



# **UNIVERSITY OF ICELAND**

## **PROJECT PROPOSAL**

**STRENGTHENING GBV PREPAREDNESS AND PREVENTION IN EMERGENCY  
SITUATIONS IN SEVEN UNRWA REFUGEE CAMPS IN THE NORTH AREA OF  
WEST BANK, PALESTINE.**

**TONY H. BERO**

**Final assignment submitted to United Nations University Gender  
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**Supervised by: Thor Clausen**

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## LIST OF ACRONYMS

CBO	Community Based Organization
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
DAC	Development Assistance Committee
DEVAW	Declaration on the Elimination of Violence Against Women
GBV	Gender Based Violence
IASC	Inter-Agency Standing Committee
MDG	Millennium Development Goals
NGO	Non-Governmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
oPt	occupied Palestinian territories
PCBS	Palestinian Central Bureau of Statistics
PNA	Palestinian National Authority
RBM	Results Based Management
SGBV	Sexual and Gender Based Violence
UK	United Kingdom
UN	United Nations
UNDPR	United Nations Division for Palestinian Rights
UNRWA	United Nations Relief and Works Agency for Palestine Refugees
VAW	Violence Against Women
WB	West Bank
WHO	World Health Organization

## GLOSSAY OF TERMS

<b>Gender Based Violence</b>	An umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females (IASC, 2005, p.7).
<b>Violence Against Women</b>	Any act of gender based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (UN, 1993, article 1).
<b>Palestine Refugees</b>	Persons whose normal place of residence was Palestine during the period 1 June 1946 to 15 May 1948, and who lost both home and means of livelihood as a result of the 1948 conflict (UNRWA, 2015a).
<b>Multi-Sectoral Approach</b>	Is a coordinated approach which aims to bring change through the involvement of all the relevant sectors, systems, and communities that are involved in the provision of services to GBV cases / survivors of GBV at refugee community, UNRWA and National levels (UNHCR, 2001).

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## EXECUTIVE SUMMARY

Ban Ki-moon, the UN Secretary General, said in the 57<sup>th</sup> session of the United Nations Commission on the Status of Women in March 2013: doesn't matter where women lives or what her culture or her society is, each women and girl should be allowed to live without fear and has the international human right to be free from any form of violence so as to achieve her full future dreams. Gender based violence (GBV) continues to be the most blatant manifestation of gender-based discrimination and a blunt violation of human rights, especially during conflict and wars. Women and girls particularly are vulnerable and most frequently targeted. GBV is "an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females" (IASC, 2005, p.7). Despite the fact that the international organizations' attention to GBV has increased significantly, there is still lack of information and understanding of good practices linked to GBV programming in humanitarian settings. It is considered as a phenomenon which affects all the countries in the world. In the occupied Palestinian territories (oPt), a variety of overwhelming and complex conditions are contributing to the prevalence of GBV. The continuing Israeli occupation to the Palestinian land, Israeli military measures, human rights violations, and restriction on mobility and economic restrictions result in poverty, unemployment and increase gender based violence among the Palestine population in general and refugees in particular. Going through all the wars and conflicts with the Israelis, having more than 750,000 Palestine refugees living in 19 refugee camps in the West Bank has led to the devastation of the social and economic infrastructure of Palestine. Women and girls refugees specifically, are at risk, as they face barriers to education, economic empowerment and freedom of movement which contributes to social marginalization and exposure to violence. They are living within a patriarchal society where they exercise limited power and authority (Assaf and Chaban, 2013). These, in addition to other social, cultural, political and religious factors are the causes of GBV in Palestine.

In this project proposal, UNRWA West Bank Field will tackle the issue of GBV within the refugee populations through a multi-sectoral approach. The overall development goal of the project is to

contribute to the reduction of GBV within the Palestinian communities in West Bank, Palestine, and the main goal is to strengthen GBV preparedness and prevention in emergency situations. The three main objectives of this project are (i) to strengthen organizational capacity to address GBV in the context of emergency preparedness; (ii) to develop result based framework (system) for GBV prevention/mitigation processes in emergencies; and (iii) to strengthen participation of target communities and beneficiaries in GBV prevention processes.

The project's site will be West Bank area in Palestine which has a land area of 5,640 km<sup>2</sup>, and has an estimated population of 2.79 million of which 1.42 million are males and 1.37 million are females. The primary target beneficiaries of the project are the refugees living in seven refugee camps in the North area of West Bank, Palestine. The seven camps are: (i) Jenin Refugee Camp, (ii) Nur Shams Refugee Camp, (iii) Tulkarm Refugee Camp, (iv) Far'a Refugee Camp, (v) Camp No.1 Refugee Camp, (vi) Askar Refugee Camp, and (vii) Balata Refugee Camp.

This project will be implemented during a period of 36 months (1<sup>st</sup> January 2016 – 31<sup>st</sup> December 2018) with an overall budget of US\$ 507,108.

UNRWA, through the main three departments (health, education, relief and social services) will be the executing programmes of this project. Technically, this project will be under the health department, as GBV is mainly a public health issue as recognized by World Health Organization (Terry and Hoare, 2007, p. XVI). The management and technical teams working on this project will include: project manager, technical consultant, case managers, psychosocial and school counselors, and administrative assistant.

**Key words:** Gender Based Violence, Refugees, West Bank, Palestine.

# 1 BACKGROUND TO THE PROJECT

## 1.1 Overview of the Historical Context of Palestine

During the last century, the issue of Palestine and the Palestinian-Israeli conflict got the attention of the international community and the United Nations and have ever since been remained on their agendas. Palestine which is located on the Eastern shore of the Mediterranean, West of Jordan, South of Lebanon and Northeast of Egypt, went through many wars, obstacles and conflicts.

The Palestinian-Israeli conflict is the central part of the Arab-Israeli conflict which started in the mid-20<sup>th</sup> century. Palestine was among the former Ottoman territories and was formally under the rule of the United Kingdom in 1922. During the British Mandate, from 1922-1947, a large number of Jewish people, especially from the Eastern Europe, travelled to Palestine particularly after the Balfour declaration in 1917 where the British Mandate expressed the support for the Jewish people by establishing a national home for them in Palestine (United Nations Division for Palestinian Rights, 2015a).

After the Second World War in 1947, the UK transferred the issue of Palestine to the United Nations, which was founded in 1945 as an international organization (UN, 2015). United Nations was searching for alternatives to solve the problem, and one of them was proposing the termination of the UK Mandate and dividing Palestine into two independent states, a Palestinian Arab one and the second for Jewish. Jerusalem was to be internationalized (United Nations Division for Palestinian Rights, 2015b).

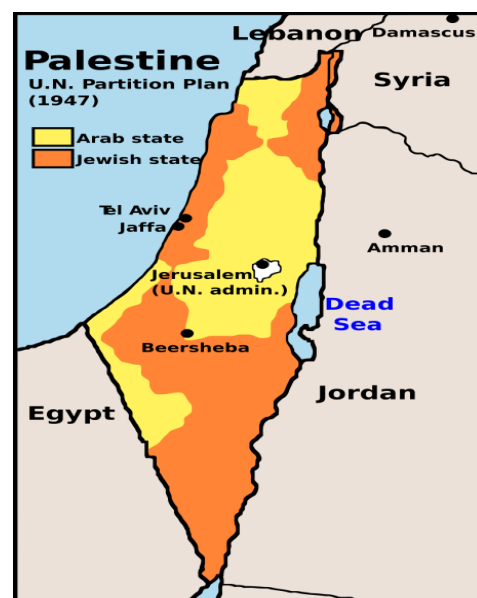


Figure 1: Palestine as per UN partition plan in 1947.  
Source: Google Images (2015)

After that, and during the “Nakba”<sup>1</sup> war of 1948, between 600,000 and 700,000 Palestinians were displaced and driven out of their homeland by the Jewish forces. More than 75% of the historic Palestine was occupied by the Jewish and the rest were controlled by Jordan and Egypt. More than 531 Palestinian towns and villages were destroyed and 85% of the Palestinian population were displaced and exiled (Flapan, 1987; Palestinian Central Bureau of Statistics, 2013). After one year of the “Nakba”, the United Nations Relief and Works Agency for Palestine Refugees (UNRWA) was established by the United Nations General Assembly Resolution 302 (IV) of 8 December 1949 to provide direct support, works and relief programmes to Palestine refugees.

Palestine Refugees are defined by UNRWA as “persons whose normal place of residence was Palestine during the period 1 June 1946 to 15 May 1948, and who lost both home and means of livelihood as a result of the 1948 conflict” (UNRWA, 2015a). UNRWA started their operations on 1 May 1950 and was responding to the needs of about 750,000 Palestine refugees. Today, some 5.5 million Palestine refugees are entitled to get the services from UNRWA in the five fields of operations in the Syrian Arab Republic, Lebanon, Jordan, the Gaza Strip and the West Bank, including East Jerusalem. Those services include educations, health care, relief and social services, emergency assistance, and camp infrastructure and improvement, even in the time of armed conflict (UNRWA, 2015b).

Later, in the 1967 war<sup>2</sup>, Israel occupied and took the control of the West Bank and East Jerusalem, Gaza Strip, and the Golan Heights. Conflict and war started between Israel and Egypt, Syria and Jordan and reports showed that over 300,000 people became homeless and needed to leave their houses (UNRWA, 2015c).

In 1987, the “First Intifada”<sup>3</sup> by the Palestinian people in the West Bank and Gaza Strip started. It took place during the period 1987 to 1993. Later in September 2000, the “Second Intifada”<sup>4</sup> started after Ariel Sharon, who was the Israel Foreign Minister and campaigning to be the Prime Minister in 2000, visited the Temple Mount (Al-Haram Al-Sharif), and it lasted until 2005.

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<sup>1</sup> Nakba means Catastrophe, and the term Nakba also refers to the period between December 1947 to January 1949 representing the war itself and event affected Palestinians.

<sup>2</sup> Also called the Six-Day war or an-Naksah in Arabic.

<sup>3</sup> Is a mass popular uprising against the Israeli occupation

<sup>4</sup> Known as “Al-Aqsa Intifada.

During the second Intifada (29 September 2000 – 31 December 2009), more than 2,183 Palestinians were killed “Martyrs” in the West Bank (2,059 males and 124 females) 52.5% of them between the age of 18-29 years old, and more than 35,099 Palestinians were injured.

Going through all these wars and conflicts with the Israelis, having more than 750,000 Palestine refugees living in 19 refugee camps in West Bank and more than 1,200,000 living in eight refugee camps in Gaza has led to the devastation of the social and economic infrastructure of Palestine. Refugees, suffering from higher unemployment, greater poverty and more prolonged political violence than the rest of the population, especially in the refugee camps, are rendered even more vulnerable by their traumatic collective experience as refugees and the prevailing violence in the refugee camps. Since the second Intifada in the year 2000, Palestine refugees in the West Bank have seen their living conditions and living standards quickly take a turn to the worse, such as wide spread destruction, tight and strict regime and closures by Israelis, prolonged curfews, steady deterioration of economic conditions, and concerns for physical safety. Moreover, the refugee population is particularly affected in light of the insecurity inherent to their legal status, the loss of their livelihood at resettlement time, and the physical threat of military operations in the refugee camps. These situations have consequences on the personal and collective memory of every refugee child and even more profound effects on their parents.

As a result related to the refugee’s experiences of violence and torture during the wars and both Intifadas, the refugee population is suffering from psychological problems such as depressions, anxiety and stress, in general, and from Gender Based Violence (GBV) for women and children in particular. And there has been an increase concern in the last years between the humanitarian aid organizations about the degree and effects of gender-based violence in refugee and internally displaced situations (Hynes et al., 2003). Other authors like Stark and Ager (2011) said also: several of the conflicts happening nowadays result in displace so many people and the consequence is mainly on women’s and children’s exposure to many kinds of violence, separation from the family, and failure to form an adequate livelihood. Practitioners, experts and activists also identified GBV and Violence Against Women (VAW) as a problem to the achievement of gender equality, gender justice and peace.

As so, I will in this project proposal go through the issue of GBV and how UNRWA's three main departments in West Bank Field (Health, Education, Relief and Social Services) through a multi-sectoral approach can tackle this issue within the refugee populations and strengthen the GBV prevention and preparedness in emergency situations.

## **1.2 Outline of the Project Proposal**

This project proposal has ten main sections in addition to the sub sections.

The first section is an introduction, which provides the overview of the historical context of Palestine and an outline of this project. The second section will discuss the project justification including the problem analysis, strategic interventions, the theoretical framework, the gender approach and the implementing organization. In section three, the project overall goal and main objectives are laid out as well as the outcomes and outputs. In section four, the target group is defined and a brief description about the project location is provided. In section five, the activity and resource plan, cost saving measures and risk analysis will be discussed. Budget will be the topic of section six. The monitoring and evaluation matrix is set forth in section seven. Reporting issue will be the theme of section eight. In section nine, the visibility of the donor's contribution to the targeted group, stakeholders and to the public is outlined. And finally, in section ten, the management and personnel of the project and their roles is defined.

## 2 PROJECT JUSTIFICATION

This section of the project proposal will provide analysis of the problem, the proposed strategic interventions, the theoretical framework that supports the project, the gender approach used, and the implementing organization and its capacities.

### 2.1 Problem Analysis

Violence exists in the structure of any society and it is always with us, and clearly it's not just a question of theory and theoretical analysis, it's a question requiring urgent policy and practical responses (Fawcett et al., 1996). Gender based violence (GBV) and violence against women (VAW) continues to be the most blatant manifestation of gender-based discrimination. In the last decades, growing global force calling for the international community to address GBV and VAW has resulted in a comprehensive international legal and policy framework. It started with the United Nations Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) in 1979, and the United Nations Declaration on the elimination of Violence Against Women (UN DEVAW) in 1993, and the Beijing Platform for Action in 1995. Other initiatives include the Inter-Agency Standing Committee (IASC) which drafted the Guidelines for GBV Interventions in Humanitarian Settings clearly outlining the responsibility of humanitarian actors to respond to and work toward preventing instances of GBV in humanitarian settings (IASC, 2005).

The term "violence against women" means "any act of gender based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (UN, 1993, article 1). And as defined by (Hynes et al., 2003, p.3) the gender based violence is a term "describing any harm perpetrated on a person against her/his will that results from unequal power relationships determined by social roles ascribed to males and females". It is also "an umbrella term for any harmful act that is perpetrated against a person's will, and that

is based on socially ascribed (gender) differences between males and females” (IASC, 2005, p.7). Based on that, GBV is considered as a phenomenon which affects all the countries in this world.

Building on this momentum, and recognizing that ending GBV and VAW will be vital to the achievement of the eight international development goals (the Millennium Development Goals, MDGs), the Secretary-General launched a multi-year campaign “UNiTE to end violence against women (2008-2015) to galvanize action on this issue across the UN system (UN, 2008). And in its call for strengthening implementation of legal and policy frameworks and accountability, the 57<sup>th</sup> session of the United Nations Commission on the Status of Women in March 2013 urged universal humanitarian actors to ensure that in the context of conflict and post-conflict situations, efforts to prevent and respond to gender-based violence, including sexual gender based violence (SGBV) are prioritized and addressed effectively through mechanisms including those that end impunity for perpetrators, eliminate barriers to women’s access to justice, increase the support to survivors, and create opportunities to increase participation of women in peace building, conflict resolution, and post-conflict decision making (UN, 2013).

Despite the fact that the international organizations’ attention to GBV has increased significantly, there is still lack of information, data and understanding of good practices linked to GBV programming in humanitarian settings. Moreover, the ethical consequences of carrying out researches and studies on the issue of GBV, given the sensitivity of the issues involved, have in some cases made conducting such studies and researches and sharing of results and learning problematic (Holmes and Bhuvanendra, 2014).

The Palestinian National Authority (PNA) couple of years ago was not able to sign international documents and treaties including the CEDAW, but even so, it committed itself to apply the instruments of the international law. Article (10) of the Palestinian Basic Law states that “1) Basic human rights and liberties shall be protected and respected, and 2) The Palestinian National Authority shall work without delay to become a party to regional and international declarations and covenants that protect human rights”. Later, in 2<sup>nd</sup> of April 2014 the State of Palestine deposited with the Secretary-General its instruments of accession to a number of international treaties including CEDAW (UNHCHR, 2014). This shows that Government of Palestine is working



toward preventing and responding to cases of GBV and other kinds of discrimination against women.

In Palestine, the legal system and framework is a combination of Egyptian, Jordanian, Palestinian, Ottoman and British laws. Even so, different laws apply to the West Bank and to the Gaza Strip. The Palestinian Basic Law states that Palestinians shall be equal under the law and the judiciary, without any discrimination based upon sex, religion, race, color, disability or political views. But still much needed to be done to protect women from discrimination and violence especially the violence against women and gender based violence as there is no united legal framework applied in Palestine.

A variety of overwhelming and complex conditions present in the occupied Palestinian territories (oPt) contribute to the prevalence of GBV. To be able to understand the situation in which GBV happens within the Palestinian community, it is important to assess and evaluate the connected political, social, and economic factors that form the current environment (Miftah, 2006). The continuing Israeli occupation to the Palestinian land, Israeli military measures, human rights violations, and restriction on mobility and economic restrictions are resulting in poverty, unemployment, and food insecurity among the Palestine refugee population. The ongoing confiscation of private Palestinian land by Government of Israel, for the building of the Separation (Apartheid) Wall or for the extension of illegal settlements, has had a major and important humanitarian impact on the Palestinian population. The Palestinian economy continues to suffer from huge rate of unemployment and severe limitations on the flow of goods and services (Miftah, 2006). Unemployment rate reached 31.5% among females compared to 22.0% among males, and 7.4% of females (15 years and over) are illiterate, which is more than three times higher as of males rate (2.1%) in 2012 (Palestinian Central Bureau of Statistics, 2012). This, in conjunction with the negative impact of the Israeli occupation, has disrupted the ability of men to both provide for their families and keep them safe, undermining traditional notions of masculinity among Palestine men.

A recent survey conducted by the PCBS found that 29.9% of women in the West Bank, and 51% of women in Gaza report exposure to domestic violence in marriage, see table 1 below (Palestinian Central Bureau of Statistics, 2011).

**Table 1: % of Women who were exposed to violence from the husband (by region and type of violence)**

Ever married women who were exposed to violence from the husband during the last 12 months by region and type of violence						
Region	Exposed to Violence	Psychological Violence	Physical Violence	Sexual Violence	Social Violence	Economical Violence
<b>Palestinian Territory</b>	37.0	58.6	23.5	11.8	54.8	55.1
<b>West Bank</b>	29.9	48.8	17.4	10.2	44.8	41.6
<b>Gaza Strip</b>	51.0	76.4	34.8	14.9	78.9	88.3

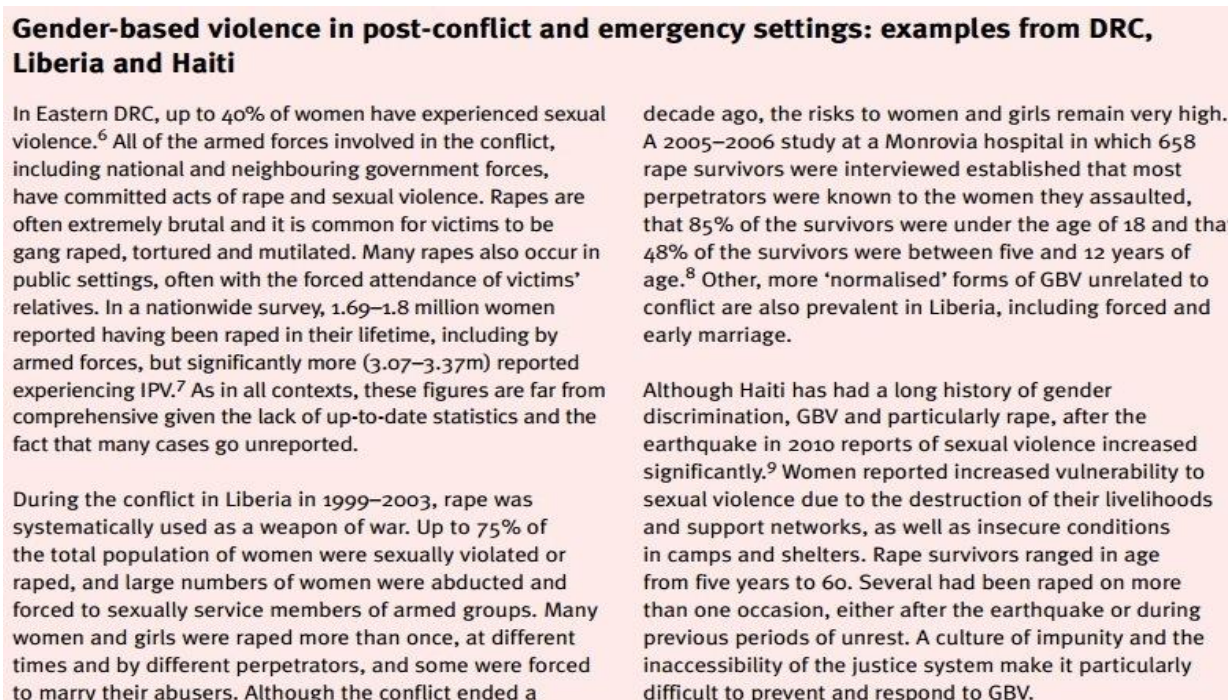
UNRWA's West Bank Community Mental Health Programme through the psychosocial counselors succeeded to register 485 GBV cases in 2014 compared to 404 GBV cases in 2013. This shows us that there are many GBV cases within the Palestinian refugee community in West Bank (El-Sheikh, 2015).

Palestine refugees are facing a myriad of challenges and risks in maintaining their basic human rights. Women and girls refugees specially are at risk, with barriers to education, economic empowerment and freedom of movement which contribute in having social marginalization and more exploitation to violence. This, coupled with the patriarchal structure of Palestinian society and gender inequalities are contributing to an integrated system of violence against women, children, and vulnerable groups.

Palestinian women are living within a patriarchal society where they exercise little authority and power. They are expected to live under their families' authority as long as they are still single, and when they get married, they become under the husband's authority. It is uncommon that a single woman is permitted to live under her own authority or on her own and if this is happening, the issue is understood and seen as a problem and controversial. Actually single and never-

married women in the Palestinian culture are generally referred to as Girls, or “Banat”, until they are married, which is an indication of their social status and is strongly connected to marriage and reproduction (Assaf and Chaban, 2013).

GBV can be a major issue in any post-conflict or emergency situations as can be seen in the figure and statistics below (Holmes and Bhuvanendra, 2014).



**Figure 2: GBV in post-conflict and emergency settings: examples from DRC, Liberia and Haiti**

In accordance with international standards for policy and practice that supports the specific needs of women and girls in conflict and post-conflict settings, UNRWA, as part of the United Nations, has progressively engaged to address GBV both in the sphere of prevention and response. Although the impact of current efforts to address GBV has been widespread, even with the challenges to tackle the GBV issue which include socio-cultural norms around gender inequality and GBV, lack of data to inform appropriate programme responses, capacity and resource constraints and limited coordination (Holmes and Bhuvanendra, 2014), there remains a need for more targeted prevention and preparedness efforts in order to more directly address the incidence of GBV among Palestine refugees, particularly in times of acute crisis and

emergency situations. This should be done through a multi-sectoral approach to tackle this issue by UNRWA's three main departments in the West Bank (health, education, relief and social services), but also by establishing effective result based framework which also serves as an information system for GBV prevention and mitigation processes in emergencies. Adequate coordination mechanisms, instead of having some scattered trainings here and there are highly important. Interventions targeting one group of people and leaving others out without full cooperation and coordination between all the stakeholders prevents the achievement of main goals in an effective and efficient way.

This project will present an opportunity for UNRWA's main departments to coordinate their efforts and interventions. This will help them to avoid having different kind of interferences at the same time with the targeted groups which can sometimes result in having less progress and not achieving the desired goals. It will also help UNRWA in having effective Results Based Management (RBM) system which will support implementation, communication, capacity development, and more realistic project schedule. Moreover, this project will generate cost savings by preventing duplication of activities and interventions, but also decrease administrative burdens. Coordination and cooperation improve collaborations between the different parties' interventions and escalates the efficiency and effectiveness of the operations of UNRWA.

## 2.2 Strategic Interventions

UNRWA, through this project, will seek to increase the Agency's departments' efforts to effectively engage in GBV prevention and preparedness in emergencies. This can be done through:

- Strengthening organizational capacity to address GBV in the context of emergency preparedness.
- Developing result based framework / system and evidence based assessment of GBV prevention/mitigation processes in emergencies.
- Strengthening participation of target communities and beneficiaries in GBV prevention processes, and seeking active participation of women, men, girls and boys through the life cycle of the project.

- Strengthening partnerships and coordination with key actors concerned with the promotion of gender and GBV mainstreaming in emergency process.

A detailed project implementation and activities will be discussed in Chapter Five (Project Implementation), and will also be shown in the logical framework / activity section in Annex 1.

## **2.3 Theoretical Framework that Underpins the Project**

UNRWA will adopt a multi-sectoral approach for this project as it will be a holistic approach which includes all service provisions, protection and prevention to victims of GBV. The project personnel will work closely with the key UNRWA staff and also with the key community persons such as the religious and political leaders, and the refugee camp's popular committee, to coordinate with stakeholders and partners, and to participate in the national advocacy efforts whenever possible. Building partnership, networking and coalition will be the cornerstone in this multi-sectoral approach to tackle the issue of GBV.

Multi-sectoral approach is a coordinated approach which aims to bring change through the involvement of all the relevant sectors, systems, and communities that are involved in the provision of services to GBV cases / survivors of GBV at refugee community, UNRWA and National levels (UNHCR, 2001). Bott, Morrison and Ellsberg (2005) also mentioned that Multi-sectoral collaboration is very essential for most of the GBV initiatives.

This multi-sectoral approach is designed in a way to coordinate all the responses in which health care workers, psychosocial and mental health services, school counseling, legal and justice practitioners in addition to all other stakeholders, NGOs and partners, and to bring together on a systematic basis to plan and design a specialized system and strategic interventions for GBV. This approach will help also in having a reporting and referral system in a joint and supportive way. In order to achieve the purpose of this multi-sectoral approach, the refugee community with the support of all actors working in the refugee camps should engage in the plan and design process, the implementation of interventions and activities, and also on the monitoring and evaluation of the project.

The figure below describes the multi-sectoral approach UNRWA / WB Field will adopt:

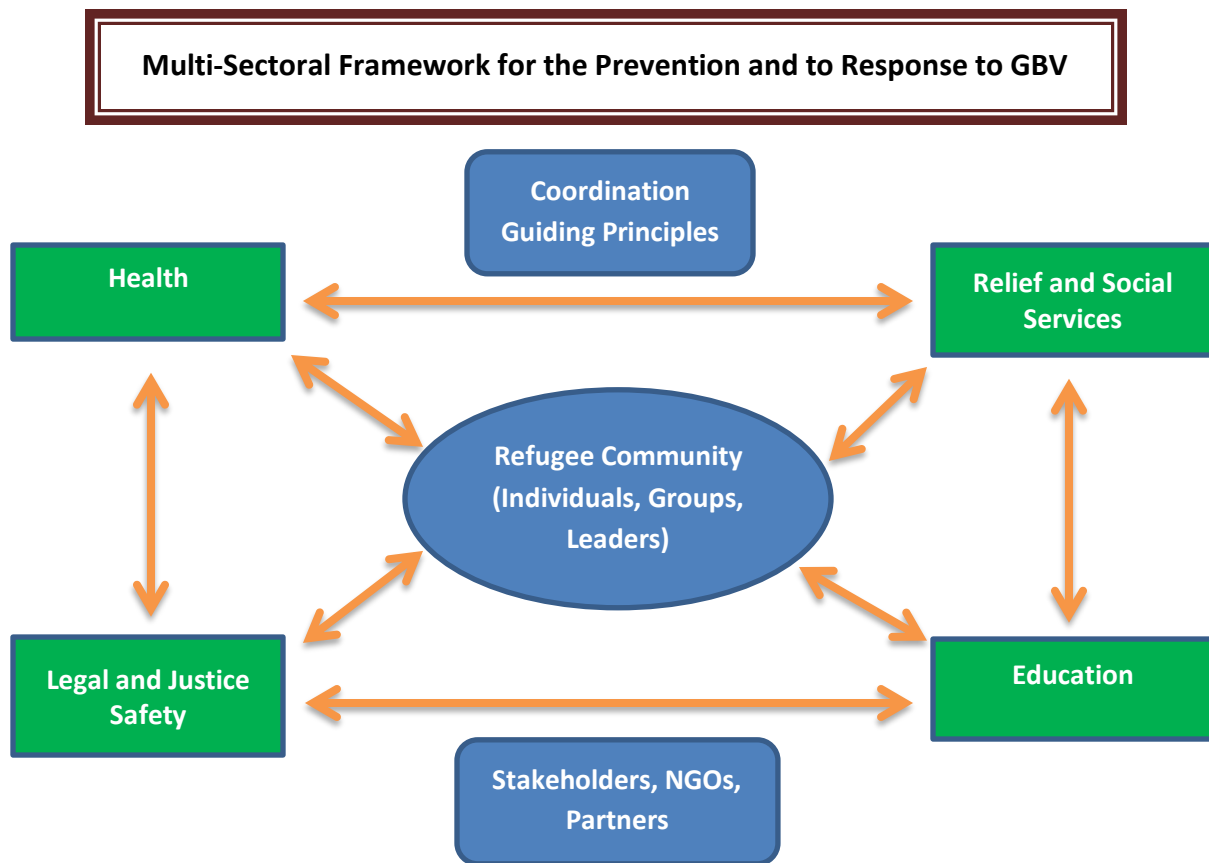


Figure 3: Multi-sectoral framework for the prevention and the response to GBV

## 2.4 Gender Approach used in the Project

In a situation of conflict and emergency, women and girls are mainly the vulnerable persons especially when the social structures and laws are disrupted, and when there is no stability in the way of living, they are exposed to higher risk of violence. This is also the case in West Bank in Palestine where women and girls are affected by the Israeli occupation, facing the risks in maintaining their basic human rights including the women's rights and children's rights, facing the barriers to education and economic empowerment and freedom of movement which leads in having social marginalization and more exploitation to violence.

In addition to the project directly addressing a gender-based issue, this project will give more attention to women and girls living in the refugee camps, but also not forgetting to work with men and boys. This will be done by having mothers groups, sanitation groups, and peer groups (child to child approach), in addition to conducting professional trainings targeting women, men, girls and boys.

## **2.5 Implementing Organization and its Capacities**

The United Nations Relief and Works Agency for Palestine Refugees (UNRWA) was established by the United Nations General Assembly Resolution 302 (IV) of 8 December 1949 to carry out direct relief and works programmes for Palestine Refugees (UNRWA, 2015d). It is one of the largest UN programmes and is unique in that it delivers services directly to beneficiaries (UNRWA, 2015e); furthermore, UNRWA is the sole provider of services to the Palestine refugees. UNRWA's mission is to support and assist the Palestine refugees in achieving their full potential in human development until a long-lasting and just solution is in place to the refugee issue (WHO, 2013).

Four Human Development Goals were identified by UNRWA as the focus of the Agency's operations, and one of them is "Enjoying Human Rights to the Fullest". Nowadays, protection of human rights is an integral component of UNRWA's programmes and not a separate element within service delivery. This protection is conducted based on four main pillars: programming, advocacy, human rights education, and monitoring and intervention (UNRWA, 2015f).

Based on this, UNRWA will work through its main departments and the key staff such as the psychosocial counselors, school counselors and social workers to apply a multi-sectoral approach which can tackle the issue of GBV within the refugee populations through strengthening the GBV prevention and preparedness in emergencies.

### 3 PROJECT AIMS

This section of the project proposal will define the overall goal of the project, what are the main objectives, and the expected outcomes and outputs.

#### 3.1 Overall Goal of the Project

The development overall goal is to contribute to the reduction of GBV within the Palestinian community in West Bank, Palestine.

The overall goal of this project is to ***strengthen GBV preparedness and prevention in emergencies in seven UNRWA refugee camps in the North area of West Bank, Palestine.***

#### 3.2 Main Objectives of the Project

The main objectives of this project are:

1. To strengthen organizational capacity to address GBV in the context of emergency preparedness;
2. To develop result based framework (system) for GBV prevention/mitigation processes in emergencies and define best practices;
3. To strengthen participation of target communities and beneficiaries in GBV prevention processes.

#### 3.3 Project Outcomes

Once the project is implemented effectively, the following are the expected outcomes to be achieved:



1. Trainings of key UNRWA frontline staff, local community persons, popular committee members and protection committee members to build their skills and capacities to be prepared to deal with GBV cases conducted.
2. The social stereotypes that fuel GBV issues changed.
3. Access for GBV victims to psychological support, legal aid and health services promoted.
4. The community awareness and the understanding from the community members on the issue of GBV increased.

### 3.4 Project Outputs

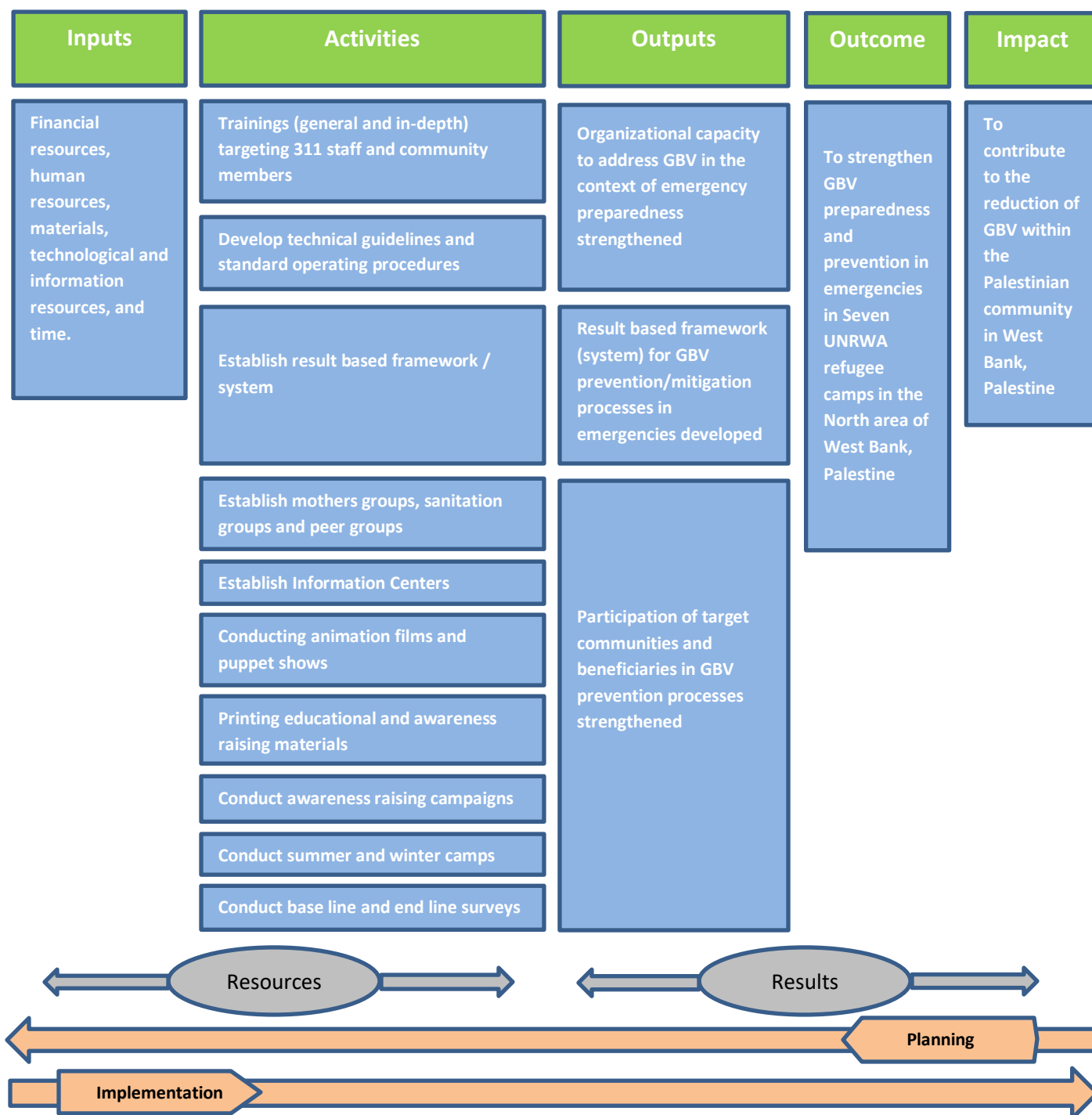
At the end of the project implementation, the following are the expected outputs which will be accomplished:

- 1) 7 general trainings on the issue of GBV targeting 175 local community members (105 women and 70 men) conducted
- 2) 3 in-depth trainings targeting 45 GBV core committee members including the psychosocial counselors, school counselors and social workers (27 female and 18 male) conducted
- 3) 7 trainings on the issue of Gender and GBV targeting 91 GBV big committee members (46 women and 45 men) conducted
- 4) Technical guidelines for UNRWA staff on their role in the detection and referral of GBV victims developed
- 5) Standard operating procedures (manuals) describing the “Roles, guiding principle and minimum procedures for prevention and response to GBV” established and developed
- 6) 1 results based framework (system) is in place
- 7) 7 mothers groups (84 women) established
- 8) 7 sanitation groups (70 male workers ) established
- 9) 7 peer groups (84 children, girls and boys) established
- 10) 3 information centers for 300 children (girls and boys), 300 women and 75 men established
- 11) 7 animation films targeting 175 children (girls and boys) and 175 mothers and fathers conducted

- 12) 7 puppet shows targeting 175 children (girls and boys) and 175 mothers and fathers conducted
- 13) Educational materials including posters (4) and brochures (6) printed
- 14) Awareness raising campaigns targeting 140 children (girls and boys), 140 parents (mothers and fathers) and 60 key community members including religious leaders and political leaders
- 15) 2 summer camps and 2 winter camps (3 days each camp) targeting 140 girls and 140 boys conducted
- 16) 1 summer camp (3 days) targeting 56 parents (28 mothers and 28 fathers) conducted
- 17) A base line and end line surveys conducted

The logframer application was used to develop the logframe for this project. Benefits of the logframe are that it brings all the key components of the planned activities together into a clear set of statements, clearly develops the structure of the interventions by defining the logical relationships among different levels of objectives and planning out activities, and helps assess external conditions that are likely to affect implementation of the interventions. Annex 1 shows the logical framework for this project.

All the activities, outputs and outcomes will lead in achieving the overall goal of this project and will contribute in achieving the overall developmental goal, as illustrated in the results based management (RBM) chain in the figure below:



**Figure 4: The RBM results chain**

## 4 TARGET GROUP

This section of the project proposal will provide a brief description of the site where the project will be implemented, and the direct and indirect beneficiaries targeted in this project.

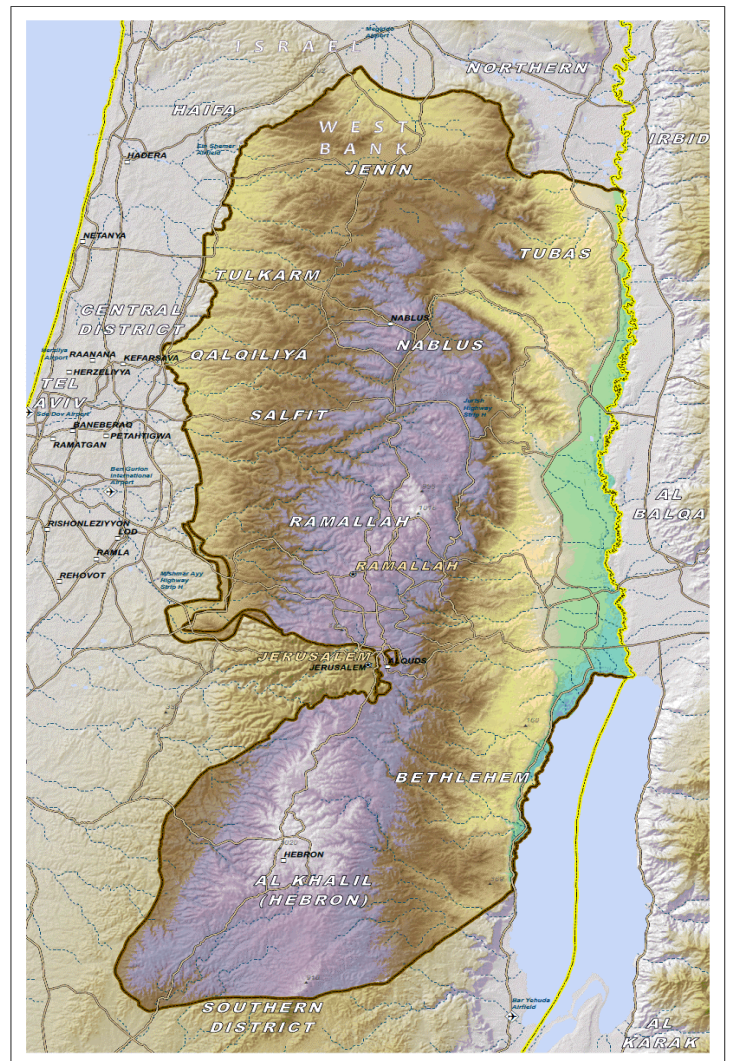
### 4.1 Brief Description of the Project Site

The West Bank (WB) in Palestine, including East Jerusalem, has a land area of 5,640 km<sup>2</sup>, and it has an estimated population of 2.79 million of which 1.42 million males and 1.37 million females. (Palestinian Central Bureau of Statistics, 2014). WB is home to nearly 750,000 registered refugees, around 190,000 live in 19 refugee camps, and most of the others live in WB towns and villages. Below some facts and figures about WB refugee camps (UNRWA, 2015g):

- 754,411 registered Palestine refugees
- 19 refugee camps
- 51,327 pupils (97 schools)
- 2 training centers (vocational and technical centers)
- 42 primary health centers
- 15 community rehabilitation centers
- 18 women's programme centers

*Figures as of 1 July 2014*

**WEST BANK ELEVATION MAP, OCCUPIED PALESTINIAN TERRITORY**



**Figure 5: West Bank elevation map, oPt.  
Source: OCHA - oPt (2015)**

In WB, a volatile political and security environment, mainly due to the Israeli occupation, breeds settler violence which poses a direct threat to the security and livelihood of many Palestine refugees. Restriction of movement as a result of the 712 km West Bank Barrier “Separation Wall”, checkpoints, and roadblocks created severe restrictions to accessing basic services and have transformed the geography, economy and social life of Palestine refugees. Israel, in 2002, decided to build the separation wall with the aim to prevent the violent attacks by Palestinians inside Israel. However, the huge part of the separation wall’s route is located within the WB leading to separate farming lands and Palestinian communities from the rest of WB and contributing to the fragmentation of the oPt (OCHA, 2013).



**Figure 6: Some pictures for the Separation Wall in West Bank, Palestine.**

**Source: Google Images (2015)**

This project will be implemented in seven refugee camps in the North area of West Bank, Palestine. A detailed description of each refugee camp will be discussed in the below sub-section.



## **4.2 Target Beneficiaries**

The primary target beneficiaries of the project are the refugees living in seven refugee camps in the North area of West Bank, Palestine.

### **4.2.1 Direct Beneficiaries**

- 1) 311 local community members, psychosocial counselors and social workers (178 female and 133 male) benefiting from capacity building and professional trainings.
- 2) 84 women, 70 men, 42 girls and 42 boys benefiting from established groups (mothers, sanitation and peers groups).
- 3) 150 girls, 150 boys, 300 women and 75 men benefiting from the information centers.
- 4) 175 girls, 175 boys, 175 mothers and 175 fathers benefiting from the animations films and puppet shows.
- 5) 100 mothers, 40 fathers, 70 girls, 70 boys and 60 religious and political leaders benefiting from awareness raising campaigns.
- 6) 140 girls, 140 boys, 28 mothers and 28 fathers benefiting from summer and winter camps.

### **4.2.2 Indirect Beneficiaries**

Families of the direct beneficiaries and the local community of the seven targeted refugee camps (around 96,850 people).

The seven refugee camps are:

- 1) Jenin Refugee Camp
- 2) Nur Shams Refugee Camp
- 3) Tulkarm Refugee Camp
- 4) Far'a Refugee Camp
- 5) Camp No.1 Refugee Camp
- 6) Askar Refugee Camp
- 7) Balata Refugee Camp



Figure 7: Map for the seven targetted refugee camps.

Source: UNRWA - West Bank / 19 Refugee  
Camps. Labels produced by Author.

Below table provides a brief description about each refugee camp which this project is targeting (UNRWA, 2015h):

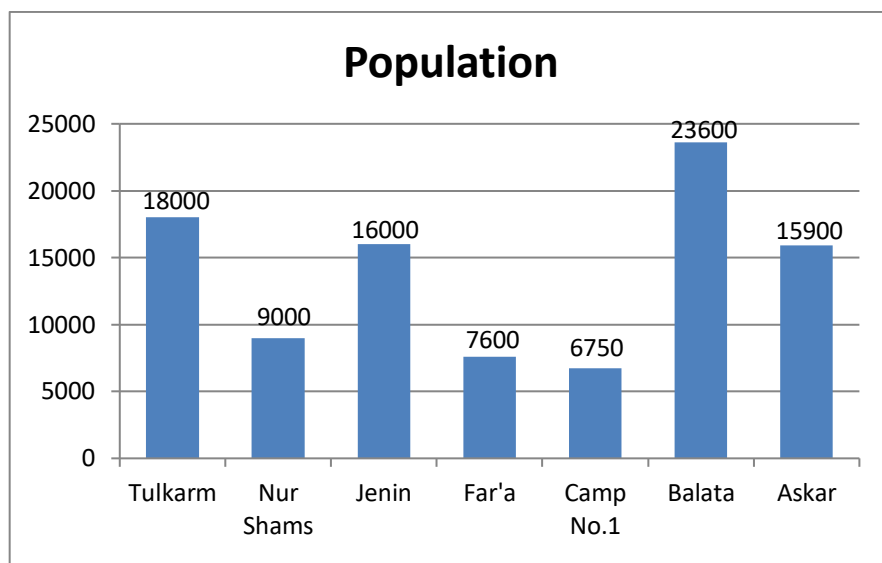
**Table 2: Brief description of each refugee camp and major problems**

#	CAMP	Description	Major Problems
<b>1</b>	Jenin Refugee Camp	Palestinians from the Carmel region of Haifa and the Carmel mountains were forced to leave their original villages and move to Jenin camp which was built in 1953. Camp is under Palestinian control since mid-1990s and it has access to public water, electricity infrastructure and municipal sewerage network. During second Intifada, precisely in April 2002, Israeli army closed the camp, imposed a curfew and prevented all access, even ambulances and humanitarian workers. Fifty two Palestinians, half of them civilians, and 23 Israeli soldiers died during 10 days fighting inside the camp. Many people were injured and almost 150 buildings were destroyed.	<ul style="list-style-type: none"> <li>• High unemployment</li> <li>• Overcrowded schools</li> </ul>
<b>2</b>	Nur Shams Refugee Camp	Refugees from villages around Haifa were housed in area near to Tulkarm in Nur Shams camp which was established in 1952. Camp is under control of Palestinian Authority since November 1998 and it is connected to public water and electricity infrastructure and most of the shelters inside camp are connected to the municipal sewerage network. One fifth of the camp's population is unemployed.	<ul style="list-style-type: none"> <li>• High unemployment</li> <li>• Overcrowded schools</li> </ul>
<b>3</b>	Tulkarm Refugee Camp	Tulkarm is the second largest camp in the West Bank, it was established in 1950 and it is under Palestinian control since 1995. It is connected to public water and electricity infrastructure, but without adequate sewerage system. Residents of the camp came from Haifa, Jaffa and Kissaria areas and today one third of the population is unemployed.	<ul style="list-style-type: none"> <li>• Insufficient sewage network</li> <li>• High unemployment</li> <li>• Overcrowded schools</li> </ul>
<b>4</b>	Far'a Refugee Camp	Far'a camp was established in 1949 and it was inhabited by people who came from many villages near to Haifa. The camp is under Palestinian Authority control since 1998. Due to the fact that the camp is situated near the Far'a spring in the Jordan Valley, UNRWA is able to supply water by pumping from the spring, which makes the camp one of the few camps in the West Bank who has that kind of possibilities, even though the spring during summer months does not meet the demand. Twenty two per cent of the camp residents are unemployed.	<ul style="list-style-type: none"> <li>• Unemployment</li> <li>• Water shortages</li> </ul>
<b>5</b>	Camp No. 1 Refugee Camp	Refugees from Lydd, Jaffa and Haifa are residents of this camp which was established in 1950 in Nablus area. Also people from Bedouin community found shelter there. Since there was a water spring that provided for refugees' water needs in the early days of the camp, it is also sometimes referred to as "Ein	<ul style="list-style-type: none"> <li>• High unemployment</li> <li>• Serious overcrowding</li> <li>• Lack of open spaces</li> </ul>

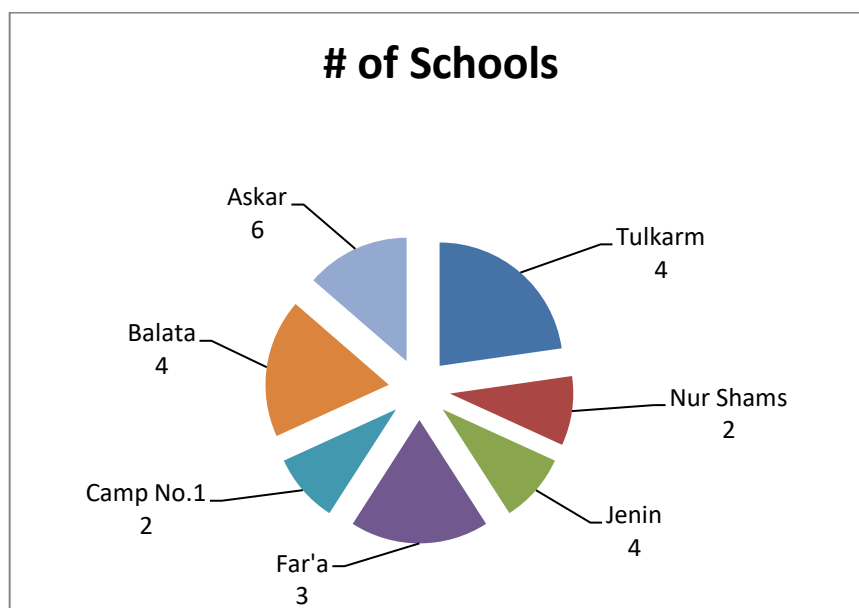


		Beit el-Ma''' (Spring of the House of Water). Since 1995 camp is under control of Palestinian Authority and 25 per cent of the inhabitants are unemployed.	<ul style="list-style-type: none"> <li>• Overcrowded schools</li> </ul>
<b>6</b>	Askar Refugee Camp	Another camp which was established in 1950 in Nablus area is Askar camp and it was inhabited by the refugees from villages in the Lydd, Haifa and Jaffa areas. Since it was overcrowded in 1965, residents tried to expand more in the area and called the place "New Askar", but it is not officially accepted as a camp. The original camp is in "area A" which is under control of the Palestinian Authority, and the new camp is in "area B" which is under joint PA-Israeli control and does not have UNRWA installations. Twenty eight per cent of the residents are unemployed.	<ul style="list-style-type: none"> <li>• Unemployment</li> <li>• Overcrowded schools</li> <li>• High population density</li> <li>• Split between Palestinian Authority and joint PA-Israeli control</li> </ul>
<b>7</b>	Balat Refugee Camp	Over 23,000 refugees are residents of the largest camp in the West Bank, Balata Refugee Camp, which was built in 1950 in the Nablus area. People from villages and cities of Lydd, Jaffa and Ramleh, many of them of Bedouin origin, found shelter in this camp. In 1994 The Refugee Committee to Defend Refugee Rights was established in this camp, which is also well known for youth and women's centers. One quarter of the residents are unemployed.	<ul style="list-style-type: none"> <li>• High unemployment</li> <li>• High population density</li> <li>• Overcrowded schools;</li> </ul>

All these refugee camps, like many other camps, were established on land UNRWA leased from the government of Jordan. Figures below show the number of population and number of schools in each refugee camp.



**Figure 8: Number of registered refugees in the seven targeted refugee camps**



**Figure 9: Number of UNRWA schools in the seven targeted refugee camps (inside the camps)**

## 5 PROJECT IMPLEMENTATION

This section will discuss the project implementation plan. It will outline the activity and resource plan, the cost saving measures, and the project's risk analysis.

This project will be implemented during a period of 36 months (**1<sup>st</sup> January 2016 – 31<sup>st</sup> December 2018**).

### 5.1 Activity and Resource Plan

This project has three main components:

- 1. Strengthening organizational capacity to address GBV in the context of emergency preparedness;**

The activities related to this component include conducting general trainings targeting the local community members on GBV issues and protection, professional trainings targeting the big committee members on GBV issues and detection, and in-depth trainings targeting the primary (core) committee members on GBV detection and treatment. Activities will include also developing technical guidelines for UNRWA staff on their role in the detection and referral of GBV victims, and establishing and developing standard operating procedures (manuals) describing the roles, guiding principle and minimum procedures for prevention and response to GBV.

The big committee, made up of 13-15 individuals, is a multi-sectoral network of UNRWA staff, NGO and CBO staff as well as community leaders from the refugee camp, working on identifying risks of violence and abuse and coordinating prevention efforts. The committees are clustered under five sectors: social protection; education & community awareness; justice; security and health. The core committee is a smaller committee which is made up of three individuals,

composed of a psychosocial counselor, a social worker and in some cases a member of the big committee which is involved in responding to GBV emergency cases within the refugee camp.

## **2. Developing result based framework (system) for GBV prevention/mitigation processes in emergencies;**

The main goal is to establish the result based framework (system), and make it available to all psychosocial counselors working on this project. This system will allow the GBV victims to have access to health, social services, legal advice, and counseling in addition to sheltering and access to courts. This system will establish procedures to collect, store and analyze the data and to allow safe and ethical sharing of reported GBV incident data. This will also assist psychosocial counselors to be able to understand the GBV cases which are reported as well as to enable sharing of data internally between UNRWA departments and externally with other NGOs and stakeholders.

## **3. Strengthening the participation of target communities and beneficiaries in GBV prevention processes.**

Active participation of people affected by crisis in identifying their needs and some support in designing projects and activities to address those needs improves the effectiveness of the projects and their sustainability.

The activities for the this components are mainly through a community mobilization and promoting behavioral change such as establishing mother groups, involving men in the project through establishing sanitation groups and also engaging girls and boys through establishing peer groups. The purpose of those groups will be raising the awareness on gender discrimination, child and sexual abuse and violence, and methods for self-protection.

Activities include establishing the information centers and to make them accessible to the beneficiaries, and conducting animation films and puppet shows targeting mothers, fathers, girls and boys. Other activities in this phase of the project is to conduct awareness raising campaigns, produce and print educational materials, and conduct summer and winter camps targeting girls, boys and their parents. Moreover, conducting a base line and end line surveys on the issue of

GBV within the targeted refugee camps is essential. The base line survey will be conducted to investigate the prevalence of GBV in the targeted refugee camps. The results of the survey will also be used to evaluate the effectiveness of the intervention in reducing GBV within the refugee camps.

Detailed activities work plan is presented in Annex 2.

## 5.2 Cost Saving Measures

Through this project, UNRWA will minimize the costs of activities targeting the refugee communities in the North area of West Bank, Palestine. In this project, money will be saved through:

- A. Having the coordination and cooperation of UNRWA's main departments by coordinating their activities and interventions and by avoiding having different kind of interferences at the same time with the target groups, which may result in loss of progress, spending more money and may not achieve the desired goals in efficient way.
- B. Decreasing the administrative burdens through avoiding doing the same job two times by different administrative staff members.
- C. Using the existing facilities of UNRWA such as the health centers and schools; in addition of using the existing UNRWA vehicles and offices.
- D. The existing UNRWA staff, mainly psychosocial counselors, school counselors and social workers will be the ones who are working in the field and implement the activities but they are also the members of the main and core committees.

## 5.3 Risk Analysis

Any project or business may face risks, and good management should take this into consideration for new projects or products. Risk Management should be an essential part of any project's

strategic management, and should be reviewed during all phases of the project cycle management. Risk Management is a process where the possible and probable risks related to a specific set of activities are analytically and systematically assessed and reduced (Tusa, 1994). Others, like Bower (2008, p.1) defined it as “an on-going process, and is a combination of proactive management directed activities within a programme that are intended to accommodate the possibility of failures”. The term Risk means any undefined and uncertain event or condition that if it happens may have a positive or a negative influence and effect on the objective of a project (Hillson and Hulett, 2004). Based on these definitions, we can see that there are two related elements: the first one is the uncertainty as the risk has not yet happened, and the second one is the impact on the project if this risk happens. In order to be able to manage the risks associated with this project, we systematically need to identify the risks and assessing their individual and collective potential for limiting the achievement of project objectives. This helps to identify why an intervention may not work out as intended, and identification of potential risks will enable the implementing to effectively deal with those risks. This risk assessment may lead to cost savings and increase the odds that the desired objectives and outcomes will be achieved.

To realize the objectives of this project, the following assumptions are made:

- Economic and political situations do not deteriorate.
- The current laws are maintained or improved.
- Continued willingness, commitment and cooperation of all stakeholders.
- Willingness and cooperation of the women and men as target beneficiaries.

The project manager and technical consultant with the help of the stakeholders will monitor the identified risks through regular meetings and follow up with the project team, community leaders and committee members in order to be able to take the appropriate actions in advance before the occurring of the risk(s).

Table 3 below shows the risk management plan for this project:

**Table 3: Risk Management Plan**

Risks	Importance	Probability	Mitigation Measures	Assumptions
<b>Economic and political situations is getting worse and deteriorating</b>	H	M		Economic and political situations do not deteriorate.  The current laws are maintained or improved.
<b>No cooperation between stakeholders. No support from the local communities and beneficiaries (beneficiaries dissatisfaction)</b>	H	L	Involve beneficiaries in development of work plans and evaluation of activities.  Build and maintain good relationships based on trust with the community leaders and community members.	Continued cooperation of all stakeholders.  Support continued from the local communities and beneficiaries for the project.
<b>Crisis escalation and political changes</b>	H	M	Review of daily media updates to predict and assess the situation.  Develop a contingency plan if needed.	Political situation is stable without any deterioration.
<b>Traditional cultural value sets</b>	M	L	Participating approach: staff and the community will be involved in all steps of the project; including design, implementation, and evaluation to ensure interventions are culturally sensitive and useful.  Make efforts to work with staff and community to ensure that activities are suitable for local contexts.	Willingness and commitment of women, men, girls and boys to be part of the groups and attend activities.  Continued support of parents to permit their children to attend the activities.
<b>Insufficient funds to conduct all the activities</b>	M	L	Allocation of money and prioritization of activities.	Funds are available to conduct activities
<b>Lack of skilled trainers</b>	M	L	Quality assurance for the hiring process of skilled trainers.	Funds are available to hire trainers
<b>Resistance by parents and community leaders to attend trainings and activities</b>	M	L	Mainstream participatory approaches in all trainings.	Parents and community leaders are willing and able to attend trainings and activities.

L= Low      M=Medium      H=High

## 6 BUDGET

The total budget for this project is **US\$ 507,108** as shown below in the budget summary table:

**Table 4: Project Budget Summary**

Budget Summary (January 2016 - December 2018)		
Budget Item	Amount US\$	% of Total Budget
Staff	\$199,800	<b>39,40%</b>
Training	\$70,600	<b>13.92%</b>
Operating Costs	\$140,054	<b>27,62%</b>
Running Costs	\$26,400	<b>5,21%</b>
Evaluation Component	\$20,000	<b>3.94%</b>
Indirect Cost (11%)	\$50,254	<b>9,91%</b>
Total Budget	<b>\$507,108</b>	<b>100%</b>

Detailed budget breakdown is shown in Annex 3.

## 7 MONITORING AND EVALUATION

Monitoring is a systematic collection of information and statistics, their analysis as the project progresses during implementation. The aim is to improve the efficiency and effectiveness of the project. Evaluation is to compare the actual project outcomes and impacts against the agreed plans. It looks more at what you have planned to do, what you accomplished and how you accomplished it (Shapiro, 2011).

The overall aim of the monitoring and evaluation (M&E) Plan for this project is to ensure that the project is fully resourced and structured to systematically generate, capture and disseminate knowledge as a means to strengthen the impact, efficiency and effectiveness of project interventions.



The plan's primary functions are to:

- ✓ Define the monitoring and evaluation mechanisms.
- ✓ Provide a monitoring and evaluation framework.
- ✓ Support evaluation to draw evidence-based lessons.
- ✓ Contribute to the worldwide knowledge on programming, monitoring and evaluation of GBV projects.
- ✓ Enable project participants to respond to challenges during the implementation.
- ✓ Outline mechanisms for information sharing and reporting.

Throughout the project implementation, monitoring will be an ongoing activity by conducting field visits by the project manager and technical consultant to the targeted refugee camps in order to be able to ensure the implementation of activities is as planned, and to see if there are any deviations from the plans so as to take required corrective measures.

The evaluation which will be conducted after the project ends will adopt the Development Assistance Committee (DAC) principles of evaluation which aim to define the relevance and achievement of objectives, developmental efficiency, effectiveness, impact and sustainability. This evaluation will take place in January 2021 (two years after the completion of the project).

Monitoring and evaluation matrix is shown in the following page:

**Table 5: Monitoring and Evaluation Matrix**

Impact / Outcome / Outputs	Indicators	Targets	Data sources	Data collection methods	Frequency	Responsibility
<b>Impact:</b> To contribute to the reduction of GBV within the Palestinian community in West Bank, Palestine.	# of GBV cases <sup>5</sup>	Dropped by 15% by the year 2020	National statistics to compare between 2014 and 2020  Yearly reports to measure the reduction/increase in GBV cases	Government Reports	Annually	Project Manager and Technical Consultant
<b>Outcome:</b> To strengthen GBV preparedness and prevention in emergencies in seven UNRWA refugee camps in the North area of West Bank, Palestine	Improved coordination between UNRWA departments  Changing of attitudes and skills for the UNRWA staff, community key persons, and committee members	50%	Periodic reports  Yearly evaluation  Field visits  Self-evaluation / assessment	Meetings and Field Visits  Assessment Forms	Quarterly	Project Manager and Technical Consultant
<b>Output 1:</b> Organizational capacity to address GBV in the context of emergency preparedness strengthened	# of trainings conducted during the time of the project  A training manual on GBV is developed  # of staff trained on gender and GBV in emergency (disaggregated by age and gender)  % of staff who participated in the trainings demonstrate a good knowledge on gender and GBV in emergency	17 trainings  By end 2016  311 staff members  70%	Trainings' evaluation  Training manual in place  Trainings' evaluation and participations sheets  Periodic evaluation and periodic reports	Training Evaluation Forms  Reports from staff and project team  Project staff feedback	Quarterly	Case Managers, Psychosocial Counselors

<sup>5</sup> Base line will be based on the baseline survey which will be conducted at the first stage of the project, so the targets may change based on the numbers from the base line survey.

Impact / Outcome / Outputs	Indicators	Targets	Data sources	Data collection methods	Frequency	Responsibility
	Confidence of target staff to recognize and address GBV in emergency preparedness settings/operations	20% increase	Pre-post surveys / tests			
<b>Output 2:</b> Result based framework (system) for GBV prevention/mitigation processes in emergencies developed	A GBV multi-sectoral prevention framework is established through a participatory process	By end 2016	System in place	Reports and meetings with project team	Monthly the first year and then quarterly during second and third year	Project manager, technical consultant, case managers, and psychosocial counselors
	GBV multi-sectoral prevention framework is established and available for use	By end 2016	Periodic reports  Direct feedback from the staff and key community persons	Focus groups and meetings with counselors and committee members		
<b>Output 3:</b> Participation of target communities and beneficiaries (women, men, girls and boys) in GBV prevention processes strengthened	A baseline survey is carried out	1 baseline survey	Actual survey	Surveys' data	Monthly and quarterly basis	Case managers, psychosocial counselors, project manager and technical consultant
	# of target beneficiaries (women, men, youth, community key persons) disaggregated by age and gender who participated in the awareness raising campaigns	340 children and parents	Community feedback	Activities' attendance sheets		
			Attendance sheets	Field visits and meetings with beneficiaries		
	# of women enrolled in the women groups (disaggregated by age)	84 women	Attendance sheets	Focus groups with beneficiaries		
	# of sanitation workers (men) enrolled in the sanitation groups (disaggregated by age)	70 men	Attendance sheets	Reports and meetings with project teams		
	# of children disaggregated by age and gender enrolled in the peer groups (disaggregated by age)	84 children	Attendance sheets			
	% of participants who demonstrate increased knowledge about GBV (disaggregated by age and gender)	50%	Periodic evaluation and periodic reports			

Impact / Outcome / Outputs	Indicators	Targets	Data sources	Data collection methods	Frequency	Responsibility
	# of information centers in place	3 centers	Centers are in place and working			
	# of target beneficiaries (women, men, girls and boys) disaggregated by age and gender who benefiting from the information centers	675 children and parents	Pre-post surveys / tests			
	# of animation shows conducted	7 shows	Evaluation sheets			
	# of beneficiaries who attended the animation shows (disaggregated by age and gender)	350 children and mothers	Attendance sheets			
	# of puppet shows conducted	7 shows	Evaluation sheets			
	# of beneficiaries who attended the puppet shows (disaggregated by age and gender)	350 children and mothers	Attendance sheets			
	# of educational materials printed and distributed	4 posters and 6 brochures	Materials printed			
	# of beneficiaries who attended the summer and winter camps (disaggregated by age and gender)	336 children and parents	Attendance sheets			
	An end line survey is carried out	1 end line survey	Actual survey			

## 8 REPORTING

In terms of reporting, two kinds of reports this project will be generated in: internal and external.

Internal reporting will aim to have clearly defined and efficient reporting lines to ensure compliance with approved work procedures. Timely and accurate reporting is an essential part for monitoring the project and to see if corrective measures are needed. Reports will be submitted by the psychosocial counselors to the case managers on a monthly basis, and the case managers will submit their reports to the project manager and technical consultant on a quarterly basis. Those quarterly reports will include an overview of the work carried out, including a summary of work progress compared with plans in order to enable timely response and corrective actions. Additionally, a yearly report (narrative and financial) will be prepared by the project manager and technical consultant to be shared with Director of UNRWA Operations in West Bank, stakeholders and donor. A summative narrative and financial reports will be also submitted at the end of the project.

The external reporting will aim to have a clear outlined financial and narrative report which will be shared with UNRWA administration, donor(s), stakeholders, and with the public.

Below is a summary of reports and staff responsible:

**Table 6: Summary of reports required and staff responsible**

Type of Report	Prepared By	Frequency	Submitted To
<b>Monthly reports</b>	Psychosocial counselors	Monthly	Case managers
<b>Quarterly reports</b>	Case managers	Quarterly	Project manager and technical consultant
<b>Yearly reports</b>	Project manager and technical consultant	Yearly	UNRWA administration, stakeholders and donor
<b>Final report (narrative and financial)</b>	Project manager and technical consultant	Once at the end of the project	UNRWA administration, stakeholders and donor

## **9 VISIBILITY**

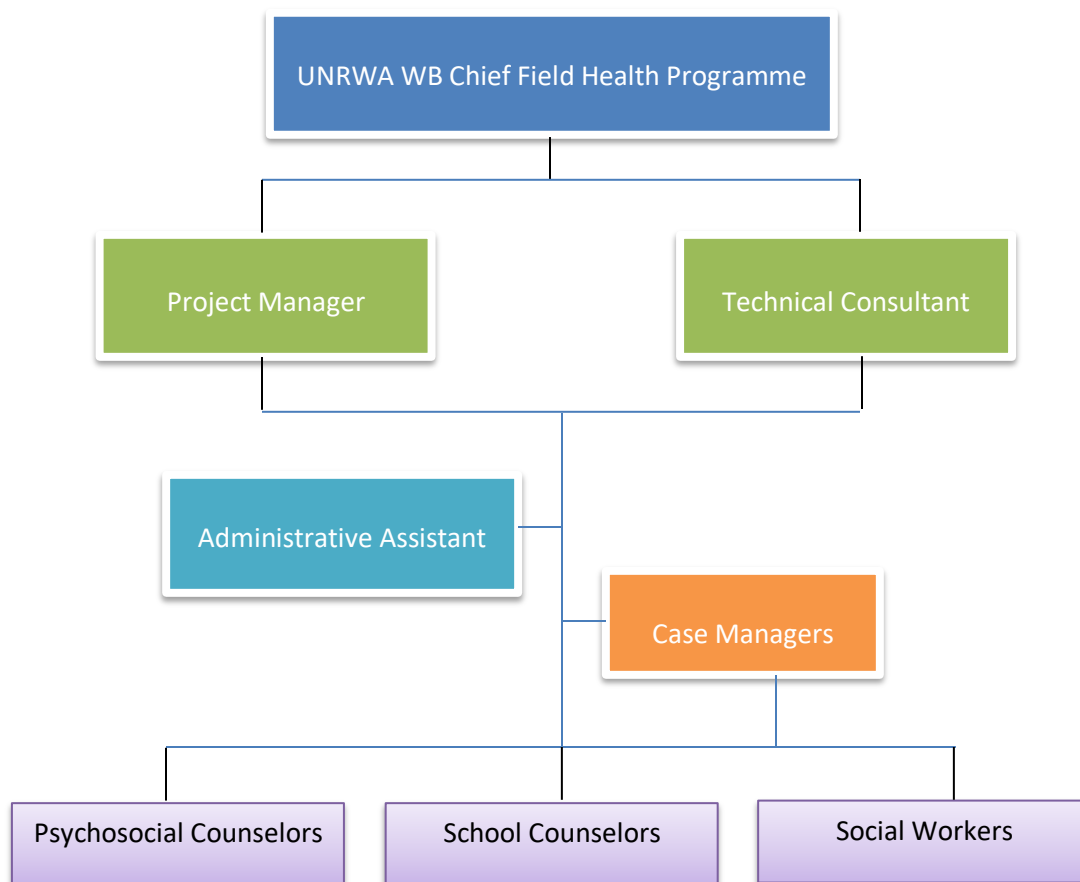
Visibility is a key issue for most of the donors and partners, which will promote donor's contribution to this project, and advocate project ideology and thus further encourage participation and acceptance of the wider population. UNRWA will include the donor's logo in the same dimensions/sizes as UNRWA's logo on any relevant documents or material referring to the project. In addition, achievements will be highlighted in public venues recognizing donor contribution.

## **10 MANAGEMENT AND PERSONNEL**

UNRWA, through the main three departments (health, education, relief and social services) will be the executing programmes of this project. Technically, this project will be the administrative home of the health department as GBV is primarily a public health issue as recognized by World Health Organization (Terry and Hoare, 2007, p. XVI).

The project manager, technical consultant, case managers and an administrative assistant will be hired by UNRWA WB health department, and will administratively and technically be under the authority of the Chief Field Health Programme. The project manager, technical consultant and administrative assistant will be placed at UNRWA Field Office and the two case managers will be working in the field to follow up the GBV cases and monitor the work of the psychosocial counselors (who are permanent staff members of UNRWA) working in this project.

Project's organizational chart is shown in the next page:



**Figure 10: Project Organizational Chart**

## 10.1 TOR for the Project Staff

Below a basic outline for a TOR for the main staff of this project is set forth, including for the project manager, technical consultant, case manager and psychosocial counselor.

### Terms of Reference for the Project Manager

- Plans, develops and manages the GBV project.
- Promotes a multi-sectoral approach to the GBV project in close collaboration with the stakeholders.
- Contributes to the development of training and educational materials related to the GBV project.

- Coordinates GBV project activities and follows up on implementation of the approved work plan.
- Maintains operational records, compiles necessary statistical data for the continuous and periodic monitoring and evaluation of GBV project outputs and outcomes.
- Takes corrective action based on monitoring information.
- Manages the project's staff in accordance with the strategic plans and job description to ensure the attainment of performance outputs and outcomes.
- Prepares yearly reports and final reports.

### **Terms of Reference for the Technical Consultant**

- Coordinates and works closely with the Project Manager.
- Responsible for ensuring the professional quality of the implementation of all project activities.
- Ensures the action plans are fulfilled meeting high quality professional standard.
- Selects the professional trainers who will conduct the general and in-depth trainings.
- Provides consultation and technical advice to every party involved in the project.
- Conducts sufficient visits to targeted camps during project implementation to obtain direct feedback from the beneficiaries.
- Provides professional training or supervision to project staff whenever he/she deems appropriate.
- Prepares yearly reports and final reports.

### **Terms of Reference for the Case Manager**

- Provides technical support to psychosocial counselors, school counselors, and social workers.
- Coordinates with external service providers as needed.
- Monitors case-management and ensures adherence to GBV protocols, confidentiality and reporting.
- Provides mentoring to psychosocial counselors, school counselors, social workers and other relevant UNRWA staff on GBV case management, referrals, and reporting.
- Assists in the development and provision of GBV project's interventions.
- Assists with preparing all relevant reports and correspondence regarding the GBV project.

### **Terms of Reference for the Psychosocial Counselor**



- Provides guidance and counseling to individuals and groups and conduct awareness raising activities to women, men, girls, boys, and elderly.
- Acts as focal point for the GBV committee members.
- Develops and conduct activities to raise the awareness in the community as related to gender, gender based violence, psychosocial well-being.
- Develops plans for quick crisis interventions, whenever needed.
- Prepares monthly reports.

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## **ANNEX 1: LOGICAL FRAMEWORK**

Impact		Indicators	Verification Sources	Assumptions
1	To contribute to the reduction of GBV within the Palestinian community in West Bank, Palestine.	# of GBV cases dropped by 15% by the year 2020	<ul style="list-style-type: none"> <li>National statistics to compare between 2014 and 2020</li> <li>Yearly reports to measure the reduction/increase in GBV cases</li> </ul>	<p>The current laws are maintained or improved</p> <p>Socio-political context continues to recognize the need to address GBV</p> <p>GBV cases/victims will not increase dramatically</p>
Outcome		Indicators	Verification Sources	Assumptions
1	To strengthen GBV preparedness and prevention in emergencies in seven UNRWA refugee camps in the North area of West Bank, Palestine	<p>Improved coordination between UNRWA departments</p> <p>Changing of attitudes and skills for the UNRWA staff, community key persons, and committee members</p>	<ul style="list-style-type: none"> <li>Periodic reports</li> <li>Yearly evaluation</li> <li>Field visits</li> <li>Self-evaluation / assessment</li> </ul>	<p>Socio-political context continues to recognize the need to address GBV</p> <p>Funds are available</p> <p>Continued cooperation of all stakeholders</p> <p>Support continued from the local communities and beneficiaries of the project</p>
Outputs		Indicators	Verification Sources	Assumptions
1	Organizational capacity to address GBV in the context of emergency preparedness strengthened	<p># of trainings conducted during the time of project</p> <p>A training manual on GBV is developed</p> <p># of staff trained on gender and GBV in emergency (disaggregated by age and gender)</p> <p>% of staff who participated in the trainings demonstrate a good knowledge on gender and GBV in emergency</p> <p>% increase in confidence of target staff to recognize and address GBV in emergency preparedness settings/operations</p>	<ul style="list-style-type: none"> <li>Trainings' evaluation</li> <li>Training manual in place</li> <li>Trainings' evaluation and participations sheets</li> <li>Periodic evaluation and periodic reports</li> <li>Pre-post surveys / tests</li> </ul>	<p>Willingness and commitment of UNRWA staff and community leaders to participate in the trainings</p> <p>Expert trainers with enough knowledge and experience are available</p> <p>Support continued from UNRWA administration and department's chiefs</p>
2	Result based framework (system) for	A GBV multi-sectoral prevention framework is	<ul style="list-style-type: none"> <li>System in place</li> </ul>	Willingness and commitment of UNRWA

	GBV prevention/mitigation processes in emergencies developed	<p>elaborated through a participatory process</p> <p>GBV multi-sectoral prevention framework is established and available to be used</p>	<ul style="list-style-type: none"> <li>• Periodic reports</li> <li>• Direct feedback from the staff and key community persons</li> </ul>	staff to use the result based framework (system)
<b>3</b>	Participation of target communities and beneficiaries (women, men, girls and boys) in GBV prevention processes strengthened	<p>A baseline survey is carried out</p> <p># of target beneficiaries (women, men, youth, community key persons) disaggregated by age and gender who participated in the awareness raising campaigns</p> <p># of women enrolled in the women groups (disaggregated by age)</p> <p># of sanitation workers (men) enrolled in the sanitation groups (disaggregated by age)</p> <p># of children disaggregated by age and gender enrolled in the peer groups (disaggregated by age)</p> <p>% of participants who demonstrate increased knowledge about GBV (disaggregated by age and gender)</p> <p># of information centers in place</p> <p># of target beneficiaries (women, men, girls and boys) disaggregated by age and gender who benefiting from the information centers</p> <p># of animation shows conducted</p> <p># of beneficiaries attended the animation shows</p>	<ul style="list-style-type: none"> <li>• Actual survey</li> <li>• Community feedback</li> <li>• Attendance sheets</li> <li>• Attendance sheets</li> <li>• Attendance sheets</li> <li>• Attendance sheets</li> <li>• Periodic evaluation and periodic reports</li> <li>• Centers are in place and working</li> <li>• Pre-post surveys / tests</li> <li>• Evaluation sheets</li> <li>• Attendance sheets</li> </ul>	<p>Support continued from the local communities and beneficiaries</p> <p>Willingness of beneficiaries (women, men, boys and girls) to attend the awareness raising activities and group activities</p>

		(disaggregated by age and gender) # of puppet shows conducted # of beneficiaries attended the puppet shows (disaggregated by age and gender) # of educational materials printed and distributed # of beneficiaries who attended the summer and winter camps (disaggregated by age and gender) An end line survey is carried out	<ul style="list-style-type: none"> <li>Evaluation sheets</li> <li>Attendance sheets</li> <li>Materials printed</li> <li>Attendance sheets</li> <li>Actual survey</li> </ul>	
Activities		Resources	Budget	Assumptions
<b>1</b>	<b>Organizational capacity to address GBV in the context of emergency preparedness strengthened</b>			
<b>1.1</b>	General trainings targeting local community members on GBV issues and protection conducted  (target group 175 person, female and male) 7 trainings (1 training for 25 person) (each training for three days)	Trainer  Training material  Venue  Stationary and supplies  Transportation for beneficiaries  Refreshments and meals	\$65 x 8 hours per day x 3 days x 7 trainings = <b>\$10,920</b> (trainer fees) <b>\$0</b> (part of the trainer fees to design and prepare the materials) \$100 per day x 3 days each training x 7 trainings= <b>\$2,100</b> (rent of place) \$5 per person x 25 persons per training x 7 trainings = <b>\$875</b> <b>\$0</b> (as they are living in the same refugee camp) \$20 cost of meal per person x 25 person per training x 3 days each training x 7 trainings = <b>\$10,500</b> <b>TOTAL BUDGET = \$24,395</b>	Willingness and commitment of UNRWA staff and community members and leaders to participate in the trainings  Expert trainers with enough knowledge and experience are available  Support continued from UNRWA administration and department's chiefs  Funds are available



1.2	<p>In-depth training for the primary (core) committee members on GBV detection and treatment conducted</p> <p>(target group 45 counselors) (20 counselor in one group and 25 counselors in the second group “female and male counselors) 3 trainings x 2 groups = 6 trainings Each training for three days</p>	<p>Trainer</p> <p>Training material</p> <p>Venue</p> <p>Stationary and supplies</p> <p>Transportation for staff and committee members</p> <p>Refreshments and meals</p>	<p>\$65 x 8 hours per day x 3 days x 6 trainings = <b>\$9,360</b> (trainer fees)</p> <p><b>\$0</b> (part of the trainer fees to design and prepare the materials)</p> <p>\$100 per day x 3 days each training x 6 trainings= <b>\$1,800</b> (rent of place)</p> <p>\$5 per person x 45 persons per training x 3 trainings = <b>\$675</b></p> <p>45 counselors x 9 days x \$7 each day= <b>\$2,835</b></p> <p>\$20 cost of meal per person x 45 person x 3 days each training x 3 trainings = <b>\$8,100</b></p> <p><b>TOTAL BUDGET = \$22,770</b></p>	
1.3	<p>Training for the big committee members on GBV issues and detection conducted</p> <p>(target group: 91 person, women and men) 7 trainings (1 training for 13 person) (each training for three days)</p>	<p>Trainer</p> <p>Training material</p> <p>Venue</p> <p>Stationary and supplies</p> <p>Transportation for staff and committee members</p> <p>Refreshments and meals</p>	<p>\$65 x 8 hours per day x 3 days x 7 trainings = <b>\$10,920</b> (trainer fees)</p> <p><b>\$0</b> (part of the trainer fees to design and prepare the materials)</p> <p>\$100 per day x 3 days each training x 7 trainings= <b>\$2,100</b> (rent of place)</p> <p>\$5 per person x 13 persons per training x 7 trainings = <b>\$455</b></p> <p><b>\$0</b> (as they are living in the same refugee camp)</p> <p>\$20 cost of meal per person x 13 person x 3 days each training x 7 trainings = <b>\$5,460</b></p> <p><b>TOTAL BUDGET = \$18,935</b></p>	

<b>1.4</b>	Develop technical guidelines for UNRWA staff on their role in the detection and referral of GBV victims	Specialist to design and develop the technical guidelines	\$150 x 15 days = <b>2,250</b> (Specialist fees)  <b>TOTAL BUDGET = \$2,250</b>	
<b>1.5</b>	Establish and develop standard operating procedures (manuals) "Describing the roles, guiding principle and minimum procedures for prevention and response to GBV"	Specialist to develop the manuals	\$150 x 15 days = <b>2,250</b> (Specialist fees)  <b>TOTAL BUDGET = \$2,250</b>	
<b>2</b>	<b>Result based framework for GBV prevention/mitigation processes in emergencies developed</b>			
<b>2.1</b>	Establish the result based framework (system)	Specialist to develop the framework	<b>\$4,000</b> (specialist fees / lump sum)  <b>TOTAL BUDGET = \$4,000</b>	Willingness and commitment of UNRWA staff to use the result based framework (system)  Computers are available to all staff working on this project
<b>3</b>	<b>Participation of target communities and beneficiaries in GBV prevention processes strengthened</b>			
<b>3.1</b>	Establish mother groups  (84 women, each group 12 women) (meeting 2 times per month)	Stationary and supplies  Refreshments	<b>\$2,500</b> (lump sum)  \$50 x 2 times per month x 36 months = <b>\$3,600</b>  <b>TOTAL BUDGET = \$6,100</b>	Willingness and commitment of women, men, girls and boys to be part of the groups and attend activities  Continued support of parents to let their children to attend the activities
<b>3.2</b>	Establish sanitation groups  (70 men, each group 10 men) (meeting 2 times per month)	Stationary and supplies  Refreshments	<b>\$2,500</b> (lump sum)  \$50 x 2 times per month x 36 months = <b>\$3,600</b>  <b>TOTAL BUDGET = \$6,100</b>	Good quality and purposeful animation films and puppet shows are in place  Venues / halls to accommodate the information centers
<b>3.3</b>	Establish peer groups  (84 girls and boys, each group 12 girls and boys) 50%-50% (meeting 2 times per month)	Stationary and supplies  Refreshments	<b>\$2,500</b> (lump sum)  \$50 x 2 times per month x 36 months = <b>\$3,600</b>  <b>TOTAL BUDGET = \$6,100</b>	Funds are available

<b>3.4</b>	Establish information centers	Books / articles	100 books x \$10 x 3 centers = <b>\$3,000</b>	
	(3 information centers)	Stationary and supplies	\$500 x 3 centers = <b>\$1,500</b>	
		Furniture	3 tables with chairs x \$200 x 3 centers = <b>\$1,800</b> 3 wooden shelves x \$100 x 3 centers = <b>\$900</b> 1 computer table x \$80 x 3 centers = <b>\$240</b>	
		Equipment	1 computer x \$900 x 3 centers = <b>\$2,700</b> 1 printer x \$400 x 3 centers = <b>\$1,200</b>  <b>TOTAL BUDGET = \$11,340</b>	
<b>3.5</b>	Animation film shows	Venue	\$100 per day x 7 days = <b>\$700</b> (rent of place)	
	(7 animation films)	Stationary and supplies	\$50 x 7 days = <b>\$350</b>	
	(in each refugee camp 1 film targeting 50 person, mothers, fathers, girls and boys) Total beneficiaries = 350	Refreshments and meals	\$10 cost of meal per person x 50 person x 7 days = <b>\$3,500</b>  <b>TOTAL BUDGET = \$4,550</b>	
<b>3.6</b>	Puppet shows	Venue	\$100 per day x 7 days = <b>\$700</b> (rent of place)	
	(7 puppet shows)	Stationary and supplies	\$50 x 7 days = <b>\$350</b>	
	(in each refugee camp 1 puppet show targeting 50 person, mothers, fathers, girls and boys) Total beneficiaries = 350	Refreshments and meals	\$10 cost of meal per person x 50 person x 7 days = <b>\$3,500</b>  <b>TOTAL BUDGET = \$4,550</b>	
<b>3.7</b>	Printing educational and awareness raising materials	Design and printing of the educational materials through printing shops	<b>\$800</b> cost per poster/brochure x 10 materials = <b>\$8,000</b>  <b>TOTAL BUDGET = \$8,000</b>	
	(4 posters and 6 brochures)			

<b>3.8</b>	<p>Conduct raising awareness campaigns/conferences</p> <p>(1 campaign per year) 140 children 140 parents 60 key community members</p>	<p>Venue</p> <p>Stationary and supplies</p> <p>Refreshments and meals</p> <p>Transportation for beneficiaries</p> <p>Printing materials</p>	<p>\$900 x 3 campaigns = <b>\$2,700</b></p> <p>\$500 x 3 campaigns = <b>\$1,500</b></p> <p>\$20 x 340 person = <b>\$6,800</b></p> <p>7 buses x \$1,000 each bus = <b>\$7,000</b></p> <p>\$1,000 x 3 campaigns = <b>\$3,000</b></p> <p><b>TOTAL BUDGET = \$21,000</b></p>	
<b>3.9</b>	<p>Summer and winter camps for children</p> <p>(2 summer camps and 2 winter camps targeting 280 girls and boys (70 children each camp), three days per summer/winter camp)</p>	<p>Accommodation (including meals, refreshments)</p> <p>Transportation</p> <p>Stationary and supplies</p> <p>Specialists (external trainers on issues such as music therapy, arts therapy, sports therapy)</p>	<p>\$90 per child x 280 child = <b>\$25,200</b></p> <p>6 buses x \$1,000 = <b>\$6,000</b></p> <p>\$1,000 x 4 camps = <b>\$4,000</b></p> <p>\$60 per hour x 12 hours per camp x 4 camps = <b>\$2,880</b></p> <p><b>TOTAL BUDGET = \$38,080</b></p>	
<b>3.10</b>	<p>Summer camp for parents</p> <p>(1 summer camp targeting 28 mothers and 28 fathers, three days per summer camp)</p>	<p>Accommodation</p> <p>Transportation</p> <p>Stationary and supplies</p> <p>Specialists</p>	<p>\$90 per person x 56 person = <b>\$5,040</b></p> <p>1 bus x \$1,000 = <b>\$1,000</b></p> <p><b>\$1,000</b> (lump sum)</p> <p>\$60 per hour x 12 hours per camp x 1 camp = <b>\$720</b></p> <p><b>TOTAL BUDGET = \$7,760</b></p>	
<b>3.11</b>	<p>Conduct base line and end line surveys</p> <p>(2 surveys)</p>	<p>Surveys developed and carried out by specialists</p> <p>Printing and distributing the surveys</p> <p>Collecting the surveys</p> <p>Analyzing the surveys and final report writing</p>	<p>\$7,000 total cost per survey x 2 surveys = <b>\$14,000</b></p> <p><b>TOTAL BUDGET = \$14,000</b></p>	

## ANNEX 2: ACTIVITIES WORK PLAN

Activities	2015		2016								2017								2018								2019		
	Q4		Q1		Q2		Q3		Q4		Q1		Q2		Q3		Q4		Q1		Q2		Q3		Q4		Q1		
	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M
<b>Preliminary steps:</b>																													
Contracts for Staff																													
Identification of qualified trainers																													
Procurement of supplies and stationary																													
Procurement of Furniture, equipment & PCs																													
<b>Project implementation:</b>																													
Training for the big committee members on GBV issues and detection																													





[illegible]



## ANNEX 3: DETAILED BUDGET BREAKDOWN

Budget Breakdown for the GBV project during the period 1 <sup>st</sup> January 2016 – 31 <sup>st</sup> December 2018				
Budget Item	Unit Cost	# of Units	Months	Total US\$
<b>A. STAFF EXPENSES</b>				<b>\$199,800</b>
Project Manager	\$1,700	1	36	\$61,200
Technical Consultant	\$1,300	1	36	\$46,800
Case Manager	\$900	2	36	\$64,800
Administrative Assistant	\$750	1	36	\$27,000
<b>B. OPERATIONAL EXPENDITURES</b>				<b>\$210,654</b>
General trainings targeting local community members on GBV issues and protection	\$3,485	7	1	\$24,395
In-depth training for the primary (core) committee members on GBV detection and treatment	\$3,795	3	2	\$22,770
Training for the big committee members on GBV issues and detection	\$2,705	7	1	\$18,935
Develop technical guidelines for UNRWA staff on their role in the detection and referral of GBV victims	\$2,250	1	1	\$2,250
Establish and develop standard operating procedures (manuals) "Describing the roles, guiding principle for prevention and response to GBV"	\$2,250	1	1	\$2,250
Establish the result based framework (system)	\$4,000	1	1	\$4,000
Community Awareness for Mother Groups	\$50	2	36	\$3,600
Community Awareness for Sanitation Groups	\$50	2	36	\$3,600
Community Awareness for Peer Groups	\$50	2	36	\$3,600
Information Centers / Mobile Libraries	\$3,780	3	1	\$11,340
Animation Films for Children and Mothers	\$650	7	1	\$4,550
Puppets Shows for Children and Mothers	\$650	7	1	\$4,550
Educational and Awareness Raising Materials (posters, brochures, etc...)	\$800	10	1	\$8,000
Awareness Raising Campaigns / Conferences	\$7,000	3	1	\$21,000
Summer and Winter Camps for Children	\$9,520	4	1	\$38,080
Summer and Winter Camps for Parents	\$7,760	1	1	\$7,760
Referral for severe cases	\$45	4	36	\$6,480
Laptops	\$1,250	5		\$6,250
Printers	\$400	2	1	\$800
Toner for Printers	\$143	8	1	\$1,144
Cameras	\$650	2	1	\$1,300
Base Line and End Line Surveys	\$7,000	2	1	\$14,000
<b>C. RUNNING COSTS</b>				<b>\$26,400</b>
Stationary and supplies for community activities (mothers, sanitation and peers groups)	\$2,500	3	1	\$7,500
Mobile phone running costs/communication charges	\$100	4	36	\$14,400
Visibility	\$1,500	3	1	\$4,500

D. EVALUATION COMPONENT				\$20,000
TOTAL COSTS (A+B+C+D)				\$456,854
E. INDIRECT COSTS 11%	11%			\$50,254
TOTAL COSTS (E)				\$50,254
TOTAL COSTS (A+B+C+D+E)				\$507,108