مركز العالم العربي للبحوث والتنمية
Arab World for Research & Development

Quality Research … Matters

Japan Platform (JPF)

Third Party Monitoring Report of JPF Funded
Peace Winds Japan (PWJ) Project
in Palestine (Gaza)

Contents

Acronyms

AWRAD	Arab World for Research and Development (AWRAD)
CBOs	Community-based organizations
FGDs	Focus group discussions
IOCC	International Orthodox Christian Charities, Inc.
KG	Kindergarten
KIIs	Key informant interviews
MOE	Ministry of Education
MoSD	Ministry of Social Development
NGOs	Non-governmental organizations
OECD-DAC	The Organisation for Economic Co-operation and Development's Development Assistance Committee
PCBS	Palestinian Central Bureau of Statistics
PwDs	People with Disabilities
PWJ	Peace Winds Japan
TPM	Third Party Monitoring
UNICEF	The United Nations Children's Fund
WHO	World Health Organization

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Introduction (Overview, Purpose and Methodology)

Project Overview

Japan Platform (JPF) is an international aid organization that was created in Tokyo in 2000. JPF supports NGO partners to implement emergency projects in 47 countries and committed to provide humanitarian assistance to those in need. JPF has been working in Gaza since 2014; undertaking multi-year health care and nutrition projects.

Under the current programme (2018 – 2020), Peace Winds Japan (PWJ) has implemented the project: **"Health/Nutrition Support for Vulnerable Pre-school-aged Children and Their Caregivers in the Gaza Strip"**.

The project started on October 12, 2018 and ended on December 31, 2019. It was implemented by PWJ as well as with International Orthodox Christian Charities, Inc. (IOCC) as the local implementing partner.

Target group: Preschool children between 3 to 5 years old.

Targeted locations: Deir al-Balah Governorate (Deir al-Bala, Al Musaddar, Wadi as Salqa), Khan Yunis Governorate (Khan Yunis, Al Qarara, Abasan al Kabira, Khuza'a) and Rafah Governorate (Rafah, Ash Shoka).

The purpose of this project was to contribute to improving the health and nutritional status of preschoolers by providing health and nutrition support to vulnerable preschoolers of mainly 3 to 5 years old and their families and kindergartens.

Activities	Target	# of beneficiaries
Component 1: Health Screening, Nutritional Treatment and Introduction to Medical and Health Service Providers		
Basic health screening	2,400 (1,200 KG children and 1,200 Non-KG children)	2,607 (1,407 children who are enrolled in the 12 KGs and 1,200 children who are not enrolled in a KG)
Referral to local partner or other hospitals/medical facilities	33%	1,332 children (35% of the above total number)
Provision (starting) of treatment by local partner or other hospitals/medical facilities	90%	1,266 children (95% of the above number)
Completion of the treatment received by local partner or other hospitals/medical facilities	80%	1,240 children (98% of the above number)
Component 2: Health and Nutrition Training for Parents		
Health and nutrition awareness training for the parents (or guardians) of KG children	1,620 KG parents	1,654 KG parents (600 fathers and 1,054 mothers)
	1,380 non-KG parents	1,356 non-KG parents (482 fathers and 874 mothers)
Practical cooking lessons for mothers	1,920	2,160
Component 3: Capacity Development of Kindergartens for Health and Nutrition Promotion		
Provision of equipment and materials to conduct basic health screening	12 KGs	12 KGs
Training on how to conduct basic health screening	60 kindergarten teachers and staff	60 kindergarten teachers and staff
Provision of basic first aid training	60 kindergarten teachers and staff	60 kindergarten teachers and staff

Health and nutrition education activities for children	1,200	1,511 children
Minor renovation work	12 KGs	12 KGs

Evaluation purpose and objectives

The TPM Services aim to achieve the following:

- To verify the project's results and outputs
- To assess the level of utilization of humanitarian principles and standards including appropriates and relevance; effectiveness and timeliness; safety of participants-children; involving and capacitating local partners; capacitating staff; sector needs; human rights respected, etc.
- To assess the effectiveness of the project's interventions in achieving its objectives and meeting its outcome indicators. This will be achieved by taking into consideration the situation at the start and end of the project (in retrospective).
- To understand the level of beneficiary satisfaction

Country context and sector overview

The estimated population of Palestine was approximately 4,850,000 people in 2018, according to the Palestinian Central Bureau of Statistics (PCBS), with roughly 3 million in the West Bank and 2 million in the Gaza Strip. The Hebron Governorate is the most populous, containing 15% of the total population, with the Gaza Governorate in a close second with 13.6%. The population of Palestine is relatively young, with nearly 4 in 10 Palestinians (38.7%) being under the age of 15.[1]

The majority of the primary health care (PHC) centers belong to the Palestinian Ministry of Health (MoG). MoG PHC centers make up 64% of the 732 PCC centers across the West Bank and Gaza, and PCC centers from NGOs make up the next 25%. UNRWA runs 65 of the PHC, making up 9% of the sector. In 2018 the MoG counted 82 hospitals across Palestine, 52 of which are located in the West Bank and Jerusalem, constituting 63.4% of the hospitals. The distribution of hospital beds (including in psychiatric and neurological hospitals) is only slightly higher in the West Bank, with one bed for every 750 people compared to Gaza's one bed per 760 people. As much as 53.8% of these beds are administered by the Ministry of Health in 27 hospitals.[2]

The top three causes of death in Palestine in 2018 were noncommunicable diseases. The leading cause was cardiovascular disease, which accounted for 31.5% of all deaths. The second leading cause of death was cancer at 15.4%, and cerebrovascular diseases (stroke) accounted for 13.0%. Among women, the most common type of cancer was breast cancer, while lung cancer was the most common for men. There was a difference in maternal mortality rate (MMR) between the West Bank and Gaza. The MMR in the West Bank was 14.8 per 100,000 live births, while the rate was notably higher in Gaza at 19.1 per 100,000 live births.[3]

The population and health sector in the Gaza Strip are particularly vulnerable. Because of the recurring conflicts with the Israeli military, approximately half of children in Gaza may suffer from PTSD according to some estimates.[4] On top of this, the Gaza Strip has faced over a decade of Israeli blockade which has

[1] Palestinian Health Information Center (2019). "Health Annual Report: Palestine 2018." p. 93 http://healthclusteropt.org/admin/file_manager/uploads/files/1/Health%20Annual%20Report%20Palestine%202018.pdf
[2] Ibid.
[3] Ibid.
[4] WHO. 2019. "Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan." https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_33-en.pdf

contributed to a shortage of critical medical equipment and supplies,[5] and the ongoing electricity and water crisis has led to an inability of hospitals and clinics to provide care.[6]

Poverty plays a huge role in child and infant health, especially in Gaza. According to UNICEF, around 126,000 children under the age of 5 – 35% of this age group in Palestine – are at risk of not reaching their full developmental potential due to exposure to violence, family and environmental stress, poor nutrition, and poverty.[7] This poverty and poor nutrition is particularly severe in Gaza, where 68% of households are severely or moderately food insecure.[8] Accordingly, the growth of 11% of children younger than 5 years old is considered stunted[9] and approximately 25% of them suffer from anemia.[10] Only 42% of children receive a "minimum diversity diet" according to UNICEF.[11]

Challenges of the evaluation and limitations of the report

The evaluation and TPM services for this project faced several challenges during the fieldwork implementation phase. The first challenge was related to obtaining an approval from local authorities in Gaza to implement fieldwork activities with beneficiaries. The Ministry of Interior in Gaza Strip requires all research organizations that work in Gaza Strip to submit an official request for a permit to implement research fieldwork activities. However, due to political tensions between the government in Gaza Strip and the Israeli government, and also due to internal matters within the Ministry of Interior, this permit process was put on hold for all research projects and all organizations, including AWRAD. Accordingly, there was a long delay in obtaining the permit, until 15 March, 2020.

The second challenge is the current Coronavirus situation. AWRAD team takes safety of beneficiaries, its fieldwork team and all other stakeholders very seriously, accordingly, after consultation with JPF, PWJ and other relevant partners, a unanimous decision was made to make adjustments to the methodology. The first adjustment was to conduct the survey interviews with beneficiaries over the phone, instead of face-to-face household interviews. This was deemed as an appropriate alternative that maintains the safety of everyone involved and also does not jeopardize the accuracy of data collection. We used online survey tool (SurveyMonkey). This adjustment also added an additional burden on AWRAD team, which had to obtain an official written consent from the government in Gaza to conduct the phone surveys on behalf of IOCC, to coordinate with the government regarding this consent. This had led to further delays in the fieldwork.

Regarding the qualitative data collection (i.e., Focus groups and interviews); we conducted the interviews through the phone or Skype or other online tools, and replaced part of the focus groups with in-depth interviews with beneficiaries.

[5] OCHA. 2019. "Gaza health sector still struggling to cope with 'Great March of Return' injuries." The Monthly Humanitarian Bulletin | May 2019. https://www.ochaopt.org/content/gaza-health-sector-still-struggling-cope-great-march-return-injuries
[6] OCHA. 2019. "Improvements to Gaza electricity supply." The Monthly Humanitarian Bulletin | June 2019, https://www.ochaopt.org/content/improvements-gaza-electricity-supply
[7] Ibid.
[8] OCHA (2019) *Humanitarian Needs Overview: 2019*. https://www.ochaopt.org/sites/default/files/humanitarian_needs_overview_2019.pdf
[9] WHO (2018), op. cit.
[10] UNICEF (n.d.), op. cit.
[11] Ibid.

Methodology

Data collection tools

In order to achieve the above objectives, we designed a mixed-method approach to collect data and information on the project and its results using the following key data collection methods:

- Quantitative survey with beneficiaries
- Focus Group Discussions (FGDs)
- Key Informant Interviews (KIIs)

We have developed the draft tools under a thematic framework, which included themes, indicators and sub-indicators. Each was individually operationalized for the respective tools. Moreover, the data collection tools are based on PWJ's project objectives and outcomes. We developed the data collection tools taking into consideration the need to collect information around the OECD-DAC five key evaluation criteria: Relevance, Effectiveness, Efficiency, Impact and Sustainability.

Moreover, the tools also take into account collecting data and information to assess the utilization of humanitarian core principles. This was done through reviewing the Core Humanitarian Standards (CHS) quality criteria and ensuring that the data collection tools address them, when applicable. The following is a list of the CHS quality criteria which also intersect with the OECD-DAC criteria mentioned above:

- Humanitarian response is appropriate and relevant
- Humanitarian response is effective and timely
- Humanitarian response strengthens local capacities and avoids negative effects
- Humanitarian response is based on communication, participation and feedback
- Complaints are welcomed and addressed
- Humanitarian response is coordinated and complementary
- Humanitarian actors continuously learn and improve
- Staff are supported to do their job effectively, and are treated fairly and equitably
- Resources are managed and used responsibly for their intended purpose

Annex A includes the final versions of the data collection tools.

Sample

The Survey:

We aimed to administer the survey to a sample of 220 direct beneficiaries of the project. Due to the challenges explained above, we were able to reach a total of 192 beneficiaries.

We used the lists of beneficiaries provided by PWJ and we selected the survey sample to be representative of each project component/type of activity.

Our sample was an independent representative sample of the beneficiaries, employing random sampling techniques. Using the Excel lists of beneficiaries, we randomly selected the sample stated above using automated random selection techniques. This would yield a representative sample of various criteria including: sex, age, location, etc.

However, the final and actual sample depended on the beneficiaries' willingness to participate in the survey and the reachability of beneficiaries.

Focus Group Discussions (FGDs):

Our methodology proposed conducting 4 focus groups targeting direct beneficiaries - Parents and kindergarten (KG) staff - so that groups intentionally targeted by the project are represented. We also aimed to recruit both male and female beneficiaries in the focus groups.

We originally proposed conducting the following FGDs:

1. Parents of children (To include parents of both children who were enrolled and not enrolled in the 12 KGs)
2. Fathers who received health and nutrition awareness training
3. Mothers who received health and nutrition awareness training and cooking lessons
4. KG staff and managers

In reality, due to the challenges in relation to getting permissions and Covid-19, AWRAD team was able to conduct one FGD – KG Managers[12], while replacing the other focus groups with seven in-depth interviews with beneficiaries (all female) of project components.

Key Informant Interviews (KIIs):

We also conducted the following 6 KIIs with key community informants in the project sites that possess a relevant perspective on the project activities:

1. PWJ Jerusalem Head of Mission
2. IOCC Gaza Office Representative
3. A representative of the Ministry of Health in Gaza
4. A representative of a local CBO involved in child health and nutrition in Gaza
5. A representative of the Health and Nutrition Sector Working Group
6. A representative of UNICEF in Gaza.

Fieldwork

Training of data collection team:

Seven of AWRAD fieldwork researchers were assigned to conduct the survey and all of them attended a training prior to beginning the fieldwork.

Training of a field team comprises the backbone of a successful research project and we heavily engage in preparing a competent field team for all undertakings. Before fieldwork and after obtaining JPF and PWJ's approval on the data collection tools; all researchers attended a central training session. Training pertained to the assignment at hand, and have also included broad practices and instruction about conducting survey interviews, facilitating FGDs and conducting KIIs.

The training focused on the overall goals of the project, and a thorough introduction to the tools, questionnaires, or guidelines to be used.

The training session covered the following:

- Explanation of the project objectives;
- Explanation of the research tools (i.e., questionnaires and FGD and KII guides);
- Detailed explanation of the questionnaires and guides, question by question;

[12] This FGD was conducted in a face-to-face meeting/workshop setting while following all governmental guidelines of social distancing for Coronavirus situation. Eight KG managers attended and all were female.

- Sampling design, methods of selecting participants and respondents, call back procedures, etc.;
- Quality control by supervisors and other team members;
- Discussion of any problems or respondent questions that may arise;
- Practice interviewing, facilitation and role-playing;
- Logistics of the survey, FGDs and KIIs;
- Means of ensuring safety and security;
- Ethical considerations and guidelines including working with vulnerable groups;

Data collection - Surveys

Our original approach was to implement the survey through face-to-face interviews in the field through household visits to beneficiaries. However, due to the challenges posed by the Coronavirus situation, our team implemented the survey through phone interviews, where they completed the survey questionnaire using an online form (SurveyMonkey) immediately during the phone interview.

Our core team then reviewed the data collected and ran data verification tests to ensure that all data has been collected accurately and according to plans.

The duration of data collection through the surveys took three days.

Data collection - Focus Groups and KIIs

AWRAD team conducted the FGD and KIIs mentioned above remotely through telephone or Skype or other similar method. Each FGD and KII were transcribed in detail by our researchers based on direct note-taking or based on audio-taping.

Data analysis and reporting

Data collected through the survey was analyzed using statistical methods. Analysis included identifying relationships between variables to capture the salience of variables. Moreover, we used frequency analysis to present the quantitative findings as well as a weighted average analysis for some results.

We used the weighted average to analyze and report the results of beneficiary satisfaction (e.g., Parents' assessment of the different components in the project). We asked the respondents in the survey to assess their satisfaction using a scale of (answer options):

(1) Unsatisfactory,
(2) Somewhat unsatisfactory,
(3) Somewhat satisfactory and
(4) Satisfactory.

We then calculated the *weighted* average of satisfaction level using the following formula:

Number of responses within each scale level (e.g., 100 reported the component as "Satisfactory") * Scale score (e.g., (4) for Satisfactory) ÷ total number of responses for the question (e.g., 200)

The use of the weighted average instead of simple average allows us to take into account the number of responses per each scale level/ answer option to determine the degree of importance of the answer options.

The weighted average satisfaction level is a score that varies between 1-4, and is helpful to indicate the room for improvement – the difference between maximum score of 4 and the actual score, which would help project team assess where they can introduce future improvements, if necessary.

Data analysis included transcript analysis for FGDs and in-depth interviews and thematic analysis for qualitative data with a focus and link to the project's objectives and intended outcomes. Analysis of qualitative data included regular check-ins' with members of the field research teams. This allowed for richer interpretations of the data and clarification from those who conducted the data collection about concepts and translations that may have been unclear.

We synthesised the findings from the various data collection tools to determine key findings and conclusions to inform the future planning of JFP and PWJ's future interventions. Results of data analysis will also be checked for validity with members of the research team, JPF and PWJ staff, and relevant local implementing partners' staff.

Evaluation Analysis and Key Findings

Relevance

Project design in line with the overall context in Gaza Strip

The PWJ and IOCC project team made an effort to align the project's objectives with those of the health sector as well as the education sector in relation to pre-school children and KGs. This was done through several meetings with representatives of the health and education ministries and local relevant organizations dealing with pre-school children and nutrition field. Moreover, the team also took into account the overlap of provision of similar services, where they determined the targeted areas taking this into account, to avoid other areas in Gaza that other organizations are working on the same topic.

According to key informants we talked to as part of this project, there was an agreement as to the relevance and importance of the project to the needs of children in Gaza. They believe this relevance comes from different dimensions, one is the actual needs of children in relation to health services and nutrition support and the limited availability of these services, and second is the negligence of the KG sector and its needs by official bodies in Gaza Strip.

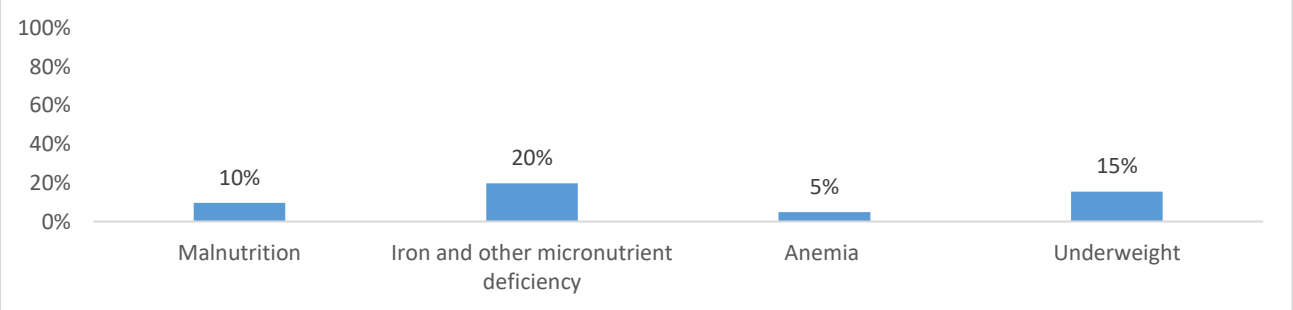
"There is a big issue in Gaza where ministries do not properly follow up on the KG sector and it is considered a forgotten sector. Moreover, there are 695 licensed KG in Gaza Strip according to the Ministry of Education (MOE), and almost a similar number that are non-licensed, with an estimated 69,000 children. Tests and screenings are only done within the licensed KGs, and currently UNICEF, Save the Children and Islamic Relief are targeting a total of 150 KG, and you can consider the remaining to not have any tests or screenings if they are not supported through projects and donors" Mr. Baha Al-Shatli – UNICEF Representative

On the needs and issue of malnutrition and similar deficiencies, Mr. Al-Shatli said:

"Malnutrition and bad eating habits exist widely, and they are mainly spread due to poverty and the worsening economic situation, and these are very dangerous issues as they can affect the child's growth physically and mentally" Mr. Baha Al-Shatli – UNICEF Representative

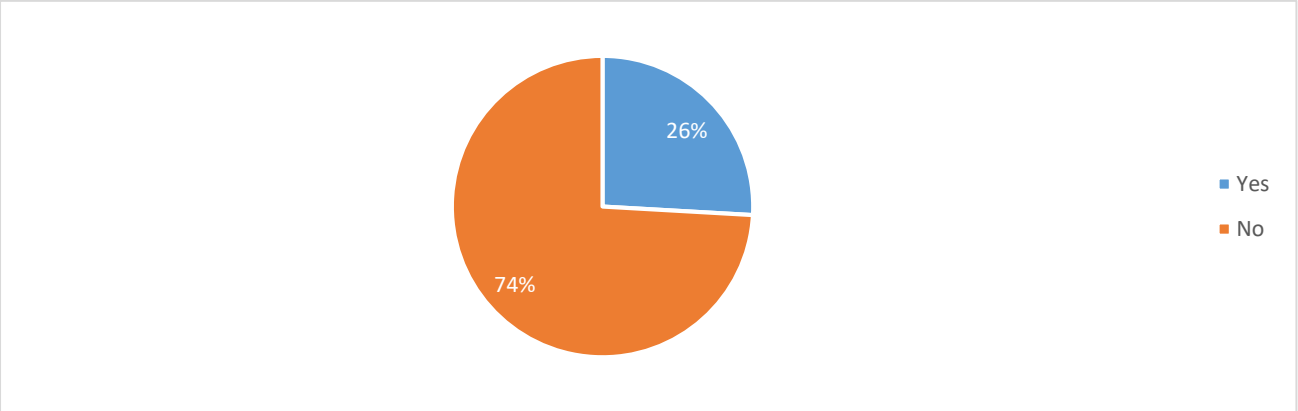
Furthermore, the findings of the Gaza Health Situation Baseline Survey (conducted by AWRAD) revealed some additional quantitative data that support the relevance of the PWJ project. For instance, 50% of the respondents (188 out of 385) have children (under 6 years old), and 50% of these reported that their children suffered from some sort of nutrition related deficiency, the details of these deficiencies and relevant percentages are illustrated in the following graph:

Graph (1): Allocation of children's nutrition-related deficiencies for respondents in the Gaza Health Situation Baseline Survey



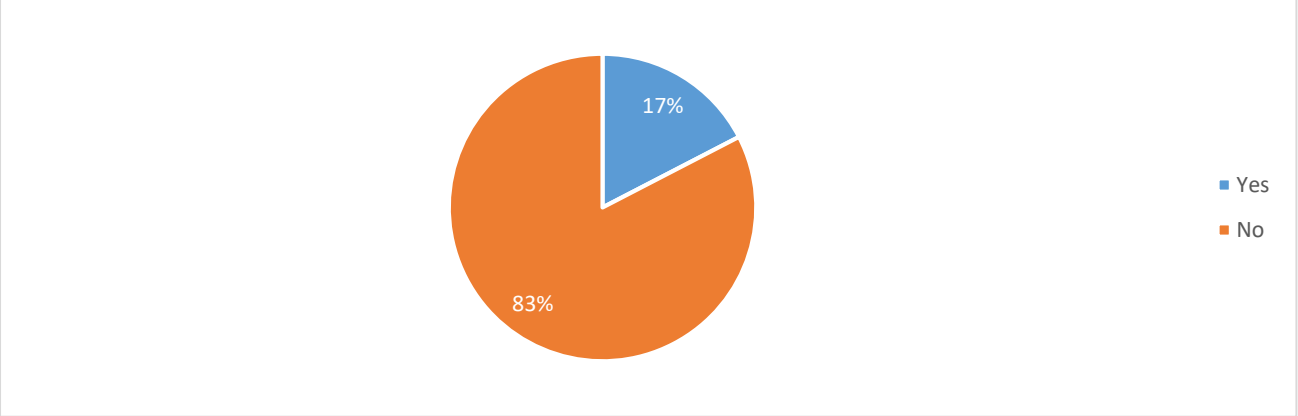
Moreover, only 26% of respondents (97 respondent) reported having attended/participated in any child health and nutrition awareness activities during the past two years as illustrated below:

Graph (2): Percentage of respondents who reported having attended/participated in any child health and nutrition awareness activities in the Gaza Health Situation Baseline Survey



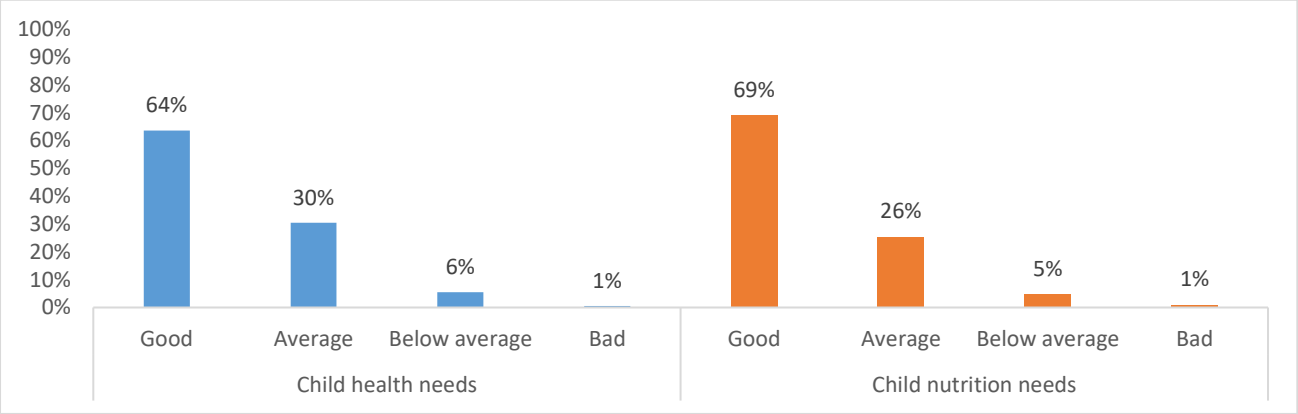
Similarly, only 17% of respondents (67 respondent) reported having received training on child health and nutrition during the past two years as illustrated below:

Graph (3): Percentage of respondents who reported having received training on child health and nutrition in the Gaza Health Situation Baseline Survey



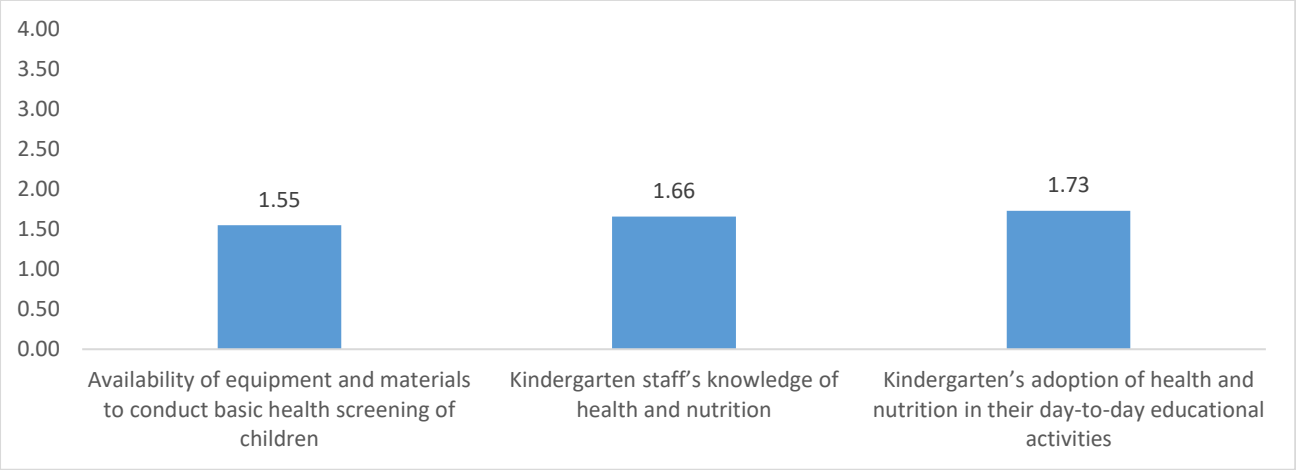
Finally, moderate percentages of respondents reported possessing a good knowledge in relation to child health needs and nutrition needs as illustrated in the following graph:

Graph (4): Self-assessment of knowledge in relation to child health needs and nutrition within the Gaza Health Situation Baseline Survey



As for their assessment of the KGs' abilities in promoting child health and nutrition in the community, the weighted average satisfaction levels of respondents (parents who have children in KGs) in relation to the KGs' capacities was not very encouraging as illustrated in the following graph:

Graph (5): Assessment of the KGs' abilities in promoting child health and nutrition in the community within the Gaza Health Situation Baseline Survey (weighted average score)



There is clearly a room for improvement from the point of view of parents regarding KGs' capacities (materials and human capacities) in relation to children's health and nutrition support.

The above findings of the baseline survey support the relevance of the project's activities and components in terms of its objectives and design, especially in terms of focusing on building the awareness, knowledge and capacities of parents and kindergartens' staff in relation to child health and nutrition, an area that is obviously in need of support as the above data illustrated.

Project design in line with beneficiaries' needs

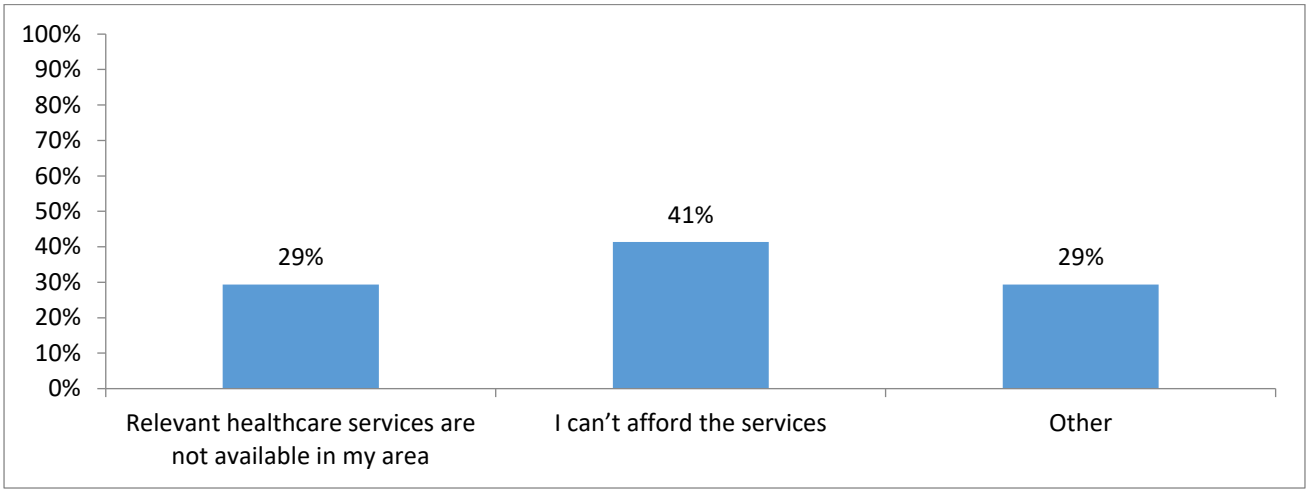
First of all, during the project launch phase, and in order to design the project appropriately and in relevance to the people's real needs, the project team conducted focus groups with parents through the 12 partner KGs. The main reason for conducting the focus groups was to discover the real knowledge level of parents for issues related to their kids` health. Also, the selection of parents who participated in the focus groups was done based on representative criteria such as living conditions, education levels, etc.

Furthermore, the project team used a Needs Assessment Form to clearly and accurately identify parent's needs and knowledge gaps and accordingly inform the design of the intervention.

Similarly, a baseline survey was conducted for the selected KGs to identify their current status and properly plan for the needed interventions. Also, a need assessment form was completed for each KG.

According to the quantitative beneficiary survey employed by the evaluation team the majority of respondents (70%, 132 respondent) have not received a basic health screening for their children within the two years prior to the project. When asked about the reason for this, the majority (41%, 55 respondent) stated that the cost of such services was the reason, while the unavailability of services and other reasons were also mentioned, as summarized in the following graph:

Graph (6): Beneficiaries' reasons for not having received a basic health screening for their children within the two years prior to the project

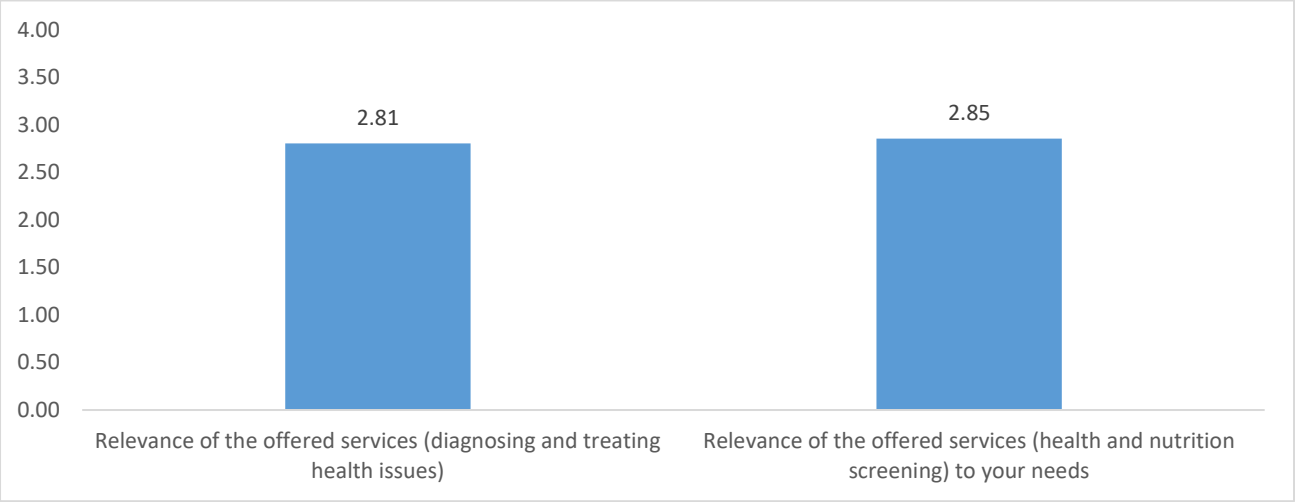


Similar results were also reported regarding visiting a medical facility for diagnostic or treatment services for beneficiaries' children, where 54% (103 beneficiaries) responded that they haven't made such a visit during the past two years, and the number one reason they stated was inability to afford the services (43%, 44 respondents).

This indicates the existence of a need for health and nutrition related services based on the beneficiaries' feedback in the survey.

Another finding that indicates that the project's activities were in line and relevant to beneficiaries' needs was about the beneficiaries' satisfaction with the relevance criteria in relation to the basic health screening:

Graph (7): Relevance of the basic health screening component according to parents (weighted average)



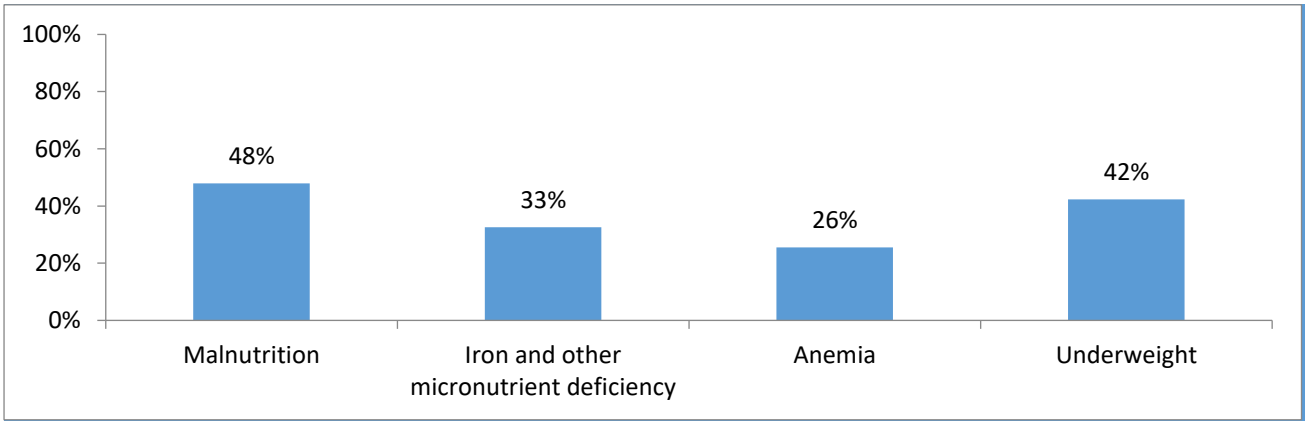
Selection of beneficiaries

The selection of beneficiaries (i.e., KGs) was done in a methodological way by employing prioritization criteria and a scoring system. A screening form was used and then all KGs were assessed based on the selection criteria which facilitated a selection of KGs that were most relevant to the objectives of the project. Annex C includes the KGs' Screening Form and the Prioritization Criteria and Scoring System.

Based on the quantitative beneficiary survey results; a large number of beneficiaries reported having a child (below 6 years old) who suffered from nutrition related deficiencies during the past two years, the following graph summarizes the percentages according to the type of deficiency:

Did your child suffer from any of the following deficiencies during the past two years?	Yes	
	%	Frequency
Malnutrition	47.89%	91
Iron and other micronutrient deficiency	32.63%	62
Anemia	25.53%	48
Underweight	42.33%	80

Graph (8): Allocation of nutrition related deficiencies for children of beneficiaries



Effectiveness and Efficiency

Overall

The project achieved all of its planned outcomes and results as per the project plans. The number of beneficiaries reached (KGs, Children and Parents) were in line with the plans according to the following table which summarizes the key components and activities of the project, as well as other relevant details and progress as of 5th of January 2020.

Activities	Original target	# of beneficiaries	% of achievement
Component 1: Health Screening, Nutritional Treatment and Introduction to Medical and Health Service Providers			
Basic health screening	2,400 (1,200 KG children and 1,200 Non-KG children)	2,607 (1,407 children who are enrolled in the 12 KGs and 1,200 children who are not enrolled in a KG)	108%
Referral to local partner or other hospitals/medical facilities	33%	1,332 children (35% of the above total number)	106%
Provision (starting) of treatment by local partner or other hospitals/medical facilities	90%	1,266 children (95% of the above number)	105%
Completion of the treatment received by local partner or other hospitals/medical facilities	80%	1,240 children (98% of the above number)	123%

Component 2: Health and Nutrition Training for Parents			
Health and nutrition awareness training for the parents (or guardians) of KG children	1,620 KG parents	1,654 KG parents (600 fathers and 1,054 mothers)	102%
	1,380 non-KG parents	1,356 non-KG parents (482 fathers and 874 mothers)	98%
Practical cooking lessons for mothers	1,920	2,160	125%
Component 3: Capacity Development of Kindergartens for Health and Nutrition Promotion			
Provision of equipment and materials to conduct basic health screening	12 KGs	12 KGs	100%
Training on how to conduct basic health screening	60 kindergarten teachers and staff	60 kindergarten teachers and staff	100%
Provision of basic first aid training	60 kindergarten teachers and staff	60 kindergarten teachers and staff	100%
Health and nutrition education activities for children	1,200	1,511 children	126%
Minor renovation work	12 KGs	12 KGs	100%

Legend:

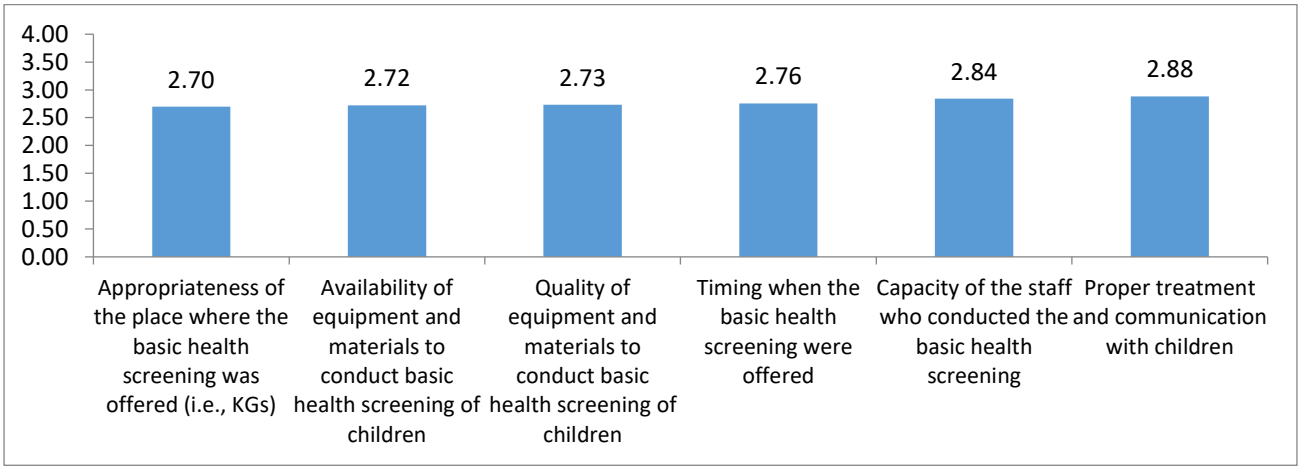
	Achieved or exceeded target
	Did not achieve target
	Lacking data (planned or actual figures)
	Not Applicable

As illustrated above; the project was mostly effective in achieving the planned activities and targets. However, we also looked at deeper dimensions of effectiveness in terms of actually reaching the intended results and outcomes of these activities. This includes beneficiaries' perceptions as to whether project activities succeeded (were effective) in improving their children's health status as well as to whether the methods and mechanisms of the project activities themselves were appropriate or not to achieve these results.

Basic health screening and referrals component

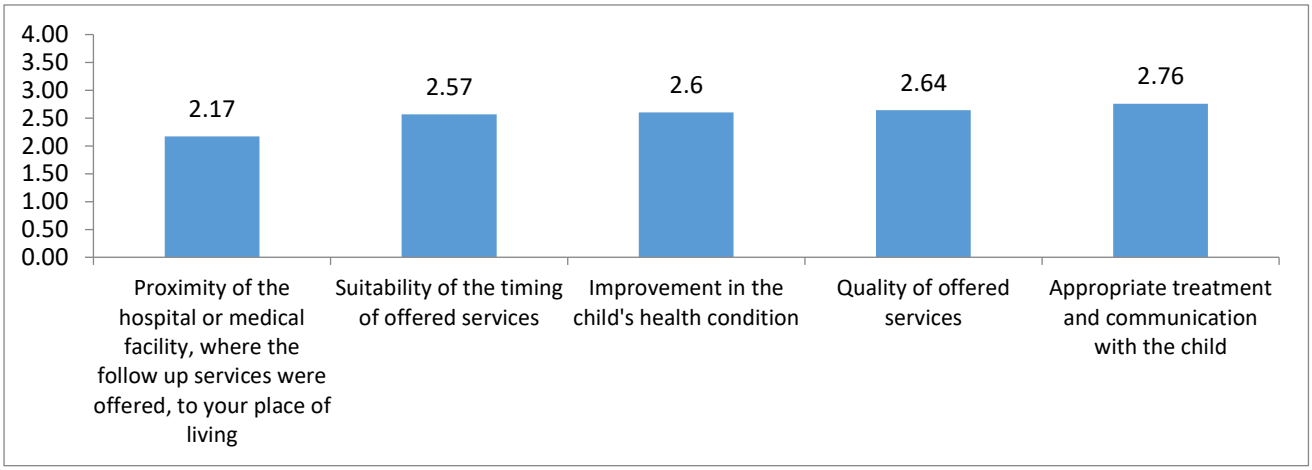
Regarding the basic health screening component of the project; the weighted average level of satisfaction across the various criteria was overall positive with some room for improvement as illustrated in the following graph:

Graph (9): Assessment of the basic health screening component of the project (weighted average)



For children who were referred to a specialized health facility to follow up on their conditions; we also asked the parents to rate their satisfaction level with several criteria regarding this component, such as quality of the services that were offered and the improvement in their child's health condition. The following graph summarizes the beneficiaries' evaluation of this component of the project:

Graph (10): Assessment of the referral to medical facility component of the project (weighted average)

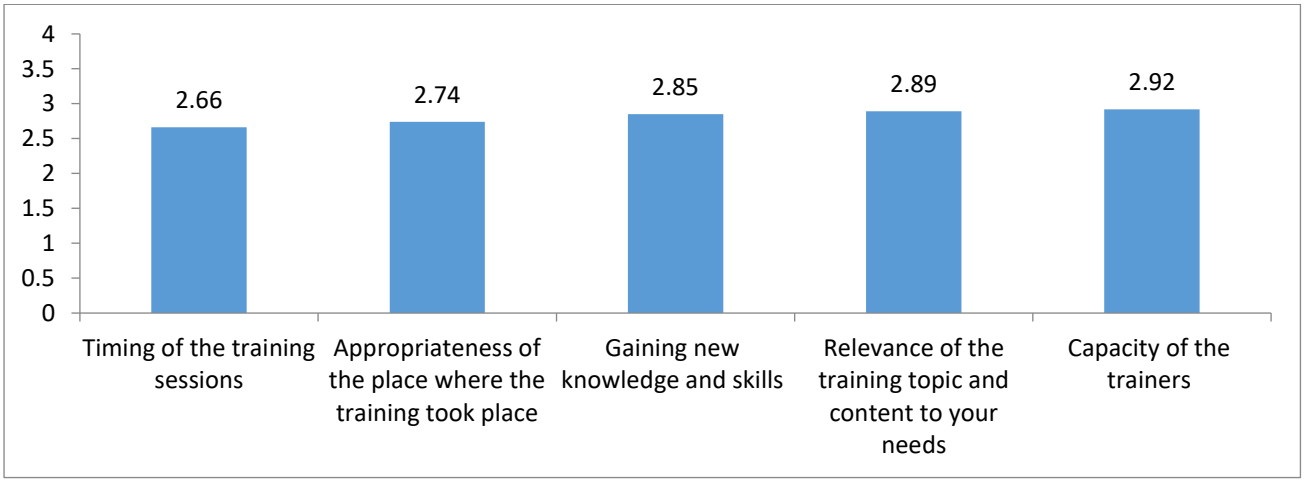


As illustrated above, the location of the health facility was least satisfying to beneficiaries in terms of its proximity to their place of living, where only 43% of respondents (18 beneficiaries) assessed this dimension as satisfactory. The highest rated dimension was the proper treatment and communication with children in these facilities, where 81% of respondents (34 beneficiaries) assessed this dimension as satisfactory. In between, we find a moderate to high level of satisfaction among beneficiaries in regards to the improvement in child's health condition (74% of respondents (31 beneficiaries) assessed this dimension as satisfactory), quality of offered services (71% of respondents (30 beneficiaries) assessed this dimension as satisfactory) and the timing of the services (67% of respondents 28 beneficiaries) assessed this dimension as satisfactory).

Health and Nutrition Training for Parents

Parents who received the training/ sessions for health and nutrition awareness during the project assessed these sessions across a group of dimensions and expressed their level of satisfaction as illustrated in the following graph:

Graph (11): Assessment of the parents' training/ sessions for health and nutrition awareness



Based on the survey findings, the logistics of the training seem to be the area with the most room for improvement, with the timing and location of the trainings found to be less satisfying than the other dimensions of the trainings. However, the interviews with the beneficiaries showed that they were content with the level of coordination that the project team implemented in terms of consulting parents on appropriate timing of sessions. One mother explained how the project team tried to make the timing of the sessions accessible for the beneficiaries:

"They were always consulting with us on the appropriate time for the sessions for us before making decisions" A mother beneficiary of the awareness sessions

Another mother said:

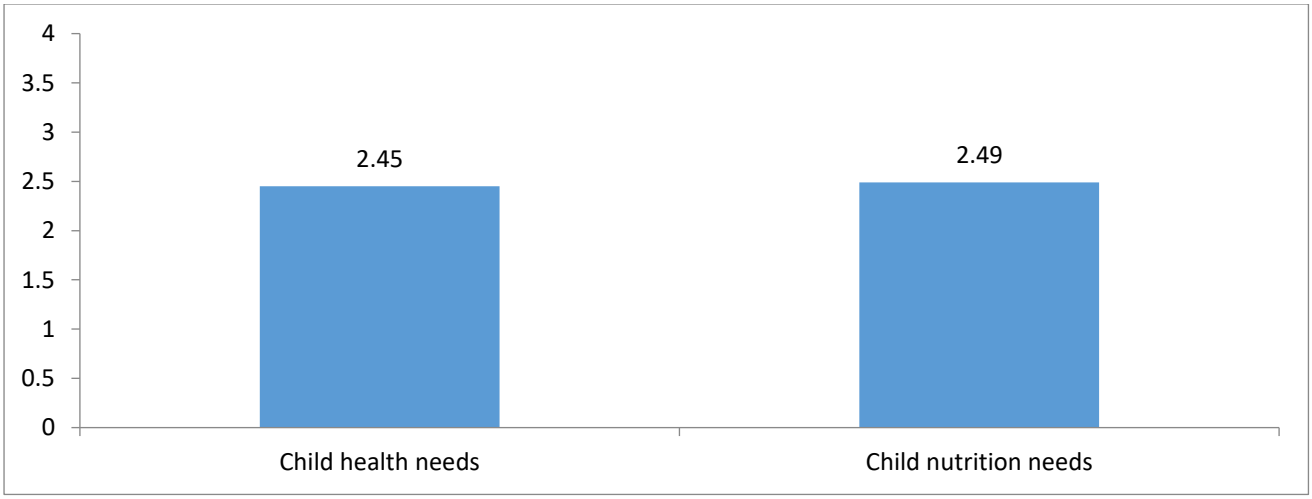
"The place was very convenient [in the KG] because it is close to us and this also helped that our husbands allow us to go attend the sessions" A mother beneficiary of the awareness sessions

In terms of the content, parents in the in-depth interviews were very satisfied with the relevance of the topics and especially happy with the trainer, as one mother mentioned:

"The content was really great especially around nutrition and hygiene and we benefited a lot. And to be honest, the trainer was amazing and we were very happy with her and she talked just like us and so we always liked to go" A mother beneficiary of the awareness sessions

When we asked the project beneficiaries to assess their current level of knowledge in relation to child health and nutrition needs (self-assessment), they were mainly split between "moderate" and "good" levels of knowledge, with a weighted average score of 2.45 for child health knowledge and 2.49 for child nutrition knowledge, as illustrated in the following graph:

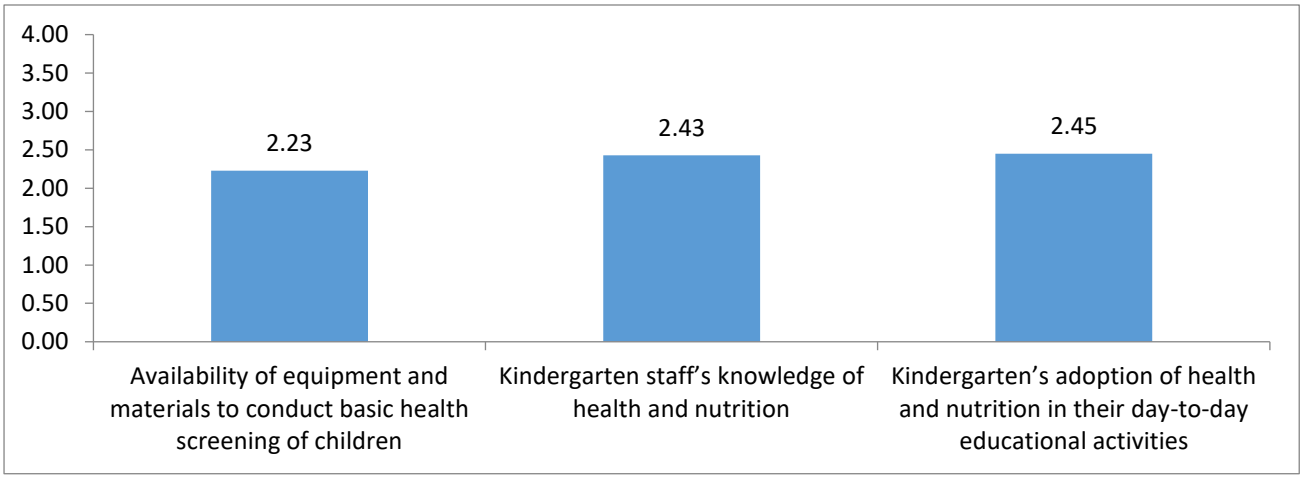
Graph (12): Self-assessment of current level of knowledge in relation to child health and nutrition needs (weighted average)



Capacity Development of Kindergartens for Health and Nutrition Promotion

The pre and post-test results for the KG staff members who received first aid training through the project has shown an increase in knowledge for all beneficiaries. The average percent increase was 32%. Furthermore, the beneficiaries of the KG teacher training also showed that a 32% increase in knowledge. Moreover, parents also assessed KGs' capacities quite positively in relation to children's health and nutrition. The weighted average satisfaction level of parents in this regards was as follows:

Graph (13): Assessment of KGs' capacities in relation to children's health and nutrition (weighted average)



The above graph illustrates a good level of satisfaction among parents in relation to the KG's abilities across the three dimensions, and mostly in relation to their adoption of health and nutrition in their day-to-day educational activities, where 62% (60 beneficiaries) believes this was satisfactory and 27% (26 beneficiaries) believe it was somewhat satisfactory. When compared to the results of the general baseline survey's results for the same question (graph (5) in sub-section: Relevance), a noticeable positive difference can be observed between project beneficiaries' perceptions vs. general respondents who were not beneficiaries of the project, where in the baseline survey the weighted average satisfaction levels of respondents (parents who have children in KGs) in relation to the KGs' capacities was not very encouraging as illustrated in the following table:

Dimension	Weighted average satisfaction level
Availability of equipment and materials to conduct basic health screening of children	1.55
Kindergarten staff's knowledge of health and nutrition	1.66
Kindergarten's adoption of health and nutrition in their day-to-day educational activities	1.73

This further supports the effectiveness of this component of the project.

The qualitative data also indicates satisfaction with the effectiveness of the project. The feedback from the KG managers during the focus group was very positive on an overall level of the project, one KG said:

"For me, I have witnessed many projects over the years, but I have never seen like this one, it was very effective and involved a high level of cooperation and coordination between all relevant parties, KG management, parents, project team, everyone, and especially the parents who were very interested in learning about health and nutrition of their children" A KG manager in the KG Managers' FGD

Moreover, they emphasized the innovativeness of the project and its methods, for example:

"The project taught us things in new and different ways, for example, we used to teach the children how to wash their hands, but in this project, we taught them this basic habit in a more fun and easy way, which was more effective" A KG manager in the KG Managers' FGD

Other testimonies from KG managers regarding the project's effectiveness included:

"Parents used to only care about formal UNRWA screening and tests for their children and then nothing, but through the project, we were able to diagnose several children with health issues, including three that were serious cases and were referred for further medical treatment" A KG manager in the KG Managers' FGD

"The project provided us with health equipment and materials in addition to other support and this made the parents happy and more comfortable regarding their children's presence in the KG" A KG manager in the KG Managers' FGD

"For me, I couldn't stop children from eating chips in the KG before, but after the project, they helped us convince the children that it wasn't healthy and to start eating healthy food" A KG manager in the KG Managers' FGD

Monitoring process

The project team utilized various tools and methods to plan, implement and monitor the project throughout its implementation period. Baseline surveys, needs assessments, tests, training materials, and several other tools and templates were efficiently used in order to facilitate the implementation of the project.

Planned outcomes were all met or exceeded within the duration of the project, indicating an efficient management and implementation.

The follow up procedures employed by the project team are very strong, using very clear templates and forms. For instance, all parents who received awareness raising sessions were administered to a pre and post-test that enabled the project team to identify the effectiveness of their interventions in this regard. More importantly, the project's documents reveal that the majority of these beneficiaries have improved their knowledge and have also changed habits into more positive ones (e.g., cooking habits, meal planning, etc.). Another example, in the post-test of KG parents' knowledge, only 5 parents failed the test out of a total of 1,654 who took it, and all 1,653 non-KG parents passed the test. This knowledge covered information about healthy food, healthy eating habits, nutrition information, and basic information about nutrition and disease prevention.

Furthermore, the project team followed up and attended relevant meetings and sessions related to the scope of their work, according to UNICEF representative who is involved in KG support in Gaza:

"They [the project team] were very active and attended all meetings that were convened by us [UNICEF], Save the Children and Islamic Relief, who are currently implementing support projects to KGs in Gaza, and they always obtained feedback from this group and would update us on their project" A KG manager in the KG Managers' FGD

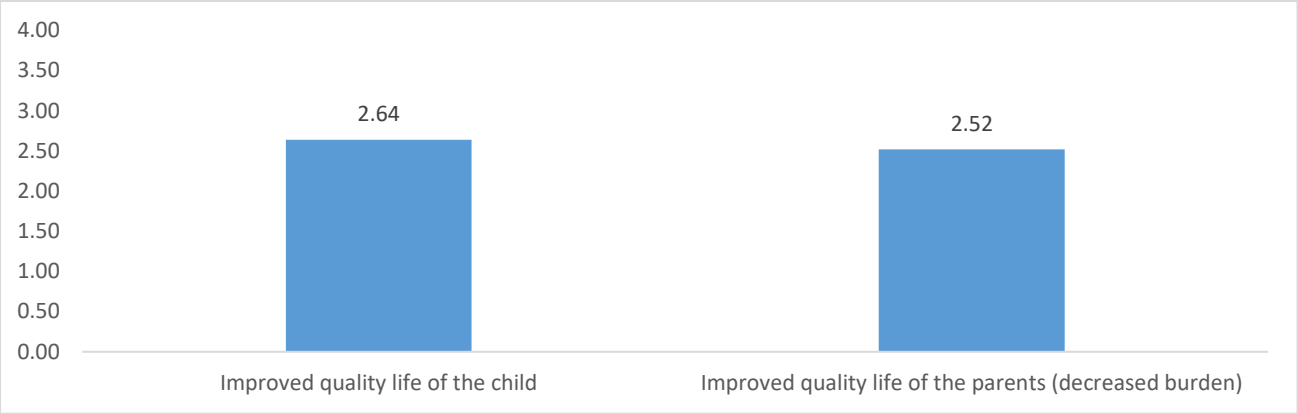
This is a highlight on how the PWJ was effective in sharing experiences and communicating plans/progress and key lesson learnt to partners for ensuring an effective delivery of humanitarian assistance.

Impact and sustainability

The project aimed to provide the needed support and assistance to the targeted beneficiaries in a timely manner, but it also aimed to leave an impact on their lives in addition to these immediate benefits. These include the project's impact on the quality of life of the beneficiaries, and their ability to use the knowledge gained through the project in their daily lives.

Through the quantitative survey, we asked beneficiaries about these aspects of the project, and their evaluation was encouraging. Regarding the medical referral component of the project; the weighted average score for the "Improved quality life of the child" and "Improved quality life of the parents" were 2.64 and 2.52, respectively. The following graph illustrates this:

Graph (14): Assessment of project's impact on quality of life (weighted average)



These scores indicate a positive perception of beneficiaries towards the project activities' impact on their children's and their own lives.

Within the parents' awareness sessions component, the project was effective in meeting its planned outcomes as discussed in the previous sub-section. Furthermore, the project exceeded the planned percentage of parents who practice what they learned through the training (based on project team assessment reviewed by AWRAD team, where the plan was 70% of parents, but the actual result was 89% of parents stated that they practice what they learned in the trainings.

Moreover, in the in-depth interviews that we conducted with parents, there was evidence of impact on their lives as a result of the awareness sessions, for instance:

"We were able to understand food and nutrients better, not only for our children, but for us as well, and we even felt better emotionally and I actually started teaching other people around me to help them" A mother beneficiary of the awareness sessions

In addition, the impact was not limited to the direct beneficiary (i.e., the parent who attended the sessions), but extended beyond them in some cases, for example:

"When my husband heard that the materials we use in cooking was unhealthy, he went out and bought us new cookware with safe materials" A mother beneficiary of the awareness sessions

And another beneficiary said:

"We are and we will continue to apply what we learned, because it was all daily life skills and knowledge. I also taught my daughters with me in the house, and if I get a daughter in-law I will also teach her" A mother beneficiary of the awareness sessions

On the sustainability side; beneficiaries had recommendations on the need to continue the project activities in the future and provide further training and awareness sessions for parents, and also to expand the training topics.

KG managers also expressed the opinion that the project had a profound impact on them and on parents and children's lives. During the KG managers' focus group, one KG manager stated:

"The project was able to make a good impact on the parents and children's lives and the quality of their lives, and it also made an impact on us in the KGs, because for me my reputation was improved as other parents heard about our capacities and what we gained through the project, and more numbers of parents came to register their children with us than prior years" A KG manager from the KG Managers' FGD

KG managers also had a positive outlook regarding the sustainability of the project, where they believe they can sustain the benefits in the future, and they all agreed on this during the FGD.

"The project's benefits will continue in the future, because the project provided us with the essential needs that will enable us to be working better in the future and also provided the health essentials and equipment which will enable us to continue the health and nutrition components within our activities" A KG manager from the KG Managers' FGD

Conclusions and Recommendations

Main conclusions

Relevance

As discussed above, the project design was in line with the overall context in Gaza Strip based on feedback from key informants in the field of child health and nutrition as well as based on the results of the general baseline survey which indicated the need for support and tackling of health and nutrition the issues of pre-school children as well as support their parents and KGs in obtaining valuable knowledge in this aspect to enable them to support their children.

In addition, based on our review of the project's documents, including early needs assessments and focus groups with parents, we concluded there was a real effort in understanding beneficiaries needs and expectations from the project, and taking this into account when planning for project activities. Moreover, the results of the baseline survey as well as the project beneficiary survey all supported the relevance of the project to the targeted beneficiaries' needs.

Finally, the selection of beneficiaries was conducted in a methodological manner and using clear prioritization criteria and scoring system which was applied to all potential beneficiaries in order to avoid bias in the selection process.

Effectiveness and Efficiency

The project was effective in achieving its intended outcomes and results where it achieved or exceed set targets in the majority of its activities and components.

For instance, parents' knowledge has increased in accordance with the set targets based on the results of the pre and post-tests that were conducted by the project team. This was also supported by the results of the beneficiary survey, where parents' self-assessment of current knowledge of children's health and nutrition varied between "Moderate" and "Good".

Project's beneficiaries were mostly satisfied with the activities of the project. We noticed their satisfaction was highest in relation to the Training of parents on health and nutrition component, followed by the basic health screening of children component and finally with the referral to further treatment services component. Qualitative feedback also supported the quantitative results of the beneficiary survey, where parents provided several testimonies and examples of their satisfaction.

Despite their overall satisfaction with the project activities and especially the training component; it was mentioned by some beneficiaries that the transportation rates that were covered by the project are not adequate and should be increased to fully cover such costs in relation to transportation costs of one of the project activities (i.e., referral visits for the children).

Moreover, the beneficiary survey also revealed a good level of satisfaction among parents towards KG's capacities. They were mostly satisfied with KGs' adoption of health and nutrition activities, then with KGs' staff knowledge, and finally with the availability of relevant equipment. This satisfaction level was noticeably higher than the general satisfaction level of the same criteria within the results of the baseline survey (conducted with general sample not including project beneficiaries). This further supports the effectiveness of the project.

It is also worth noting that beneficiaries were very satisfied with the distribution of food packages as part of the awareness sessions on health and nutrition. However, they had a concern regarding their ability to continue to consume such healthy food items once the project has ended, as some items (e.g., dates, raisins, molasses) are considered to be expensive by beneficiaries.

As for KG capacity building component; all KG managers were highly satisfied with the capacity building activities.

Finally, based on our review of project documents, including regular progress reports, follow up forms and templates, monitoring tools, etc., an effective and efficient project management and monitoring processes were followed by the project team while utilizing clear tools and templates. Moreover, the project was effective in sharing experiences and communicating plans/progress and key lesson learnt to partners for ensuring an effective delivery of humanitarian assistance in accordance with the testimonies of partner organizations working in the same field.

Impact and Sustainability

The beneficiary survey, as well as, the in-depth interviews with beneficiaries strongly indicated their perceptions of long lasting impact on their lives as a result of the project activities. They believed it has improved their children's and their own quality of life.

Moreover, the majority of beneficiaries agreed that they still use and apply the new knowledge they gained through the project in their daily lives.

We also noticed evidence of an extended and snowball effect of the impact of the project activities. This included beneficiaries using their new knowledge to teach other in their families or outside of their families. They also provided stories about how other household members were changing habits as an indirect result of project activities.

All beneficiaries encouraged the continuation of project activities, especially the training of parents on health and nutrition.

And finally, KG managers were very satisfied with the sustainability of the project activities and believed in their ability to continue the benefits in the future based on the support they received during the project.

Recommendations

Based on the above analysis and conclusions, we suggest that PWJ and IOCC teams can consider the following recommendations in future phases of the project or other similar future projects. The recommendations here are specific for PWJ and IOCC as partners in the project, but some recommendations can be extended to other similar organizations and governmental institutions. Finally; some recommendations might not be within the scope of the project or current phases, but they could be useful for future project phases or other similar project planning.

- According to key informants and experts that were interviewed within the scope of this project, the field of child health is wide and complex and includes many areas for improvement. Accordingly, we recommend that PWJ could sponsor or conduct a comprehensive needs analysis within this sector that aims to identify key issues, areas of strengths, gaps, active actors, etc. that would help them and other similar organizations in planning and implementing the projects that are fully planned and designed based on scientific research of people's and sectors' needs. This needs assessment can include a thorough literature review, interviews with key experts, focus groups with potential targeted beneficiaries among other methods.

- As mentioned above, PWJ and IOCC conducted a specific needs assessment and focus groups with the beneficiaries of the project in order to help them better plan project activities. However, we recommend to conduct these activities prior to determining the nature and details of what the project components and activities will be like. This would help to make more room for accommodating beneficiaries needs and expectations before plans are made and budgets are committed.

- In regards to the issue of transportation burden that some beneficiaries referred to, we recommend that PWJ and IOCC teams take this into consideration in the future phases or other similar projects. Possible actions can include:

- ✓ Assessing any potential burden on beneficiaries that may result from project activities such as transportation costs and consult with the beneficiaries on the best way to manage such costs. Possible actions can include: holding sessions in close areas to beneficiaries, conducting activities in areas where parents are going anyway (e.g., KGs), making arrangements to provide pooled transportation options for groups of parents which would either be provided free of charge or shared among parents and thus reducing the burden.[13]

- ✓ Examine the option of getting the service to the beneficiary whenever possible (e.g., provision of in-house treatment sessions for children).

- Also based on beneficiaries' concern regarding the affordability of healthy food, we recommend that PWJ and IOCC teams take this issue into consideration in future phases of the project. They can assess different alternatives of healthy food items and encourage their use instead of more expensive options. Also, if certain food items can be grown within the house (e.g., herbs that can ease mild nutrition and health issues such as sage); then maybe these can be provided as part of the food packages to guarantee better sustainability of some healthy food items.

- We also recommend that PWJ and IOCC consider providing Training of Trainers (ToT) for the parents as well as for the KGs' staff in the future. This, can help maintain the benefits and sustainability through training other new staff members/ parents in the future to apply same standards in relation to child health and nutrition. The following additional steps can be utilized in this process:

  - ✓ Develop training materials and manual (similar to the existing training materials) but focusing on ToT content. This would include trainers' skills and exercises to be used by those receiving the ToT in addition to the already available technical content.

  - ✓ Determine a champion (i.e., one or a group of KG staff/ parents who are active and interested in transferring the knowledge to others) in each KG/ community. This champion/s will be targeted to receive the ToT and will be provided with all the needed materials and tools.

  - ✓ Agree with KGs' management/ local CBOs within the communities to provide the needed support to the new trainers in the form of allowing them to use their facilities in future trainings or providing them with other logistical support.

- Finally, based on beneficiaries' recommendations, we recommend that PWJ and IOCC teams consider focusing more on mothers' health issues as part of the training and awareness sessions. This focus can include the following topics:

  - ✓ Pre-natal and postpartum health services necessary for all mothers.

  - ✓ Information on local nearby health organizations that provide these services.

  - ✓ Most frequent health issues that mothers or expecting mothers can experience, key symptoms, and what they need to do if they experience them.

  - ✓ Healthy nutrition and healthy habits for healthy mothers and expecting mothers.

  - ✓ Family planning.

[13] During the de-briefing meeting with PWJ and IOCC, they mentioned that they are already implementing similar actions in the current phase of the project.

Annex A: PWJ TPM Tools

Survey Questionnaire

Respondent details		
Sex:		
1. Male 2. Female		
Age group:		
1. 18-25 2. 25 or above		
Highest level of education completed:		
1. Illiterate	2. Less than Tawjihi	3. Tawjihi
4. Diploma	5. University graduate degree	6. Post-graduate degree
Occupation:		
1. Self-employed (own business)	2. Employed	3. Unemployed
4. Student	5. Housewife	6. Other, please specify: _____
Who is the head of the household?		
1. Father 2. Mother 3. Son 4. Daughter 5. Other: _____		
Sex of Household Head		
1. Male 2. Female		
Highest level of education completed for the Household Head:		
1. Illiterate	2. Less than Tawjihi	3. Tawjihi
4. Diploma	5. University graduate degree	6. Post-graduate degree
Family size (# of family members living in the household)		
1. Male	_____	
2. Female	_____	
3. Total	_____	
What is the # of pre-school children within the household (Less than 6 years old)?		
_____		
How do you assess your level of income?		
1. Below average	2. Average	3. Above average
Pre-school Child health		

Do you have pre-school child/children in kindergartens? 1. Yes, in the KGs targeted by the *project* 2. Yes, in a KG that is not targeted by the *project* 3. No				
In the past 2 years, did your child/children (under 6 years old) suffer from the following?				
Malnutrition	1. Yes	2. No		
Iron and other micronutrient deficiency	1. Yes	2. No		
Anemia	1. Yes	2. No		
Underweight	1. Yes	2. No		
Did you get a basic health screening of your child/children (under 6 years old) through the *project*? (health screening to assess their health and nutritional status and early detection of health concerns) 1. Yes 2. No				
If yes, please assess the following:				
Relevance of the offered services (health and nutrition screening) to your needs	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Appropriateness of the place where the basic health screening was offered (i.e., KGs)	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Timing when the basic health screening were offered	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Capacity of the staff who conducted the basic health screening	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Availability of equipment and materials to conduct basic health screening of children	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Quality of equipment and materials to conduct basic health screening of children	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Based on the basic health screening, was/were your child/children referred to a health or medical facility for diagnosis or treatment services?				

1. Yes
2. No

If yes, what was/were the child/children referred to for:

1. Nutrition related issues
2. Other health related issues

If yes, please assess the following:

Proximity of the hospital or medical facility, where the follow up services were offered, to your place of living	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Suitability of the timing of offered services	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Quality of offered services	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory

If yes, did you complete the proposed treatment plan (made all necessary visits):

1. Yes
2. No

If no, please state the reason for discontinuation of treatment:

1. Treatment facility was too far
2. Child/children got better
3. Treatment quality was inadequate
4. Treatment cost was too high
5. Other: _____

In the past 2 years, did you get a basic health screening of your child/children (under 6 years old) personally (not through the *project)*? (health screening to assess their health and nutritional status and early detection of health concerns)

1. Yes
2. No

If no, please state the reason:

1. Relevant healthcare services are not available in my area
2. I can't afford the services
3. Other, please specify: _____

In the past 2 years, did your child/children (under 6 years old) visit a health or medical facility for diagnosis or treatment services (not through the *project)*?

1. Yes
2. No

If no, please state the reason:

1. Relevant healthcare services are not available in my area
2. I can't afford the services
3. Other, please specify: _____

Child health and nutrition awareness

Did you attend/participate in child health and nutrition awareness training as part of the *project*?

1. Yes
2. No

If yes, please assess the following:

Relevance of the training topic and content to your needs	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Appropriateness of the place where the training took place	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Timing of the training sessions	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Capacity of the trainers	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Gaining new knowledge and skills	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory

Did you attend/participate in any child health and nutrition awareness activities during the past two years (not through the *project*)?

1. Yes
2. No

How do you assess your knowledge in relation to the following:

Child health needs	1. Good	2. Average	3. Below average	4. Bad
Child nutrition needs	1. Good	2. Average	3. Below average	4. Bad

Kindergartens' role in child health and nutrition

If you have a child/children in a kindergarten; please assess the kindergarten's ability in terms of promoting the health and nutrition of children in the community:

Availability of equipment and materials to conduct basic health screening of children	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Kindergarten staff's knowledge of health and nutrition	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Kindergarten's adoption of health	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory

and nutrition in their day-to-day educational activities				

Focus Group Guidelines

FGD with parents (overall project)

Introduction about the project (TBA)

Duration: Two Hours

Overall introduction and management of the FGD (10 minutes)

- Welcoming participants and introducing the team (moderator, transcriber)
- Explaining the method of selecting participants
- Discussing the process of the FGD
- Outlining general ground rules and discussion guidelines, including the importance of everyone contributing, only one participant speaking at a time, being prepared for the moderator to interrupt and facilitate discussion to insure that all topics are covered.
- Addressing and ensuring confidentiality and getting consent about audiotaping the discussion
- Informing the group that information and opinions discussed will be analyzed anonymously and at the general level, and when using citations from their words, they will be presented in an anonymous manner.
- Informing the group that information and data results of the FGDs will be kept in a safe place and will not be shared with anyone outside the project's team.

Relevance

- How would you describe the objectives of the project? Do they respond to your needs and priorities in relation to your children? Why? Please provide examples to support your answers (e.g., what are other more pressing needs for you and your children?)
- Were you consulted on your needs and priorities? Who consulted you? How did they consult you (e.g., did project staff conduct interviews or focus groups or other methods?)? On what matters of the project were you consulted?
- How satisfied are you with your level of involvement in the project?
- Are you satisfied with the selection of beneficiaries (KGs and parents)? (e.g., the selection criteria? Your involvement in the process?)

Effectiveness

- How do you assess the value of the basic health screening activities? Please provide examples.
  - ✓ Place of health screenings, timing of the service, capacity of the team who conducted the screenings, availability and quality of the health screening equipment and supplies, etc.
- How do you assess the value of the referrals to other medical facilities? Were these referrals useful? Were they easy to follow up with and continue treatment or visits? Did they provide good quality services to your children? Did this referral cost you money? If yes, was it affordable?
- How do you assess the value of the KG capacity building?
- How do you assess the kindergarten's ability in terms of promoting the health and nutrition of children in the community?
  - ✓ Availability of equipment and materials to conduct basic health screening of children
  - ✓ Kindergarten staff's knowledge of health and nutrition
  - ✓ Kindergarten's adoption of health and nutrition in their day-to-day educational activities
- How would you describe your relationship with field project staff?

- How would you describe your relationship with the parents' committee? How do you assess the effectiveness of the committee? How clear was their role? How transparent and participatory was the selection process of members?

Impact

- In what ways did the project impact your lives? In what ways did it impact your children's lives? Please provide examples.
- Was there any backlash created by the project? How was it dealt with in the community?

Sustainability

- Do you think the project's impact will continue in the future? How? Why? Please provide examples.
- What would you recommend to sustain the benefits of the project?
- Who do you think should be responsible for sustaining the project activities in the longer term? To what extent do you think they have the commitment and the financial resources to do this?

Lessons learned and recommendations for improvements in project activities

- What are the most important achievements of the project? What are the challenges and opportunities to sustaining these achievements in the longer term?
- What were the negative parts of the project? Please provide examples.
- What are your overall suggestions for improving the project that could increase its positive impact?

FGD with parents (Health and nutrition training)

Introduction about the project (TBA)

Duration: Two Hours

Overall introduction and management of the FGD (10 minutes)

- Welcoming participants and introducing the team (moderator, transcriber)
- Explaining the method of selecting participants
- Discussing the process of the FGD
- Outlining general ground rules and discussion guidelines, including the importance of everyone contributing, only one participant speaking at a time, being prepared for the moderator to interrupt and facilitate discussion to insure that all topics are covered.
- Addressing and ensuring confidentiality and getting consent about audiotaping the discussion
- Informing the group that information and opinions discussed will be analyzed anonymously and at the general level, and when using citations from their words, they will be presented in an anonymous manner.
- Informing the group that information and data results of the FGDs will be kept in a safe place and will not be shared with anyone outside the project's team.

Relevance

- How important to you were the trainings? Do they resonate with your needs and priorities in relation to your children? Why? Please provide examples to support your answers (e.g., what are other more pressing needs for you and your children?)

- Were you consulted on your needs and priorities? Who consulted you? How did they consult you (e.g., did project staff conduct interviews or focus groups or other methods?)? Did you help set the training content, timing, or other details?
- How satisfied are you with your level of involvement in this component of the project (training)?

Effectiveness

- How do you assess the value of the training activities in terms of:
  - ✓ Training times: were they convenient for you?
  - ✓ The capacity of the trainers?
  - ✓ The content (in terms of relevance, clarity, easy to understand, etc.)
- To what extent did the training activities provide you with new knowledge? New skills? Please provide examples.
- How do you assess your own level of participation during the training?
- Do you think men and women benefited equally from the trainings provided?

Impact

- In what ways did the training impact your daily lives? Did you implement any health and nutrition improvement action after receiving the training? Please provide examples.
- In what ways did the training impact your children's lives? Were you able to use the new knowledge and skills to improve your children's health and nutrition? Please provide examples.

Sustainability

- Do you think the training will benefit you in the future? Do you think you will continue to implement and adopt new practices and habits based on the training? Like what? If not, why?

Lessons learned and recommendations for improvements in project activities

- What were the most positive parts of the training (in content, delivery and other aspects)? Please provide examples.
- What were the negative parts of the training (in content, delivery and other aspects)? Please provide examples.
- What are your overall suggestions for improving the training component that could increase its positive impact?

FGD with KG staff

Introduction about the project (TBA)

Duration: Two Hours

Overall introduction and management of the FGD (10 minutes)

- Welcoming participants and introducing the team (moderator, transcriber)
- Explaining the method of selecting participants
- Discussing the process of the FGD
- Outlining general ground rules and discussion guidelines, including the importance of everyone contributing, only one participant speaking at a time, being prepared for the moderator to interrupt and facilitate discussion to insure that all topics are covered.
- Addressing and ensuring confidentiality and getting consent about audiotaping the discussion
- Informing the group that information and opinions discussed will be analyzed anonymously and at the general level, and when using citations from their words, they will be presented in an anonymous manner.
- Informing the group that information and data results of the FGDs will be kept in a safe place and will not be shared with anyone outside the project's team.

Relevance

- How would you describe the objectives of the project? Do they respond to your needs and priorities? Why? Please provide examples to support your answers (e.g., what are other more pressing needs for you to serve the children?)
- Were you consulted on your needs and priorities? Who consulted you? How did they consult you (e.g., did project staff conduct interviews or focus groups or other methods?)? On what matters of the project were you consulted?
- How satisfied are you with your level of involvement in the project?
- Are you satisfied with the selection of beneficiaries (i.e., KGs)? (e.g., the selection criteria? Your involvement in the process?)

Effectiveness

- How do you assess the value of the basic health screening activities of the project? Please provide examples.
  - ✓ Initial health screenings provided in the KGs by the IOCC and AEI?
  - ✓ Training to KG staff on conducting health screening for children?
  - ✓ Quantity and quality of equipment and supplies provided to the KGs for conducting health screening for children?
- How would you describe your relationship with field project staff?

Impact

- How do you assess KGs' ability in terms of promoting the health and nutrition of children in the community after receiving the training and capacity building activities by the project?
  - ✓ Kindergarten staff's knowledge of health and nutrition
  - ✓ Kindergarten's adoption of health and nutrition in their day-to-day educational activities

Sustainability

- Do you think the project's impact on the KGs will continue in the future? How? Why? Please provide examples.
- What would you recommend to sustain the benefits of the project within your KGs?

- Who do you think should be responsible for sustaining the project activities in the longer term? To what extent do you think they have the commitment and the financial resources to do this?

Lessons learned and recommendations for improvements in project activities

- What are the most important achievements of the project? What are the challenges and opportunities to sustaining these achievements in the longer term?
- What were the negative parts of the project? Please provide examples.
- What are your overall suggestions for improving the project that could increase its positive impact?

Key Informant Interviews

Interview guidelines (PWJ Head of Mission – Jerusalem and IOCC Gaza Office Representative)

Relevance

- What problems were you trying to address through the project?
- Did these problems match with beneficiary priorities in terms of need?
- How did you consult with relevant bodies (Ministries, local CBS, etc.) during project design and implementation?
- How were the needs and priorities of the beneficiaries assessed?
- How did you consult with the beneficiaries and local communities?
- How were beneficiaries selected?

Project design, activities and strategies

- How were you involved in developing project indicators? How did you monitor progress towards the project objectives?
- How often did the project team meet to assess on-going performance of the project? Who was involved?
- How did you get beneficiary feedback on the activities? Did you implement a complaint mechanism? Was it effective?

Effectiveness

- How do you assess the value of the project activities and strategies in:
  - ✓ Improving pre-school children's health and nutrition?
  - ✓ Successfully addressing the gaps in knowledge and practical skills of parents in relation to children health and nutrition?
  - ✓ Successfully addressing the gaps in knowledge and practical skills of KG staff in relation to children health and nutrition?
  - ✓ Strengthening local capacities?
  - ✓ Meeting project objectives and results? Have expected results been achieved?
- What are the major factors that have influenced the achievement of the expected results?
- What do you think are the major strengths and weaknesses of the project in terms of implementing approaches? In meeting its objectives?

Efficiency

- What factors influenced the timely implementation of project activities?
- Assess the levels of participation and coordination between partners in the planning and management of the intervention.

Impact and Sustainability

- What do you think is the short term and long term impact of the project on children, parents, KG staff?
- To what extent are beneficiaries aware of the results/achievements of the project?
- To what extent will the project be sustained and meet its longer term objectives? Are you committing funds to the continuation of project activities?
- To what extent do the beneficiaries have the capacities, resources and commitment to sustain the project and enable it to meet its longer term objectives?

- Who do you think should be responsible for sustaining the project activities in the longer term? To what extent do you think they have the commitment and the financial resources to do this?

Lessons learned and recommendations for improvements in project activities

- What do you think the most important achievements of the project are?
- What do you think is the best approach to sustaining the project activities in the longer term?
- What insights and lessons learned have you gained from your involvement in the project that are useful for your future programming?
- What recommendations would you have in terms of strategies and activities to increase the impact of future projects of this type?

Interview guidelines (Representatives of the Ministry of Health, Ministry of Education and Local CBOs)

- Were you involved in the design and implementation of the project? How?
- To what extent was the project in line with local communities' priorities at the time of its design?
- To what extent does this project fill a gap in finding solutions to the problems families and KGs face?
- What are the most significant achievements of the project?
- What is your assessment of the value of the capacity building activities provided?
- Who do you think should be responsible for sustaining the project activities in the longer term? To what extent do you think they have the commitment and the financial resources to do this?
- What recommendations would you have in terms of strategies and activities to increase the impact of future projects of this type?

Annex B: AWRAD's Ethical Standards and Data Security Policies

Ethical standards

Research might raise several ethical issues, some of which are related to the context of the research and others linked to the content. The research team is highly aware of such challenges and has taken them into account when designing the methodology, and will integrate these into the training of any researchers and research assistants. In designing the methodology, the team draws both on its experience in carrying out research in Palestine and internationally recognized leading practices. We will seek to take all possible measures to minimize possible ethical risks at all phases of the project, and all researchers will be properly trained and aware of ethical considerations and potential risks to themselves and others, their importance, and how to deal with them.

Moreover, we will implement the following safeguards in the research:

- Secure storage of and safe disposal of hand-written notes
- Data encryption of all electronic data
- Verbal and written consents
- Ensuring anonymity of research participants
- Any discussions on sensitive issues will be carried out in safe spaces, in a manner which will not draw attention to the respondent
- Ensuring respondents are aware of the aims of the survey, any potential risks of participating, and consent to participating in writing or orally (written consent may be viewed as a risk by respondents), and respondents will be informed that they are free to withdraw consent at any point
- The consent of a legal guardian will be obtained for children less than 18 years old to participate in the data collection.
- None of the participants will be paid or given other incentives to elicit participation
- All participants will be informed that they can halt participation at any time
- Furthermore, at the beginning of every interview, researchers will read from a prepared introduction that informs participants of all their rights and other protocols associated with the research, including:
  - The right to refuse to participate;
  - The right to withdraw at any point;
  - The right to reschedule the interview or possibly change locations to increase comfort and security;
  - The right to skip any question they do not want to answer;
  - That their names and personal information will not be disclosed in any way.

<u>Informed consent process:</u>

Each researcher is provided with a T-Phrase Guide: this is both in his/her research kit and is thoroughly discussed and trained on during the training session. This guide details the language that the researcher must use to obtain informed consent from the interviewee. The language used in our guide is simple and can be comprehended by 7th graders.

Before any interview our field researchers go through a seven-part introduction which culminates with an informed consent. To obtain informed consent the researcher must go through these steps, otherwise the consent is considered uninformed:

1- Thank you for your willingness to talk
2- Introduce oneself
3- Introduce the project, its purpose, and its objectives
4- Research terms and conditions:

4.1 What the respondent will do in the study:
4.2 Time required
4.3 Risks
4.4 Benefits
4.5 Confidentiality
4.6 Data linked with Identifying information
4.7 Anonymous data
4.8 Voluntary participation and ability to terminate interview at any point
4.9 How to terminate an interview.
4.10 Names and contact information of AWRAD management
5- Importance of giving interviewee's voice and opinion
6- Request for clarification and questions
7- Informed consent

In this project, we will only interview parents of children beneficiaries and not the children themselves. However, in the case of interviewing children, our process requires us to obtain both assent from the children and consent from their legal guardian, once both are obtained then we have informed consent. Once a child interviewee is identified then our researchers start by detailing the first 6 steps of the informed consent process. They then move on to gain the child's assent, once obtained they ask their parents for their consent. Once informed consent has been obtained the researcher ask parents to provide them with a safe, private space that can be dedicated for the interview without any interference from them as well.

Furthermore, the selected researchers have 10+ years of experience conducting research, much of which have focused on children, youth, women and other vulnerable groups.

Safety and Security Policy and Procedures

AWRAD is cognizant that the current situation in the Palestinian Territories in general can pose a risk to researchers. As such, we consider safety as our top priority and have prepared a variety of protocols to minimize any possible risks that could possibly arise. These are informed by international best practices and previously successful strategies AWRAD has employed and is currently employing in Palestine as well as in other countries, most notably Yemen and Libya. The following summarize our key safety policies and procedures:

- Fieldwork researchers training sessions will specifically devote time to instructing them on proper safety procedures. These include:
  - ✓ Instructions that researchers and supervisors should be in regular contact by cell phone and that researchers should frequently call supervisors to report they are safe.
  - ✓ Researchers will be instructed that they have full discretion to remove themselves from any situation that they personally deem unsafe or threatening.
- All researchers' field kits will be equipped with maps with designated threatening areas to avoid. These will be informed by local authorities as well as international ones, including the US and UK travel advisories. These will be regularly updated as necessary throughout the entire course of the research. AWRAD understands that it is possible certain areas or districts that are designated for research may at certain points be restricted by state authorities for security purposes. In this event, team leaders will lobby officials to permit access for a brief time so as to complete the research as intended. If this proves fruitless, substitutions will be made as promptly as possible.

Confidentiality and Data Protection Policy and Procedures

In order to ensure the protection and confidentiality of respondents' data, we will implement the following safeguards in the project:

- Secure storage of and safe disposal of hand-written notes
- Data encryption of all electronic data
- Verbal and written consent
- Ensuring anonymity of research participants
- Researchers will inform all potential interviewees of the objectives of the assignment and how it will be used later. They will also explain what is expected from participants, how anonymity is preserved and that participation is voluntary and respondents can choose to stop at any point.
- Our researchers ensure respondents that their names will not be recorded or any other identifying characteristics. Only relevant demographic information is obtained, informed by the respondent.
- For any respondents under the age of 18; we will obtain special consent for minors.
- Participants will not include people incapable of providing consent themselves
- Our data entry specialists have years of experience in handling sensitive data, as well as the technical competence in SPSS and Microsoft Access to ensure that all data is adequately protected.
- In addition, they adhere to the necessary ethical procedures, such as only entering data at an office location.
- Data files are password protected and are only shared with our partners throughout the course of the assignment.
- All data processing will be conducted within the VPN, and no data will be downloaded to AWRAD employee machines or shared by email – the data will move directly from the field to the AWRAD or Japan Platform intranet. Data will be kept private and anonymous, and will not be publicly available for download; all data in the final reports will be used only in the aggregate. Data will remain the property of Japan Platform project, and external data sources will not have data shared with them.
- Any discussions on sensitive issues will be carried out in safe spaces, in a manner which will not draw attention to the respondents

Annex C: KGs' Selection and Prioritization Forms

KGs' Screening Form

مشروع دعم صحة وتغذية أطفال ما قبل المدرسة ومقدمي الرعاية لهم في قطاع غزة
Project: Health/Nutrition Support for Vulnerable Pre-School-Aged Children and Their Caregivers in the Gaza Strip

تنفيذ : الجمعية الخيرية الأرثوذكسية العالمية (IOCC) بالشراكة مع مؤسسة رياح السلام اليابانية (PWJ) و تمويل من Japan Platform (JPF)
Implemented by: International Orthodox Christian Charities (IOCC) in partnership with Peace Winds Japan (PWJ) and funded by Japan Platform (JPF)

إستمارة مسح بيانات رياض الأطفال للإنضمام للمشروع

Kindergartens Screening Questionnaire for Enrollment in the Project

KG's General Information:

1. معلومات العامة عن الروضة:

1.1	**Governorate: المحافظة**	☐ ***Middle*** ☐ ***Khanyunis*** ☐ ***Rafah***
1.2	KG Name: اسم الروضة	
1.3	KG Director Name: اسم مدير/ة الروضة	
1.4	Mobile No. & KG Tel. No. رقم الجوال وتلفون الروضة	*0 5* | *0 8 2*
1.5	Full Address: العنوان بالكامل	
1.6	Registered by MOE مسجلة لدى وزراه التربية والتعليم	☐ *Yes* ☐ *No*
1.7	license number & Date of KG license رقم الترخيص وتاريخ نهاية الترخيص	*NO.* | *Date* — *Day_____ Month____ Year_____*
1.8	KG Registration Category: تصنيف تسجيل الروضة	☐ *A* ☐ *B* ☐ *C* ☐ *D*
1.9	Year Founded: سنة التأسيس	
1.10	Name of focal point person (In case this person differs from KG director)/Position/Mobile No. اسم شخص التواصل (في حال كان مختلفا عن مدير الروضة) /صفته/رقم الجوال	
1.11	E-mail البريد الالكتروني	

2. KG's Affiliation to CBO or Private Sector:

2. تتبع الروضة مؤسسة أو قطاع خاص:

2.1	**Related CBO**	☐ CBO ☐ $Private\ sector$
2.2	Name of Organization اسم المؤسسة	
2.3	Name of Director اسم المدير	
2.4	Mobile No. & KG Tel. No. رقم الجوال وتلفون المؤسسة	0 5 _ _ _ _ _ _ _ _ 0 8 2 _ _ _ _ _ _
2.5	Full Address (In case of the KG and the organization in different location): العنوان بالكامل	
2.6	Type of organization	☐ NGO ☐ $Governmental$ ☐ $Other$
2.7	Year Founded: سنة التأسيس	
2.8	license number & Date of organization license end date رقم الترخيص وتاريخ نهاية الترخيص	*NO.* _____ *Date* *Day* _____ *Month*_____ *Year*_____

3. KG's Enrolled Children (3-5 Years Old) Information

3. معلومات الأطفال (3-5 سنة) المسجلين في الروضة :

3.1	**Total Students No.** **عدد الطلاب الكلي**	*Morning*	*Afternoon*	*Total*
3.2	Total No. of female عدد الإناث الكلي	*Morning*	*Afternoon*	*Total*
3.3	Total No. of male عدد الذكور الكلي	*Morning*	*Afternoon*	*Total*
3.4	PWD Count عدد الأطفال ذوي الاحتياجات الخاصة	*Male*	*Female*	*Total*
3.5	Type of disability, is the KG environment suitable for children with disabilities نوع الاعاقة وهل يوجد بيئة مهيئة لاستقبال ذوي الاعاقة			
3.6	KG fees per month رسوم الطفل شهريا			

4. KG's Teaching and Admin Staff Information:

4. معلومات هيئة التدريس والموظفين الإداريين في الروضة:

4.1	**Total No. of teachersالعدد الكلي للمربيات**	Staff	Assistances
4.2	No. of teachers with 2 years' experience in the same KG عدد المربيات اللواتي لديهن على الأقل سنتين خبرة في نفس الروضة		

4.3	Monthly salary الراتب الشهري للمربية	
4.4	if there is a contract between KG and teachers? هل يوجد عقد عمل بين المربيات والروضة	☐ Yes ☐ No
4.5	Number of administrative staffs? كم عدد الموظفين الإداريين؟	
4.6	Positions of administrative staffs? ما الوظائف الإدارية العاملة في الروضة؟	<table><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>
4.7	Qualifications of the KG director? المؤهلات التعليمية لمدير/ة الروضة؟	
4.8	Number of years that the KG director has experience in KG Administrative. عدد سنوات الخبرة في إدارة الروضات لدى مدير/ة الروضة؟	
4.9	Dose the KG director is owned the KG. or working as executive director? هل مدير/ة الروضة المالك/ة للروضة؟	☐ Yes ☐ No

5. KG's Building and Educational Environment Information:

5. معلومات عن البناء و البيئة التعليمية للروضة :

5.1	**Located in vulnerable community** **هل تقع الروضة في مكان مهمش**	☐ Yes ☐ No
5.2	Is the KG have safe assess? هل الروضة فى مكان آمن وسهل الوصول	☐ $Safe\ \&\ Secure$ ☐ $Easy\ accessible$
5.3	Currently not benefitting from any other similar intervention هل تتلقى الروضة خدمات مشابهه لأنشطة المشروع	☐ Yes ☐ No
5.4	KG premises owned or rented هل مبنى الروضة ملك ام ايجار؟	☐ $Owned$ ☐ $Rented$
5.5	KG space مساحة الروضة	
5.6	No. of KG rooms عدد الغرف الكلى	
5.7	Are there toilets and laundries suitable for children? هل يوجد مراحيض ومغاسل ملائمة للأطفال	☐ Yes ☐ No
5.8	Water Tanks خزانات مياه	☐ Yes ☐ No
5.9	Separate chair for each child كرسي منفصل لكل طفل	☐ Yes ☐ No
5.10	Safety & Security Education environment هل بيئة الروضة آمنة حماية للشبابيك ودرابزين للدرج ان وجد / أثاث آمن ومناسب / سور للروضة/ ألعاب مطابقة لشروط الأمان.	☐ $Applicable$ ☐ $Not\ Applicable\ (if\ not\ please\ clarify)$ _____
5.11	First aid cabinet خزانة اسعاف أولي	☐ Yes ☐ No
5.12	Fire Extinguisher مطفأة حريق	☐ Yes ☐ No
5.13	Child Health and Development Files ملفات صحة وتطور الطفل	☐ Yes ☐ No
5.14	Are there any transportation services including the KG services? هل تقدم الروضة خدمات المواصلات؟	☐ No *Dose the buses owned by the KG* ☐ $Owned$ ☐ $Rented$

			Number of buses/Cars	
			Number of Derivers	
			what are the monthly transportation fees	

6. KG's Partnerships with Parents and Local Community:

6. شراكات الروضة مع الأهل والمجتمع المحلي:

6.1	**Is there a parents committee?** **هل يوجد لجنة أهالي**	☐ Yes ☐ No
6.2	Do you implement special programs for parents? هل تنفذون برامج خاصة للأهالى	☐ Yes ☐ No
6.3	Is there a turnout by the people on the activities? هل هناك اقبال من قبل الأهالى على الأنشطة؟	☐ Yes ☐ No

7. Questionnaire Data Collection and Assessment of the KG:

7. معلومات تعبئة الاستمارة وتقييم الروضة:

7.1 KG/CBO the person who provided the information for this questionnaire:

موظف/ة الروضة او الجمعية الذي قام بإعطاء البيانات الواردة في هذه الاستمارة

I'm Confirming my understanding that applying and collecting these information dose not means final selection for the KG for implementing the project activities.

أوكد تفهمي بان تعبئة وجمع هذه المعلومات لا يعني الاختيار النهائي للروضة لتنفيذ أنشطة المشروع.

Name	Title	Signature:

7.2 Observations by the visitor about the cooperation of the kindergarten director

ملاحظات من قبل منفذ الزيارة حول مدى تعاون مدير الروضة

7.3 IOCC staff completed this questionnaire **الموظف الذي قام بتنفيذ الزيارة وتعبئة الاستمارة**

Name	Position

Date & Day اليوم والتاريخ	Signature التوقيع

7.4 IOCC H&N Project officer confirmation **تأكيد مسؤول/ة المشروع**

Date & Day اليوم والتاريخ	Signature التوقيع

7.5 Scoring information **معلومات التقييم الأساسية**

Final Score	Scored By	Scoring Date

Prioritization Criteria and Scoring System

Health/Nutrition Support for Vulnerable Pre-school-aged Children and Their Caregivers in the Gaza Strip

Kindergartens Prioritization Criteria and Scoring System

Criteria	Definition	Weight	Score
	Full registration and compliance with MoE standards	10	
	Partial registration and compliance with MoE standards	5	
	No registration and compliance with MoE standards	0	
	CBO	10	
	Private Sector	5	
	> 70 children	15	
	70 Children	10	
	<70 children	5	
	<75ILS/m	15	
	75ILS-100ILS	10	
	>100ILS	5	
	> 7	5	
	5 to 7	3	
	< 4	2	
	Yes	10	
	No	0	
	Yes	5	
	No	0	
	Yes	10	
	No	0	
	Yes	5	
	No	0	
	Yes	5	
	No	0	
	Excellent	10	
	Very Good	7	
	Good	5	

Total Score