



PROJECT EVALUATION REPORT

HEMAYA

Occupied Palestinian Territories

Middle East

September 2018-February 2022

Stars of Hope Society for Women with Disability
March 2022

Evaluation Team Leader
Rasha Salah Eddin Hdaib

Disclaimer

“This Evaluation Report has been developed by an independent evaluator. The analysis presented in this report reflects the views of the author and may not necessarily represent those of SHS, its partners or the UN Trust Fund”.

TABLE OF CONTENTS

- Context and description of the project 11
- About the project..... 13
- Evaluation purpose, objectives and scope..... 15
- Evaluation methodology 19
- Safety and ethical considerations and protocols put in place .. 24
- Effectiveness 26
- Relevance 40
- Efficiency 46
- Sustainability 48
- Impact 51
- Knowledge generation 52
- Gender Equality and Human Rights 55
- COVID 19 57
- Conclusions per evaluation criteria 57
- Recommendations per evaluation criteria 60
- Annexes: 62
- Terms of reference..... 62
- Evaluation Matrix 73

Beneficiaries Data sheet	79
Data collection instruments	80
List of documents consulted	89
List of stakeholders interviewed or consulted.....	89

List of acronyms and abbreviations

AI Masrad- Social and Economic Policies Monitor
CBOs- Community Based Organizations
CSOs-Civil Society Organizations
EVAW- Eliminating violence Against Women
GBV-Gender Based Violence against
PCBS- Palestinian Central Bureau of Statistics
DPOs- Persons with Disability Organizations
SHS- Stars of Hope Society for the women with disability
UN Trust Fund - UN Trust Fund to End Violence against Women
WB-West Bank
WGWDs- Women and Girls with Disability

Executive summary

The project context

The Hemaya project came in response to the contextual challenges that lead to excluding women and girls with disability from national protection mechanisms including the Palestinian referral system and services provision, such exclusion came as a result of different contextual factors including social and structural factors, for example in laws and policies and practices of duty bearers that discriminate against women in general but also against with disability in specific, being the result of a patriarchal system that still shape the Palestinian society as a whole, and as colonial occupation of Palestine for prolonged duration enforce such patriarchy and hinders the development effort in Palestine. The project tackles intersectionality between gender and disability, which was not a concern or on the priorities agenda of most women protection sector stakeholders, including public sector actors, like the ministry of social development who is leading the National women referral system, justice sector arms, health public sector and other civil society prevention and protection service providers. Socially, Challenges also include ones that related to social stigmas against persons with disability in general and discrimination against women in general, resulting in complex discrimination against women with disability.

The most recent national available data on violence against women with disability, being part of the 2019 national violence survey, the prevalence of violence against women in Palestinian society has decreased since 2011¹ by 16% in the Gaza Strip (from 51% to 35%), and by 8% (from 30%-22%) in the West Bank, during the twelve months prior to the National Violence Survey. Only 5% of women with disabilities are employed, and this has been reinforced by Palestinian laws and derogating executive policies and procedures to protect their right to work, from the absence of oversight over the implementation of the provision of the law.

The legislative process in Palestine is fragmented as a result of the political and geographical division imposed by the occupation in the siege of the Gaza Strip, the isolation of Jerusalem, in addition to dissolving the legislative council leading to full reliance on presidential decrees and decisions of the Council of Ministers, to make legal amendments or to approve the executive regulations, which adds many determinants in front of one of the most important principles of the rule of law, the separation of legislative, executive and judicial powers.

According to the survey done by Stars of Hope Society for the Empowerment of Women with Disabilities and the Social and Economic Policies Monitor –Al Marsad in March-August, 2020, revealed that “No official body, whether at the level

¹ Violence Survey in the Palestinian Society, PCBS, 2011

of a ministry or a department, has contacted any woman or girl with a disability in order to examine their needs, or to check on their conditions in light of the emergency, whether in the West Bank or the Gaza Strip.

The project objectives and approach

The project under evaluation, "HEMAYA Project", is managed and implemented by Stars of Hope Society (SHS) in partnership with The Social and Economic Policies Monitor (Al-Marsad), it is funded by the UN Trust Fund with the value of \$499,100.

The original project was designed to cover period 1 September 2018 to 31 August 2021, however provided the COVID 19 pandemic and its implications in term of increased needs for protection services, accompanied with challenges of implementation, SHS and Al Marsad received a No Cost Extension for 6 months, as such ended by 28 February 2022.

Geographically, the project targeted all 16 governorates of the West-Bank and Gaza-Strip (11 WB and 5 Gaza).

HEMAYA Project strategized based on a theory of change and methodologies towards establishing an ecosystem of informed human capitalization, through empowerment and capacity development, establishing networks amongst different stakeholders, including target groups, change agents and influencers for advocating towards structural and programmatic changes. The theory of change designed for the project is multi sectoral, as the coordinated efforts Palestinian decision makers and duty-bearers, where the government holds the main responsibility for action against violence against women and girls, and civil society is a duty bearer in complementing and fulfil gaps in protection service provision. The project targeted individual sub sectors individually and collectively. Gaps in data and analysis was identified as a main gap towards progress, the theory of change considered fulfilling this gap as a primary task to achieve the project results. The design also entailed detailed actions towards right holders including women and girls with disability targeting directly through the project partner and/or indirectly.

Namely, the specific results/outcomes expected from the project include:

Goal: Women and girls with disabilities survivors in West-Bank and Gaza-Strip safely access adequate and appropriate support services by end of the project.

Outcome 1: DPOs, women and girls with disability and their families have more knowledge on how to advocate for their right to live free from violence and access adequate services in the event of violence by the end of the project.

Outcome 2: The available essential services for ERAW are effective and utilized by women and girls with disability.

Outcome 3: The specific needs of women and girls with disability with regards to ERAW are recognized by duty bearers and reflected in ERAW programs, laws and policies and coordination amongst state/non state duty bearers is enhanced.

The Project intended to address the issues of Violence against women and girls with disability in the private and public spheres including economic, physical, sexual, psychological and emotional violence.

The evaluation purpose, objectives and scope

The overall objective of the evaluation is to: "Document and report on the achievement of results, intended and not-intended, of project activities as a part of organizational learning and SHS's accountability to both target populations and donors".

The evaluation follow OECD-DAC evaluation criteria including relevance and fulfillment of objectives, developmental efficiency, effectiveness, impact and sustainability of the project, in addition to gender equality and human rights, knowledge generations and COVID 19, as main evaluation criteria. It assess these criterions systematically and objectively, so it is credible and useful, enabling the incorporation of lessons learned into the decision-making process of both SHS, Al-Marsad, and the UN Trust Fund.

The participatory methodology of this evaluation comprise a learning dimension for the different project stakeholders by forming two reference groups, internal and external reference group being a platform for learning and ownership building.

Specific Evaluation Objectives:

- 1. To evaluate the entire project (42 months from start to end date), against the effectiveness, relevance, efficiency, sustainability, knowledge generation and impact criteria, as well as the cross-cutting gender equality and human rights criteria (discussed in a following section in details);**
- 2. To evaluate the validity of the project assumptions, strategies, and partnerships in light of the results achieved;**
- 3. To identify key lessons and promising or emerging good practices in the field of ending violence against women and girls with disabilities, for learning purposes (this is defined under the knowledge generation criteria below) especially regarding models of interventions that can be applied further.**
- 4. To identify the supporting factors and constraints that have led to achievement or lack of achievement;**
- 5. To assess the management and implementation of the project including approach to delivery and partnerships;**
- 6. To provide recommendations relevant to the future development and implementation of projects of this type.**

Timeframe: this evaluation needs to cover the entire project duration (August 2019- February 2022).

Geographical Coverage: The 16 governorates of West-Bank and Gaza-Strip (11 governorates in West-Bank and 5 governorates in Gaza-Strip).

Target groups covered: this evaluation covers the target primary beneficiaries (women/girls with disabilities) and secondary beneficiaries (family members, caregivers, civil society organizations including NGOs and organizations of people with disabilities-PDOs) as well as broader stakeholders including decision makers, policy implementers in the GBV and disability sector besides the relevant disability networks and coalitions.

Evaluation methodology:

The evaluation followed post-test only without comparison groups, utilizing a dynamic participatory and strength-based approach that is inclusive but also supports learning and adaptation. The methodology ensured participation and learning are practiced throughout the evaluation process.

Two reference groups, internal and external, were consulted in the design of the evaluation and the identification of evaluation priority questions. Internal reference group comprising the project leadership (partners), UN Trust fund and UN women reviewed and approved the results of the inception phase. The external reference group, comprising primary and secondary target groups. External reference group member also participated as informant within the different data collection methods, Follow up with the external reference group to participate in the validation of the finding and contribution to recommendations is foreseen after the approval and translation of the evaluation report.

Data collection methods applied included a desk Review, where a narrative assessment of the project documents and existing literature was conducted after identifying relevant and reliable quantitative data from different sources including PCBS and VAW stakeholders that support a statistical analysis.

It also included collect Qualitative and quantitative Primary data collected from 74 women and girls with disability who participated in a questionnaire, Interviews with 12 WGWDs survivors of violence, and in Focus group discussions.

Additionally; Focus group discussions were organized virtually with Caregivers of women and girls with disability who participated in the project activities, Protection networks members, Staff of CBOs who participated in project activities, Project committee's members, project advocacy and research committee's members in the West Bank and Gaza, and SHS team.

Semi structured interview: 18 interviews were conducted with CSOs –service providers, Experts and members in disability and/ ERAW networks, SHS, Al Marsad, Duty bearers –public sector and Donor (UN Trust Fund).

Data collected from multiple sources is triangulated and analysed by the team leader to respond to the evaluation questions in accordance to the approved set indicators.

Limitation to the methodology included The limitations in the sample are linked to the women with disability representations in terms of governance and type of disability, mitigated this challenge by providing analysis by political geographic division, West Bank and Gaza. In terms of types of disability, similarly, the participation of women and girls with physical and visual disabilities represented around 90% of the sample, thus challenging our ability to analyse the data inclusive of all types of disability.

On evaluation team accessibility to women and girls with disability and their caregivers, support of SHS was essential for reasons including 1. defining the location and potential of women and girls with disability to actively participate and provide relevant data, taking into account the type of disability and any support needed based on that, secondly, and 2. Support in providing a safe environment for women with disability who will participate in individual interviews with potential that they will feel safer when coordinators of SHS join the interview setting. The second was however mitigated provide the expertise and background of the data collection facilitator who is an experienced psychosocial support practitioner.

Several safety and ethical protocols were put in place as detailed in the report.

The evaluation findings and recommendations by evaluation criteria

Evaluation Criteria	Conclusions	Recommendations
Overall	<p>The project is well design, planned and thought of, its strategies are complementary to each other, with a relevant of the theory of change. The project from our point of view contributed largely to creating a state of vitality on women and girls with disability rights, it also contributed to safer and more adequate access to services for women and girls with disability directly targeted.</p>	<p>Continue with the same targets groups but also expand vertically and horizontally, meaning continue working on the subsystems and operational tools that link directly to the implementation of the national referral system, while at the same time continue targeting new stakeholders from amongst the duty bearers and right holders.</p> <p>Develop more awareness raising strategies that targets the Palestinian society as whole, and focus on younger generation, targeting school age children is a good strategy for that</p>
Effectiveness	<p>The project largely contributed to the goal of safe and accessibility to adequate services by women and girls with disability especially to women who received direct services from SHS and/or referred by SHS to certain service providers, the project also set structural grounds for further contributions to this goal and to a more comprehensive horizontal and vertical potential to expand and build on the achieved results.</p> <p>The project in our opinion exceptionally managed to bring together all different stakeholders in one project that created a status of vitality and not only effectives within the ERAW sector, the project theory of change and strategies applied fully supported the project achievement of results and contribution to the goal, despite contextual changes that were dramatic in time of COVID 19, high responsiveness of project partners and UN Trust fund to the emerging needs was invested positively to increased commitment of the different stakeholders, primarily women and girls with disability themselves to the project objectives. Although the project utilized different tactics with different actors/stakeholder, we found the representation of women of disability by women with disability remains the highest contributor the project success as it means commitment, it meant solid understanding and no compromising when it comes to rights, which increased the project effectiveness. changes on the internal procedures from one hand are expected to facilitate women with disability access to adequate protection service, from the other hand advocacy efforts played a big role on raising the awareness of duty bearers including decision makers and service providers on women and girls with disabilities rights, level of violence and marginalization, which put them on the agenda of all actors met.</p>	<p>Build on the success as the goal level and continue empowering women and girls with disability, more specifically continue providing psychosocial support, and link with other organization programs like economic empowerment programs.</p> <p>Consider targeting male family members in future cycles. Where these appeared to be key influencers within the households. Training and awareness raising and psychosocial support through innovative approaches, thus taking into account potential resistance, the engagement of male persons with disability in these services provision could help.</p> <p>Build on the success achieved with duty bearers and continue to support them review operational tools that relate to the referral system but also to their internal procedures. Specifically on the operations manual and procedures of the general prosecution, office (family and regular), governorates offices who are getting largely involved in civil peace along with the security sector.</p>
Relevance	<p>The achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls with disabilities, direct targeting of women with disability with support services and awareness raising need to expand to new groups and geographically, while further follow up on the achievements with duty bearers and continued advocacy is also still needed.</p> <p>The project strategies and activities were relevant and appropriate to the needs of women and girls with disabilities as they targeted women with disability themselves and empowering them and it strategized building to the commitment of duty bearers towards agency to fulfilling those needs.</p> <p>The project was highly responsive to the emerging needs of women and girls with disability during COVID 19 pandemic,</p> <p>Synergies created through the project with other activities and with donors policies and strategies included synergies in objectives, target groups needs prioritizations, creating responsive strategies, human rights agendas of empowerment and participation are all very important synergies that can contribute to the continuity of activities and sustainability of results, toward more inclusions of women and girls with disability and towards not leaving them behind.</p> <p>The project contributed to creating a priority for the CSOs they partnered with, as such targeting women and girls with disability became relevant to these CSOs, and then provided support services.</p>	<p>Expand the direct targeting and outreach to women and girls with disabilities geographically, increase the number of focal point to be included in refugee camps for example, map CBOs by governorate and type of locality and plan for levelled outreach. In Gaza reach to the most marginalised communities need further allocations in term of human resources and focal point availability.</p> <p>Accelerate targeting civil society organizations service providers especially in Gaza as they provide as a key alternative prevention and protection service provider especially in time of wars and emergencies</p>

	Which we find as a good strategy to further expand the movement towards ending violence against women and girls with disability and towards the provision of safe and adequate protection and prevention services.	
Efficiency	<p>The financial reports show that operational costs that directly benefited the target groups represent around 75% of the project budget, which very sound given the number of activities and participant in these activities, and given the results achieved. Learning for the transport towards accessibility cost is high in value, future investment of a car could be more efficient for this project and other projects. The partners followed high quality financial policy and procedures that were developed and merged in quality during the project. We find the financial policies applied in this project adequate to increased accountability of the society towards its constituencies, target groups and the donors of the organization.</p> <p>Most of the project activities were delayed due to the contextual factor of lockdown as a result of COVID 19 pandemic, these delays were mitigated by a time extension provided by the UN Trust fund, and partners switch to distance and visual operating tools. What also had solid contribution to optimizing the achievement of the objectives is the linked established with the other projects where resources of the organization in general were invested in to optimize the results. The project partners also initiated unplanned activities based on the need and experiment on the ground.</p>	Reconsider transport accessibility cost management, contract a service provider via competitive procurement process and/or simply buy a car.
Sustainability	<p>Results attained directly with women with disability are very likely to be sustained with potential for more results, while the results achieved with duty bearers is likely to be sustained as many of the results are dependent on the prime minister approval of eth revised referral system and as government changes are not predictable, which can influence the positions and authorities of change agents the project collaborate with.</p> <p>The project has taken at least five steps to secure benefits to the right holder through oversight and accountability mechanisms. The project has influenced the duty bearers' tendencies towards mainstreaming disability at the ERAW/G level and targeting women throughout different relevant interventions. As disability-gendered dimensions are now an issue on the table and is visible.</p>	<p>Continue investing in knowledge generation as it is one of the most sustainable results towards human development. Knowledge about the health sector providers and application of the health insurance is amongst the priority areas.</p> <p>Further disseminate knowledge generated through the project and develop a dissemination plan.</p>
Impact	<p>The project impact was very positive on women and girls with disability empowerment, and access to safe and adequate services, and less social violence against women and girls with disability and their mothers in terms of isolation.</p> <p>The project activities did not cause any harm to women and girls with disability, to the contrary it positively contributed to a stronger relationship with their care givers.</p>	<p>Further study the issue of social isolation of women and girls with disability and their mothers, and include it in the indicators related to violence.</p> <p>Find adequate methods to ensure male family members to share some quality experiences with women and girls with disability in the family. Potentially, by identifying the needs of the household rather than only women with disability as an approach to define tailored interventions by household.</p>
Knowledge Generation	<p>The project created at least 4 innovative tools, practices that are linked to agency building approached and learning from women and girls with disability experiences.</p> <p>The project contributed to increased knowledge to women with disability in general, level of agreement of women and girls with speech disability and with multiple disabilities was less than in other disabilities. These agreement are also lower in terms of agreement with their ability to survive violence in the future and to advocate for ending violence against women and girls with disability for women with hearing and speech disability.</p>	<p>Continue learning and documenting experiences of women and girls with disability, as these provide main source of information to identify and monitor social and community level challenges and success areas, they also provide an alternative monitoring tool for service providers capacities and needs for development. Establish special MIS components with clear guidelines on qualitative data.</p> <p>Consider the participation of duty bearers in some of the training and awareness raising for women and girls with disability and their caregivers activities to increase the confidence and trust in these bodies</p>
Gender Equality and	The project was influenced by an empowerment and meaningful participation approach, as well as by social justice and human rights developmental agenda of the partner organizations. It was largely influenced by SDG 5 on gender equality, specifically targets related to by promoting nondiscriminatory	Tackle structural causes of women with disability elimination in various sectors from the perspective of leaving no behind, this entails active participation in

<p>Human Rights</p>	<p>approaches, practice and attitudes, eliminating violence against women and girls with disability, and full and effective participation of women and girls with disability in decision making specifically in decisions related to their protection.</p> <p>The project in many cases of women and girls with disability promoted economic rights, education rights, health rights and access to justice related rights. The project also aligns with multiple articles in the Convention on the Rights of Persons with Disabilities, and contributes to the fulfillment of CEDAW in opposing the effects of discrimination against women with disability</p> <p>Caregivers the project primarily targeted mothers and sisters given the gender roles that still prevail in Palestinian society including the care role associated with women.</p>	<p>relevant platforms to advocate for inclusion and mainstreaming</p>
<p>Others (COVID 19)</p>	<p>Challenges and limitations that resulted by COVID 19 pandemic include increased level of violence against women and girls with disability, increased discrimination in receiving health care services and protection services, limitations related to communication and outreach, challenges that relate to the switch of women and girls with disability needs from developmental to humanitarian support needs including basic need to food, hygiene, and medicine support.</p> <p>The mitigation strategies were effective and impressive given the speed in responsiveness and achievement of intended results while at the same time adding to knowledge generation about the pandemic effects.</p>	<p>Document the experience and develop an emergency plan with clear set of guidelines for the team and for the women with disabilities and service provider.</p>

Evaluation report

• Context and description of the project

The project “Hemaya”, was originally designed in the year 2018, where intersectionality between gender and disability was not a major concern for most women protection sector stakeholders, including public sector actors, like the ministry of social development who is leading the National women referral system, justice sector arms, health public sector and other civil society prevention and protection service providers.

As a matter of fact, disability in the Palestinian society according to the 2011 national disability survey reflected the prevalence of disability in the Palestinian Territory was about 7%, with similar rates in each of the West Bank and Gaza Strip, while during the same year national violence survey did not take into consideration violence against persons with disability as an indicator to assess, which in itself comprised limited recognition of the women with disability special challenges when discussing gender based violence. Challenges that also include ones that related to social stigmas against persons with disability in general and discrimination against women in general, resulting in complex discrimination against women with disability.

Such factors add up to other factors that lead to eliminating women with disabilities from the national referral system, including limited available data on women with disability, eliminating/excluding women with disability from the women protection centers system law as beneficiaries of these centers which was issued before the national referral system in the year 2013, that did not exclude women with disability from protection service. However, this led to the design of services building and provision based on the first law. Validated by a study developed through the project itself, titled “Protecting women with disabilities from violence: exclusion and marginalization” and which defined and provided an understanding on anti-violence policies, their implementation, and the targeting of girls and women with disabilities in violence protection programs at the official level, and the services provided by health providers Services, and the type and relevance of these services. The study also examined the perspectives and opinions of focus groups of girls and women with disabilities, survivors of violence on the services available, including their accessibility and responsiveness to their needs. Service providers, according to the result of this study, did not have specialized services or alignment of protection services based on women with disabilities needs and challenges.

Historically, Palestinian laws and legal frameworks discriminated against persons with disability and specifically women, and this was evidence in the variety of laws and policies regardless their legal hierarchy, examples include personal status law of the year 1976 applicable in the West Bank including East Jerusalem and the Egyptian Law of Family Rights of 1954, which both dealt with Intellectual disability as a cause of legal incapacity with no consideration of the level of disability. Additional examples in the persons with disability law of the year 1999, which did not mention women with disability or their protection, the penalty law which permitted the conduct of surgical operations and medical treatments provided they are carried out with the consent of the patient, his legal representatives, or in cases of urgent necessity, without the presence of any articles or measures that guarantee the right of self-determination for persons with disabilities and women with disabilities, besides Article 293 which provides a discriminatory clause that reduces the penalty for those who commit the crime of rape against women with disabilities, other than the wife (the law does not consider marital rape as a crime in the first place) which exposes women and girls with disabilities to sexual violence justified by law in the event of marriage, and this mitigates crime compared to other women.

The most recent national available data on violence against women with disability, being part of the 2019 national violence survey, the prevalence of violence against women in Palestinian society has decreased since 2011² by 16% in the Gaza Strip (from 51% to 35%), and by 8% (from 30%-22%) in the West Bank, during the twelve months prior to the National Violence Survey³. For women with disability, the results revealed that 37% of women with disabilities who are currently married or who have been married were subjected to violence by their husbands at least once during the 12 months preceding the survey. The percentage varied widely between the West Bank and the Gaza Strip, reaching 30% in the West Bank compared to 42% in the Strip. While 50% of battered women with disabilities have been subjected

² Violence Survey in the Palestinian Society, PCBS, 2011

³ Preliminary results of the violence survey in the Palestinian society, PCBC, 2019

to psychological violence, compared to 20% who have been subjected to physical violence at least once by their husbands. The Palestinian Central Bureau of Statistics report also indicates that there are fundamental differences in the social status of persons with disabilities, while 66.6% of males with disabilities are married, the percentage drops substantially to 37.1% for women with disabilities. According to the same report, 31.3% of women with disabilities have never been married and 28% are widows, while this percentage drops to 3.3% for males.

As for the economic violence that women with disabilities are subjected to, it is linked to the disability approach followed by the relevant Palestinian laws, which is nourished by the prevailing societal culture. The economic marginalization of people with disabilities is one of the main violations of their economic rights, as reports indicate that 90% of people with disabilities are not active in the labor sector, and the census report confirms that, in 2017, about 9% of women with disabilities of working age are active in the labor market, but about 45% of them are unemployed. In other words, only 5% of women with disabilities are employed, and this has been reinforced by Palestinian laws and derogating executive policies and procedures to protect their right to work, from the absence of oversight over the implementation of the provision of the law related to the employment of 5% of people with disabilities. Adding to their marginalization in the civil Service Law, labor laws and training policies.

It is essential to clarify that the legislative process in Palestine is fragmented as a result of the political and geographical division imposed by the occupation in the siege of the Gaza Strip, the isolation of Jerusalem, in addition to dissolving the legislative council leading to full reliance on presidential decrees and decisions of the Council of Ministers, to make legal amendments or to approve the executive regulations, which adds many determinants in front of one of the most important principles of the rule of law, the separation of legislative, executive and judicial powers.

In the context of the systematic long term colonial oppression in Palestine, people with disabilities are directly targeted through the policies of murder, the use of internationally prohibited weapons, apartheid that impedes access to movement, the siege on Gaza, military checkpoints and many forms of persecution which targets all Palestinians, including those with a disability. According to the data provided by the parallel report⁴ submitted by a group of Palestinian human rights organizations, since the beginning of 2018, till mid-2020, 465 Palestinians have been killed by the occupation, 14 of them are persons with disabilities, and more than half of them were killed during the peaceful return marches in the Gaza Strip, where people with disabilities were directly targeted.

During 80 weeks of the Great March of Return, the occupation's use of excessive military force resulted in 149 amputations, 24 cases of total paralysis and 15 cases of permanent blindness. The attacks documented included firing live bullets at the ambulance and medical crews⁵, which confirmed that the policy of the occupation is a policy of disrepair against the Palestinians. The policy of medical neglect of the injured and the Palestinian detainees in the occupation detention centers led to amputation of the organs, as about 150 detainees with disabilities are held in the prisons.

According to a fact sheet published by the Palestinian Medical relief society and The National society for Rehabilitation in Gaza during May 2021⁶, the May 2021 Israeli aggression on Gaza, extended to the right to life, as the number of martyrs of persons with disabilities in less than two weeks reached (6) martyrs, five males and one female. However, the aggression, like its predecessors, led to the creation of new cases of disabilities, as during the same period the number of new cases of disability increased by 50 people, the gender was not specified. However, the cases included 10 amputation cases, and 35 cases of quadriplegia, hemiplegia and longitudinal paralysis. The paper also showed the number of displacement cases to include 30,000 persons with disabilities.

The Palestinian Presidency declared a state of emergency on March 5, 2020, in the wake of the COVID-19 pandemic, followed by a number of decisions and measures, such as the Prime Minister's announcement on March 22, the state of compulsory home isolation, and movement restrictions to apply to the occupied Palestinian territories, while the Ministry of Social Development prepared a "rapid response plan in the social protection sector to the effects of the coronavirus

⁴ [Joint Parallel Report to the Committee on the Rights of Persons with Disabilities for its List of Issues on Israel's Initial Report](#), The Palestinian Disability Coalition, Al-Haq, Law in the Service of Man, Addameer Prisoner Support and Human Rights Association, The Center for Defense of Liberties and Civil Rights "Hurriyyat, 2020.

⁵ <https://www.pchrgaza.org/en/wp-content/uploads/2020/03/Report-Medical-Personnel-under-Fire-2019.pdf>

⁶ <https://pngoportal.org/p/23901>

pandemic.", the plan did not consult with relevant civil society working with persons with disability, which automatically, excluded this group from the response plan. Similarly the Gaza's Covid-19 National Emergency Committee, did not take into consideration persons with disabilities' conditions and needs while making decisions and imposing operational measures.

According to the survey done by Stars of Hope Society for the Empowerment of Women with Disabilities and the Social and Economic Policies Monitor –Al Marsad in March-August, 2020, revealed that "No official body, whether at the level of a ministry or a department, has contacted any woman or girl with a disability in order to examine their needs, or to check on their conditions in light of the emergency, whether in the West Bank or the Gaza Strip. The survey, "Surveying the situation of women and girls with disabilities under the state of emergency", aimed to assess the needs of women and girls during the emergency period, and their ability to access basic rights and services, and the challenges they face, it came a natural quick response to the lockdown and included 813 women with disability in the West Bank and Gaza. It provides data on women and girls with disability accessibility to health, education, work, protection services from a Human Right perspective.

Poor services and inaccessibility to health and support services were also documented during the pandemic, according to reports from Gaza. Due to the suspension of health facilities and specialized medical teams' work, 354 persons with disabilities were denied access to hospitals and 779 others were denied access to physiotherapy services; meanwhile, 279 persons with disabilities were unable to obtain assistive medical devices and 223 others could not receive wound dressing care services; and 79 persons with disabilities were denied surgeries either at Gaza hospitals or abroad. Furthermore, 526 persons with disabilities could not access occupational therapy services.

Additional challenges included non-adaptation of remote learning techniques to the needs of Girls and boys with disability, failure of public institutions in delivery basic needs, like food parcel to persons with disabilities, failure to protecting labor right for person with disability and violence. The survey conducted by SHS and Al Marsad revealed that The 69.7% of women with disability surveys during in the West Bank and Gaza, faced additional social, psychological and physical pressures inside the home as a result of the emergency situation, and at least 10.1% of them stated they faced domestic violence during the emergency, noting it is expected that the rate is much higher given the tools applied in data collection during the survey period could have influenced the respondents.

About the project

The project under evaluation, "HEMAYA Project", is managed and implemented by of Stars of Hope Society (SHS) in partnership with The Social and Economic Policies Monitor (Al-Marsad).

Stars of Hope Society is a leading civil society organization for women with all types of disabilities in Palestine. It is a woman-centered organization, which works on a collective model. Women with disabilities run the organization, they comprise the higher governance structure of the organization, while a majority of staff, field and office based are women with disabilities. The organization appreciate several human rights and developmental values that are embedded in their mission and objectives including inclusiveness, equality, freedom and justice. . It is the only organization of its kind in Palestine and one of a very small number internationally.

Social and economic policies monitor- Al Marsad, which was established by a group of Palestinian academics and researchers as an initiative to monitor policies and ensure the protection of the economic, social and civil rights in Palestine.

Additional partners joint the project activities during implementation in the form recipients of service (training, Capacity development) and so on, supporters of women and girls with disability protection rights, and collaborators in monitoring and identifying cases of violence against women and girls with disability, and following up with relevant sector. Featured partnerships established formally via memorandums of understanding include the ministry of social development, the

family protection unit in the police, and the ministry of Justice, beside a variety of civil society and community based organizations.

The original project was designed to covert period 1 September 2018 to 31 August 2021, however provided the COVID 19 pandemic and its implications in term of increased needs for protection services, accompanied with challenges of implementation, SHS and AI Marsad received a No Cost Extension for 6 months, to end on the 28 February 2022.

Geographically, the project targeted all 16 governorates of the West-Bank and Gaza-Strip (11 WB and 5 Gaza).

The forty-two months pilot project is funded by the UN Trust Fund to End Violence against Women (UN Trust Fund) in contribution to safely, accessible, adequate and appropriate support services to women and girls with disabilities in the West-Bank and Gaza-Strip.

The project is pilot in a sense that it examines the application of a set of interlinked interventions and solutions designed to address the weakest links that prevent women and girls with disabilities from being visible and prioritized by the anti-VAW/G community.

This goal was foreseen achievable through self-empowering women and girls with disabilities and their families to advocate for their right to live free from violence and access adequate services in the event of violence, fostering the effectiveness of available essential services for Eliminating Violence Against Women (EVAW), and increase their quality and accessibility for utilization by women and girls with disabilities, and though increased informed recognition by duty bearers on the needs of women and girls with disabilities related to EVAW, for influencing the reflection in EVAW programs, laws and policies and coordination amongst state/non state duty bearers based on these needs.

Namely, the specific results/outcomes expected from the project include:

Goal: Women and girls with disabilities survivors in West-Bank and Gaza-Strip safely access adequate and appropriate support services by end of the project.

Outcome 1: DPOs, women and girls with disability and their families have more knowledge on how to advocate for their right to live free from violence and access adequate services in the event of violence by the end of the project.

Outcome 2: The available essential services for EVAW are effective and utilized by women and girls with disability.

Outcome 3: The specific needs of women and girls with disability with regards to EVAW are recognized by duty bearers and reflected in EVAW programs, laws and policies and coordination amongst state/non state duty bearers is enhanced.

The Project intended to address the issues of Violence against women and girls with disability in the private and public spheres including economic, physical, sexual, psychological and emotional violence.

The project originally planned to directly reach 250 women/girls with disabilities (between the ages 13-60 years) as primary beneficiaries (268 were actually directly reached), all types of disabilities are targeted. Secondly the project directly targeted family members, civil society organizations, community-based groups/members, and government official, while indirectly targeted members of the general public/community at large, the project consider all these direct and indirect target groups as change agents and enablers to achieve the project outcomes and results. The project was specifically designed to address the issues of GBV in the private and public spheres including economic, physical, sexual, psychological and emotional GBV.

HEMAYA Project strategized a theory of change and methodologies towards establishing an ecosystem of informed human capitalization, through empowerment and capacity development, establishing networks amongst different stakeholders, including target groups, change agents and influencers for advocating towards structural and programmatic changes.

The theory of change designed for the project is multi sectoral, as the coordinated efforts of the project were planned to ensure Palestinian decision makers and duty-bearers adopt fair policies and practices in the area of violence against

women and girls with disabilities, and at the same time to ensure empowerment and support to DPOs and women and girls with disabilities as rights-holders to claim and promote their rights.

Where the government holds the main responsibility for action against violence against women and girls, the project targeted individual sub sectors such as the social development, justice sector and security sectors, however collectively targeted the platforms that bring together multiple sectors, including health. Civil society service provider are also duty bearers in protection, the project was design to targeted the awareness and practices of service providers toward inclusiveness of women and girls with disability, therefore planned to target EAW coalition and networks as well as individual civil society organizations.

While gaps in data and analysis was identified as a main gap toward progress, the theory of change considered fulfilling this gap as a primary task to achieve the project results, and herby planned to pledge relations with relevant academic and research institutes, CSOs and Human Rights and development organizations to accomplish fulfilling the data and knowledge gaps.

Similarly the theory of change entailed detailed actions towards right holders including women and girls with disability targeting directly through the project partner and/or indirectly through their caregivers, DPOs. Primarily by empowering women with disability to directly involve with the duty bearers through networks and coalition, and with the community. This was planned through the identification of women with disabilities who act as focal points in each governorate, to represent women and girls with disability at the community level, in governorate based protection networks and collaborate with service providers.

Total resources allocated for the intervention: including human resources and budgets, where the total grant amount is \$499,100 (actual expenditures: 499,100.71) and human resources dedicated for the project purposes include a program Manager, a project Officer in the West Bank, a Project Officer in Gaza Strip, an advocacy Officer in the West Bank, and an accountant.

The project is in the final phase of implementation, activities concluded end of February 2022.

• **Evaluation purpose, objectives and scope**

According to the terms of reference, the overall objective of the evaluation is to: "Document and report on the achievement of results, intended and not-intended, of project activities as a part of organizational learning and SHS's accountability to both target populations and donors".

In order to fulfill this purpose, the evaluation follow OECD-DAC evaluation criteria including relevance and fulfillment of objectives, developmental efficiency, effectiveness, impact and sustainability of the project, additional evaluation criteria included gender equality and human rights, knowledge generations and COVID 19. It assess these criterions systematically and objectively, so it is credible and useful, enabling the incorporation of lessons learned into the decision-making process of both SHS, Al-Marsad, and the UN Trust Fund.

As Hemaya is a pilot project the evaluation examine to what extent the identified project hypothesis and strategies were successful; at the same time to provide of good/best practices that can be used when designing similar interventions in the future. More specifically SHS society intend to use the results and knowledge generated from this evaluation for:

1. Further developing its overall strategy, pathways and plans of Hemaya program.
2. Findings and recommendations will be consolidated into the scope of work of SHS, and the GBV-disability key partners as established during Hemaya project.
3. Capitalize on the results to operationalize further work agreements/plans relevant to GBV and disability inclusion during the coming three years.

4. Build on and invest in the successes and partnerships established through Hemaya to design other projects within different sectors and domains not exclusively EAW/G.
5. Support the strategic advocacy and influencing pathways in relevance to the right to protection for the women and girls with disabilities and integrated in the next five-year strategy (2022-2026).

It is also worth noting that the participatory methodology of this evaluation will also comprise a learning dimension for the different project stakeholders who are represented in the external reference group, we see the process of engaging external groups as important for accountability purposes, however we also see it as a platform for learning and ownership building.

It is well noted that this project is perceived by SHS as a revolutionary project not only for Stars of Hope Society by piloting new interventions and solutions that are further institutionalized within the organization, but also for the Women with Disability and VAW actors, since it introduced new ground for increased visibility for women with disability in national institutions, structures and systems. Therefore it is essential to independently evaluate this 3.5 year project to provide evidence based analysis on inclusion models and practices that will feed into the collective recommendations proposed by SHS and other disability and GBV networks by the end of 2022, including but not limited to revisions of the national referral system, currently in process.

Objectives of Evaluation; as drawn directly from the terms of reference include:

1. To evaluate the entire project (42 months from start to end date), against the effectiveness, relevance, efficiency, sustainability, knowledge generation and impact criteria, as well as the cross-cutting gender equality and human rights criteria (discussed in a following section in details);
2. To evaluate the validity of the project assumptions, strategies, and partnerships in light of the results achieved;
3. To identify key lessons and promising or emerging good practices in the field of ending violence against women and girls with disabilities, for learning purposes (this is defined under the knowledge generation criteria below) especially regarding models of interventions that can be applied further.
4. To identify the supporting factors and constraints that have led to achievement or lack of achievement;
5. To assess the management and implementation of the project including approach to delivery and partnerships;
6. To provide recommendations relevant to the future development and implementation of projects of this type.

- *The evaluation scope:*

Timeframe: this evaluation needs to cover the entire project duration (August 2019- February 2022).

Geographical Coverage: The evaluation, similar to the project coverage, target ALL 16 governorates of West-Bank and Gaza-Strip (11 governorates in West-Bank and 5 governorates in Gaza-Strip).

- *Target groups to be covered:* this evaluation covers the target primary beneficiaries (women/girls with disabilities) and secondary beneficiaries (family members, caregivers, civil society organizations including NGOs and organizations of people with disabilities-PDOs) as well as broader stakeholders including decision makers, policy implementers in the GBV and disability sector besides the relevant disability networks and coalitions. Primary and secondary target groups come from the 16 governorates targeted by the project, Primary target group in 5 West Bank governorates did not or had very low representation in the questionnaire.

- *Description of evaluation team*

The Evaluation Team will be consisting of five national consultants:

Rasha Salah Eddin-Hdaib; Evaluator (team leader): will be responsible for undertaking the evaluation from start to finish and for managing the evaluation team under the supervision of evaluation task manager from Stars of Hope, for the data collection and analysis, as well as report drafting and finalization in English and Arabic.

Sireen Hoso; EAW/G advisor: to revise the evaluation tools and methodologies– from GBV perspective- and give an opinion/advice regarding the inception and evaluation report after translation to Arabic.

Hasan Dkedek-Disability Inclusion advisor: to revise the evaluation tools and methodologies– from disability inclusion perspective- and give an opinion/advice regarding the inception and evaluation report after translation to Arabic.

Itidal Jariri- Field Researcher in West Bank (supported by team leader as necessary) - Visit assessment locations and where necessary to collect and record data, develop or assist in the development of interview schedules, conduct interviews using appropriate assessment tools, review and edit data to ensure completeness and accuracy of the information, review data collected after fieldwork before submitting to the team leader and any other duties as required

Nuha Bashir- Field Researcher in Gaza Strip (supported by team leader as necessary): Visit assessment locations and where necessary to collect and record data, develop or assist in the development of interview schedules, conduct interviews using appropriate assessment tools, review and edit data to ensure completeness and accuracy of the information, review data collected after fieldwork before submitting to the team leader and any other duties as required.

Ahmad Dabouki- Statistical advisor: provide statistical advice and support quantitative data analysis.

- Evaluation criteria and key questions

Evaluation Criteria	Mandatory Evaluation Question
<p>Effectiveness <i>A measure of the extent to which a project attains its objectives / results (as set out in the project document and results framework) in accordance with the theory of change.</i></p>	<ul style="list-style-type: none"> ▪ To what extent were the intended project goal, outcomes and outputs (project results) achieved and how? <p>Areas to address</p> <ul style="list-style-type: none"> • <i>The extent to which the project was successful in advocating for that change and whether this is likely to positively benefit women and girls with disabilities</i> • <i>In all cases please address whether the project achieved results in accordance with the expected theory of change or not</i> <p>Areas proposed by the external reference group members:</p> <ul style="list-style-type: none"> - <i>To what extent the project contributed to increased availability of data and research, leading to informed practical adjustments in protection systems, manuals of procedures?</i> - <i>What methodologies were applied to ensure women with disability meaningful participation in the project activities?</i>
<p>Relevance <i>The extent to which the project is suited to the priorities and policies of the target</i></p>	<ul style="list-style-type: none"> ▪ To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls with disabilities? ▪ <i>The extent to which the project strategies and activities were relevant and appropriate to the needs of women and girls with disabilities.</i>

<p>group and the context.</p>	<ul style="list-style-type: none"> ▪ <i>The extent to which the project was able to adjust to any changes in the context and arising needs of the primary beneficiaries during the project.</i> ▪ <i>To which extent were synergies achieved with other activities, as well as with local/international policies and donor policies?</i> <p>areas proposed by the external reference group members:</p> <ul style="list-style-type: none"> - <i>To what extent was the project relevant to the priorities of targeted organizations and their expectations.</i> - <i>Are the project objectives still relevant, is protection for women and girls with disability still a priority? (asked in another way above)</i>
<p>Efficiency <i>Measures the outputs – qualitative and quantitative – in relation to the inputs. It is an economic term which refers to whether the project was delivered cost effectively.</i></p>	<ul style="list-style-type: none"> ▪ <i>To what extent was the project efficiently and cost-effectively implemented?</i> ▪ <u><i>Was the project run (managed and implemented) in an efficient way?</i></u> <ul style="list-style-type: none"> ▪ <i>Were the activities delivered on time and to budget</i> ▪ <i>Were the activities designed to make best use of resources (e.g. were cost comparisons made between different intervention/activity types before decisions taken?).</i> ▪ <i>Has the project been managed well to make best use of human and financial resources?</i> <p>areas proposed by the external reference group members:</p> <ul style="list-style-type: none"> - <i>Did the organization use additional/alternative resources available internally and the sector level?</i> - <i>Were the available resources adequate to ensure highest quality of deliverables and services?</i>
<p>Sustainability <i>Sustainability is concerned with measuring whether the benefits of a project are likely to continue after the project/funding ends.</i></p>	<ul style="list-style-type: none"> ▪ <u><i>To what extent will the achieved results, especially any positive changes in the lives of women and girls with disabilities (project goal level), be sustained after this project ends?</i></u> ▪ <i>What steps have been taken to institutionalize the project, build capacity of stakeholders or secure benefits for rights holders through accountability and oversight systems?</i> <ul style="list-style-type: none"> ▪ <i>The likelihood for sustainability (given that the evaluation is conducted at the end of the project when longer-term sustainability cannot yet be assessed).</i> ▪ <i>Are the results achieved so far sustainable?</i> <p>areas proposed by the external reference group members:</p> <ul style="list-style-type: none"> - <i>Did the project contributed to institutionalizing inclusion of women with disability in the national referral system and/or relevant processes, practices, discussions?</i> - <i>What are the qualities of partnerships established contribute to sustainability?</i> - <i>Will the project results contribute to women with disability protection regardless of the type of disability?</i>
<p>Impact <i>Assesses the changes that can be attributed to a particular project relating specifically to higher-level impact (both intended and unintended).</i></p>	<ul style="list-style-type: none"> ▪ <i>To what extent has the project contributed to ending violence against women with disabilities, gender equality and/or women’s empowerment (both intended and unintended impact)?</i> ▪ <i>Identify any changes in the situation for women and girls with disabilities in relation to safely accessing adequate and appropriate support services, looking at both intended and unintended change for both women and girls with disabilities targeted by the project and those not (if feasible).</i> ▪ <i>Where there any unforeseen positive/negative effects of the activities?</i> <p>Specific areas proposed by the external reference group members</p> <ul style="list-style-type: none"> - <i>Are their changes, Indicators on changes on women with disability relationship with their families?</i>
<p>Knowledge generation <i>Assesses whether there are any promising practices that can be shared with other practitioners.</i></p>	<ul style="list-style-type: none"> ▪ <i>To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners?</i> ▪ <i>To what extent the project generated knowledge that is useful to women with disabilities especially on prevention and protection services and how</i> <p>In addressing this question, it must be clear that the knowledge generated is new, innovative, builds on evidence from other projects or has potential for replication or scale up in other projects or contexts. It should not include generic lessons or knowledge that has already been frequently documented in this context.</p> <p>areas proposed by the external reference group members beside the ones included in the above criteria sections</p> <ul style="list-style-type: none"> - <i>How did women with disabilities themselves contributed to knowledge generation?</i>
<p>Gender Equality and Human Rights</p>	<p>Cross-cutting criteria: the evaluation should consider the extent to which human rights based and gender responsive approaches have been incorporated through-out the project and to what extent.</p>

	<ul style="list-style-type: none"> ▪ <i>What Human rights approaches agendas influenced the project implementation?</i> ▪ <i>What Human rights did the project promote in the targeted communities?</i> ▪ <i>How were the methodologies implemented responsive to human rights and gender responsive?</i> ▪ <i>Had the project impacted secondary target groups' men and women differently (family members, service providers staff, decision makers)</i>
COVID 19	<ul style="list-style-type: none"> ▪ <i>What are the limitations and challenges resulted by COVID 19 Pandemic?</i> ▪ <i>How these limitations influenced the project implementation and/or priority interventions?</i> ▪ <i>What mitigation strategies or adaptations were put into place and how effective were they?</i>

- **Evaluation methodology**

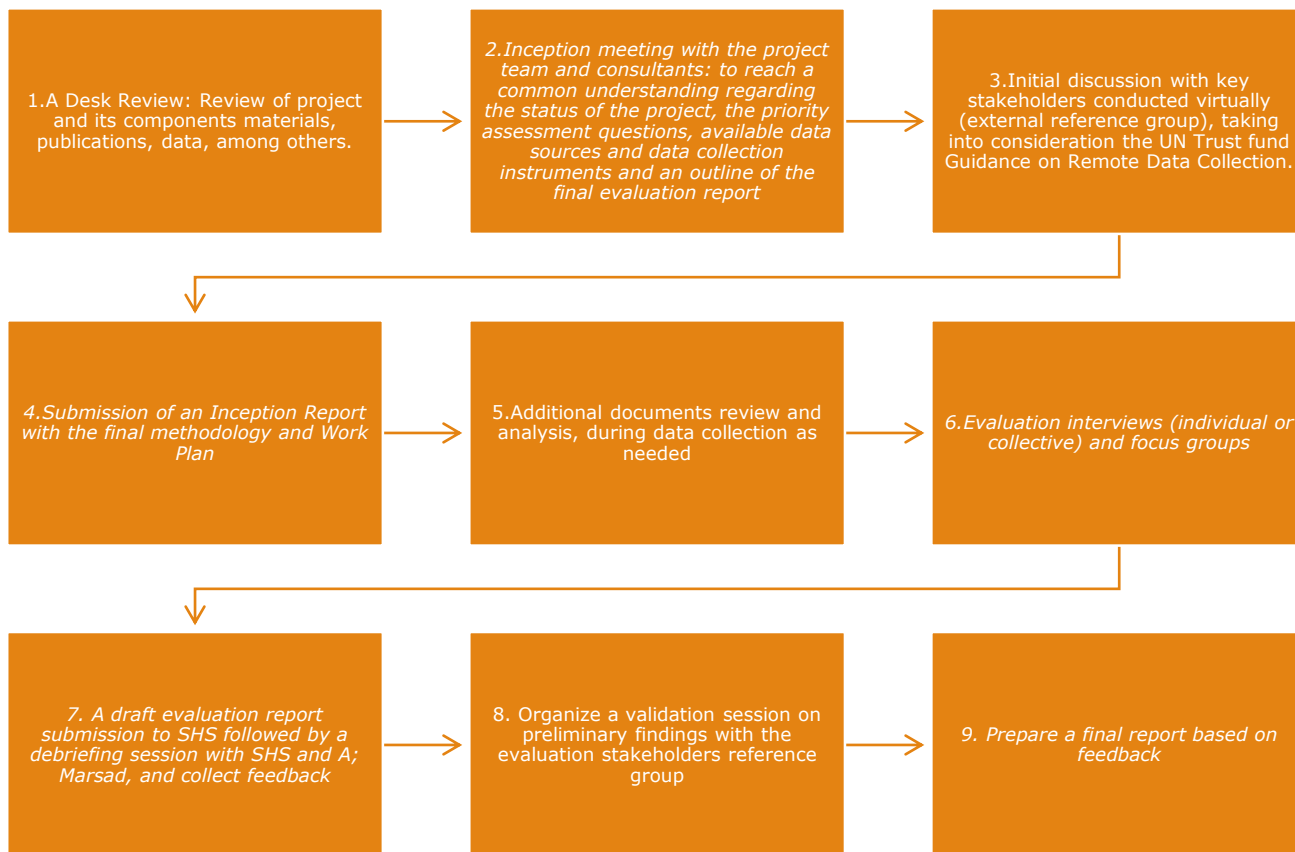
- **Overall evaluation design**

The evaluation followed post-test only without comparison groups, utilizing a dynamic participatory and strength-based approach that is inclusive but also supports learning and adaptation. The methodology ensured participation and learning are practiced throughout the evaluation process.

Two reference groups, internal and external, were consulted in the design of the evaluation and the identification of evaluation priority questions. Internal reference group comprising the project leadership (partners), UN Trust fund and UN women reviewed and approved the results of the inception phase. The external reference group, comprising primary and secondary target groups, 2 women with disabilities from the West Bank and from Gaza, 2 family members/mothers of girls with disabilities, 1 representative of the public sector (family prosecution office), and 2 representatives of civil society organizations in the West Bank participated in a participatory design virtual meeting and contributed to unpacking the evaluation questions proposed in the TORs, building on their experience and aspires, taking into consideration the evaluation scope and timeframe a selection of most relevant priority areas were integrated in the evaluation matrix. External reference group member also participated as informant within the different data collection methods, Follow up with the external reference group to participate in the validation of the finding and contribution to recommendations is foreseen after the approval and translation of the evaluation report.

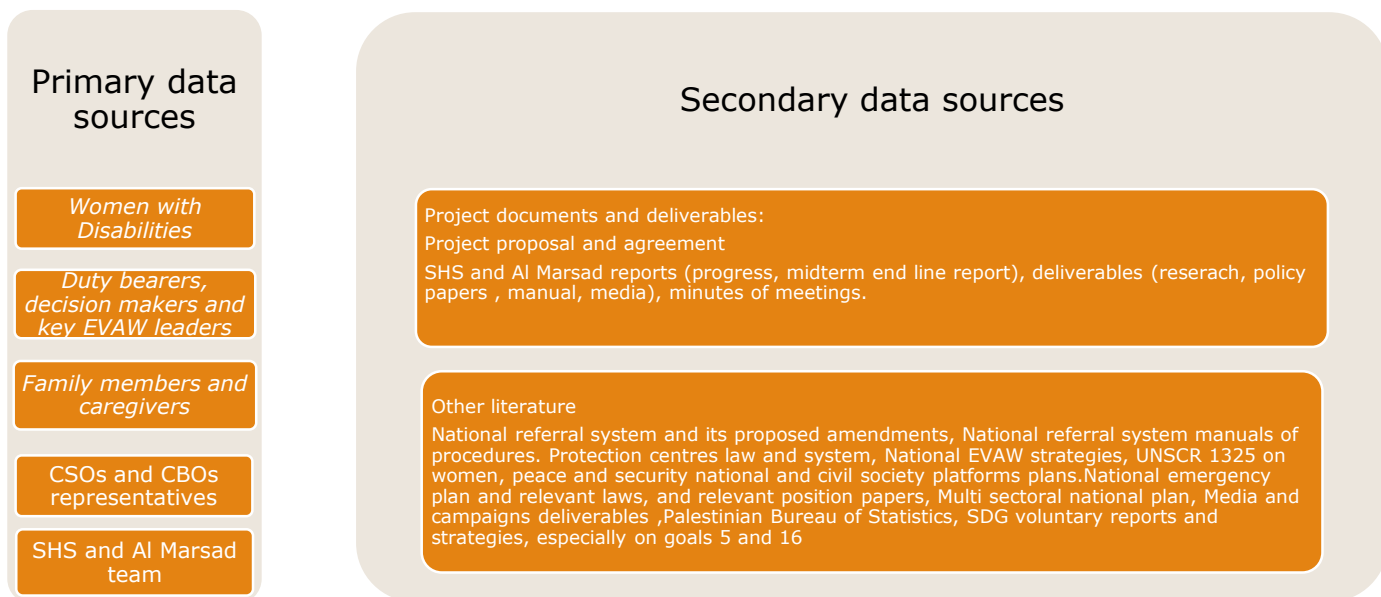
To ensure the evaluation approach and methods of data collection are gender responsive, we followed the ethical considerations prescribed in the following section to ensure women and girls feel safe to share information as direct/primary target group, we also target data disaggregation for secondary target group by sex, disability, region and level of education, we also targeted informants who are males and females.

The methodology include the collection and analysis of qualitative and quantitative data, applying mixed primary and secondary data collection instruments based on sources of information identified in the inception phase. The evaluation method trailed the following stages:



• **Data sources**

In responding to the main evaluation questions, areas of focus and specific analysis areas, we drew on the following sources of data:



- *Data collection methods and analysis*

Data collection methods applied included a desk Review, where a narrative assessment of the project documents and existing literature was conducted after identifying relevant and reliable quantitative data from different sources including PCBS and VAW stakeholders that support a statistical analysis.

It also included collect Qualitative and quantitative Primary data collected from 74 women with disability as follows, the sample was identified with the support of SHS, who provided the team with an extended list of beneficiaries from all 16 governorate, while consent to participate was collected as a primary stage from 78 women with disability, 4 of them did not show up to the focus group or apologised for time related constraints:

Questionnaire filled in with 48 women with disabilities participants in different project activities especially in right awareness raising and training. The questionnaire was based on a combination of nominal scale with different variables depending on question area, besides ordinal scales of 4 (agree, disagree, neutral and do not know), for questions where the variable are already set in the questionnaire. It was digitized using survey application Kobo Toolbox, all the questionnaires filled in by our data collection team through phone calls, stars of hope society supported accelerating the process by making contact with women with disabilities and getting their consent to participate in the questionnaire, prior to our team first contact with them.

- 1) Interviews with 12 women with disabilities survivors of violence and who benefited from the protection services during the last 5 years.

The interviews were conducted through phone calls by our team to ensure adequacy of timing and fast data collection. Our team member who led this process is a psycho-social trainer which facilitated the process of data collection. Similar to questionnaires, SHS obtained the consent of women with disabilities to participate in the interviews prior to our first contact with them. For two of the participants who had multiple disabilities, SHS advised we can conduct the interview with their mother.

- 2) Focus group discussions with 7 SHS focal points in the West Bank and Gaza and 8 young women with disabilities participants (+18) in developing media and awareness raising tools.

Additionally; Focus group discussions were organized virtually as follows:

- a. Caregivers of women and girls with disability who participated in the project activities, 3 FGDs were organized (1 in Northers West Bank, 1 for Middle and southern West Bank and 1 in Gaza), participant in these FGDs are 18 caregivers (all females) including mothers and sisters of women and girls with disability, in Gaza the majority of participating caregivers are also women with disability.

- b. Protection networks members; one focus group discussion with protection networks members was organized virtually to include West Bank and Gaza, number of participant in this FGD was 6 in Gaza and 5 in the West Bank (3F and 2M).

- c. Staff of CBOs who participated in project activities, 4 female CBO staff member is the West Bank and 5 (2F, 3M) CBOs staff member in Gaza participated in the FGDs.

- d. Project committees members, one focus group discussion was organized virtually with advocacy and research committees members in the West Bank and Gaza, the discussion was attended by 3 female participants in the West Bank and 3M and 1F in Gaza.

- e. SHS team, FGD with SHS team was held F2F and virtually included Gaza staff member.

Semi structured interview: 18 interviews were conducted as follows:

Source/Participants	Females	Males
CSOs –service providers	1	2
Experts and members in disability and/ EAW networks	3	3
SHS	1	
Al Marsad	1	1
Duty bearers –public sector	4	1
Donor (UN Trust Fund)	1	

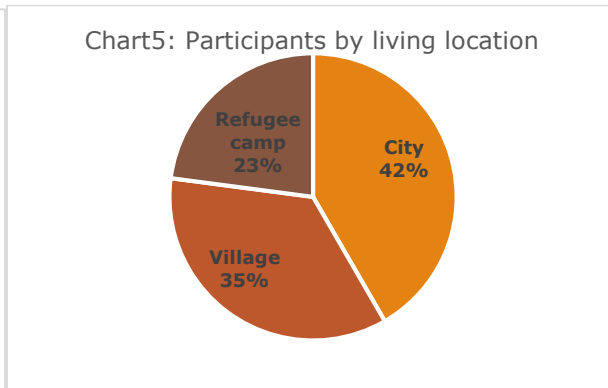
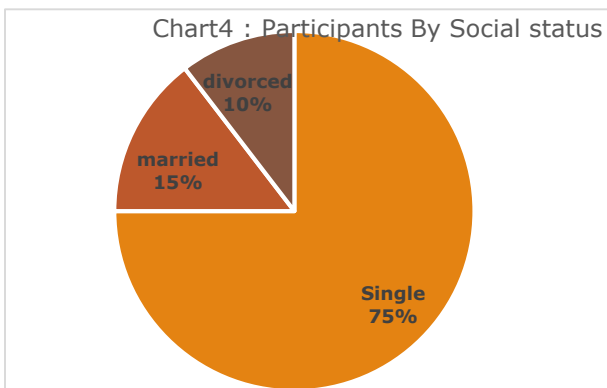
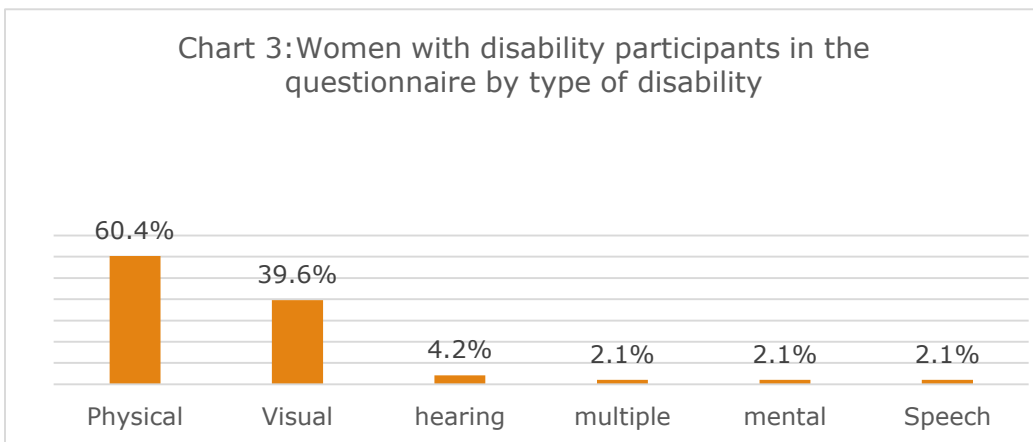
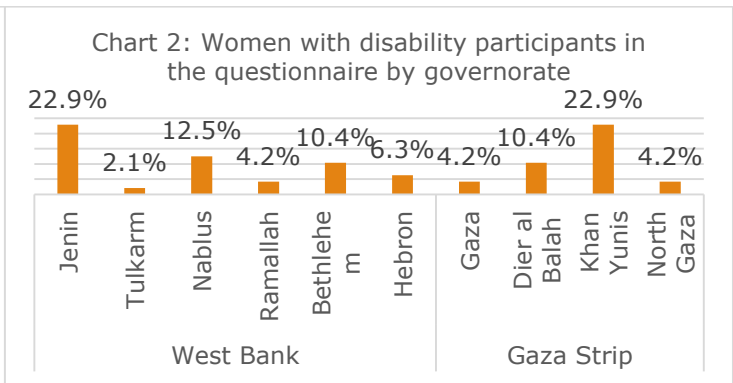
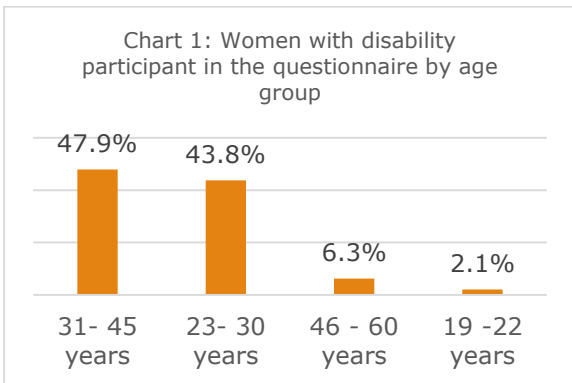
Data collected from multiple sources is triangulated and analysed by the team leader to respond to the evaluation questions in accordance to the approved set indicators.

- **Sampling framework**

Sampling was conducted prior to the receipt of the end line report, however discrepancies between the targeted sample and actually reached are clarified in the following table compared to the end line report results:

Primary data source	actual targeted number	Actual number of Participants in the evaluation	Targeted sample in %	Actually reached in %	Comments
Women with disability survivors of violence	34	12	40-50%	35%	Participants were all women
Women with disability who participated in different project activities.	267	48	20%	18%	
Caregivers and family members	85	18	40%	21%	Invited to the FGDs but did not show up.
Network members in the West Bank and Gaza	12	16	30%	33%	16 Members representing the 4 Network
Staff of CSOs and CBOs who directly participated in tailored project activities	60	9	30%	15%	9 representing 21 CSOs and 39 CBOs targeted in tailored activities for CSO/CBO.
key referral system actors	3	5	67%	167%	Participants included Women protection unit at the Ministry of Social Development, Disability unit at the Ministry of Social Development, Complaints department at the Ministry of Women Affairs, Family prosecution office, and Family protection unit in the police.
Non state actors	10	9			3 from EAW and disability networks, 3 service providers and 3 experts in protection and disability. (a percentage is not feasible in this case as it include multiple stakeholders who were not necessarily direct project targets but are active in the sector)

Sample of women with disabilities participants in the questionnaire, totalling 48 women with disability with the following profile illustrated in charts 1-5 below by age group, type of living location, governorates, type of disability and social status.



For women with disability survivors of violence, the sample included 12 Women, (8 in the West Bank and 4 in Gaza). In terms of age group, 4 of the women interviewed were between 23-28 years old, 5 were between 30 and 35, and 3 were between 40 and 45 years old.

The participant had different types of disability at least four of them have multiple disabilities, 2 of them did not express what multiple disabilities they have. Specifically the sample was as follows in table 1, according to the type of Disability:

Table1: Number of Women with disability survivors of violence interviewed by type of disability:

Type of disability	Number of Women interviewed	Percentage from a total of 12
Physical	4	33%
Hearing	3	25%
Visual	3	25%
Speech	3	25%
Multiple	4	33%

- **Limitations of the methodology**

The limitations in the sample are linked to the women with disability representations in terms of governance and type of disability. As seen in the above charts, the representation by geographic coverage unintentionally excluded or had a very low number of participants from five governorates in the West Bank, this has influenced our ability to analysis the indicators by governorate, however mitigated this challenge by providing analysis by political geographic division, West Bank and Gaza. In terms of types of disability, similarly, the participation of women and girls with physical and visual disabilities represented around 90% of the sample, thus challenging our ability to analyse the data inclusive of all types of disability.

On accessibility of women and girls with disability and their caregivers, support of SHS was essential for reasons including 1. defining the location and potential of women and girls with disability to actively participate and provide relevant data, taking into account the type of disability and any support needed based on that, secondly, and 2. Support in providing a safe environment for women with disability who will participate in individual interviews with potential that they will feel safer when coordinators of SHS join the interview setting. The second was however mitigated provide the expertise and background of the data collection facilitator who is an experienced psychosocial support practitioner.

With respect to SHS policies, the questionnaires was filled in by the team of external consultants to ensure independency, however through the techniques usually applied by SHS, e.g., virtually or through phone calls.

SHS support in identifying and coordinating for FGDs and interviews was essential to ensure higher responsiveness provided the limited time duration of the evaluation.

- **Safety and ethical considerations and protocols put in place**

- Protect the rights of respondents, including privacy and confidentiality by;

At the beginning of every interview/focus group and questionnaire, the team explained the purpose of the interview/FGD/Questionnaire, a consent note was added and explained to the participant/s, clearly providing this clauses:

“The interview/ FGD Questionnaire will take (time). We don’t anticipate that there are any risks associated with your participation, but you have the right to stop the interview or withdraw from the FGD at any time. You participation in this evaluation is voluntary

Your written/recorded consent is necessary to ensure you understand the purpose of this interview/FGD/questionnaire and agree that we use the information you provide during this meeting/call for these purposes.

The meeting will be documented by recording/in writing and will be analysed by the statistical expert Ahmad Dabouki and team leader (Rasha Salah Eddin), who may use some quotations from this meeting, however quotations will be anonymous.

If you are concerned with any of these terms, or would like to complain this activity, please contact team leader – Rasha Salah Eddin on Jawal 0595370672 email:rashatem@hotmail.com and/or Kefah Abu Ghosh from SHS on kefah@starsofhope.org .

If in anyway, you feel you participation in this activity could harm you, please inform the interviewer who will seek the support of SHS to refer you to adequate services. "

SHS will also be available to respond to you call if you face any harm prior or after this activity.

Note: questionnaires are anonymous by the survey tool.

All questionnaires and recordings will be maintained with the team leader only for three months after the completion of the evaluation.

- Data collected from women with disability are anonymously collected, while quotation from other correspondents will be anonymous in the evaluation report.
- The statistical expert and team leader only will have access to collected data from the survey, data will be deleted three months after the approval of the evaluation report, until then they will be saved and protected by passwords to be handled by statistical expert only.
- The questionnaire was digitized using survey application KOBO Toolbox, the questionnaire was filled in remotely by our team through phone calls with women and girls with disabilities supporting them individually to understand and provide informed answers to the questions.

In-depth interviews with women and girls with disability survivors of GBV in the West Bank and Gaza were conducted by our data collection expert in the West Bank, who is a psychosocial practitioner with long term experience in working with survivors of violence include women and girls with disability.

To ensure accountability principle is enforce, two reference groups are established as follows:

1. An external reference group with the participation of stakeholders representing the project target groups including 2 women with disability in the West Bank Gaza, 2 service providers (CSOs) in the West Bank and Gaza, 2 family members and/or caregivers in the West Bank and Gaza, 2 duty bearers from the West Bank and Gaza and 2 disability network members. Nomination of members with coordinated with SHS, however the specific roles of this reference group include represent target groups in the evaluation process from inception/design to analysis and acting as a sounding board throughout the evaluation process. External reference group members participated in unpacking the evaluation questions and proposed additional questions, discussed the availability of data in a virtual workshop, they also participated data collection methods as informants, yet their engagement with the evaluation report is yet to be concluded after the translation of the approved report.
2. And internal reference group (IRG); which is composed of the members of the project management committee, a member of the project consultative committee, the head focal point (woman with disability) and the GBV-disability two consultants in West Banks and Gaza Strip as they have a key role in Hemaya project and can bring expertise in evaluation design and methods in relevance to disability and ERAW/G. The IRG will additionally verify the inception and final evaluation drafts and final reports

The evaluation team signed and adhere to the following principles, integrity, accountability, respect and beneficence. And there will commit to the following steps:

1. Disseminate UNTF guidelines to all evaluation team members.
2. Communicate with SHS focal person any challenges, changes, limitations that arise during the evaluation and in due time.
3. Any potential conflict of interest that is identified during the evaluation and for any of the team members will be disclosed to SHS in due time.
4. In introducing the project and the evaluation objectives to participants in interview, FGDs, questionnaires, contact information of evaluation team leader and SHS will be provided for complaining any harmful effect of the evaluation activities.
5. Evaluation judgment is the sole responsibility of the team leader, segregation of team responsibilities minimize potential biases, the evaluation team leader judgments will be based on evidence documented and/or recorded.
6. The evaluation team leader attended some of the data collection activities to monitor field data collection adheres to ethical guidelines.
7. All evaluation team member signed the pledge of ethical conduct provided in the guidelines.

Findings with analysis per evaluation question

Effectiveness

Evaluation Question 1	To what extent were the intended project goal achieved and how? The project goal “ Women and girls with disabilities survivors in West-Bank and Gaza-Strip can safely access adequate and appropriate support services”,
------------------------------	---

End line Result

<i>Indicator #</i>	<i>Indicator Description</i>	<i>Target</i>	<i>End-Line</i>	<i>%</i>
	<i>% of women and girls with disability survivors of violence reported safe access to adequate & appropriate services⁷</i>	852	951	111.6%
	<i># of cases(women and girls with disability victims) reported by end of the project</i>	30	34	113%

Analysis and Evidence:

At the Project document goal indicator level, the percentage to which the national state/non-state Anti-VAW/G programs and systems in West-Bank and Gaza-Strip are more responsive to the needs of women and girls with disability.

As such the project study on ERAW actors and service providers⁸, listed 215 state and non- state organization that provide different services for people with disabilities and institutions that provide services related to violence, the project successes in making improvements with in service providers including 4 State actors, detailed throughout the report. In addition to

⁷ Reported by women with disability themselves, their parents or service providers.

⁸ Protecting women with disabilities from violence: exclusion and marginalization, A study on: Services provided to battered women with disabilities

improving one of two (National Referral system, and the protection centres system) main national systems that directly impact women and girls with disability access to protections services.

The evaluation team found that the project largely contributed to women and girls with disabilities access to safe and adequate support services, especially the ones that SHS directly supported or transferred to relevant services through the HEMAYA project. While the accessibility of all women and girls with disability in Palestine in general to safe and adequate support services, still require a lot of effort from the project partners but other stakeholders and actors, however we found that the project found grounds for such development for the sector as a whole.

The project reached out to 34 women and girls with disabilities survivors of violence, the outreach according to women interviewed was proactive. In most cases, women clarified they were contacted by the organization, while they were not aware its service or they had little information from their friends, who are also women and girls with disability. Direct support to women and girls with disabilities survivors of violence enhanced women and girls with disability accessibility to adequate services in several ways, the individual and group counselling received by women with disability was highly satisfactory, **it influenced the power relations between many of them and the predators in some cases, and between them and other family members in others.**

Women interviewed reported they did not manage to take decisions about their future before this support, they were challenged with many psychological and social pressures that the predators also abused to keep them silent about violence. Awareness raising women with disability received specially on gender based violence, human right as derived from human rights conventions (including on protection, sexual and reproduction health rights), legal awareness derived from Palestinian legislations especially on social status related rights, has contributed to increased confidence of women and girls with disability, several women met explained this awareness made them take informed decisions, mostly related to separation from the predators if they were husbands, or to demand the protection and other social services. It was noted by 92% of the participant in the interviews, that the support they received through HEMAYA impacted their lives positively, which increased their accessibility to safe and adequate services and the other way round, especially in areas of:

-Their perceptions about services providers and awareness on which ones to reach out. Many of them discussed that they tried to reach out to protection services providers within their communities or even governorate, however they did not feel they could trust these entities, as most of them did not actually provide any support services, according to one women from the West Bank, (they worked with us for marketing their organizations, they did not actually care), however feedback obtained on SHS and three of the organizations they collaborated with, transferred cases to, they felt that not all service providers are equal, and their exist some organization that are keen of supporting them, most of women met used expressions like; *“in SHS, women can feel us because they are also women with disabilities*, or *“I do not feel I am alone anymore”*, *“the organization they referred me to were very supportive and respectful”*, or *“the lawyer who they referred me to was the only one who help me, unlike other organizations were lawyers turnover was very high and project based.”*

These changes in perceptions and trust building with some of the service providers they met is an important angel related to accessibility to support services. Without positive perception from the women with disability themselves, accessibility to adequate support is not possible.

On the adequacy of services and the environment, SHS premises and locations identified in each governance to deliver their services is adequate for women and girls with disability, similarly women referred to other services providers found the locations, attitudes and practices of the service providers respectful and safe.

Interviews with women and girls with disability survivors of violence and recipients of SHS and partners services discussed the warmth of the relations established with SHS team, recognizing high level of respect, welcoming and privacy. Women with disabilities met believe to some extent that this is because they received the services through women with disability who understand their needs and can feel their feeling, therefore solidarity driven by common or similar life experiences as a result of disability.

- Built their self-esteem; the training, awareness raising and counselling sessions delivered to women with disabilities contributed to enhanced confidence in their abilities, and increased their recognition of self-value and rights. 92% of the interviewed women provided statement like *“ I did not talk about violence I face before, I was shy, now I know I can talk about it even in groups or workshops, I recognize it is not my fault, it's the society and predators fault.”* Or like *“ I was so afraid of leaving my husband despite he was so violent with me, physically and verbally, I was concerned about losing my children, when I learnt my legal rights especially related to child custody right, I left him and selected the legal path. It was transformative for me that I do not have to live with violence anymore.”*

Similarly, only the idea of meeting peers and moving beyond their family zone contributed to building this self-esteem, for example at least 70%(8-12) of women met discussed how meeting peers, or other women with disability was inspiring for them, and helped them recognize they are not alone. For example, one women explained that she stayed in a dark room for days as she had depression and did not want to make any contact with her family, she also explained that after the counselling sessions, she has friends and she likes to meet them, they also communicate over the phone, additional examples from women with disability a women from Gaza expressing talking about fears she had to move alone even within the same city, she expressed *“ I never left my neighbourhood by myself before, under this project, and for the first time, I used public transportation by myself to go to Gaza city, I now do that very often, just to walk in the streets and meet my new friends.”* .

It was noted from several interviews, that women with disability increased self-esteem made them recognize that they should not wait until someone help them and that they can help themselves in several ways, for example a young woman with disability in Gaza, was sexually abused by her cousin clarified, *“ I seeked the support of a reputable man/leader in our family, all he did was made me keep silent because talking about my case will harm the whole family, I went to the police, they told me they need witnesses according to the law, how can he abuse me with witnesses around, I had no one to help me and I feared leaving my house even to the stairs where my cousin can abuse me again, after having counselling and training with SHS, I am not afraid of him anymore, I selected to confront him in case anything happens again, I am a stronger woman now and no one can abuse me, I know SHS will help me in any case.”*

- Built their willingness to support other violence survivors, including family members, children, other women with disability, neighbors, where at least 50% (6-12) of interviewed women survivors of violence, explained how the project support influenced how much they paid attention to other survivors needs, mother of two survivors explain that the social and economic violence that her son with disability face, influenced his psychosocial health, according to the mother he became a predator because he himself never received such support, she assumes he will resist support from organizations provided his ego given the social pressure, however she clarified she will try to use SHS counselor techniques to help him.

Another women explained *“I started learning the sign language by myself using the internet, because now I have friend with hearing disability whom I want to help. I also hope to be able to learn something about first aid, so I can teach my family how to help me and others in case of another war on Gaza.”* Counseling was specifically valued by women survivors of violence who have children, they explained how counseling sessions (individual and collective) help them

find creative ways to support their children who also face violence, although they think such support would be much beneficial if provided by a specialist.

It was noted from the interviews that decisions about taking action, beyond counselling and participation in awareness raising, women and girls with disability facing violence from other family members especially brothers did not go beyond avoidance of predators, All women interviewed with such a case (brothers are the predators), they clarified that without economic empowerment, they are not able to take actions against the brother, fearing they will be left with no support from the family. Although however many of them mentioned some financial support that was very important for them however it was not sustainable that they can make such decisions based on them.

The accessibility of all women and girls with disability in Palestine in general to safe and adequate support services, still require a lot of effort from the project partners but other stakeholders and actors, however we found that the project found grounds for such development for the sector as a whole. These ground are linked to **some changes in power relations when it comes to making decisions related to women and girls with disability support services with the protection system**, this was achieve through the project outcomes, however strategically included:

- Influential alliances: SHS and Al Marsad through the power of information, contributed largely to changes in the perception of duty bearers, decision makers, EVAW actors and service providers on multi-layered violence women and girls with disability face, and on the needs of women and girls with different types of disabilities at the service provision level. This information and data on violence against women with disability and on challenges to accessibility to protection services, as actors met clarified were not necessarily informed about before, or according to some cases of actors interviewed, violence against women with disabilities was not recognized as a priority as it should be, as they did not have the tools and required informed support to do that.

In the case of public sector actors, factors contributing to building strategic alliances include, 1. the generation of knowledge, 2.the participation of SHS in the micro committee of the national referral system representing the General Union of Disability and 3.to a large extent the high responsiveness of SHS to capacity development needs and support needed by relevant public actors including the Ministry of Social Development, the Family prosecution office, the family protection unit and the Ministry of women affairs, which created mutual interest for mutual benefits.

- Structural modifications to the national referral system, the first draft of National referral system law for the year 2013 excluded women with disability and excluded formal justice sector from the system, which led to discrimination against the women with disability, the procedures of the national referral system did not use the procedures approved in 2017, but rather every partner used their own system/procedure.

A review SHS documented modification made on the draft national referral system during revisions session and submitted to the prime minister, examples of modifications made include:

- a. Inclusion of the disability law in the Preamble of the draft law on the national referral system.
- b. Upgrading the definitions and glossary section to include, facilitative measures and support measures specifically for women with disability.
- c. Added facilitative measures for women with disability in several sections including in value and ethics, informed services approval by the survivors,
- d. Added the conflict of interest and eliminating pre judgment (including based on disability) to the value the govern the system,

- e. Added a selection of specific facilitative measures, such as the sign language translators legally certified, representation by the prosecution office in case of conflict of interest, free health services.
- f. Collaboration in case the children of a women survivors of violence are girls or boys with disability.
- g. Cancellation of terms that could limit service provider's commitments to facilitative measures, for example 23/3 previously stating taking possible facilitative measure.
- h. Added to the roles of prosecution office in case of women with disability and collaboration with organizations of person with disability.

These examples among other provide evidence that consensus and recognition were translated into actions that promote structural modifications to the national referral system, while it still requires the approval of the council of ministers, it opens ground to the revisions of the procedures and operational manuals in services providers' internal structures.

During the revisions made on the national referral system, SHS not only participated in the revisions but also put pressure on the participant to include women and girls with disabilities rights and needs on the table in every discussion, and started collaborating and providing review services to the operating procedures of the key actors including service providers, at least 5 key actors (4 public sector and 1 national EVAW network) validated that they received and appreciate such support from SHS.

According to facilitator of the national referral system micro committee meeting facilitator, SHS managed to build consensus and recognition, this was achieved by the temporary arrangements approved by the committee, where service providers will utilise SHS services, in terms of facilitative measures, and professional capacities in any case of woman with disability they will receive.

SHS already reviewed the manual of the family protection unit in the police yet to be approved, SHS needs a special path to work on these internal procedures of the providers, as well as on revising the unified manuals for all service providers, similarly supported the review of internal procedures of the family prosecution office. According to the head of the family prosecution, "*we could not have reviewed our internal procedures to ensure inclusion of women with disability and taking into consideration their needs, unless with the support of SHS.*" These examples provide evidence that SHS are on the right path in setting ground for more safe, adequate and accessible support services to women with disability survivors of violence.

It is worth noting that SHS targeted civil society, however the impact on key civil society service providers in the West Bank services is not yet tailored as needed, interviews with civil society actors clarified that they obtained information but are not yet able to operationalise their commitments to women with disability protection, they felt they still need further training and support by SHS in doing so, although they validated they have changes in perceptions towards the protection of women and girls with disability, for example one representative of civils society service provider clarified we will take information collected from SHS in our future strategic planning, however we recognized our weaknesses in this area and will seek the support of SHS to operationalise .

In Gaza, success with CSOs was more visible, in terms of more influence of civil society service providers, actors met validated that Hemaya project kicked of their work on GBV and advanced relevant services towards protection and prevention. For example, the national society for rehabilitation in Gaza clarified they started their GBV unit based on the trainings they received through Hemaya project, this unit is now providing psychosocial support services, legal services and running an awareness raising component. Another example met in Gaza clarified that despite to not be a direct

provider of protection services, but rather preventive services, the quality of information received through the training encouraged the organization to upgrade the monitoring and evaluation system to include data based on disability and vulnerability to violence, it was expressed by the programs director of this institution, Ma'an Development Centre is a reputable one, that the initial steps and support received from SHS encouraged them to go into the strategic partnership, because they recognized they still need to develop their learning approach and techniques in working with person with disability specially women and survivors of violence. The organization confirmed that it will also impact their operational policies in term so of inclusiveness in their multi-sectoral programmes they run.

It is worth noting that the context of Gaza, to a large extent influenced the frequency of violence against women with disability, all women survivors of violence we met discussed the impact of the military aggressions against Gaza on them, their caregivers and other family members, For example, two of them discussed injured family members (caregivers) and how that impacted their ability to care for them, another lost her mother in one of the aggressions, which effected the quality of care she received and how she was abused by a step mother, the last discussed her merchant father who broke due to the siege and aggressions and how it increased the frequency of violence domestically.

Conclusions	The project largely contributed to the goal of safe and accessibility to adequate services by women and girls with disability especially to women who received direct services from SHS and/or referred by SHS to certain service providers, the project also set structural grounds for further contributions to this goal and to a more comprehensive horizontal and vertical potential to expand and build on the achieved results.
--------------------	---

Evaluation Question 2	To what extent were the intended project outcomes and outputs achieved and how?
------------------------------	--

Analysis and evidence

The project outcomes and outputs were achieved despite contextual challenges, largely attributable to SHS, Al Marsad and UN Trust fund high responsiveness to these challenges.

Outcome number 1 on: DPOs, women and girls with disability and their families have more knowledge on how to advocate for their right to live free from violence and access adequate services in the event of violence by the end of the project.

End Line Results:

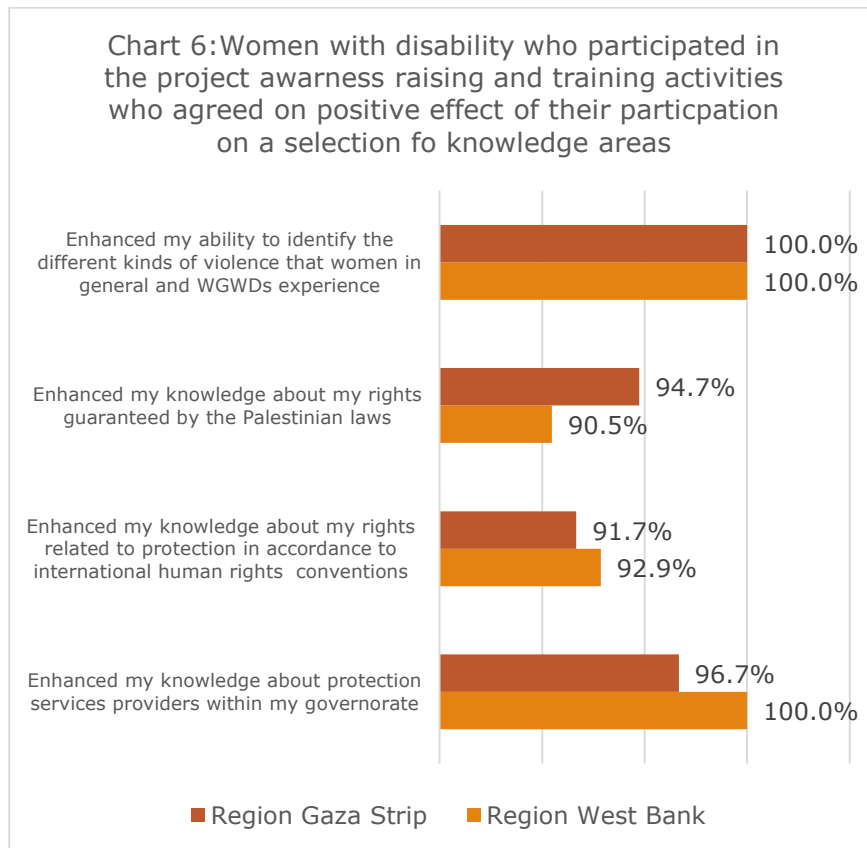
<i>Indicator #</i>	<i>Indicator Description</i>	<i>Target</i>	<i>End-Line</i>	<i>%</i>
Outcome Indicator 1.1	% of DPOs, women and girls with disability and their families' members reported an increase in their knowledge to advocate for ending violence against women and girls with disability.	246	281	114%
Output Indicator 1.1.1	# of EVAW/G Disability mainstreaming guild line developed	1	1	100%
Output Indicator 1.1.2	# MIS developed and activated	1	1	100%
Output Indicator 1.2.1	% of trainees reported an increase in their knowledge defined through pre and post tests	23	23	100%
Output Indicator 1.2.2	# of FPs and representatives of DPOs involved in networking and advocacy activities	12	23	192%

Output Indicator 1.3.1	% of participants reported an increase of their knowledge related to the "EVAW/G with disabilities" and the available protection processes and channels in WB and Gaza Strip defined through pre and post tests	171	203	119%
Output Indicator 1.3.2	# of women and girls with disability families members who reported their willingness to support women and girls with disability to claim their rights	78	84	108%

The team observed that the project succeeded in achieving most of the outcome targets, through:

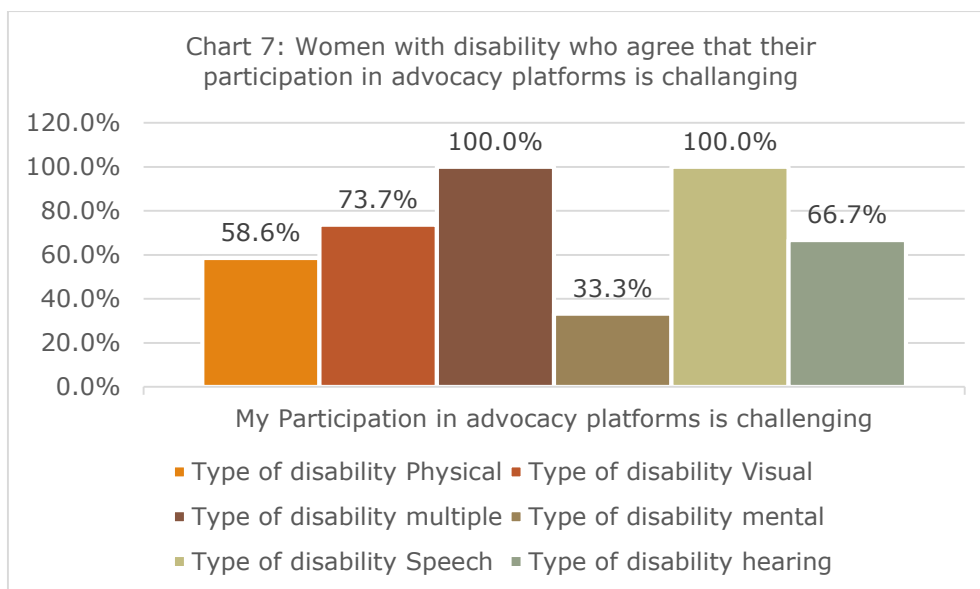
1. Knowledge dissemination: which took different approaches based on the target group. For instance, awareness raising activities, training sessions, and individually in some cases. These approaches targeted women with disabilities, care givers and DPOs. We found that knowledge disseminated through these approaches and skills build were profound to engaging the target groups not only as audience but also as advocates for ending violence against women with disability, examples of advocacy spaces included in private sphere, family and friends networks, and through community based organizations activities,

The approach used with women and girls with disability lead to increased capacity to advocate /call for ending violence against themselves and women with disability, 85.4% of women with disability surveyed under this evaluation, amongst those who participated in the different awareness raising and training sessions agreed that their participation in the activities organized through the project, influenced their capacity to call for ending violence against women with disability. The chart 6 below clarifies percentage of women with disability surveyed who agreed the knowledge areas contributed positively to their ability to call for ending violence against women and girls with disability, including themselves:



An additional result from this information dissemination and capacity development with women with disability, 93.8% of women with disability survey agreed this knowledge and capacity areas contribute to their ability to survive violence if experienced in the future.

However, responses from women with disability on persisting challenges varied based on type of disability as clarified this the chart 7 below, we can observe that 100% of women with multiple disabilities surveyed clarified that are facing such challenges however noting that the number of participant is as low as 3, while the rates were to some extent lower for other types of disability the overall rating was very high around these challenges (66% in total), the chart below clarify these percentage in terms of the level of agreement that their participation in advocacy platforms is challenging, by type of disability,



When inquired about the types of challenges being faced only 31.3% of women surveyed provided explanatory notes on their response. 20.8% of women with disability clarified that these are social challenges, including limited acknowledgment of their abilities and limited acknowledgment that women with disability protection is a priority social issue. 4.2% clarified the challenges are related to parental approval and parent limited awareness on these issues, while 6.3% provided reasons related to their capacity, confidence and their knowledge about which platforms they can use.

For caregivers, while 100% of participant in the project activities and the focus group session are mothers, discussion reveals the absence of fathers not from the project processes but from their role as caregivers to women and girls with disability, in some cases, the male members of the family influenced the success made with the mothers negatively by placing obstacles in front of female members who are willing to participate in advocacy, for example by making decision on their behalf on whether to leave the house and participate in such activities or not, in one of the cases a mother clarified that her sons (young) did not want their mother to tell they have sisters with disability, another case a woman with disability clarified that an uncle refused that she talk outside the family about violence she herself faced, for the family image in the community could be harmed. Thus 83.3% of parents who met in the focus group discussions, validated that the information they obtained through their participation in awareness raising activities contributed to their ability to act upon and advocate against violence against women and girls with disability in their private sphere, their extended family and friends circle, and with their neighbors. Others clarified that the information they obtained empowered them to also be able to hold accountable non protection service providers, like educators in schools, managers in banks, health sector practitioners for their neglect and negative attitude towards women and girls with disability they care for. A mother explained "I learnt to be powerful from the trainings with SHS, I used to be shy, in one of my visits

to the Bank, they did not recognize my daughters right to have a bank account, I stopped the employee and talked to the manager, I argued with confidence my daughters rights, and it worked, I myself at the moment was surprised I did it."

About their willingness to advocate for schools curriculum, a discussion between mothers started during the FGD, we recognize that it is important that the evaluation tools are as well utilized to contribute to the project objectives, the discussion was launched by one of the mothers on the need to advocate for curriculum reforms for tackling discrimination at early school age, other mother acknowledged the idea and everybody were encourage to add a recommendation to further discuss this initiative. We observed mothers in this group are completely aware of root causes of violence against women with disability, they discussed masculinities within the family and in the school education system and environment, including in the practices of female teachers. Several other examples about monitoring the performance of service providers, not necessarily protection services only, were mentioned by 66.7% of participant in the parent's focus group sessions.

The knowledge that the caregivers were able to identify during FGDs, they talked about knowledge related to identifying kinds of violence, terminologies that they thought are normal but then discovered are violent, and they talked about information on protection service providers.

DPOs and CBOs staff trainings and capacity development did not have the same level of impact on their ability to advocate for protection, the short training sessions enhanced the knowledge of the staff about key issues faced by women and girls with disability, however, only 50% of the participants in the focus group sessions could reflect on how the knowledge impacted their interventions with women and girls with disabilities or advocating for their protection. To some extent we found that these limitations are linked to the CBO willingness to take this further, because some of the organizations who received same training used this information to develop awareness raising campaigns, some to develop support and debriefing session to caregivers as they recognized the challenges and needs the caregivers themselves need to support their girls or sisters with disability. Few of the organizations met discussed that further follow up by SHS is needed so they are able to move beyond the training sessions.

2. Skills building: through trainings and experimental approaches, targeting SHS internal capacities, especially in areas of monitoring cases, risk assessment, and advocacy. While at the same time working on building the capacity of focal points in the governorates on a diverse number of areas including field research and data collection, debriefing, case follow up procedures, rights and relevant laws and conventions.

It was observed that the capacity building component for SHS and team was amongst the biggest success of this project, it transformed the capacity of SHS to provide informed services to women and girls with disability. And this was achieved through knowledge generation in partnership with AL Marsad, trainings and support to the team, with special focus on the focal points in the field who are also women with disability.

The organization capacity building approach that contributed to this transformation as they applied multiple tracks of training, experimenting, accompaniment of experts, and building the internal systems and procedures in parallel, based on the results of these tracks. Examples include SHS development of the MIS system, which could not have been achievable with the quality of data collected unless by building human capacities in field research, learning from their experiences in the field and reflecting those experiences in upgrading the system, which is still in a development stage, and we believe that this learning from the field although time consuming, however can contribute to the collection of relevant data, which is not available on women and girls with disability in any other national or local organization.

Accompaniment of experts to the team of SHS, such as protection experts and the project steering committee, supported to a large extend building the internal capacities of SHS and their approach to enhance their internal capacity, and again it was the combination and exchange of information between the field focal points and the experts that contributed to these enhancements. For example, according to a protection expert who supported the organization in developing the risk factors assessment procedures clarified, *"information from the field is*

always an emerging knowledge that I invest to develop such procedures, the risk factors analysis should not be based on theory and the focal points were such an added value to the process of developing informed procedures.”

SHS ability to document and build on this learning to develop knowledge material contributed to the other outcomes, especially the number and quality of information resulting for the SHS capacity development component that duty bearers including public and civil society organizations used to internally develop their procedures.

Feedback of focal points, being women with disability themselves, on the impact of the trainings and counselling support they received, 100% of them expressed that the new knowledge and skills helped reshape their life in one way or another. 70% discussed the impact on their career, one of them young women met clarified “I became a known media personality” another clarified she got additional job opportunities due to her new capacities in field research”, most importantly all 100% of focal point met acknowledged to a large extent their role in supporting and advocating for the protection of women and girls with disabilities.

This is also true for protection experts and freelancers who worked with SHS and Al Marsad, as their commitment to advocate for the inclusion of women with disability was influenced by the knowledge and learning from the field, so they are disseminating this knowledge and ensuring the inclusiveness of women and girls with disability in their assignments with other organizations. One of the protection experts that was involved with the SHS, Al Marsad and the focal points through Hemaya published a policy paper for a women rights organization on GBV and the national referral system, based on our review of the published material by the (Working Women Development Society), the policy paper raised critical advocacy areas on the inclusiveness of women and girls with disability in the national referral system and its related procedures.

Outcome 2: Referral and monitoring systems for violence against women and girls with disability are established and utilized in West Bank and Gaza Strip by the end of the project.

End line Results:

<i>Indicator #</i>	<i>Indicator Description</i>	<i>Target</i>	<i>End-Line</i>	<i>%</i>
Outcome Indicator 2.1	# of service providers enhanced their systems to improve quality of services provided to women and girls with disability survivors	3	10	335%
Outcome Indicator 2.2	% of women and girls with disability who can name at least one institutions they know and will approach if needed to report issues related to violence against women and girls with disability	96	119	124%
Output Indicator 2.1.1	# of networks formed in the targeted governorates	8	12	150%
Output Indicator 2.1.2	# of cases referred by the networks to assist WGDS	30	34	113%
Output Indicator 2.2.1	# of MOUs signed with service providers	3	7	233%
Output Indicator 2.2.2	# of GVB service providers adopted the EAW/G Disability mainstreaming guild line	3	4	133%

The evaluation team believe that this outcome is achieved with a large potential to further be developed in future programming. From our point of view, the project successes are linked to the solid planning for advocacy based on 1. The internal monitoring and knowledge generation capacities of SHS and AL Marsad, 2. The tactic the project applied in advocating women protection rights, and 3. The dynamics of relationships established with the different duty bearers and 4. The representation of right holders (women with disability) in collective platforms and networks. However, these achievements are not necessarily reflected in the reviewed document simply because some national planning cycles are not yet at a review stage. However, evidence in these cases were focused on the agendas of duty bearers for the upcoming planning cycles. It is worth noting that the

project recognized internal national challenges in relation to making legislative reforms on paralegal laws. Thus, the project prioritized to work on specific policies and procedures that are easier to influence given the hierarchy of authorities, such as policies, strategies, procedures, practices.

Achievements under this outcome included the revision of the national referral system inclusive of women with disability, it included all relevant stakeholders. If approved, it can be transformative in terms of women with disability accessibility to safe and adequate protection services in several ways. Firstly, access to specialized protection centers, which currently by law do not accept signing in women with disability. Secondly, the utilization of MOSD councilors beyond the formal working hours (8am to 3pm), services providers will be obliged to making available disability facilitation arrangements, insourced or outsourced based on type of disability, inclusion of all different justice sector actors the ministry of justice, courts (religious and regular), general prosecution and family prosecution, the security sector (nonlimited to family protection unit in the police), as well as different health sector actors.

Additionally, the project contributed to a very large extent through knowledge dissemination, capacity development, and/or mutual support agreements (MOUs) modification of internal systems and procedures in 4 public sector institutes, and through and through active participation in disability movement advocacy activities/campaigns: these contribution resulted in:

1. The family protection unit within the police structure, where unit receive on job training through the needs identification process, that influenced the knowledge about terms, concept, rights and need of women and girls with disability. The unit acknowledged the need to further develop their tools to increase accessibility of women and girls with disability to their services and this was put on their agenda and plan submitted to the head of the unit, proposed modifications include upgrading the online call service to become visual call service so they can utilize sign language, signed an MOU with SHS to provide specialized support with cases of persons with disability, this was experienced according to representative of the family protection unit in the police interviewed, with a case of hearing disability, where SHS facilitate the support of sign language expert.

It is note during the discussion with the representative of the family protection unit that further sensitization is still needed, as some expressions used during the interview were discriminatory, for example taking about persons without disability as normal people.

2. The Ministry of Women Affaires complains department director, where information received through different engagement with SHS (through the national referral system, the study tool in Jordan and other discussion within national committees) influenced the head of department recognition of the unintentional discrimination they practiced against women with disability, although the unit is mandated to receive compliant on discrimination and violence against women. It also put on their agenda, the development of the system during years 2022-2023 to become more inclusive, according to the head of the complaints department in the ministry "I had no tools or techniques to apply with women with disability, this year we will invest in this collaboration with SHS to build the capacities of the complaint department, this will be on my agenda for this year. It was not a priority before", and about information and knowledge she explained "We did not know the kinds of disabilities but we did not know who the services providers for persons with disability are." Provided the ministry is leading 10 EAW networks and national coalitions, having an advocate for women and girls with disability right inside the ministry facilitated the participation of SHS in most of these networks and coalitions. Although the EAW strategy was not developed during the project lifecycle, their participation in the upcoming strategic planning have a great potential to further meaningful inclusion of women and girls worth disabilities within the national EAW plans.
3. Ministry of Social development; it was observed that with ministry of social development SHS knowledge dissemination and capacity development had a variety of results on the internal procedures within the

ministry departments, including the women protection department, the disability department and the Child protection department, it also influenced the collaboration between the three units. These updates include the revision of the internal templates used in their internal protection procedures with women and children, revisions were made on statistical reporting forms collected regularly from each governorate to include special sections on cases of disability, including for example type of disability, signed an MOU with SHS to support in the facilitation mechanisms and procedures in cases of persons with disability including women and children. Modification on the training policies within the ministry conditioning women protection and disability counselors will receive their trainings jointly. According to the head of the women protection department "In any case of violence against women with disability, the two department's counselors will work jointly on the case, according to our new protocols." When asked about the influence of SHS, the head of the women protection department validated that the lack of information they had on the number of violence survivors cases among women and girls with disability, and detailed information provided that reflected a solid understanding of SHS of women with disability needs and protection services challenges were the main drivers to go forward with signing the MOU with SHS and their inclusion in the micro committee of the national referral system.

On the agenda of the Ministry of social development representatives met, the development of the manual of procedures clarifying unified protocols in service delivery should include special sections on women with disability, as a form of positive discrimination, according to her expression. Similarly, the ministry is currently planning an assessment for the women protection networks lead by the Ministry of Women Affairs, to identify the needs of the networks to become more effective, as it was observed by the various actors met these networks are not being effective and responsive as expected, however the assessment will include special focus on their effectiveness in promoting and delivering safe and adequate services to women and girls with disability.

Palestinian Central Bureau of statistics; updates by the bureau influenced by Hemaya project included the integration of some disability indicators in the latest national violence survey for the year 2019, where the project partners put pressure on the Bureau to integrate disability in the survey, a review of the national surveys of 2019 compared to the violence survey for 2011, the indicators included provide statistical data of the prevalence of violence against persons with disability with special indicators on women and children. This update on the availability of national data supported SHS and Al Marsad arguments and dialogue with the different actors. PCBS in represented in the research committee met in the focus group discussion, she clarified that further inclusion of disability indicators especially within SDG indicators is on the agenda of the Bureau and will be worked on in collaboration with SHS.

SHS implemented complimentary activities to Hemaya, for instance Delivering trainings to the family prosecution office contribute to the office ability to articulate a vision towards persons with disability inclusion that has three dimension, through buildings rehabilitation, inclusion in accountability structures within the office and in protection structures within the office. This vision started to see lighted with the support of SHS according to the head of the family prosecution office leader, by making public two videos on their services and procedures using sign language to facilitate persons with visual disability similar access to information of these services. An unofficial (no MOU) collaboration with SHS in order to provide support services to the office in all cases of disability they receive, this was experienced through collaboration between SHS and Star mountain society. Started working on a manual specialized to working with persons with disability within the general prosecution office, however completing this activity requires further follow up as it paralyzed with the decision to segregate between the gender unit and the family prosecution office responsibilities.

The health sector, although is a key actor in the protection system and although was a vital sector during the last years of emergency due to COVID 19, no polices or procedures related to the protection of women

and girls with disability were upgraded, however SHS through other project clarified they already initiated contact toward partnership establishment with the health sector actors through other SRHR projects.

Four public sector institutions met all recognized the approach of Hamaya project towards the partnership and collaboration with the public sector institutions, mutual interests emerged during the discussions between the project partners and the public sector institutions, these discussion were according to interviews reflected that project partners were experienced and informed, that they knew what they want at this stage and they had something to offer in return.

Civil society service providers and actors:

The project individual based support to 280 NGOs/CSOs service providers according to the progress report, however with different scale of intervention ranging from few days training to providing informed support based on needs identification process/audit. We have interview three of the CSOs that signed MOUs with SHS and 1 with a service provider who is member in the child protection network, who received three days training for the staff including management staff.

All three CSO service providers validated the project increased their knowledge and capacity to develop inclusive service, develop their internal monitoring systems and their policy advocacy agenda towards ending violence against women and girls with disabilities. Unique experiences with CSOs in Gaza provided that the CSO community is the key actor in terms of services delivery for the protection and prevention for women and girls with disability survivor of violence, feedback from the 2 CSO in Gaza specially on advocating for policy reforms in Gaza, that policy reform is not necessary the most effective way to end violence against women and girls with disability given the government priorities and weaknesses, which lead to a necessary collaboration between civils society actors towards that target by proving prevention and protection services that complement each other, which was the approach followed by Hemaya project.

A very important actor in the field of EAW that participated in an interview is the Muntada, civil coalition to end violence against women, which was targeted by the project directly through delivering trainings to all 17 member organizations, participation of Muntada representative in the national referral system in a study tour organized by SHS during 2022, and through the participation of one young woman with disability representing starts of hope society in this network.

We observed that individual CSO based support results as tailored to the specific needs of each CSO producing more direct positive impact on the organizations systems, policies, directions and so one, while for the Muntada and according to the meeting with both the focal point representing SHS and the Muntada coordinator increased the knowledge of all 17 network members on women with disability right, needs and challenges related to protection service provision, it also influenced Al Muntada coordinator individual perceptions and understating of disability concept and related terminologies which impacted her in several ways, for example she recognized the need to revisit the network discourse when it come to the rights of women with disability, she is now practicing what she learnt while developing advocacy tools as she explained that *"the study tour was a road cross for me, it transformed my whole perceptions towards persons with disability, I now recognize that the problems is not in them, but in us as a society and organizations that we are not able to understand or adjust to fulfill their rights."*

Outcome 3: The specific needs of women and girls with disability with regards to EAW are recognized by duty bearers and reflected in EAW programs, laws and policies and coordination amongst state/non state duty bearers is enhanced.

End line results:

Indicator #	Indicator Description	Target	End-Line	%
Outcome Indicator 3.1	# of national state/non-state Anti-VAW/G programs and systems have improved the mainstreaming of the needs of women and girls with disability in West-Bank and Gaza-Strip	3	7	233%
Outcome Indicator 3.2	# of policies documents presented to the duty bearers that call for ending violence against women and girls with disability in WB and Gaza	1	7	700%
Output Indicator 3.1.1	% community members, women and girls with disability and their families and EVWA/G service providers who express positive increase of their awareness in ending violence against women and girls with disability	247	250	101%
Output Indicator 3.1.2	# of readers, viewers and listeners to media outlets produced as part of the project	25,000	371,273	1,485%
Output Indicator 3.2.1	# of instances where decision makers refer to mainstreaming of the needs of women and girls with disability in the national state/non-state Anti-VAW/G programs and systems in West-Bank and Gaza-Strip	2	18	900%
Output Indicator 3.2.2	# of recommendations reflected in the comprehensive policy paper	5	39	780%

Enhanced Coordination and collaboration of state/non state duty bearers towards ending violence against women and girls with disability started years before Hemaya project, however the project had important added value to this collaboration being the first specialized civil society run by women with disability that takes steps forward in amplifying women with disability voice within the relevant platforms, 100% of EAW actors interviewed appreciate the participating of women with disability in the EAW platforms, for several reasons including that they are proved to be more aware of women with disability needs and challenges beyond the theories and narratives available, secondly they are more committed towards the protection of women and girls with disability, as several interviewees noted, which impacted the responsiveness of the different actors including the public sector and civil society sector to their demands.

Through the project, 9 staff members and focal points joint EAW and protection networks in the West Bank and Gaza, which was the first opportunity for many most of them, especially focal point to be part of such networks, the results of this participation had higher impact on partnerships dynamics between members in Gaza networks, and Al Muntada, however did not have similar effect in other women protection networks in the West Bank, the Ministry of social affairs and CSOs met discussed the limitations to these networks effectiveness in the West Bank. Networks in Gaza including discussed the importance of SHS focal points participation in the networks in terms of knowledge transfer and representation on women and girls with disability in the dialogue and planning, they valued SHS accessibility to women and girls with disability which comprised a challenge to CSOs in Gaza given social stigmas. Focal points met validated the ineffectiveness of the protections networks at the governorate level in the West Bank, which adds a challenge to their active participation. The young women who participates in the Muntada is a women with visual disability, she

The new data and research made available by Hemaya project included data on the numbers and types of violence practices against women and girls with disability, it provided research data on services providers in the West Bank and Gaza, one of the most admired knowledge deliverable is the manual of procedures for response and prevention of women with disabilities survivors of violence, research paper of the COVID 19 pandemic impact of women and girls with disabilities. The level of these resources dissemination can be better planned in future programming as EAW actors each managed to talk about some of the resources but not others, follow up on receipt of these resources by all actors was not monitored, for example one network representative clarified, "we could have received these resources but may be our media officer did not forward them to me."

The point is that these resources are valued by the EAW actors who accessed them, therefore a dissemination plan could expand the benefit.

Additional information and knowledge resources include videos and media awareness raising material that some of the networks member and CBOs met utilized in their own awareness raising activities.

Conclusions	The project in our opinion exceptionally managed to bring together all different stakeholders in one project that created a status of vitality and not only effectiveness within the EAW sector, the project theory of change and strategies applied fully supported the project achievement of results and contribution to the goal, despite contextual changes that were dramatic in time of COVID 19, high responsiveness of project partners and UN Trust fund to the emerging needs was invested positively to increased commitment of the different stakeholders, primarily women and girls with disability themselves to the project objectives. Although the project utilized different tactics with different actors/stakeholder, we found the representation of women of disability by women with disability remains the highest contributor the project success as it means commitment, it meant solid understanding and no compromising when it comes to rights, which increased the project effectiveness.
--------------------	--

Evaluation Question 3	To what extent was the project successful in advocating for that change and whether this is likely to positively benefit women and girls with disabilities
------------------------------	---

It was detailed in previous responses on how the project advocacy efforts and tactic were well planned and implemented to ensure the duty bearers contribute to structural changes in service provision and protection policies.

What was very interesting about the project, was the ability of partners to work in parallel with almost all relevant stakeholders, and achieving accomplishments on all levels. Advocating based on mutual support had positive effect on the different duty bearers, especially for the public sector who all acknowledge they need the support and expertise of SHS in the coming years.

From the point of view of women with disability surveyed, 93.8% of participants in the questionnaire agreed that the techniques applied by SHS amplify women and girls with disability voice including themselves, and 95.8% agreed that their participation the project activities enhanced the willingness to advocate to end Violence against women especially women and girls with disability.

Conclusions	Yes to large extent, changes on the internal procedures from one hand are expected to facilitate women with disability access to adequate protection service, from the other hand advocacy efforts played a big role on raising the awareness of duty bearers including decision makers and service providers on women and girls with disabilities rights, level of violence and marginalisation, which put them on the agenda of all actors met.
--------------------	--

Relevance

Evaluation Question 1	To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls with disabilities?
------------------------------	---

Analysis and evidence:

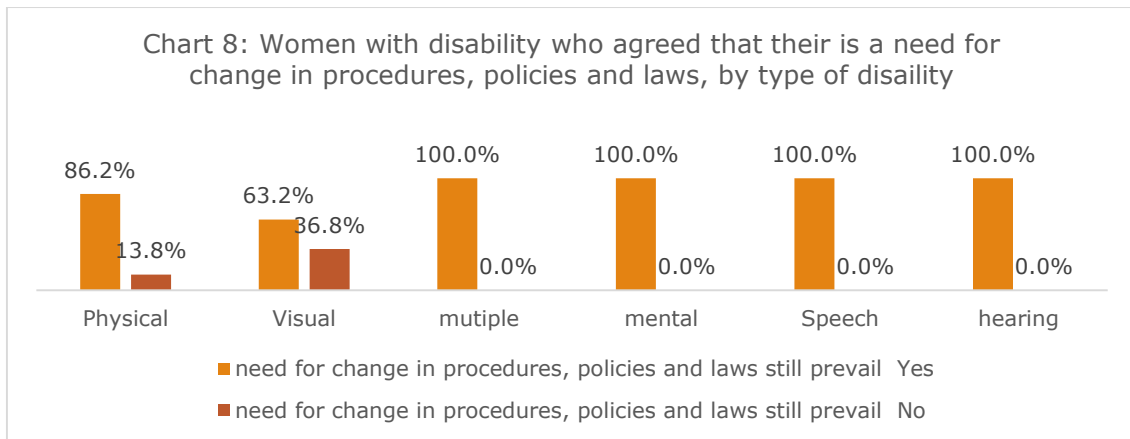
The achieved results were very important for women and girls with disability, 95.8% of participant in the survey women agreed that knowledge and capacity development they obtained the different project activities are priority areas for themselves and women and girls with disabilities in general, compared to 92% of interviewed women and girls with disabilities survivors of violence interviewed and 100% of the caregivers and parents participants in the focus group

discussions. For the survivors and parents, psychosocial support was among the second important priority area that they find need to continue given the project in its current scope did not yet make transformative changes with the society, where social stigma still prevail, service providers are still at early stages of developing their inclusiveness strategies, other family members are not yet sensitized enough, structural changes proposed for the national referral system are not yet approved by the government amongst other challenges.

These responses came from primary target groups who directly participated in the project activities, which entails that expanding these activities with other women and girls with disability is required as primary target groups. The success are more touchable when analyzing direct target group of women who from their side developed skills and techniques to voice up their rights and needs, 93.8% of women participants in the questionnaire agreed their participation in the project activities contributed to their ability to survive violence in case they face it the future.

The needs that still prevail from the point of view of women with disability participant in the questionnaire include

1. *Change in attitudes towards women and girls with disability, where 70.8% of agreed that the need to change attitudes towards women and girls with disability still prevail, and 31.3% and 25% of them only agreed the observed positive changes in attitudes towards women and girls with disability in the community and in public sector institutions respectively.*
2. *Change in practices/behaviors of protection service providers, where 56.3% of women with disability agreed that the need to change practices and behavior of protection services providers still prevail, it must be noted that to some these rates are high and reached 100% for women with multiple, speech and hearing disabilities. Who also from their side agreed they will seek the support of community based services providers and public sector service providers if needed. While 51.7% and 57.9% women with physical and visual disability respectively agreed this need still prevail.*
3. *Change in procedures, policies and laws; the chart 8 below clarifies the % of respondents who agree that there is a need for changes in procedures, policies and laws still prevail, per type of disability:*



These responses from our point of view also indicate a good level of awareness and understanding of relevant producers, policies and laws.

4. *Other need according to women and girls participants in the questionnaire, Table 2 below includes the following needs with frequency of responses in percentage of participants, these needs were not pre developed but rather where open and optional follow up questions:*

Table 2: Needs and frequency of responses from women with disability responding to an optional follow up question (not pre developed):

Answers	Percent
Economic empowerment and work opportunities	36.8%
Psychosocial support for women and girls with disability and their family, including individual and collective debriefing sessions	36.8%
Health services related rights	21.1%

Parent participating in FGDs validated these need, it is also worth noting that health related rights and especially the policies that relate to health insurance, despite the latest approval of the law is still not being practiced by all health care providers or is manipulated according to the parents, similar feedback came from the family protection unit in the police, which require some attention for future monitoring.

Conclusions	The achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls with disabilities, direct targeting of women with disability with support services and awareness raising need to expand to new groups and geographically, while further follow up on the achievements with duty bearers and continued advocacy is also still needed.
--------------------	---

Evaluation Question 2	To what extent were the project strategies and activities relevant and appropriate to the needs of women and girls with disabilities?
------------------------------	--

Response and evidence:

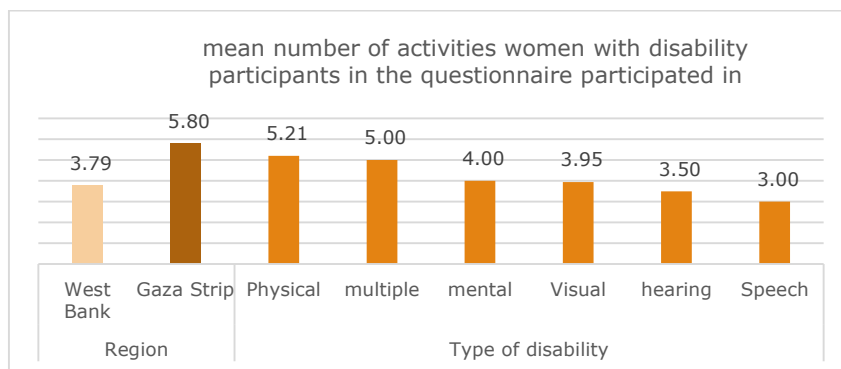
The project strategies and activities were relevant and appropriate to the needs of women and girls with disabilities, especially that the project targeted those needs from different angle, firstly form the primary target groups angle, women and girls with disability, and the achievements made on building their self-esteem and confidence, empowering them psychologically, economically and socially, which altogether satisfactory though continuation is needed and expansion of services is still needed, especially geographically as it was noted that the proactive approach applied by SHS to reach out women and girls with disabilities is highly recognized by the focal point and EAW actors, however according to the focal point, they still did not reach out many locations due to limited accessibility to refugee camps for instance, limitation related to the responsiveness of CBOs which itself need further strategizing, and limitations related to human resources, were the experience with focal point can also be expanded. Focal points capacity need to be further developed however having them in direct contact with the target groups being with disability themselves also facilitated their accessibility to women and girls with disability, and voiced up women and girls with disability in different platforms and within the communities they reached out.

According to women with disabilities survivors of violence, continued support from SHS, and follow up with them regularly created some safe zone for them by knowing someone really cares. The continuity of follow up with each survivor and their integration in the different activities with the society, not limiting their accessibility to one project services, is highly valued by the women with disability survivors of violence, similarly as expressed by

A review of the project deliverables including the manual on responding to and preventing violence, research on services providers and mutual support agreement with EAW actors and duty bearers is strategically appropriate and facilitated

raising their awareness and building their commitment towards agency for women and girls with disability protection rights within their institutions.

According to women with disabilities participant in the questionnaire, 85.4% agreed that the project found innovative way to reaching out to women and girls with disability including themselves, and 81.3% agreed the project found new and innovative ways to ensure women and girls with disability participation in the project activities. Mean number of activities women with disability participants in the survey is 4.6, illustrated in the following chart by type of disability and geographically, noting that activities varied based on the needs of each woman, for instance in group counseling, debriefing sessions, trainings on different topics as an approach this was highly appreciated by women with disability and care givers as it support continuity and consistency in communication between SHS and the woman herself:



SHS credibility is very high within the EAW sector as well as within the primary target groups' circles, which add up to their responsibility to maintain this level of credibility.

Conclusions	The project strategies and activities were relevant and appropriate to the needs of women and girls with disabilities as they targeted women with disability themselves and empowering them and it strategized building to the commitment of duty bearers towards agency to fulfilling those needs.
--------------------	--

Evaluation Question 3	To what extent was the project was able to adjust to any changes in the context and arising needs of the primary beneficiaries during the project?
------------------------------	---

The project was very responsive to contextual changes primarily the COVID 19 pandemic, the project adjusted their action plan and their communication tools and budgets in immediate response to the COVID 19 pandemic after directly initiating contact with women with disabilities and their caregivers to assess their needs during the emergency, while at the same time issue a policy paper on duty bearers responsibilities during the pandemic.

Responsiveness of duty bearers during that pandemic of the year 2020 was not satisfactory for women with disability, especially provided that the emergency plan was not inclusive. The decision of the prime minister, concerning women survivors of violence lockdown away from the predator in case of her infection, did not provide any instructions of direct solutions related to the availability of protection centers or safe spaces in cases of women and girls with disability.

The mother discussed the project support during COVID 19, the financial and non-financial support of SHS encouraged the mothers to survive the challenges of the emergency according to 100% of mothers who participated in the FGDs, mother expressed "they provided us immediately with the medicine needed for our daughter, no any other institution

cared.” Another mother clarified “even if we did not need any financial support, their phone call only was very important for us and for my daughter, she felt safe that they will still be there to support her regardless of the pandemic.”

The project allocated budgets for hygiene kits, food parcels and medicine to women and girls with disability during the pandemic and switches into virtual meetings and communication with women and girls with disability, providing virtual counseling sessions as needed and based on proactive communication and follow up with women and girls with disability and their caregivers.

Conclusions	The project was highly responsive to the emerging needs of women and girls with disability during COVID 19 pandemic,
--------------------	---

Evaluation Question 4	To which extent were synergies achieved with other activities, as well as with local/international policies and donor policies?
------------------------------	--

The project created clear synergies between this project and the partner organizations other programs and project, especially the economic empowerment project utilised by SHS to further complement the achievements of Hemaya, similar to other projects providing SRHR support and trainings to women and girls with disability.

Synergies created with the EAW actors were created effectively as they were relevant to both the project partners and the needs of the action and duty bearers, despite the fact that many of duty bearers need were acknowledged only after the work and relationship established with SHS. With the public sector, the project influenced changes in power relations when it comes to decisions related to women and girls with disability protection given the informed agency built with evidence. According to interviews with duty bearers knowledge and information encouraged them to take serious steps towards ending violence against women and girls with disability and increased their recognition for this priority area and recognition for their weaknesses in tackling these areas.

Voicing up women and girls with disability protection rights through networks and coalition as well as through membership in the micro committee of the National referral system also supported the creation of positive agency and commitment, according to the Muntada coordinator met, “*SHS representing the disability union within the micro committee added one more powerful voice for civil society on the table.*”

Synergies created with donor policies and strategies (UN Trust fund) started at the design stage, especially that ending violence against women and girls with disability is a focus area for the UN Trust fund, and that the project target groups and objectives catalyse the commitment of the UN Trust Fund to leave no one behind, being at the heart of the SDGs, especially under the access to service pillar. From the perception of the UN Trust Fund portfolio manager interviews, what also was important was the movement building component that is a cross cutting theme of importance to UN Trust Fund, specifically that the project was building movements with between government agencies and DPOs, enhancing the capacities of the different stakeholders including SHS as a DPO and women with disability, and most interestingly, bringing a marginalize groups of women to the women movement.

This was also highly recognized by al Muntada coordinator who appreciated the projects ability to rains the voice of women with disability within the women movement itself, she clarified on that the project partners, and especially SHS are a great added value to their advocacy campaigns and activities.

Synergies were also achieved during the COVID 19 pandemic response, where the project high responsiveness and immediate assessment of women with disabilities need supported UN Trust Fund learning and understanding and informed knowledge products UN Trust Fund produced at the time.

Conclusions	Synergies created through the project with other activities and with donors policies and strategies included synergies in objectives, target groups needs prioritisations, creating responsive strategies, human rights agendas of empowerment and participation are all very important synergies that can contribute to the continuity of activities and sustainability of results, toward more inclusions of women and girls with disability and towards not leaving them behind.
-------------	---

Evaluation Question 5	To what extend was the project relevant to the priorities of targeted organizations (CSO) and their expectations?
-----------------------	--

The project was relevant to the CSO EAW community, those needs were recognized by the CSOs based on the needs assessments/audits conducted by SHS, which was done through initiating contact and discussions with the selected CSOs on the importance often audit/needs identification.

The three CSOs met confirmed the needs assessment process was in itself informative and utilized as a tool in itself to increase their interests in the target group, women and girls with disability, including survivors of violence.

According to one of the organizations, *the project is the reason why we are a key player in GBV in Gaza*, knowledge, capacity development and tools provided to the organizations were a priority according to the CSOs, while for the target groups themselves, all three organizations used to deal with generic target groups with no consideration in intersectional areas, for example, a disability rehabilitation organization in Gaza used to target women and girls with disability as part of the overall disability community with no focus on their needs, special challenges, marginalization as women in the first place, similarly women right organization also used to target all women including women with disability with no consideration of disability as an additional marginalization layer that need special tools and plans, There project highlighted those intersectional areas within the partner CSOs creating the need for targeting this group and for developing relevant knowledge, capacity, strategies and tools.

Conclusions	The project contributed to creating a priority for the CSOs they partnered with, as such targeting women and girls with disability became relevant to these CSOs, and then provided support services. Which we find as a good strategy to further expand the movement towards ending violence against women and girls with disability and towards the provision of safe and adequate protection and prevention services.
-------------	--

Efficiency

Evaluation Question 1	To what extent was the project efficiently and cost-effectively implemented?
------------------------------	---

The project was cost and time effective,

For cost, we observed the project partners disbursed the 75% of the project budget on implementing direct activities under the three components, women and girls with disability empowerment direct costs comprised about 28% of the project budget, research and development components comprised around 18% of the project budget, while networking and capacity development of EAW actors comprise around 29%. We find these cost reasonable compared to the number of activities and quality of activities that lead to the project results.

From our point of view, and analysis of the financial report, although transportation for increased accessibility comprised around 1% of the project activities budget, in value we found this amount indicative on additional accessibility costs that need to be taken into consideration in future financial planning and potentially recommend to identify an external service provider through a competitive process that can increase efficiency in this budget line, or purchase a car of the project, which could be a more efficient and useful investment of the value money, and which could also benefit a larger number of women and girls with disability.

This is specifically important as several interview with women with disabilities confirmed observations collected on the limited sensitivity of the transport system to the needs of women with disability

Conclusions	The financial reports show that operational costs that directly benefited the target groups represent around 75% of the project budget, which very sound given the number of activities and participant in these activities, and given the results achieved. Learning for the transport towards accessibility cost is high in value, future investment of a car could be more efficient for this project and other projects.
--------------------	---

Evaluation Question 2	Was the project run (managed and implemented) in an efficient way?
------------------------------	---

The project follow SHS financial procedures and manual, which are not only in line with the project donor guidelines but are also well developed for the organization overall financial accountability. When asked about the financial policies and procedures, SHS team confirmed the whole system was emerging with the project, as it was part of the unforeseen developments within the organization but reached a point that their policies and practices are satisfactory to their needs and to the donor's accountability guidelines.

The project finances were manages and implemented following these procedures, while the financial reports reflect a sound value of money compared to the national market values, for example the daily rates for researchers or external consultants, cost of catering, laptops are all within the range.

In terms of results achieved given the time and budget allocation, we find the investment was made in the right place, meaning that the overall budget of the project compared to the achievements of the project with 5 Public sector actors and with women with disability in 16 governorates and a large number (284) of DPOs, CSOs, is efficient.

Conclusions	The partners followed high quality financial policy and procedures that were developed and merged in quality during the project. We find the financial policies applied in this project adequate to increased accountability of the society towards its constituencies, target groups and the donors of the organization.
-------------	---

Evaluation Question 3	Were the activities delivered on time and to budget
-----------------------	--

Many of the project activities were delayed in the context of COVID 19 pandemic, which delayed the project activities implemented with:

1. Women and girls with disability, the surprising contextual change effected stars of hope as all other organizations. However the rapidly managed to kick of their activities with women and girls with disability, budget wise they used the resources saved from f2f meetings planned to providing response services during the emergency situation specially during the lockdown including humanitarian support of food parcels, medicine, hygiene kits and others.

SHS provided support to women and girls with disability on use of virtual tools, such as zoom, to ensure they are able to continue their engagement with the activities as planned without making any harm in terms of their accessibility to the project services, this support also contributed to enhancing digital skills for women and girls with disabilities, especially in the context of COVID.

Additionally Al Marsad was creative in developing multimedia awareness raising tools that continued to be accessible to women and girls with disability and the secondary project targets. The tools were themselves sensitized to the needs of women and girls with visual or hearing disability, by including voice effect and sign language translation of content.

2. Advocacy, research, awareness raising and training activities planned with partner organizations, CBOs and duty bearers were delayed during COVID 19 pandemic in time of the lockdown, as other organizations themselves were closed until they managed to develop their own distance work policies and procedures. The project partners took fats actions including training their teams on using virtual platforms to be able to switch to work from home. Some activities of awareness raising were altered with multiple audiovisual social media tools to continue reach out.

We found the partners immediate response to the emergency and lockdown have impacted the time frame, however the UN Trust Fund as a donor was as well very responsive, according to the team met and UN Trust Fund portfolio manager met, providing the project no cost extension to ensure the activities are fully implemented and with the intended quality.

Conclusions	Most of the project activities were delayed due to the contextual factor of lockdown as a result of COVID 19 pandemic, these delays were mitigated by a time extension provided by the UN Trust fund, and partners switch to distance and visual operating tools.
-------------	---

Evaluation Question 4	Were the activities designed to make best use of resources (e.g. were cost comparisons made between different intervention/activity types before decisions taken?)?
-----------------------	--

Yes, having reviewed the cost allocations in the financial reports, we found the costs within the national general range and fairly consistent in all activities. For example, the consultant rate of 300\$ is identical in most cases, even in the local expert fees allocated in comparison to the level of effort, the rate is within the used rate in general.

On the design of activities, SHS used its internal resources such as the office hall for optimising the costs. It is worth noting that at this optimization was not only on the level of activities implemented but the use of the different project resources towards the goal of empowering women and girls with disability linking them to different opportunities which optimised the achievement of this goal, for example established links between the Hemaya project and the economic empowerment project has optimised the achievement of the project results.

Conclusions	What also had solid contribution to optimising the achievement of the objectives is the linked established with the other projects where resources of the organization in general were invested in to optimise the results.
-------------	--

Evaluation Question 5	Has the project been managed well to make best use of human and financial resources.
-----------------------	---

Yes, to a large extent, the project management arrangements and the management capacity of the team optimized the use of resources based on regular monitoring of activities and budgets, regular updating the organization policies to accommodate the needs that emerge during the project. Project staff included women with disability who confirmed they contributed to decision making in term of appropriateness of activities implemented and appropriate cost allocations.

It was however noted from all team members met (7 project staff in SHS and Al Marsad, and 7 focal points, who are women with disability who are trained by the project to provide as main contact point for women and girls with disability in the different governorates) human resources need were overloaded, especially while working in an emergency situation. In addition to the needs identified in terms of larger scale outreach to women and girls with disability in rural areas and refugee camps, which also require more investment in human resources capacity development and in terms of number.

It is recommended that these needs to be taken into account in future programming.

Conclusions	Yes to a large extent given regular monitoring practiced by the project managements and the participation of women with disability in identify appropriate locations, approach and cost to ensure this adequacy is not compromised for financial considerations.
-------------	---

Sustainability

Evaluation Question 1	To what extent will the achieved results, especially any positive changes in the lives of women and girls with disabilities (project goal level), be sustained after this project ends?
-----------------------	--

The project results with women and girls with disability are likely to be sustained after the project end, firstly because the project approach with women and girls with disability was multi-dimensional, they received services like counselling and referral to legal services and so on, but what we actually believe could sustain the results is the increased knowledge and empowerment to manage violence in the future, with the support or without the support of SHS. This does not mean that continuation with women with disabilities that the project benefited should stop, as this continuation of communication and being part of the SHS community had its own impact on the level of trust described in the goal section above. However

10/12 women survivors of violence interviewed showed that they have techniques they can use to help themselves they did not have before, for example less dependency on caregivers was one of the most important areas with sustainability dimension, for example one of the interviewees survived violence from her step mother, who used food deprivation as a way to punish her, clarified she learnt how to prepare her own food. Another example from Gaza, a survivor of violence clarifies she learnt that she can monitor and complaint against her ex-husband, the predators of violence, if he mistreats her children whose loss represented her biggest fears, another example on the young women who learnt for the first time to use public transportation in Gaza. These example of know how are likely to sustain the achievements with women with disability. However this cannot be generated to all types of disability provided the sample we interviewed amongst the survivors is not representative of all types of disability especially multiple (who also have medical conditions) and mental disabilities.

Similarly, the women and girls with disability who participated in the project activities and in the questionnaire all 100% of them agreed they will continue to call for ending violence against women and girls with disability beyond the project period. However example of positive changes that are likely to have sustainable effect they agreed on include:

Table3: percentage of respondents who agreed with pre- defined set of positive changes that are potentially sustainable.

Positive change potentially sustainable	% of women who agreed
<i>Their willingness to seek protection services from the community based organizations and/or public sector institutions</i>	97.4% and 91.7% respectively
<i>The project positively impacted their relations with their caregivers/parents</i>	92.6%
<i>Knowledge and skill they obtained contribute to their ability to avoid violence and survive in case she face it in the future</i>	97.6%

Parent of women and girls with disability discussed the snowball effect they are contributing to by transferring their knowledge and skills within their surroundings, friends, and neighbors, family and so on, as well as in some community based activities. However, on women and girls with disability observing attitudinal change in the society and public sector service providers is not as satisfactory (31.1% and 25% respectively) does not indicate that changes on the services providers level aspired is already achieved in term so their protection.

The project partners are aware that the steps piloted with duty bearers during this project are still in the germination stage and did not sprout yet. However the commitment observed and documented in previous sections provide that the achievement with the EAW actors including duty bears is likely to sustain and expand, MOUs signed can give another indication.

While the 115 adjustment/addition to the national referral system approved by the micro committee in the revised draft submitted to the prime minister, should contribute to the results sustainability automatically if approved. Not only that the referral system will be the end result of this process but procedures linked to the system will also follow in development as they will become mandatory, including referral procedures, referral spaces (protection centers), facilitation mechanisms, and accountability measures shall be developed in follow up for such approval.

Conclusions	Results attained directly with women with disability are very likely to be sustained with potential for more results, while the results achieved with duty bearers is likely to be sustained as many of the results are dependent on the prime minster approval of eth revised referral system and as government changes are not predictable, which can influence the positions and authorities of change agents the project collaborate with.
--------------------	---

Evaluation Question 2	What steps have been taken to institutionalize the project, build capacity of stakeholders or secure benefits for rights holders through accountability and oversight systems?
-----------------------	---

In terms of accountability and oversight systems, steps identified that could potentially be a sustainability factor, include:

1. Revisions in the referral system that propose the development of a monitoring mechanism for effectiveness and accountability purposes.
2. Ministry of Women affairs experimenting the developing of their own complaint system with the support of SHS have a potential for replications, especially that the head of the complaints department is committed to transferring their experience to the whole government complaints system (supervised by the prime minister office and available in every public sector institute).
3. Project contributions to data collection and monitoring through the development of the unified monitoring system in collaboration with the Ministry of Women Affairs, and the integration of Disability indicator in the national violence survey of 2019, increase the potential to monitor violence against women and holding duty bearers accountable on their protection responsibilities.
4. Women with disability participation in different EAW networks and platforms, forms some kind of oversight on these networks and platforms, and this was validate by the Muntada coordinator who clarified the focal point participation the network meeting ensure that the views and voice of women with disability is taken into account in any plan or activity, and by different national referral system micro committee members who valued the approach of women with disability representative, commitments and follow up on the committee performance, for example the family protection unit in the police representative interviewed clarified , *"we cannot bypass any issue that relates to women with disability protection, we are talking about their own rights."* Another example by a member who said *"the representative of SHS knocked the table whenever our discussions does not take into account women and girls with disability needs."*
5. Formalized partnerships also contribute to the sustainability of the project results, as SHS signed 7 MOUs during the project period with duty bearers including public sector institutions and civil society service provider which add some form of mandatory commitment to the achieved results.

We again would like to highlight the project results are still not seen sustainable in cases of mental disability especially mild -sever disability, this observation was validated by the protection expert interviewed, who clarified; *" it is not secret that all service providers regardless whether they are public or private or civil society, are still not able to say they are able to work with women with mid to sever mental disability, so what is being done in this case is defining/identifying the source of threat and accommodating the services by accordingly."*

Conclusions	The project has taken at least five steps to secure benefits to the right holder through oversight and accountability mechanisms, it has influenced the duty bearers' tendencies towards mainstreaming disability at the EAW/G level and targeting women throughout different relevant interventions. As disability-gendered dimensions are now an issue on the table and is visible. Also on the CSOs and CBOs levels the potentiality of cooperation and mainstreaming disability has started to be vivid even to some extent by the -not targeted- organizations, as SHS and AI Marsad are being approached to conduct/ participate in implementing several initiatives around EAW/G- and Disability
--------------------	--

Impact

Evaluation Question 1	To what extent has the project contributed to ending violence against women with disabilities, gender equality and/or women’s empowerment (both intended and unintended impact)?
-----------------------	---

According to the end line report replenished by SHS, The number of women and girls with disability survivors of violence who reported safe access to adequate & appropriate services is 951, representing 89% of the women and girls with disability reached out through the project. According to our sample of survivors, 92% of them reported safe and adequate access to services (detailed in the effectiveness/goal sub question).

On intended impact on women empowerment indicators detailed in the previous sections on number of women and are willing to see support of networks members, and/or service providers when needs, percentage of women and girls with disability who agreed they agree they will continue participating in policy advocacy platforms/actions, all provided solid indication that women and girls with disability are empowered.

However discussions with the caregivers/mother showed different attitudes and perceptions about services providers, other than SHS, as only 20% of them clarified that they will seek the support of other EAW network members or public sectors institutions, this is linked to two main reasons:

1. Their negative previous experiences with institutions other than SHS and the organizations that SHS referred them to.
2. Fear of violence escalation within the household in case they seek external support, so they prefer to keep violence as an internal family matter, fearing additional family isolation or community judgment.

These perception although are understandable to a certain extent from our point of view, however could mean that women and girls with disability might not get the support needed by caregivers in case they decided to report violence against them, which keep them in direct contact with their risk factor.

From our point of view, SHS should work more closely with caregivers and the house members as a unit, so that any empowerment and progress made with women and girls with disability is supported by her environment. We also understand the challenges that could be face in engaging male family members however SHS has proved to be able experiment new approaches which can also be developed in full participation of women and girls with disabilities or male caregivers who are positive allies of SHS work.

The interviews conducted with women with disability survivors of violence and mother of women and girls with disability validated the empowerment component, which in general also contributed a lot to a decreased level of isolation, learning from their own experiences, around 70% of them discussed this indicator (level of social isolation) voluntarily, which mean we did not ask about social isolation, however it is obviously a big challenge for women and girls with disability and their caregivers.

Conclusions	The project impact was very positive on women and girls with disability empowerment, and access to safe and adequate services, and less social violence against women and girls with disability and their mothers in terms of isolation. Although over 90% of women with disability would seek support, it is interesting that only 20% of caregivers would seek support (outside of SHS and SHS recommended services) due to negative experiences
-------------	---

Evaluation Question 2	Where there any unforeseen positive/negative effects of the activities??
-----------------------	---

--	--

In our opinion the project activities did not cause any harm to the women and girls with disability or their care givers, this was validated by 100% of the participants. SHS is working with women and girls with disability paying careful attention to any risk/harm factors, example of measures followed by SHS team include the informed consent, women with disability are informed before receiving any services of their options and the pros and cons of each option. All women with disability survivors of violence interview validated that they SHS did not take any procedure beyond the will or did not pressure them to any of the options. Other practices and protocols include the house visits protocols, distant communication protocol, maintaining privacy and confidentiality, which was also valued by 100% of the interviewed women and girls with disability survivors of violence interviewed and by the mothers.

Around 94% of caregivers of women and girls with disability agreed their relationship with their daughters/sister is better of due to the project, since all of them agreed they changed their attitudes towards their daughters and children which impacted this relationship since. According to several testimonies and experiences clarified during the FGD with caregivers, they started to:

1. *Paying careful attention to the words they use, as they recognized they were not very sensitive in some of the terms and jokes they used to say.*
2. *They spend more quality (one to one) time together, by working on a project, participating in trainings together, and in recreational activities.*
3. *Support their decisions and acknowledge their needs.*
4. *Became less protective and started believing in their abilities.*

We did not have the change to meet other family members, so we are not able to report in similar experiences beyond the caregiver, mothers/sister.

Conclusions	The project activities did not cause any harm to women and girls with disability, to the contrary it positively contributed to a stronger relationship with their care givers.
--------------------	---

Knowledge generation

Evaluation Question 1	<ul style="list-style-type: none"> ▪ To what extent has the project generated knowledge, promising or emerging practices in the field of EAW/G that should be documented and shared with other practitioners?
------------------------------	---

From our point of view and based on our experience agency, including holding and promoting certain rights as a personal obligation, was one of the most powerful approaches that the project created, with a lot of agency development project being in the scene of development project in Palestine, Hemaya project approach toward agency is unique and is worth sharing, specifically this approach component including long term investment and support to right holders through an experimental approach with focal points who are women with disability themselves distributed in all governorates in recognizable. This approach included training the focal points and equipping them with knowledge so they can become agents of change with women with disability, within the communities and with duty bearers, with solid follow up by SHS and monitoring their experiences as agents in SHS and Al Marsad internal spheres, private spheres and in public sphere, provided responsive capacity development and psychosocial support based on these experiences, with a high level of unconditional support is observed. Focal point met discussed this unconditional support and how it influenced their willingness to stay with SHS as long as they can as they believe it is the only place where they experienced so much

developments on their personalities, career and aspirations, opportunities that were life changing for the focal points include their support in diversification of their experiences with other organizations. For example the focal point in Hebron explained how the project empowered her that she became so self-confident to run media programs on the radio on issues of women and girls without disability, since she is not anymore shy of her disability and since she recognized how no matter how conservative the society in Hebron is, she is a right holder and should amplify her and her colleagues voice. Another example from the focal point agents for change, one discussed her experience in and ERAW network at early stages until now, she explained how this experiment/experience increased her willingness to advocate for the right of women in Palestine in general and women and girls with disability, as she collected information she was never exposed to, she met experienced colleagues and learnt from them and now she finds she can be a better agent.

Secondly the project partners advocacy tactic toward building influential allies specially in the public sector, the experience as clarified in previous sections entailed mutual support, where SHS uploaded the target groups with knowledge, data and capacity so they understand the background behind their arguments, then jointly started identifying mutual targets and again provided support to the allies in defining the right targets, and developing their internal capacities, and offered additional support to operationalizing these targets by providing facilitation mechanism support and expertise consultations. All duty bearers from the public sector interviews view SHS as a knowledgeable professional consultative body for them, they all acknowledge their limited understanding of the rights and needs of women and girls with disability, they all confirmed these knowledge gaps are fulfilled in terms of concepts but still need further development in terms of operationalization. They all confirmed that they have women and girls with disability protection on their agenda.

Thirdly, the production of the manual on services delivery to women and girls with disability survivors of violence, is a new informative tool that was not developed by any other organization and that should be further dissemination and built on, on regular basis based on experiments in the field. As a matter of fact this kind of tools is informed by women and girls with disability experiences with the service provider, this participation in knowledge generation is acknowledged by women with disability participants in the questionnaire, 93.8% of participant agree that they participated in generating knowledge about women and girls with disability. Additionally, the project partners conducted a rapid assessment during time of emergency monitoring women and girls with disability needs and services provided to them, in addition to a main research that provided the first available information on prevention and protection services providers' capacities to mainstream women with disability in their services.

For altering the officials and decisions makers perceptions, attitudes and willingness of collaboration, the project partners organizes round tables and massive media campaign, to also challenge the general public overall understanding of the disability and GBV issues. The total number of outreach through these activities is around 371,273 persons who read, viewed and listened to media outlets produced as part of the project⁹.

Lastly, one additional important practice within SHS observed is the learning environment, where through the project SHS experimented the creation of a dynamic learning environment that is support by research and documentation, the research materials developed by SHS are never put on the shelves, it is regularly being used to further develop its programs, SHS also document their experiences and learning through this research, for example the research of service providers capacities comprise basis for their CSO capacity development component, it also informed the advocacy efforts with duty bearers by identifying structural and in structural challenges in service provision. Additional factor to this learning environment is continuous dialogue created amongst staff, focal points, and board members, experts, visiting SHS offices gave this impression about a very open and safe space that this organization is holding with less bureaucracies or hierarchal structures limitations. Which make experience exchange very healthy and useful for the team and for the results.

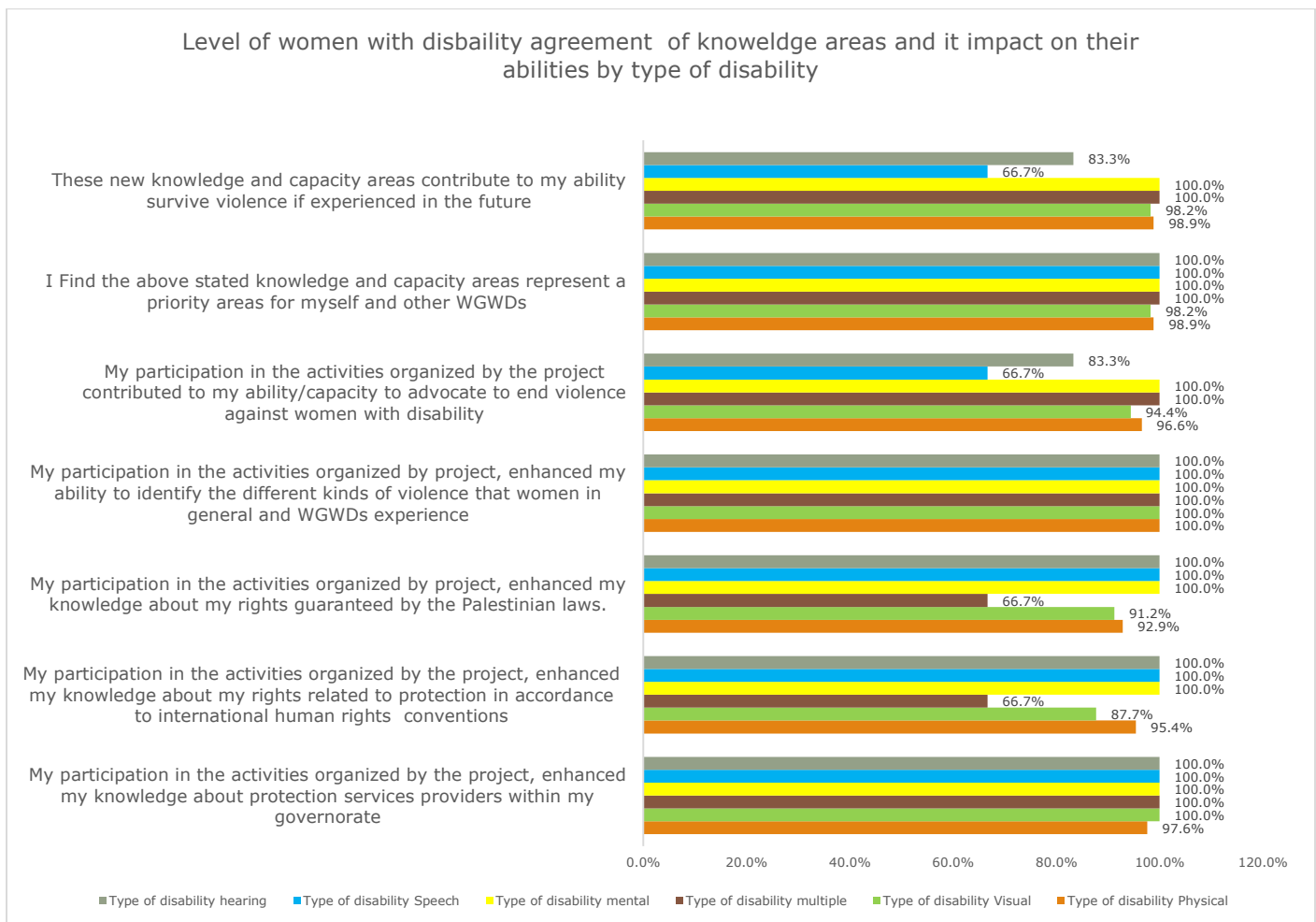
⁹ Project end line report

From our point of view these are the most important knowledge areas to highlight for other practitioners.

Conclusions	The project created at least 4 innovative tools, practices that are linked to agency building approached and learning from women and girls with disability experiences.
--------------------	--

Evaluation Question 2	To what extend the project generated knowledge that is useful to women with disabilities especially on prevention and protection services and how
------------------------------	--

The project generated knowledge was useful to women with disability especially on prevention and protection service, in terms of increasing their knowledge about service providers within their governance, their rights related to protection in accordant to international human rights conventions, their rights guaranteed by the Palestinian law, and on the types of violence. These have directly impact their ability to identify violence that and other women and girls with disability experience, their ability to advocate to end violence against women and girls with disability and their ability to survive violence in case experienced in the future. The chart below clarified the percentage of women with disability level of agreement with these knowledge areas and impact on them.



A group of young women with disability met recommended further development of knowledge transfer approached to include organization of discussion meetings and presentation by the EAW actors themselves, for instance they expressed they need to meet those actors in person and assess their perceptions towards women and girls with disability so they can decide

if they can trust this information and make even more informed decision for example, they would like to meet as part of these trainings, representative of the police, representatives of the service providers. A recommendation that we find very relevant.

<p>Conclusions</p>	<p>The project contributed to increased knowledge to women with disability in general, level of agreement of women and girls with speech disability and with multiple disabilities was less than in other disabilities. These agreement are also lower in terms of agreement with their ability to survive violence in the future and to advocate for ending violence against women and girls with disability for women with hearing and speech disability.</p>
---------------------------	---

Gender Equality and Human Rights

<p>Evaluation Question 1</p>	<p>▪ What Human rights approaches agendas influenced the project implementation?</p>
-------------------------------------	---

As an approach, empowerment and meaningful participation were the main Human rights approached that shaped the project approach, both approaches were discussed in previous sections with evidence collected.

In term of agenda, the project was initially influenced by the partners' agenda and national priorities, as for Al Marsad, social justice influence the organizations work in monitoring social and economic policies, for SHS, the project objectives are cross path with the different strategic direction of the organization including continued assurance of and fragmented human rights development based approach, orientation towards inclusion (mainstreaming) for the issues of women and girls with disabilities at all levels, orientation towards building strategic partnerships that ensure that the issues and rights of Palestinian women and girls with disabilities are included as a cross-sectoral issue, and contribution to the movement of the Palestinian women movement and the movement of people with disabilities, as women with disabilities are an integral part of these movements.

Secondly the project aligns strategically with the heart of SDGs by focusing on un-leaving women and girls with disabilities behind in the development agenda, and in terms of specific SDGs, the project was influenced by SDG number 5 on gender equality by promoting nondiscriminatory approaches, practice and attitudes towards women and girls with disability in the service delivery, contributing to eliminating violence against women and girls with disability, and to ensuring full and effective participation of women and girls with disability it decision making specifically in decisions related to their protection.

Although the Palestinian authority its policy agenda for the year 2017-2022, confirmed on their commitment to SDGs as pronounced by president Mahmoud Abbas in the UN during 2016, limited planning has taken place at the national level of fulfilling these objectives inclusive of persons with disability, Similarly, the latest EVAW national strategy mentioned women with disability however did not include any operation level strategies to ensure full inclusion of women and girls with disability in the EVAW efforts, the developments during the last few years on the years including the revisions of the national referral system where also not part of the strategy, however is considered an emerging need and priority by the duty bearers interviewed.

The project also aligns with multiple articles in the Convention on the Rights of Persons with Disabilities, especially on equal recognition before the law, accessibility, right to life, dignity, and access to justice, freedom from exploitation and violence, freedom of expression, adequate standard of living and social protection, amongst others. It also bring in contribution to the

fulfillment of CEDAW in opposing the effects of discrimination against women with disability, which include violence, poverty, and lack of legal protections,

<p>Conclusions</p>	<p>The project was influenced by an empowerment and meaningful participation approach, as well as by social justice and human rights developmental agenda of the partner organizations. It was largely influenced by SDG 5 on gender equality, specifically targets related to by promoting nondiscriminatory approaches, practice and attitudes, eliminating violence against women and girls with disability, and full and effective participation of women and girls with disability it decision making specifically in decisions related to their protection.</p> <p>The project also aligns with multiple articles in the Convention on the Rights of Persons with Disabilities, and contributes to the fulfillment of CEDAW in opposing the effects of discrimination against women with disability</p>
---------------------------	---

<p>Evaluation Question 2</p>	<p>What Human rights did the project promote in the targeted communities?</p>
-------------------------------------	--

The project in our opinion succeeded in promoting women and girls with disability protection rights and creating a state of vitality at different levels, community level, public sector actors, civil society, women rights movement, disability movement and most importantly among women and girls with disability themselves. All focus group discussion and interviews with women with disability including younger ones, who participated in the project before they were 18, they all referred to the needs and challenges from a right base.

The project in many cases of women and girls with disability promoted economic rights, education rights, health rights and access to justice related rights.

<p>Conclusions</p>	<p>The project in many cases of women and girls with disability promoted economic rights, education rights, health rights and access to justice related rights.</p>
---------------------------	---

<p>Evaluation Question 3</p>	<p>Had the project impacted secondary target groups' men and women differently (family members, service providers staff, decision makers)</p>
-------------------------------------	--

In terms of secondary target groups, we found that the project influenced female caregivers largely, while fathers and brothers were not directly targeted through the project, although several indications existed that this group of male family members is a need, expressed by women and girls with disability as well as by mothers and sisters met.

On the duty bearers' level, we found that since the vast majority of members in the micro committee of the national referral system are women, and whom we found very responsive and very sensitized to women and girls with disability rights. It was observed by the team that the family protection unit representative was less sensitized, and this could potentially be attributed to his professional background in the security sector which is generally influence by masculine structured and mentalities.

<p>Conclusions</p>	<p>Yes as caregivers the project primarily targeted mothers and sisters given the gender roles that still prevail in Palestinian society including the care role associated with women.</p>
---------------------------	---

COVID 19

Evaluation Question 1	What are limitations and challenges resulted by COVID 19 Pandemic?
------------------------------	---

Challenges and limitations that resulted by COVID 19 pandemic include increased level of violence, specially domestic violence, against women and girls with disability, increased discrimination in receiving health care services and protection services fostered by a discriminatory emergency law, limitations related to communication and outreach resulting from the lockdown, challenges that relate to the switch of women and girls with disability needs from developmental to humanitarian support needs including basic need to food, hygiene, and medicine support. This was validated through the focus group discussions with women and disabilities and caregivers and through the review of SHS rapid assessment and policy paper.

These challenges had implication on project implementation including the need of SHS team to find immediate reposes that included the reallocation of human and financial resources towards providing virtual counseling and follow up virtually with women and girls with disability, providing some humanitarian support as food parcel, medicine and hygiene kits to women and girls with disability, conducted unplanned rapid assessment of women and girl with disability situation during the pandemic, in general all activities were delayed the other project activities until a response plan was developed and operationalized.

Conclusions	Challenges and limitations that resulted by COVID 19 pandemic include increased level of violence against women and girls with disability, increased discrimination in receiving health care services and protection services, limitations related to communication and outreach, challenges that relate to the switch of women and girls with disability needs from developmental to humanitarian support needs including basic need to food, hygiene, and medicine support.
--------------------	--

Evaluation Question 2	What mitigation strategies or adaptations were put into place and how effective were they?
------------------------------	---

Beside areas discussed in question 1, SHS response and operational plan during Covid 19 pandemic lockdown included building the capacities of the team and women and girls with disability in utilizing virtual communication tools such as Zoom, which they use till today. Additionally, no harm instruction were developed for the team working with women and girls with disability to ensure the communication/activities time is adequate and safe for the participants, and that it will not cause any harm. They also develop multi-media awareness raising material that is accessible via social platforms and this is sensitized to women with hearing and visual disabilities needs.

Conclusions	The mitigation strategies were effective and impressive given the speed in responsiveness and achievement of intended results while at the same time adding to knowledge generation about the pandemic effects.
--------------------	--

- Conclusions per evaluation criteria**

Evaluation Criteria	Conclusions
Overall	The project is well design, planned and thought of, its strategies are complementary to each other, with a relevant of the theory of change. The project from our point of view contributed largely to creating a state of vitality on women and girls with disability rights,

	<p>it also contributed to safer and more adequate access to services for women and girls with disability directly targeted.</p>
Effectiveness	<p>The project largely contributed to the goal of safe and accessibility to adequate services by women and girls with disability especially to women who received direct services from SHS and/or referred by SHS to certain service providers, the project also set structural grounds for further contributions to this goal and to a more comprehensive horizontal and vertical potential to expand and build on the achieved results.</p> <p>The project in our opinion exceptionally managed to bring together all different stakeholders in one project that created a status of vitality and not only effectiveness within the EAW sector, the project theory of change and strategies applied fully supported the project achievement of results and contribution to the goal, despite contextual changes that were dramatic in time of COVID 19, high responsiveness of project partners and UN Trust fund to the emerging needs was invested positively to increased commitment of the different stakeholders, primarily women and girls with disability themselves to the project objectives. Although the project utilized different tactics with different actors/stakeholder, we found the representation of women of disability by women with disability remains the highest contributor to the project success as it means commitment, it meant solid understanding and no compromising when it comes to rights, which increased the project effectiveness.</p> <p>changes on the internal procedures from one hand are expected to facilitate women with disability access to adequate protection service, from the other hand advocacy efforts played a big role on raising the awareness of duty bearers including decision makers and service providers on women and girls with disabilities rights, level of violence and marginalization, which put them on the agenda of all actors met.</p>
Relevance	<p>The achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls with disabilities, direct targeting of women with disability with support services and awareness raising need to expand to new groups and geographically, while further follow up on the achievements with duty bearers and continued advocacy is also still needed.</p> <p>The project strategies and activities were relevant and appropriate to the needs of women and girls with disabilities as they targeted women with disability themselves and empowering them and it strategized building to the commitment of duty bearers towards agency to fulfilling those needs.</p> <p>The project was highly responsive to the emerging needs of women and girls with disability during COVID 19 pandemic,</p> <p>Synergies created through the project with other activities and with donors policies and strategies included synergies in objectives, target groups needs prioritizations, creating responsive strategies, human rights agendas of empowerment and participation are all very important synergies that can contribute to the continuity of activities and sustainability of results, toward more inclusions of women and girls with disability and towards not leaving them behind.</p> <p>The project contributed to creating a priority for the CSOs they partnered with, as such targeting women and girls with disability became relevant to these CSOs, and then provided support services. Which we find as a good strategy to further expand the movement towards ending violence against women and girls with disability and towards the provision of safe and adequate protection and prevention services.</p>
Efficiency	<p>The financial reports show that operational costs that directly benefited the target groups represent around 75% of the project budget, which very sound given the number of activities and participant in these activities, and given the results achieved. Learning for the transport towards accessibility cost is high in value, future investment of a car could be more efficient for this project and other projects.</p> <p>The partners followed high quality financial policy and procedures that were developed and merged in quality during the project. We find the financial policies applied in this project adequate to increased accountability of the society towards its constituencies, target groups and the donors of the organization.</p> <p>Most of the project activities were delayed due to the contextual factor of lockdown as a result of COVID 19 pandemic, these delays were mitigated by a time extension provided by the UN Trust fund, and partners switch to distance and visual operating tools.</p>

	<p>What also had solid contribution to optimizing the achievement of the objectives is the linked established with the other projects where resources of the organization in general were invested in to optimize the results.</p> <p>Yes to a large extent given regular monitoring practiced by the project managements and the participation of women with disability in identify appropriate locations, approach and cost to ensure this adequacy is not compromised for financial considerations.</p>
Sustainability	<p>Results attained directly with women with disability are very likely to be sustained with potential for more results, while the results achieved with duty bearers is likely to be sustained as many of the results are dependent on the prime minster approval of eth revised referral system and as government changes are not predictable, which can influence the positions and authorities of change agents the project collaborate with.</p> <p>The project has taken at least five steps to secure benefits to the right holder through oversight and accountability mechanisms. The project has influenced the duty bearers' tendencies towards mainstreaming disability at the ERAW/G level and targeting women throughout different relevant interventions. As disability-gendered dimensions are now an issue on the table and is visible.</p>
Impact	<p>The project impact was very positive on women and girls with disability empowerment, and access to safe and adequate services, and less social violence against women and girls with disability and their mothers in terms of isolation.</p> <p>The project activities did not cause any harm to women and girls with disability, to the contrary it positively contributed to a stronger relationship with their care givers.</p>
Knowledge Generation	<p>The project created at least 4 innovative tools, practices that are linked to agency building approached and learning from women and girls with disability experiences.</p> <p>The project contributed to increased knowledge to women with disability in general, level of agreement of women and girls with speech disability and with multiple disabilities was less than in other disabilities. These agreement are also lower in terms s of agreement with their ability to survive violence in the future and to advocate for ending violence against women and girls with disability for women with hearing and speech disability.</p>
Gender Equality and Human Rights	<p>The project was influenced by an empowerment and meaningful participation approach, as well as by social justice and human rights developmental agenda of the partner organizations. It was largely influenced by SDG 5 on gender equality, specifically targets related to by promoting nondiscriminatory approaches, practice and attitudes, eliminating violence against women and girls with disability, and full and effective participation of women and girls with disability it decision making specifically in decisions related to their protection.</p> <p>The project in many cases of women and girls with disability promoted economic rights, education rights, health rights and access to justice related rights.</p> <p>Caregivers the project primarily targeted mothers and sisters given the gender roles that still prevail in Palestinian society including the care role associated with women.</p> <p>The project also aligns with multiple articles in the Convention on the Rights of Persons with Disabilities, and contributes to the fulfillment of CEDAW in opposing the effects of discrimination against women with disability</p>
Others (COVID 19)	<p>Challenges and limitations that resulted by COVID 19 pandemic include increased level of violence against women and girls with disability, increased discrimination in receiving health care services and protection services, limitations related to communication and outreach, challenges that relate to the switch of women and girls with disability needs from developmental to humanitarian support needs including basic need to food, hygiene, and medicine support.</p> <p>The mitigation strategies were effective and impressive given the speed in responsiveness and achievement of intended results while at the same time adding to knowledge generation about the pandemic effects.</p>

- Recommendations per evaluation criteria**

Evaluation Criteria	Recommendations	Relevant Stakeholders (Recommendation made to whom)	Suggested timeline (if relevant)
Overall	Continue with the same targets groups but also expand vertically and horizontally, meaning continue working on the subsystems and operational tools that link directly to the implementation of the national referral system, while at the same time continue targeting new stakeholders from amongst the duty bearers and right holders.	Project partners	2022-2024
	Develop more awareness raising strategies that targets the Palestinian society as whole, and focus on younger generation, targeting school age children is a good strategy for that.	Project partners	2022 onwards
Effectiveness	Build on the success as the goal level and continue empowering women and girls with disability, more specifically continue providing psychosocial support, and link with other organization programs like economic empowerment programs.	Project partners	2022 onwards
	Consider targeting male family members in future cycles. Where these appeared to be key influencers within the households. Training and awareness raising and psychosocial support through innovative approaches, thus taking into account potential resistance, the engagement of male persons with disability in these services provision could help.	Project partners	2022 onwards
	Build on the success achieved with duty bearers and continue to support them review operational tools that relate to the referral system but also to their internal procedures. Specifically on the operations manual and procedures of the general prosecution, courts (family and regular), governorates offices who are getting largely involved in civil peace along with the security sector.	Project partners	2022-2024
Relevance	Expand the direct targeting and outreach to women and girls with disabilities geographically, increase the number of focal point to be included in refugee camps for example, map CBOs by governorate and type of locality and plan for levelled outreach. In Gaza reach to the most marginalised communities need further allocations in term of human resources and focal point availability.	Project partners	2022-2024
	Accelerate targeting civil society organizations service providers especially in Gaza as they provide as a key alternative prevention and protection service provider especially in time of wars and emergencies.	SHS	2022-2024
Efficiency	Reconsider transport accessibility cost management, contract a service provider via competitive procurement process and/or simply buy a car.	SHS	2022-2023
Sustainability	Continue investing in knowledge generation as one of the most sustainable results towards human development. Knowledge about the health sector providers and application of the health insurance is amongst the priority areas.	Partners	2022-2024
	Further disseminate knowledge generated through the project and develop a dissemination plan.	Partners	2022-2023
Impact	Further study the issue of social isolation of women and girls with disability and their mothers, and include it in the indicators related to violence.	Partners	2022-2024

	Find adequate methods to ensure male family members to share some quality experiences with women and girls with disability in the family. Potentially, by identifying the needs of the household rather than only women with disability as an approach to define tailored interventions by household.	SHS	2022 onwards
Knowledge Generation	Continue learning and documenting experiences of women and girls with disability, as they provide main source of information to identify and monitor social and community level challenges and success areas, they also provide an alternative monitoring tool for service providers capacities and needs for development. Establish special MIS components with clear guidelines on qualitative data.	Partners	2022-2024
	Consider the participation of duty bearers in some of the training and awareness raising for women and girls with disability and their caregivers activities to increase the confidence and trust in these bodies.	SHS	2022-2024
Gender Equality and Human Rights	Tackle structural causes of women with disability elimination in various sectors from the perspective of leaving no behind, this entails active participation in relevant platforms to advocate for inclusion and mainstreaming	-	2022-onwards
Others Covid 19	Document the experience and develop an emergency plan with clear set of guidelines for the team and for the women with disabilities and service provider.	partners	2022-2023

Annexes: Terms of reference

The United Nations Trust Fund to End Violence against Women

“HEMAYA” Project
Terms of Reference
Project Final Evaluation

Organization Name	Stars of Hope Society for the empowerment of women with disabilities
Address	Ramallah – Palestine
Project Name	Hemaya Project
Dead line for question	December 22th 2020
Submission deadline	December 26th 2020
Project Duration	42 months- 1st Sep 2018 to 28 February 2022

1. Background and Context

1.1 Description of the project that is being evaluated.

Persons with disabilities (PWDs) are among the most marginalized and disadvantaged social segments in the world, where they are socially isolated and deprived of the active participation in their communities. Most of people with disabilities are denied their basic rights; employment; freedom of movement; voting; participating in sports and cultural activities; enjoying social protection; accessing justice; choosing medical treatment; and entering freely into legal commitments. Impediments may include, but are not limited to, the lack of awareness about disability needs and disability rights to education, employment, and legal representation, both among the disabled persons themselves and among their caretakers and the general public. In Palestine, many PWDs are denied their basic economic, social, and cultural rights by default; they are frequently severely marginalized and commonly live in extreme poverty, a situation that creates a fertile environment for abuse, ill treatment, and violations, and renders PWDs extremely vulnerable. According to the latest survey conducted by the Palestinian Central Bureau of Statistics (PCBS) in 2017, people with disabilities constitute 5% of the Palestinian population. There is a general lack of specialized health-care services, financial resources, sufficient and/or accurate data on disability, and efficient and effective policies and legislations to protect them.

Moreover, family life in Palestine continues to be influenced, by a centuries-old patriarchal kinship system. A system that is institutionalized in law and organizational procedures, and social attitudes which all increase women marginalization and vulnerability. Up to now, Palestinian women still face many challenges in the field of gender equality, where they face challenges resulting from discriminatory laws, regulations, and policies in force, including a lack of effective representation in the community structure and fragile participation to the process of the state building following the semi- disconnection from the occupation. In such male-dominated societies, women and girls with disabilities face double discrimination based on gender and disability where men with disabilities and non-disabled women have a greater chance to be educated, protected, employed or even socialize.

On the other hand, violence against women and girls with disabilities is a significant issue that is related to both gender and disability-based discrimination and exclusion. Although women and girls with disabilities experience many of the same forms of violence that all women experience, when gender and disability intersect, violence has unique forms and causes, and results in unique consequences which can be magnified by the social exclusion, limited mobility, a lack of support structures, communication barriers, negative social perceptions and dependence. Women and girls with disabilities tend to have lower educational, financial, professional, and social success than both non-disabled females and their disabled male counterparts. Additionally, discrimination towards PWDs, coupled

with attitudes towards women in patriarchal societies as Palestine put women and girls with disabilities at this increased risk for violence.

In general, in Palestine, women and girls with disability are neglected and excluded to a great extent from the state/non-state anti-VAW¹⁰ programs including prevention, response. For example, the current national referral system -which aims at protecting women and girls from violence through providing health, social and police services- did not take into account the right of women and girls with disabilities to protection from violence within its procedures and regulations. In the same context, the current draft law on the protection of family from violence did not address violence against women with disability; and the available safe-houses are not/or partially accessible and deprive WWDs from receiving protection knowing that they are among the most vulnerable to sexual, verbal, physical attacks and other forms of violations such as Hysterectomy.

Accordingly, Stars of Hope society in partnership with The Social and Economic Policies Monitor (Al-Marsad) have implemented **"HEMAYA" project**, funded by UN TRUST FUND to have the women and girls with disabilities (women and girls with disability) in West-Bank and Gaza-Strip safely access adequate and appropriate support services by end of the project. The project is in the final phase of implementation; activities are expected to conclude by mid of January 2022 at most. Although the project was originally planned to end in August 2020, SHS received a time extension (No cost extension, provided delays that resulted by Covid 19 Pandemic and quarantines in both the West Bank and Gaza.

The project was expected to directly benefit 250 Women/girls with disabilities (between the ages 13-60 years), including all types of disabilities: mental and intellectual, physical, visual and hearing). This in addition to targeting family members of civil society organizations, members of community-based groups/members, members of the general public/community at large and government officials who acted as change agents and enablers to achieve the project outcomes and results. The project was specifically designed to address the issues of GBV in the private and public spheres including economic, physical, sexual, psychological and emotional GBV.

1.2 Strategy and theory of change (or results chain) of the project with the brief description of project goal, outcomes, outputs and key project activities.

To avoid "re-inventing the wheel", SHS and Al-Marsad have worked through-out the project as mediators and catalysts for change to gradually bring disability into the ERAW/G space through selecting different strategies operating at multiple levels and across different sectors. The project has simultaneously adopted a three-pronged strategies that have mutually reinforced and complement each other, in order to maximize the impact of the project: Context **Analysis; Empowerment and capacity building; and Advocacy and networking:**

Project goal: Women and girls with disabilities survivors in West-Bank and Gaza-Strip can safely access adequate and appropriate support services.

Outcome 1: DPOs, women and girls with disabilities and their families have more knowledge on how to advocate for their right to live free from violence and access adequate services in the event of violence by the end of the project.

Outcome 2: The available essential services for ERAW are effective and utilized by women and girls with disabilities.

Outcome 3: The specific needs of women and girls with disabilities with regards to ERAW are recognized by duty bearers and reflected in ERAW programs, laws and policies and coordination amongst state/non state duty bearers is enhanced.

Main activities:

- Conduct a national qualitative study titled "The Reality of Prevention and Protection from Violence Services for Women and Girls with Disabilities Produce "ERAW/G -Disability Mainstreaming guidelines/manual";
- Develop and install a " VAW/G with disabilities Monitoring Information System" at SHS
- Deliver a " Comprehensive ERAW/G with disabilities training program" for SHS staff and focal points and other DPOs representatives: GBV & Legal rights of WWDs; disability mainstreaming; data gathering and analysis; psychological first-aid; TOT; advocacy and networking;
- Conduct " ERAW/G with disabilities" outreach workshops" to women and girls with disabilities and their caregivers to raise their awareness and promote the available ERAW/G services and networks;

¹⁰ Violence against women

- Conduct "Awareness Workshops" to sensitize the EVAW/G practitioners and service providers such as Police, Social Service, Health, Women and Judiciary about disability mainstreaming approaches and requirements;
- Fulfill Disability-Mainstreaming coaching visits to service providers
- Launch a National accessible media Campaign to raise awareness & promote the available EVAW/G networks & services;
- Develop a Comprehensive Policy Paper about EVAW/G with disabilities based on the recommendations and outputs of the study;
- Conduct "Round-Tables" with decision makers from different EVAW /G sectors: to present and discuss the produced policy paper

1.3 The geographic context: The project is implemented in Palestine covering the 16 governorates of the West bank and Gaza strip.

1.4 Total resources allocated for the intervention: including human resources and budgets.

- Total Grant Amount: \$499100
- Human resources: Program Manager, Project Officer-West Bank, Project Officer-Gaza Strip, Advocacy Officer –West Bank, and Accountant

1.5 Key partners involved in the project: Social and Economic Policies Monitor (Al-Marsad)

2. Purpose of the evaluation

2.1 Why the evaluation needs to be done

The overall objective of the evaluation is to: "Document and report on the achievement of results, intended and not-intended, of project activities as a part of organizational learning and SHS's accountability to both target populations and donors". The final evaluation assignment will make an assessment, as systematic and objective as possible, of the above mentioned project, its design, implementation and results. The aim of the evaluation is to determine the relevance and fulfillment of objectives, developmental efficiency, effectiveness, impact and sustainability of Hemaya project interventions. The evaluation should provide information that is credible and useful, enabling the incorporation of lessons learned into the decision-making process of both SHS and its partner organization, Al-Marsad, and the donor.

As Hemaya is a pilot project that proposed to examine and apply a set of interlinked interventions and solutions designed to address the weakest links that prevent women and girls with disabilities from being visible and prioritized by the anti-VAW/G community, the evaluation should examine to what extent the identified project hypothesis and strategies were successful; at the same time to provide of good/best practices that can be used when designing similar interventions in the future.

2.2 How the evaluation results will be used, by whom and when.

- Throughout Hemaya project, Stars of Hope Society has succeeded in institutionalizing and unifying the GBV-Disability different interventions under an overarching GBV-Disability "Hemaya" core program. Accordingly, the evaluation results and generated knowledge will specifically feed into the design of future intervention models and management and delivery approaches undertaken by Hemaya program. Consequently, the relevant overall strategy, pathways and plans of Hemaya program will be driven and designed by the end of 2022.
- The evaluation findings and recommendations will be consolidated into the scope of work of SHS and the GBV-disability key partners- of whom partnerships were established during Hemaya project- and to operationalize of further work agreements/plans relevant to GBV and disability inclusion during the coming three years.
- Provide a learning tool that can allow SHS and Al-Marsad to build on and invest of the successes and partnerships established through Hemaya to design other projects within different sectors and domains not exclusively EVAW/G.
- Besides, the evaluation outputs and conclusions will be utilized by Al Marsad-Hemaya project main partner- to draw the strategic advocacy and influencing pathways in relevance to the right to protection for the women and girls with disabilities and integrated in the next five-years strategy (2022-2026)
- On the regional and policy making level, as the National Referral System is going through structural revisions, the evaluation findings and recommendations regarding the GBV disability- inclusion models and practices will feed into the collective recommendations proposed by SHS and other disability and GBV networks by the end of 2022.

2.3 What decisions will be taken after the evaluation is completed

As the evaluation will provide a clear picture and inform of the most and least effective and feasible strategies and methodologies to combat violence against women and girls with disabilities in Palestine, SHS will subsequently redesign/modify of the application modalities of the other Hemaya program actions to fulfil the most sustainable and impactful change in the GBV-Disability on the community, service delivery and policy-making levels.

3 Evaluation objectives and scope

3.1 Scope of Evaluation:

- Timeframe: this evaluation needs to cover the entire project duration (between August 2019- February 2022)
Geographical Coverage: The 16 governorates of West-Bank and Gaza-Strip (11 governorates in West-Bank and 5 governorates in Gaza-Strip).
- Target groups to be covered: this evaluation needs to cover the target primary beneficiaries (women/girls with disabilities) and secondary beneficiaries (family members, caregivers, civil society organizations including NGOs and organizations of people with disabilities-OPDs) as well as broader stakeholders including decision makers, policy implementers in the GBV and disability sector besides the relevant disability networks and coalitions

3.2 Objectives of Evaluation: What are the main objectives that this evaluation must achieve?

- To evaluate the entire project (42 months from start to end date), against the effectiveness, relevance, efficiency, sustainability and impact criteria, as well as the cross-cutting gender equality and human rights criteria (*defined below*);
- To evaluate the validity of the project assumptions, strategies, and partnerships in light of the results achieved;
- To identify key lessons and promising or emerging good practices in the field of ending violence against women and girls with disabilities, for learning purposes (*this is defined under the knowledge generation criteria below*) especially regarding models of interventions that can be applied further.
- To identify the supporting factors and constraints that have led to achievement or lack of achievement;
- To assess the management and implementation of the project including approach to delivery and partnerships;
- To provide recommendations relevant to the future development and implementation of projects of this type.

4 Evaluation Questions

The final report should discuss, provide detailed information, conclusions and recommendations on the following questions:

Evaluation Criteria	Mandatory Evaluation Question (for consultation with stakeholders/to be finalized during inception phase with the hired consultant(s))
<p>Effectiveness <i>A measure of the extent to which a project attains its objectives / results (as set out in the project document and results framework) in accordance with the theory of change.</i></p>	<ul style="list-style-type: none"> ▪ To what extent were the intended project goal, outcomes and outputs (project results) achieved and how? <p>In addressing this question please assess to which degree the activities met the objectives and results set out in the project (as outlined in the Results and Resources Framework (RRF), and the extent to which the project directly benefited the targeted beneficiaries. At project goal level this refers to primary beneficiaries (women and girls with disabilities) and at outcome level, secondary beneficiaries. A table on the number of beneficiaries reached will be annexed at a later stage, reporting on the number of beneficiaries reached as well as common indicators for the UN Trust Fund covering the year 2021... As the project was focused on policy and systematic change, please assess the extent to which the project was successful in advocating for that change and whether this is likely to positively benefit women and girls with disabilities. <u>In all cases please address whether the project achieved results in accordance with the expected theory of change or not.</u></p>
<p>Relevance <i>The extent to which the project is suited to the priorities and policies of</i></p>	<ul style="list-style-type: none"> ▪ To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls with disabilities? <p>In addressing this question please assess the extent to which the project strategies and activities were relevant and appropriate to the needs of women and girls with disabilities and</p>

<p><i>the target group and the context.</i></p>	<p>whether the project was able to adjust to any changes in the context and needs of the primary beneficiaries during the project. <u>Was the project designed in a way that is relevant to reach its goals? To which extent were synergies achieved with other activities, as well as with local/international policies and donor policies?</u></p>
<p>Efficiency <i>Measures the outputs – qualitative and quantitative – in relation to the inputs. It is an economic term which refers to whether the project was delivered cost effectively.</i></p>	<ul style="list-style-type: none"> ▪ To what extent was the project efficiently and cost-effectively implemented? ▪ <u>Was the project run (managed and implemented) in an efficient way?</u> <p>In addressing this question, please consider whether the activities were delivered on time and to budget and whether activities were designed to make best use of resources (e.g. were cost comparisons made between different intervention/activity types before decisions taken?). Also consider whether the project has been managed well to make best use of human and financial resources.</p>
<p>Sustainability <i>Sustainability is concerned with measuring whether the benefits of a project are likely to continue after the project/funding ends.</i></p>	<ul style="list-style-type: none"> ▪ <u>To what extent will the achieved results, especially any positive changes in the lives of women and girls with disabilities (project goal level), be sustained after this project ends?</u> ▪ What steps have been taken to institutionalize the project, build capacity of stakeholders or secure benefits for rights holders through accountability and oversight systems? <p>In addressing this question, you may need to assess the likelihood for sustainability (given that the evaluation is conducted at the end of the project when longer-term sustainability cannot yet be assessed). <u>Are the results achieved so far sustainable? Which unmet needs did the evaluator identify that would be relevant for SHS to look into in an eventual continuation of the project?</u></p>
<p>Impact <i>Assesses the changes that can be attributed to a particular project relating specifically to higher-level impact (both intended and unintended).</i></p>	<ul style="list-style-type: none"> ▪ To what extent has the project contributed to ending violence against women with disabilities, gender equality and/or women’s empowerment (both intended and unintended impact)? <p>In addressing this question, you may have to repeat some evidence and analysis from question one on effectiveness, however this question should specifically identify any changes in the situation for women and girls with disabilities in relation to safely accessing adequate and appropriate support services and look at both intended and unintended change for both women and girls with disabilities targeted by the project and those not (if feasible). Where there any unforeseen positive/negative effects of the activities?</p>
<p>Knowledge generation <i>Assesses whether there are any promising practices that can be shared with other practitioners.</i></p>	<ul style="list-style-type: none"> ▪ To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners? <p>In addressing this question, it must be clear that the knowledge generated is new, innovative, builds on evidence from other projects or has potential for replication or scale up in other projects or contexts. It should not include generic lessons or knowledge that has already been frequently documented in this context.</p>
<p>Gender Equality and Human Rights</p>	<p>Cross-cutting criteria: the evaluation should consider the extent to which human rights based and gender responsive approaches have been incorporated through-out the project and to what extent.</p>

	Practically this could mean: incorporating an assessment of human rights and gender responsiveness throughout the evaluation questions above - if not obvious; ensuring the evaluation approach and methods of data collection are gender responsive (e.g. women and girls must feel safe to share information); specify that the evaluation data must be disaggregated by sex, disability, region and other social criteria of importance to the project's subject.
COVID 19	In addressing this area please assess the extent to which the COVID-19 has impacted the project design and implementation, and what mitigation strategies have been selected to overcome the resulted limitations and challenges. For example, what are limitations and challenges resulted by COVID 19 Pandemic? How these limitation did influenced the project implementation and/or priority interventions?

5 Evaluation Methodology

The evaluation is expected to generate significant learning for Stars of Hope, Al Marsad and UN Trust Fund. Hence the consultant is expected to develop a gender responsive approach that is participatory in nature combining both quantitative and qualitative research methodologies, relevant to the overarching purpose and evaluation questions. Evaluation methodologies may include desk reviews, key informant interviews, focus group discussions, observations and case studies and should take into consideration the need for triangulating data. Primarily the data collection process will take into account any updates on the COVID situation, formal/public updates and recommendations shall be respected.

Envisaged steps include the following:

1. Desk Review: Review of project and its components materials, publications, data, among others.
2. Inception meeting with the project team and consultants: The objective of the consultation is to reach a common understanding regarding the status of the project, the priority assessment questions, available data sources and data collection instruments and an outline of the final evaluation report.
3. Initial interviews with key stakeholders including (but not limited to) representatives from partners and entities who have participated in project activities, can be conducted virtually, taking into consideration the UN Trust Fund Guidance on Remote Data Collection, the guidelines will be available to the applicants upon request.
4. Submission of an Inception Report with the final methodology and work plan
5. Additional documents review and analysis, data collection prior or in parallel to the evaluation interviews as required by the proposed methodology.
6. Evaluation interviews (individual or collective) and focus groups with stakeholders following UN Trust guideline for remote data collection as needed.
7. Organize a validation session on preliminary findings with the evaluation stakeholders' reference group
8. Submit a draft evaluation report to SHS followed by a debriefing session with SHS and A; Marsad.
9. Prepare a final report based on feedback

Conversely, the external consultant/s applying for the role must propose the evaluation design and methodology in their proposal/application including:

- 1) Proposed evaluation design and approach
- 2) Data sources, including for example national statistics, project report, primary data from the different stakeholders, etc.
- 3) Proposed data collection methods and analysis
- 4) Proposed sampling methods
- 5) Projected Field visits
- 6) Level of stakeholder engagement

6 Evaluation Ethics

The evaluator/s must put in place specific safeguards and protocols to protect the safety (both physical and psychological) of respondents and those collecting the data as well as to prevent harm. This must ensure the rights of the individual are protected and participation in the evaluation does not result in further violation of their rights. **The evaluator/s must have a plan in place to:**

- Protect the rights of respondents, including privacy and confidentiality;
- Elaborate on how informed consent will be obtained and to ensure that the names of individuals consulted during data collection will not be made public;
- The evaluator/s must consider additional risks and need for parental consent for girls with disabilities (under 18 years old*);
- The evaluator/s must consider need for caregiver’s consent for women and girls with severe intellectual disabilities;
- The evaluator/s must be trained in collecting sensitive information and specifically data relating to violence against women and select any members of the evaluation team on these issues.
- Data collection tools must be accessible to all types of disabilities and designed in a way that is culturally appropriate and does not create distress for respondents;
- Data collection visits should be organized at the appropriate time and place to minimize risk to respondents. SHS will support the evaluation team in coordination of data collection in the field using our resources

Resources:

- [WHO, “Ethical and safety recommendations for intervention research on violence against women “](#), (2016)
- [WHO, “Ethical and safely recommendations for researching, documenting and monitoring sexual violence in emergencies”](#) (2007)
- [WHO/PATH, “Researching violence against women: a practical guide for researchers and activists”](#), (2005)
- [UNICEF’s “Child and youth participation guide”](#) (various resources)
- [UNEG guidance document, “Integrating human rights and gender equality in evaluations”](#), (2011) Chapter 3

** A child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.*

7 Key deliverables of evaluators and timeframe

No.	Deliverable	Deadlines of Submission to UN Trust Fund M&E Team	Deadline
1	Evaluation Inception Report	The inception report needs to meet the minimum requirements and structure specified in this guideline for UN Trust Fund’s review and approval. (The UN Trust Fund’s Guideline will be provided to the selected consultant)	By 20 January 2022
2	Draft Evaluation Report	The Draft Report needs to meet the minimum requirements and structure specified in this guideline for UN Trust Fund’s review and approval. (The UN Trust Fund’s Guideline will be provided to the selected consultant)	By 10 March 2022
3	Final Evaluation Report	The Final Report needs to meet the minimum requirements and structure specified in this guideline for UN Trust Fund’s review and approval. (The UN Trust Fund’s Guideline will be provided to the selected consultant)	By 24 March 2022

8 Evaluation team composition and required competencies

8.1 Evaluation Team Composition and Roles and Responsibilities

The Evaluation Team will be consisting of five national consultants:

Evaluator (team leader): will be responsible for undertaking the evaluation from start to finish and for managing the evaluation team under the supervision of evaluation task manager from Stars of Hope, for the data collection and analysis, as well as report drafting and finalization in English.

EVAW/G advisor: to revise the evaluation tools and methodologies– from GBV perspective- and give an opinion/advice regarding the inception and evaluation reports.

Disability Inclusion advisor: to revise the evaluation tools and methodologies– from disability inclusion perspective- and give an opinion/advice regarding the inception and evaluation reports.

Two Field Researchers- One in West bank and One in Gaza Strip: Visit assessment locations and where necessary to collect and record data, develop or assist in the development of interview schedules, conduct interviews using appropriate assessment tools, review and edit data to ensure completeness and accuracy of the information, review data collected after fieldwork before submitting to the team leader and any other duties as required

The consultant can provide additional members to the evaluation team in the submitted technical offer.

8.2 Required Competencies

Evaluator (team leader):

- Evaluator must hold a master's degree (or equivalent) in social science, human rights, development studies or equivalent
- Evaluation experience of at least five years in conducting external evaluations, with mixed-methods evaluation skills and having flexibility in using non-traditional and innovative evaluation methods¹¹
- Expertise in gender and human-rights based approaches to evaluation and issues of violence against women and girls
- Experience with program design and theory of change, gender-responsive evaluation, participatory approaches and stakeholder engagement
- Specific evaluation experiences in the areas of ending violence against women and girls
- Experience in collecting and analysing quantitative and qualitative data as well as data visualization
- In-depth knowledge of gender equality and women's empowerment
- Experience in working directly with women and girls with disabilities or conducting relevant evaluation assignments is an asset.
- A strong commitment to delivering timely and high-quality results, i.e. credible evaluation and its report that can be used
- A strong team leadership and management track record, as well as interpersonal and communication skills to help ensure that the evaluation is understood and used.
- Good communication skills and ability to communicate with various stakeholders and to express concisely and clearly ideas and concepts
- Country experience and knowledge: in-depth knowledge of the EVAW environment within the Palestinian context in West bank and Gaza Strip is required.
- Language proficiency: fluency in English and Arabic is mandatory

9 Management Arrangement of the evaluation

The evaluator (team leader) responsibilities include:

¹¹ Number of years of experience can be flexible in cases where the pool of qualified national consultants is limited. Commissioning organizations may consider applications/proposals from recent graduates and young and emerging evaluators with core competencies in EVAW, research and evaluation.

- Developing an evaluation plan, in conjunction with the evaluation task manager;
- Developing evaluation requirements, data collection methods, and corresponding tools and documentation to be used during the exercise;
- Ensure adherence to ethical standards adherence during all phases of the evaluation.
- Implement of oversee implementation of data collection
- Write inception and final evaluation reports (draft and final).
- Present findings to Hemaya management committee and advisors

Evaluation Task Manager: The Evaluation Task Manager will provide guidance and information to the evaluator/consultants as required; ensure that the evaluation runs according to plan and meets the milestones or deliverables on time; problem-solving where needed; ensure evaluator has access to all relevant project / program documents and stakeholders involved in the project and/or the evaluation. The evaluation task manager may be assisted by one or more other staff members who will be assigned specific responsibilities in the management process.

The evaluation reference group: The ERG is composed of the members of the project management committee, the UN TRUST FUND portfolio manager, a member of the project steering committee, the head focal point (woman with disability) and the GBV-disability two consultants in West Banks and Gaza Strip as they have a key role in Hemaya project and can bring expertise in evaluation design and methods in relevance to disability and EVAW/G. The ERG will additionally verify the inception and final evaluation drafts and final reports

10 Timeline of the entire evaluation process

Stage of Evaluation	Key Task	Responsible	Number of working days required	Timeframe
Inception stage	Briefings of evaluation to orient the evaluators	Evaluation Task Manager	7 working days	First week
	Desk review of key documents	Evaluator/s		First week
	Finalizing the evaluation design and methods	Evaluator/s		Second week
	Submit draft Inception report	Evaluator/s		By 9 January 2022
	Review Inception Report and provide feedback	Evaluation Task Manager, Stakeholder Group and UNTF	3 working days	By 12 January 2022
	Incorporating comments and revising the inception report	Evaluator/s	4 working days	By 17 January 2022
	Submitting final version of inception report	Evaluator/s		
	Review final Inception Report and approve	Evaluation Task Manager, Stakeholder Group and UNTF	3 working days	By 20 January 2022
Data collection and analysis stage	Desk research	Evaluator/s	8 working days	By 30 January 2022
	In-country technical mission for data collection (visits to the field, interviews, questionnaires, etc.)	Evaluator/s	3 weeks	By 25 February 2022
Synthesis and reporting stage	Analysis and interpretation of findings	Evaluator/s	2 weeks	By 10 March 2022
	Preparing a first draft report- English and Arabic	Evaluator/s		

	Review of the draft report with key stakeholders for quality assurance	Evaluation Task Manager, Stakeholder Group and UNTF	3 working days	By 14 March 2022
	Consolidate comments from all the groups and submit the consolidated comments to evaluation team	Evaluation Task Manger		
	Incorporating comments and preparing second draft evaluation report - English and Arabic	Evaluation Team	3 working days	By 17 March 2022
	Final review and approval of report	Evaluation Task Manager, Stakeholder Group and UNTF	3 working days	By 21 March 2022
	Final edits and submission of the final report- English and Arabic	Evaluator/s	3 working days	By 24 March 2022

11 Quotations Submissions and Evaluation

Applicants must submit comprehensive technical proposal and detailed financial offers in English as follow:

1. **Technical proposal:** the technical proposal should include the followings:

- Consultants’/s’ CV highlighting the relevant experience, educational background, qualifications;
- Writing samples of similar assignments;
- Detailed methodology for the assignment implementation;
- Evaluation Team Composition and Roles and Responsibilities

2. **Financial Proposal**

- The Financial Proposal must be in United States dollars and clearly show the VAT.
- Applicants must submit the financial proposal in total including a breakdown, per evaluation deliverable, including the number of working days and daily rate.
- Any local travels or logistical costs associated to the assignment will be covered by SHS.
- Any award under this TOR will use a fixed price purchase order. This means that applicant must be prepared to complete the deliverables specified in the TOR for their proposed fixed price regardless of the actual level of effort and other costs incurred.
- According to SHS policy, payments to consultant are deliverable based as to be clarified in the contract.

3. **Deadline:**

- Quotations in response to this TOR must be received no later than **December 26th, 2021- no later than 4:00 pm.**
- Please send your proposals to the following email address:
To: haniyeh@starsofhope.org and Cc to: rihab@starsofhope.org and admin@starsofhope.org
- Telefax: +972 2 2963454, 0598456738

4. **Quotations Evaluation**

Evaluation Criteria will be as follows:

- Applicant’s education and qualifications; (30%)
- Applicant’s relevant experience for the assignment (40%)
- Completeness and clarity of methodology and approaches (30%)

Note: in the case of firms and companies, the registration and the deduction at source certificates are required.

12 Annexes

- List of key stakeholders/institutions to be consulted
 - This annex can also suggest project sites to be visited
- Preliminary list of documents to be consulted
 - Relevant national strategy documents: The National Referral system, the Family Protection law
 - The project document and theory of change (proposal)
 - The Results and Resources Framework
 - Baseline Report: Hemaya’s qualitative study titled “The Reality of Prevention and Protection from Violence Services for Women and Girls with Disabilities).
 - M&E Plan, tools and reports
 - Progress and annual reports of the project
 - Reports from previous evaluations of the project and/or the organization, if any: Kvinna Till Kvinna
- Structure for the inception report (see **Annex C in the UNTF guidelines**)
- Required structure before the final report (see **Annex E in the UNTF guidelines**)

“Stars of Hope Society” is committed to achieving workforce diversity in terms of gender, nationality and culture. Individuals from minority groups, indigenous groups and persons with disabilities are equally encouraged to apply. All applications will be treated with the strictest confidence.

References:

https://www.ilo.org/wcmsp5/groups/public/---ed_mas/---eval/documents/publication/wcms_759379.pdf

https://repositorio.cepal.org/bitstream/handle/11362/40052/1/S1501227_en.pdf

https://www.ilo.org/wcmsp5/groups/public/---ed_mas/---eval/documents/publication/wcms_759379.pdf

<https://docs.wfp.org/api/documents/4a95fffb56934e50ade682b1b7c90d0b/download/>

<https://coordinadoraongd.org/wp-content/uploads/2016/06/ToR-Final-Evaluation-NSA-project.pdf>

Evaluation Matrix

Evaluation Criteria	Mandatory Evaluation Question	Indicators	Data source and method
<p>Effectiveness A measure of the extent to which a project attains its objectives / results (as set out in the project document and results framework) in accordance with the theory of change.</p>	<ul style="list-style-type: none"> ▪ To what extent were the intended project goal, outcomes and outputs (project results) achieved and how? <p>Areas to address</p> <ul style="list-style-type: none"> • The extent to which the project was successful in advocating for that change and whether this is likely to positively benefit women and girls with disabilities • In all cases please address whether the project achieved results in accordance with the expected theory of change or not <p>Areas proposed by the external reference group members <u>however covered in previous questions analysis:</u></p> <ul style="list-style-type: none"> - To what extent the project contributed to increased availability of data and research, leading to informed practical adjustments in protection systems, manuals of procedures? - What methodologies were applied to ensure women with disability meaningful participation in the project activities? 	<p>GOAL: % of women and girls with disability survivors of violence reported safe access to adequate and appropriate services</p> <p>OUTCOMES</p> <ul style="list-style-type: none"> ▪ % of DPOs, women and girls with disability and their family's members reported an increase in their knowledge to advocate for ending violence against women and girls with disability. ▪ % of women and girls with disability , their parents and DPOs surveyed report enhanced capacities to monitor and advocate for ending violence against women and girls with disability ▪ # Of EVAW/G strategies and practices of SHS and targeted duty bearers that included women and girls with disability priorities? ▪ %of women and girls with disability surveyed who agree the project activities tackled practices and protection right areas that are amongst their priorities ▪ % of women and girls with disability, their caregivers and DPOs surveyed report positive attitudinal change to monitor and advocate for ending violence against women and girls with disability ▪ # of institutions (service providers, public and civil society organizations, DPOs) integrated systems and mechanisms to provide disability mainstreaming support services and/ or monitor violence against Women and girls with disability ▪ # of initiatives and policies placed on the agenda of duty bearers who participated in the project that call for ending violence against Women and girls with disability in West-Bank and Gaza-Strip ▪ % of women with disabilities who agree the project technics/methods contributed positively to amplifying their voice? ▪ % of interviewed EVAW actors who appreciate Women and girls with disability participation in EVAW platforms. ▪ # of duty bearers interviewed who express positive influence of new knowledge areas relevant to gendered-disability violence issues and concepts. 	<p>women and girls with disability /documents review and interviews</p> <p>women and girls with disability, DPOs representatives, family members / Questionnaire, FGDs</p> <p>EVAW/G collectives' strategies / narrative assessment and interviews</p> <p>women and girls with disability /questionnaire and interviews</p> <p>Women and girls with disability , DPOs representatives, family members / Questionnaire, FGDs</p> <p>EVAW actors including duty bearers, state and non-state / interviews</p>

		<ul style="list-style-type: none"> ▪ <i>% of individuals met who agree they capitalized on capacity and knowledge generated through the project are to participate in advocacy campaigns...</i> ▪ <i>What were the contributions project committee member towards the success of the project?</i> ▪ <i>quality of new dynamics created amongst networks members , Women and girls with disability and service providers</i> ▪ <i># and qualities of policy advocacy tactics applied to influence decision makers?</i> ▪ <i>#and type of collaboration platforms/mechanisms relevant to EAW-WGDs that were joint and/or created between project partners and other duty bearers?</i> ▪ <i>#of new data and research areas were introduced to project partners' resources, and/or Women and girls with disability resources, and/or EAW community resources.</i> ▪ <i># of methodologies and tactics applied by SHS to ensure Women and girls with disability meaningful participation.</i> 	<p>Project reports and duty bearers/ documents review interviews</p> <p>Project partners team, Women and girls with disability , caregivers and DPO/CSOs staff and narrative/ narrative assessment, questionnaire, FGDs and interviews</p> <p>project partners team, project committee members/interviews and FGD</p> <p>Project documents, networks members, Service providers/documents review, FGDs and interviews</p> <p>Project documents, teams and committee members/document review and interviews</p>
<p>Relevance <i>The extent to which the project is suited to the priorities and policies of the target group and the context.</i></p>	<ul style="list-style-type: none"> ▪ To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls with disabilities? ▪ <i>The extent to which the project strategies and activities were relevant and appropriate to the needs of women and girls with disabilities.</i> ▪ <i>The extent to which the project was able to adjust to any changes in the context and arising needs of the primary beneficiaries during the project.</i> ▪ <i>To which extent were synergies achieved with other activities, as well as with local/international policies and donor policies?</i> <p>areas proposed by the external reference group members:</p>	<ul style="list-style-type: none"> - <i>What needs can the Women and girls with disability define as fulfilled through the project?</i> - <i>What needs would Women and girls with disability define as still relevant? How are these relevant to contextual changes, if any?</i> - <i>What contextual changes required adjustments in SHS strategies and action points based on emerging needs during the project?</i> - <i>What project qualities were designed and applied to ensure safety, accessibility, adequacy and appropriateness of support services.</i> - <i>Which local/ international and donors polices and agendas were relevant to the project?</i> - <i>How did that influence the synergies created through the project?</i> ▪ <i>How did the project meet CSOs and CBOs priorities and expectations when</i> 	<p>Women and girls with disability / questionnaires and interviews.</p> <p>Project reports, project partner/documents review and interviews.</p> <p>International SDG agenda, relevant human rights declarations and conventions, project and relevant donors /document review and interviews</p>

	<ul style="list-style-type: none"> - <i>To what extent was the project relevant to the priorities of targeted organizations and their expectations.</i> - <i>Are the project objectives still relevant, is protection for women and girls with disability still a priority? (asked in another way above)</i> 		CSOs and CBOs staff / interviews and FGDs.
<p>Efficiency <i>Measures the outputs – qualitative and quantitative – in relation to the inputs. It is an economic term which refers to whether the project was delivered cost effectively.</i></p>	<ul style="list-style-type: none"> ▪ <i>To what extent was the project efficiently and cost-effectively implemented?</i> ▪ <u><i>Was the project run (managed and implemented) in an efficient way?</i></u> <ul style="list-style-type: none"> ▪ <i>Were the activities delivered on time and to budget</i> ▪ <i>Were the activities designed to make best use of resources (e.g. were cost comparisons made between different intervention/activity types before decisions taken?).</i> ▪ <i>Has the project been managed well to make best use of human and financial resources.</i> <p>areas proposed by the external reference group members (responded to within the above questions)</p> <ul style="list-style-type: none"> - <i>Did the organization use additional/alternative resources available internally and the sector level?</i> - <i>Were the available resources adequate to ensure highest quality of deliverables and services?</i> 	<ul style="list-style-type: none"> ▪ <i>Project activities % of allocations to WGWD participations, knowledge and research, capacity development of CBOs and CSOs, awareness raising, and campaigning.</i> ▪ <i>Which financial and procurement policies/manuals did SHS followed in managing the project funds? How did these contributed to financial efficiency?</i> ▪ <i># Of project partner teams and staff who agree the project human resources were enough for project effective and efficient implementations.</i> ▪ <i>Where action plans implemented on time? If not why? Could the organization mitigate the factors?</i> ▪ <i>What additional/alternative resources available internally and/or within the sector did SHS utilized to enhance cost efficiency? And/or increase quality?</i> 	<p>Project document and financial reports and budgets/ financial analysis</p> <p>Partners financial policies (manuals), Financial teams of the project partners /documents review and interviews</p> <p>Project partner leaders and teams/interviews</p> <p>Project documents, project partners/documents review and interviews.</p>
<p>Sustainability <i>Sustainability is concerned with measuring whether the benefits of a project are likely to continue after the</i></p>	<ul style="list-style-type: none"> ▪ <i>To what extent will the achieved results, especially any positive changes in the lives of women and girls with disabilities (project goal level), be sustained after this project ends?</i> ▪ <i>What steps have been taken to institutionalize the project, build capacity of stakeholders or secure benefits for rights holders through accountability and oversight systems?</i> <ul style="list-style-type: none"> ▪ <i>The likelihood for sustainability (given that the evaluation is conducted at the end of the project</i> 	<ul style="list-style-type: none"> ▪ <i>% of Women and girls with disability agree who report that the new knowledge and skill contribute to positive change in their life after the project ends.</i> ▪ <i>% of Women and girls with disability who reports they observed changes in the systems, practices, and attitudes towards Women and girls with disability.</i> ▪ <i>#of adjustments/additions to the national referral system procedures and plans proposed and approved by the National system team to eliminate violence against Women and girls with disability.</i> 	<p><i>Women and girls with disability /questionnaires and interviews</i></p> <p><i>Project documents, National referral system actors, project partners/document review and interviews</i></p>

<p>project/funding ends.</p>	<p>when longer-term sustainability cannot yet be assessed).</p> <ul style="list-style-type: none"> Are the results achieved so far sustainable? <p>areas proposed by the external reference group members, discussed in response to previous questions:</p> <ul style="list-style-type: none"> Did the project contributed to institutionalizing inclusion of women with disability in the national referral system and/or relevant processes, practices, discussions? What are the qualities of partnerships established contribute to sustainability? Will the project results contribute to women with disability protection regardless of the type of disability? 	<ul style="list-style-type: none"> # of persons with disability rights identified as, potentially to be influenced by policy adjustment achieved through the project? # and qualities of partnerships established through the project, official ones. # of types of disabilities included throughout the project data collection techniques, in strategies of EAW, in procedures and manuals influenced by the project. 	<p>Project documents, national EAW related plans, EAW actors/narrative assessment and interviews</p> <p>Project document, Project partner teams, official partners (duty bearers)/documents review, interviews.</p> <p>Project documents and deliverables, strategies, manuals and systems, project committees, service providers and referral system key actors/documents review, narratives assessment, FGDs and interviews</p>
<p>Impact Assesses the changes that can be attributed to a particular project relating specifically to higher-level impact (both intended and unintended).</p>	<ul style="list-style-type: none"> To what extent has the project contributed to ending violence against women with disabilities, gender equality and/or women's empowerment (both intended and unintended impact)? <p>Identify any changes in the situation for women and girls with disabilities in relation to safely accessing adequate and appropriate support services, looking at both intended and unintended change for both women and girls with disabilities targeted by the project and those not (if feasible).</p> <p>Where there any unforeseen positive/negative effects of the activities?</p> <p>Specific areas proposed by the external reference group members</p> <p>Are their changes, Indicators on changes on women with disability relationship with their families?</p>	<ul style="list-style-type: none"> # of Women and girls with disability directly targeted by the project who reached out to network members and/or service providers. (including by type of disability and geography) % of Women and girls with disability who agree they are willing to seek support of networks members, and/or service providers. . % of Women and girls with disability who agree they are willing to seek protection services when needed. % of caregivers who agree they are willing to seek support of networks members, and/or service providers. % of caregivers and family members who agree they seeked and/or are willing to seek protection services for Women and girls with disability they care for when needed. % of caregivers and family members who agree they seeked and/or are willing to seek services for themselves from network members and/or service providers. % of Women and girls with disability who agree they will continue participating in policy advocacy platforms/actions <ul style="list-style-type: none"> % of Women and girls with disability who agree they participate in policy advocacy platforms/actions is still challenging for them. % of Women and girls with disability who agree the project methods and processes did not have any harmful effect on them. 	<p>Networks members, service providers and WDWDs, and caregivers/questionnaire, interviews and FGDs.</p> <p>Women and girls with disability /questionnaire,</p> <p>Caregivers/FGDs</p> <p>Women and girls with disability /questionnaire</p> <p>Women and girls with disability /questionnaire, interviews</p>

		<ul style="list-style-type: none"> ▪ % of Women and girls with disability who agree their relationship with their family members became better after the project. ▪ % of family members who agree their relationship with WGWD they care for is better off after the project. ▪ %of family members who agree their attitudes towards WGWD they care for are influenced by the project.(and by sex) ▪ % of persons consulted who indicated they will continue participating in official and/or unofficial dialogue about the protection of Women and girls with disability. 	<p>Family members/FGDs</p> <p>Women and girls with disability , caregivers, networks members, CBOs staff, CSOs, EAW actors, project committee members/FGDs and interviews</p>
<p>Knowledge generation Assesses whether there are any promising practices that can be shared with other practitioners.</p>	<ul style="list-style-type: none"> ▪ To what extent has the project generated knowledge, promising or emerging practices in the field of EAW/G that should be documented and shared with other practitioners? ▪ To what extent the project generated knowledge that is useful to women with disabilities especially on prevention and protection services and how <p>In addressing this question, it must be clear that the knowledge generated is new, innovative, builds on evidence from other projects or has potential for replication or scale up in other projects or contexts. It should not include generic lessons or knowledge that has already been frequently documented in this context.</p> <p>areas proposed by the external reference group members beside the ones included in the above criteria sections (responded to with question 1 above)</p> <p>How did women with disabilities themselves contributed to knowledge generation?</p>	<ul style="list-style-type: none"> ▪ #of innovations introduced/applied by the project. ▪ %of Women and girls with disability who agree that the project applied new practices and techniques in reaching out to them. ▪ %of Women and girls with disability who agree the project applied new practices and techniques in including them in project activities. ▪ Pros and cons of new, innovative practices identified by the different stakeholders consulted. ▪ %of Women and girls with disability who agreed they contribute to knowledge generation due to the project. 	<p>Project documents, project partners, project deliverable/document review and interviews</p> <p>Women and girls with disability /questionnaire and interviews.</p> <p>Women and girls with disability, caregivers, networks members, CBOs staff, CSOs, EAW actors, project committee members/FGDs and interviews.</p> <p>Women and girls with disability /questionnaire</p>
<p>Gender Equality and Human Rights</p>	<p>Cross-cutting criteria: the evaluation should consider the extent to which human rights based and gender responsive approaches have been incorporated throughout the project and to what extent.</p> <p><i>What Human rights approaches agendas influenced the project implementation?</i></p> <p><i>What Human rights did the project promote in the targeted communities?</i></p>	<ul style="list-style-type: none"> ▪ Which human rights were influenced by the project, and /or promoted through the project. ▪ Which methodologies /practices were applied with evidence on responsiveness to Human rights and are gender responsive. 	<p>Documents review, strategies, deliverable, manual, project partners, Women and girls with disability, networks members, Committee members and donors/documents review, narratives assessment, FGDs and interviews.</p>

	<p><i>How were the methodologies implemented responsive to human rights and gender responsive? (<u>responded to in previous sections</u>)</i></p> <p><i>Had the project impacted secondary target groups' men and women differently (family members, service providers staff, decision makers)</i></p>	<ul style="list-style-type: none"> ▪ <i>Which areas defined throughout the evaluation process had clear differences in how it impacted/effected men and women.</i> 	<p>Project documents, deliverable, project partners and project committees /documents review and interviews.</p> <p>All primary evaluation sources and techniques.</p>
<p>COVID 19</p>	<ul style="list-style-type: none"> ▪ <i>What are limitations and challenges resulted by COVID 19 Pandemic?</i> ▪ <i>How these limitation did influenced the project implementation and/or priority interventions? (responded to with question 1)</i> <p>What mitigation strategies or adaptations were put into place and how effective were they?</p>	<ul style="list-style-type: none"> ▪ <i>what limitations and challenges that resulted by COVID 19 and influenced the project implementation (Had one previous indicator on Women and girls with disability needs in COVID 19).</i> ▪ <i>What adjustments/ modifications on project activities, priority areas and strategies were made to mitigate these limitations?</i> <p><i>How effective were these adjustments?</i></p>	<p><i>Project documents, deliverable, partner teams/ document review, narrative analysis and interviews</i></p>

Beneficiaries Data sheet

TOTAL BENEFICIARIES REACHED BY THE PROJECT

Type of Primary Beneficiary	Number
Women/ girls with disabilities	353 (directly targeted 250 and achieved 353, indirectly reached via project partners beyond 1,000)
Women/ girls survivors of violence	34
TOTAL PRIMARY BENEFICIARIES REACHED	387
	-
Type of Secondary Beneficiary	Number
Members of Civil Society Organizations	240
Members of Community Based Organizations	44
Government Officials (i.e. decision makers, policy implementers) ⁸⁶	
Other (NETWORKS)	12
TOTAL SECONDARY BENEFICIARIES	382
Indirect beneficiaries reached	Number
Other (total only) including readers, viewers and listeners to media outlets produced	371,273
GRAND TOTAL	372,042

Data collection instruments

HEMAYA Project

Women and girls with disability Questionnaire

Questionnaire context: this Questionnaire is prepared for the purpose of evaluating the HEMAYA project implemented By SHS during the years 2018-2022.

The project is intended to contribute to the following goal: Women and girls with disabilities survivors in West-Bank and Gaza-Strip safely access adequate and appropriate support services by end of the project." By enhancing the capacities of SHS, Women and girls with disability and their caregivers and DPOs in Gaza and the West Bank to effectively advocate for ending violence against Women and girls with disability by the end of the project, establishing and utilizing referral and monitoring systems for violence against Women and girls with disability in West Bank and Gaza Strip and Level of coordination and collaboration of state/non-state duty-bearers towards ending violence against Women and girls with disability in West-bank and Gaza-Strip is enhanced by the end of the project.

We are an external team of consultants who conduct this independent evaluation to document and report on the achievement of results, intended and not-intended, of project activities as a part of organizational learning and SHS's accountability to both target populations and donors

Participant consent:

"This Questionnaire will take (up to 15 minutes). We don't anticipate that there are any risks associated with your participation, but you have the right to stop answering the questions at any time. Your participation is voluntary.

Your written/recorded consent is necessary to ensure you understand the purpose of this questionnaire and agree that we use the information you provide during this meeting/call for the purposes we mentioned before.

The questionnaire will be documented by entering your answers to the application and will be analysed by the statistical expert Ahmad Dabouki and team leader (Rasha Salah Eddin), the questionnaire will be anonymous, and so you do not have to provide your name.

If you are concerned with any of these terms, or would like to complain this activity, please contact team leader – Rasha Salah Eddin on Jawal 0595370672 email:rashatem@hotmail.com and/or Kefah Abu Ghosh from SHS on kefah@starsofhope.org .

If in anyway, you feel your participation in this activity could harm you, please inform us immediately to seek the support of SHS to refer you to adequate services.

SHS will also be available to respond to you call if you face any harm prior or after this activity.

I understand the terms purpose of this activity/questionnaire and agree to provide my answers according to the terms described. Yes , No

Thank you

Please circle the response that represent your information/status

ID01	Age group	1. 18-22 2. 23-35 3. 35-50 4. more than 50	<input type="checkbox"/>
ID02	Which of these best describe the area you live in?	1. City 2. Town 3. Village 4. refugee camp	<input type="checkbox"/>
ID03	Governorate:	
ID04	Type of disability	1. Physical 2. Visual 3.hearing 4. Mental 5. Multiple 6. Speech 7. other, specify	<input type="checkbox"/>
ID05	Social Status	1. Single 2. Married 3. Divorced 4. widowed	<input type="checkbox"/>

Please circle only one of the answers, which most fit your opinion

Code	Answers	levels of evaluation			
		Agree	do not agree	neutral	do not know
1. Knowledge and skills					
A01	My participation in the activities organized by the project, enhanced my knowledge about protection services providers within my governorate				
A02	My participation in the activities organized by the project, enhanced my knowledge about my rights related to protection in accordance to international human rights conventions				
A03	My participation in the activities organized by project, enhanced my knowledge about my rights guaranteed by the Palestinian laws.				
A04	My participation in the activities organized by project, enhanced my ability to identify the different kinds of violence that women in general and Women and girls with disability experience				
A05	My participation in the activities organized by the project contributed to my ability/capacity to advocate to end violence against women with disability				
A06	I Find the above stated knowledge and capacity areas represent a priority areas for myself and other Women and girls with disability				
A07	These new knowledge and capacity areas contribute to my ability survive violence if experienced in the future				
A08	My Participation in advocacy platforms is challenging. If you agree please explain _____				

Code	Answers	levels of evaluation			
		Agree	do not agree	neutral	do not know
2. Attitudinal change					
B01	My participation in the activities organized by the project, enhanced my willingness to participate in monitoring progress related to efforts towards ending Violence against women especially WGWD				
B02	My participation in the activities organized by the project, enhanced my willingness to advocate to end Violence against women especially WGWD				

B03	I will continue participate in advocating to end violence against Women and girls with disability after the project ends in February 2022.				
B04	The technics applied by SHS help amplify the voice of Women and girls with disability including myself				
B05	I observe positive changes in the community attitudes towards Women and girls with disability protection				
B06	I observe positive changes of public institutions (governmental and non-governmental) attitudes towards Women and girls with disability protection				
B07	I am willing to seek the support of community based protection networks members if needed				
B08	I am willing to seek the support of protection service providers (CSOs) if needed				
B09	I am willing to seek the support of protection service providers (governmental) if needed If _____ you _____ agree, _____ please explain: _____ _____				
B10	The project have contributed positively to my relationship with my caregivers/family members				
B11	The project contributed to positive changes in my relationship with other Family members				
3. Participation in the project					
C01	SHS found innovative way to reaching out to Women and girls with disability including myself				
C02	I contributed to generating knowledge on Women and girls with disability				
C03	SHS found new and innovative ways to ensure Women and girls with disability participation in the project activities				
C04	What is the number of activities you participated in?				

Please circle all the answers that apply and fill in follow up information

D00	What need do you think still prevail when we talk about ending violence against women with disability?	
	D01	Change in attitudes towards Women and girls with disability protection: 1. <input type="checkbox"/> Yes 2. No <input type="checkbox"/>
	If yes, of whom?	
	D02	Change in practices/behaviors of protection service providers: 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
If yes, which practices/behaviors?		
D03	Change in procedures, policies and laws: 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
If yes, why ones?		
D04	Other needs: please specify :	

End

Thank you

HEMAYA Project- Women and girls with disability survivors of violence Interviews

Interview context: this interview is prepared for the purpose of evaluating the HEMAYA project implemented By SHS during the years 2018-2022. *You participation in this evaluation is voluntary*

The project is intended to contribute to the following goal: Women and girls with disabilities survivors (Women and girls with disability) in West-Bank and Gaza-Strip safely access adequate and appropriate support services by end of the project." By enhancing the capacities of SHS, Women and girls with disability and their caregivers and DPOs in Gaza and the West Bank to effectively advocate for ending violence against Women and girls with disability by the end of the project, establishing and utilizing referral and monitoring systems for violence against Women and girls with disability in West Bank and Gaza Strip and Level of coordination and collaboration of state/non-state duty-bearers towards ending violence against Women and girls with disability in West-bank and Gaza-Strip is enhanced by the end of the project.

We are an external team of consultants who conduct this independent evaluation to document and report on the achievement of results, intended and not-intended, of project activities as a part of organizational learning and SHS's accountability to both target populations and donors

Participant consent:

"This interview will take (up to 30minutes). We don't anticipate that there are any risks associated with your participation, but you have the right to stop answering the questions at any time.

Your written/recorded consent is necessary to ensure you understand the purpose of this interview and agree that we use the information you provide during this meeting/call for the purposes we mentioned before.

Interview will be recorded and will be analysed by team leader (Rasha Salah Eddin), the quotations will be anonymous, and so you do not have to provide your name.

If you are concerned with any of these terms, or would like to complain this activity, please contact team leader – Rasha Salah Eddin on Jawal 0595370672 email:rashatem@hotmail.com and/or Kefah Abu Ghosh from SHS on kefah@starsofhope.org .

If in anyway, you feel your participation in this activity could harm you either prior or after the interview, please inform us immediately to seek the support of SHS to refer you to adequate services." SHS will be pleased to support you and refer you to adequate services if you face any harm prior and/or after this activity.

I understand the terms purpose of this interview and agree to provide my answers according to the terms described.

Yes , No

Thank you Interview date: _____

Part one: General information:

Age group	a. 18-22 b. 23-35 c.35-50 d. more than 50
Which of these best describe the area you live in?	a. City b. town c. village d. refugee camp
Governorate:	

Type of disability	a. Physical b. Visual b. hearing mental multiple e. speech f. other, specify_____
Social Status	a. Single b. married C. divorced d. widowed e. other specify_____

Part two: interview questions

Q1: Can you please describe the services you received from the moment you experienced violence up till now?

Probe around: who are the service providers, where are they located, how did her know about them, what the service entailed.

Q2: How did you know about these services?

Probe around: who helped you, what information did you have about them before. Did she approach any protection networks member?

Q3: To what level did you feel safe when you received those services? Why, why not?

Probe around: the people who helped her, their behaviour and attitudes, (for example treatment with confidentiality, no pre judgments)

Q4: How would you evaluate the adequacy of the services received to you needs?

Probe around: procedures followed, the space (for example toilets, stairs, etc.), support received based on disability (tools, sign translation, etc.) or the other kinds of support

Q5: what would you say about the appropriateness of services you received?

Probe around: privacy, treated with respect, received information, participated in decision making.

Q6: can you please elaborate on how you knew about stars of hope society and whether they met your needs? And how did that support impacted your life?

Probe around: their method, services referral, support services (counselling, tools, and information), follow up services with yourself and/or family members.

Q7: Which needs are not yet fully met?

END-THANK YOU

HEMAYA Project

Duty bearers Interviews- government and non-government

Interview context: this interview is prepared for the purpose of evaluating the HEMAYA project implemented By SHS during the years 2018-2022.

The project is intended to contribute to the following goal: Women and girls with disabilities survivors in West-Bank and Gaza-Strip safely access adequate and appropriate support services by end of the project." By enhancing the capacities of SHS, Women and girls with disability and their caregivers and DPOs in Gaza and the West Bank to effectively advocate for ending violence against Women and girls with disability by the end of the project, establishing and utilizing referral and monitoring systems for violence against Women and girls with disability in West Bank and Gaza Strip and Level of coordination and collaboration of state/non-state duty-bearers towards ending violence against Women and girls with disability in West-bank and Gaza-Strip is enhanced by the end of the project.

We are an external team of consultants who conduct this independent evaluation to document and report on the achievement of results, intended and not-intended, of project activities as a part of organizational learning and SHS's accountability to both target populations and donors

Participant consent:

"This interview will take (up to 45 minutes). We don't anticipate that there are any risks associated with your participation, but you have the right to stop answering the questions at any time.

Your written/recorded consent is necessary to ensure you understand the purpose of this interview and agree that we use the information you provide during this meeting/call for the purposes we mentioned before.

Interview will be recorded and will be analysed by team leader (Rasha Salah Eddin), the quotations will be anonymous.

If you are concerned with any of these terms, or would like to complain this activity, please contact team leader – Rasha Salah Eddin on Jawal 0595370672 email:rashatem@hotmail.com and/or Kefah Abu Ghosh from SHS on kefah@starsofhope.org .

If in anyway, you feel your participation in this activity could harm you, please inform us immediately to seek the support of SHS to refer you to adequate services."

I understand the terms purpose of this interview and agree to provide my answers according to the terms described.

Yes , No

Interview Date:__ ____

Part 1- General information

Name and Title	
Organization	

Part 2: Evaluation questions:

Q1 (ice breaking) can you please tell me about your experience in the field of women protection and with the national referral system.

Q2: can you please present which strategies, policies, and practices that are revised/updated during the last two years to ensure inclusive/responsive protection services to Women and girls with disability?

Probe around: the role of SHS and other actors in the review/update, does these updates responsive to all types of disabilities? And which human rights could be influenced through these revisions/ updates?

Q3: how would you discuss/present the agenda of your organization in terms of policies, practices and initiative to end violence against Women and girls with disability?

Probe around: what influenced this agenda (research, data, advocacy, trainings, etc.), who influence this agenda, is it inclusive of all types of disability? What need to be accomplished to its enforcement and which Human rights are influenced based on this agenda?

Q4: what do you think about Women and girls with disability representation in the national referral system committees and relevant national committees/coalitions related to ending violence against women?

Probe around: Women and girls with disability representatives' roles in these platforms (source of information on Women and girls with disability needs, monitoring and contributions to strengthening the system, facilitation of dialogue, etc.)

Q5: In your opinion, what new knowledge areas related to gendered-disability knowledge did SHS add during the last 5 years, and how did that knowledge influenced you?

Probe around: knowledge generated through research, trainings they received

IF THE ORGANIZATION PROVIDES PROTECTION SERVICES CONTINUE WITH Q6, IF NOT MOVE TO Q7

Q6: what mechanisms are in place to respond to community based protection networks recommendations/advice/referrals, and how do you evaluate the responsiveness of service providers, including your own organization to the network members?

Q7: last but not least, can you please tell us about your plans in terms of advocating for the protection of Women and girls with disability?

End- Thank you

HEMAYA Project

Focus group discussion – family members/caregivers

Interview context: this discussion/meeting is conducted for the purpose of evaluating the HEMAYA project implemented By SHS during the years 2018-2022. The project is intended to contribute to the following goal: Women and girls with disabilities survivors in West-Bank and Gaza-Strip safely access adequate and appropriate support services by end of the project." By enhancing the capacities of SHS, Women and girls with disability and their caregivers and DPOs in Gaza and the West Bank to effectively advocate for ending violence against Women and girls with disability by the end of the project, establishing and utilizing referral and monitoring systems for violence against Women and girls with disability in West Bank and Gaza Strip and Level of coordination and collaboration of state/non-state duty-bearers towards ending violence against Women and girls with disability in West-bank and Gaza-Strip is enhanced by the end of the project.

We are an external team of consultants who conduct this independent evaluation to document and report on the achievement of results, intended and not-intended, of project activities as a part of organizational learning and SHS's accountability to both target populations and donors.

Participant consent:

"This Focus group discussion will take (up to 90 minutes). We don't anticipate that there are any risks associated with your participation, but you have the right to stop participating in the discussion or leave the meeting at any time.

Your written/recorded consent is necessary to ensure you understand the purpose of this interview and agree that we use the information you provide during this meeting for the purposes we mentioned before.

The FGD will be recorded and will be analysed by team leader (Rasha Salah Eddin), the quotations will be anonymous.

If you are concerned with any of these terms, or would like to complain this activity, please contact team leader – Rasha Salah Eddin on Jawal 0595370672 email:rashatem@hotmail.com and/or Kefah Abu Ghosh from SHS on kefah@starsofhope.org .

If in anyway, you feel your participation in this activity could harm you, please inform us immediately to seek the support of SHS to refer you to adequate services."

I understand the terms purpose of this interview and agree to provide my answers according to the terms described.

Yes , No

Interview Date: _____

1. introduction and icebreaking

1.1 Please introduce yourself and Women and girls with disability you are caring for.

1.2 Tell us about a best moment during the first month of 2022.

2. FGDs questions

Q1. Please explain the types of knowledge and capacity development you obtained through this project, and how this knowledge and capacity help you to advocate to end violence against Women and girls with disability.

Probe around: positive attitude towards advocating for Women and girls with disability protection rights, their plans for future advocacy/how do they intend to do it.

Q2: Please explain if you would seek any services to protect Women and girls with disability you care for?

Probe around: Which services/providers? The qualities of the service provider?

Q3: Please explain if you would seek any services to support you while you care for Women and girls with disability?

Probe around: Which services/providers? The qualities of the service provider?

Q4: how did the project/SHS activities effected your relationship with the Women and girls with disability you care for? And on the relationship of women with disabilities with the rest of the family?

Q5: What is the benefit or intervention that affected the protection of rights for women with disabilities? Whether at the level of social isolation

Health insurance, economic support, or mechanisms for dealing with women and girls with disabilities/communicating with other groups and institutions

Q6: can you please explain the approach use by SHS, what are the goods and bads about it?

List of documents consulted

1. Project proposal and agreement
2. SHS and Marsad reports (progress and end line report), deliverables, minutes of meetings, strategies, researches, etc.
3. National referral system and its proposed amendments.
4. National referral system manuals of procedures.
5. Protection centres law and system
6. National ERAW strategies
7. UNSCR 1325 on women, peace and security national and civil society platforms plans.
8. National emergency plan and relevant laws, and relevant position papers
9. Multi sectoral national plan
10. Media and campaigns deliverables
11. Palestinian Bureau of Statistics
12. SDG voluntary reports and strategies, especially on goals 5 and 16

List of stakeholders interviewed or consulted (without direct reference to individuals unless consent has been given)

- Women and girls with disability
- Caregiver/family
- Internal and external reference group members
- SHS team
- Al Marsad team
- Public sector-family protection unit in the police, prosecution office, ministry of social development, Ministry of women affairs
- Civil society: General union for Palestinian women, Muntada-Eraw coalition, Amal coalition Gaza
- Donors: UN Trust fund portfolio manager

By sex:

Source/Participants	Females	Males
CSOs –service providers	1	2
Experts and members in disability and/ ERAW networks	3	3
SHS	1	
Marsad	1	1
Duty bearers –public sector	4	1
Donor (UN Trust Fund)	1	