



## Promoting Sexual and Reproductive Health and Rights among Palestinian Society Project

# Systemization Report



**Promoting Sexual and Reproductive Health  
and Rights among Palestinian Society Project  
Systemization Report**

**Submitted to: Health Work Committees**

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## List of Abbreviations

<b>FGDs</b>	<b>Focus Group Discussions</b>
<b>GBV</b>	<b>Gender Based Violence</b>
<b>HWC</b>	<b>Health Work Committees</b>
<b>ICD-10</b>	<b>International Statistical Classification of Diseases and Related Health Problems</b>
<b>M&amp;E</b>	<b>Monitoring and Evaluation</b>
<b>MOH</b>	<b>Ministry of Health</b>
<b>MOE</b>	<b>Ministry of Education</b>
<b>NCD</b>	<b>Non Communicable Diseases</b>
<b>NRS</b>	<b>National Referral System</b>
<b>PA</b>	<b>Palestinian Authority</b>
<b>SRHR</b>	<b>Sexual and Reproductive Health Rights</b>
<b>WHO</b>	<b>World Health Organization</b>



## Executive Summary

The Health Work Committees (HWC), established in 1985, is a leading Palestinian Non-Governmental Health and Developmental Organization that adopts a Rights-Based Approach in providing health services and building development models to all segments of the Palestinian population particularly the poor and the marginalized; and, lobbying and advocating in support of favorable policies and legislations for the realization of free democratic society and its citizens enjoying their social rights.

HWC has completed a three year project titled “Promoting sexual and reproductive health and rights among Palestinian society”. The Project’s overall goal is to contribute to the promotion of Sexual and reproductive rights among Palestinians Society. The project also aimed at tackling five specific objectives, which are based on three thematic areas, which are institutional capacity building, development of sexual and reproductive health service provision, and creation and promotion of knowledge about sexual and reproductive health and sexuality.

This systemization report seeks to capture and present the successes and limitations of the aforementioned project. The report will discuss and analyze the highlights and good practices, as well as the challenges and lessons learnt, providing recommendations on aspects to be duplicated, scaled-up, or addressed to increase the efficiency, effectiveness, sustainability, and relevance of the project.

Numerous aspects of the project can be considered **to constitute a best practice and ought to be replicated in future projects** and/or scaled up. These can be classified into several categories, as follows:

- The introduction of new and unique services in all HWC centres and clinics; preconception, mental health services, marriage counselling, services for menopause women, sexual and reproductive health services for persons with disability, home visits and sexuality services.
- The complementarity of the services the HWC introduced under this project with other on-going services within HWC like the mobile clinic, school health program in Jerusalem, primary health services, Ishraqa centres and others.
- The participatory management approach, clarity in roles and responsibilities, continuous follow-up from program and project managers, the respectful and professional approach adopted by the management towards the staff, the inclusion of non-technical staff in the capacity building program, the provision of periodic counselling sessions and the utilization of M&E data in decision making.
- The targeting of marginalized groups such as people with disabilities, youth and school children in Jerusalem.
- The innovative and holistic capacity building program that was delivered to HWC staff.
- The institutional support that was achieved under this project such as the development of an electronic filing system, in addition to the preparation of two research studies; youth and menopausal women.
- Partnering with Al Jansaneya Forum and networking with close to 200 institutions across the West Bank



Despite the multifaceted, numerous, and multidimensional accomplishments of the project, this does not negate the need to **take certain aspects into consideration to improve the efficiency, effectiveness, sustainability, and relevance of future projects**. This can be categorized into several areas as follows:

- The limited sustainability of some interventions particularly since HWC covers a gap in service delivery in area “C” and H2, which are inaccessible to the PA. Additionally, the limited sustainability in the work with the Youth Ambassadors.
- The constrained ability to influence youth mind-sets coupled with the lack of awareness of SRHR in highly conservative contexts requires innovative and extensive methods of change.
- The potential of partnerships and networks can be further extended to ensure a higher level of benefit.
- The staff capacity building and well-being interventions have the potential to be extended to include more staff.

Media coverage and social media component of the awareness still needs further development.

In light of these lessons learnt and success that the project achieved, the consultant proposes a number of **recommendations**:

- Priority should be given to the hiring of the project staff that underwent extensive training at the first possible opportunity.
- HWC should vest its resources to engage in advocacy efforts targeting the PA to institutionalize the delivery of the new introduced services where possible.
- HWC should capitalize on its success in setting work around preconception as a model with the view of institutionalizing and mainstreaming of best practices.
- The youth Ambassadors be fully integrated into HWC development department and youth program to remain connected to HWC and its programs.
- HWC design a comprehensive long-term program targeting youth with conservative backgrounds.
- Advocacy and lobbying efforts targeting the PA to integrate content on SRHR within the educational system.
- There is a need to expand work on awareness raising interventions among school and university students.
- The duplication of the “peer-to-peer mentoring approach to include SRHRs.
- Partnerships are better solidified from the outset of the project and not at a later stage.
- HWC design and disseminate introductory badges to the Ambassadors –as well as other actors- to support their access into community organizations and centres in their places of residency.
- Expansion of the capacity building program to include additional members of the community, such as parents, teachers and health workers in different organizations.
- Expansion of the trainings to include non-technical staff of HWC as well as health professionals in other civil society organizations and the MOH.
- The debriefing sessions be scaled up to include additional target groups, such as medical doctors and nurses.
- HWC build the capacities of the media and communications department to innovatively highlight and cover project interventions and successes.
- The development of a manual for Social Media Usage to be used and shared with youth and school students.



## Introduction

The Health Work Committees (HWC), established in 1985, is a leading Palestinian Non-Governmental Health and Developmental Organization that adopts a Rights-Based Approach in providing health services and building development models to all segments of the Palestinian population particularly the poor and the marginalized; and, lobbying and advocating in support of favorable policies and legislations for the realization of free democratic society and its citizens enjoying their social rights.

HWC provides health and development services in fifteen health centers and clinics throughout the West Bank and the Old City of Jerusalem, in addition to a mobile clinic that reached communities and the poor in marginalized areas and isolated locations that have been annexed by the Separation Wall. HWC has also been building development models, lobbying and advocacy in order to influence policy, legislations and related national programs.

The project aimed at tackling five specific objectives, which are based on three thematic areas, which are institutional capacity building, development of sexual and reproductive health service provision, and creation and promotion of knowledge about sexual and reproductive health and sexuality. HWC has completed a three year project titled “Promoting sexual and reproductive health and rights among Palestinian society”. The Project’s **overall goal** is to contribute to the promotion of Sexual and reproductive rights among Palestinians Society. The objectives of the project are as follows:

- General Objectives: To enhance the SRH status of adolescents, youth, and women by increasing access to sexual and reproductive health rights, information, and services
- Specific Objective 1: To support and develop the quality of reproductive health services at HWC centers in the areas of intervention.
- Specific Objective 2: To improve and develop institutional structure for implementing partners in the areas of intervention.
- Specific Objective 3: To strengthen male involvement in the SRH services in the areas of intervention.
- Specific Objective 4: To raise awareness about SRH and reclaiming sexuality knowledge as human rights in selected communities
- Specific Objective 5: To develop research studies in the fields of sexual reproductive health fostering on youth and menopause.
- Additionally, the project outputs were as follows:
- Output 2.1 enhance the capacities of partner’s organizations staff in the fields of SRH and managerial skills during the project period.
- Output 2.2 improve and develop institutional infrastructure for partner’s organizations during the project period.
- Output 3.1 men become more aware about SRH services in the areas of intervention.
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- Output 4.1 Palestinian society with a focus on women, youth, parents, teachers and professionals has gained increased and scientifically correct knowledge about issues of sexuality and gender rights and are more aware and assertive of their bodies and sexual needs and identities.
- Output 5.1 Availability of research studies in the fields of sexuality, youth, and menopause women.

This systemization report seeks to capture and present the successes and limitations of the aforementioned project. The report will discuss and analyze the highlights and good practices, as well as the challenges and lessons learnt, providing recommendations on aspects to be duplicated, scaled-up, or addressed to increase the efficiency, effectiveness, sustainability, and relevance of the project. The report will commence with the presentation of the methodology of the research. The second section will present the main findings, including 1) highlights and good practices; 2) challenges and lessons learnt; and 3) additional recommendations. The report also includes the research tools and research schedule in the annex.





## Methodology

The consultant utilized a participatory approach that enabled HWC staff, partners, and beneficiaries to reflect on successes, best practices, and lessons learnt from the project's interventions and simply answer the question "why had we succeeded?". This approach strengthened the likelihood that the findings and recommendations are considered legitimate and useful to HWC and donor. The consultant utilized a gender sensitive approach to the assessment, where a gender perspective remains a main focus throughout the assessment in all aspects.

### **Details of the field work:**

The consultant collected data through a number of methods from different stakeholders involved in the implementation and management of the project. The data collection included field visits to three selected health centers and areas of implementation of the project; one in the North of the West Bank –Nablus, and two in the South of the West Bank- Beit Sahur and Halhul; seven in-depth interviews with HWC staff; and four focus group discussions (FGDs) with beneficiaries; two in the north and another two in the south of the West Bank, in addition to one FGD with trained clinic staff. Additionally, the consultant met one of the partner organizations.

### **Field Visits to HWC Health Centers (3):**

The consultant carried out field visits to three of the HWC health centers that were part of the project and delivered sexual and reproductive health and rights services to the communities. The field visits provided a better understanding of the success and challenges that were faced during implementation of the project and assisted the consultant in formulating and documenting best practices and lessons learnt. The field visits also included meetings with the project coordinators in the targeted communities to assess the successes and lessons learnt.

### **In-depth interviews with HWC management and project staff (8):**

The in-depth interviews with HWC management and project staff provided the consultant with insight into the extent to which objectives and desired outcomes have been accomplished, particularly within the wider framework of HWC vision, mission, and strategic objectives. The interviews also helped in identifying best practices and lessons learnt. Interviews also revealed challenges in the projects' implementation; obstacles and problems faced by the project team, as well as recommendations for programming, management, and delivery of future support for other projects.

### **FGDs with Women Beneficiaries (2):**

The consultant conducted FGDs in two of targeted locations in the north and south of the West Bank as advised by HWC. The focus group discussions included women beneficiaries from the targeted communities in Nablus and Beit Sahour. The consultant conducted two FGDs in an effort to give beneficiaries the chance to discuss the successes, challenges, added-value, expectations, and limitations of the project, in addition to their relationship with HWC.



### **FGDs with Youth (2):**

The consultant organized two FGDs with the youth that participated in the awareness sessions and trainings, discussing with them how the training has affected their ability to act as ambassadors for SRHR within their communities, alongside the factors that resulted in their success and the obstacles they faced.

### **FGD with Trained Staff (1):**

This FGD was a centralized meeting that brought together a sample of the trained staff from all over the West Bank to provide insights into the effectiveness and relevance of the trainings and how much these trainings have benefited the health staff in enhancing their performance. The discussion also tackled the tools and methodologies used in addition to the factors that resulted in successes or lessons learnt.

### **In-depth interviews with Partner Organization (2):**

These interviews provided insight into how Al-Jensaneya Forum, for example, as a partner organization helped HWC in implementing the project interventions and achieving the overall objectives. The interview supported assessing the project's successes, best practices, and lessons learnt. Lastly, these interviews complemented the findings of other interviews in terms of HWC's relationship with the beneficiaries and how this has contributed to the success of the project.

## Main Findings

The project “Promoting Sexual and Reproductive Health and Rights among Palestinian Society” is in line with National Health Strategy 2017-2022 in multiple dimensions. Particularly the project is in line with the first program of the strategy “high quality primary healthcare services and healthy life style promotion”, as follows:

- Goal 1 “ensure the sustainability and development of primary healthcare services according to Essential Package of services”
  - ◊ Objective 5 “support and develop mother and child care services, maternal care, postnatal care and family planning services.”
- Goal 4 “support and develop preventive health programs and early screening detection programs focusing on Non Communicable Diseases (NCDs) and disabilities.”
  - ◊ Objective 1 “promote healthy lifestyles and healthy behaviors through awareness campaigns and health education and national strategies and policies implementation.” It is important to note that both sexual and reproductive health were among the important areas identified under this objective.
  - ◊ Objective 2 “support and activate screening and early detection programs for cancer disease.”

Furthermore, the project is in line with the strategic plan of the Health Work Committees 2018-2020 and particularly a number of results under its first goal “A Sustainable, Rights-based Healthcare Provision”, as follows:

- Result 1.1 “Quality and accessible primary healthcare services at HWC centers”,
- Result 1.2 “A suitable infrastructure equipped with the latest technological solutions and adequate physical spaces”,
- Result 1.3 “Diagnostic and integrative complementary services for women patients at Dunya Women’s Cancer Center”,
- Result 1.4 “Providing women healthcare and school health services”,
- Result 1.5 “Effective health awareness and educational programs curated for different social groups”,
- Result 1.6 “Providing secondary care services at HWC centers”, and
- Result 1.7 “Competent human resources and continuous capacity-building programs.”

The relevance also extends to goals two “Devising and demonstrating developmental models to serve various social groups focusing on vulnerable groups” and three “Social and healthcare policies and legislations that guarantee equitable rights to all members of society”, as follows:

- Result 2.1 “Completing developmental models for the service of various social groups (the disabled, elderly...etc)”,
- Result 2.2 “Empowering male and female youth to participate in public life and address social and economic rights”, and
- Result 3.1 “The HWC is a primary resource center on healthcare information and analysis.”



## Highlights and Good Practices

Numerous aspects of the project can be considered to constitute a best practice and ought to be replicated in future projects and/or scaled up. These can be classified into several categories, as follows: new and unique services, management, targeting of marginalized groups and areas, capacity building of HWC staff, institutional support and research, and networking and partnerships.

### **Addition of New Services:**

In addition to prenatal (family planning, clinical and genealogical services), postnatal, and pap smear and breast cancer screenings, HWC introduced within the framework of the project seven new services into its centers:

- **Preconception:** a newly introduced service in 2017 whose importance was only recognized recently by the Palestinian Ministry of Health (MOH). Within this framework, the Ministry commenced in the development of provision protocols that are based on the protocol developed by HWC coupled with a preconception guidelines that supported the training of its staff on the use of the guidelines.
- **Mental health services:** the inclusion of mental health services as part of the women health program, especially for survivors of gender-based violence, took place in 2017 and 2018. The introduction of this service was coupled with the training of the relevant staff. Additionally, a first of its kind in the region psychosocial manual targeting women of different age groups, including girls, teenagers, women in reproductive health, and women in menopause was developed and published. The importance of the publication of this manual lies in contributing to the sustainability of the project in its utilization beyond HWC staff as a resource to all health professionals. In another dimension, the HWC introduced and utilized new forms to assess and diagnose cases; these are based on World Health Organization (WHO) standards and particularly the 10<sup>th</sup> version of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Similarly, psychosocial assessments were analyzed against the Edinburgh Postnatal Depression Scale, which enabled a rapid assessment to the status of the women and provided an entry point to service delivery.
- **Marriage Counseling:** a relatively new service that was introduced throughout the HWC clinics. Marriage counseling made available a professional opinion for young and newlywed couples on a number of topics, including sexual and reproductive health.
- **Services for menopause women,** including awareness-raising, psychosocial support, and screening for breast cancer and osteoporosis. Additionally, a research paper on the impact of the menopause on women was undertaken. The results of the research were utilized as the basis to design training sessions for HWC staff.



- **Sexual and reproductive health services for persons with disabilities:**

the program targeted women with disabilities in the target communities. In order to do so, based on a needs assessment, a number of HWC centers were rehabilitated, restored and equipped with advanced equipment, such as electric chairs and a winch with the view of making them accessible to women (and persons) with disabilities. This process of rehabilitation and restoration went hand in hand with the delivery of the services for women with disabilities. This targeting of women with disabilities as a marginalized and vulnerable group is highly important in light of the disproportionate impact of any context or policy on them. Furthermore, this approach should be replicated and scaled up to include additional centers and services as well as other vulnerable social groups.

- **Home visits** were conducted to extend the availability of services to social groups who are unable to reach HWC centers. These included women with disabilities with limited economic resources and postnatal women. This service builds on interventions from other HWC projects, such as the mobile clinics. As such, this reflects HWC's learning and development trajectory.

- **Sexuality services:** this is a new service introduced by HWC. This included awareness-raising activities. The delivery of this service was challenging as the topic of sexuality is considered a taboo in the vast majority of the targeted communities. HWC partner, Al-Jensaneya Forum, undertook and published a first of its kind research paper on youth perceptions of sexuality and gender rights. The research verified the challenging aspects of working on this topic. However, and despite the sensitivity of the topic it is highly recommended that HWC and partners continue to tackle this topic throughout the different health centers and awareness raising activities.

**Additionally,** the project enabled HWC to subsidize the provision of the screening services. Furthermore, to enable the efficient and effective delivery of these services, HWC upgraded the equipment available at some of its centers, such as the procurement of new Ultrasound machines. The importance of the introduction of these services lies in the scarcity of their provision to the public by State institutions and civil society, making them accessible to only a small segment of the society at a relatively high cost.



#### ♦ *Complementarity in Service Delivery:*

HWC sought to provide complementary and comprehensive services at its clinics. The introduction of the aforementioned new services contributes towards this end. Furthermore, the provision of complementary services by nurses, psychosocial counselor and doctor enabled HWC to identify gender-based violence cases and provide necessary services accordingly. It is also important to highlight that depression diagnosis services were provided in accordance with the Edinburgh Scale and ICD-10, mentioned above, to extend the delivery of complementary services.

Additionally, HWC explored opportunities to capitalize on preexisting resources and services. Within this framework, HWC's three Ishraqa centers deliver comprehensive services that extend beyond conventional service delivery to survivors of gender-based violence (GBV) to include economic empowerment services. The consultant recommends that this approach be extended to all HWC permanent clinics across the West Bank.

Additionally, HWC employed the mobile clinics of HWC to serve the purposes of the project, which enabled the reaching of marginalized areas (detailed below). The mobile clinics were equipped with a doctor, a nurse, and a social worker to enable the delivery of comprehensive and complementary services. This included basic screenings, checkups, manual breast tests, and psychosocial assessment and counseling services. Cases identified as requiring follow-up and additional examination were referred to the nearest HWC clinic, another capitalization on preexisting approaches. The mobile clinics also took part in the awareness-raising interventions and in promoting the availability of the newly added services. The effectiveness of these promotional activities was evident in the increased number of beneficiaries and persons requesting services at the HWC clinics.

This same comprehensive approach, which received highly positive feedback from the beneficiaries, coupled with the provision of legal services through the presence of a lawyer (in some cases) as well as lab testing, is applied by permanent HWC clinics. The positive and professional treatment and atmosphere in these clinics, coupled with the delivery of comprehensive and complementary services, were among the reasons cited by beneficiaries for continuously seeking services from HWC clinics.



### ♦ Management:

The management of the project includes several elements that should be continuously repeated in future projects, such as the adoption and continuous utilization of a participatory approach throughout all project interventions, including the planning phase, which was carried out in accordance with the needs assessment conducted in the field. This increased the sense of ownership of the project staff, particularly in terms of the choice of the training topics and the design of the interventions.

Additionally, the drafting and dissemination of job descriptions with clearly defined roles and responsibilities proved to be crucial to ensure the smooth flow of implementation of the project. These were coupled with the conduction of an orientation meeting on the outset of implementation bringing together all relevant parties, including board members, senior management, technical staff, and financial staff. The meeting covered all major project components, including objectives, budget, staff and beneficiaries selection criteria...etc. This meeting facilitated the unification of concepts and implementation approaches.

Another important aspect of project management is the continuous follow-up at the level of program manager, project manager, and field coordinators through monthly follow-up meetings and communication. Additionally, the intensive and high involvement of the program manager in the day-to-day implementation of the project and through field visits facilitated bridging any gaps in implementation as result of staff turnover.

The professional and respectful approach and manner adopted by the organization in working with the project staff was highly positive and influential in retaining and solidifying the commitment of the staff throughout the lifetime of the project. This was further increased by the continuous coaching and follow-up provided by the management to the staff. Additionally, the program manager vested efforts in mainstreaming messages on the values and approaches of HWC, namely the adoption of the human rights based approach, within the framework of meetings with the project staff, including the educators.

The inclusion of non-technical staff in the capacity building program is another innovative aspect that facilitated the mainstreaming of the culture of supporting Sexual and Reproductive Health and Rights (SRHR) across the organization, as well as enable the provision of comprehensive support by all relevant actors within the project.

Furthermore, the provision of periodic counseling sessions on a monthly basis for the benefit of mainly the social workers not only provided a platform for the highly crucial debriefing of the workers, but also served as a learning opportunity for sharing experiences and discussing contentious issues and cases.

The project also maximized the utilization of the monitoring and evaluation (M&E) systems that were put in place. This included, for example, the periodic revision and analysis –on a quarterly basis- of pre/post questionnaires and the altering and development of interventions accordingly.





### ◆ Marginalized Groups and Areas

The implementation of the project in marginalized areas remains a highly important issue that should be replicated throughout the programs of HWC, as these areas are the ones that usually suffer from financial constraint. One major challenge that HWC faced in this context was their inability to reach certain target groups in light of the high work load and more importantly social barriers. HWC mitigated this obstacle by conducting the awareness sessions inside households whose size enables the hosting of the target group.

In addition to the targeting of women with disabilities (highlighted above), throughout the lifetime of the project, HWC created three youth groups in the North of the West Bank and four youth groups in the South of the West Bank, each consisting of 20-25 individuals, the majority of which were males. This had positive reverberations throughout the cycle of the project as it challenges the prevalent power dynamics in the public sphere, which could later extend into the private sphere. The formation of the groups extended beyond the conventional target group of university students to include Palestinian workers inside the green line, and students in technical and vocational colleges. One of the challenges that faced HWC in working with these youth is that many of them were preoccupied with academic and work obligations and commitments. HWC overcame this obstacle by scheduling meetings and trainings over the weekend and after work/study hours. Each group of youth undertook twelve awareness-raising sessions in various topics, with approximately half of the individuals in the groups selected to undertake further trainings to become Ambassadors of SRHR in their communities.

It is important to highlight here the sensitive approach adopted by HWC in delivering these trainings, with male doctors conducting the sessions for the male youth on sensitive topics. Furthermore, a significant number of these youth was able to organize and conduct awareness-raising activities in their communities with the view of disseminating knowledge on SRHR. Those who did not organize formal activities disseminated information and knowledge on the topics in their social circles, family, and friends. Additionally, some of the youth partook and utilized the medical days that were organized by HWC and took place in their universities as an opportunity to exercise their newly acquired role as Ambassadors and refine their skills in raising awareness about SRHR.

Additionally, and in an attempt to sustain the success of working with the youth, HWC, especially the development department, will fully integrate the youth program to remain connected to HWC and its programs through simple activities, such as monthly follow-up meetings with the youth to continue to support them in their work as SRHR Ambassadors.

In addition to the creation of the youth groups, this project targeted adolescents, aged 11-17, in 21 schools in Jerusalem on new topics relevant to SRHR capitalizing on HWC's continuous work with schools in the city. This took place through coordination with the Ministry of Education (MOE) and their schools and covered topics such as personal hygiene, early marriage, nutritional habits and lifestyle during adolescence stage, menstrual cycle, violence, communication skills, and breast cancer. The targeting of school students under this project comes as a continuation of HWC's interventions with school students especially in Jerusalem where the Palestinian MOE does not have the capacity to conduct awareness sessions for its students on health topics.





♦ **Capacity Building of HWC Staff, Institutional Support, and Research:**

The capacity building program for HWC staff targeted numerous groups, including medical doctors, nurses, social workers, and some of the technical staff, the vast majority of which emphasized the quality of the training and proficiency of the trainers. The program extended over the whole project period and some of the topics were identified based on the needs in the field and those of the project staff. The program included trainings on psychosocial health, sexuality, national referral system (NRS), GBV, preconception, and interpersonal skills. The program was implemented centrally and in the project implementation areas and its sustainability extended through the provision of manuals and adoption of the peer-to-peer approach in the transfer of knowledge. The participants in the program praised the trainings, saying that it built their abilities as well as enabled them to utilize innovative approaches and methods in the implementation of awareness sessions, emphasizing that the program enabled them to take up and focus on sensitive topics, such as sexuality, through equipping them with the necessary knowledge and skills as well as building their confidence to put forward these issues.

One of the main factors enabling the success of the project is HWC's long experience in sexual and reproductive health as well as working in the field. Nonetheless, this did not negate HWC's acknowledgement of the need for continuous promotion of institutional capacity. This included the design and development of an electronic filing system, the development of the 2018-2020 strategic plan and associated M&E framework, the development of an anti-corruption policy, the development of the electronic financial system, and the development of the risk assessment policy. These developments were identified based on a needs assessment that adopted a participatory approach. Being environment friendly, the utilization of the externally developed electronic filing system was piloted in certain HWC centers that are within the women health program. HWC IT Officer was trained in using this program and the dissemination of the program to all HWC centers is expected to take place.

Two research studies were completed and published; one on youth perceptions of sexuality and gender rights, and the other on the impact of the menopause on women. The results of the latter research were utilized as the basis to design training sessions for HWC staff. Additionally, a psychosocial manual targeting women of different age groups, including girls, teenagers, women in reproductive health, and women in menopause was developed and published.



### ♦ Networking and Partnerships

Throughout the lifetime of the project, HWC capitalized not only on its long experience in working on health issues and their interconnectedness with gender and women's needs, but also on the capabilities of its partners. Within this framework, an unconventional and positive aspect of the project is the consolidation of partnerships beyond the scope of the mainstream, as was undertaken with Al-Jensaneya Forum. The fact that the Forum functions in a vastly different context enabled enriching of the program content and interventions, as well as the introduction of topics that are not usually tackled by Palestinian NGOs working in the West Bank. This partnership enabled Al-Jensaneya Forum to access a large number of marginalized areas that were previously inaccessible to them. The long and vast experience of HWC provided support and guidance to Al-Jensaneya Forum in the developed of the Terms of References, procurement procedures, formulation of official letters and other aspects of administrative support. Additionally, HWC facilitated the access of Al-Jensaneya Forum to schools to undertake and implement their activities through utilizing HWC as a flagship for accessibility.

Additionally, the building and fostering of partnerships across the West Bank served to promote the services provided within the framework of the project, mobilize the community to partake in the design and development of the services to be newly introduced, support the recruitment of the youth, and provide a space for the implementation of project activities. Within this framework, 100 institutions in the North of the West Bank and 76 institutions in the South of the West Bank were mobilized. These included community-based organizations, municipalities, service providers, women's centers, and charitable societies.

The project also targeted and integrated community leaders and figures within its lifetime. This proved to be beneficial in facilitating access to conservative areas, such as H2 area in Hebron. The success of this approach suggests that it should be scaled up to include all target locations.



## **Lessons Learnt and Recommendations**

Despite the multifaceted, numerous, and multidimensional accomplishments of the project, this does not negate the need to take certain aspects into consideration to improve the efficiency, effectiveness, sustainability, and relevance of future projects. This includes sustainability gaps, approach to working with youth from conservative backgrounds, partnership and networking potentials, and expansion of the scope of counseling sessions and the capacity building program in addition to a higher investment in the media component.

### ♦ **Sustainability of Interventions:**

One of the few areas that can be considered a weakness under this project is the limited sustainability of some interventions. While the sustainability of the services is guaranteed at HWC main clinics, this does not negate the impact of cutting down in the number of employees.

#### **Recommendations:**

- While the staff that will leave the project will continue to benefit their communities, the consultant recommends that priority be given to the hiring of these persons at the first possible opportunity.
- While service delivery in marginalized areas remains highly crucial, HWC should vest its resources to engage in advocacy efforts targeting the PA to institutionalize the delivery of these services where possible.
- HWC should capitalize on its success in setting work around preconception as a model with the view of institutionalizing and mainstreaming of best practices.

### ♦ **The Ability to Influence in Highly Conservative Contexts:**

While the consultant acknowledged earlier the importance of the integration of male youth in the target group and their mobilization as Ambassadors, the fact that some of these youth came from a highly conservative background and context hindered the transformation of their mindset to lead change.

#### **Recommendation:**

- The consultant recommends that HWC design a comprehensive long-term program targeting youth with such backgrounds; the program should utilize various techniques and approaches, with a focus on psychosocial counseling, designed to impact the values, approaches, and mindset of these youth.
- Advocacy and lobbying efforts targeting the PA should not be only towards the institutionalization of service delivery, but extend to lobby the PA to integrate content on SRHR within the educational system. In light of the perception of such topics as a taboo within the educational system it is necessary to rehabilitate teachers and create the necessary infrastructure to engage with these topics in a similar fashion to other scientific and social topics. HWC can and should invest in its networking, outreach, and membership capabilities to lead these civil society efforts.



### ♦ **Outreach of Media Activities:**

Social media and the internet remain a main source of information for youth and the community at large in relation to SRHRs. HWC utilized the development of innovative media products, such as short films and Facebook posts, in the awareness-raising activities. Despite the development of a number of media productions under this project, there is still a need for further work. Additionally, the media coverage of the project activities did not reflect the true scope and success of the project.

#### **Recommendations:**

- The consultant recommends that HWC build the capacities of the media and communications department to innovatively highlight and cover project interventions and successes. This also requires that the department be fully integrated in the program development and implementation phases to internalize the concepts and messages. The department should also be empowered to build a strong relationship with the media in Palestine to maximize dissemination of the progress of the project.
- The consultant recommends the development of a manual for Social Media Usage to be used and shared with youth and school students.



## Annexes

### Annex 1: Data Collection Tools:

#### FGDs with beneficiaries:

1. Date of interview:
2. Location:
3. Number of participants: M/F
4. What kind of services do you get from the HWC clinic? Which ones do you get only from HWC clinic?
5. Why did you approach the HWC center for such a service?
6. How often do you get these services?
7. How important are these services to you?
8. How did you know about it? What were your expectations when you went?
9. Have these expectations been met? Why? Why not?
10. How did these services affect your life? Positively and negatively? Why?
11. How comfortable are you in asking for advice/ consultation about SRH? Do you feel you can talk privately to your health provider about such sensitive topics?
12. What, in your opinion, was the best part of the service provision? Why?
13. What, in your opinion, can be improved in the service provision? Why?

#### FGDs with Youth groups

1. Date of interview:
2. Location:
3. Number of participants: M/F
4. What was your interaction with HWC? Training, service provision, awareness session... please explain
5. How were you selected/ heard about/ approached to receive this intervention?
6. What did these trainings/ sessions add to your knowledge? Change your life?
7. Why do you think these interventions were successful or needed improvement?
8. Where you able to conduct awareness sessions on your own after receiving the training? How do you rate this experience? Would you continue doing this after the project is completed?
9. What were the challenges/ lessons learnt from that experience?
10. Do you know what you need to do if you faced any problem while conducting the awareness sessions?
11. What do you think HWC can do better to improve this intervention?
12. Do you consider yourself a SRH ambassador in your community?
13. What are the factors that make you a successful ambassador or are hindering your success to become one?
14. What kind of support do you think you need from HWC to further improve your work?



### **Meetings with project coordinators in the field**

1. Date of interview
2. Location
3. Name of interview and position
4. What is your role in the project?
5. What, in your opinion, is the most crucial support that HWC senior management (program director, health manager...) provides for you? Is it enough?
6. How do you think the support you get can be improved?
7. Were the tasks assigned to you clear and doable? Are you able to ask for help if you needed it?
8. What do you consider the most successful intervention done through this project? Why?
9. What do you consider the most challenging intervention done through this project? Why?
10. What do you think are the main factors of success of the project? How can they be sustainable?
11. What do you consider the main hindrances of success of the project? How do you think they can be prevented or improved?
12. Do you think you will continue working on the issues that were part of the project after its completion? Why?

### **FGD with trained staff**

1. Date of interview:
2. Location (name of center that you work at):
3. Number of participants: M/F
4. What kind of trainings were you involved in?
5. How would you rate the methodology that was used in these trainings? Please explain
6. Did you participate in the design of the training program? Were your needs assessed prior to the training?
7. What, in your opinion, was the most beneficial training that you received? Why?
8. What, in your opinion, was the least beneficial training that you received? Why?
9. What in your opinion made these trainings a success/ failure? What are the factors that made these training beneficial/ less beneficial? (Availability of guidebooks, time, follow-up...)
10. Are you applying the skills and knowledge that you acquired in the training in your day-to-day work? Why? Why not?
11. Do you get continuous support from your supervisors to implement the skills that you acquired? How?
12. Do you think there are other trainings that you need in order to improve your work?



Youth Ambassadors and parents expressed a severe shortage of awareness and knowledge on SRHR among Palestinian society.

#### **Recommendations:**

- The consultant recommends that there is a need to expand work on awareness raising interventions among school and university students. This could prove particularly beneficial as the targeting of school students would enable the natural and gradual internalization of the concepts and practices surrounding SRHR, building on the experience in Jerusalem.
- The consultant recommends that the “peer-to-peer mentoring approach, that was implemented under different programs within HWC, should be duplicated and scaled up to include SRHRs. This method has proved its effectiveness in increasing the awareness of school students and youth about different health topics.
- Similarly, to facilitate the educational outreach component of the project, the consultant recommends that HWC design and disseminate introductory badges to the Ambassadors –as well as other actors- to support their access into community organizations and centers in their places of residency.

#### **♦ Scope of Capacity Building and Staff Wellbeing:**

In light of the success and added value of the capacity building trainings delivered to HWC staff, in addition to two women members of parents’ councils that participated in the awareness sessions and specialized trainings for HWC staff;

#### **Recommendations:**

- The consultant recommends that the capacity building program can be expanded to include additional members of the community, such as parents, teachers and health workers in different organizations.
- The consultant recommends that these trainings be expanded to include non-technical staff of HWC as well as health professionals in other civil society organizations and the MOH

HWC’s acknowledgement of the psychological burden and impact on social workers in light of stressful work environment through debriefing and counseling sessions is highly important and could be further extended.

#### **Recommendations:**

- The consultant advises that this be scaled up to include additional target groups, such as medical doctors and nurses.
- Another innovative approach to relief the social workers of the impact of their daily work is the expansion of recreational activities for their benefit.



### **In-depth interview with HWC management:**

1. Date of interview
2. Location
3. Name of interviewee and position
4. What is your role in the project?
5. How important is this project to the national health system? What new aspects do you think it brings?
6. How important is this project to HWC? How does it relate to the organization's strategic plan? (infrastructure, trainings, new systems...)
7. Was the project proposal built on a needs assessment? Consultative process?
8. What, in your opinion, is the most important aspect of this project? Is it different from other projects that HWC implements?
9. What is the most success this project has achieved in terms of improving the SRH in Palestinian communities?
10. Why do you think this success was achieved? And would you do it again?
11. What was the most challenging part in the implementation of the project? Why? How were you able to overcome it?
12. What aspects of the project do you think are sustainable? Why? Why not?

### **In-depth interview with project team:**

1. Date of interview
2. Location
3. Name of interviewee and position
4. What is your role in the project?
5. How important is this project to HWC? How does it relate to the organization's strategic plan? (infrastructure, trainings, new systems...)
6. What would you mention as a success of the project on the 5 different objectives? What factors resulted in this success?
7. Do you think the project has achieved its objectives? How?
8. What do you think were the main challenges that you faced? Why? How did you overcome them?
9. Were there follow-up meetings with field staff? Was there any documentation of these meetings/ follow-up on their outcomes?
10. What would be your recommendation for future projects? What would you duplicate? Why?
11. How much of the project outcomes are still in place? Do you think they will continue/ improve after project completion? Why?
12. If you had the chance to rewrite the proposal, what would you keep/ omit and why?





## Annex 2: Schedule for the Field Work:

#	Tool	Target	Name	Location	Conducted Date
1	FGD	14 Women Beneficiaries from Nablus	-	Nablus HWC Center- Old City	25 August
2	FGD	6 Male Youth Groups	-	Nablus	25 August
3	Interview	Project Coordinator	Alaa Abu Soud	Nablus	25 August
4	Interview	Awareness Raising Officer	Tahani Al Qaisi	Nablus	25 August
5	FGD	10 Women Beneficiaries	-	Beit Sahur	26 August
6	FGD	Youth Groups	-	Halhul-	11 September
7	Meeting	Project Coordinator	Fahid Abu Seif	Beit Sahur	26 August
8	Interview	Social Worker	Majdoleen Natour	Beit Sahur	26 August
9	FGD	11 Health Clinics Staff		Ramallah	1 September
10	In-depth interview	HWC Primary and Secondary Health- Head of Department	Dr. Ibrahim Abu Ayyash	Ramallah	8 September
11	In-depth interview	HWC Women Health Program Manager	Hanan Abu Ghosh	Ramallah	1 September
12	In-depth interview	HWC Financial and Administrative Manager	Waleed Abu Ras	Ramallah	September
13	In-depth interview	Head of Youth and Culture Department at Hebron Governorate	Amani Abu Sneineh	Hebron	11 September
14	In-depth interview	Al- Jansaneya Forum	Nida' Al-Shami	Ramallah	4 November
15	In-depth interview	School Health Program Manager- Jerusalem	Mohammad Al Haddar	Ramallah	11 November

# Promoting Sexual and Reproductive Health and Rights among Palestinian Society Project

## Systemization Report



### Health Work Committees

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