Final External Evaluation Report of

Improving the reproductive health (RH) status of marginalized people in the Gaza Strip and empowering them to make better RH and well-being choices

Submitted to:

The Culture and Free Thought Association "CFTA"

By:

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Structure of the Report

The report is presented in four chapters:

1. Chapter One introduces the project background, Context of Reproductive health and Gender Based Violence in Gaza, Project Proposed Results/Activities, project beneficiaries, project target areas, implementing organizations scope of work, the funding organization and the evaluator.
2. Chapter Two presents the evaluation objectives and evaluation methodology.
3. Chapter Three presents the evaluation findings in regards to evaluation objectives: achievement of project objectives; assessment of project's design, relevance, effectiveness, efficiency, impact, sustainability, gender balance and accountability; and lessons learnt.
4. Chapter Four summarizes the evaluation conclusions and presents recommendations for implementing the second year of the project.

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Acronyms & Abbreviations

BoD	**Board of Directors**
EU	European Union
FGD	Focus group discussion
GBV	Gender Based Violence
GI	Group Interviews
KII	Key Informant Interview
M&E	Monitoring & Evaluation
MoH	Ministry of Health
MMIS	Medical Management Information System
NGO	Non-Governmental Organization
OVI	Objectively Verifiable Indicators.
RCS	Palestinian Red Crescent Society for Gaza Strip
RH	Reproductive Health
SMS	Short Message Service
STDs	Sexual Transmitted Diseases
TOR	Terms of Reference
UNFPA	United Nation's Population Fund
WHCs	Women Health Centers
PNA	Palestinian National Authority
WHO	World Health Organization
EC	European Commission
MDGs	Millennium Development Goals
NSA	Non State Actors
KAP	Knowledge, Attitude and Practice

Report Executive Summary

This report presents the findings of the external evaluation for the **first year** of the project: ***"Improving the reproductive health (RH) status of marginalized people in the Gaza Strip and empowering them to make better RH and well-being choices"*** funded by the ***European Union*** and implemented by the ***Culture and Free Thought Association (CFTA)*** and the ***Red Crescent Society for Gaza Strip (RCS)***. The evaluation work has been carried out by ***Effects for Consultations and Development*** as an external consultant over a two months period (April & May, 2013).This project was initiated, designed, and implemented with a budget of **EUR 600.000** over two years to achieve three objectives:

• To enable the refugees of the Gaza Strip to have access to comprehensive range of safe and reliable reproductive and sexual health care services and products.

• To contribute to the improved reproductive health status in the Gaza Strip, including the psychological and social well being of female and male refugees living in the camps of Al Buriej and Jabalia.

• To enhance the capacities of the two women's health centers in order to offer integrated, comprehensive high quality RH services.

The project also intended to achieve four main results which are:

1. Better access to a comprehensive range of RH services for women and adolescents in and beyond the communities where Women Health Centers (WHCs) operate.
2. More victims of and those at risk of GBV and domestic violence receiving prevention and protection support.
3. Greater awareness and better decision making among the WHCs service users and communities towards reproductive and sexual health issues.
4. WHCs become models of good practice in service delivery & information management.

The project is a continuation of a four years project that was initiated in response to the severe lack of service provision of RH services and the lack of protection from GBV in the Gaza Strip.

The aim of this evaluation is to assess the first year of implementation of the project (2012) in regards to performance relative to the output level the project's activities. In addition to extracting lessons learnt which can be taken into consideration in design of future similar projects. The evaluation process used mixed qualitative (Focus Group Discussions and interviews…etc) and quantitative (survey) evaluation methods.

The project theory was well prepared and articulated. The log frame has a clear set of results with correspondent verifiable indicators, means of verifications and assumptions. Project's organizational plan and deployment of resources were among the key factors to achieve the desired results (outputs). Most of the activities have been appropriately implemented with close managerial supervision and dedicated professional staff. The

project has employed a successful positive change in community capacity of RH and GBV issues working on various dimensions of community's capacity (such as community leaders, community resources and community culture and values) which has contributed to turn the project into a unique model that combines a comprehensive package of RH together with GBV. Despite the fact that the project has no M&E specialist, project management succeeded to maintain good information flow with the field. The project's design and implementation proved to be relevant to the needs of beneficiaries and upper national and international levels. Beneficiaries were highly satisfied from the provided services and work in the WHCs seems to be highly efficient. The project has difficulties in terms of financial sustainability despite the good sustainability on the institutional and policy levels.

The evaluation team, by means of the various evaluation tools used, found that the evaluated first year of the project was successful in regards to achieving project planned outputs of the first year of implementation. Some indicators associated with the four results; 8 out of 36; were justifiably either not **completely** achieved or **postponed** to be achieved in the second year of implementation. Since the **assumptions** of reaching the targeted indicator value **were violated** by the **war** on Gaza on November 2012 and the status of **blockade** on Gaza, the lag in achieving indicator value is **justified.**

The project was relevant to the beneficiaries needs, to the national plans, and to the scope of the organizations. Efficiency of the project in regards to utilizing the budget and service provision was assessed to be good. The project was effective in terms of being able to achieve the intended objectives. The intended impact of the project in terms of improving RH services and combating GBV on the beneficiaries' level and community level was achieved.

Project room for improvement includes adjusting the design to include more realistic outcome indicators. The project should have M&E capacity that could work on designing comprehensive M&E system and working on measurement of positive change of Knowledge, Attitude and Practices (KAP) activities and results. Selection of CBOs for organizational networking should be based on their organizational developmental stage and to design nature of networking accordingly.

Overall Evaluation

The consultant is comfortable to rate this project as "VERYGOOD". In spite of limited resources and new management experience of ***CFTA*** in regards to the EU projects as well as the co-implementation with a local Palestinian partner; the project was implemented successfully to good extent. It was a challenging endeavor for the project team and the donor as well. The sincerity and dedication of project team and main beneficiaries helped to overcome all obstacles. This project is a very good model and shall be replicated, keeping in mind the lessons learnt during this evaluation

1. INTRODUCTION

1.1 Project Background

The project: ***"Improving Reproductive Health (RH) status of marginalized people in the Gaza Strip and empowering them to make better Reproductive Health and well-being choices"*** was initiated by the two associations CFTA and RCS to participate improving the RH service provision and combating GBV in the Gaza Strip. According to the Ministry of Health in Gaza[1], the following statistics represent RH services in the Gaza Strip:

1. Out of the total population of the Gaza Strip, the percentage of women with childbearing ability or in the age of Childbearing (15-49 years old) is 23.5%. The total number of those women in 2011 was 331,926 women.
2. Out of the total number of newly pregnant women, 20.5% are registered in the pregnancy risk clinics.
3. All deliveries were carried out in health clinics, centers or hospitals; 69.4% of them were carried out in governmental hospitals. 4.9 were carried out in private clinics and 3.3% in military hospitals.
4. The General Fertility Rate was 4.9 deliveries for each woman in the Childbearing age.
5. The number of women received post-natal services was 53,757; 13,431 in the governmental primary health care centers and 40,326 in UNRWA health clinics.
6. Out of all marriages, 53.2% were consanguineous marriages.
7. The average age of women giving birth for the first time was 20.8 years old.
8. Out of all women giving birth for the first time, 16% were less than 18 years old.
9. Out of all deliveries, 34.5% were caesarean.
10. Mother mortality rate was 29.4/100,000.

Gender Based Violence (GBV) is a serious problem that is concretely existent in the Palestinian Society in general and in the society of Gaza in particular. The attitude of the Palestinian society regarding the issue is deeply problematic. **Twenty Two percent** of the Palestinian Population interviewed in an opinion poll[2] supported a man hitting his wife if he thought it was necessary, and **17%** believed it was reasonable for the respondent's sister to be hit by her husband if he thought it was necessary. A unique but frightening aspect that distinguishes the situation of GBV is the aspect of '*honor killing'*. During a survey conducted by the **Palestinian Human Rights Monitoring Group**[3], it was revealed that: ***"there is a widespread understanding of the need to conceal (even if resorting to murder) an act or crime in order to protect the family name. The support is***

[1] Women Health Report, Palestinian Medical Information Center, the Ministry of Health June 2012 (the Arabic version) (Not published!)

[2] Arab World for Research & Development (AWARD). 2008 Opinion poll: Palestinian Women: Challenges and priorities, social and economic rights, political participation, legal reform, the role of women and human rights organizations, overall trends. Ramallah

[3] Hansson, E. (2008) Women under siege: A review of violence against women in Palestine and its extreme expression in the form of 'honor' killings. Jerusalem: Palestinian Human Rights Monitoring Group.

stronger among men than women with 25.9% and 16.3% respectively saying that they agree that families must kill their daughter to erase the induced shame".

According to the PCBS[4], the following facts represent some of the aspects about GBV in the Gaza Strip in regards to violence against married women by their husbands:

1. Seventy Six percent of women in the Gaza Strip where psychologically abused by their husbands.
2. Thirty four percent were physically abused by their husbands.
3. Fourteen percent were sexually abused by their husbands.
4. Seventy eight percent were socially abused by their husbands.
5. Eighty eight percent were economically abused by their husbands.

The project addressed the challenges and issues that preclude women's wellbeing through building on the existing work of the two WHCs giving focus to the following three main areas: access to reproductive and sexual health care services and products; counseling and empowerment support; and, service quality and technical capacity building. The project attempted to improve the health status of women and adolescents in Al Bureij and Jabalia camps through greater outreach and enhanced range and quality of services. Moreover, the project should have contributed to initiate a positive change in attitudes and behaviors in relation to RH issues and choices amongst those targeted communities.

The project is a continuation and improvement of a four year comprehensive reproductive health (RH) program already being implemented at two WHCs serving in Al Bureij and Jabalia refugee camps. The WHCs are run and operated under full responsibility of two Palestinian NGOs: ***The Culture and Free Thought Association*** (***CFTA***), running Al Bureij Women's Health Center and ***The Red Crescent Society for Gaza Strip (RCS)***, running the WHC of Jabalia. The leading partner for the project is ***CFTA***. The project was responding to a real and present need on the ground. The need was identified by: a rapid needs assessment study conducted by the ***CFTA*** with the main target group; meetings conducted with the beneficiaries and the main stakeholders of the project; and the outcome analysis of 7 different focus groups in the camps targeted. Moreover, ***CFTA*** considered the findings of the health and protection clusters in Gaza, such as: the national plan of action carried out by the ***PNA***; the findings of ***WHO*** reports on health; the reports of UNFPA; the recommendations of the ***EC*** missions for the WHCs in 2010; and the ***UNW*** recommendations and responds to four of the eight ***MDGs***.

CFTA has been entrusted to execute improving the reproductive health (RH) status of marginalized people in the targeted areas and empowering them to make RH and well-being choices "funded by ***EU*** - Jan. 1st, 2012 – December 31st, 2013

[4] Palestinian Central Bureau of Statistics 2011, the press conference, The main result of violence survey in the Palestinian Society 2011, Rammallah, Palestine.

CFTA RH & GBV project aimed to improve RH, psychological and social wellbeing of refugee women and adolescents in the targeted areas by offering comprehensive quality services focuses on sexual health care, legal aid services, prevention of GBV and the protection of victimized women.

1.2 Project Results/Activities:

The project proposed the following four key results:

1. Better access to a comprehensive range of RH services for women and adolescents in and beyond the communities where WHCs operate. This result was to be achieved through the implementation of the following activities:

- laboratory testing;
- family planning advice;
- pharmaceutical services;
- pre-natal and post natal services;
- detection and primary care of gynecological problems;
- ultrasound examination;
- detection of breast and cervical cancer;
- individual and group support sessions for women undergoing breast cancer treatment;
- advice and treatment for menopausal women;
- preventive programmes on reproductive tract infections (including STDs through pap smears);
- dermatology clinical treatment, nutrition supplements (vitamin supplements, folic acid and iron);
- dissemination of awareness information;
- early detection of psychosocial problems, physiotherapy, fitness, psycho-somatic related postural behaviors problems and
- yoga and relaxation sessions.

2. Increased women's access to services that protect, prevent and support them against violence. The result intended to maximize the number of women who receive prevention and protection support as they are victims of violence or are at risk of being abused.

The WHCs continued their efforts to target more people at risk of violence or being abused through their outreach, counseling and awareness programs. The WHCs should have promoted self-empowerment through supporting women who have been exposed to violence and should have advocated their rights in local communities to support others. Beneficiaries were encouraged to make use of social media tools, such as blogs and social network sites to talk anonymously and freely on the issue. Those women wanting legal counseling and advice are also supported.

3. Increasing awareness and better decision-making skills among the WHCs' service-users and communities towards reproductive and sexual health issues

That intended behavioral change was to be reached through the counseling and training activities organized at the WHCs.

Male community was progressively targeted to contribute to improve health conditions in their families by: supporting their wives throughout different stages of their reproductive life; appreciating their involvement in the socio and economic activity; and enhancing their dialogue with them. Several publications have been produced by the two WHCs. The publications targeted beneficiaries and the work teams of the two WHCs to improve their performance.

4. WHCs become models of good practice in service delivery and information management

The capacity building component included: advanced training of the staff; initiating a Medical Managment Information System (MMIS) at the two centers; initiating and adapting missing systems and policies, such as, the environmental protection policy.

On the administrative level, the ***CFTA*** and ***RCS*** should have increased their financial and technical reporting skills as well as their abilities to liaise with international partners and international donors. ***CFTA*** and ***RCS*** should have improved their managerial skills and abilities to manage and administrate EU funds at local level.

The WHCs should have strengthened linkages between community-based organizations and RH services government providers. They should have promoted and shared mechanisms of good practices and lessons learnt from their experiences through their networking activities.

1.3 Project Beneficiaries:

Project's final Beneficiaries are intended to be the broader refugee population of Jabalia and Al Bureij camps: total population approximately 138,000 people.

Project's target Group was intended to be: 20,000 women, adolescents and men (14,400 women) living in the refugee camps of Al Bureij & Jabalia who will access the WHCs RH services, each year.

1.4 Project targeted areas:

Al Bureij and Jabalia refugee camps in the Gaza Strip

1.5 *CFTA* scope of work:

The Culture and Free Thought Association CFTA was created as an initiative by five society figure women who shared the same vision and concerns. They thought about interventions that protect children from danger; and the result was: the creation of the ***Culture and Free Thought Association*** that was established 1991 and currently implements 5 basic programs that represent the core of the association. These programs are:

1. Information, research and capacity building
2. Child Development
3. Women Empowerment
4. Youth Social Integration
5. Advocacy

1.6 RCS Scope of Work

The Red Crescent Society of Gaza Strip (RCS) is a Non-Governmental Organization. The RCS is an independent, democratic, development and relief, non-profit organization that aims to participate in improving life conditions for Gaza Strip citizens in the health; cultural; educational, and humanistic levels for Gaza Strip citizens.

<u>The Objectives of the Society:</u>

1- To participate in improving the health situation of the people in Gaza Strip.
2- To participate in raising the standard of culture of the people in Gaza Strip.
3- To participate in limiting the spread of illiteracy in Gaza Strip.
4- To share in various humanistic deeds; support and relief the needy in Gaza Strip.

The RCS has three main divisions of services provided to the beneficiaries, which are:

1. Health Services
2. Educational and Cultural Services.
3. Humanistic Aid Services.

The health services provided by RCS include:

- General primary health care treatment;
- Woman health care;
- Diagnostic services;
- Laboratory services;
- Dental care services; and
- Pharmaceutical services.

1.7 The Funding Organization:

The action was funded by the **European Union** under the thematic program: *"Non-State Actors and Local Authorities in Development- Actions in the Occupied Palestinian Territories"*. The thematic programme is a development policy instrument of the European Consensus on Development[5]. It took the place of the NGO co financing and decentralized cooperation budget lines. It is an 'actor-oriented' programme offering co financing for the own activities of Non-State-Actors and Local Authorities and support for capacity building. The aim of the programme is to **facilitate the involvement of non state actors and local authorities in policy formulation and their capacity to deliver basic services to the poorest sections of the population in developing countries and so help reduce poverty in a context of sustainable development.**

The programme furthers the ***EU***'s policy of encouraging and supporting long-standing partnerships between ***EU*** and partner country non-state actor organizations and local authorities. As an integral part of EU cooperation, support to civil society is, for the most part, mentioned in partnership and cooperation agreements with third countries and provided through the geographic programmes.

The 2011-2013 strategy paper of the thematic programme identifies three specific objectives that contribute to the overall objective:

• Promotion of the principles of inclusivity and independence in partner countries so as to facilitate non-state actor and local authority participation in poverty reduction and sustainable development strategies;

• raising public awareness of development issues and promoting education for development in the EU and acceding countries, anchoring development policy in European societies, and mobilizing greater public support for action against poverty and fairer relations between developed and developing countries;

• Support for activities to strengthen coordination and communication activities of NSA and local authority networks in the EU and acceding countries.

[5] Thematic Programme Non-State Actors and local authorities in Development 2011-2013 Strategy Paper.

1.8 The Evaluator

The evaluation process of the action/project was conducted by ***Effects for Consultation and Development. Effects*** is private company that provide consultations and services to local and international NGOs. ***Effects*** targets the development of its partner organization as a means for achieving the goal of developing all the NGO sector in the Gaza Strip. Effects team is consisted of a number of professionals and consultants that have long experience in the NGO sector in Palestine and the team aims to develop this experience and deliver it to the partner organizations.

2. Evaluation Objectives and Methodology:

2.1 The Overall Objective of the Evaluation Report:

This final external evaluation was an assessment of the first year of the project: "***Improving the reproductive health (RH) status of marginalized people in the Gaza Strip and empowering them to make better RH and Well-being choices"***. The evaluation process intended to:

1. Assess the achievement of project's intended objectives and expected results for the first year.
2. Assess the following aspects about the intervention:
    - Design;
    - Relevance;
    - Effectiveness;
    - Efficiency;
    - Impact;
    - Sustainability;
    - Monitoring and Evaluation;
    - Gender balance considerations and
    - Accountability.
3. Extract lessons learnt and provide recommendations which may:
    - Facilitate a learning experience for ***CFTA*** that will support their future community development programs and activities,
    - Contribute to the planning and design of future interventions.

While this evaluation meets all the criteria of a standard project final evaluation, it also functions as an operational evaluation since ***CFTA*** is actively involved in other projects related to RH and GBV.

2.2 Methodology

In order to meet the evaluation objectives described above, the evaluation consultants associated with ***Effects*** adopted an integrated participatory approach. Such an approach was chosen in order to ensure that stakeholders and beneficiaries provide their feedback that will help achieve the objectives of the evaluation process. They also had the opportunity to reflect, analyze and to comment on the evaluation process itself.

In order to collect information and data that will provide the basis for achieving evaluation objectives, the following evaluation tools were applied:

1. Review of relevant documents and reports.
2. Interviews with key informants.
3. Focus group discussions.
4. Site visits.
5. Conducting surveys to beneficiaries.

The following points provide a brief summary of the assessment methodology:

1. **Review of relevant documents and reports:** To contextualize the project implementation and evaluation processes, the evaluation will begin with a comprehensive review of all available literature related to the project and RH and GBV conditions in the project target areas. The review will include project documents such as the project proposal and implementation plans, progress reports, agreements, budgets and survey reports, as well as relevant existing studies by governmental and NGOs in Palestine including key players such as World Bank, UNICEF, UNFPA, EC, Woman Affair Centers, Ministries of Health, Education & Youth, UNDP, Save the Children, etc.

2. **Key Informant and Group Interviews (KII) (Eight Interviews)**
Semi-structured interviews with relevant stakeholders where conducted. During the evaluation process, participants representing different stakeholders were interviewed to validate (or invalidate) the preliminary findings from the literature review, and to collect primary data. The participating representatives of ***CFTA*** and ***RCS*** included senior management and staff members who are in charge of tasks relevant to project operations; administration; monitoring and evaluation; and field coordination. The aim is to capture the relevant staffs' assessment, and their opinions, of the project's performance. The interviews have provided an opportunity for these staff to reflect on issues relevant to the project's management and outcomes. These interviews aimed as well to assess capacities, mechanisms and utilization of the project's human and non-human resources. Representatives of Governmental and Non-Governmental Organizations (NGOs) such as UNFPA, UNRWA clinic and MoH representatives have also been interviewed. Group Interviews (GI) have been

used with beneficiaries to raise opinions and views on many topics. The evaluator have extracted the data by using organized open-ended questions. The evaluator have guided the process objectively without leading questions.

The 8 interveiews conducted were with:

Name	***Position***	***Organization***
Mrs. Majeda Al Saqa	*Project Manager*	*CFTA*
Mrs. Ferial Thabit	*Director of Al Buriej WHC*	*WHC- CFTA*
Mrs. Mariam Shaqoura	*Director of Jabalia WHC*	*WHC- RCS*
Mrs. Maysoon Faqawi	*Project Coordinator*	*CFTA*
Mr. Osama Abu Ita	*National Manager*	*UNFPA*
Mr. Moen Al Kareeri		*Ministry of Health*
Mrs. Myassar Abu Moeliq	*Director*	*Palestinian Family Planning Association*
Dr. Mohammed Al Aqha	*Manager of Buriej Health Clinic*	*UNRWA*

3. **Focus Group Discussions (six FGDs conducted):** The Effect's consultants have conducted six focus group discussions with a randomly selected sample of female and male beneficiaries as well as the project staff at the WHCs in the two targeted areas. These discussions have focused on assessing the effectiveness and impact of the project activities on the communities; the project's weaknesses, strengths, efficiency, sustainability, and potential contributions to reproductive health issue for the beneficiaries. In addition, the focus groups will also highlight the specific added value of the different activities implemented in the project.

The focus group participants were planned to provide their insights and to contribute to identifying lessons learnt on the project's design, activities and matters. Qualitative data was obtained through a series of six focus group discussions. The six FGDs were:

- Two FGDs for female beneficiaries(one in Al Buriej and one in Jabalia);
- Two FGDs for male beneficiaries (one in Al Buriej and one in Jabalia); and
- Two FDGs for project staff members (one in Al Buriej and one in Jabalia).

The purpose of the FGDs was three fold.

Firstly, the FGDs aimed to place the people and their perceptions at the centre of the evaluation giving them a chance to contribute to a definition of the project 'successes' which goes beyond the pre-defined (log frame) objective and project goals. **Secondly** the FGDs aimed to gain a detailed insight into the RH and GBV impacts of the project on the beneficiaries and their direct environment**. Thirdly**, the FGDs aimed to get a qualitative insight into the views of the beneficiaries on the project's design and implementation. Therefore, a set of different guiding questions was prepared for many FGs meetings for different project stakeholders as male/female beneficiaries at both of the WHCs, project staff and WHCs' staff. Inquiries were based around the main questions in the TOR with additional probing questions added as needed.

4. **Site Visits:** The Effect's consultants visited ***CFTA*** and its ***RCS*** partner to observe the project performed activities and gain insight from the direct beneficiaries in the field about sustainability. Before going to the site visit, list of items for direct observations were identified for each activity.

5. **Questionnaires:** A comprehensive survey was prepared by the Effect's consultation team in cooperation with ***CFTA*** and its partner. The questionnaires had provided quantitative data and statistical information about the beneficiaries' satisfaction and their opinions towards the project's efficiency, effectiveness, sustainability and impact. It was also intended from

conducting the survey to draw beneficiaries' recommendations for future projects. The content of the questionnaire was validated through consultation with at least five external experts. The sample of questionnaire participants was 234 of total project direct beneficiaries conveniently selected.
The questionnaire was divided into six main categories (a- demographic data including age, educational level, marital status...etc. b- reproductive health questions, c- Gender Based Violence questions, d- efficiency, effectiveness and accessibility of the WHCs, e- the preferred method of receiving information from the WHCs, f- open ended questions to be freely filled by the participants)

The analysis of the questionnaire; special rating scale designed to categorize the levels of satisfaction and impact in different aspects of the questionnaire which was suited to meet evaluation objectives.

Methodology of conducting the survey:

1. Participants' satisfaction regarding reproductive health services (RHS) provided by the WHCs

A twelve-item scale **(Q18-29)** was designed to assess the participants' satisfaction on the RHS. The participant was asked to answer each item on five points ***Likert*** type scale, a score of (5) denotes strongly agree, (4) agree (3) neutral, (2) disagree, and (1) strongly disagree. *A total score was obtained by summing the scores for the 12 items. This was ranged from 12-60 points and classified as the following:*

- Highly satisfied ranged from 49-60 (>80%)
- Moderately satisfied ranged from 36-48 (60-80%)
- Low level of satisfaction was for <36 (<60%)

2. Participants' satisfaction regarding gender based violence services (GBV) provided by the WHC

A five-item scale **(Q12-16)** were designed to assess the participants' satisfaction on the GBV. The participant was asked to answer each item on five points Likert type scale, a score of (5) denotes strongly agree, (4) agree (3) neutral, (2) disagree, and (1) strongly disagree. *A total score was obtained by summing the scores for the 5 items. This was ranged from 5-25 points and classified as the following:*

- Highly satisfied ranged from 21-25 (>80%)
- Moderately satisfied ranged from 15-20 (60-80%)
- Low level of satisfaction was for <15 (<60%)

3. Impact of RH program on participants' knowledge and behavior (N=194)

A ten-item scale **(Q8-17)** was designed to assess the RH service impact on the participants' knowledge and behavior. The participant was asked to answer each item on five points Likert type scale, a score of (5) denotes strongly agree, (4) agree (3) neutral, (2) disagree, and (1) strongly disagree. *A total score was obtained by summing the scores for the 10 items. This was ranged from 10-50 points and classified as the following:*

- Very good change ranged from 41-50 (>80%)
- Good change ranged from 30-40 (60-80%)
- Fair change was for <30 (<60%)

4. Impact of GBV counseling program on participants' knowledge and behavior (N=216)

A night-items scale **(Q2-6,8-10)** were designed to assess the GBV counseling program impact on the participants knowledge and behavior. The participant was asked to answer each item on five points Likert type scale, a score of (5) denotes strongly agree, (4) agree (3) neutral, (2) disagree, and (1) strongly disagree. *A total score was obtained by summing the scores for the 8 items. This was ranged from 10-50 points and classified as the following:*

- Very good change ranged from 33-40 (>80%)
- Good change ranged from 24-32 (60-80%)
- Fair change for <24 (<60%)

5. Relevance of the program content (N=181)

A ten-items scale **(Q1-7RH, 1,7,11GBV)** were designed to assess the relevance of the RH, and GBV service the participants need. The participant was asked to answer each item on five points Likert type scale, a score of (5) denotes strongly agree, (4) agree (3) neutral, (2) disagree, and (1) strongly disagree. *A total score was obtained by summing the scores for the 10 items. This was ranged from 10-50 points and classified as the following:*

- Highly relevant ranged from 41-50 (>80%)
- Moderately relevant ranged from 30-40 (60-80%)
- Poor relevant for <30(<60%)

6. Efficiency of the work and services provided by the WHCs

An eleven-item scale **(Qs1-11)** was designed to assess the efficiency of the work and services provided by the WHCs. The participant was asked to answer each item on five points Likert type scale, a score of (5) denotes strongly agree, (4) agree (3) neutral, (2) disagree, and (1) strongly disagree. *A total score was obtained by summing the scores for the 10 items. This was ranged from 11-55 points and classified as the following:*

- Highly efficient was from 45-55 (>80%)
- Moderately efficient was from 33-44 (60-80%)
- Poor Efficient was for <33 (<60%)

Crosstab and frequency measurement were used to extract the results.

3. EVALUATION FINDINGS

3.1 Assessment of the achievement of project intended objectives and expected results for the first year.

The effectiveness of a project is usually measured by assessing the degree to which that project was able to achieve its intended objectives. This is done through tracking the key performance verifying indicators, as highlighted in the project's logical framework and activities, against the findings of the periodic monitoring and evaluation activities. Since this is a midterm evaluation and the indicators in the log frame are to be measured at the end of December 2013, the outcome is not applicable to be measured in May 2013. Thus, the evaluation assessed the more detailed output indicators associated with the project four results for the first year as stated in the project proposal. However, the evaluation team has some comments to be mentioned about the verifiable indicators in the log frame of the project.

3.1.1.1 Assessment of project's outcome log frame indicators:

The project was designed to have one overall objective, two specific objectives and four expected results. The evaluation process included an assessment of the verifying indicators of the three mentioned components as follows:

3.1.1.1 LogFrame's indicators associated with project overall objective:

Overall objective: To contribute to the improved RH , psychological and social well being of refugee women and adolescents of the Gaza Strip by offering comprehensive quality services which focus on sexual health care , legal aid services , prevention of GBV and the protection of victimized women.

Objectively verifiable indicators of achievement: positive contribution to the MDGs goals 1,3, 4 and 5, reduced maternal and infant mortality and morbidity rates; reduced incidence of STDs ; decline in average family size and associated economic burden; reduced incidence of reported GBV cases; shift in public health attitudes on gender-based and domestic violence ;improved psychological and physical health and quality of life among Palestinian individuals and families; improved dialogue between women and men.

- The objective should have expressed only results rather than the means; here we find a combination between means and ends (like saying by offering comprehensive quality services).
- There is a doubt about achieving change in the maternal and infant mortality rates given the short duration of the project and the nature of those two policy level

composite indicators which necessitate a wide variety of changed preset of conditions(economic, social , health …etc).

- Difficulty in measuring maternal and infant mortality rates using national statistics especially when national statistics don't publish those data stratified by region (Buriej and Jabalia). Also, difficulty to attribute change (if happens) to this specific intervention given other projects implemented in the area and secular trends which includes tens if not hundreds of determinants to this change.

For the previously mentioned comments, we advice is to remove infant mortality rates and female mortality rate from the levels of overall objective and specific objectives and use the indicators described for the specific objectives. Since those outcome indicators are more sensitive to the changes resulted from the project intervention.

3.1.1.2 Log Frame' indicators associated with project's specific objectives:

The specific objectives verifying indicators are meant to be measured by December 2013. Thus this evaluation process did not assess the achievement of those verifying indicators rather did analyze them and believe the following comments should be mentioned in order for project management to provide corrective measures.

Project's two specific objectives are:

1. To improve the health status of women and adolescents in Al Bureij and Jabalia camps through greater outreach and enhanced range and quality of services.
2. To instigate a positive change in attitudes and behaviors in relation to RH issues and choices amongst the communities of Al Bureij and Jabalia camps.

The objectively verifiable indicators of achievement are:

1. At least 1% decrease in both female and infant mortality rates in both camps.
2. At least 5% reduction in birth rates and/or a 10% increase in intervals between childbirth in WHCs areas.
3. At least 10% decline in early marriage rates and early pregnancies in WHCs areas.
4. Decrease in number of families using violence as first option to solve family problems by 5%.
5. At least 10% increase in self reported RH status and well-being of female service-users.

The mentioned indicators are ambitious and difficult to measure using sources and means of verifications stated in log frame since data produced by Ministry of Health is not stratified by region (Buriej and Jabalia). This kind of indicators is more likely to be measured using baseline survey specifically designed for this purpose.
The link between activities used to reach the designated outcomes is not clear in the log frame in a way that reflects detailed activities in the proposal. The second specific objective has only outcome indicators that reflects behavioral changes rather than changes in attitudes. In the objectively verifiable indicators of achievement, we don't find any indicators that reflect changes in attitudes. We advice to add attitude outcome indicators, such as, percent of women at reproductive age who have positive attitudes towards KRH (contraceptive, gender rule stereo types, perceived vulnerability) issues and choices amongst the communities of Al Buriej and Jabalia camps. In correspondence with the previously mentioned points, sources and means of verification for the suggested attitude outcome indicators should be introduced in this column of log frame with meticulous attention to measurement issues in quantifying those qualitative indicators with the suggested indicator mentioned above as a clear example to clarify this point.

3.1.1.3.1 LogFrame's indicators associated with the four results:

Result 1:

Better access to a comprehensive range of RH services for women and adolescents in and beyond the communities where WHCs operate

- For the first indicator # of women, adolescent and men who choose to receive WHCs services increase by 15% should use percentage rather than numbers since numbers could reflect misleading changes on the macro level due to natural growth in population.
- For the second indicator "At least 15% increase of cancer cases detected and supported in the 2 camps" has two things to measure , first detected cases and second one is treated cases. This indicator should be split into two indicators.
- For the fifth indicator "At least 5% decrease in level of nutrient deficiencies amongst WHC service-users" imply the question whether we have the sufficient means to achieve and reach the target of this indicator. Also, more specification of nutrient deficiencies should be stated. How these nutrient deficiencies could be measured and is this included in the baseline survey?

Result 2: More victims and those at risk of gender-based and domestic violence receiving prevention and protection support.

- In indicator “integration of GBV policies within at least 40 CBOs”, it is not clarified how the GBV policies could be integrated within those 40 CBOs neither in means of achieving this nor in means of verification where minutes of meetings with institutional bodies, NGOs and health structures.
- In indicator “at least 10% increase in # of WHCs clients who receive support for GBV and other physical or psychological threats”, vague meaning of support in terms of measurement and explanation. It should be more specified on indicator level.

Result 3:

Greater awareness and better decision-making among the WHCs' service-users and communities towards reproductive and sexual health issues

- The result greater awareness should be stated at lower level rather than result one, usually this reflects knowledge changes which according to KAP (Knowledge, Attitude and Practices) constitute the first step towards attitude and practice levels. Use of decision making among WHCs service users should be changed to a more reflective wording such as better reproductive health practices or any other relevant terms than "decision making" one.

- There is no clear link between awareness raising, knowledge change and behavioral change. Usually behavioral change takes more time than that of the project and usually we have change in attitudes precede the behavioral changes. This was not reflected in log frame results, indicators and means of verifications.

- Measurement of knowledge, attitudes and behavioral issues is indicated in means of verifications. Clients satisfaction reports, WHCs reports and various mentioned means can't measure those changes.

Result 4:

WHCs become models of good practice in service delivery and information management

- First indicator" Improved analytical medical and administrative reports produced by WHCs staff" should be better quantified into percentage of analytical medical and administrative reports produced by WHCs staff.
- Indicators and activities related to improving monitoring and evaluation capacity and practices should be reflected in the log frame.
- Improved monitoring practices through utilization of information management and timely delivery of data and appropriate intervention should be reflected in both indicators and reports.
- As a way of improving service delivery in terms of coverage and specification of services are key issues in becoming models of good practices which needs to be integrated into indicator level.

3.1.3 Achievement of project's results associated with the output level in the first year:

Thirty six verifying **output** indicators were obtained from project proposal to measure the achievement of the project's specific four results on the output level.

Information about the level of achievement of the verifying indicators associated with the four results were obtained from project reviewed documents as well as during interviews with key project personnel.
The following table provides a comparison between each specified indicator and the actual correspondent performance on the ground for that indicator[6].

Expected Result #	Ind.	Indicator Variable	Indicator Value	Actual Indicator Value achieved	Percent Increase
Result 1	1.1	**Women received home visits**	**7500**	**6995**	-7.7%
	1.2	**Community based organizations visited**	**30**	**45**	50%
	1.3	**Brochures on WHCs services**	**1**	**2**	100%
	1.4	**Women received health prevention & care services**	**5000**	**8752**	75%
	1.5	**Women received family planning counseling**	**750**	**1959**	161%
	1.6	**Women received ANC and other supplements**	**1750**	**4337**	148%
	1.7	**Women received PNC & other vitamin supplements**	**1750**	**4337**	148%
	1.8	**Women received laboratory services**	**3750**	**3760**	0%
	1.9	**Women attended physical activities**	**725**	**2266**	213%
	1.10	**Women received psychological counseling**	**410**	**640**	56%
	1.11	**Women received social counseling**	**1500**	**1312**	-13%

[6] A complete description of expected results and their indicators is presented in Appendix 1.

	1.12	Women received legal counseling	600	697	16.16%
	1.13	Men received socio-psychological counseling	750	807	15.79%
	1.14	Adolescents and youth received socio-psychological counseling	200	293	15.79%
Result 2	2.1	Women & men exposed to awareness activities on RH, Gender relations…	20,000	22978	14.89%
	2.2	16 day campaign on GBV in which information materials on GBV have been produced, printed and distributed	Yes/No	Yes	
	2.3	2 information materials have been developed on GBV issues.	Yes/No	Yes	
	2.4	Documentation materials purchased and used by community and the WHC staff.	60	90	50%
	2.5	Workshops for journalists on GBV and the media representation	1	Yes	
	2.6	4 Media coverage and one press release produced	Yes/No	Yes	
	2.7	5,000 SMS, internet ads, and 3 radio broadcasts, 2 blogs used to spread information.	Yes/No	Yes	
Result 3	3.1	Awareness raising sessions and workshops for adolescents on HIV&AIDS and safe sex behavior.	60	49	-18%
	3.2	Legal counseling for women and married couples.	300	697	132%
	3.3	Court representations and follow up	30	85	183%
	3.4	Psychodrama, drama therapy debriefing and recreational activities for victims and other women.	Yes/No	Yes	
	3.5	Greater awareness among populations of RH via 4 campaigns and at least 60 self	Yes/No	Yes	

		empowerment workshops...			
Result 4	**4.1**	**WHCs staff developed their technical and management skills....**	**6**	**Postponed to 2013**	
	4.2	**Medical Management Information System MMIS is installed and applied.**	**Yes/No**	**Yes**	
	4.3	**Clinic logistic team is trained on MMIS**	**Yes/No**	**Yes**	
	4.4	**Clinic Administrative team is trained on analyzing quantitative data and data gathered from MMIS.**	**Yes/No**	**In preparation**	
	4.5	**WHC have been provided with office furniture, office and medical equipment needed.**	**Yes/No**	**Yes**	
	4.6	**WHCs health providers have improved their knowledge on WHC management.**	**8**	**Postponed to 2013**	
	4.7	**WHCs health providers have enhanced their assessment and treatment skills of sexual GBV victims.**	**Yes/No**	**Yes**	
	4.8	**Staff of the WHCs enhanced their diagnostics and plan of treatment skills.**	**6**	**postponed**	
	4.9	**Staff of the WHCs enhanced their skills in supervision techniques.**	**4**	**In preparation**	
	4.10	**WHCs staff to share information and advocate for key issues allover Gaza Strip.**	**Yes/No**	**Yes**	

The following table summarizes the number of output indicators for each result and the number of indicators that were totally achieved in the first year of the project 2012.

Result No.	Number of indicators targeted	Number of indicators actually achieved in the first year 2012	Number of indicators that were partially achieved	Number of indicators postponed to 2013/in preparation	Number of Indicators Not Achieved at all
Result 1	14	12	2	0	0
Result 2	7	7	0	0	0
Result 3	5	4	1	0	0
Result 4	10	5	0	5	0
Total	36	28	3	5	0

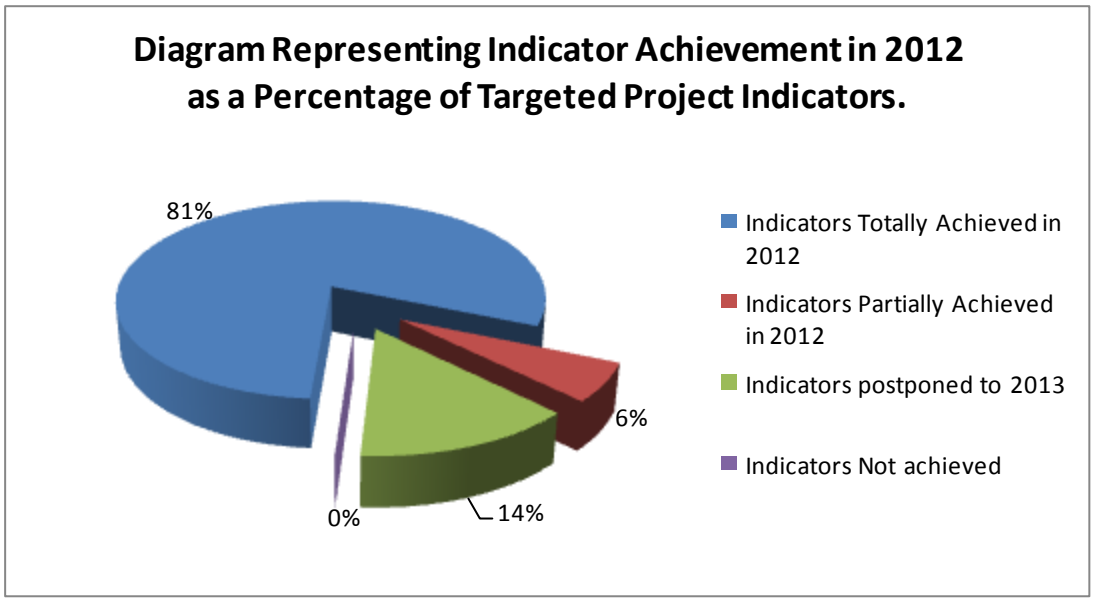
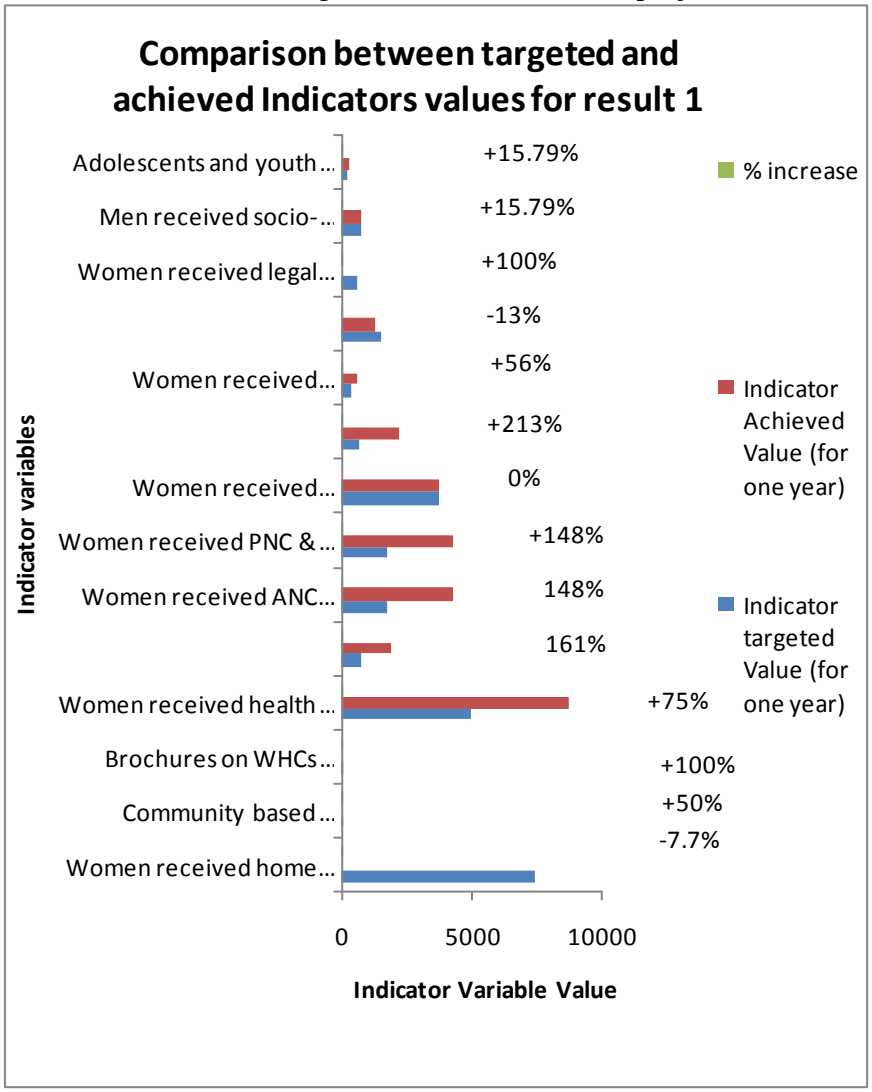


Figure 1:Diagram Representing Indicator Achievement in 2012

As the diagram indicates, **81%** of indicators were totally achieved and most of those indicators have exceeded the targeted value for the indicator variable. However, **14%** of indicators have their corresponding activities conducted but the **actual** targeted value of the indicator has not been reached at the time of reporting the first year of the project. It is important to mention that those indicators cannot be considered as achieved since the significant value of indicator variable has not been reached despite the fact that more than **90%** of the value of indicator variable has been achieved. This would not mean that the management has failed achieving those indicators since **this lag is totally justifiable**. For instance, the first indicator of result 1 indicates that number of women received home visits is targeted to be 7,500 women. The actual value achieved on the ground was 6,995 which are **93%** of the targeted value. The indicator variable value of 7,500 women for one year is too ambitious given the time and number of staff available. It is important to consider the surrounding environment of the project that was associated with a war being launched on Gaza on November 2012. The existence of the war has violated the assumptions of indicators' achievement stated in the logical framework of the project. The remaining **6%** of indicators were either planned for their corresponding activities to be carried out in 2013 or were postponed for strong justifications. At the end, the evaluation revealed that none ***of the planed indicators associated with the expected results was not achieved***.



3.2 The assessment of project's design, relevance, effectiveness, efficiency, impact, sustainability, gender balance and accountability.

3.2.1 Assessment of the Project Design

Considering that the overall focus of the project was to enhance the RH and reduce GBV in the Gaza Strip targeted areas. This implies increasing their access to RH and other women health services through the project activities. In this regard, the project design was **adequate**. This has been validated through our discussions with beneficiaries and staff during the FGDs. The project also included a number of particularly worthy features:

1. The project idea emerged from identified critical needs of the target communities based on comprehensive ***CFTA*** needs assessment studies and ***CFTA*** & ***RCS*** staff previous experience, and was completely in line with the ***EU***, ***CFTA*** & ***RCS*** missions and community development roles
2. ***CFTA*** engaged the local community through the formulation of partnership with the ***RCS*** which is a local Palestinian NGO that acted as a project implementation focal point in Jabalia in addition to the ***CFTA*** WHC at Al Buriej.
3. The project design rationale focused on improving the beneficiaries' reproductive and maternal health by increasing their awareness and by providing them with a comprehensive set of services

The project design adequately identified all of the results that would need to be met over the life of the project, and the resources that would have to be put in place.
The evaluation team believes that the project as designed and as implemented was unquestionably appropriate to its context and responsive to real needs of its target beneficiaries as stated in the focus groups, interviews, direct observation and questionnaire findings.

3.2.2 Relevance

The relevance of the project was assessed to explore whether the project objectives are a priority for the beneficiaries, for national development and for social strategies; and to assess to what extent the project objectives are congruent with the implementers' missions and strategic goals.

3.2.2.1 Relevance to the Target Beneficiaries

With regard to the project's relevance to the beneficiaries' needs, it was revealed from the analysis of the survey conducted that the project content was relevant to the targeted beneficiaries. It was revealed that 74% of the subjects tackled in the centers were highly relevant to the participant's needs, while 26% were moderately relevant.

Moreover, project documents provide a clear mechanism to ensure that the activities would fit the needs of the beneficiaries, such as mammography, men involvement in RH & GBV issues, and post natal outreach services. The project's approach of enhancing RH & GBV issues in the community solidifies Project's relevance. In fact the project design was based on an assessment process for the local stakeholders in the targeted regions. Based on the information gathered through the needs assessment, the beneficiaries' most critical needs were prioritized, and form the foundation for the project interventions.

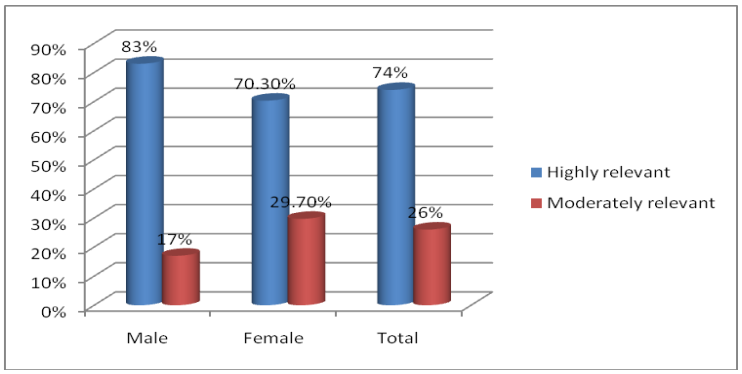


Figure 2 Relevance of project activities and objectives to beneficiaries needs and expectations.

Beneficiaries certified that the insufficient providence of health care services in general, and the RH services in particular, by the Ministry of Health on one hand and the negligence of GBV issues by local authorities on the other hand provides the basis for the increase need of the project by the beneficiaries. Additionally, the hardship inherited by the devastating political atmosphere; as well as the blockade and the continuous status of war; all contribute to an increased negligence by both society and local authorities to the RH & GBV issues which makes residents, particularly women, victims of such devastating situation as they would not properly receive those vital services in case such a project was not initiated.

Although, relatively similar services are provided to the beneficiaries by UNRWA clinics in regards to RH, beneficiaries indicate that the inadequacy and no comprehension of service provision in the clinics of UNRWA are factors that make them prefer receiving those services at the WHCs[7].

> ***Nora, 42 years old**, certified during the interview with her that she prefers to get the services of the WHC in Al Buriej rather than that of the UNRWA clinic due to three facts: She can get the legal help in the WHC but not in the UNRWA clinic; she feels more physically and psychologically secure and calm in the WHC than the UNRWA clinic; and the fact that the WHC has a unit specified for women that not only provides services related to RH&GBV but also provides the psychosocial support for her both inside the WHC and in her home.*

[7] Such description of the services provided by UNRWA and the MoH is only quoted from beneficiaries' responses and is not based on any kind of assessment conducted by the evaluator. Evaluator aimed only to understand the actual need for the project when RH services are provided by other organizations.

3.2.2.2 Relevance to the National Priorities

The project is in harmony with the Action Health Plan for the year 2012 of the Ministry of Health (Ramallah) that was created based on the National Strategic Health Plan 2011-2013[8]. Program (1) in the action health plan has the following main activities:

1. Working towards raising mothers' awareness in relevance to the natural breast feeding.
2. Sustain and Support Breast Cancer precaution Programs
3. Sustain and Support Reproductive Health Services.
4. Installing IMCI Software in all primary health care clinics.

3.2.2.3 Relevance to the Partners

The evaluation team believes that the project is aligned with the mission of ***CFTA*** and its partners to provide adequate RH services and confront GBV in the targeted communities. The project serves the goals of the ***CFTA*** Women Empowerment Program as it provides means of empowerments to females in the issues concerning RH&GBV. The project also serves providing health and psychological care in two departments of the ***RCS***: the Primary Health Care Department and the Psycho social support department. Moreover, the Project serves achieving the strategic plan for the two organizations.

In view of the above findings, the project design is indeed relevant to internal and to the external contexts. The project's results certainly are congruent with the needs of the target groups. Moreover, they are believed to significantly contribute to the partners' missions.

3.2.3 Project Effectiveness

The effectiveness of a project is usually measured by assessing the degree to which that project was able to achieve its intended objectives. This is done through tracking the key performance verifying indicators, as highlighted in the project's proposal and activities, against the findings of the periodic monitoring and evaluation activities, including interviews, questionnaires and focus group discussions with the beneficiaries and partners conducted within the framework of the evaluation.

[8] Palestinian National Authority, Ministry of Health, General Administration for Planning and Health Policies. Action Health Plan for 2012 according to the national Strategic Health Plan 2011-2013. (the Arabic Version)

The evaluation tools (interviews, questionnaires, .. etc.) have revealed that most of the output indicators of the project were not only achieved, but the achievement was beyond the specified values of indicator variables.

Project output indicators are described in detail in section 3.1.3.

It is worth mentioning that the number of user rate which is indicated in the progress report is 55,520 while the targeted number was 44,786. These numbers reflect number of services provided not number of actual beneficiaries which a misleading number reflecting the project's actual coverage. It is more informative to mention actual number of beneficiaries from most vulnerable groups.

According to the RH protocols, each woman at productive age should receive 4 ante-natal visits and 2 post-natal visits. The number mentioned in the progress report of 4,337 services provided doesn't have a clear data about number of ante and post natal care for each woman which poses a question of ante-natal and post-natal quality of care.

3.2.4 Project efficiency

The initial planned entire project budget had a value of Euros 600,000. Efficiency of the activities of the project was measured by questions in both the questionnaire as well as in the FGDs. The analysis of the data obtained from conducting the survey indicate that 80% of the participants responses explained that the work at the WHCs was highly efficient, while 18.7% stated that the work was moderately efficient. Efficiency was assessed through presence of experienced team, the uniqueness of the services provided, follow up care for both counseling and RH fields, in addition to the appointment system for visiting the center.

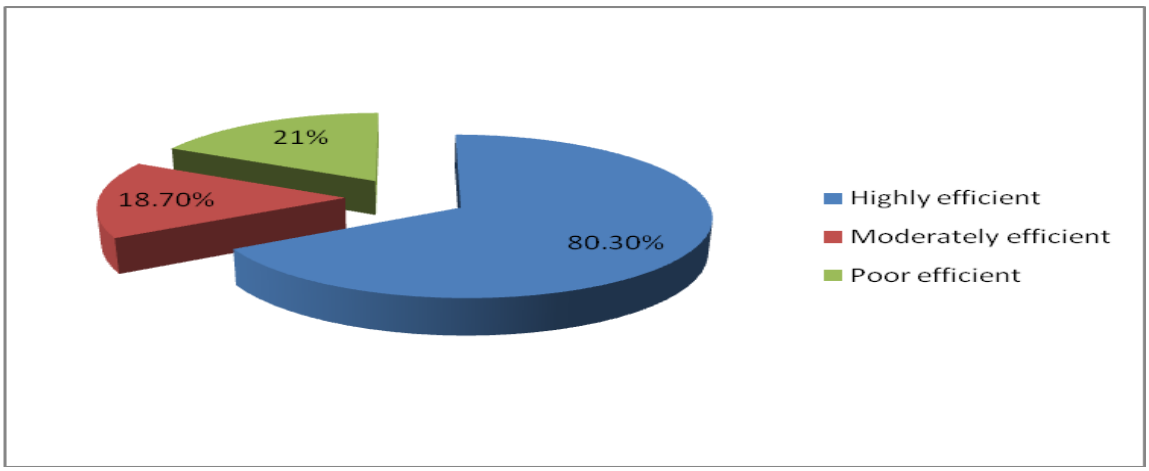


Figure 3: The efficiency of the work and services provided by the WHCs as perceived by the customers(N=214)

The inputs provided from the ***CFTA*** and ***RCS*** were generally appropriate in quality, quantity, timing, and implementations were satisfactory. Furthermore, the work in this project was carried costs are reasonable.

Personnel indicated during FGDs that the financial allocated resources for the detection and diagnosis of breast cancer were limited; however; the project overcame this problem by networking and good utilization of the available resources.

Mr. Abu Eta, UNFPA national manager: The project formed a real role model for other places to adopt as it was successful in networking, advanced service provision and community mobilization with clear emphasis on the GBV

3.2.5 Project impact

In general, one of the key advantages of RH & GBV project is providing beneficiaries with a degree of choice with regard to their own RH priorities which was achieved in addition to generating awareness for affected GBV victims to empower them to achieve their rights. In this evaluation, the project impact was assessed on four levels as follows:

3.2.5.1 Community level

The impact of project activities was assessed by questions asked in interviews as well as FGDs with stakeholders and beneficiaries. It was assured that the project has significantly impacted community by the conducted activities. The project has increased community capacity in regards to RH and GBV. When analyzing community capacity we have different determinants/ components: community leadership that includes key figures like Mokhtars, religious people, community activists…etc. The project tackled all those categories in its activities through the various activities of the project. The FGDs and questionnaires revealed that their Knowledge, Attitudes, and Practice (KAP) were positively changed. This was reflected on their personal level as well as their rule in community. Most of the participants in the FGDs indicated that they became more capable to intervene to solve certain family conflicts pertinent to the GBV in addition to their ability to transfer knowledge to others (peer to peer). One of the community leaders in Jabalia has intervened (after he participated in project's awareness raising activities) to solve a local GBV problem for a couple in Jabalia. He stressed that without the knowledge he got from the project, he wouldn't have been able to solve the problem and to reconciliate the couple on new ground rules. The impact of project combating GBV on the community level is evident due to the fact that community leaders (Mokhtars) have become active in the targeted communities raising awareness and combating GBV. The success of the project creating peer to peer groups is further evidence that community has been impacted towards the more protection of GBV victims.

3.2.5.2 Community individuals:

The impact of project activities on beneficiaries was assessed in the questionnaire. As the project involved two categories of services and activities targeting beneficiaries; namely RH services and GBV services; the impact on beneficiaries was assessed for each category separately. It was revealed that more than half of the participants show a very good knowledge and behavior toward the services provided by the WHC, while about 41% showed good knowledge and behavior to the services.

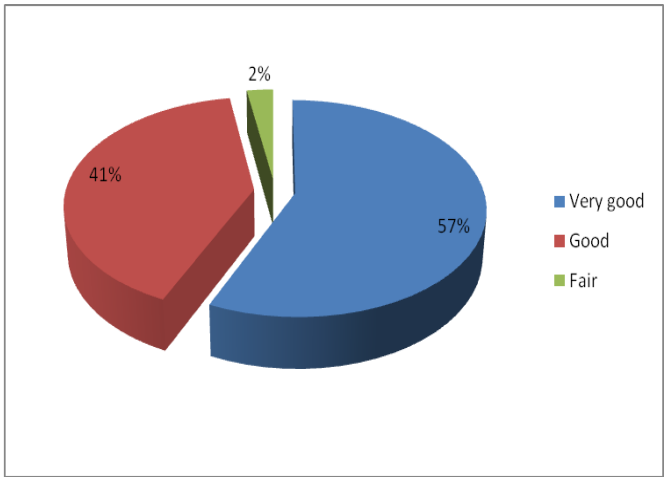


Figure 6: Percentage distribution of the impact of RH services on knowledge and behavior as perceived by the participants (n=194)

In this project the RH and GBV services were appropriate and enabled beneficiaries to choose the means of their RH. The RH & GBV beneficiaries wished that the project comprehensive services could continue following the completion of the project. The male project beneficiaries are more involved in the RH process, for instance, they shared their wives the selection of their own family planning method. One of the beneficiaries stated in one of the FGDs that: ***"After having the second child and after my wife started to visit the WHC, we are sharing the decision to choose the best family planning method."*** The improvement of women attitude towards the early detection of breast cancer and receiving psychological counseling were clear evidence of the attitude change among the project beneficiaries. Furthermore, the male project participants showed a positive change of attitudes towards giving their wives their rights. One male participant indicated that the project staff experience, along with the improved WHCs capacity building, enables them to better serve their client (information obtained from FGDs with the staff). The awareness and participation of female and male adolescents increases through the project.

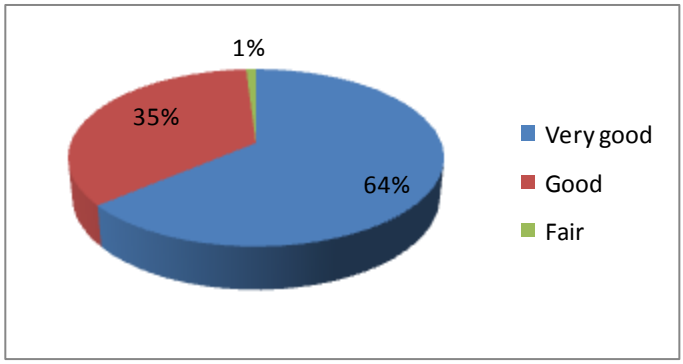


Figure 7:Percentage distribution of the impact of GBV counseling program'son knowledge and behavior as perceived by the participants (N=216)

3.2.5.3 Accessibility to community resources

The project provided local communities of the targeted areas with comprehensive RH and GBV services. This comprehensiveness in services enhance the complementarity relationship between RH and GBV services which formed a model tackling and addressing these headings which contributes to the achievement of the overall objective of the project.

Availability of such comprehensive model to the local vulnerable groups and networking among active CBOs enhanced the quality of services in the local vulnerable communities. Despite the reported integration of GBV polices within at least 40 CBOs, the evaluator poses a serious dealt given the fact that almost all these CBOs where grass roots that lacks basic administration and financial systems therefore it might be difficult to integrate the GBV polices within those CBOs. Anyway, networking with these CBOs could be the starting point to further cooperation and joint activity in prospective projects or years.

3.2.5.4 Community Culture and Values:

The project strategy used various activities for community change in terms of values and culture relevant to RH and GBV. These activities included, but not limited to, awareness raising, radio spots, SMS, and workshops….etc. The findings show that the project awareness raising activities were very effective given the fact that most participants preferred methods for receiving information from the WHCs was lectures (71.1%) followed by symposium(57.3%)
The evaluator has concerns about pre and pro tests of awareness raising materials (lectures and symposium) pretesting of educational materials and communication radio spots since nothing was mentioned about these measurements in the progress reports.

3.2.6 Project sustainability

Project Sustainability is to be evaluated in 3 dimensions: the institutional; the financial and the political level sustainability.

3.2.6.1 Institutional Sustainability

The two WHCs have strong factors that provide a means for them to have significant institutional sustainability. Those factors include:

1. The highly trained highly experienced staff that give the two WHCs the ability to function even when the specified project duration comes to an end. The experience and capacity of the staff was build over a period of more than 8 years by funding and support of the UNFPA.
2. The highly advanced equipment installed, particularly the medical equipment that satisfy a need in community. The need of beneficiaries for the service that can be provided by that medical equipment is endless and those equipments are durable and are supposed to function for years.
3. Beneficiaries Attitude which indicates that the two centers are highly accepted and needed by local community. The fact that beneficiaries come to the centers more and more every day indicates that beneficiaries have chose the WHCs as a substitute to their primary health clinic in regards to the RH care services.
4. The existence of MMIS which a concrete basis for the two centers to function properly and with high quality. Such advantage provides a strength to the two centers being sustainable as the human effort is not as high as if MMIS was not installed.
5. Support from key community leaders that was created through the long series of events carried out by the two centers. This support is so valuable given the unique nature of the Palestinian society that is highly dependent on community leaders.
6. Volunteer Pioneer Groups (Direct beneficiaries of the WHCs who were targeted by the WHCs to raise their awareness in regards to GBV and then served as peers to deliver this awareness to their communities) that were created by the two

centers and were trained and capacitated to help raising awareness about GBV issues and RH care. The two centers have created a solid social relationship with those pioneers that they are willing to continue volunteering for the issue since they became aware of the significance of it. Those pioneers would make the activities of the project sustainable in one dimension as they would help raising awareness about GBV issues voluntarily.

3.2.6.2 Financial Sustainability:

The situation in regards to the financial sustainability of the project is too hard. Taken into consideration the economic hardship in the Gaza Strip, the two WHCs would have limited abilities to survive once the funding of the project comes to an end unless funding of the European Union has been renewed or other funding opportunities were created. Alternatives to foreign funding are severely limited and it is evident that such projects do not have the ability to survive by their own. Due to the economic hardship of refugees in the Gaza Strip, the two centers would not have the ability; for example; to collect the amount of money needed for their survival if they decide to collect fees for the services they provide. The two centers have financial responsibilities to be taken care of each month and even on a daily basis. As the centers collect symbolic fees from the beneficiaries those symbolic fees cover a tiny portion of the financial expenditures of the two centers. Even when those fees are symbolic, the management of the two centers find themselves morally obligated, sometimes, to exempt some poor people from those symbolic fees. It is a situation inherited by the whole context of the Palestinian Territories of the long political conflict that caused the economy to be deteriorating and dependent of foreign funds. The unemployment rate is considerably high, about 45% and it is even higher for women. All those factors constitute barriers for the centers to be able to financially survive by their own in the current situation.

3.2.6.3 Policy Level Sustainability:

The project is sustainable on the local and international policy level. As previously mentioned, the project serves achieving the strategic plan of the Ministry of Health. The project objectives serve achieving 4 out of the 8 Millennium Development Goals. Since the project serves achieving local strategic plans and global goals, the project should be addressed by those local and global institutions for funding opportunities. The unique situation of Gaza provides a challenge on the policy level as the current government has no plans or incentives to combat GBV. This would mean that this responsibility would be thrown on the shoulders of the Civil Society Sector. Such a challenge provides a constant need for the project services.

3.2.7 Monitoring and Evaluation

The monitoring process was designed to continuously assess the appropriateness of the project interventions, propose corrective measures, and for support learning and evaluation. The project proposal stipulated that ***CFTA*** would be responsible for project

monitoring, progress and impact through application of the criteria and internal monitoring and evaluation procedures and principles developed by ***CFTA***.

The operational monitoring was to take place through:

- Daily monitoring visits to the project sites;
- Collection of feedback from the beneficiaries and local NGOs;
- Meetings and discussions with key personnel in the two WHCs.

3.2.8 Gender balance

Even though the survey conducted indicated that 83% of the two WHCs beneficiaries were females, it is evident; from the records reviewed; that all CFTA beneficiaries were granted equal opportunity to participate in the project regardless of their sex. The services provided for the beneficiaries were based on technical criteria and no bonus was given to male or females. The fact that the greatest portion of beneficiaries are females can be explained by the RH services provided are needed by females.

3.2.9 Accountability

Currently, CFTA does endorse Sphere Accountability standard code. Based on the feedback received from beneficiaries, the consultant is comfortable with the level of accountability and transparency during the implementation of the project under the close supervision of CFTA. The project team showed responsible attitude to Sphere accountability standard and commitment to accountability.

3.3 Lessons Learnt:

The overall lessons learned are concluded as follows:

- The project implementation mechanism and the management were effective and efficient and should be reinforced.
- The success of the management new methodology of one Project Manager & one Project Coordinator managing a project conducted in two different organizations provides evidence that such a new management methodology can be used in other projects and other organizations.
- The success of the project and the two WHCs in developing social peer to peer groups from women, who have been once victims of GBV, provides evidence that the attention, care, means of empowerment and capacity building of women who have been victims of GBV is a vital effort, after being a responsibility, for the sake of the good of society.
- Involving men in combating GBV was successful and increased GBV program outcome.

4. EVALUATION CONCLUSIONS, AND RECOMMENDATION:

4.1 Evaluation Conclusions

The evaluation team has collected evidence through the used evaluation tools (questionnaires, focus group discussions, individual and group interview…) that indicates the following:

1. The log frame design of the project was well articulated and the theory was clear but there were some gaps in the statement of some indicators causal relationships between outputs, outcomes and some results. Another issue of concern was measurement of some of the indicators which were ambitious and should be addressed on a policy level (such as infant and maternal mortality rates). However, the remaining components of the log frame in terms of results, indicators, means of verifications and assumptions were robust and logically and professionally designed. Furthermore, measurement of awareness raising activities (pre and post test) and pre testing of educational material and communication radio spots have room for improvement.
2. Project's organizational plan was well defined and work plan was carefully prepared for the project. Implementation of various activities through deployment of financial and administrative resources was carried out on timely basis for most of the activities and has achieved and surpassed planned levels. Delays in some of the activities happened and under achievement of three indicators have been reported. Coverage was complete for all of the indicators and service delivery plan was carried out appropriately. The Project Management has conducted all the activities pertaining to the achievement of project's 36 indicators of first year of the project (2012). It is important to mention that the achieved indicator variable value is at least 90% of the indicator targeted variable value and this lag of maximum 10% is justifiable due to the war and blockade constraints.
3. The project has succeeded to enhance community capacity in terms of RH and GBV issues. The strategy used to focus on community leaders, community individuals, community resources and community culture and values has proved to be of great success. The complimentarily between those components of the community capacity dimensions and cohesiveness between them have contributed to significant community change in RH and GBV issues as it was evident in the

evaluation findings. One weakness in this component was reporting that GBV policies were integrated in 40 CBOs which looks too ambitious if compared with the developmental stage of those CBOs.

4. The project constitutes a model one that combines comprehensive package of RH and GBV services. The reciprocal relationships between these two complementary components of the project have introduced a unique example of professional up-to-date services. The variety of services and huge demand by vulnerable groups increase burden of prospective financial sustainability considering the difficult economic situation of the Gaza Strip.
5. There is no clear and well-defined M&E system of the project that includes designated capacity for M&E but the project utilizes a variety of M&E tools like observations, field visits, reports, success stories and monthly meetings for periodic review. The excellent level of achievement for various indicators reflects good supervision and monitoring of various activities. The evaluator found that a good information flow and feedback to the managerial level have significantly contributed to the corrective measures of implementation bottle necks.
6. The project is relevant to the beneficiaries' needs, the national needs, external context, and relevant to partners' needs.
7. The project is sustainable on the institutional and general policy levels but is not sustainable on the financial level. This implies that the project is highly dependent of the continuation of the funding by the European Union unless other funding opportunities were created.
8. The beneficiaries were highly satisfied from the services provided by the centers either through awareness or care provided and follow up. There was a very good change in their life aspects in regard to knowledge of different daily life events, rights, and behavior toward seeking either medical or psychological counseling which assure the relevancy of the WHCs activities that match the needs of the community in particular women stratum.

9. The project and work in the WHCs seems to be highly efficient, goes according to the beneficiaries' wishes and fulfilling their needs in regards to the types of services provided.

10. Some of the community's perceived eminent achievements of the project in terms of RH and combating GBV where: the outreach services, early detection of Breast Cancer, adolescent awareness and pre-marriage counseling, and the comprehensiveness of the services.
11. The success and achievements of the project cannot be attributed or credited only to the EU as other donors such as the UNFPA and Medico either have been funding or are co-funding the two WHCs. UNFPA has been funding the two WHCs for more than 8 years and has considerably built the capacity of the two WHCs by training of the staff, the provision of medical equipments, and the payment of some staff salaries.
12. The trips and picnics conducted by the WHCs as part of the psychological support activities were has affected the relationship between the WHCs and communities

that developed the methods of delivering messages in regards to psychological support and GBV.

4.2 Evaluation Recommendations:

As the evaluation team approached project staff, high management of the implementing organization, stakeholders and project beneficiaries and targeted groups; a thorough understanding for the improvement opportunities and needs was created. The following set of recommendations is based on that understanding experience:

- Adjustment of the log frame design should be undertaken. Some of the policy level composite indicators such as infant and female mortality rates are advised to be removed.
- Development of measurement methods for awareness raising activities such as lectures, symposiums, workshops could be introduced using pre and post testing (e.g. using paired sampled t-test for the SPSS). Also, focus groups could be used to pre-test educational materials and educational radio spots.
- The magnitude of activities of the project should be designed with taking precautions in correspondence to the assumptions. In other words, since the political and security situation of the Gaza Strip is known to be unsecure and unpredictable, the magnitude of activities should be minimized to minimize the probability of having a lag or insufficient implementation as the probability of political instability is high.
- It is recommended for the project management to select appropriate CBOs that can practically integrate the GBV policies within their structure. Working with less developed CBOs implies different level of thematic cooperation.
- There is a need for specialized M&E specialist to oversee various components of the project in both WHCs. This will enhance already utilized M&E tools and methods. It is also important to link between work of M&E specialist and MMIS. This could further improve the managerial perspective of M&E through regular information flow between the field and project management.
- The enlargement of outreach services: Currently, the outreach services give messages on health promotion on post natal, pre-natal, family planning, and fellow up social, psychological and legal cases. The existing outreach services are indicated by the interviewed beneficiaries to be important. Thus, their enlargement would maximize the impact of the project.

- The focus and improvement of the Peer to Peer Program the Peer to Peer Program has proven to be effective in combating GBV in a way that targets the roots of the problem. Moreover, the program has the highest ability to be sustainable even when the funding of the project comes to an end since they are volunteers. The evaluation team believes that maximizing the number of those pioneers and increasing their awareness and capacities would maximize the impact of the project of minimizing GBV in the targeted communities.

- Develop and upgrade internet connection capability and speed to enhance the use of MMIS : The interviews and focus group discussions with the personnel using the MMIS information system indicate that MMIS has highly enhanced their capabilities to provide better services but the system capabilities were severely limited by the low connection speed in the two WHCs "

Appendix 1: Project Expected Results and their associated output indicators of achievement (for two years).

Indicator variable value for one year is obtained by dividing the value for two years by two.

Expected Result 1: **Better access to a comprehensive range of RH services for women and adolescents in and beyond the communities where WHCs operate.**

Indicators:

- 15000 women have received home visits through the outreach programme
- the networking and referral system has reached 60 community based organizations and government health structures
- 2 brochures on the WHCs services have been produced and distributed in the community
- 10000 women have received health prevention and care services
- 1500 women have received family planning counseling and services
- 3500 women have received ANC and provided with iron, folic acid and vitamin supplements
- 3500 women have received have received PNC and provided with vitamin supplements
- 7500 women have received laboratory services
- 1450 women have attended physical activities
- 820 women have received psychological counseling
- 3000 women have received social counseling
- 1200 women have received legal counseling
- 1500 men have received socio-psychological counseling and participated in group activities
- 400 adolescents and youths have received socio-psychological counseling

Expected Result 2: **More victims and those at risk of gender-based and domestic violence receiving prevention and protection support**

Indicators:

- 40000 women and men have been exposed to awareness activities on RH, gender relations and GBV through community workshops conducted at the WHCs and in the refugees camps

- 16 day campaign on GBV in which information materials on GBV have been produced, printed and distributed
- Representatives of institutional bodies, NGOs, public health structures have been sensitized on GBV
- 2 information materials have been developed on GBV issues
- 120 documentation materials (printed, audio, visual) have been purchased and used by the community and the WHCs staff
- 2 workshops for journalists on GBV and the media representation
- 4 media coverage and 1 press release produced
- 100000 SMSs, internet ads, and 7 radio broadcasts, 5 blogs will be used to spread information and awareness on RH, gender relations and GBV

Expected Result 3: **Greater awareness and better decision-making among the WHCs' service-users and communities towards reproductive and sexual health issues**

- 120 awareness raising sessions and workshops for adolescents especially HIV & AIDS and safe sex behavior;
- 600 legal counseling for women and married couples referral and follow up activity groups sessions,
- psychodrama; drama therapy, debriefing and recreational activities for victims and other women;
- 60 Court representations and follow up
- Greater awareness among populations of RH via 4 campaigns and at least 60 self empowerment workshops, more than 200 home visits, networking and woman to woman program;

Expected Result 4: **WHCs become models of good practice in service delivery and information management**

- **Indicators:** 12 WHCs staff developed their technical and management skills including (fundraising, l, monitoring, MIS management, advocacy and GBV prevention tools
- Medical Management Information System "MMIS" is installed and applied
- Clinic logistic team is trained on MMIS
- Clinic administrative team is trained on analyzing quantitative data, in specific data gathered from the MMIS,
- WHCs have been provided with office furniture, office and medical equipment needed
- 16 WHCs health providers have improved their knowledge on WHC management
- WHCs health providers have enhanced their assessment and treatment skills of sexual GBV victims
- 12 staff of the WHCs enhanced their diagnostics and plan of treatment skills
- 8 staff of the WHCs enhanced their skills in supervision techniques

- WHCs staff to share information and advocate for key issues allover Gaza Strip

Appendix 2: Statistical Analysis of the survey conducted.

1. Socio-demographic characteristics

The study participants (beneficiaries of the WHC) were mainly from North Gaza and Middle governorates where the tow centers are located, more than one third of them (37.6%) were secondary school holders, nearly similar percentage were university graduates, and primary school certificate holders (24.8% and 24.4%) respectively and just 2.6% were illiterate.

About 85% of the participants are married, less than 5% are divorced and 9% are single. Nearly two thirds of them are living in a nuclear family, while about 20% living in extended families. Eighty-six percent of the participants are unemployed with highest percentage among females. Males were older than females with mean age (41.3, and 33 years) respectively. The mean age when got married was (21.4years) for both males and females. Table1.

Table (1) Socio-demographic characteristics of the study sample (N=234)

VARIABLE	MALE N=58(%)	FEMALE N=176 (%)	TOTAL N=234 (%)
Province			
North Gaza	33(14.1)	80(34.2)	**113(48.3)**
Gaza	2(0.9)	---------	**2(0.9)**
Middle zone	23(9.8)	95(40.6)	**118(50.4)**
Southern Gaza	----------	1(0.4)	**1(0.4)**
Educational Level			
Illiterate	2(0.9)	4(1.7)	**6(2.6)**
Primary	19(8.1)	38(16.2)	**57(24.4)**
Secondary	19(8.1)	69(29.5)	**88(37.6)**
Diploma	9(3.8)	16(6.8)	**25(10.7)**
University	9(3.8)	49(20.9)	**58(24.8)**
Marital status			
Single	3(1.3)	18(7.7)	**21(9)**
Married	54(23.1)	144(61.5)	**198(84.6)**
Divorced	--------	10(4.3)	**10(4.3)**
Widow	1(0.4)	4(1.7)	**5(2.1)**

Type of family			
Nuclear	39(16.7)	114(48.7)	**153(65.4)**
Extended	16(6.8)	30(12.8)	**46(19.7)**
Compound	1(0.4)	13(5.6)	**14(6)**
Single	2(0.9)	19(8.1)	**21(9)**
Employment status			
Employed	17(7.3)	17(7.3)	**34(14.5)**
Not employed	41(17.5)	159(67.9)	**200(85.5)**
Age {**Mean (SD)**}	**41.3(12.8)**	**33(9.9)**	**35.2(11.3)**
Age when married {mean (SD)}	**22.5(5.4)**	**21(5.2)**	**21.4(5.3)**

2. Participants' satisfaction regarding reproductive health services (RHS) provided by the WHCs

Twelve-item scales (Q18-29) were designed to assess the participants' satisfaction on the RHS. The participant was asked to answer each item on five points ***Likert*** type scale, a score of (5) denotes strongly agree, (4) agree (3) neutral, (2) disagree, and (1) strongly disagree. *A total score was obtained by summing the scores for the 12 items. This was ranged from 12-60 points and classified as the following:*

- Highly satisfied ranged from 49-60 (>80%)
- Moderately satisfied ranged from 36-48 (60-80%)
- Low level of satisfaction was for <36 (<60%)

As seen in table2, participants' satisfaction was very high (99%) and ranged from moderately to high level of satisfaction (31.3%, and 67.7%) respectively. The services provided by the centers were different with multi-purposes from clients' awareness towards (breast feeding, breast cancer, family planning, physical fitness, pre-marriage counseling), lab tests and ended with providing medical care and follow up.

Table (2) Participants' satisfaction regarding reproductive health services (RHS) provided by the WHC (N=198)

CHARACTER	MALE N(%)	FEMALE N(%)	TOTAL N(%)
Highly satisfied	42(21.2)	92(46.5)	**134(67.7)**
Moderately satisfied	12(6.1)	50(25.2)	**62(31.3)**

Low level of satisfaction	**1(0.5)**	**1(0.5)**	**2(1.0)**

3. Participants' satisfaction regarding gender based violence services (GBV) provided by the WHC

A five-item scale **(Q12-16)** was designed to assess the participants' satisfaction on the GBV. The participant was asked to answer each item on five points ***Likert*** type scale, a score of (5) denotes strongly agree, (4) agree (3) neutral, (2) disagree, and (1) strongly disagree. *A total score was obtained by summing the scores for the 5 items. This was ranged from 5-25 points and classified as the following:*

- Highly satisfied ranged from 21-25 (>80%)
- Moderately satisfied ranged from 15-20 (60-80%)
- Low level of satisfaction was for <15 (<60%)

From table (3) More than half of the participants show high satisfaction from the GBV orientation program, and more than one third also show moderate level of satisfaction from this program. Only 11.6% showed low level of satisfaction mainly among women.

Table (3) Participants' satisfaction regarding reproductive health services (RHS) provided by the WHC (N=217)

CHARACTER	MALE N (%)	FEMALE N (%)	TOTAL N (%)
Highly satisfied	44(20.3)	70(32.2)	**114(52.5)**
Moderately satisfied	13(6.0)	65(29.9)	**78(35.9)**
Low level of satisfaction	---------	**25(11.6)**	**25(11.6)**

4. Impact of RH program on participants' knowledge and behavior (N=194)

A ten-item scale **(Q8-17)** was designed to assess the RH service impact on the participant's knowledge and behavior. The participant was asked to answer each item on

five points ***Likert*** type scale, a score of (5) denotes strongly agree, (4) agree (3) neutral, (2) disagree, and (1) strongly disagree. *A total score was obtained by summing the scores for the 10 items. This was ranged from 10-50 points and classified as the following:*

- Very good change ranged from 41-50 (>80%)
- Good change ranged from 30-40 (60-80%)
- Fair change was for <30 (<60%)

From table (4): We can see that more than half of the participants show a very good knowledge and behavior toward the services provided by the WHC, while about 41% show good knowledge and behavior to the services. This was reflected by the participants' answers to the questions which explained the increase in knowledge regarding STD, breast feeding, menopause, breast cancer, and family planning, in addition to the improvement in the health condition, and increased self-empowerment.

Table (4) The impact of RH services on the participants knowledge and behavior

EFFECTS	MALE N(%)	FEMALE N(%)	TOTAL N(%)
Very good	38(19.6)	72(37.1)	**110(56.7)**
Good	16(8.2)	63(32.5)	**79(40.7)**
Fair	**1(0.5)**	**4(2.1)**	**5(2.6)**

5. Impact of GBV counseling program on participants' knowledge and behavior (N=216)

An eight-item scale **(Q2-6, 8-10)** was designed to assess the GBV counseling program impact on the participants' knowledge and behavior. The participant was asked to answer each item on five points ***Likert*** type scale, a score of (5) denotes strongly agree, (4) agree (3) neutral, (2) disagree, and (1) strongly disagree. *A total score was obtained by summing the scores for the 8 items. This was ranged from 10-50 points and classified as the following:*

- Very good change ranged from 33-40 (>80%)
- Good change ranged from 24-32 (60-80%)
- Fair change for <24 (<60%)

Table 5 explained the effects of GBV counseling program. Generally the participants' response to the questions asked shown high percentage (63.8%) of a very good

understanding and knowledge regarding types of GBV, and improved behaviors toward reducing family violence, and ladies become more socially secure, on the other hand; there was a very good self-empowerment represented in requesting help and support in case of exposure to violence.

Table (5) Impact of GBV counseling program on participants' knowledge and behavior (N=216)

EFFECTS	MALE N(%)	FEMALE N(%)	TOTAL N(%)
Very good	47(21.7)	91(42.1)	**138(63.8)**
Good	9(4.2)	67(31.0)	**76(35.2)**
Fair	-------	**2(0.1)**	**2(1.0)**

6. Relevance of the program content (N=181)

A ten-items scale **(Q1-7RH, 1,7,11 GBV)** were designed to assess the relevance of the RH, and GBV service the participants need. The participant was asked to answer each item on five points ***Likert*** type scale, a score of (5) denotes strongly agree, (4) agree (3) neutral, (2) disagree, and (1) strongly disagree. *A total score was obtained by summing the scores for the 10 items. This was ranged from 10-50 points and classified as the following:*

- Highly relevant ranged from 41-50 (>80%)
- Moderately relevant ranged from 30-40 (60-80%)
- Poor relevant for <30 (<60%)

From table 6 we can see that 74% of the subjects tackled in the centers were highly relevant to the participants' needs, while 26% were moderately relevant. This goes parallel with the high level of participants satisfaction expressed by them in different programs aspects either in the awareness or services provided.

Table (6) Relevance of the program content (N=181)

TASK	MALE N(%)	FEMALE N(%)	TOTAL N (%)
Highly relevant	44(24.3)	90(49.7)	**134(74.0)**
Moderately relevant	**9(4.9)**	**38(21.0)**	**47(26.0)**

7. Efficiency of the work and services provided by the WHCs

An Eleven-item scale **(Qs1-11)** was designed to assess the efficiency of the work and services provided by the WHCs. The participant was asked to answer each item on five points ***Likert*** type scale, a score of (5) denotes strongly agree, (4) agree (3) neutral, (2) disagree, and (1) strongly disagree. *A total score was obtained by summing the scores for the 10 items. This was ranged from 11-55 points and classified as the following:*

- Highly efficient was from 45-55 (>80%)
- Moderately efficient was from 33-44 (60-80%)
- Poor Efficient was for <33 (<60%)

As seen in table 7, 80% of the participant's responses explained that the work at the WHCs was highly efficient, while 18.7% stated that the work was moderately efficient. Efficiency was assessed through presence of experienced team, the uniqueness of the services provided, follow up care for both counseling and reproductive health fields, in addition to the appointment system for visiting the center.

Table (7) The efficiency of the work and services provided by the WHCs (N=214)

EFFICIENCY	MALE N=(%)	FEMALE N= (%)	TOTAL N= (%)
Highly efficient	51(23.8)	121(56.5)	**172(80.3)**
Moderately efficient	5(2.3)	35(16.3)	**40(18.7)**
Poor efficient	------	**2**	**2(1.0)**

8. The preferred method for receiving information(N=225)

From table 8, its clearly noticed that the most participants' preferred methods for receiving information from the WHC was lecture (71.1%), followed by symposium

(57.3%). There was nearly equal interest in receiving information through individual, SMS and TV programs. Radio programs came in the 6th ranking, and focus group in the 7th ranking. This means that involving participants in lectures and symposium may give them more privacy than other methods.

Table (8) Participants' preferred method of receiving information from WHC (N=225)

METHOD	MALE N= (%)	FEMALE N= (%)	TOTAL N= (%)
Lecture	56(35)	104(65)	**160(71.1)**
Symposium	53(41.1)	76(58.1)	**129(57.3)**
Email	6(21.4)	22(78.6)	**28(12.4)**
Individual	16(27.6)	42(72.4)	**58(25.8)**
Same participant w/same exp.	9(25)	27(75)	**36(16)**
Focus group	18(39.1)	28(60.9)	**46(20.4)**
SMS	17(29.3)	41(70.7)	**58(25.8)**
Website	9(25)	27(75)	**36(16)**
Radio	16(29.1)	39(70.9)	**55(24.4)**
TV program	**20(33.9)**	**39(66.1)**	**59(26.2)**

Conclusion

Generally speaking, it seems that the majority of the beneficiaries of the WHCs was females and in particular married females (84.6%) with mean age 33 years. Most of the beneficiaries are living in nuclear families and the mean age when got married was 21 years.

The beneficiaries were highly satisfied from the services provided by the centers either through awareness or care provided and follow up. There was a very good change in their life aspects in regard to knowledge of different daily life events, rights, and behavior toward seeking either medical or psychological counseling which assure the relevancy of the WHCs activities that match the needs of the community in particular women stratum.

The work in the WHCs seems to be highly efficient, goes according to the beneficiaries' wishes, and fulfilling their needs and wishes.

The most preferred methods for receiving data from the centers were lectures and symposium which in our opinion reduces the participants' embarrassment for asking about individual issues this is in spite of that there was some who preferred the individual help seeking.