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Evaluation Report:

“SANAD – Women Participation in Community Health Development”

Submitted by:

Milestone Consultants



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List of Acronyms

| | |
|--------|--|
| CBO | Community based organization |
| CSO | Civil society organization |
| EU | European Union |
| GBV | Gender based violence |
| M&E | Monitoring & Evaluation |
| MoH | Ministry of Health |
| oPT | Occupied Palestinian Territories |
| ORS | Oral rehydration solution |
| PCM | Project cycle management |
| PMRS | Palestinian Medical Relief Society |
| PNA | Palestinian National Authority |
| STDs | Sexually transmitted diseases |
| UNESCO | United Nations Educational, Scientific, and Cultural Organization |
| UNRWA | United Nations Relief and Works Agency for Palestine Refugees in the Near East |
| URTI | Upper respiratory tract infections |
| VAW | Violence against women |
| WHC | Women Health Coalition |
| WB | West Bank |

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1. Executive Summary:

This report furnishes the evaluation findings of “Women participation in Community Health Development “SANAD. The project was implemented during the period from January 1, 2013 to March 31, 2015. Funded by the EU, and the Austrian Development Agency; SANAD has been implemented by PMRS in partnership with CARE International.

The evaluation reviewed the impact, outcomes and results of the project. It captured lessons learned and best practices. Using participatory processes and ensuring inputs from beneficiaries, partners, stakeholders and staff, the evaluation assessed the project achievements, key expected result areas, the effectiveness and efficiency of SANAD’s interventions. This included examining the components of women empowerment to actively engage in health-related community development and the role of the establishment of Women Health Coalitions WHCs. It also measured the impact on the members that were trained on relevant health issues, project development and the ability to assess community needs and their developed capacities in advocating for their rights. Additionally, the evaluation assessed the community ownership and the participation of different groups, mainly women, in decision-making processes.

SANAD targeted 467 women in 31 vulnerable communities in the West Bank, East Jerusalem and the Gaza Strip. Women of different ages and backgrounds were encouraged to participate in WHCs, reaching out to approximately 120,000 community members. The project aimed to strengthen community participation, in particular of women, in the development process to improve health and social wellbeing in their communities. This was achieved by establishing active WHCs in networking and advocating for their communities' health-related needs and rights. Both the selection of targeted communities and participant women were subject to clear and transparent criteria.

Improving health conditions was not the only need from the intervention areas. The surveyed participants indicated that SANAD supported women to raise their voice concerning their needs from the community. SANAD project focused on gender issues and empowered women to allow them to gain the needed skills and provide them with the capacity and opportunity to be independent and active women working side by side with men in their communities. The project also focused on raising awareness among 200 men to break traditional stereotypes they may have.

A series of trainings were conducted for the WHCs that focused on health related and other women rights and capacity development topics. This included first aid, hygiene, nutrition, environmental pollution, child health, chronic disease, early marriage, the risks of intermarriage, reproductive health, Gender Based Violence GBV, Sexually Transmitted Infections STI’s, health rights, sexual and reproductive health rights, women’s rights, project cycle management, ... etc. This component greatly responded to specific needs of the selected areas of intervention. The surveyed sample found the trainings design and delivery relevant to the needs of the communities and a big majority of the participants appreciated the importance of training topics that were delivered. The impact of the training was noticeable

where the end line survey indicated positive improvements ranging from 2% to 42% among women in those communities concerning awareness and improved health-related practices.

Women involved with the WHCs were supported by SANAD to build their capacities in identifying health related topics, communication, leadership and management. The WHCs were equipped with the sufficient skills that allowed them to tackle relevant issues in their communities. Women now have the ability to plan and conduct advocacy and public awareness activities.

The WHCs developed their proposals to support the health needs in their communities in a participatory approach based on agreed upon criteria. 16 sub-grants and 12 initiatives supported improving and introducing new community facilities such as improving of school facilities, establishing new health clubs and kindergartens, implementing environmental projects and others needed community projects.

One main success of the project is the diversity of interventions targeting different segments in the community, increasing local involvement and support to the project. SANAD paid special attention to involving the local communities in the preparation and implementation stages. Women were instrumental in this participatory approach in the way they led a group of consultations with other relevant stakeholders in their communities during the planning and implementation of the community projects and initiatives. Indeed, they organized consultations with the local councils, school directors, engineers, tribal leaders and Mukhtars as well as other CBO's.

The beneficiaries are gratified of their role in the different stages in the community projects. This involved setting up the committee's membership, meeting with community leaders to advertise their projects, and leading brainstorming sessions to design the project framework. The WHCs team members were in charge of approving the tenders and mobilization of volunteers thus improving their managerial and leadership capacities, strengthening their social status in their communities and allowing them to have more freedom of movement. Their direct involvement in the community projects also enhanced their ownership of the implemented projects and gave them a leading role in the daily tasks while PMRS guided them and directly contracted the vendors to assure compliance with their procurement policies

SANAD is a successful partnership between CARE, PMRS and WHCs. It has created a considerable added value for all three involved parties. PMRS has a strong presence as a major health organization with solid record of accomplishment in health services for marginalized communities. CARE, with long experience in supporting humanitarian and development projects, contributed with its expertise in gender, project cycle management, procurement, financial management and social accountability. The WHCs are the local presence reflecting a response to the local needs and a symbol of sustainability and community ownership. Both CARE and PMRS gained solid experience from SANAD that will be utilized in future interventions.

70% of the respondents think that SANAD supported them to network with decision makers. Indeed, the WHCs and through their established networks with stakeholders and key players facilitated advocacy initiatives, fostered synergies and facilitated a structured dialogue in the area of health and development of health related messages to community members.

Participants confirm that the small-scale projects empowered their involvement offering healthier and safer environment for their children. Women were delighted to speak about their improved capacities that lead to successful implementation of “their projects”. Passionate examples of the direct impact of SANAD were expressed by women who felt that their potentials were liberated when they managed to establish the “first kindergarten” in the community to support working women’s need for child day care services. Other WHCs started their “first women health club” that will contribute to the health and wellbeing of the women at a reasonable cost and within their reach. In other less fortunate marginalised localities, the sub-grants allowed the community to install solar heating units that allowed them to have hot water that will affect the health and hygiene standards of their families.

Women, WHCs and communities showed strong commitment to the value of the project accomplishment and the need for continuation. 65% of the participants indicated that they believe to a large extent while 31% to a medium extent that the sub-grants have the capacity to sustain with their efforts. The vast majority of the participants believe they have the knowledge to maintain their involvement in the community. Because of their increased capacities and the importance of the implemented community projects, participants at the focus group discussion agreed that SANAD will have an impact on both women and children in the communities.

SANAD is a successful project in many ways. It succeeded to change the role of the women in the communities it targeted and to achieve planned results and activities in the two years and three months life of the project. It allowed the needed flexibility when and where needed within the limited time available, however, it is recommended that future projects should consider realistic timeframe that takes into consideration all expected slow seasons and other unexpected developments. It should also allocate enough time to follow up on the sub-projects. Otherwise, these activities should be implemented during earlier stages.

The implementation of the project marked clear successes in complicated socio-political realities of the targeted communities, especially in places like Jerusalem where many donors would hesitate to get involved, Gaza during and after the war, and marginalized villages and areas enclaved by the Separation Wall. It is important to build on this success and recommend that future projects should continue targeting East Jerusalem, Gaza and marginalized communities in Area C as priority areas.

The strategy utilized by the partnership of CARE and PMRS together with the WHCs in using health awareness as an entry point proved to be a big success. Both partners should consider investing in the existing WHCs linking them to other networks. They need to further invest in developing the WHCs to attract more women participants. The WHCs now are a group of committed and enthusiastic participants who are willing to their utmost to support future projects in their communities.

The diversity SANAD’s interventions were a key point of success of the project and was highly appreciated by the participants. Integrating males in project activities safeguarded smooth social change and offered men the opportunity to become partners in SANAD. It is crucial to further integrate males in future projects to ensure their support and participation towards social change in their community. They should be considered as beneficiaries, supporters and partners that need to be actively involved at the different stages of the project.

The personal development of the beneficiaries improved their self-confidence, independence, self-esteem. SANAD helped them provide needed services in their communities through sub projects and initiatives that they decided were a priority for their communities, and were directly implemented by the trained members of the WHCs. Future interventions could consider ways to include a component for economic empowerment projects for the participants, either within the same project or through synergies with other projects and donors. Income -generation community projects such as health clubs, kindergartens are aspired by the communities. These types of projects helped create employment opportunities for the participating women to improve their families' economic status.

2. SANAD - Introduction

The Palestinian Medical Relief Society PMRS is a grassroots community-based Palestinian health organization. PMRS was founded in 1979 by a group of Palestinian health professionals seeking to supplement the decayed and inadequate health infrastructure caused by years of Israeli military occupation. PMRS is a non-profit, voluntary, and one of the largest health NGOs in Palestine. PMRS' national health programs emphasize prevention, education, community participation, and the empowerment of people.

CARE has been providing assistance in the West Bank and Gaza since 1948. CARE's programs focus on economic empowerment and women's rights as well as assisting the most vulnerable Palestinians in meeting their basic and long-term needs. CARE WBG's impact goal is that "By 2030, women and youth from Palestinian communities made most vulnerable by the occupation will realize their rights, reach their full life potential and contribute to a vibrant, equitable and accountable Palestinian society."

CARE in partnership with PMRS implemented SANAD – Women Participation in Community Health Development. SANAD aimed at improving the overall health of target communities and especially of women and children, through increased participation of women in the development process, awareness raising and knowledge transfer. It empowered women to actively engage in health related community development in order to improve health in the target communities. SANAD targeted 31 vulnerable communities in the West Bank, East Jerusalem and Gaza Strip while equipping 467 women with knowledge and skills needed to be active members and agents of change within Palestinian society.

The 27 months project established 31 WHCs and equipped them with the necessary skills and knowledge needed in order for them to be able to mobilize and launch awareness raising activities within the communities. They were also supported to establish health related community projects.

The results of SANAD include:

- R.1: Women's Health Coalitions are established, and active in networking and in advocating for their communities' health-related needs
- R.2: Community members have better knowledge of health related issues affecting their quality of life and how to tackle them
- R.3: WHC assess needs in their communities, plan, and implement health related initiatives.

3. Methodology

3.1 Preparatory Phase:

The evaluation team held preparatory meetings with PMRS and CARE and on April 29 and 30, 2015 respectively. The Inception Plan was discussed determining the required logistical support during this process. The evaluation team analysed the project documents i.e. the project proposal, SANAD quarterly and annual reports, activities report and other relevant project documents.

3.2 Data Collection Phase:

3.2.1 Focus Groups:

The evaluation team conducted semi-structured interviews and nine focus group discussions with CARE project staff, PMRS project team and beneficiaries.

The focus group discussion included seven meetings in the five locations of the West Bank and two focus group meetings in Gaza Strip for the women members of the WHCs and other stakeholders including men participating in the activities. The evaluation team conducted a focus group meeting for the Project Manager and coordinators from PMRS on the 29th of April 2015. The Project Manager joined at a later stage to allow the Project Coordinators to freely express their feedback. On April 30, 2015, the evaluators held another focus group meeting with CARE's project staff including the coordinators in Gaza Strip and South of West Bank.

PMRS project coordinators provided the needed coordination and support to the focus group meeting with the beneficiaries. The list of focus group meetings with the WHC and the number of participants in the questionnaire is as follows:

Table # 1 Focus group meetings

| | Location | Date | # of participants | Average age | % of married women |
|---|--------------|---------|-------------------|-------------|--------------------|
| 1 | South Gaza | 16-4-15 | 11 | 30 | 27% |
| 2 | North Gaza | 17-4-15 | 11 | 27 | 27% |
| 3 | Salfit | 14-4-15 | 14 | 30 | 43% |
| 4 | Jerusalem | 20-4-15 | 13 | 42.5 | 80% |
| 5 | Hebron | 15-4-15 | 16 | 29 | 38% |
| 6 | Jenin | 19-4-15 | 14 | 34.5 | 57% |
| 7 | Bethlehem | 16-4-15 | 14 | 33 | 57% |
| | Total | | 93 | 32 | 46% |

3.2.2 Quantitative Survey:

A questionnaire was distributed to the 93 women participants in the focus groups, representing 20% of the total beneficiaries from the 31 WHCs. The participants in the survey and focus group meetings were desegregated by age and marital status to indicate average age group and also the percentage of married participants since they will have also a direct impact on their families and children. The findings of the survey were processed and compiled into one document. The data was compiled for each location and then classified in two sections representing the West Bank and Gaza Strip. This was helpful to have a better analysis

of the impact of SANAD's intervention in the different locations. When designing the questionnaires and the planned discussion group meetings, the evaluation team took into consideration the cultural context and the specific realities in each community especially with the variety in the level of education of the participating beneficiaries.

3.2.3 Analysis and Reporting:

The evaluation report analysed the results as stipulated in the last report presented by PMRS report against the planned objectives, outcomes, outputs and activities. The evaluation highlighted the strengths and weaknesses of SANAD capturing lessons learned. The evaluation measured the impact of the project affecting female beneficiaries in addition to crosscutting issues (particularly gender, environment, good governance, conflict prevention). The evaluation gave special attention to the impact and sustainability of the local initiatives implemented by the WHCs.

The team combined the qualitative and quantitative data collected and analysed. It referred to the baseline data comparing it with the end line data provided by the PMRS. The evaluators reviewed SANAD's reports, and compared them to the findings from the distributed questionnaire and the focus group meetings. The evaluation team was able to reflect the input from the main stakeholders and form an opinion on the different categories as listed in the Terms of Reference ToR of the evaluation.

4. Findings:

SANAD project targeted approximately 467 women in 31 vulnerable communities in the West Bank, East Jerusalem and the Gaza Strip. Women of different age and background were encouraged to participate in Women Health Coalitions, reaching out to approximately 120,000 community members. This project particularly targeted women, children, and other groups with special needs. The action also directly engaged men, community traditional leaders, CBOs, and health service providers to raise their awareness and obtain their support for this project.

4.1 Relevance:

4.1.1 Consistency of objectives in project design

SANAD project aimed to strengthen community participation, in particular of women, in the development process to improve health and social wellbeing in their communities. This was achieved by establishing and activating WHCs in networking and in advocating for their communities' health-related needs.

SANAD's second objective was to increase community members' knowledge of health-related issues affecting their quality of life'. In the marginalized communities, women in particular are suffering from the lack of health services. Movement and social constraints further limit their access to health services. In these communities, women rarely consider their own health as a priority, particularly in the context of high poverty levels. Concerning knowledge, attitudes and behavior of women related to child health, and at the base line study, 43% of women stated that their baby was sick in the last two months and that SANAD contributed to increasing their awareness and improving their practices as will be shown later in the report as an impact of the health trainings offered. The end of project evaluation survey showed that 70% of the participants in the west Bank and 86% in Gaza pointed that there was a big need

for a project like SANAD for increasing the public awareness in health related, nutrition and hygiene topics. A male participant in the project from Salfit indicated that the trainings were very relevant to the needs of raising the awareness of women in those communities.

Health conditions were not the only need in the intervention areas where 85% of the surveyed participants in the West Bank and 95% in Gaza indicated that there was a big need to increase the role of women in developing their communities. Participants indicated that there was a need for women to raise their voice concerning their needs. To address this need, SANAD facilitated advocacy activities with relevant stakeholders including heads of village councils, NGOs, health service providers (Ministry of Health (MoH), etc.) as well as at the global level related to health access issues.

The SANAD project focused on gender issues and women empowerment enabling them to gain the needed skills and providing them with the capacity and opportunity to be independent and active working together with men in their communities. The project also targeted men raising their awareness on traditional patriarchal culture practices to break traditional stereotypes. The WHCs consist of local women that have the will and the drive to become community mobilisers towards making positive changes and were exposed to needed capacity building programs to serve as solid coalitions. These coalitions were created to sustain after the project ends. 72% the women respondents in the West Bank and 86% in Gaza, stated that they benefited from the establishment of the WHCs to support their efforts for making a change in their community. Moreover, 65% of the respondents indicated that the WHCs benefited from the available resources and the local experiences in establishing the committees.

The success of such a methodology is evident where SANAD has identified and created 31 women's health coalitions in diverse communities in the occupied Palestinian territory. These coalitions are a network of the future women of Palestine that represent the social fabric of such a unique society. These coalitions have been equipped with the skills and handed the 'baton' to begin on the journey of community development. A majority of 88% of the respondents in the West Bank and 95% in Gaza, indicated that their communities have a big need for projects like SANAD.

4.1.2 Degree of flexibility and adaptability of CARE and PMRS

A high degree of flexibility characterizes SANAD. This was exercised during the different stages of this project. In the focus group meetings with the WHCs, PMRS and CARE, the participants were very positive about the flexibility of the project in responding to the unexpected changes. The WHCs explained that part of the success of SANAD is attributed to the level of flexibility exerted by PMRS and CARE.

The participants witnessed SANAD's flexibility in the aftermath of the fifty one days of Israeli military aggression on Gaza. The aggression influenced SANAD in Gaza as well as in the West Bank. The planned activities in Gaza were interrupted while the participants in the West Bank initiated voluntary activities that focused on the solidarity campaigns for Gaza.

Participants in the WHCs focus group meetings mentioned that the PMRS staff showed flexibility in scheduling and rescheduling of activities. 70% of the surveyed respondents indicated that they were consulted when there was a need to make changes to the projects or activities conducted. Both PMRS and CARE staff were also positive about their flexibility as partners working together with the WHCs.

4.1.3 WHCs selection process

According to the participants in the focus group meetings, the selection process was fair and transparent. WHCs acknowledge the diversity in the educational and socioeconomic background of the nominated participants and their willingness and ability to volunteer. SANAD selected a group of communities by districts to ensure efficient control and support by the minimal project staff in terms of access, follow up, and time needed to monitor and networking efforts.

PMRS developed a selection criteria focusing on the marginalized areas affected by the Separation Wall, settlements, lack of health services, areas close to the separation wall, remote areas distant from the urban cities and availability of basic services. The village profile was developed.

First round of the consultation took place with the different local councils, CBOs, community institutions and community leadership. The project was then advertised and women were invited to hear about the project objectives and the criteria for participation.

The third phase involved inviting women to discuss the project plan and objectives. This phase witnessed the women registration in the project. 30-35 ladies were registered in the WHCs at the initial stage. This number was dropped to 20-25, decreasing the number of active members of WHCs from 600 originally planned to 467, where few women withdrew after realizing the amount of time and effort required, in addition to the lack of financial incentives.

- *Selection of communities*

The selection process was made according to a criteria that addresses the general health conditions, poverty rate, socio-political conditions, distance from basic health services a level of awareness in health related topics in communities where both CARE & PMRS previously implemented humanitarian health related project. SANAD represents the transitional approach from pure humanitarian to development under crisis. A baseline study was conducted by PMRS in the targeted areas of six districts (31 communities) in Salfit, Jenin, Hebron, Bethlehem, Jerusalem and Gaza strip with a sample of (1675) sample women. The baseline study indicated that that 4% of household have no income, while 19% indicated that their family income is less than NIS 1,000. The majority of the sample have a family income of 1000-3000 NIS. Most people spent around 300 NIS monthly for health expenses. Of the total families, 71% have debts. 9% of the screened families have one or more disabled family member and 61% of the disabled persons do not receive the needed rehabilitation services.

Almost 50% of the Gaza participants indicated that the health conditions in their communities were bad and 34% of the participants in the West Bank indicated that the authorities either neglect or incapable to respond to their health needs. Moreover, 73% of the respondents from Gaza indicated that there is big negligence by the authorities in responding to their health needs.

According to the baseline study, 16 % of the screened families live 5 km or more away from the nearest health center. More than 20% of the families live (20 – 40) min away from the nearest health care. To access emergency care, especially in the evening when the health centers are closed, 50% of people pointed that they require more than 20 minutes, while some require more than one hour to reach the nearest emergency healthcare center.

SANAD made a special focus on Jerusalem due to the complicated socio-political conditions resulting from the Israeli occupation of East Jerusalem. Difficulty of access in certain neighborhoods like Nabi Samuel, Haret Al Khalayleh was considered as a criterion. Another factor in the selection was targeting marginalized villages in zone “C” such as Sussia in Hebron and places like Barta’a Jenin that is enclaved and isolated from other Palestinian towns and in other villages surrounded by the separation wall in the different districts.

- *Selection of WHCs and participating women, men and children*

Concerning the selection of women in forming the WHCs, targeted women were chosen according to the following criteria set by PMRS:

- 18-45 years / age / women
- Knowledge of writing and reading, preferably graduates of universities or students
- Preferably a member of the local council (active community)
- Willingness to volunteer work
- Ability to work during the project for two years
- Ability to continue (sustain) after the end of the project

Number of individual

- 15-20
- To support the project abide by all exercises and activities.

According to SANAD’s annual report January 2014-March 2015, the youngest woman participated in the project was 20 while the oldest was 55 years old. The average age of the 93 women that participated in the focus group meetings and the survey was 32 years. Out of the total 93 participants in the focus group, 46% of them were married while 54% were single. This variety in age group, educational background and social status enabled the project to respond to the different needs of women represented in the WHCs.

The majority of men who participated in the project were between 20 and 35 years old. To further empower the women groups, they participated in the selection of participant men, mostly their husbands or other family members. This practice gave women additional reason to become more involved in the activities as other male members in their families are also part of the project. Additionally, they helped PMRS to identify men who are active in their communities and have good potentials to support SANAD.

Concerning beneficiary children, several activities targeted children ages 4 to 12 years old. The interventions took place in selected schools and kindergartens within the contact of the WHCs involved. It is important to mention the importance of activities in health awareness, hygiene and environment in providing the children with positive practices at an early stage in their life. Ahmad who was interviewed in Salfit confirmed the importance of the fun activities targeting children and the work done through the community project at the school. He described these activities as “very relevant to the needs of those children”.

4.1.4 Involvement of stakeholders in the project

SANAD has created dynamic coalitions, equipping and motivating women involved in the project with needed skills. PMRS proudly stated that, “women respond to any invitation to participate in SANAD activities, even after the project ended and without receiving allowances for their transportation costs”.

Women worked hard to convince their male family members to allow them to go out and volunteer for their community. This was made possible through utilising health related topics

as an entry point since this kind of activities will directly benefit the health of their children. This was also noted by interviewed men who expressed their satisfaction for the health related topics which help women better respond to their family needs. In such traditional patriarchal societies, the acceptance of men of the involvement of women in their community is a clear sign of involvement and commitment to the success of SANAD. These women were eager to gain the sufficient skills that allowed them to tackle relevant issues in their communities. The WHC in Birein village is a good example. When women joined SANAD, they were offered the opportunity to regain their self-confidence to make a difference in their community. They did not have a place to conduct their activities so they brought chairs from their homes to an abandoned house in their village to hold their training sessions. This is a clear sign of their commitment and involvement.

PMRS' field coordinators valued the women's high level of involvement, ownership and dedication, which is a direct result of their belief that SANAD enabled them to become an integral part of the response to a genuine need in their community. "The women were persistent in continuing the project and took the lead in several occasions, especially during the implementation of the initiatives launched in the communities", as Jerusalem Coordinator noted. Such motivation, dedication and commitment serve as a source of sustainability that the project needs since they reflect strong ownership of SANAD results. The sense of commitment gives women the opportunity to participate in the decision making level, especially with the identification of the needs and the selection and implementation of their community projects, which is very much needed in Palestine.

During the Israeli aggression on Gaza, the WHCs voluntarily participated in the mobile clinic activities and in the distribution of relief items and meals. They supported people in need for psychosocial support, encouraged and empowered the women in the UNRWA schools that were turned into shelters. Despite the high risk of being killed or injured, women voluntarily participated in these activities and helped with the distribution of relief items in these shelters and to the people that stayed in their destroyed or damaged houses. They also organized recreational activities for children in the shelters and awareness session for women regarding hygiene and transmittal diseases. They distributed brochures about hygiene, nutrition etc. The women were also active in cleaning the shelters. This voluntary initiatives were the direct result of the different health and hygiene knowledge gained from trainings received and the change in the women's attitudes towards their role in community service, being part of the SANAD project.

The participating WHCs were the key players involved in the selection of the community initiatives. The community initiatives were designed and implemented through a participatory approach form the women coalitions which created a great ownership and engagement of the stakeholders instead of guessing what is the best for these communities.

86% of surveyed women indicated that they were consulted during the different stages of the project implementation and in defining the needs in their communities. 70% indicated that they were consulted and involved when there was a need to make necessary modifications to the project. According to Azmi, a male participant from Salfit, men were aware of the project details but women "took the lead in this project". He was happy to see women take their space in the project to strengthen their personalities.

4.2 Effectiveness:

4.2.1 Project's attained results and activities

- Result 1: WHC are established, active in networking and in advocating for their communities' health-related needs.

Activities for Result 1:

One of SANAD's successes was the establishment and activation of 31 WHCs in 6 locations. The WHC act as social pioneers in addressing the needs of the communities and to transform knowledge to other members in their communities. Women from different backgrounds joined the WHC through training and work in public awareness and advocacy to address the needs of their communities.

75% of the surveyed participants indicated that they benefited to a large extent from the formation of the WHCs to work together with other women in improving their community. 67% believe that SANAD effectively utilised the available local potentials in the establishment of the WHCs. A woman from WHC in Hebron shared her experience by saying, "I was married for 30 years and only leave my house during emergencies. I got to know about SANAD through my sister. I participated for the first time of my life in a training program and in a picnic. My husband noticed a change in my attitude and approach. He allowed me to continue". This woman was emotional, breaking into tears, talking about how SANAD helped her to leave her house and to become an active member in her community.

Table # 2 Women's Health Coalitions in targeted areas:

| District | Jenin | Salfit | Bethlehem | Gaza | Jerusalem | Hebron | Total |
|--------------------------|-------|--------|-----------|------|-----------|--------|-------|
| # of women in coalitions | 5 | 5 | 5 | 5 | 5 | 6 | 31 |

- Stakeholders' Community meetings

The newly founded WHCs assessed community needs and determined the focus and direction of the intervention. Promoting for community ownership of initiatives and strengthening the participation of different groups, particularly women, in decision-making processes.

WHCs acknowledged the role and support given by local councils, CBO's, schools and traditional leadership for its success. According to SANAD's Annual Report January 2014-March 2015, the number of stakeholders meetings amounted to 476. The participants in the focus group meetings were proud about the way they led a group of consultations with other relevant stakeholders in their communities, mainly with the local councils, school directors, engineers, tribal leaders and Mukhtars as well as other CBO's. According to PMRS's project staff, they had several meetings with the community leaders to convince them of SANAD project and to have their official endorsement to work in their communities. They also utilized the contacts with the local councils to publish the invitation for women to participate in the WHCs. Moreover, they indicated that one main success of the project is the diversity of interventions targeting male leaders in the community and other important community stakeholders.

Clearly, there was support by the different segments of local communities for SANAD and the work of the WHCs. Participants in the WHC focus group meetings spoke about the support given by the local councils, clubs, schools and other community institution during the training activities and through offering their premises to conduct activities. They also spoke about cases where the local community institutions provided supplementary funding or services for

the project as their local contribution. In Wad Rahal (Bethlehem), the women’s coalition was awarded a grant for the creation of a women’s sports club. Since the grant was not enough to cover all costs, WHC managed to obtain support from their community.

PMRS coordinators explained in the focus group meeting that, “WHC started the project with consultation to receive the community’s blessing. After a while, the communities became partners and supports of the project. They offered SANAD training venues in the local councils, schools, clubs and CBO’s. This confidence was built after they were consulted in the first stages and were kept informed on the following steps”.

Table #3 Number of stakeholder meetings¹

| District | Jenin | Salfit | Bethlehem | Jerusalem | Hebron | Gaza Strip | Total |
|--------------------------------|-------|--------|-----------|-----------|--------|------------|-------|
| Number of stakeholders meeting | 92 | 80 | 136 | 79 | 89 | 8 | 484 |

– *Stakeholders Advocacy activities*

The participating women in the WHCs focus group were pleased to describe their ability to plan and conduct advocacy and public awareness activities especially campaigns on the 16 days of activism to combat violence against women. They acted as public speakers during the campaigns appearing in the local media.

At Marda village in Salfit, the participating women were pleased that they designed and implemented a campaign against VAW on their own and without any external help. Maysa, from Gaza, never imagined that she could come on stage to give a lecture and to respond to questions from the audience with all the confidence. During the 16-day campaign, Rasha gave a speech and met with the Director of the Middle East Coordination Office at UNESCO to hand him the memo that was written by SANAD WHCs members on the role of the UN in protecting women.

Participating women conducted medical checkup campaigns targeting women in marginalized areas. SANAD responded to the needs of children mainly in the areas of hygiene and school facilities to ensure a healthier environment. The project also responded to the needs of women to be more actively involved in identifying their problems and suggesting a proper solution. Women are organizing to become community mobilisers taking initiatives to change their communities for a better future. A women in the WHC form Beit Fajjar Bethlehem described how proud when they were invited to a meeting at the village council to discuss important matters. Usually important institutions and key individuals are invited only.

According to the surveyed participants, 70% believe that SANAD supported them to network with decision makers. The WHCs and through their established networks with stakeholders and key players facilitated advocacy initiatives, fostered synergies and facilitated a structured dialogue in the area of health and development.

It is noted that several WHCs expressed interest in receiving further trainings related to networking specifically with international organizations and donor agencies. This reveals high level of responsibility and willingness to obtain a sustainable impact of their WHCs.

The activities and campaigns were advertised by different means: on the boards of local councils, social media Facebook, activities locations, and through local journalists who helped

¹ SANAD Annual Report January 2014-March 2015

with preparing reports on the events. PMRS has many educational and public awareness materials and participants made some researches after finishing their training sessions, distributed their papers, and held competitions. The participants utilized creative techniques in their advocacy work like in the case of the STD's campaign which was implemented through a play by a local theater group from Hebron and through educational brochures. This creative idea of utilizing art to address campaigns was also utilized with clown offering shows on nutrition. Women were consulted on the type of suggested activities.

– *WHC exchange visits, transfer of experience and knowledge*

The exchange visits component had a great impact on different levels. It exposed women to different experiences by creating social networks and being part of a national one. These networks changed women perspective to mobility breaking traditional mobility restrictions.

The exchange visits were a great opportunity for women to leave their communities for the first time to new places in Palestine. A woman from Hebron district proudly explained how she managed to convince her husband to participate in the activities and to join other women in the exchange visits. Other women from Masafer Yata in Hebron, through the help of PMRS, had the first chance to leave their community to visit other locations in the oPt.

The exchange visits gave them the opportunities to learn from experiences of other communities. They gave them the chance to compare the different situation in the different locations to have better understanding of the general needs in the Palestinian community.

The exchange visit also created an opportunity for women to share common concerns and to develop supporting networks as an important tool in expanding the participants' understanding of the issues they were trained on, as well as in creating strong networks between all the groups participating in the project.

The participants of the focus groups from the WHCs consider the exchange visits component as one of the important highlights in SANAD. In some cases, visiting women were shocked to see the conditions in other communities and realized that they need to give more attention to support such marginalised communities.

During these visits, women not only exchanged experiences, but also were able to build strong friendships and maintain contacts and frequent networking through the social media.

Table # 4 Number of Exchange Visits

| District | Jenin | Salfit | Bethlehem | Jerusalem | Hebron | Gaza | Total |
|----------------------|-------|--------|-----------|-----------|--------|------|-------|
| # of exchange visits | 11 | 6 | 5 | 7 | 4 | 20 | 53 |

- Result 2: Community members have better knowledge of health-related issues affecting their quality of life and how to tackle them.

Activities for Result 2:

– *WHCs Central Conference*

On September 5, 2013, PMRS invited 27 health coalitions within SANAD from the West Bank to attend the first meeting. Around 350 women from the West Bank including East Jerusalem participated. It was an opportunity for the WHC members to get introduced to CARE and PMRS project staff and management and to voice the interventions and projects needed in

those communities. The participants were able to get introduced to the other participants from the different locations to exchange experiences and have a better understanding of the challenging realities in the other parts of Palestine.

On March 29th 2014, a “Men’s Conference” took place in the headquarters of PMRS in Ramallah. 100 men and 40 women participated in the event representing all the West Bank districts. Several topics were tackled such as the role of men in supporting women and other gender issues including women’s right to education and early marriage. Another conference took place in Gaza that was attended by 50 participants with the themes ‘Walk Beside Me’ - men being allies to women to combat VAW.

– *WHCs’ trainings on health, social environmental issues, personal development and social accountability:*

A series of trainings were conducted focusing on health related topics such as first aid, hygiene, nutrition, environmental pollution, child health, chronic disease, early marriage, the risks of intermarriage, reproductive health, Gender Based Violence, and Sexually transmitted Infections, health rights, sexual and reproductive health rights, and women’s rights. This component of the project greatly responded to the specific needs in the selected areas of intervention. Close to 70% of the surveyed believe that the trainings, and to a large extent, were designed to respond to the needs of the communities and that they were planned in coordination and consultation with the WHCs. 86% the participants in the West Bank and 95% in Gaza believe they benefited to a large extent from the trainings in health related and women empowerment and technical capacity building topics as will be shown in details in the section on the impact of the trainings.

The participants stated that they gained new skills on how to deal with male family members, mainly in creating a better environment for dealing with their family conflicts and challenges. Some health trainings were conducted by PMRS staff as trainers on unpaid leave especially in health related topics that are within the core expertise of PMRS. This was agreed upon together with CARE after some discussions. Other training topics were delivered by external trainers.

The participants of the WHCs focus group meetings in Gaza estimate that the volunteers of SANAD greatly benefitted from the first aid, psychosocial and communication training, “they were able to actively utilize their gained skills from the trainings to help their community that took refuge at the UNRWA schools during the war on Gaza”. The SANAD team visited elderly people with chronic disease to deliver their medicines as they could not leave their homes. They helped in the distribution of water tanks to the affected communities in cooperation with other local groups. The SANAD groups also participated in an awareness campaign about unexploded devices which could be found among the rubble.

SANAD project has the right to feel thrilled as the project continued in Gaza despite the war and the loss of two of the participants from Khan Younis of their brothers in the war. However, they continued to work and support the people in the shelters. They were able to link the suppliers of service and the people that need these services and also link different projects. Najah described how SANAD enhanced people’s resilience and how she herself was able to overcome her pain of losing her brother in the war and went out to help and serve people in crisis. Najah pointed, “SANAD helped us during the war to overcome our fear and shyness.”

CARE, together with partner PMRS, provided a training of trainers in social accountability and community scorecards to partner PMRS staff in the 31 communities. The purpose of the training was to ensure that the communities are able to define and understand the concepts

of social accountability understand and explain the importance of transparency, responsiveness, participation and monitoring.

Table # 5 Number of training hours

| District | Jenin | Salfit | Bethlehem | Gaza | Jerusalem | Hebron | Total |
|---------------------------|-------|--------|-----------|------|-----------|--------|-------|
| Number of trainings hours | 360 | 360 | 300 | 240 | 300 | 300 | 1860 |

– Male Trainings on health and gender equity.

Around 200 men were trained to address sensitive issues including 3 hours on sexual reproductive health and 3 hours on gender. Indirect benefit of the male trainings was to have them on board and gain their support during other activities of the project. According to the women participating in the WHCs focus group meetings, this was a necessary step. It was interesting to hear how women described the difficulty with inviting men to the trainings and every time they gave a different excuse not to come. However, this was changed when the project started sending them official personal written invitation. Men who participated in the project also offered their support during the implementation of campaigns and small-scale projects. According to a training participant, “those training raised my awareness on gender issues, today I support my wife and my sister and feel that I am more aware of the meaning of equality”.

Participants from the Jerusalem area mentioned how men were making fun of women’s projects at the beginning. In certain areas, they opposed the projects in the initial stages and slowly started supporting the WHCs work when they realized the importance of these projects.

52% of the respondents thought that SANAD contributed to improving the cooperation between women and men. 77% of the questioned sample in Gaza thought that the project contributed to a large extent in this issue and this is due to the appreciation of the activities implemented by SANAD volunteers and the respect shown by the community to the role of women during and after the war on Gaza.

According to the evaluation survey, men opposition to SANAD at the beginning of the project mounted to 53% in the West Bank. 12% responded that there was big opposition while 41% described it as moderate resistance. However, the rate of opposition by men in Gaza was higher (18% to a big extent and 55% to a medium extent). Participants from Gaza mentioned the lack of interest among men and the community in general to volunteer and participate. According to PMRS staff, some men did not show interest to respond to the invitation to participate while others gave excuses about not being able to participate. This is understandable knowing the psychosocial and economic impact of the war and the conditions in Gaza in general during and after the war.

Despite resistance, men from Gaza participated in the activities of the 16 days of activism to combat VAW. The slogan was “**Walk Beside me and Be my Ally**”. There were also male volunteers who supported the solidarity campaign with Gaza during the war. Men from Wad Rahal (Bethlehem) volunteered to help building the women health club. Male trainees in Hizma (Jerusalem) and Hebron district helped the WHCs with the procurement for their sub grant project proposals. Male local council members who participated in training sessions were a good link between women’s coalitions and local authorities helping in securing community support for WHCs initiatives.

Training sessions for men were separate from those for women. However, the involvement of men in the trainings increased the participation of women since this involvement gave the women a 'green light' from their husbands and family members after understanding the importance and impact on women's and men's lives especially that the entry point was of interest to the whole community.

There was a consensus among the participants in this evaluation that there is a need to involve more men in any future similar project.

The successful attempts to integrate men in SANAD made the female and male participants in the focus groups reach a consensus about further involvement of men in any future similar project.

Table # 6: Number of training targeting men

| District | Training hours | Number of participants |
|--------------|----------------|------------------------|
| Jenin | 6 | 42 |
| Salfit | 6 | 23 |
| Bethlehem | 15 | 33 |
| Jerusalem | 6 | 17 |
| Hebron | 18 | 82 |
| Gaza | 12 | 40 |
| Total | 63 | 237 |

– Health awareness raising activities

WHCs established networks with stakeholders and key players (NGOs, health service providers, etc.) with the goal of facilitating advocacy initiatives, fostering synergies and facilitating a structured dialogue in the area of health and development and deliver health related messages to community members. The networks actively advocated for their rights and are in contact with other networks.

Each coalition organized from 2 to 5 campaigns. This increased the knowledge about health related issues as well as knowledge about human rights, women's rights and the right to health, civil rights.

WHCs organized 6 conferences inviting civil society, local and national authority representatives and media. The conferences were organized in Jerusalem, Salfit, Jenin, Bethlehem, Hebron and Ramallah. In Bethlehem and in Gaza, marches were organized, kicked-off by the inauguration of murals on the topic of gender.

PMRS reports show that there was an important success in the organization and implementation of the conferences in the second year compared to the first year of the project. They now have the experience in organizing advocacy campaigns, contacting and inviting prominent stakeholders, writing and delivering speeches, answering questions from the media.

The 16 days of activism campaign was covered by Maan News and Palestine TV, popular national media outlets with a vast reach in terms of audience, thus significantly increasing the number of indirect beneficiaries of the campaign.

A big campaign organized by the WHCs in the WB during the war on Gaza where they participated in collecting foodstuff, water and non-food items and bringing them to PMRS's district offices to be packaged in Ramallah and sent by trucks to Gaza Strip. The WHCs demonstrated great cooperation and coordination skills which were enhanced by the sense of emergency permeating the campaign.

According to PMRS coordinators, WHCs know how to use their network and whom to address at local, district or national level to solve problems outside their control. They can find their way on where and how to get assistance with any health or social problem. In Jib el Deeb the WHC worked on an advocacy campaign targeting the mayor to solve the problem with the electricity in their community. They managed to have a meeting with the mayor, after organizing a demonstration, in order to get solar panels for the electricity generators before the beginning of the month of Ramadan. Because of this meeting, the mayor visited Jib el Deeb on the 15th of July to discuss the electricity problem with the coordinators and volunteers.

- Result 3: WHCs assess needs in their communities, plan, and implement initiatives.

Activities for Result 3:

– Train WHCs on participatory needs assessment and project management

The project offered training for the WHCs on needs assessment skills, baseline data collection and project management skills. The majority of the participants indicated that the trainings enabled them to develop concrete proposals for projects that will have an impact on their communities. Close to 86% of the respondents indicated that they benefited from the training in needs assessment while close to three quarters of the respondents indicated that they benefited to a large extent from the training in PCM.

– WHCs develop proposals based on community needs assessments

With close guidance and support from PMRS and CARE Project team, the WHCs developed their proposals in a participatory approach. The support and guidance offered by the project team during the selection, design and implementation of the local initiatives and projects were highlighted in the focus group meetings. The participants assented that they benefited to a large extent from the coaching and support by PMRS and CARE teams to alter and fine tune their proposals to better respond to the community needs in a form of a practical solution to the identified needs within the available resources, mainly budget and time. The participants however indicated that there is a need for future community project to consider income generation opportunities for the WHCs and participating women.

– Selection of proposals

After receiving the first patch of project ideas, PMRS and CARE jointly decided to expand the beneficiary scope with smaller budgets to be called “community initiatives”. Those are different from the sub grants as they are also on smaller scale responding to a specific need. One important value of such initiatives was to encourage the WHCs to continue their work in their communities.

During the process, PMRS was directly involved at the different stages providing suggestions for improvements and development of ideas, without imposing theirs. The beneficiaries not

only showed pride in their ownership of the ideas. They were also fulfilled about the way they led consultations with other relevant stakeholders in their communities, mainly the local councils, school directors, engineers, tribal leaders and Mukhtars as well as and other.

Both sub-grant and initiatives projects were selected according to an agreed upon criteria based on maximizing the expected impact on the community environment. A number of the initiatives supported improving the community school facilities especially upgrading of toilets, clean tap water, sunshades, painting and others.

The focus group participants confirmed that the sub – grants projects empowered their involvement by offering healthier and safer environment for their children. Women were pleased to speak about their improved capacities and their success in implementing “their projects”. Some project ideas were about establishing “the first kindergarten” in the community to support working women’s need for child day care services. Other WHCs started their “first women health club” in their communities that will contribute to the health and wellbeing of the women at an acceptable cost. In some marginalised communities in area C, the sub-grants responded to needs that are more basic and allowed the community to install solar heating units to have hot water that will directly impact the health and hygiene of their families. A 33 old man from Salfit, described the importance of the community projects in responding to the needs of schools, “it made us deal with more respect with the women that implemented the project and had to deal with the different challenges with managing different workers in the project”.

Table # 7 Community projects selection criteria

| | |
|--|-------------|
| Relevance to health sector/ women’s health | 25% |
| Proposal quality | 10% |
| Needs assessment | 15% |
| Response to the need | 15% |
| Sustainability | 10% |
| Community Contribution | 10% |
| Cost Effectiveness | 15% |
| <i>TOTAL</i> | <i>100%</i> |

– Monitor and support the implementation of Initiatives

Such initiative and projects not only contributed to the enhancement of the general health and well-being of the target communities, but also set a basis and a concrete result for the establishment of the women’s coalition in each community. An unplanned outcome of the initiative and sub-grants is the heightening of the democratic process within the work of WHCs in the participatory brainstorming and the selection of community projects.

In many cases, the WHCs played an important role when they gathered the different groups in the community to come together to support the project’s idea. In some cases, the SANAD initiatives were ignitions for bigger projects or a complimentary part for another project.

The WHCs set up the structure to manage their projects. They introduced the management and financial systems that will cater to the needs of the project. They are now more equipped to deal with real life challenges. In Hizma Jerusalem, the WHC had to prove itself to overcome the resistance they faced from the local council who tried to hijack their project. They contentedly succeeded after having to deal afterwards with the complications of different contractors to complete the project. In the Old City of Jerusalem, the women had to deal with moving plants and soil to create new roof gardens without being noticed by the Israeli police

and the Jerusalem Municipality workers. Other projects had to deal with access and checkpoints.

Table # 8 Community Sub grants and Initiatives

| Location | Sub grant | Total amount NIS |
|------------------|---|------------------|
| Beit Fajjar | Kindergarten | 41,970 |
| Wad Rahhal | Health sport club | 25,000 |
| Jub Altheeb | Solar water heaters | 51,000 |
| Marda | Health sport club | 28,000 |
| Rumana | Health sport club | 33,000 |
| Anin | Kindergarten | 30,000 |
| Bartaa | Health sport club | 20,000 |
| Nabi Samuel | Restoration Clinic | 33,065 |
| Old city | Green roof | 13,435 |
| Hizma | Shatters for school | 30,000 |
| Bereen | Solar water heaters | 49,000 |
| Izna | Health sport club | 23,400 |
| Elkom | Health sport club | 23,400 |
| Sosia | Children garden | 11,000 |
| Rafah | Health sport club | 22,000 |
| Jabalia+ Gaza | Health awareness library | 35,000 |
| Location | Initiative | Total amount NIS |
| Alkhader | Youtube channel | 8,000 |
| Alzaoyia | Outside water taps and sinks | 6,000 |
| Dir ballot | School shade umbrella | 6,000 |
| Skaka | Outside water tapes and sinks and school WC | 7,000 |
| Faqua | Iron fence + wall paints +3 white boards + relocate the water tapes | 7,000 |
| Aqaba | 2 umbrella (1 for the street +1 for the kindergarten) | 7,000 |
| Kofr rai | clinic + street umbrella | 7,000 |
| Silwan | Kitchen developing | 7,000 |
| Haret Alkhalaila | Blankets | 7,000 |
| Twana | Furnishing the hall | 7,000 |
| sika | Educational games for the kindergarten | 7,000 |
| Gaza | 3 health initiatives | 15,000 |
| | | |

4.2.2 Management/operational procedures and project's need

The mode of operation utilized was a combination of financial and administrative management by PMRS with the involvement of CARE project team. The execution of the community activities were implemented by the WHCs themselves. Whenever needed, the WHCs managed to mobilize volunteers to help with matters that were difficult for them to handle alone.

During the project, PMRS procurement standards were enforced. WHCs and PMRS field coordinators had to deal with centralized and sometimes bureaucratic needs of the PMRS financial department requirements. Some examples including purchasing materials and hospitality items for a workshop without having petty cash and having to deal with complicated financial procedures. Obtaining zero-vat invoices from the contractors for the

initiatives and community projects was another challenge. There was a need for the project staff to understand all accounting and financial requirements set by the financial departments of the two organizations to ensure the smooth compatibility between the two systems.

4.2.3 Partnership model and synergies amongst CARE, PMRS and WHCs.

One of the strong components of SANAD is the partnership spirit between CARE and PMRS. PMRS has a solid and long presence in many marginalized communities in Palestine including the locations selected for the project. PMRS has utilized health as an entry point to apply gender awareness and women empowerment project in traditional and patriarchal societies. It was much easier for women to be involved in health related activities benefiting their children rather than attending workshops and trainings in empowerment and gender awareness approaches. The same applies to men and community leaders where they accepted the idea of the project having PMRS as a trusted Palestinian organization with a record of accomplishment in improving health services in the Palestinian community.

The formation of the WHCs contributed to increasing the women access of knowledge and information through the project intensive trainings and initiatives. Those women become initiators and trainers for other women in their communities. The project managed to act as a hub providing women the capacities to choose after empowering them to react as they find it appropriate to their context.

SANAD is a pioneer project for CARE that has a long history in supporting humanitarian health projects. CARE utilized a new strategic turning point to work with gender counting on its extensive gender experience and its presence in the marginalized community with the mobile clinic as an entry point. CARE has solid administrative and financial experience that also supported the project implementation and documentation and helped with the networking and synergies with other projects and other stakeholders in the communities. To our knowledge, this is the first project that addresses more holistic issues other than health in the southern West Bank that could be used to build partnership with other donors for income generation projects.

The WHCs, as the main local actors of change, greatly benefited from the close support, periodic visits and coaching by PMRS and CARE teams, who were perceived by WHCs as locals sharing the concerns of the communities. PMRS contributed with its solid experience in the awareness and advocacy in health topics and partnership with other Palestinian CSOs and CBOs while CARE contributed with gender experience, project documentation, financial and procurement management in addition to donors' compliance.

4.2.4 CARE's contribution and value-added

SANAD created an added value for PMRS and CARE who both describe their relationship as a real partnership. They developed good understanding in social accountability and anti-corruption. PMRS benefited from the trainings provided by CARE in gender analysis, project cycle management, social accountability and Training of Trainers. CARE also provided support in reporting, M&E and finance for PMRS. PMRS project value the support received from CARE's Program coordinator and officers who supported with the establishment of the WHC, the daily operation and dealing with the media.

For CARE, it utilized the experience gained in SANAD, as a community based and owned intervention to be implemented by a local partner with solid experience and networks endorsing their approach away from direct implementation. This project was about women

empowerment and social change. SANAD compliments CARE's other interventions and can be treated as a model to be replicated in other areas. For CARE, SANAD represents the new program shift and transitional approach where CARE used to provide humanitarian assistance in those communities, and now it is in transition to development under crisis.

4.2.5 CARE's Empowerment Framework

The following section discusses how SANAD fulfills the Vision of CARE in ameliorating social injustice through enhancing gender equity and empowerment of women.

Agency:

- **Self-image; self-esteem:**
SANAD's training interventions enhanced the abilities of women to challenge the traditional stereotypes in a patriarchal community. Participants were excited to highlight the increased self-confidence to lead the change in their communities. Member from WHC in Jenin said, "We were reborn". Others from the WHC in Salfit stated, "We are attending conferences and feel like we are important"
- **Legal and rights awareness:**
Participating women received gender related awareness training including their health and social related rights. "We are clear about our rights and duties", a member from WHC in Jenin said.
- **Information and skills:**
Technical trainings were organized to further enable women to participate hand-in-hand in the implementation of concrete activities such as needs assessment, design and implementation of community projects. Participants received training in advocacy where they developed and lead campaigns against gender-based violence.
- **Education:**
The trainings gave women the chance to change their behaviour at family level and transfer their knowledge to others. They used the generated health information and were able to convey these messages to other women within the communities.
- **Employment and control of own labor:**
SANAD helped create limited employment opportunities for women in their own community project such as kindergarten and women health clubs.
- **Mobility in public space:**
WHCs are involved in the public sphere and are being consulted in important community events. The Beit Fajjar WHC stated, "We were treated like an important people, we were invited to key community meetings".
- **Decision influence in household:**
The mothers were able to gain knowledge and changed on a personal level and reflected it within their families.
- **Group membership and activism:**
The structure and success of the WHC to gather women and enhance their belonging to a structure allowed them to become active community mobilisers.
- **Material assets owned:**
SANAD allowed the WHCs to own and run community projects that contribute with important services that are much needed and appreciated by the community. This allows women to have an increasing role in their communities.
- **Body health and bodily integrity:**
Through the health related and reproductive awareness training topics, women are more aware of their health needs. Through the establishment of local health clubs, women in vulnerable communities are able to raise their wellbeing in a healthier life style, within their financial and geographical access.

Structure:

- **Laws and practices of citizenship:**
Participating women know more about their rights and their duties as active citizens. WHC endorsed the approach of democratic processes in their decision making.
- **Market accessibility:**
Many participants indicated that they are now equipped with technical expertise in project management to run their own projects, provided that they have the ability to access financial resources.
- **Political representation:**
Some of SANAD women were given the opportunity to meet with state officials to address their needs. Rumana village head of local council suggested to nominate one participant from the WHC to run for future local elections.
- **Civil society representation:**
SANAD managed to initiate the discussions to consider establishing a Community Based Organization CBO to take care of woman needs in their community. Salfit focus group is an example.

Relationship:

- **Consciousness of self and others as interdependent:**
The participants indicated the value of their involvement with WHCs and the networks in helping them achieve big dreams in their life.
- **Negotiation, accommodation:**
Several participants indicated that they are now more equipped to manage complicated matters in their lives. They were able to negotiate the deals with the local councils and contractors when they implemented their projects.
- **Alliance and coalition habits:**
The participants valued the strong network that they developed with the other members in WHC addressing common issues of concern.
- **Pursuit of accountability:**
The participants received training in accountability and held accountability sessions in their communities. This efforts needs further strengthening.
- **New social form, altered relationships and behaviors:**
One main success of this project is the social change achieved. The motivation of the participants was not to achieve personal interest whether with income generating projects or personally benefiting from the project. Rather they prioritized gaining social benefit of introducing positive changes in their communities. Another positive development was the result of the exchange visits where participants became more sensitive to other communities that have more urgent needs.

4.3. Efficiency:

4.3.1. Risk management in response to changes and project flexibility

The project outputs were delivered according to the plans. However, the project duration of two years was a challenge. This type of projects requires at least three years. The time constraints exerted pressure on the project team and also on the WHCs to implement complete all the scheduled activities. The aggression on Gaza clogged all project's planned activities for two months. 45% of the respondents indicated that the local initiatives and sub-grants projects were delayed for obvious reasons.

The war on Gaza proved the flexibility of SANAD to adapt to instability in the Palestinian reality. The participants in Gaza focus group consider SANAD's response during the war as a major success.

Half of the respondents considered the available funding sufficient. Even in the cases where the funding might have been insufficient, the local community institutions provided supplementary funding or services for the project as their local contribution. 62% of the surveyed think the available funding was utilized in an efficient way.

PMRS team indicated that together with CARE, they managed to be flexible all the way, suggesting additional training topics after revising the project budget including the following components:

1. A documentary film
2. Social Accountability and Training of Trainers
3. Gender analysis.

Examples on flexibility include changing the location of interventions and amending the original plan. Instead of working in Nahaleen SANAD moved to Jeib Al Deeb in Bethlehem district where the need was bigger.

WHCs and PMRS recommended to implement the initiatives and sub-grants at the mid of the project and not towards the end to allow more time for the follow up.

4.3.2 Relations/coordination with local authorities and beneficiaries

The project team managed to initiate strong ties with local councils and CBO's who offered their facilities to implement the activities. SANAD offered networking and advocacy training to hold the government accountable. Although the project held accountability sessions in the last three months of the project, it was considered too little to build on.

The end of project conferences held on March 19, 2015 was a great opportunity to show SANAD's achievements and model on the national level. Over 300 participants attended the conference. These participants were part of the women's health coalitions, members of local and international NGOs and other stakeholders. This was an opportunity for the women in WHCs to directly address to community, public officials, CSO's and the local media on their concerns and aspirations.

4.3.3 Information management and reporting

The communication patterns were kept at a good level, especially with the close monitoring steps and visits by PMRS and CARE teams. Trust and confidence was expressed by the participants in the WHCs focus group meetings.

PMRS project team had periodic visits to WHCs to report on the progress made and to plan the coming steps. PMRS produced a short documentary on the project activities and achievements with the participation of selected women from the coalitions. This film is a powerful promotional material to promote the objectives of SANAD and a way to share the.

SANAD is characterized by the strong networking utilized. The project created Synergies with other CARE and PMRS programs and established good contacts with other donors.

Participants established their communication network between the participants in the WHCs utilizing social media Facebook in the different locations to exchange info and data.

4.4 Impact:

4.4.1 Objectives achieved to increased women's participation

- *Women are empowered to actively engage in health-related community development.*

100% of Gaza respondents and 84% of the West Bank think that SANAD contributed to a large extent in enhancing their efficiency and capacity to develop their communities. The WHCs from Jenin indicated that they notice "Improvement in the communities' health standards because of the WHC projects."

Moreover, the WHCs highlighted the increased knowledge and awareness in social and health issues and especially concerning women, children and other vulnerable groups. The group in Jerusalem described SANAD as "Increased knowledge which is equivalent to increased power." They were very excited to describe the positive feedback and the recognition from the community on their community involvement as women. Another participant from Salfit spoke about her contentment when seeing the impact of their initiatives on changing health and hygiene practices of their children.

- *Establishment of health coalitions that focus on women*

The 31 WHCs established in 6 locations act as social pioneers in addressing the needs of their communities. The WHCs are considered as a nucleus for active women participation in the improvement of health standards in their communities. SANAD and the produced community projects have big impact on involved women, men, children and the communities at large. "SANAD addressed important needs and was able to achieve concrete results", a woman from Salfit noted.

According CARE and PMRS, SANAD could be replicated in other locations to target larger number of beneficiaries. SANAD can be considered as a pilot project on social changes and could be developed and replicated in new areas, such as governance or economic empowerment. PMRS already presented SANAD as a successful model in a workshop in Holland and people were interested in the project methodology utilized.

- *Mobilizing and empowering communities to adapt a healthier lifestyle*

60% of the surveyed beneficiaries indicated that SANAD contributed to a large extent in improving health conditions in their communities.

Members of the WHCs are trained on major health issues, social and environmental issues that contribute to poor health (water contamination, improper waste management, insufficient sewage systems, pollution, gender based violence, early marriage etc.). Close to 86% of the participants indicated that they benefited largely from the trainings they received in health related topics, with a rate of 95% of the respondents in Gaza.

Upon revising the baseline and end line results prepared by PMRS, the following selected results were achieved:

Table # 9 Baseline vs. End line

| Situation | baseline | end line | Difference +/- |
|---|----------|----------|----------------|
| o Mothers' knowledge of URTI danger signs that need medical intervention improved | 70% | 83% | 13%+ |
| o Mothers didn't know how to prepare the ORS at home or how to give it to baby with diarrhea | 77% | 35 % | 42%- |
| o Mothers do not commit to six months exclusive breastfeeding | 57% | 46% | 11%- |
| o Mothers who breastfeed their babies for more than one year | 50% | 62% | 12%+ |
| o Women from targeted areas have access to post-natal care | 54% | 56% | 2%+ |
| o Women who know at least two signs or symptoms of sexually transmitted infections, such as: genital itching, burning, bad smell, discharge or blood between their periods. | 68% | 82 % | 14%+ |
| o The knowledge and practice of first aid that we measured included two practices: 1) Applying pressure to bleeding wounds and 2) Applying cold water for burns. | 65% | 89 % | 24%+ |
| o Knowledge of the women for foods rich in iron | 80% | 95% | 15%+ |
| o Improvement of the women's the knowledge regarding methods of water disinfection such as boiling, coloration, filtration, and the use of certain chemicals. | 75% | 94% | 19%+ |

The actions directly engaged men, community traditional leaders, CBOs, and health service providers to raise their awareness and obtain their support for this project. Men participated in the conferences and supported the projet during the consutation stages and with the implementation of activities through providing facilities, suplemantary funding and logistical suport. "We know our rights and duties" – WHC from Jenin.

4.4.2. Improved Self-Confidence, increased Knowledge and Access to Opportunities

Participants indicated that the practical training such as first aid and situations where participants provided help in real accidents impacted their knowledge.

The story of Mariam, 46 years old from Hay Al Khalayleh who completed 7th grade, sheds light on the knowledge usage. Mariam treated her mother who was burned of very hot water. She utilized her knowledge gained from SANAD and gave her mother first aid until she was taken to hospital. "I continued to help her during her recovery and I am very thankful for SANAD for my mother's recovery", Mariam reported.

Participants spoke about the increased self-confidence in leading the change in their communities. Some described it SANAD as "a self-discovering project". THE PMRS coordinators are delighted as "Women feel happy with their success and the concrete result of their efforts. They developed the ability to better deal with their male counterpart and children". Ahmad, a man from Salfit, thinks that SANAD has helped women come out of their houses and challenged the traditions and implemented their projects. "I know a woman who used to stay at home, but now you see how many women like her strengthened their personalities and now they have a voice".

Moreover, the newly founded WHCs assessed community needs and determined the focus and direction of the intervention. This guarantees community ownership of initiatives and strengthens participation of different groups, in particular women, in decision-making processes.

85% of the participants indicated that SANAD lead to enhancing their capacities to develop their communities. One participant from Gaza stated that her voluntary work with SANAD compensated her inability to study in a university. Others spoke about Impact on their personal achievement and being proud to include their participation in the SANAD project on their resumes.

- *Male Participants*

The project involved 200 male members of the communities (young men, male leaders, male family members of WHCs) to be trained on key health issues related to gender equity. More than half of the respondents thought that SANAD contributed to improving cooperation between men and women in their communities. An interviewed male thinks that one good outcome of SANAD is improving relations between women and men in the targeted communities.

It is worthwhile mentioning that there is a difference between the respondents in the West and Gaza on this regard. While usually respondents from Gaza give higher rankings, but this point was different. 77% of the respondents from Gaza and 45% from the West Bank in Gaza think that there is large impact of SANAD in improving women/men cooperation. We believe that the difference between the WB and Gaza Strip is due to the fact that the women involved in SANAD project offered important services during the war, thus creating better cooperation and gaining respect by other members in the community. Moreover, participating women mentioned the improved relations with male family members after receiving the personal development trainings and they also spoke about improved relations with men in their communities through the cooperation in implementing the community projects.

Ahmad who worked with SANAD on coordinating the activities involving men explained the impact of the trainings on men: “when we started, there were 20 men who showed up for PMRS conference. In the second time we were 40 men attending the event. It became clear to me that they are interested to hear about topics raised in SANAD trainings”, he added. When tackling this point during the focus group meetings, WHCs suggested that SANAD should further involve men in the trainings and activities to help introduce ways to improve gender dynamics in their communities.

- *WHCs established networks with stakeholders and key players*

More than half of the surveyed participants though that SANAD raised their ability to voice their needs to the authorities. Networking and advocacy efforts took place at the last three months of the project. This has not allowed enough time for achieving major impact.

Participant mentioned networking with others in their community and with others from other areas, which widened their understanding of the realities in other areas in Palestine and with their communication skills.

- *knowledge about human rights, women’s rights and the right to health*

The participants feel comfortable to hold accountability session with the mayor (Al Kom Hebron). They were contented to describe their ability to plan and conduct advocacy and public awareness activities on violence against women.

Women aspire for increased political involvement. This was clearly expressed during the campaigns to mobilize help for Gaza, the projects in Jerusalem areas and the resilience of unrecognized localities facing Israeli demolition orders.

Khuloud from Gaza spoke about a woman that participated in a workshop on early marriage. This woman had a 16 years old daughter who was getting ready to get married. After the workshop, the mother decided to postpone the marriage until her daughter finishes high school. She also went around preaching her friend about the dangers of early marriage on young women.

- *Transfer experience and knowledge and build coalitions was conducted.*

SANAD managed to combine the work of the different WHCs that cooperated in designing their community projects to keep close contact through the regular visits and the ongoing social media tools. The project also managed to link them with other PMRS and CARE projects and networks.

Women know how to use these networks and whom to address at local, district or national level to solve problems beyond their control. When in need they know whom to turn to, to get assistance with any health or social problem. Advocacy work took place during the last three months of the project allowing for a limited number of advocacy activities. This was due to the overall project duration.

SANAD enabled the participants and communities better access to media Location like Nabi Samuel getting media attention to their difficulties with access to health and other services and the checkpoint or participants being invited to speak about the project.

4.4.3 Unintended impact

SANAD invested in the relationship amongst the participants in the WHCs and with other WHCs together with their communities and other women in their communities. Through the different project activities, women were able to overcome social barriers and support each other. They created a positive set of relations to share and exchange experiences that will benefit themselves and also their families.

SANAD significantly contributed in creating positive social dynamics in the communities. Different segments of the community came together to think, talk, discuss, settle violence, negotiate and celebrate their success.

SANAD allowed the participants to see the big picture rather than their own situation. The focus of the participants was shifted to the community needs at large as opposed to their immediate interest. PMRS and CARE are working on linking them with other institutions that support local economic income generating projects.

Women are more aware of the realities and needs in other Palestinian communities. In some cases, they were more sensitive to other community's needs than theirs. This enhanced the national sentiments. Woman realized the injustice other marginalized communities are facing.

This was the case in understanding the needs in the marginalized villages and the locations in Jerusalem and in Barta'a affected by the wall and checkpoints. In Jerusalem, the women from the Old City were sharing their experience on how SANAD strengthened their belonging taking the risk working on their environmental initiatives while working undercover.

4.4.4 Cross-cutting Impact

SANAD impacted women to have a stronger presence in the family structure, public life, active community development role, and better access to health services. Women are bypassing their traditional stereo-type role as a domestic servant in her house to more active members in the society. A man described the development achieved by SANAD as a first step for the enhancement of the role of women in the community. "They started to use their time in focusing on the needs of their community and playing their important role in development."

SANAD's women introduced project that tackle the environment in Jerusalem. Roof gardens were created to deal with the limited space available for green areas. Two other projects involved installing solar heating systems which helped reduce the carbon emissions in the traditional stoves. Moreover, the project encouraged other environment-friendly projects in schools improving toilets and utilizing the grey water for the irrigation of the school gardens.

SANAD enhanced good democratic and governance practices in the WHCs setup, decision making, and management structures. This boosted the social accountability for the authorities in their communities.

The project created positive social dynamics and better knowledge and confidence among the community members. "The project created new relationship in the communities", a participant from Haret Al Khalayleh reported.

4.4.5. Impact of Sub grants and the community contribution

The local initiatives and projects had a very positive impact on the participating women where it served as practical exercise of all the trainings they received. The initiatives and sub-grants introduced the needed services in the local communities. Some projects created the first nurseries or day-care center and the first women health center. In other locations, the projects created hygienic environments for children at school and families. The participants in Salfit reported, "Our project might sound basic, however, introducing proper toilets at the girls' school helped in changing the perspective of the little girls on their school".

The Project Cycle Management PCM trainings contributed in the women personal development. Participants gained the know-how and the tools to consider starting their own initiatives.

4.5 Sustainability:

4.5.1 Ownership and stakeholders Input

- *Commitment and ownership of WHCs*

A strong feeling of commitment among women, WHCs and communities was spotted. 86% of the participants indicated that they believe that the sub-grants can sustain with their own

efforts. Majority of the participants believe they have the knowledge to maintain their involvement in the community. All participants at the focus group discussions agreed that SANAD had a sustainable impact on both women and children in the communities. “The created project will have a sustainable impact especially with the projects like toilettes, drinking water, women clubs as long as there is proper minimum maintenance”. – Salfit WHCs.

4.5.2 Institutional capacity of WHCs

WHCs obtained important segments of the institutional capacities required. In Bethlehem district, the WHCs elected a finance committee and a treasurer and prepared templates for planning and basic expenses. The accounting part is dealt by one participant who is an accountant. They set up a mechanism for work distribution among the members. However, different WHCs believe that they need to improve technical, administrative and financial capacities after the establishment of their local projects. Distributing the sub-grant at an earlier stage than actually took place, will allow for designing specific technical trainings and follow up by PMRS and CARE teams.

The knowledge gained in health related and social topics would sustain their better care of their families and society’s needs. *“Our utilization of the knowledge we gained in SANAD is the guarantee for sustainability”*, Participants from Hebron and Jerusalem WHCs. According to the WHCs in Gaza, *“the shaping of our personalities with the trainings we conducted during the war will help us face major crisis”*.

Ideas were raised by the WHCs in the Salfit districts for formalizing the WHC to become more of a CBO. This orientation can be seen as a positive development, however, it requires patience and preconditions. To follow that route successfully, efforts have to be coordinated with PMRS to ensure availability of the needed support in legal, financial and technical requirements. CBOs might be a long term development for the coalitions.

4.5.3 Financial sustainability

65% of the participants believe that the local community projects have the capacity to sustain after the end of the project with the effort of the participating women and 59% of the respondents indicated that the local community will help in sustaining the projects since they respond to important needs. However, they iterated that this help might be of nonfinancial nature. Only 10% of the participants believe that the community will provide financial contribution for the sustainability of the projects. However, 67% believe that the capacity of the participating woman will enable them to continue with community work and to look for new funding partners to benefit their communities. Both CARE and PMRS teams indicated that there is a willingness to consider linking the WHCs with other funding opportunities.

Most community projects included maintenance component in their operating budget. This is the case in the women health center, child daycare centers and kindergartens. They even sat up management and financial structures to ensure that the projects are run in an efficient and self-sustainable method.

PMRS communicated their commitment to keep close eye on the WHCs to make sure that their community projects continue to work. The assets of the community project remain the property of PMRS which keeps long term link with the WHCs.

5. Conclusions and Recommendations:

5.1 Conclusions:

SANAD is a successful project that could be replicated in other marginalized areas for a larger number of beneficiaries.

5.1.1 Successes:

- The project succeeded to continue working in Gaza during and after the war. Providing the needed logistical support showed great flexibility in the planned activities.
- Operating in strategic locations like Jerusalem, where many donors would hesitate to get into a complicated environment of work.
- The diversity of SANAD's interventions were appreciated by the participants.
- Integrating males in project activities safeguarded smooth social change. According to the WHCs in Gaza, involving men challenged the old-minded mentalities and negative traditions.
- The personal development of the beneficiaries improved their self-confidence, independence, self-esteem. The evaluators heard tens of stories about how each participant spoke about her personal development:
 - Fairuz, a mother of three from Salfit, shared her story where her husband resisted to participate in the project. "After volunteering with SANAD, I removed the barriers with my husband and he noticed the change in my character and encouraged me to continue. I also notice the difference in the way we deal with our children."
 - Manal, a married woman from the Jerusalem area, spoke about her weak character before joining SANAD. After the project, she noticed a big difference in the way she deals with her husband and children. "I have less problems now since I have new and exciting things to do. My character is stronger and I feel much better."
 - Hala is a mother of five from Silwan who used to beat her children thinking this will discipline them. "I never listened to my children and I was a dictator at home. Now, I feel mutual understanding with my children and my husband".
 - Muyasar, a housewife from Jib Al Deeb in the Bethlehem district, explained her story enthusiastically. "I stayed at home for 14 years and was excited to hear about SANAD to have an excuse to leave the house". She continued, "I never had a voice but today I participate in all activities and my husband accepted this". She added, "We thank PMRS for this."
 - Mervat from Beit Fajjar in the Bethlehem district was the last one to join SANAD. She worked on herself and participated in all the activities and trainings and as a result became the coordinator of this WHC.
 - Susan, a single woman from Rumana, Jenin district. "I benefited from the trainings on how to strengthen my personality and on knowing my rights as a woman and this had a big impact on me". She added, "I was shy to look at people or to express myself. At the beginning, my father and brothers did not allow me to leave home to attend meetings or to participate in trainings. Today I am a different person....I have more self-confidence....I will not accept to be a victim anymore.....I should have impact."
 - Jamileh, a married woman from Jib al Deeb, a conservative community in the Bethlehem district, "I can now stand up and give speeches for a big audience with

men among the audience”. In a sign of her new leadership role, she added, “We were reborn”.

- PMRS and CARE decided to work through local structures and to utilize the available resources. This was a successful approach as it was effective and efficient utilization of the resources. This approach enhanced the ownership and sustainability of the achieved results. As a sign of successes towards the end of the project, the group from Salfit had an initiative for a joint activity for people with disability without any help from SANAD.
- The partnership between CARE and PMRS proved to be an ideal approach for future interventions.
- The professional support and passion shown by the teams from the two organizations proved to have big influence on the participating women. The participants spoke highly about the credibility and flexibility of the donors and their local partner.
- CARE benefited from the local experience and credibility of PMRS while PMRS benefited from CARE the expertise in gender, reporting, compliance with donors, social accountability and M&E.
- The introduction of WHCs and the success in utilizing them as a semi-formal structure.
- The involvement and participation of the different stakeholders mainly the community leaders, men, community institutions and CBOs.
- The flexibility of CARE and PMRS in addition to the other stakeholders.
- Utilizing a holistic approach targeting marginalized communities.
- Creating link and synergy with other CARE and PMRS projects as well as with other networks.
- The utilization of health as an entry point for sensitive topics such as women empowerment, violence and reproductive rights was a successful technique.
- The quality of the capacity building programs proved very effective and had a good impact on the beneficiaries and communities.

5.1.2 Challenges:

- The project duration was a challenging factor. The WHCs, PMRS and CARE agree that this optimal project duration should be three years as opposed to two years.
- Implementing the community projects towards the end of project has evoked the need for more focused specialized coaching.
- The absence of financial incentives for the participants. Women from marginalized communities and especially from Gaza suggested considering allocating funds to cover minor expenses.
- Further assistance to women’s projects linking them with other potential donors and projects.
- Assign longer time for advocacy activities to harvest investment made in the capacity building components.
- Improve the financial/ procurement procedures hence PMRS has a strict procurement system.
- Promote physical contacts between the WHCs in the West Bank and Gaza.

5.2 Recommendations

- Continue applying the WHC methodology and partnership between CARE and a local project implementer such as PMRS.

- Give special attention to continue working in Jerusalem and the other marginalized and enclaved locations in area C. The intervention should consider all the complications and lessons learnt from SANAD especially in the challenge of relying on local councils' assistance such as the case with some of them in Jerusalem area.
- Consider realistic timeframe that takes into consideration all expected slow seasons such as Ramadan, public holidays, and olive harvest seasons and set a margin for unexpected delays.
- Allocate enough time to follow up on the sub-projects. Otherwise, these activities should be implemented during earlier stages.
- PMRS could support supplementary training courses to support the existing community projects especially with technical training needed for running kindergarten and health clubs.
- Expand the number of involved men and community leaders. Such components may consider finding smart incentives through the design of trainings and campaigns to increase their participation. The approach may encourage mixed groups meetings.
- PMRS is invited to build on the experience gained by the project coordinators to prepare them to serve as project managers as a step for creating a new generation to take leadership roles.
- Further investment in capacity building for advocacy work. This can be done at an early stage of the project.
- Expand the partnership with the media to cover project's milestones in addition to the end of project conference.