighted within the Palestine “*Innovations to Eliminate Gender-Based Violence in Palestine*” ToC (acceptability of, and impunity for, GBV; limited and fragmented government and civil society capacity, and lack of evidence on drivers).

⁵¹ The CORT evaluation process promoted a reflection on the global ToC both for the Palestine context and more broadly for considerations for a second iteration of the global framing.

- To consider reinforcing the underlying and all-encompassing box of (“additional specific considerations in humanitarian settings”) by providing an extra comment in each of the other barrier boxes to highlight humanitarian threats. For example:



- Additionally, to ensure that the Global ToC recognises different humanitarian contexts (rapid onset, acute, chronic, cyclical, and prolonged – natural disaster and conflict, for example) and that Country-Specific Humanitarian theories of change recognise all the normal existing barriers *and* how the humanitarian context has reshaped or exacerbated those barriers. For example, in Palestine quality services will include PSS as both a GBV prevention and response strategy: and, more broadly, a package of response services should be seen within a loop of prevention, response, and ‘building back better’ with response as a means of building resilience and increasing future prevention.
- The “limited and fragmented capacity for response” barrier, which is likely to significantly worsen within a humanitarian situation, should be explicitly linked to the coordination intervention strategy, and, where possible, how UNFPA can link development and humanitarian coordination functions to as a thought leader working across the development-humanitarian continuum.

3.3 To what extent did UNFPA’s international leadership, coordination, and systems enable sufficient resources⁵² to be made available in a timely manner to achieve planned results?

Key Findings:	
Finding 7:	Lack of vertical coordination is critical in Palestine across the board and this presents both a challenge and an opportunity to UNFPA in relation to GBV leadership and coordination.
Finding 8:	The leadership of the GBV Sub-Cluster has increased UNFPA visibility in GBV leadership overall and the Sub-Cluster plays a critical role in GBV prevention, response, and information management in Palestine.

⁵² Financial, human, time, management and administrative.

UNFPA support is sustained to GBV and specific HPs across strategic plan periods at the global, regional and country level

UNFPA support has fluctuated over time and support is spread over a number of different partners.

Partners reported relatively sustained support across the years from UNFPA with standard criticisms of funding fluctuating (increasing and decreasing) over time. Funding priorities for UNFPA have, in part, shifted in line with donor requirements (under non-core funding) rather than core funding and with the yellow quadrant classification of the country. Indeed, the projectisation of GBV work and lack of core funds, together with one-year Annual Work Plans (AWPs), make planning and staff retention extremely difficult for partners. It is clear that GBV issues are not resolved within a one-year funding contract and partners felt that without committed, sustained, predictable multi-year support their interventions were unlikely to have significant impact. UNFPA itself also faces challenges in securing predictable, multi-year, core funding required to sustainably address GBV over time – compounding challenges with partners (who feel the “trickle down” effect of this).

Furthermore, with the diversity of partners UNFPA Palestine works with, each partner receives relatively limited funding. Some line Ministries suggested this funding was not in line with what they would expect from a UN Agency and that “what we are doing with UNFPA is not at a strategic or policy level...they are small interventions...it is not the concrete assistance we are expecting from UNFPA”.⁵³

Some partners reported UNFPA support that was discontinued, for example, the launching of a network of media institutions and female journalists which enjoyed UNFPA funding for the establishment and launch but no further support was provided, or the establishment of a youth centre, which has, in effect, been shuttered as UNFPA’s range of support diminished. However, other partners reported that when UNFPA discontinued supporting initiatives, the exit was planned. UNFPA stopped supporting the MoH youth centre in Hebron, for example, following numerous conversations with the MoH with regard to the sustainability of UNFPA continuing to fund salaries and planning with MoH for a hand-over of this resource-responsibility. Another example is UNFPA supporting the MoWA to develop the (West Bank) Strategic Framework for 1325, which was then coordinated with and ‘handed over to’ UN Women who, together with others, built on this and supported the MoWA to implement the National Action Plan for 1325.

Partners expressed concern that they were unaware of the ‘bigger picture’ of UNFPA’s portfolio of work or range of partnerships. As expressed by one partner, “we don’t know the whole picture these last three years, we don’t know what other partners or Ministries are implementing [together with UNFPA], we are given a limited plan”.⁵⁴ However, evidence is available of convening all partners to discuss the ‘bigger picture’ – for example, the UNFPA Gender Evaluation Workshop Report November 2016 which brought a range of partners together to discuss the overall framing of UNFPA’s 2014-2016 GBV interventions and plan for the next phase.

UNFPA provides leadership on sexual and reproductive rights, health and gender equality within international, regional and national fora (including UN coordination)

⁵³ Line ministry partner.

⁵⁴ Civil society partner.

UNFPA is considered as a GBV leader across both development and humanitarian contexts in Palestine – this is particularly due to UNFPA's coordination function of the GBV Sub-Cluster / Working Group.

Partners mainly understood UNFPA to be a leader in the field of GBV, with an OCHA key informant reportedly stating that the UNFPA Danish-funded GBV project 2014-2016 “put GBV on the map in Palestine”.⁵⁵ Donors consulted within the evaluation highlighted either by response or by continued funding commitments UNFPA’s leadership within GBV, with one donor, for example, noting that “UNFPA is a leader on GBV and uniquely well-placed to advance this work given...their strong and varied partnerships across stakeholder groups”. Civil society partners highlighted UNFPA’s convening role, for example, reporting that “they advised us to come [to join a coalition]”.⁵⁶

A major issue arising from all key informants – partners, other UN agencies, and donors – related to an **overall lack of vertical coordination**:

“The first thing that really struck me when I arrived here is the number of horizontal coordination mechanisms and the lack of vertical coordination.”⁵⁷

This referenced the fact that there are numerous coordination mechanisms at grass roots level, and between UN Agencies, as well as between donors, but a lack of coordination then existing to connect these different groups of actors. This is not a specific criticism of UNFPA as it encompasses the whole national spectre of line ministries, UN Agencies, NGOs, and donors in relation to a number of different horizontal coordination mechanisms on GBV in place but limited connections between these mechanism. At the highest level, this can be viewed within the prism of a Palestine-level international assistance strategy strictly divided between UNRWA, an UNDAF, and an HRP. This division then feeds into the macro, national-level development assistance and humanitarian aid architecture: for example, there is an EU donor gender task force, separate to, and not adequately communicating with, the UN Women-led Gender Task Force.

It is then reflected at the grass-roots level with a number of different and overlapping coalitions in existence. Additionally, it impacts dramatically on knowledge management and data management with a variety of different databases and standard operating procedure (SoPs) being used, making an overall evidence-based assessment of GBV all but impossible. One respondent reported that “[w]e should investigate where the problem [is] but there is a problem between UN Women, UNFPA and the Italian cooperation as they all do the same work and they all want to work on [the] referral system or training”⁵⁸ and whilst there is clear evidence of coordination between UNFPA and UN Women, for example, in coordinating around the 1325 Strategic Framework and National Action Plan, it is less clear how donors are coordinating various activities they are funding. The Italian Cooperation support GBV initiatives both multilaterally (currently through UN Women but with a proposed agreement with UNFPA) and bilaterally, funding CSOs and local-level municipalities directly. Specifically, the Italian Cooperation directly fund Women’s Empowerment Centres (Tawasol Centres) across all 11 governorates in West Bank and with one due to open in the Gaza Strip in 2018 and it would appear that some of these activities overlap with activities of UNFPA partners.⁵⁹

⁵⁵ UNFPA, Final External Evaluation of “Working Together to Stop Gender Based Violence”, December 2016.

⁵⁶ Civil society partner.

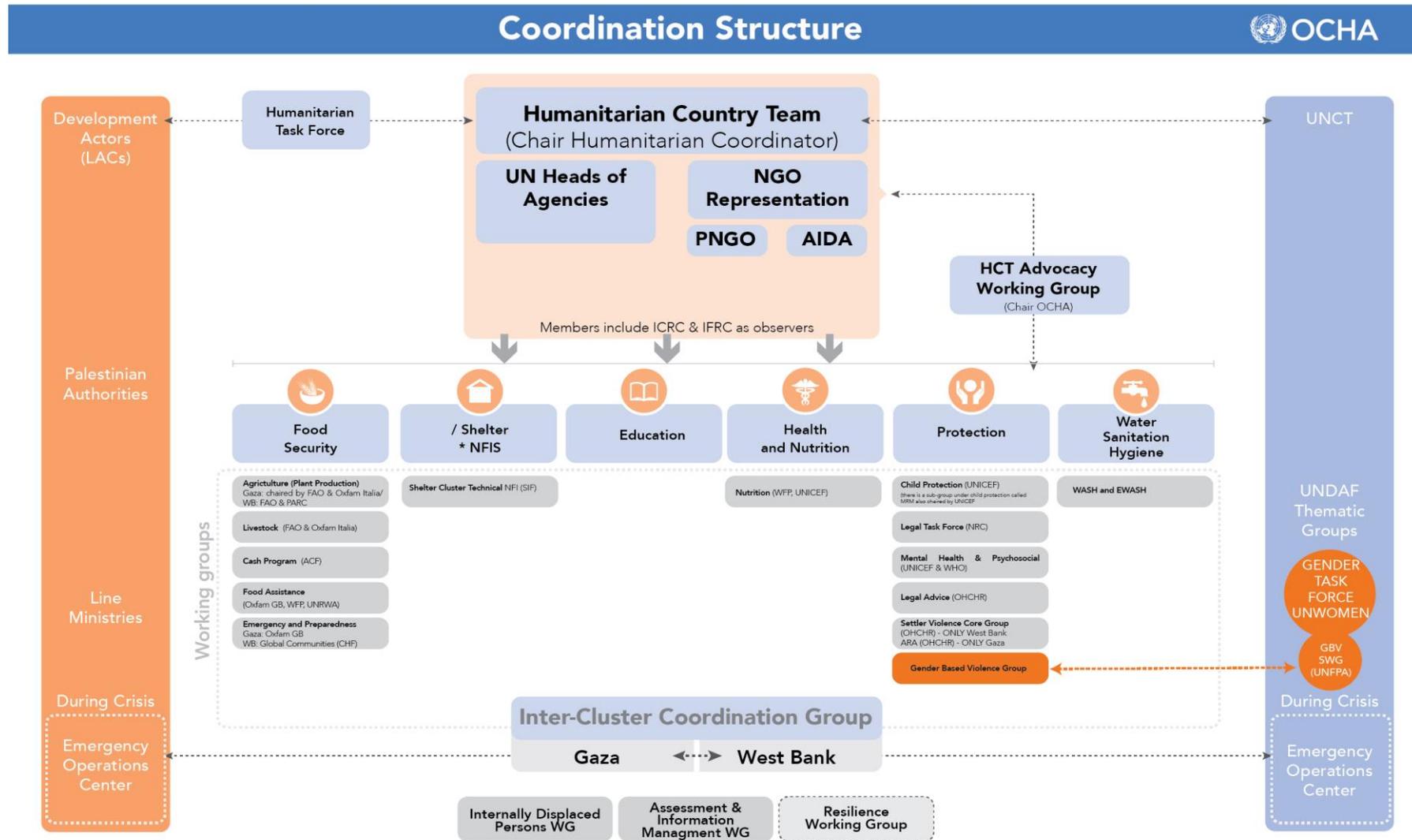
⁵⁷ Donor partner.

⁵⁸ Ibid.

⁵⁹ Noting that needs are excessive in Palestine and therefore having multiple access points for women and girls is in itself not negative; however, the lack of coordination across the modalities of support from different actors has been highlighted as a clear issue.

A significant achievement in relation to UNFPA leadership is **GBV Sub-Cluster Coordination**. The history of the GBV Sub-Cluster has been unusual: prior to 2014, the GBV sub-working group sat under the development-orientated and UN Women-led Gender Task Force, and, during periods of crisis, would informally shift to the Protection Cluster. Partners started to look to the GBV Sub-Working Group for both development and humanitarian leadership, and in the aftermath of the 2014 Gaza war, it became clear that the GBV Sub-Working Group should relocate to within the humanitarian cluster architecture. However, it remains unusual in that the Sub-Cluster / Sub-Working Group now straddles the development-humanitarian divide by being both a Sub-Cluster under the OCHA-led Protection Cluster within the humanitarian architecture, working under the framing of the HRP and also a Sub-Working Group under the UN Women-led Gender Task Force, under the framing of UNDAF.

OCHA Palestine Coordination Structure



*Members include ICRC & IFRC as observers

There has been an ongoing discussion around terminology and currently there is confusion as to whether the GBV Sub-Cluster under the Protection Cluster is a Sub-Cluster or a Sub-Working Group. It should be noted that there are specific responsibilities and accountabilities – and therefore authorities – afforded to Sub-Clusters under global cluster guidance that are not afforded to working-groups.⁶⁰ There has been some push-back from OHCHR, both around designations (and therefore roles and responsibilities as relates to global architecture) of the Sub-Cluster, and around how GBV information is or is not collected and how this feeds into an evidence-based Humanitarian Needs Overview (HRO) and Humanitarian Response Plan (HRP). UNFPA’s leadership of the GBV Sub-Cluster (and of the GBV AoR at global level) is crucial to ensure all humanitarian actors, including the Protection Cluster itself, recognise the specificities of GBV evidence and collection and allow for this uniqueness in ensuring that GBV is fully and appropriately recognised in HRP allocations.

There are currently approximately 65 partners in the sub-cluster / sub-working group. This group provides one of the few forums which cross civil society, NGOs, UN Agencies, donors and government line ministries, and straddles the development-humanitarian divide. Partners have consistently reported that it is an important forum for coordination, well-supported by UNFPA. In 2016 the GBV Sub-Cluster introduced the GBV IMS. As many partners do not distinguish between development and humanitarian, the fledging IMS is capturing GBV incidences across the spectrum.

UNFPA systems and structures support economy, efficiency, timeliness and cost effectiveness

Partners consider UNFPA systems, structures – *and staff*⁶¹ – to be mostly efficient and effective.

There were few criticisms of UNFPA systems apart from the standard criticism of one-year work plans that do not promote or facilitate genuine impact and leave partners and their staff in precarious positions in terms of organisational activities and personal job security – and moving the work on GBV forward in a sustainable manner.

With the exception of this standard critique (across all UN agencies) partners felt that UNFPA systems, structures *and* staff promoted genuine partnership (“we don’t feel them [UNFPA] as a donor but as a partner”)⁶² and efficiency of working, being “collaborative and flexible”.⁶³ Partners reported being able to make changes through an email or telephone call with the UNFPA team working on GBV, and not having to complete a myriad of forms for minor project changes to occur. One respondent commented “we get too little amount of support [from UNFPA] but the procedures are excellent”.⁶⁴

Partners also reported that UNFPA was a very ‘attentive’ donor and this was seen to be both a strength and, at times, a challenge of micro-management:

“it is a good thing that they consider themselves a partner, influencing the implementation and ideas and so on”

⁶⁰ The 2015 Cluster Coordination Reference Module, p.5: “The Global Protection Cluster includes subsidiary coordination bodies called Areas of Responsibility (AoRs), which may be replicated at field level as required (as sub-clusters). These sub-clusters have designated lead agencies which have equivalent responsibilities to cluster lead agencies in their area of responsibility. Thus, much of the guidance in this reference module also applies to AoRs present in the context.”

⁶¹ The Evaluation Question includes only systems and structures, but the Palestine case study data collection included responses on systems, structures, and staff.

⁶² Civil society partner.

⁶³ Line Ministry partner.

⁶⁴ Ibid.

“They do not interfere directly with our work but they do not ignore things...they do a lot of visits and follow-up...they are very good at follow-up”

“They are responsive, sometimes they interfere a lot”

“They are asking too much, but they say they are partners.”

variety of key informant responses

Another issue raised by many partners was the lack of clarity and transparency on funding cycles and partner selection. However, overall, most partners were satisfied with UNFPA’s systems, structures, and staff.

3.4 To what extent has UNFPA leveraged strategic partnerships to prevent, respond to and eliminate GBV, including support to the institutionalization of programmes to engage men and boys in addressing GBV-related issues?

Key Findings:

Finding 9: The diversity of partnerships, across government, health organisations, and women’s rights organisations works well and is itself strategic; however, partners themselves each receive limited funding and do not all feel that their UNFPA-supported work is strategic.

Diverse and inclusive partnerships engaged through well-governed and accountable partnerships that offer mutual benefits, including with civil society and men and boys

UNFPA have a broad diversity of partners across government and civil society and across women’s rights organisations and health organisations, resulting in a comprehensive set of interventions covering prevention, response, and elimination.

UNFPA have a diversity of partnerships across government line ministries, health service organisations (such as the Palestinian Medical Relief Society - PMRS) for response interventions, and women’s rights organisations (such as MIFTAH) for prevention and advocacy responses. Different partners are necessary for the Gaza Strip and West Bank (for example, the Red Crescent Society (RCS) working in the Gaza Strip and PMRS working in West Bank).

UNFPA’s most visible GBV portfolio includes five components which can be seen to contribute to elimination, prevention, and response:

- Support to the National Referral System (response)
- Support to coalition building (prevention and elimination)
- Support to service delivery (response)
- GBV Sub-Cluster Coordination (prevention and response)
- Data management – GBVIMS and support to Observatory (prevention and response)



Additionally, UNFPA have a clear framework for engaging with men and boys on gender and GBV, integrated throughout the overall strategy of GBV partnerships (see Annex D), and this is seen by UNFPA and partners alike as a unique added value.

Strategic partnerships catalyse and accelerate positive changes

The diversity of partnerships has catalysed positive changes but there is a possibility that this diversity has propagated a number of overlapping coalitions which might become counter-productive.

The 2014 Danish funding (\$1.2 million) allowed the UNFPA gender team to expand and for partnerships to be formed with the intention of catalysing this funding for future growth and accelerating positive change. The partnerships across the diversity of stakeholders (government, health organisations, and women’s rights organisations) allowed UNFPA interventions in Palestine to contribute to elimination, prevention, and response. However, due to declining core funding to the country office (due, in part, to Palestine’s classification as a “yellow” country) and the diversity of partners, all partners receive limited funding. Some partners across both government and civil society do not see the ‘bigger picture’ or where their interventions fit within wider UNFPA support and therefore the strategic nature of UNFPA’s support:

“The funding now is very superficial – maybe they are focusing more on supporting government but for civil society the support is very superficial...to be honest I don’t think it has much impact”
civil society partner

“Even for an NGO the support is very low...what we are doing with UNFPA is not at the strategic or policy level”
line Ministry partner

Additionally, there is some concern that there are too many overlapping coalitions (many formed with support from UNFPA and / or continuing to benefit from UNFPA support).

Other partners feel that UNFPA does not always have a complete picture of what other actors are doing in the GBV space, such as other organisations’ historical work on the national referral system,

youth centres, or women empowerment centres – and that a more robust mapping of actors (and subsequent coordination) would be beneficial.

Finally, until now (July 2017) UNFPA has not had a strategic relationship with UNRWA; this is now changing, as there is a new draft memorandum of understanding (MoU) for UNFPA and UNRWA to work together on (a) a one-stop shop model for GBV in a camp in the north of West Bank, and (b) activities for youth. This is certainly a necessary strategic partnership within Palestine.

3.5 To what extent has UNFPA contributed to advocacy and policy dialogue for strengthened national policies, national capacity development, information and knowledge management, service delivery, and leadership and coordination to prevent, respond to, and eradicate GBV and harmful practices across different settings?

Key Findings:	
Finding 10:	UNFPA support to the NRS has been critical but there are still challenges for the NRS to overcome to be fully functional.
Finding 11:	A number of functional and impactful coalitions exist across West Bank and the Gaza Strip, many established and functioning with support from UNFPA, though a rationalisation of overlapping mandates could strengthen overall effectiveness.
Finding 12:	There is a myriad of different databases for collecting GBV data (and some for basic case management purposes) but the plurality of databases means there is limited understanding of the GBV situation across Palestine.
Finding 13:	UNFPA and other actors support clinical and PSS services for survivors, but legal referral, shelter, and economic empowerment components are less well covered. PSS services for men, women, boys and girls in Palestine are not currently being fully utilised as a prevention intervention. Safe Spaces are a key dimension of response.
Finding 14:	UNFPA are almost universally lauded for leadership of the GBV Sub-Cluster / GBV Sub-Working Group which is viewed as an extremely useful space.

Strengthened national and civil society capacity to protect and promote gender equality through development and implementation of policies and programmes across the development-humanitarian continuum

UNFPA has strengthened both national (government) and civil society capacity for gender equality and GBV prevention, response, and elimination through two specific mechanisms.

The National Referral System

Under the authority of MoWA, UNFPA have been critical in supporting the National Referral System (NRS). UNFPA began supporting MoWA in 2005 and, in 2008, supported the establishment of the National Committee to combat Violence Against Women (VAW), of which the NRS is an output. In 2015, the NRS was defined by the Council of Ministers and formalised (West Bank only) with a team within MoWA following up on the application of the system, with continued support from UNFPA.⁶⁵

MoWA, MoSD, MoH, and the Ministry of Interior (MoI) all have a role to play within the NRS, as do civil society organisations and UN supporting agencies. Certain senior management within the MoH have been less committed, with some pushback within the ministry, while the MoSD remain unconvinced that leadership of the NRS should be with MoWA rather than with MoSD.

⁶⁵ According to MoWA, UNFPA support 40% of the NRS follow-up team.

Training has been conducted so all actors understand common concepts and the common goal of the NRS guidelines have been drafted, the structure/pathways have been put into place, but, despite these important efforts, the referral system is not fully functional. There is limited awareness of the NRS, and it exists formally only in the West Bank, a glaring challenge (in the Gaza Strip, though it is there in name, the actual referral is done through a loose network of organisations). A comprehensive analysis of the NRS was conducted in August 2016,⁶⁶ and reflects these challenges. This analysis states that:

“Despite the numerous capacity building efforts for the NRS and support from international actors, several challenges remain. The majority of training and capacity building efforts are supply-driven by donors, and most are sporadic, fragmented, and lack complementarity, leading to weak accumulation of experience. The NRS still depends primarily on governmental parties (police, Ministries of Social Development and Health) in coordination with a small number of civil society organizations active in the field. As a result, a national holistic system cannot be said to exist on the ground.”⁶⁷

However, progress on the NRS has inexorably moved forward and despite the current challenges, UNFPA is recognised as a critical player in supporting the improved operationalisation of the NRS through, in part, supporting:

- The development of protocols and manuals – such as PSS guidelines for GBV and Child Protection
- The development of GBV Standard Operating Procedures (SOPs) and case management forms in Gaza (the “Interagency Standard Operating Procedures for Child Protection and GBV”) together with the Child Protection Working Group (and in coordination with the GBV SC members in Gaza)⁶⁸
- The development and delivery of training
- Support to a study visit for senior MoH policy makers to Jordan to see the referral system and multi-sectoral systems there

Coalitions

UNFPA funding for establishing and continued support of coalitions has also been highlighted as a critical contribution towards strengthening national capacity to address GBV.

The **al-Muntada coalition** is a coalition of approximately 10-15 organisations working in the West Bank to tackle GBV issues. It was previously hosted by the Women’s Affairs Technical Committee (WATC) and is currently hosted by Health Work Committees (HWC) – the first health organisation to host. It is still supported by UNFPA but is also somewhat sustainable as member organisations pay monthly fees towards coalition-agreed activities.⁶⁹ Activities include such things as the media campaign run during the 16 Days of Activism Against Gender Based Violence. The coalition claims the development and implementation of the National Action Plan to Combat Violence Against

⁶⁶ Chemonics, Comprehensive Analysis for Gender Based Violence and the Status of the National Referral System in the West Bank, August 2016.

⁶⁷ Ibid.

⁶⁸ For additional information see, for example, the Final External Evaluation of “Working Together to Stop Gender-Based Violence”, December 2016.

⁶⁹ Civil society partner.

Women as one of the achievements and markers of impact.⁷⁰ A sister coalition, **AMAL**, exists in the Gaza Strip with Women's Affairs Committee (WAC) currently hosting for the third year running, and with twelve member NGOs.

UNFPA has also supported various coalitions of civil society organizations working on addressing violence, and specifically GBV, as well as women's participation in conflict resolution and peace building more broadly, through SCR 1325. For example, the **1325 coalitions** (in West Bank and the Gaza Strip) were established with UNFPA support to specifically advance progress towards the implementation of the United Nations Security Council Resolution (UNSCR) 1325.

There is also a coalition that works to advance the right to abortion of which UNFPA are not currently involved, and media networks – for secure and sensitive gender equitable reporting – established by MoWA and supported in the past by UNFPA.

One critique is that numerous coalitions have formed, with sometimes overlapping mandates and activities, and a rationalisation of the coalitions would be useful. In the Gaza Strip there are plans to form two new protection networks. Partners in the Gaza Strip see the difference between the existing coalitions and the newly proposed networks as being that networks “go down to grassroots level and hence start the work”.⁷¹ The newly proposed networks in the Gaza Strip have appointed members and the Women's Affairs Center (WAC) are going to begin training aimed at the members of these new networks joining the GBV Sub-Cluster and the networks being endorsed by the GBV SC. The members of the networks are already recognised by the GBV SC as part of the referral pathway standard operating procedures (SOPs) which exist in the Gaza Strip in lieu of an overall national referral system so the endorsement would be of the newly proposed networks, rather than of the partners within the networks.

[Enhanced information and knowledge management to address GBV and HPs, including increased availability of quality research and data for evidence-based decision-making](#)

UNFPA have been critical in Palestine in relation to GBV data management.

UNFPA have a clear understanding of the complexity and current plurality of systems used to collect data and the challenges of **GBV data management**. UNFPA have started to use the GBVIMS for the GBV Sub-Cluster and have recognised the need to reconcile the different data collection and information management systems used in Palestine. The Ministry of Health in West Bank use different intake forms than the al-Muntada network, which is different again to the standard categorisation of GBVIMS. However, the work of the GBV Sub-Cluster on the GBVIMS is recognised and appreciated across partners, both government and civil society (despite the fact that government do not currently contribute to the GBVIMS). The MoH have their own internal database for GBV data collection, which is different from the national referral system. There is also a free national helpline for violence against women and children (VAWC) hosted by a local CSO, Sawa, with yet another database for recording of incidences.

UNFPA have facilitated visits for national partners to UNRWA clinics to see how data is collected, stored, and collated there and discussions have occurred with MoWA to showcase GBVIMS and see the possible connectivity with the planned MoWA GBV Observatory (database). UNRWA follow the

⁷⁰ In 2011 the Palestinian National Authority endorsed the nine year national strategic plan to combat violence against women, pushed for by al-muntada members. The strategic framework for the plan has been supported by UNFPA, and now the implementation of the plan is being supported by UN Women.

⁷¹ Civil society partner.

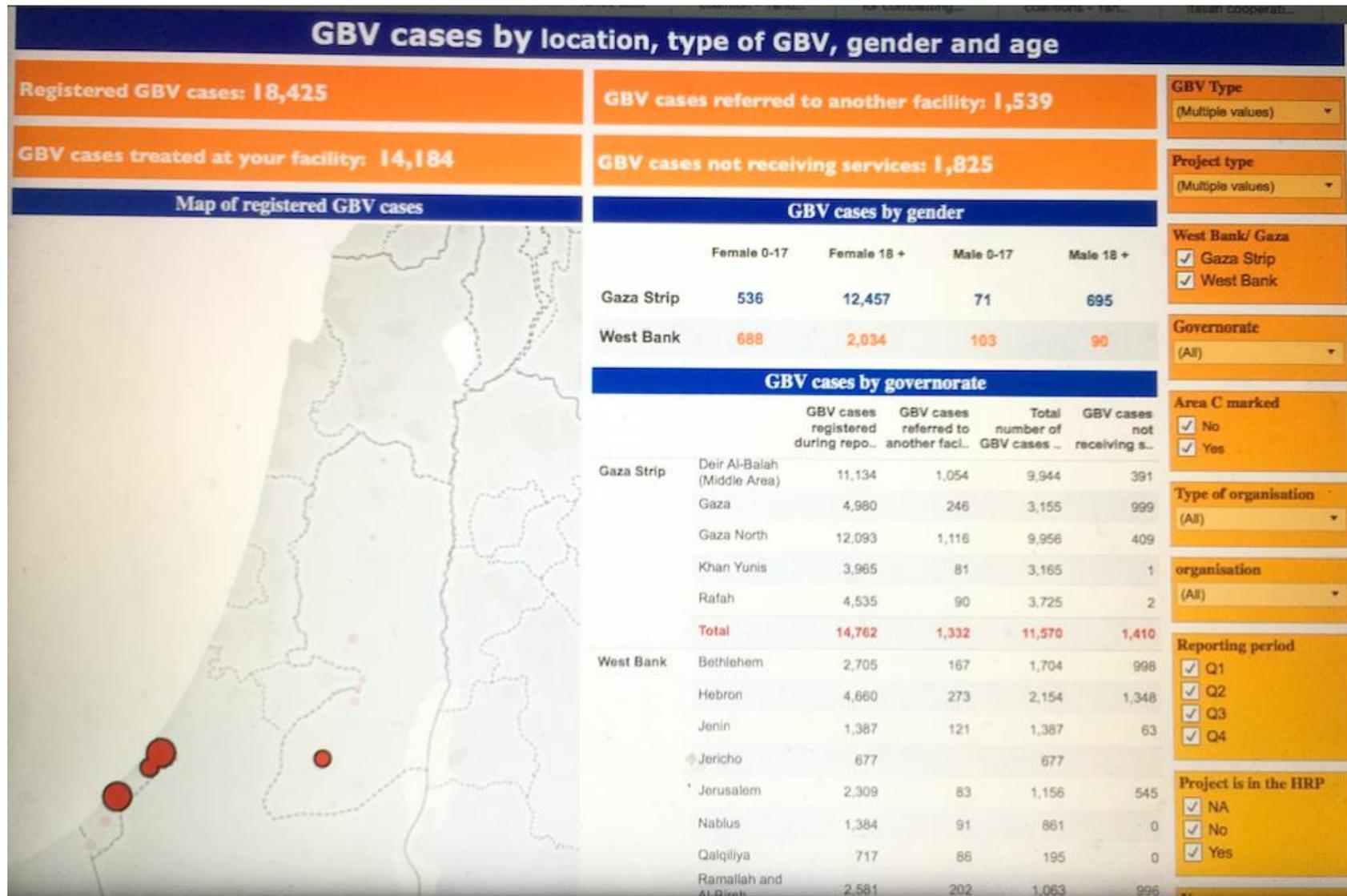
GBVIMS classification system.⁷² The UNFPA-supported MoH study visit to Jordan also looked at data collection methodologies in Jordan.

The GBV Sub-Cluster also produced a 2016 mapping report, collating information about what services various GBV partners were providing in different areas of Palestine and seeking to identify trends in GBV.⁷³

⁷² UNRWA in the Gaza Strip engage in the GBV SC much more fully than UNRWA in West Bank.

⁷³ UNFPA and Protection Cluster Palestine, GBV Mapping Report, 2016.

The GBVIMS Dashboard – July 2017



Rationalised and comprehensive collection of data is critical for the continued functioning of GBV prevention and response services for two reasons. Firstly, it is important for programming, for GBV practitioners to understand trends, survivor and perpetrator characteristics, geographical pockets, and those receiving and not receiving services. However, just as importantly, the GBVIMS exists to ensure that GBV is allocated a fair share of resources under UNDAF and HRP allocations. Specifically for HRP, the GBV Sub-Cluster has had challenges convincing both the umbrella Protection Cluster and the wider cluster system of GBV needs, without the evidence to show. This is not a challenge unique to Palestine, indeed, it is one which GBV Sub-Clusters throughout the world face, but GBVIMS somewhat contributes to reducing that challenge.

UNFPA is also supporting the MoWA with the **Observatory**, which will, in time, become a national GBV database. It will be of critical importance for this Observatory to develop with an ensured understanding of all of the different databases and information management systems currently being used across Palestine and with an idea of how to align these different systems.

Quality services promoting gender equality, freedom from violence and well-being

UNFPA have supported GBV services although quality remains inconsistent across the country and legal, justice, shelter, and economic empowerment are less well covered than clinical and PSS services.

As previously highlighted, UNFPA in Palestine has a diversity of partners across government, health organisations, and women’s organisations, providing a strategic mix of prevention, response and elimination interventions. Support to response includes:

- Clinical response for survivors (through partners such as HWC, PMRS, and RCRS)
- PSS response for survivors (through the above partners and also other partners such as Aisha in the Gaza Strip)
- Safe Spaces: UNFPA are about to establish a third safe space in West Bank in Jenin (northern West Bank) with one safe space in the Gaza Strip.

Health organisation partners’ commented that in the past, UNFPA focused more on building coalitions and working with government, but now they have “started to pay more attention to services”⁷⁴ although this seems at odds with UNFPA’s quadrant classification of Palestine as yellow, with associated more upstream modes of engagement – this perhaps highlights how country offices have needed to innovate to work around the quadrant system rather than the quadrant system working to support country strategies as intended. However, there is credit given to UNFPA for increased GBV services in public hospitals (working through the Women’s Health and Development Directorate (WHDD) of the MoH) and then direct services on GBV (integrating GBV services in health centres) via NGO health organisations.

A PSS manual was developed with the MoSD for counsellors. Additional activities include working with local university curriculums for PSS response. GBV Minimum Standards were introduced through the GBV Sub-Cluster and the clinical management of rape (CMR) training, following WHO guidelines, is planned for 2017. Training on the Minimum Initial Service Package (MISP) has been supported by UNFPA and conducted through PMRS.

⁷⁴ Health organisation civil society partner.

The quality of services provided is inconsistent across Palestine, as highlighted by the MoWA and the MoH when speaking about the national referral system.

Legal and justice services, shelter, and economic empowerment activities are all less well covered than clinical and PSS services. The 2016 GBV Mapping Report produced by the GBV Sub-Cluster suggests that most GBV partners do more legal awareness work (i.e. raising awareness on legal rights) than actual legal aid assistance. There are more traditional forms of justice provided (through local leader and religious leader reconciliation routes) than formal justice.

Legal and justice are clearly linked to shelter options (when there is no safe place to go, reporting domestic abuse or sexual abuse within the home is extremely difficult) and there are only three functioning shelters in West Bank and, in reality, none in the Gaza Strip as the only one does not provide overnight shelter. With no safe shelter options, and limited economic empowerment options, women are unlikely to report abuse.

However, both government and civil society partners believe that more safe spaces are needed rather than shelters, particularly given the high cost of running shelters:

“We conducted an assessment on cash transfer programme from perspective of community and a large proportion of sample were women, the main concern for women was not cash they told us that they lack space to meet as women”

line ministry partner

The safe spaces should go hand in hand with economic empowerment activities, allowing women to make decisions about their lives after shelter, and, in this way, closing the loop of the referral pathway, leading back to the reintegration of GBV survivor in society.

[Advocacy, dialogue convening, and coordination advance national operationalization of international commitments, including through \(co-\) leadership of the GBV area of responsibility](#)

UNFPA’s leadership of the GBV Sub-Cluster is viewed extremely positively in Palestine.

UNFPA Palestine’s largest contribution to convening and coordination has come through the GBV Sub-Cluster. The Sub-Cluster / Sub-Working Group straddles the development-humanitarian divide and is lauded by almost all partners across the West Bank and the Gaza Strip as an extremely useful space (please see Section 3.8 for further details of the Humanitarian Space).

3.6 To what extent has UNFPA support contributed to the prevention, response to and elimination of GBV and harmful practices across different settings?

OUTCOME 1: Gender equality and sexual and reproductive rights policies enforced

OUTCOME 2: Informed, effective and inclusive participation in decision-making to change social norms

OUTCOME 3: High quality, accessible and effective services for sexual and reproductive health and well-being

OUTCOME 4: GBV and HPs integrated into life-saving structures and agencies

The UNFPA contribution to the above outcomes – reflected in the global theory of change – are derived from the successes of outputs as highlighted in Section 3.5 and therefore key findings remain the same. The below table maps the output successes achieved by UNFPA to the outcome(s) to which they contribute.

Output Area	Output	Contribution to Outcome	UNFPA contribution
Strengthened national and civil society capacity to protect and promote gender equality through development and implementation of policies and programmes across the development-humanitarian continuum	NRS	(3) High quality, accessible and effective services for sexual and reproductive health and well-being	HIGH
	Coalitions	(1) Gender equality and sexual and reproductive rights policies enforced (2) Informed, effective and inclusive participation in decision-making to change social norms	HIGH
Enhanced information and knowledge management to address GBV and HPs, including increased availability of quality research and data for evidence-based decision-making	GBVIMS	(2) Informed, effective and inclusive participation in decision-making to change social norms (4) GBV and HPs integrated into life-saving structures and agencies	HIGH
	Observatory	(1) Gender equality and sexual and reproductive rights policies enforced	Too early to tell
Quality services promoting gender equality, freedom from violence and well-being	Support to services	(3) High quality, accessible and effective services for sexual and reproductive health and well-being	MEDIUM
Advocacy, dialogue convening and coordination advances national operationalization of international commitments, including through (co) leadership of the GBV area of responsibility	Leadership of GBV SC	(4) GBV and HPs integrated into life-saving structures and agencies	HIGH

3.7 To what extent have UNFPA's interventions and approaches contributed (or are likely to contribute) to strengthening the sustainability of international, regional, national and local efforts to prevent and eradicate GBV and harmful practices, including through coverage, coherence and connectedness within humanitarian settings?

Key Findings:

Finding 15: Palestine is a good case study of a GBV Sub-Cluster straddling a (relatively artificial) development-humanitarian divide and should be used as best practice for UNFPA becoming a thought leader in working across the continuum.

Political will and national ownership of GBV and HPs interventions (including integration of GBV and HPs into national financing arrangements)

UNFPA supports the three main GBV line ministries in Palestine and, with this support, political will and national ownership of GBV and HP interventions has increased over time.

UNFPA support, and have supported for some time, the MoWA, the MoSD (formerly the MoSA) and the MoH. This is a strategic direction of support to the three key line Ministries working on GBV issues in Palestine and UNFPA is seen by all to be a “collaborative and flexible” partner, even if funding amounts are considered to be low and /or unpredictable.

Palestine has relatively high social indicators nationally, although there are vast inequalities across Palestine. There is strong political will and national ownership of GBV issues by the Palestinian National Authority, although challenges with Hamas in the Gaza Strip – who have less obvious interest in reducing GBV – remain.

Capacity of local and national stakeholders to prevent and respond to GBV and HPs

UNFPA has supported a number of coalitions who in turn support the increased capacity of their members.

Coalitions and civil society organisations have been and continue to be at the frontline of fighting GBV and UNFPA support to both has been sustained and impactful, with coalitions taking credit for such progress as the national strategic plan to combat violence against women. Palestinian civil society is advanced and vibrant. However, too many coalitions and networks might not necessarily contribute to progress and a rationalisation of the coalitions should occur before duplication and overlapping mandates (with conflicting ideas of areas of responsibility) become counterproductive.

A major commentary from all partners was in relation to the overall lack of vertical coordination, even when numerous horizontal mechanisms exist. This was not a criticism levelled directly at UNFPA, but rather towards the UN system in general. The lack of connectivity among different systems and coordination mechanisms is seen to prevent genuine accountability or sustainability which is problematic for all sectors but particularly so for GBV which relies heavily on referral pathways, coordination of multi-sectoral services, and mainstreaming across other sectors as a prevention / mitigation strategy.

Coverage, coherence and connectedness of humanitarian response to GBV and HPs

The GBV Sub-Cluster has been successful in creating a space for coordination of coverage, coherence of response, and connectedness between development and humanitarian spheres.

Since the 2014 Gaza war, UNFPA has been investing in promoting and evolving the GBV Sub-Cluster, which now has approximately 65 members across West Bank and the Gaza Strip. Through the auspices of the GBV Sub-Cluster, UNFPA have been promoting coordination of GBV actors, producing, in 2016, a GBV Mapping Report and commencing, in 2017, GBV mainstreaming training (i.e. rolling out the 2015 GBV Guidelines) for other clusters.⁷⁵ Further training on GBV Minimum Standards is planned for 2017. Currently a consultant is assisting the GBV Sub-Cluster to develop a new strategy aligned to the Protection Cluster Strategy and new Humanitarian Response Plan, which will be for a three-year cycle rather than a one-year cycle.

The GBV Sub-Cluster has, at times, struggled to push for GBV recognition within the Protection Cluster and more broadly within the cluster system, although things have improved significantly

⁷⁵ IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, 2015.

within 2016-2017. Push-back from the Protection Cluster and others has been based on lack of understanding of sensitivities of GBV data collection (which is clearly not the same as documenting settler violence, for example) and a general – and globally pervasive – perception that GBV is not a ‘life-saving’ sector compared to other issues in Palestine. It is incumbent upon UNFPA – as lead of the GBV Sub-Cluster in Palestine and as global lead of the GBV AoR – to articulate GBV needs in such a way as to ensure other humanitarian actors understand the life-saving nature of GBV interventions. However, this is challenging. The challenge has perhaps been compounded by the fact that the Protection Cluster in Palestine is led by OHCHR rather than the global Protection Cluster lead, UNHCR. OHCHR have perhaps less experience in understanding the particularities of the GBV AoR than UNHCR have.

The continuum is clear in Palestine, with a context of occupation for half a century and sporadic outbursts of violence, including in the Gaza Strip and in East Jerusalem; together with the UNRWA *Palestine* refugee component, Palestine is in a protracted crisis and occupation (not a short-term emergency before returning to ‘normalised’ development activities). In reality, there is no clear distinction and UNDAF-development areas and populations can easily become HRP-humanitarian areas and populations; likewise, humanitarian activities must be conducted with sustainability in mind. For example, Area C in West Bank is included in the HRP framework rather than the UNDAF framework because the Palestinian National Authority is restricted in providing services to Area C; but those living in Area C may well be receiving GBV services in other areas.

4. Considerations for Palestine

Key Findings	Primary Opportunities
<p>Key Finding 1: UNFPA is seen nearly across the board to provide relevant and aligned support to the context <i>with the exception of addressing the occupation directly</i>.</p>	<p>Across the board, partners exhibit board a general disenchantment with the UN system in regard to failing to directly address the occupation (i.e. ending the occupation) and promoting ‘one UN’ coherence contributes to the unhelpful perception that UNFPA holds any accountability for Security Council decisions. Working on SCR 1325 without a clear and well-articulated distinction may compound this.</p> <p>UNFPA Palestine should take the opportunity to deepen its efforts in clearly, consistently and constantly articulating (across all staff, with the same message) the demarcations between UN Technical Agencies and Security Council responsibilities and mandate with regard to the occupation.</p>
<p>Key Finding 2: Some partners report decreasing participation in work-planning and addressing the full range of needs – coinciding with the yellow quadrant classification of Palestine and the associated shift in modes of engagement to be aligned with the UNFPA Strategic Plan 2014-2017.</p>	
<p>Key Finding 3: The UNFPA quadrant classification does not work well for Palestine, with impacts on the ability to align to national needs.</p>	<p>Palestine faces a complex context straddling humanitarian and development, with relatively high national indicators but pockets of extreme poverty where service delivery (i.e. more downstream work not prescribed for “yellow” quadrant countries) continues to be desperately required. This experience should be used to inform the next iteration of UNFPA’s global classification system, with a particular focus on the link between country classification, resource allocation and modes of engagement.</p>
<p>Key Finding 4: Generally high levels of inclusion and the use of a human rights based approach have been seen, although attention to disability has been limited.</p>	<p>Expand upon recent initiatives to ensure new partners with experience on disability (and addressing other intersecting identities) – such as AISHA in the Gaza Strip – are included as grantees or sub-grantees paying particular attention to women and girls with disabilities (both physical and intellectual).</p>
<p>Key Finding 5: UNFPA are uniquely placed to lead on GBV in Palestine due to comparative advantages around multi-sectoral approaches, being an organisation straddling the development-</p>	<p>Strengthen the GBV Sub-Cluster, taking it to the next level, which should include consideration of a dedicated Cluster Coordinator. Furthermore, revise the ToR so the Cluster is designated a “Sub-Cluster” and not a sub-</p>

<p>humanitarian divide, and leading on the GBV Sub-Cluster.</p>	<p>working group. Sub-Clusters have specific responsibilities, accountabilities and authorities under global guidance (the IASC 2015 Cluster Coordination Reference Module) and it is critical that the GBV Sub-Cluster is respected as an official Sub-Cluster.</p>
<p>Key Finding 6: UNFPA GBV programming in Palestine has consistently been based on an in-depth understanding of causal chain and effect of activities and outcomes.</p>	<p>Consider the Theory of Change collectively developed for the UNFPA / UNICEF “<i>Innovations to Eliminate Gender-Based Violence in Palestine</i>” proposal and the discussions within the CORT evaluation process to inform the UNFPA Palestine GBV ToC for the next CPD.</p>
<p>Key Finding 7: Lack of vertical coordination is critical in Palestine across the board and this presents both a challenge and an opportunity to UNFPA in relation to GBV leadership and coordination.</p>	
<p>Key Finding 8: The leadership of the GBV Sub-Cluster has increased UNFPA visibility in GBV leadership overall and the Sub-Cluster plays a critical role in GBV prevention, response, and information management in Palestine.</p>	<p><i>(see primary opportunity responding to Key Finding 5 on the GBV SC above)</i></p>
<p>Key Finding 9: The diversity of partnerships, across government, health organisations, and women’s rights organisations works well and is itself strategic; however, partners themselves each receive limited funding and do not all feel that their UNFPA-supported work is strategic.</p>	<p>Replicate and build upon work already done, such as the 2016 Gender Evaluation Workshop to promote visibility across all UNFPA partners of UNFPA strategic choices in the diversity of partnerships, recognising that some partners will still feel dissatisfied if they receive only a low level of funding as one ‘puzzle piece’ of the whole.</p>
<p>Key Finding 10: UNFPA support to the NRS has been critical but there are still challenges for the NRS to overcome to be fully functional.</p>	<p>Continue to support the NRS – with sustained trainings, dialogues across ministries involved and between West Bank and the Gaza Strip – and link it to database GBVIMS to ensure a coherent whole.</p>
<p>Key Finding 11: A number of functional and impactful coalitions exist across West Bank and the Gaza Strip, many established and functioning with support from UNFPA, though a rationalisation of overlapping mandates could strengthen overall effectiveness.</p>	<p>Conduct a mapping of all existing coalitions (the data to inform this is in the 2016 GBV mapping report) and consider a rationalisation of coalitions based on overlapping organisations, purposes, and activities.</p>
<p>Key Finding 12: There is a myriad of databases for collecting GBV data (and some for basic case management purposes) but the plurality of databases means there is limited understanding of the GBV situation across Palestine.</p>	<p>Support a rationalisation of databases and alignment under the authority of MoWA but based on the clear classification categories provided by GBVIMS.</p>

<p>Key Finding 13: UNFPA and other actors support clinical and PSS services for survivors, but legal referral, shelter, and economic empowerment components are less well covered. PSS services for men, women, boys and girls in Palestine are not currently being fully utilised as a prevention intervention. Safe Spaces are a key dimension of response.</p>	<p>Use the 2016 GBV Mapping Report and the gaps identified for the basis of 2018-2019 UNFPA GBV strategy for response services, reviewing all the services required for survivors including clinical response, PSS response, legal and justice, shelter (emergency and longer-term) and rehabilitation strategies (economic empowerment). Review the current service providers (including, for example, Italian Cooperation direct funding to Tawasol Centres), and continue investment in areas of gaps, including safe spaces and expansion into economic empowerment.</p>
<p>Key Finding 14: UNFPA are almost universally lauded for leadership of the GBV Sub-Cluster / GBV Sub-Working Group which is viewed as an extremely useful space.</p>	<p><i>(see primary opportunity responding to Key Finding 5 on the GBV SC above)</i></p>
<p>Key Finding 15: Palestine is a good case study of a GBV Sub-Cluster straddling a (relatively artificial) development-humanitarian divide and should be used as best practice for UNFPA becoming a thought leader in working across the continuum.</p>	<p>Potential to hold a regional workshop to discuss the development-humanitarian continuum with lessons learnt from the Palestine context, with evidence generated informing global level UNFPA strategies and humanitarian architecture.</p>

5. Considerations for the overarching thematic evaluation

Palestine, being under occupation for fifty years, split between West Bank and the Gaza Strip and between Fatah and Hamas, with a three-way divide between UNRWA, UNDAF, and HRP, is a completely unique situation. Therefore extracting learning from this situation to other contexts is challenging.

However, some learning for the overarching thematic evaluation did emerge:

Evaluation Question	Assumption	Learning from Palestine
EQ1: Relevance/Alignment		1. The business model of the 2014-2017 UNFPA Strategic Plan, including linking modes of engagement to country quadrant classification and resource allocation, has not been helpful for Palestine, as it does not adequately reflect the complexity of working in the context or the range of needs that must be met (even under improved aggregate development indicators).
EQ2: Theory of Change		2. The Theory of Change developed for the new <i>“Innovations to Eliminate Gender-Based Violence in Palestine”</i> proposal provides interesting possibilities for consideration for the Global Theory of Change.
EQ5: Outputs	Quality services promoting gender equality, freedom from violence and well-being.	3. PSS services can be both a GBV prevention and response strategy; more broadly, a package of response services should be seen within a loop of prevention, response, and ‘building back better’ with response as a means of building resilience and increasing future prevention.
EQ6: Outcomes	Advocacy, dialogue convening and coordination advances national operationalization of international commitments, including through (co)-leadership of the GBV area of responsibility.	4. Coordination is challenging when too many coalitions and different coordination models exist.
EQ8: Humanitarian	<i>AND EQ6: Outcomes: GBV and HPs integrated into life-saving structures and</i>	5. GBV Sub-Clusters must be resourced to take to the next level.

	agencies.	6. The development-humanitarian divide is complex and current humanitarian architecture is not fit for purpose for all humanitarian contexts: the Palestine GBV Sub-Cluster strategy of ‘straddling the divide’ could provide the basis for UNFPA global strategy.
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5.1 The quadrant classification has not been helpful for Palestine.

Alignment to the UNFPA 2014-2017 Strategic Plan as per the “yellow” quadrant classification is considered to be a limitation in Palestine, as it does not account for the vast differences across Palestine and the unique development-humanitarian context. Whilst it is understood that modes of engagement for humanitarian situations fall outside of the development quadrant classification, the fluidity of the situation in Palestine and the complexity of the UNDAF, HRP, and UNRWA framing, mean that despite the overall middle-income indicators, there remains pockets of development-defined populations who do not share the characteristics typical of yellow classification. Additional review and revision of the quadrant classification and associated modes of engagement (as well as attendant resource allocation) in conjunction with the development (and subsequent implementation) of the forthcoming UNFPA SP 2018-2021 would be useful.

5.2 The Theory of Change collectively developed for the new Palestine “Innovations to Eliminate Gender-Based Violence in Palestine” proposal provides interesting possibilities for consideration for the Global Theory of Change.

Considerations for the Global ToC include the additional barriers highlighted within the theory of change developed as part of a new proposal on “Innovations to Eliminate Gender-Based Violence in Palestine” (acceptability of, and impunity for, GBV; limited and fragmented government and civil society capacity; and lack of evidence on drivers). Also, consideration should be given to reinforcing the underlying and all-encompassing box of “additional specific considerations in humanitarian settings” by providing extra commentary related to each of the other barrier boxes to highlight humanitarian threats, whilst ensuring that the Global ToC recognises different humanitarian contexts. Country-Specific Humanitarian theories of change should recognise all the normal existing barriers *and* how the humanitarian context has reshaped or exacerbated those barriers for the specific context. For example, in Palestine quality services will include PSS as both a GBV prevention and response strategy

The “limited and fragmented capacity for response” barrier, which is likely to significantly worsen within a humanitarian situation, should be explicitly linked to the coordination intervention strategy, and, where possible, how UNFPA can link development and humanitarian coordination functions to as a thought leader working across the development-humanitarian continuum.

5.3 Psychosocial support services can be implemented as prevention as well as response to GBV; and more broadly a package of response services should be seen within a loop of prevention, response, and ‘building back better’ with response as a means of building resilience and increasing future prevention.

PSS services can be seen as a GBV prevention intervention as well as a response intervention. In a context such as Palestine, an extreme level of stress for men, women, boys, and girls associated with daily life under occupation is a driver of GBV. Reducing that stress addresses a driver and therefore, causally, reduces GBV. Points of engagement for men, women, boys, and girls (mosques, safe spaces, youth clubs, schools) should be used to implement PSS interventions to (a) prevent future GBV and / or (b) prevent an escalation of GBV (for example, from verbal abuse to physical abuse). It is important to consider a myriad of points of engagement for delivering PSS services; delivery of PSS counselling in clinical settings alone may further entrench the idea that only GBV with associated physical harm is considered to be important (thus discounting verbal or psychological abuse survivors who may not have clinical needs). Relying entirely on a clinical facility to be the first point of contact for a survivor is therefore limited.

For a global learning perspective, this should encourage UNFPA to consider the continuum of services – from first point of contact (at whatever space that may be) back to a survivor being fully restored within the community living in safety and dignity – as a system of an ever-increasing circle and one of ‘closing the loop’, rather than simply a package of services. Therefore, the first point of contact for a survivor (be it a safe space, a community space, an educational or work-space, or a clinical facility) leads to a series of services: (legal and justice – either formal or informal reconciliation methods); shelter (emergency and long-term options); and economic empowerment, options – all leading to a restoration of the survivor to the community to live a dignified and safe life, with increased resiliency. Furthermore, the fluidity between services for prevention and response should be recognised, which, in turn, would further bridge the development-humanitarian continuum and better ensure a series of services that can be implemented in emergencies addressing prevention needs whilst attesting to the humanitarian ‘life-saving’ criteria as also response needs.

5.4 Coordination is challenging when too many coalitions and different coordination models exist.

Palestine provided evidence on coordination challenges on two separate, but interlinking levels. There is an overall lack of vertical coordination in Palestine, with numerous different coordination models but with limited vertical coordination mechanisms *between* the different horizontally situated coordination mechanisms. At the highest level, this can be viewed within the prism of a Palestine-level international assistance strategy being strictly divided between UNRWA, an UNDAF, and an HRP. This then feeds into macro – national-level development assistance and humanitarian aid architecture.

This is then reflected at the grass-roots level with a number of different and overlapping coalitions in existence, impacting dramatically on knowledge and data management with a variety of different databases and SoPs in circulation, making an overall evidence-based assessment of GBV all but impossible.

Global learning should reflect on:

(1) the evolution of civil society on GBV, gender equality, and women’s empowerment issues; perhaps all contexts naturally evolve from having limited civil society engagement to having high levels of different – and competing – coalitions working, sometimes at odds, in the same space, and then finally to a rationalisation of that space. Reflections for UNFPA globally should be how to best contribute to the rationalisation of that space.

(2) How UNFPA can work with line ministries, donor groups, and UNCTs at national level to rationalise the coordination mechanisms around multi-sectoral GBV services and interventions. In

order to do that, UNFPA should invest more in coordination resources at national levels. This segues to the next reflection on the GBV Sub-Cluster.

5.5 GBV Sub-Clusters must be resourced to take to the next level.

The Palestine GBV Sub-Cluster is a best practice model for UNFPA in terms of the high regard within which it is universally held by partners across the board. UNFPA Palestine has achieved a significant amount through the Sub-Cluster with minimal resources (and no dedicated resources). This is replicated across humanitarian settings, where UNFPA-led GBV Sub-Clusters are significantly less resourced than their sister UNICEF-led Child Protection Sub-Clusters. Whilst UNFPA do not have the equivalent resources of UNICEF to invest in P5 positions for Sub-Cluster leadership, now that UNFPA have taken on sole leadership of the GBV AoR more committed resourcing to Sub-Clusters is necessary to ensure that GBV receives the same attention and resourcing through centralised HRP funding mechanisms as Child Protection and other sectors.

The GBV AoR has faced numerous challenges, including internal conflicts arising from co-leadership between UNICEF and UNFPA (which passed to sole UNFPA leadership in 2017) but those challenges continue with concerns around UNFPA resourcing capacity – compounded by the 2016 US election result and subsequent funding reductions targeting UNFPA specifically.

UNFPA and UNICEF have, through the GBV AoR, resourced rapid deployment experts, previously called the RRT (Rapid Response Team) and currently called REGAs (Regional Emergency GBV Advisors) who are highly respected by GBV actors. UNFPA also resource an internal surge response team for GBV. However, cluster coordination works best when there is a dedicated resource – both in terms of the workload of cluster coordination and in terms of the responsibilities of a cluster coordinator to work on behalf of the cluster and not on behalf of the agency. It is critical that UNFPA understand this dynamic and resource clusters accordingly and in line with obligations. This will increase UNFPA’s visibility in GBV leadership in humanitarian settings and also, most importantly, increase the ability of the GBV cluster to provide relevant and effective services to communities.

5.6 The development-humanitarian divide is complex and humanitarian architecture is not fit for purpose for all humanitarian responses: the Palestine GBV Sub-Cluster strategy of ‘straddling the divide’ could provide the basis for UNFPA global strategy.

The Palestine case study provides relevant reflection on the development-humanitarian continuum and UNFPA’s place, role, and opportunities within this. Notwithstanding the fact that without resourcing GBV Sub-Clusters adequately, any thought leadership opportunity for UNFPA would be lost, there is an opportunity to recognise the unique parameters of GBV which cross development-humanitarian divides. Whilst humanitarian situations exacerbate GBV, they are never the underlying cause of GBV, and the utility of a GBV response in recognising this is embedded within an understanding of resilience, prevention, and building back better.

The Palestine case highlights the general ineffectiveness of global humanitarian architecture, designed for the humanitarian situations which characterised the world forty years ago and which are more and more observably unfit for purpose for many current protracted and complex humanitarian situations. Given this basic fundamental fact, and again, the nature of GBV causes which naturally straddle the divide, UNFPA through GBV AoR leadership is potentially in a position to lead a new framing of the continuum rather than wait for other UN Agencies through IASC to lead and for UNFPA to follow.

Annex A: Reference Groups (Inception and Summit Workshops)

ERG: Inception workshop:

Due to the security and logistics limitations of Palestine, it was not possible to hold an ERG Inception Workshop. However, ERG members were contacted (via email) and the process was explained, with two ERG Summit Workshops held: one with the Gaza Strip (via teleconferencing) and one in Ramallah face to face.

ERG: Summit workshop the Gaza Strip: 12th July 2017

Name	Organisation	Designation
Dr Sawsan Hamad	Ministry of Health, Women's Health and Development Directorate	Director of Women's Health Department, the Gaza Strip
Zainab al Gonami	Centre for Women's Legal Research & Counselling and Protection (CWLRC)	Director
Mona Sami	Union of Health Work Committees (UHWC)	Project Manager

ERG: Summit workshop Ramallah: 13th July 2017

Name	Organisation	Designation
Connie Pedersen	OHCHR	Protection Cluster Coordinator
Davide Tundo	OHCHR	Gaza Protection Cluster Coordinator
Shatha Odeh	Health Works Committee (HWC)	General Director
Inas Margieh	UN Women	Programme Coordinator
Hanan Kaoud	UN Women	Programme Manager for Women Political Participation
Najwa Sandouka Yaghi	MIFTAH	Project Manager
Dr Khadijeh Jarrar	Palestinian Medical Relief Society (PMRS)	Women's Health Program Director
Ilham Hamad	Ministry of Women's Affairs (MoWA)	Head of Complaints Unit
Luna Saddeh	UNFPA GBV Sub-Cluster Consultant	Consultant for GBV SC Strategy

Annex B: CORT participants/stakeholders consulted

Name	Organisation	Position	Gender
Ziad Yaish	UNFPA	Assistant Representative	M
Sana Asi	UNFPA	Gender Programme Officer	F
Laura Bawalsa	UNFPA	Personal Assistant to the Representative	F
Sawsan Kanaan	UNFPA	Gender Programme Associate - West Bank	F
Nishan Prasana Krishnapalan	UNFPA	Programme Analyst (JPO)	M
Amira Mohana	UNFPA	Gender Programme Associate - Gaza	F
Omar el Halaseh	Ministry of Women's Affairs	Translator	M
Sumood Yasien	Ministry of Women's Affairs	Director of Projects Department	F
Fatima Radaydah	Ministry of Women's Affairs	Director of Advocacy and Media	F
Ilham Hamad	Ministry of Women's Affairs	Head of Complaints Unit	F
Dr Haifa'a F ElAgha	Ministry of Women's Affairs	Minister of Women's Affairs	F
Soraida A. Hussein	Women's Affairs Technical Committee	General Director	F
Dr Khadijeh Jarrar	PMRS - Palestinian Medical Relief Society	Women's Health Program Director	F
Daoud Al-Deek	Ministry of Social Development	Assistant Deputy Minister	M
Khaled Mansour	Royal Danish Representative Office	Programme Manager	M
Jenn Bloom	Representative Office of Canada	First Secretary (Humanitarian Assistance and UNRWA)	F
Naela Shawar	Representative Office of Canada	Development Officer	F
Maha Awad	Ministry of Health, Women's Health and Development Directorate (WHDD)		F
Huda Safadi	Ministry of Health, Women's Health and Development Directorate (WHDD)	Programme Manager	F
Suhair Sawalha	UNRWA	Women Programme Officer	F
Riham Faqih	MIFTAH	Direct of Development and Outreach	F
Najwa Sandouka Yaghi	MIFTAH	Project Manager	F

Name	Organisation	Position	Gender
Shatha Odeh	Health Work Committees	General Director	F
Fadi Tuma	Oxfam	Programme Officer, Gender Justice	M
Sara Dominoni	Italian Agency for Development Cooperation	Gender Programme Officer	F
Jordi Galbe López	Spanish Cooperation	Senior Programme Manager	M
Inas Margieh	UN Women	UN Women Programme Coordinator	F
Hanan Kaoud	UN Women	Programme Manager for Women Political Participation	F
Jamileh Sahlieh	UN Women	Project Manager - Women Human Rights Programme	F
Dr Basem Hashem	HWC Medical Centre ISHRAQA Qalqilya	Director of Qalqilia Medical Centre	F
Nihaya Afana	HWC Medical Centre ISHRAQA Qalqilya	Consultative Committee & Head of Gender Unit	F
Layali Sawalmeh	HWC Medical Centre ISHRAQA Qalqilya	Project Coordinator	F
Mona JAMAL Skaik	MoWA	Acting Manager, Director of Influence Communication and Information (Gaza)	F
Iteadal Qenita	MoWA	Media Officer	F
Mariam Shaqura	Red Crescent Society Centre, Jabilya, Gaza	Director, Jabilya Clinic	F
AMAL Syam	Women's Affairs Centre (WAC), Gaza	Director	F
Hana Zant	Women's Affairs Centre (WAC), Gaza	Coordinator for UNFPA Project	F
Reem Franah	AISHA Association for Women and Child	Executive Director	F
Osama Abuelta	UNFPA	National Programme Officer, Gaza	M
Said Almadhoun	OHCHR	Human Rights Officer / Protection Cluster Focal Point Gaza	M
Dr Adnan A Al-Wahaidi	Ard el Insan	Executive Director	M
Issam Younis	Al Mezan Centre for Human Rights	Director General	M
Dr Sawsan Hammad	Ministry of Health, Women's Health and Development Directorate (WHDD)	Director of Women's Health Department	F
Heba Zayyan	UN Women	Programme Officer, Gaza	F

Name	Organisation	Position	Gender
Firyal Thabet	Al-Bureij Women's Health Center - CFTA (Culture and Free Thought Association)	Director of Al-Bureij Women's Health Center	F
Amina Stavridis	PFPPA	Executive Director	F
Connie Pedersen	OHCHR	Protection Cluster Coordinator	F
Davide Tundo	OHCHR	Gaza Protection Cluster	M

Annex C: Documents reviewed

UNFPA Palestine Country Programme Documentation

- UNFPA, Palestine Country Programme Document 2006-2009
- UNFPA, Palestine Country Programme Document 2011-2013
- UNFPA, Environmental Scanning in Gaza Strip, Final Report, 2013
- UNFPA, Palestine Country Programme Document 2015-2017
- UNFPA, Final Evaluation of the Working Together to Stop Gender Based Violence Final Report, December 2016

Global Documentation

- IASC, Cluster Coordination Reference Module, 2015
- IASC, Guidelines for Integrating Gender Based Violence in Humanitarian Action, 2015
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- UNFPA, Women and Girls Safe Spaces, A guidance note based on lessons learned from the Syrian crisis, 2015
- UNFPA, The UNFPA Strategic Plan, 2014-2017
- UNFPA Regional Strategy on Prevention and Response to Gender-Based Violence in the Arab States Region, 2014-2017
- UNICEF, State of the World's Children Report, 2016

Palestine Documentation

- World Bank, and Institute of Women Studies, Birzeit University, West Bank, The impacts of Israeli Mobility Restrictions and Violence on Gender Relations in Palestinian Society 2002-2007, September 2008
- Palestinian National Authority, PCBS, Press Release Main Findings of Violence survey in the Palestinian Society, 2011
- UNRWA, UNRWA experience in GBV programming: lessons from the first five years
- Bisan Center for Research and Development, Gender-Based Violence in the Occupied Palestinian Territory, October 2011
- UNCT Occupied Palestinian Territory Gaza in 2020 – A liveable place?, August 2012
- OHCHR, Women's Human Rights and Justice, Murder of Women in Palestine under the Pretext of Honour Report, April 2014
- CFTA and the GBV Sub-Working Group, Protection in the Windward, Conditions and Rights of Internally Displaced Girls and Women during the Latest Israeli Military Operation on the Gaza Strip, October 2014
- United Nations Conference on Trade and Development (UNCTAD), Palestine Report to the SEG, September 2015
- MIFTAH, Country Assessment of the Sexual and Reproductive Health and Rights (SRHR) situation in Palestine (first draft), September 2015

- Alianza por la Solidaridad and ActionAid, Violence Against Women in the Gaza Strip after the Israeli Military Operation Protective Edge 2014, October 2015
 - UNFPA, Country Assessment towards Monitoring and Reporting Sexual and Reproductive Health and Rights (SRHR) in Palestine, December 2015
 - WAC, Early Marriage in Gaza – Causes and Impact, 2015
 - UNFPA, Palestine 2030, Demographic Change: Opportunities for Development, December 2016
 - MoWA and Chemonics, Comprehensive Analysis for Gender Based Violence and the Status of the National Referral System in the West Bank, August 2016
 - Italian Cooperation and Institute of Women’s Studies, Birzeit University, Re-integration of Women Survivors of Gender-Based Violence: Combating Violence against Women in Palestinian Society, November 2016
 - Palestinian National Authority, Palestine National Policy Agenda, 2017-2022
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- OCHA, Palestine Humanitarian Needs Overview (HNO), 2014
 - OCHA, Palestine Humanitarian Response Plan (HRP), 2017
 - OCHA, Palestine Humanitarian Needs Overview (HNO), 2017
 - United Nations, Development Assistance Framework for Palestine (UNDAF), 2014-2016
 - United Nations, Development Assistance Framework for Palestine (UNDAF), 2018-2022
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- OHCHR and Protection Cluster Palestine, Needs Analysis Framework 2014-2016
 - UNFPA and Protection Cluster Palestine, GBV Mapping Report, 2016

Annex D: UNFPA Palestine Framework for Male Engagement 2014-2017



FRAMEWORK FOR Male Engagement in Palestine

**FRAMEWORK FOR UNFPA PALESTINE
ON
MALE ENGAGEMENT
(2014-2017)**

Outcome 1: Gender equality and reproductive rights advanced through involving men and boys in sexual and reproductive health, HIV, Gender Based Violence GBV, fatherhood, maternal, newborn and child health and advocacy and policy <i>According to ICPD</i>					
Outputs	Strategies	Cluster Activities	Target	Partners	Key Messages
1) Men as partners and advocates	- Capacity Development	<ul style="list-style-type: none"> - Conduct # ToT courses for Qadi Quda and Quda' to influence families and husbands to take a stand against GBV. - Conduct ToT courses with Imam's to influence communities and families to stop 	Health providers Social service providers (teachers, counsellors, school principals) Imams preachers Quda' Moslem's and Christian leaders Husbands and wives	Policy Makers Women Orgs -Health Orgs -Human Right Orgs -Youth Orgs -FBOs -Ministry of Religious Affairs -Qadi Quda-	Men must take action to advance gender equality and combat GBV . This will lead to better families and communities

		<p>violence against women</p> <ul style="list-style-type: none"> - ToT for social workers on how to express feelings without becoming violent. How to manage anger with couples. 	<ul style="list-style-type: none"> -Community leader -families -Journalists Policy makers 	<p>Family Unit</p> <ul style="list-style-type: none"> -MoH -HCYS Research organizations -MoSA -MoE Health 	
	-	<p>Training on communication skills and advocacy</p> <p>Sensitization and knowledge sharing</p>			
	- Community mobilization	<p>Conduct meetings with husbands to encourage them to protect their partners reproductive health and rights</p> <p>Conduct workshops with regional and international networks to advocate for ICPD +15</p> <p>Awareness meetings with men and boys to question the norms and inequalities that underlie the use of violence against women and help them develop skills to handle conflict in non-violent way.</p> <p>To engage other men to do the same</p>			
		Couple meetings			

		Open Days Jum3a Speech Media Banners Peer to peer (man to man) Etc.			
	- Policy environment (Data, research, policy dialogue)	Research on Violence behavior Fact sheets Policy briefs			
2) Men as service providers of better Family Planning and Maternal Health services	- Capacity Development (including media , advocacy, policy dialogue and outreach awareness-raising -Networking and Partnering	- Training health providers to screen for violence and to provide necessary care. Including where to refer victims. - How to document evidence of assault. -			
	-	- Training on GBV manual Training on counselling and improving service quality and CPI	<ul style="list-style-type: none"> • Train xx staff at MOH and other providers facilities • Training xx staff on quality improvement Establishing supervisory mechanisms/code of conduct etc		
	-				
	- Community mobilization	Awareness raising on health rights and standards (create public demand for quality health services	HEPD PMRS PFPPA UHCW		

			CFTA RCS		
	- Policy Environment	<ul style="list-style-type: none"> Policy dialogue with MOH to adopt and operationalize the GBV manual 	Wisal NGOs		
3) Men as clients of Family Planning services in specific and reproductive health services in general	- Capacity Development	<ul style="list-style-type: none"> Training of health staff in WHCs to provide services for men Support men clinical services at WHCs (coaching staff) <p>Training of health providers (MOH)</p>	<ul style="list-style-type: none"> 10 trainees from WHCs (Bureij+Jabalia) Pilot 2 hours men clinic twice a week <p>Training for 50 MOH service providers (pilot in one area in 2014)</p>	CFTA RCS MOH-PHC	
	- Community mobilization	<ul style="list-style-type: none"> Awareness sessions for Men Peer to Peer activities (local network) Couple meetings and counselling <p>Media (radio spots, episodes, banners etc.)</p>	<ul style="list-style-type: none"> XX sessions XX couples <p>XX Media activities</p>	HEPD PMRS PFPPA UHWC CFTA RCS	
	- Policy Environment	<ul style="list-style-type: none"> Policy Dialogue with MOH (through NGOs/WISAL etc.) <p>Networking with Ministry of Waqf and Imams</p>	<ul style="list-style-type: none"> XX Workshops/study days <p>XX meetings</p>	WISAL NGOs	



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<http://www.unfpa.org/admin-resource/evaluation-unfpa-support-prevention-response-and-elimination-gender-based-violence>