



مركز العالم العربي للبحوث والتنمية
Arab World for Research & Development

Quality Research ... Matters

Japan Platform (JPF)

Evaluation of JPF Funded Project:

“Health/Nutrition Support for Vulnerable Preschool-aged Children and Their Caregivers in the Gaza Strip (Phase 3)”

Peace Wind Japan (PWJ)

Summative Evaluation Report

“Final”

July 2022

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Abbreviations

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
PWJ	Peace Winds Japan

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Summary

This report is the outcome of an evaluation of JPF Funded Project: "Health/Nutrition Support for Vulnerable Pre-school-aged Children and Their Caregivers in Gaza (Phase 3)" implemented by Peace Wind Japan (PWJ). The overall objective of this project was to improve the health and nutrition of preschool children, mainly those aged 3-5, in the Gaza Strip.

The evaluation utilized a set of data collection tools taking into account collecting data and information to assess the utilization of the Core Humanitarian Standards (CHSs): Relevance, Effectiveness, Impact and Cover & coherence.

Relevance:

The overall objective of this project was to improve the health and nutrition of preschool children, mainly those aged 3-5, in the Gaza Strip. Data from various studies and reports do indicate a need for interventions in relation to pre-school children's healthcare, moreover, data from AWRAD's "Needs Assessment of Gaza Strip's Health Sector" report (2021) as well as quantitative and qualitative data from this evaluation also supported the relevance of provided services in aspects of children's health and nutrition status, knowledge in relation to child health needs and nutrition, and assessment of the KG's abilities in promoting child health and nutrition in the community.

Furthermore, beneficiaries' assessment of the relevance of services to their needs was very high.

Effectiveness:

The results of the evaluation's activities indicated that the project was able to implement all its planned activities and reach its targeted number of beneficiaries for those activities.

In addition to reviewing the planned activities and completion/achievement level; the evaluation team attempted to evaluate the extent to which project results were achieved through further examining beneficiaries' perceptions and their level of satisfaction towards each component of the project using both quantitative and qualitative tools.

Component one's beneficiaries (i.e., beneficiaries of medical examinations and nutritional treatment of preschool children) who participated in the survey were satisfied with the support of the project and its effectiveness across a various set of criteria. Most favourable criteria were proper treatment with children and capacity of the staff who conducted the basic health screening, and less favorable assessment was for quality of equipment and materials to conduct the basic health screening of children and appropriateness of the place where the basic health screening was offered.

Regarding the follow-up nutrition services of preschool children treated by Ard El Insan; beneficiaries also reported high levels of satisfaction with the services across a various set of criteria.

Improvement opportunities mentioned by parents included the place of conducting the tests at Ard El Insan, where parents complained that it was not appropriate for the number of children and type of tests being conducted, causing stress and fatigue for children, parents and staff members. Another area for improvement is related to the location of the Ard El Insan being too far for some beneficiaries. Finally, a key point mentioned by beneficiaries was regarding the food packages not being enough for their families' needs.

Component two's beneficiaries (i.e., beneficiaries of education and training in health and nutrition) expressed their appreciation and satisfaction with the support of the project and its effectiveness across various criteria. Beneficiaries had a positive assessment of the training in terms of content, gaining new knowledge as well as the logistics of delivering the training. During focus groups; beneficiaries' feedback was also positive and

reflected a high satisfaction level. However, parents did note that they were not consulted about the topics and content of the training sessions.

As for parents' assessment of their current level of knowledge in relation to child care and child nutrition; it showed a room for improvement in relation to knowledge in child health and nutrition needs.

Component three's beneficiaries (i.e., building the capacities of kindergartens) feedback was very positive across all dimensions of the services and delivery.

In terms of Covid-19 and May 2021 war; this phase of the project did not have a noticeable impact to report in comparison to Phase II, while during the war, the project team had to stop all activities and close the offices and followed up on the work from home, where KGs were asked to be in touch in cases of any emergencies or needs.

Impact and sustainability:

The evaluation attempted to go beyond the effectiveness of achieving outcomes as explained above to cover the impact of project's activities on beneficiaries. For instance, this included data on 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.

According to the survey and the focus groups; overall assessment is positive. Parents in the focus groups mentioned several other examples of impact that they have experienced as part of the project, These include the changes in attitudes and practices of parents in relation to their children's nutrition, mothers changing their practices and becoming concerned with healthier nutrition, and finally, the impact reported by KG staff in the focus group was very strong.

Regarding the sustainability of the project's activities; the design of the project included several components of capacity development for both KGs and parents that naturally lead to better sustainability of benefits. All activities, which were also highly evaluated by beneficiaries, contribute to better sustainability of benefits, through guaranteeing further spread and transfer of knowledge, and continuity of some of the project's activities in the future and in further communities and areas.

Value determination of the project:

Based on JPF's evaluation framework methodology and value assessment framework, and in line with the evaluation's results and analysis above, we believe that the project is worthy of implementation as it provided services and support that are relevant to the families' needs in Gaza Strip (CHS1), it was implemented effectively and efficiently as detailed in the report and with positive satisfaction levels among beneficiaries (CHS2) and delivered value to beneficiaries' lives and positively impacted their access to services (CHS3).

Introduction and members of the evaluation team

This report is the outcome of an evaluation of JPF Funded Project: "Health/Nutrition Support for Vulnerable Pre-school-aged Children and Their Caregivers in Gaza (Phase 3)" implemented by Peace Wind Japan (PWJ).

Members of the evaluation team

The evaluation team from AWRAD included the following members:

- Nader Said – PhD. Sociology, Team Leader
- Muna Amasheh – Evaluation technical expert
- Yasmin Fqaha – Evaluation administrative manager
- Ashraf Jerjawi – Research expert
- Khader Azar – Data expert
- Samer Said – Statistical expert
- Tala Barham – Researcher

The team also relied on the expertise of a highly-skilled team of enumerators and field experts. A number of interviews and focus group discussion were carried out by our local, Gaza-based experts who have extensive experience in M&E and qualitative data collection.

Overview of project

The purpose of this project is to improve the health and nutrition of preschool children, mainly those aged 3-5, in the Gaza Strip.

The project started on January 1, 2021 and ended on December 31, 2021. It was implemented by Peace Wind Japan (PWJ) in partnership with the International Orthodox Christian Charities (IOCC) and Ard Al-Insan in Gaza.

The following table summarizes the key components and activities of the project:

Project overview	
(1) Conduct health examinations for and give nutritional treatment to preschool children (2) Educate and train their guardians in health and nutrition (3) Build the capacity of kindergartens and support their activities using 36 kindergartens in the communities of the Dayr al Balah, Khan Yunus, and Rafah districts as the project's footholds in order to improve the health and nutrition of preschool children in these districts.	
Project description (key components and activities)	Beneficiaries (Who, How many)
Component 1. Conduct medical examinations for and give nutritional treatment to preschool children <ul style="list-style-type: none"> ▪ Conduct medical examinations for preschool children in the target areas and support a local partner organization (Ard El Insan) in treating and diagnosing preschool children with nutritional problems 	<ul style="list-style-type: none"> ▪ 2,888 preschool children
Component 2. Educate and train the guardians of preschool children in health and nutrition <ul style="list-style-type: none"> ▪ Educate and train the guardians (men and women) of preschool children in health and nutrition. Provide female guardians with practical cooking training, including nutritionally well-balanced menus and cooking methods 	<ul style="list-style-type: none"> ▪ 3,610 guardians of preschool children (1,300 men and 2,310 women)

<p>Component3. Build the capacity of kindergartens and support their activities</p> <ul style="list-style-type: none"> Improve the sanitary environment of kindergartens, provide target kindergartens with equipment and supplies required for health examinations, give kindergarten personnel lectures on first-aid and lifesaving methods and prevention of COVID-19, and offer training of trainers (TOT) to develop health and nutrition instructors so that kindergartens can work as bases to promote the health and nutritional improvement of preschool children in the communities, as well as establish health and nutrition committees consisting of guardians 	<ul style="list-style-type: none"> 108 teachers and 4,158 children in 36 kindergartens
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Log-frame¹

The following table presents the detailed logical framework for monitoring and evaluation of the project as provided by PWJ in their proposal (revised in November 2020):

Project objective (aims of the project as a whole)	Improve the health and nutrition of preschool children, mainly those aged 3-5, in the Gaza Strip.			
Current situation (before the start of the project)	Results aimed at (at the completion of the project)	Targets (index to measure results) and confirmation method	Activities for achievement	✓ Prerequisites ✧ Risk and external factors
<p>Component 1: <u>Conduct medical examinations for and give nutritional treatment to preschool children</u></p> <p>According to surveys by UNICEF and the Palestinian Ministry of Health, the percentage of children aged less than 5 in the Gaza Strip</p>	<ol style="list-style-type: none"> Enable preschool children to undergo medical examinations Improve the nutrition of preschool children treated by AEI 	<p>(Indicator)</p> <ul style="list-style-type: none"> 2,888 preschool children undergo medical examinations. 90% of preschool children referred to AEI visit it for nutritional treatment 80% of preschool children receiving nutritional treatment at AEI reach the standard for completion of treatment during the project <p>(Confirmation method)</p>	<ol style="list-style-type: none"> 1-1 Training for conducting medical examinations and giving nutritional treatment: 17 personnel and doctors involved in implementation 1-2 Medical examinations for preschool children: 2,888 persons 1-3 Examination and nutritional treatment by AEI: Preschool 	<ul style="list-style-type: none"> ✓ The impact of COVID-19 is small, enabling activities at kindergartens ✓ The public order is stable, allowing staff members to enter the project area ✓ The prices of pharmaceuticals and other necessary equipment for nutritional treatment is stable, and they can be procured

¹ This was obtained from the project's proposal document dated April 2020. Please let us know if there is an updated version to replace this one.

<p>who are anemic is 30.7% with 11% for stunting and 5.5% for marasmus, but preschool children have less opportunities to undergo medical examinations for early detection and treatment</p>		<ul style="list-style-type: none"> • Certificate of medical examinations • AEI's clinical charts and databases • Monitoring records 	<p>children suspected of having nutritional problems through medical examinations</p> <p>1-4 Monitoring</p>	<p>in the Gaza Strip</p> <ul style="list-style-type: none"> ◇ Restrictions on activities due to the spread of COVID-19 ◇ Conflicts and disturbances between Israel and Hamas and other groups ◇ Lack of nutritional supplements and prescription drugs required for nutritional treatment in the market
<p><u>Component 2: Educate and train the guardians of preschool children in health and nutrition</u></p> <p>Many of preschool children's guardians have limited access to health and nutrition information</p>	<ol style="list-style-type: none"> 1. Enable the guardians of preschool children to acquire knowledge of health and nutrition 2. Encourage the guardians of preschool children to take action to improve health and nutrition 	<ul style="list-style-type: none"> • 70% of guardians who participate in the training have a 90% or higher success rate in the post-training examination • 70% of guardians who participate in training take at least one action for health and nutritional improvement within one month of training (Confirmation method) • Results of the examination • Monitoring records 	<p>2-1 Baseline survey of guardians of kindergarten pupils: 12 kindergartens</p> <p>2-2 Preparation of teaching materials for health and nutrition</p> <p>2-3 Training for guardians: (Lecture) 3,610 persons × 1 session (Cooking exercise) 2,310 persons × 2 sessions</p> <p>2-4 Preparation of monitoring and evaluation tools</p> <p>2-5 Monitoring</p>	<ul style="list-style-type: none"> ◇ Soaring commodity prices ◇ Further deterioration in economic conditions
<p><u>Component 3: Build the capacity of kindergartens and support their activities</u></p> <p>Most kindergartens that serve as a</p>	<ol style="list-style-type: none"> 1. Improve the health and sanitary environment and facilities of kindergartens 2. Improve the knowledge of kindergarten 	<p>(Indicator)</p> <ul style="list-style-type: none"> • 12 kindergartens repair their sanitary equipment • 12 kindergartens install equipment for health examinations, first aid, and prevention of COVID-19 	<p>3-1 Baseline survey of target kindergarten: 12 kindergartens</p> <p>3-2 Preparation of health and nutrition teaching materials for preschool</p>	

<p>foothold to support preschool children in the community do not have an adequate sanitary environment, nor do they conduct any health examinations. In addition to failing to grasp the health of their children, they do not provide health and nutrition education appropriately.</p>	<p>teachers about health, nutrition, and first aid and lifesaving</p> <p>3. Enable kindergarten teachers to conduct simple health examinations</p> <p>4. Ensure that kindergartens can provide health and nutrition education</p> <p>5. Enable kindergarten pupils to acquire knowledge of health and nutrition</p>	<ul style="list-style-type: none"> • 90% of kindergarten teachers who receive first-aid and lifesaving training have a correct answer rate of 80% in the post-training examination • 90% of kindergarten teachers who receive training to prevent COVID-19 have a correct answer rate of 80% in the post-training examination • 72 kindergarten teachers receive training of trainers (TOT) for health and nutrition • 90% or more of 12 kindergartens incorporate health and nutrition education into their daily activities • 80% of pupils at 12 kindergartens have a correct answer rate of 90% or more in a test after health and nutrition education • 24 kindergartens in Phases 1 and 2 hold 72 events related to health and nutrition education (Confirmation method) • Results of pre- and post-training tests in first aid and lifesaving, knowledge of health and nutrition, and methods of 	<p>children</p> <p>3-3 Establishment and activities of guardians' health and nutrition committees: 12 kindergartens</p> <p>3-4 Installation and simple repair of sanitary equipment at kindergartens: 12 kindergartens</p> <p>3-5 Provision of first-aid kits, simple medical examination kits, and COVID-19 prevention kits to kindergartens: 12 kindergartens</p> <p>3-6 First-aid and lifesaving training for teachers: 60 kindergarten personnel</p> <p>3-7 COVID-19 prevention training for teachers: 60 kindergarten personnel</p> <p>3-8 Training of trainers (TOT) for teachers in health and nutrition: 72 kindergarten teachers</p> <p>3-9 Health and nutrition education for kindergarten pupils: 12 kindergartens</p> <p>3-10 Events related to health and</p>	
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		conducting medical examinations • Monitoring records	nutrition education at kindergartens covered by Phases 1 and 2: 24 kindergartens 3-11 Wrap-up workshop on kindergarten health and nutrition activities: 72 personnel from 36 kindergartens 3-12 Preparation of monitoring and evaluation tools 3-13 Monitoring	
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Evaluation overview

Objectives

The evaluation aimed to achieve the following:

- To verify that the humanitarian principles and standards are respected during project implementation;
- To measure the actual outputs and outcomes;
- To analyze the impact of the project with the available data;
- To understand the level of beneficiary satisfaction;
- To determine the value of project implementation;
- To document the achievements and challenges that faced the implementing partners, especially in the light of COVID-19 crisis;
- To provide feedback and recommendations for JPF and PWJ for use in project improvement.

Timeline

The planning phase for the evaluation was finalized during the month of June 2021, however, fieldwork activities commenced and were completed during March 2022 (fieldwork started on 14-03-2022 and was completed on 31-3-2022).

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 and non-beneficiaries
- Focus Group Discussions (FGDs)
- Key Informant Interviews (KIIs)

We have developed the 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

were based on PWJ's project objectives and outcomes. We developed the data collection tools taking 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 that were used for the evaluation of this project (based on the JPF evaluation framework):

- Relevance: Project is appropriate and relevant
- Effectiveness: Project achieves timely output and/or outcomes indicators
- Impact, sustainability (connectedness): Project strengthens local capacities and avoids negative effects
- Cover and coherence: Project is coordinated and complementary

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

Quantitative survey

We administered the survey with a group of 50 beneficiaries (parents of children who received basic screening services and guardians' awareness sessions) and 25 non-beneficiaries (parents from the same communities/districts but were not beneficiaries of the project). The survey was conducted in the period between 27 to 31 March 2022. The survey with beneficiaries was conducted over the phone and completed electronically using Survey Monkey questionnaires, while the survey with non-beneficiaries was conducted face-to-face as it was difficult to obtain contact details of this sample.

The sample of beneficiaries was selected from the lists of beneficiaries and it employed random sampling techniques making sure to yield a representative sample of various criteria including age, location, etc. to the extent possible. The non-beneficiaries followed similar characteristics and from within the same communities.

Focus Group Discussions (FGDs):

Our methodology included conducting 4 FGDs with the following target groups:

1. Beneficiaries of Component 1: preschool-age children caregivers
2. Beneficiaries of Component 2: guardians and parents
3. Beneficiaries within Component 3: KGs' staff.

Key Informant Interviews (KIIs):

Our methodology proposed conducting 5 KIIs with key community informants in the project sites that possess a relevant perspective on the project activities. We conducted KIIs with the following list of informants:

1. PWJ Project Manager (pending)
2. PWJ Gaza Local coordinator (pending)
3. A representative of the Ministry of Health in Gaza
4. A representative of the Ministry of Social Development
5. IOCC Gaza Office Representative

Evaluation Results

1. Achievements against original plan (Relevant CHS: CHS2: Effectiveness)

The project was able to implement all its planned activities and reach its targeted number of beneficiaries for those activities. The progress and numbers below are as of March 2022².

Activities	Status	Actual # of beneficiaries	Original target	% of achievement
Component 1. Conduct medical examinations for and give nutritional treatment to preschool children				
Conduct medical examinations for preschool children in the target areas and support a local partner organization (Ard El Insan) in treating and diagnosing preschool children with nutritional problems	Completed	4,014	2,888 preschool children	139%
Component 2. Educate and train the guardians of preschool children in health and nutrition				
Educate and train the guardians (men and women) of preschool children in health and nutrition. Provide female guardians with practical cooking training, including nutritionally well-balanced menus and cooking methods	Completed	3,610	3,610 guardians of preschool children (1,300 men and 2,310 women)	100%
Component 3. Build the capacity of kindergartens and support their activities				
Improve the sanitary environment of kindergartens, provide target kindergartens with equipment and supplies required for health examinations, give kindergarten personnel lectures on first-aid and lifesaving methods and prevention of COVID-19, and offer training of trainers (TOT) to develop health and nutrition instructors so that kindergartens can work as bases to promote the health and nutritional improvement of preschool children in the	Completed	108 teachers 36 KGs	108 teachers and 4,158 children in 36 kindergartens	100%

² The table and figures are based on the inception report table and the final progress report from PWJ Project team (Dated March 2022). The data needs to be reviewed and confirmed with PWJ team to finalize.

communities, as well as establish health and nutrition committees consisting of guardians				
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Legend:

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

2. Evaluation results

The following section provides an analysis of the evaluation results as they pertain to CHSs around relevance, effectiveness, impact and sustainability.

Relevance of the project to the overall child health context in Gaza Strip (Relevant CHS: CHS1: Relevance)

The general health and economic situation of the Gaza Strip has been deteriorating for years, the impact felt by children in general and children below 5 years old is especially high. The poor economic situation leads to poor health services and impacts families’ abilities to take proper care of their children. In addition, the poor economic situation of families leads to weak nutrition systems which lead to malnutrition and other health impacts. Accordingly, the focus of the project is relevant to tackle these issues. In addition, the onset of the Covid-19 has contributed to further worsen the already dire situation which increased the needs for services provided by the project. The closures and health risks of Covid-19 only demanded more work to be done by KGs and parents to provide a proper healthy lifestyle for the children. Moreover, the May 2021 war and the resulting human, economic and health impacts have also put additional pressure on KGs and parents in relation to being able to take care of the children and their health.

Poverty plays a huge role in child and infant health, especially in Gaza. According to a study conducted by UNICEF in 2020, 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.³ Only 42% of children receive a "minimum diversity diet" according to UNICEF.⁴

In addition, the COVID-19 pandemic had serious effects on the economy, and the poverty rate increased further. Although foods and other daily necessities in general are distributed in the market, Humanitarian Needs Overview 2020 oPt indicates that 57% of families in the self-governing Palestinian territories (approximately 1.7 million people) have difficulty in purchasing sufficient food, and as there is concern about malnutrition and unbalanced nutrition due to food shortages, distributing foods and supporting livelihood are urgent issues to be addressed⁵. Under these circumstances, among children aged five or less in particular, anemia, malnutrition, and incomplete development due to the lack of micronutrients such as iron and vitamins A and D are becoming a serious problem.

Finally, One of the strategic objectives of the Palestinian "National Strategy for Child Development and Early Intervention 2017-2022⁶" is to provide all infants and young children with equal opportunities for development and early intervention, and this project is consistent with this goal.

The above data from various studies and reports do indicate a need for interventions in relation to pre-school children's healthcare, but we also explored further data from AWRAD's "Needs Assessment of Gaza Strip's Health Sector" report (2021) as well as quantitative and qualitative data from this evaluation in order to examine the relevance of the project's scope.

Forty-five percent of the respondents who have children (under 6 years old) reported that their children suffered from some sort of nutrition related deficiency, and an increase in this percentage can be seen across all deficiencies in comparison to the same assessment from the year 2020 as illustrated in the following graph:

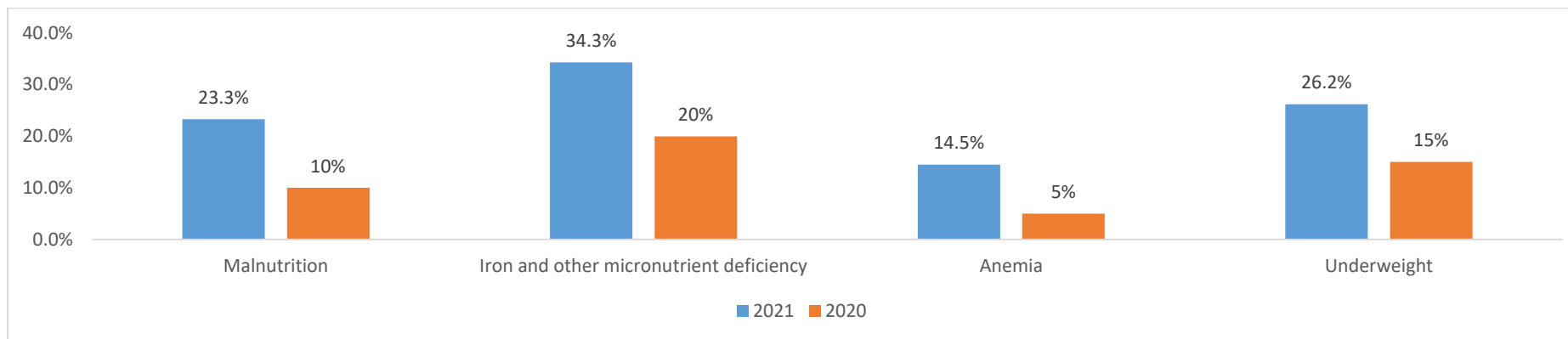
Figure 11: Pre-school children's nutrition health (In the past 2 years, did your child/children (under 6 years old) suffer from the following?) – n: 172

³ UNICEF (n.d.) "Health and Nutrition." UNICEF State of Palestine. Accessed 13 May 2020. <https://www.unicef.org/sop/what-we-do/health-and-nutrition>

⁴ Ibid.

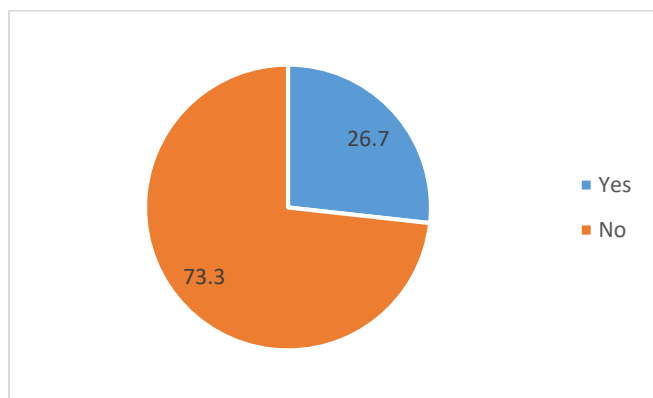
⁵ UNOCHA, *Humanitarian Response Plan OPT 2020* (January 2020) p33, p35, p66

⁶ State of Palestine, *National Strategy for Early Childhood Development and Intervention 2017-2022* (January 2017)



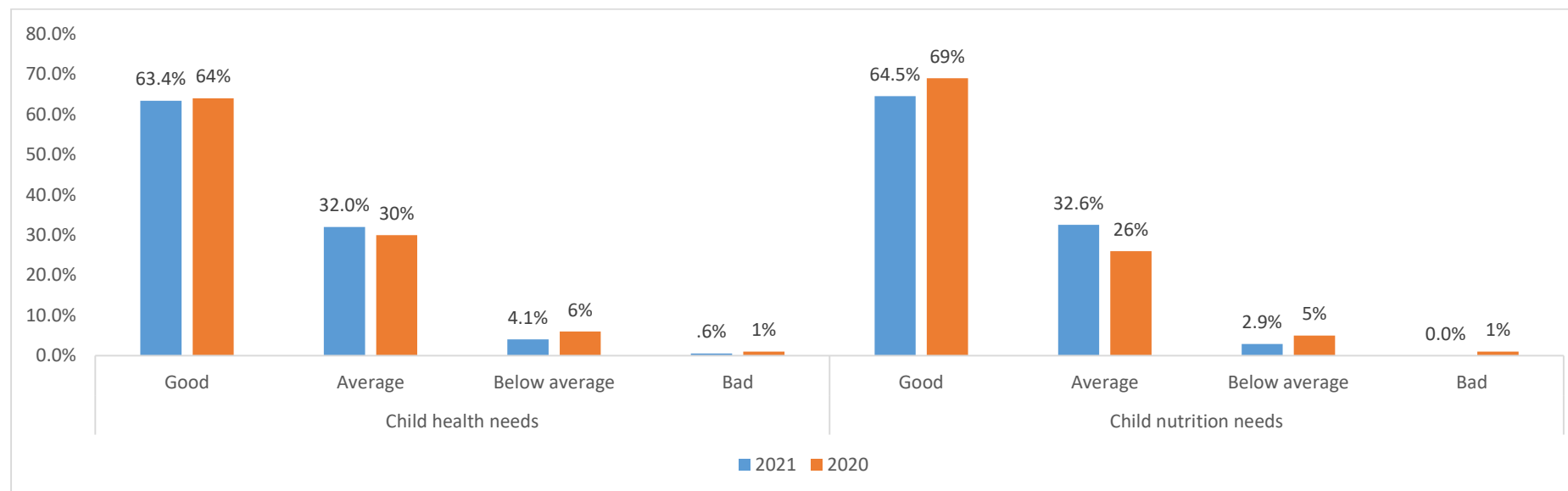
Moreover, according to the same health sector assessment, parent’s participation in awareness raising on child health and nutrition is limited. The data indicated that only 26.7% of respondents reported having attended/participated in any child health and nutrition awareness activities during the past two years as illustrated below:

Figure 2: Percentage of respondents who reported having attended/participated in any child health and nutrition awareness activities – n: 172

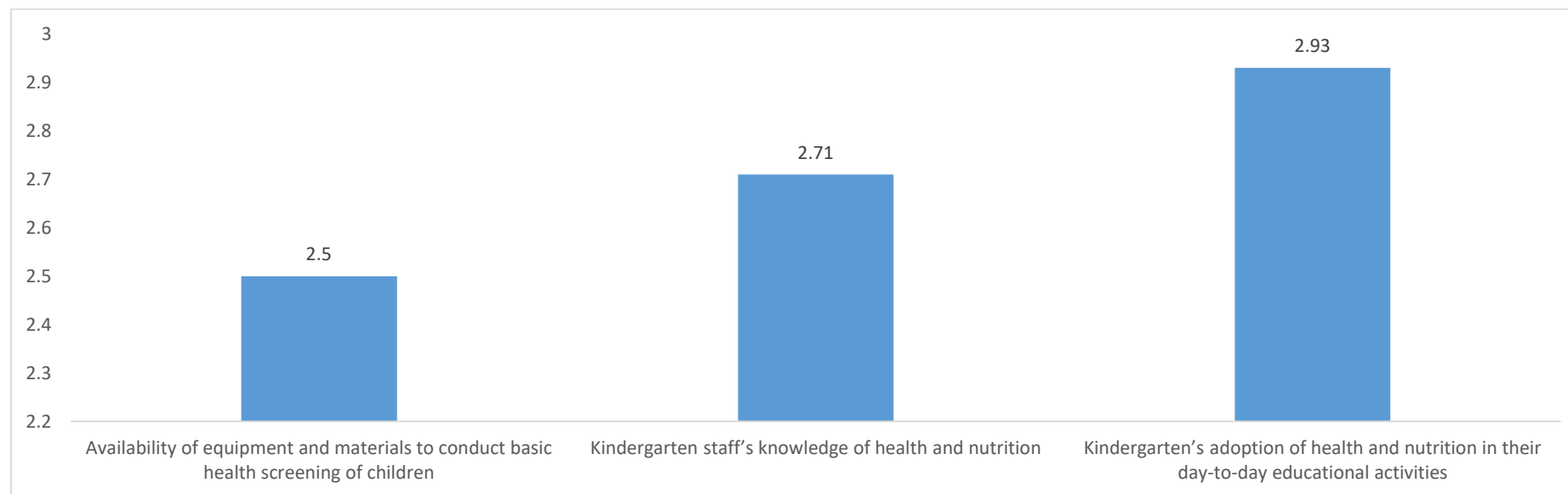


However, high percentages of respondents reported possessing a good knowledge in relation to child health needs and nutrition needs as illustrated in the following graph. As this contradicts the above data and also contradicts experts’ opinions (further details below), it can be explained as a further lack of awareness among parents and guardians who are unaware of knowledge gaps they might have.

Figure 3: Self-assessment of knowledge in relation to child health needs and nutrition



Finally, the survey conducted for the same health sector assessment shows that 38.4% of respondents have at least one child in kindergartens (KGs), and in terms of their assessment of the KG’s abilities in promoting child health and nutrition in the community; the average satisfaction was moderate across three dimensions of assessment as illustrated in the following graph:

Figure 4: Assessment of the KGs' abilities in promoting child health and nutrition in the community (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.

In addition to the above findings of the survey in the health sector assessment, the KIIs and FGDs conducted as part of the same assessment have revealed additional areas for improvement in relation to services provided to pre-school children. The following are the key points:

- There are major infrastructure needs at KGs and schools as well as medical centers such as the needed spaces to conduct the health screening tests, as well as shortages in supplies and equipment to provide these services.
- In addition, there are major human resources needs in terms of numbers of staff needed to cover the large numbers of children throughout the year as well as capacities needed to enable the provision of health services to children in good quality.
- There is a shortage in essential nutrients and supplies for young children such as vitamins.
- The inadequate service provision for early health screening and testing for pre-school children leads to large numbers of children being diagnosed late (e.g., suffering from hearing or speaking problems). This is due to the fact that screenings and tests are mainly performed in the first grade and not earlier or due to low level of quality testing.
- There is a low level of awareness among parents in relation to children's health and nutrition. Empowering mothers is inadequate.
- Very low levels of awareness among mothers about health and nutrition of their children and of their own health while pregnant and breastfeeding.

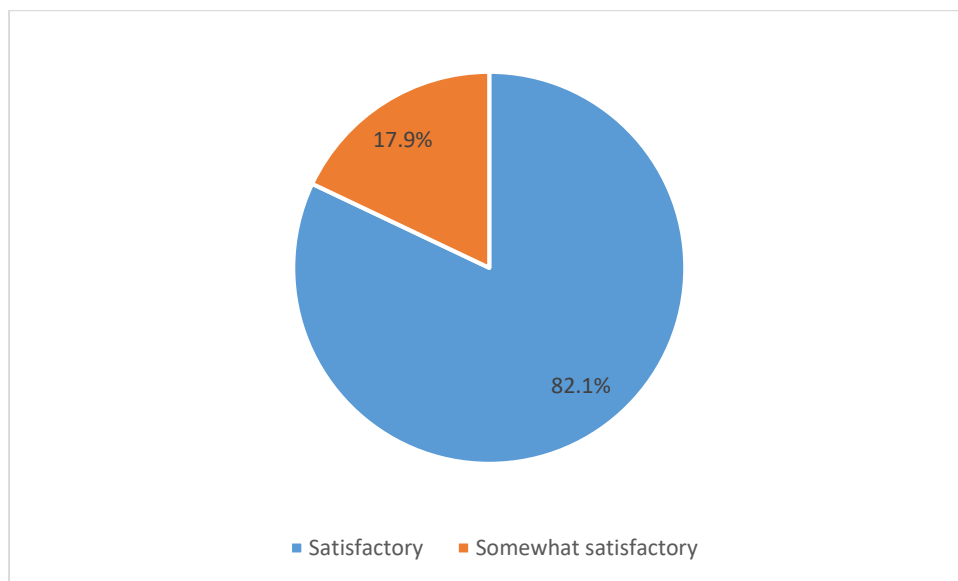
- Mental health issues for children is an issue as there are many who suffer due to the impact of wars. These health issues are not targeted enough and services through school counsellors are not enough in terms of availability nor quality.

Project design in line with beneficiaries' needs – (Relevant CHS: CHS1: Relevance)

As illustrated in the above sub-section, relevance to the needs of Gaza Strip in general is established, but data from the quantitative and qualitative tools used for this evaluation also support the relevance dimension of the scope of services offered.

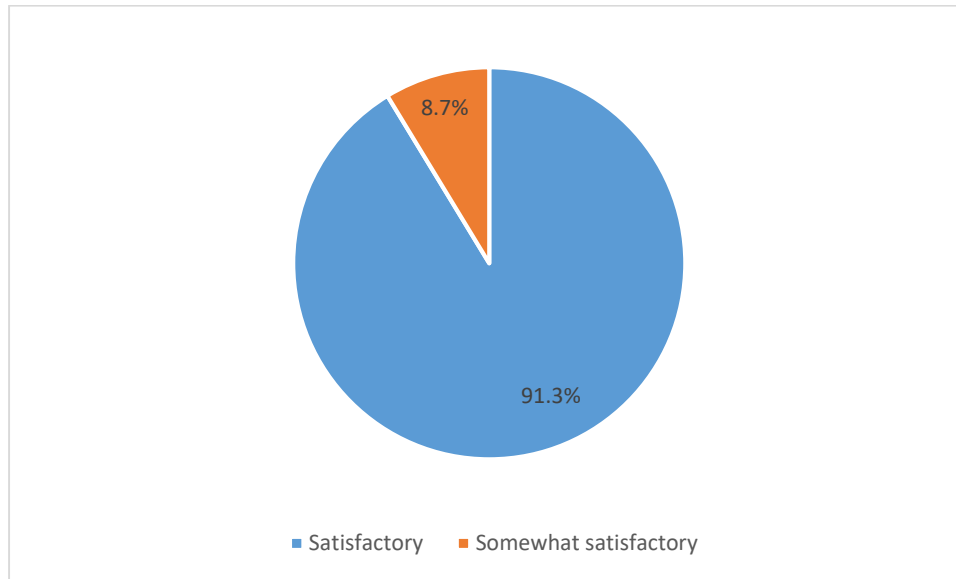
For instance, we asked beneficiaries to assess the level of relevance of services they received in relation to their children's health and nutrition check-ups, and 82% were satisfied, and 18% were somewhat satisfied.

Graph52: Assessment of the relevance of the services (health and nutrition screening) – n: 39



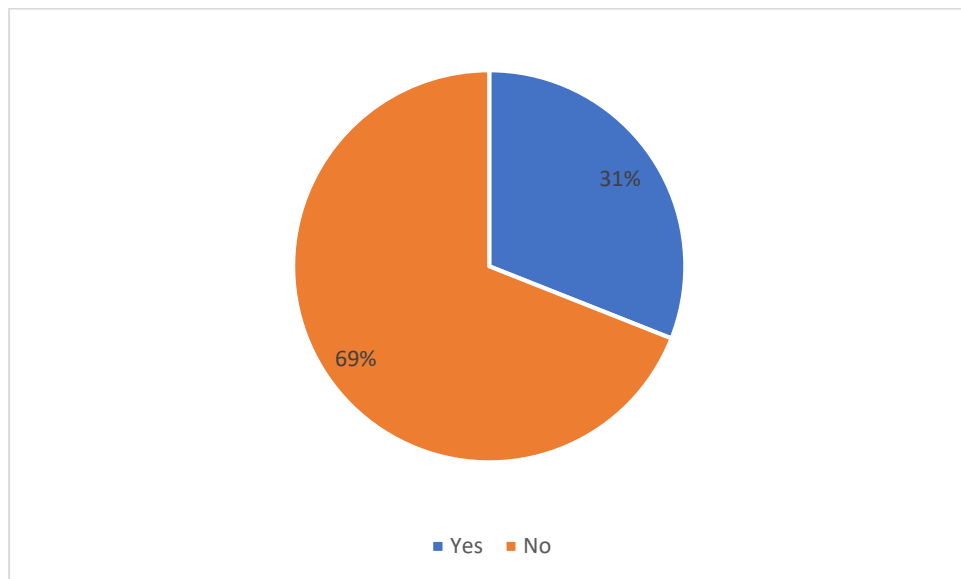
Also, according to the beneficiary survey; **100% of beneficiaries who participated in awareness sessions on child nutrition and childcare** assessed the relevance of these sessions and their content as satisfactory or somewhat satisfactory.

Graph6: Satisfaction of beneficiaries towards the relevance of awareness sessions on child nutrition and childcare (n: 23)



As for access to services related to child health and nutrition; the minority of beneficiaries reported having had access to basic health screening of their children (under 6 years old) on their own (not through a funded project) as the following chart illustrates:

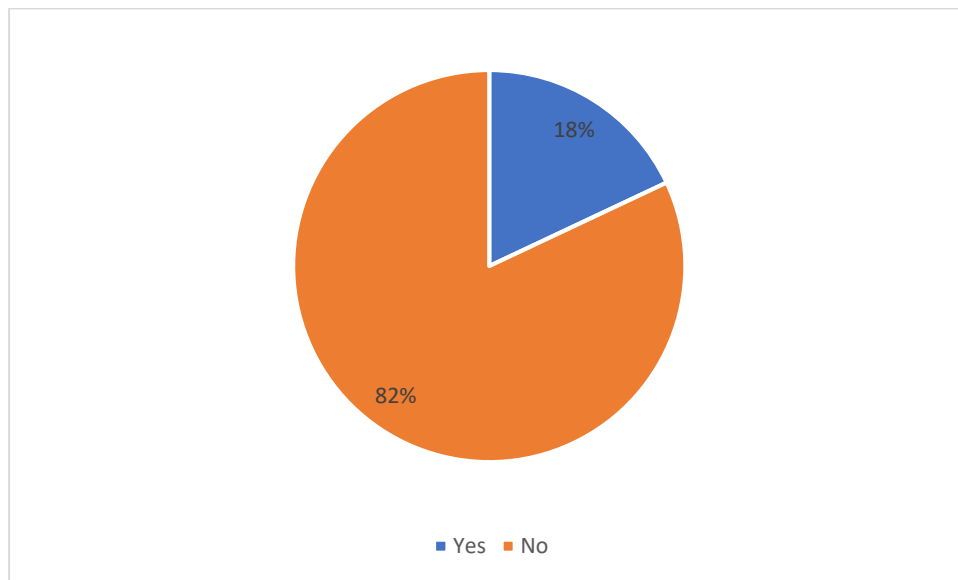
Graph7: Percentage of beneficiaries who received basic health screening of their child/children (under 6 years old) personally (not through a project) (n: 46)



When asked about the reason for not getting the services; the main reasons included their inability to afford the services and the unavailability of the services in their areas among other reasons.

Similarly; we asked beneficiaries if they visited a health or medical facility for diagnosis or treatment services of their children's health and nutrition issues personally (not through a funded project); and only 18% of beneficiaries reported having done that as the following chart illustrates:

Graph8: Percentage of beneficiaries who visited a health or medical facility for diagnosis or treatment services of their children's health and nutrition issues personally (not through a project) (n: 46)



When asked about the reason for not getting the services; the main reasons included their inability to afford the services and the unavailability of the services in their areas among other reasons.

Feedback from beneficiaries during the focus groups supported the above data and the relevance of the services offered through this project. For instance, parents were very satisfied with the services meeting their needs:

"The project substantially met our needs because we rarely take our children for tests or screenings unless it was required at certain ages." – Participant in the parents' FGD

"The services were very relevant to us, for example when we got the food package (guardians participated the awareness sessions received the food package), it was very important due to our difficult economic situation." – Participant in the parents' FGD focusing on awareness sessions' services

As for the KGs; they also stressed how relevant the services were to their needs:

"We had parents from the local communities coming asking us about the project and wanting to be part of it. They wanted to test their children and get reassurance regarding their health." – KGs' staff FGD

Also, KGs reported being very satisfied with the level of involvement and consultation the project team had with them.

"The project team visited us and took notes of our needs and asked us about the needs of the children and their parents. They completed questionnaires with us to document our priorities. Each step of the project was planned and coordinated with us." – KGs' staff FGD

However, most parents in the FGDs reported that they were simply informed of the project's activities and were asked to participate, but they were not previously consulted or informed in advance.

Effectiveness of project's activities (Relevant CHS: CHS2: Effectiveness)

Effectiveness relates to the ability of the project's team to achieve the objectives and planned activities and outcomes of the project within the planned resources. At an activity level, the project's performance is illustrated in the table under "Achievements against original plan" section above. At an outcome level, the project aimed to achieve the following key results within each component:

Component 1. Conduct medical examinations for and give nutritional treatment to preschool children

- 1-1: Enable preschool children to undergo medical examinations
- 1-2: Improve the nutrition of preschool children treated by AEI

Component 2. Educate and train the guardians of preschool children in health and nutrition

- 2-1: Enable the guardians of preschool children to acquire knowledge of health and nutrition
- 2-2: Encourage the guardians of preschool children to take action to improve health and nutrition

Component 3. Build the capacity of kindergartens and support their activities

- 3-1: Improve the health and sanitary environment and facilities of kindergartens
- 3-2: Improve the knowledge of kindergarten teachers about health, nutrition, and first aid and lifesaving
- 3-3: Enable kindergarten teachers to conduct simple health examinations
- 3-4: Ensure that kindergartens can provide health and nutrition education
- 3-5: Enable kindergarten pupils to acquire knowledge of health and nutrition

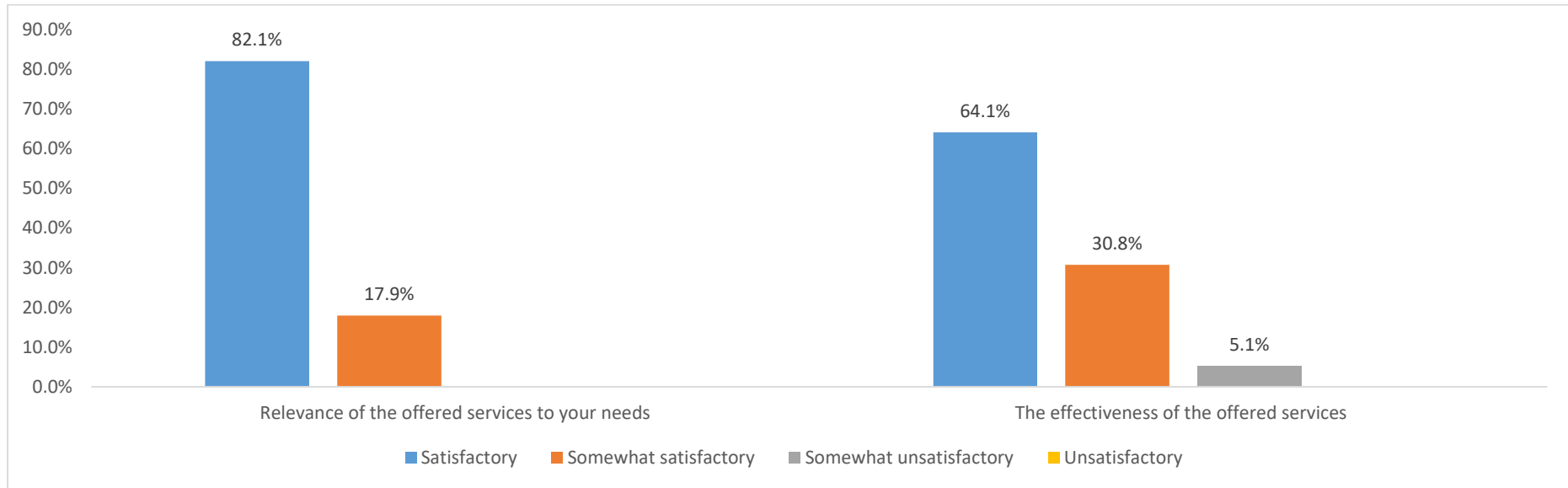
The evaluation team attempted to evaluate the extent to which project results were achieved through further examining beneficiaries' perceptions and their level of satisfaction towards each component of the project using both quantitative and qualitative tools. The following pages summarize the key findings:

Component 1: Conduct medical examinations for and give nutritional treatment to preschool children

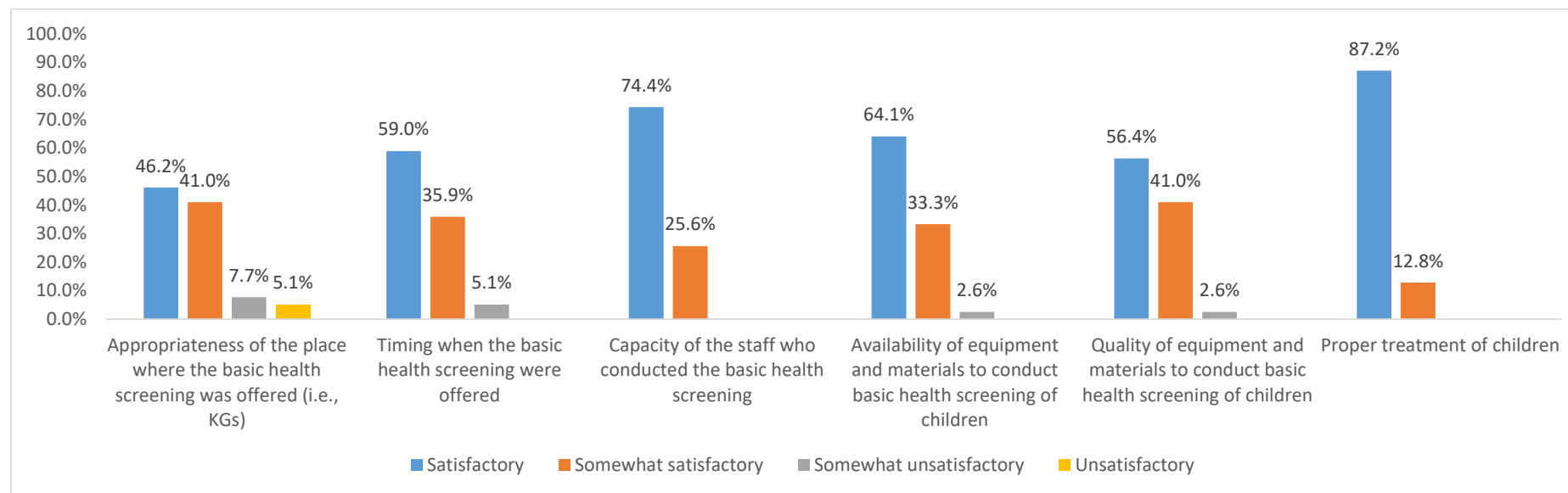
Regarding medical and screening services; the sample of beneficiaries who participated in the survey (n=39) were satisfied with the support of the project and its effectiveness across a various set of criteria as illustrated in the following table and graphs:

Criteria of assessment	% of beneficiaries who reported "Satisfactory" and "Somewhat satisfactory"
Criteria around the direct benefit of services	
Relevance of the offered services (health and nutrition screening) to your needs	100%
The effectiveness of the offered services (diagnosing health problems or re-assuring parents of child's health)	95%
Criteria around the delivery and logistics of service provision	
Capacity of the staff who conducted the basic health screening	100%
Appropriateness of the place where the basic health screening was offered (i.e., KGs)	87%
Timing when the basic health screening were offered	95%
Availability of equipment and materials to conduct basic health screening of children	97%
Quality of equipment and materials to conduct basic health screening of children	97%
Proper treatment of children	100%

Graph9: Level of beneficiary satisfaction in relation to child health screening services – Criteria around the direct benefit of services (n: 39)



Graph10: Level of beneficiary satisfaction in relation to child health screening services – Criteria around the delivery and logistics of service provision (n: 39)



Examining the detailed allocation of assessment responses (i.e., satisfactory, somewhat satisfactory, etc.), as in the above graphs, provides additional insights into the satisfaction levels among beneficiaries. On one hand; the following dimensions were assessed more favorably (i.e., majority of responses were “satisfactory” with less percentages reporting “somewhat satisfactory”, “somewhat unsatisfactory” and “unsatisfactory”):

- Proper treatment with children
- Capacity of the staff who conducted the basic health screening

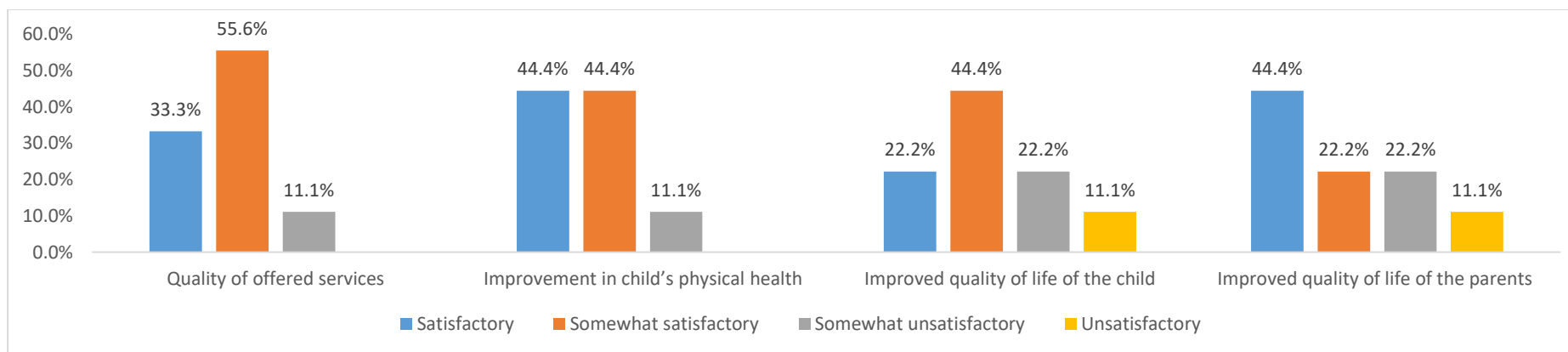
While on the other hand, the following dimensions were assessed less favorably (i.e., higher percentages reporting “somewhat satisfactory”, “somewhat unsatisfactory” and “unsatisfactory”):

- Quality of equipment and materials to conduct the basic health screening of children
- Appropriateness of the place where the basic health screening was offered

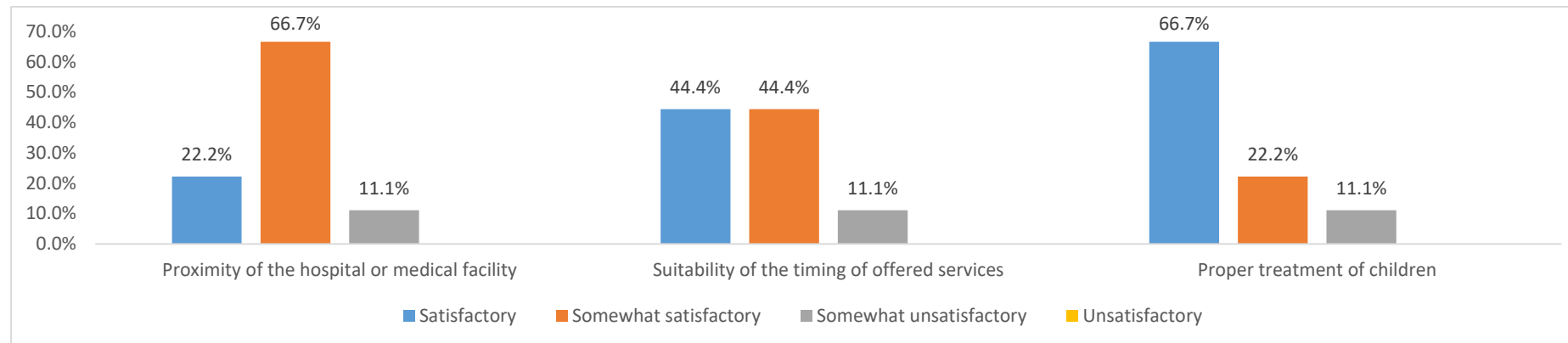
Regarding the follow-up nutrition services of preschool children treated by Ard El Insan; the number of beneficiaries who benefited from these services (in our sample) was nine beneficiaries (i.e., 19% of the total sample). These beneficiaries reported high levels of satisfaction with the services across a various set of criteria as illustrated in the following table and graphs:

Criteria of assessment	% of beneficiaries who reported “Satisfactory” and “Somewhat satisfactory”
Criteria around the direct benefit of services	
Quality of offered services	88.9%
Improvement in child’s physical health	88.9%
Improved quality of life of the child	66.7%
Improved quality of life of the parents	66.7%
Criteria around the delivery and logistics of service provision	
Proximity of the hospital or medical facility	88.9%
Suitability of the timing of offered services	88.9%
Proper treatment of children	88.9%

Graph11: Level of beneficiary satisfaction in relation to nutrition services of preschool children treated by Ard El Insan– Criteria around the direct benefit of services (n: 9)



Graph12: Level of beneficiary satisfaction in relation to nutrition services of preschool children treated by Ard El Insan– Criteria around the delivery and logistics of service provision (n: 9)



In addition, we asked the sample of beneficiaries if they completed the proposed treatment plan (made all necessary visits) with Ard El Insan or discontinued the treatment, and 67% (6 beneficiaries) of them reported continuing the treatment, while 33% (3 beneficiaries) did not, and the reasons for discontinuation were location of the Ard El Insan being too far, the cost being too high and the child having improved health status.

Given the small number of beneficiaries within this group’s sample; the above results can only be used to derive potential areas for improvement especially when analyzed in combination with the qualitative feedback from beneficiaries in the focus groups, as detailed below.

During the focus groups with parents; most beneficiaries reported very high satisfaction levels with the project and the services they received of basic health screening and follow-up with Ard El Insan.

“If I want to go do these tests on my own it would cost me 10-15 shekels, while we received them for free and with better quality than those in the external clinics. We benefited a lot. But we need these services to continue.” – Participant in the parents’ FGD

“My child suffered from anemia but after following-up with Ard El Insan his blood count improved and his overall health and activity level improved.” – Participant in the parents’ FGD

However, there were several areas for improvement mentioned by the parents during the focus groups. One issue was related to the place of conducting the tests at Ard El Insan, where parents complained that it was not appropriate for the number of children and type of tests being conducted, causing stress and fatigue for children, parents and staff members.

"The problem is with the place and space. They tested all children in the same place with all children crying and shouting and scaring the other children. The numbers were too much for the space." – Participant in the parents' FGD

"There were large numbers of children all at the door of the examination room." – Participant in the parents' FGD

"The team was very professional and respectful of everyone but the only problem was the numbers of children within the same place. If the room where they draw the child's blood would be isolated it would help a lot to control the chaos and reassure children and their parents." – Participant in the parents' FGD

"We had to wait for long periods of time. We would leave in the morning and come back in the afternoon." – Participant in the parents' FGD

Another area for improvement mentioned by several participants is related to the location of the Ard El Insan premises, which can be nearby for some parents, but not so much for others, depending on where they live.

"The location is a bit far from me, we needed to use two transportation routes in order to get there. But the project did cover our transportation cost." – Participant in the parents' FGD

In addition, one component of the project was the distribution of food packages that include nutritious and health food items to contribute to children's health and ease the economic burden of parents. However, several participants in the focus groups mentioned that the package was not enough for their families' needs:

"The food package was not enough for our family." – Participant in the parents' FGD

"They did not ask us about the number of children in our family in relation to distributing the food packages. They didn't take into consideration that there are other siblings who need the nutritious food. The package was enough for one child for one month." – Participant in the parents' FGD

Finally, several participants complained that they needed further follow-up for their children that was not offered by the project:

"I asked for help with my child who needs psychological support and intervention. But they said they don't do this as part of this project." – Participant in the parents' FGD

"Part of the tests was a vision test, but there was no follow-up for this." – Participant in the parents' FGD

The above was not a planned intervention by the project, however, it might be useful for the project's team to use this information for future planning.

Component 2. Educate and train the guardians of preschool children in health and nutrition

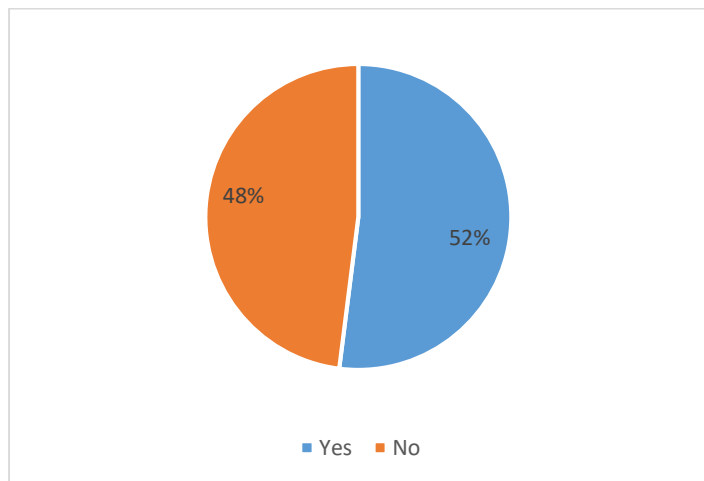
Results:

- 2-1: Enable the guardians of preschool children to acquire knowledge of health and nutrition

- 2-2: Encourage the guardians of preschool children to take action to improve health and nutrition

In this evaluation; 52% of the survey’s sample received the training services (n:23):

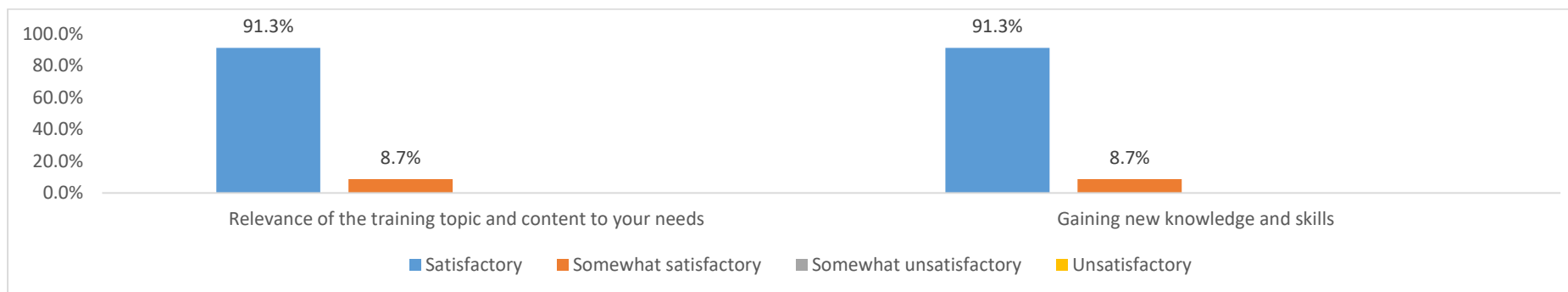
Graph13: Percentage of beneficiaries who received the health and nutrition training services



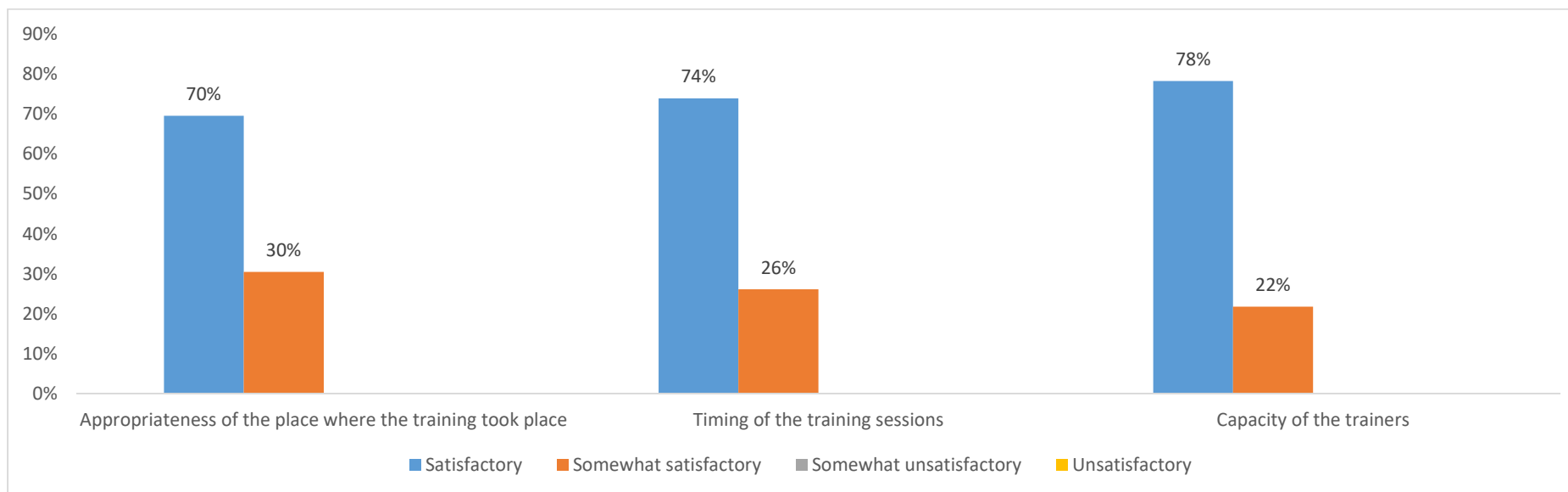
Regarding their satisfaction of the training services, the sample of beneficiaries were highly satisfied with the support of the project and its effectiveness across the following criteria as illustrated in the following table and graph:

Criteria of assessment	% of beneficiaries who reported “Satisfactory” and “Somewhat satisfactory”
Criteria around the direct benefit and impact of services	
Relevance of the training topic and content to your needs	100%
Gaining new knowledge and skills	100%
Criteria around the delivery and logistics of service provision	
Appropriateness of the place where the training took place	100%
Timing of the training sessions	100%
Capacity of the trainers	100%

Graph14: Level of beneficiary satisfaction in relation to health and nutrition training services – Criteria around the direct benefit and impact of services (n: 23)



Graph15: Level of beneficiary satisfaction in relation to health and nutrition training services – Criteria around the delivery and logistics of service provision (n: 23)



As illustrated above, beneficiaries had a positive assessment of the training in terms of content, gaining new knowledge as well as the logistics of delivering the training. In addition to the quantitative results above, the feedback by beneficiaries (during the focus group conducted with parents on this component) was also positive and reflected a high satisfaction level. The participants felt the content was relevant and met their needs:

“The content was useful regarding the children’s health and nutrition and how to tackle these issues.” – Several participant in the parents’ FGD

However, parents did note that they were not consulted about the topics and content of the training sessions, and that they were informed of the sessions and asked to participate. They also stressed that the content was nonetheless relevant to their needs.

“We received messages informing us about the sessions and asking us to attend. We did not ask for any specific topics, but the content was good and relevant.” – Several participant in the parents’ FGD

We also asked beneficiaries to assess their current level of knowledge in relation to child care and child nutrition and the results were as follows:

Child health needs	Good	51%
	Average	28%
	Below average	21%
Child nutrition needs	Good	49%
	Average	30%
	Below average	21%

The above table shows a room for improvement in relation to parents’ own assessment of their knowledge in child health and nutrition needs, where a 21% of beneficiaries reported their knowledge level as below average. This might indicate a further need to raise awareness and training for parents to feel more confident of their knowledge and abilities to take care of their children’s health and nutrition needs.

Component 3. Build the capacity of kindergartens and support their activities

Results:

- 3-1: Improve the health and sanitary environment and facilities of kindergartens
- 3-2: Improve the knowledge of kindergarten teachers about health, nutrition, and first aid and lifesaving
- 3-3: Enable kindergarten teachers to conduct simple health examinations
- 3-4: Ensure that kindergartens can provide health and nutrition education
- 3-5: Enable kindergarten pupils to acquire knowledge of health and nutrition

We conducted a focus group with a group of KGs’ managers and staff to obtain feedback on the effectiveness of the interventions they received through the project, and the feedback was very positive. In relation to the physical support:

"The services were very important to us. The Ministry of Education was asking us to implement many improvements, and also after Covid-19, we needed to introduce a lot of changes. The project was essential in supporting us to meet these requirements." – A participant in KGs' FGD

"The project was great. We haven't had a similar project in over 30 years in business." – A participant in KGs' FGD

As for the training of KGs' staff, they were also very satisfied:

"My assessment of the training is 100%. All of it, the content, the trainers and how they communicated with us." – A participant in KGs' FGD

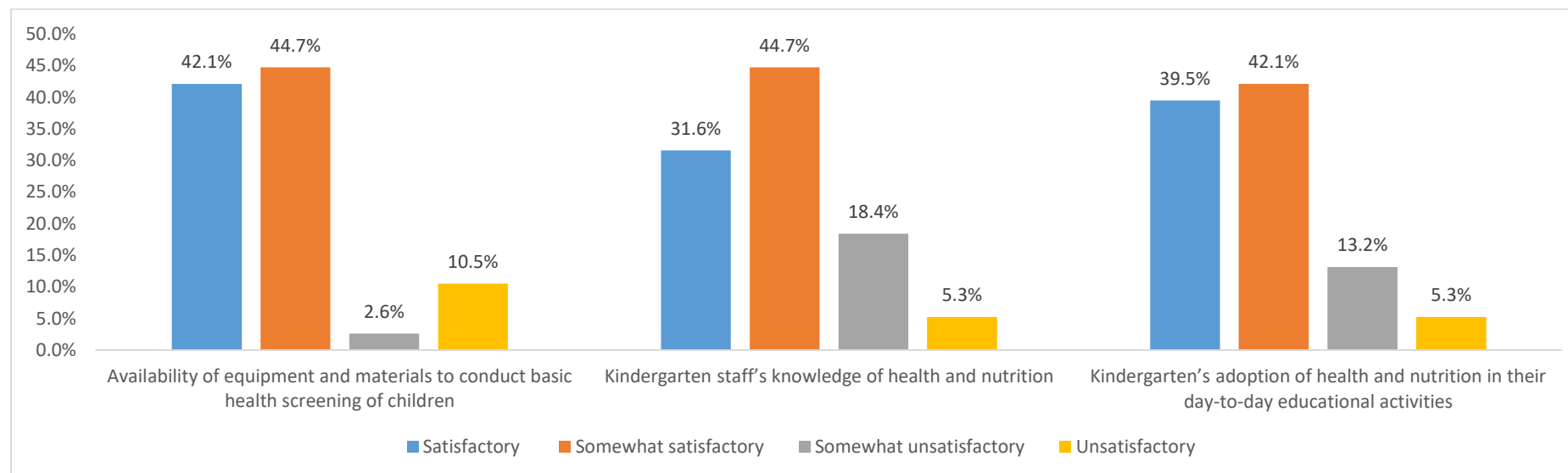
KGs also emphasized the positive communication and respect of the project's team towards the KGs and staff:

"The relationship between us was very positive and cooperative. They were very kind and professional across all levels in the team." – A participant in KGs' FGD

In addition to the above feedback from KGs themselves, we also asked the project's beneficiaries who participated in the survey (n:38) to assess their kindergarten's ability in terms of promoting the health and nutrition of children in the community in relation to three key criteria, and the results were as illustrated in the following table and chart:

Criteria of assessment	% of beneficiaries who reported "Satisfactory" and "Somewhat satisfactory"
Availability of equipment and materials to conduct basic health screening of children	86.8%
Kindergarten staff's knowledge of health and nutrition	76.3%
Kindergarten's adoption of health and nutrition in their day-to-day educational activities	81.6%

Graph16: Level of beneficiary satisfaction of their kindergarten’s ability to promote the health and nutrition of children in the community – (n: 38)



The above data indicates a good area for improvement in relation to parents’ perceptions towards KGs’ abilities and capacities towards promoting children’s health. This was also supported by the feedback of parents during the focus groups, who believed KGs were not yet capable of promoting a healthy life for children. Parents believed that the main issue was due to lack of awareness and their unwillingness to invest in healthy habits, which usually costs more money than less healthy habits.

“If there was no project supporting nutrition and health then the KG would not implement a healthy system for children. They sell unhealthy snacks such as juice and sweets.” – A participant in the parents’ FGD

“I see KGs’ staff giving juice to children first thing in the morning, which is not good for them and it affects their willingness to eat their breakfast.” – A participant in the parents’ FGD

Covid-19

The impact of Covid-19 was more pronounced in phase II of the project and is summarized in the evaluation report of phase II.

May 2021 war

During the May 2021 war the project team had to stop all activities and close the offices. The project team followed up on the work from their homes, where they asked the KGs to be in touch with them in cases of any emergencies or needs.

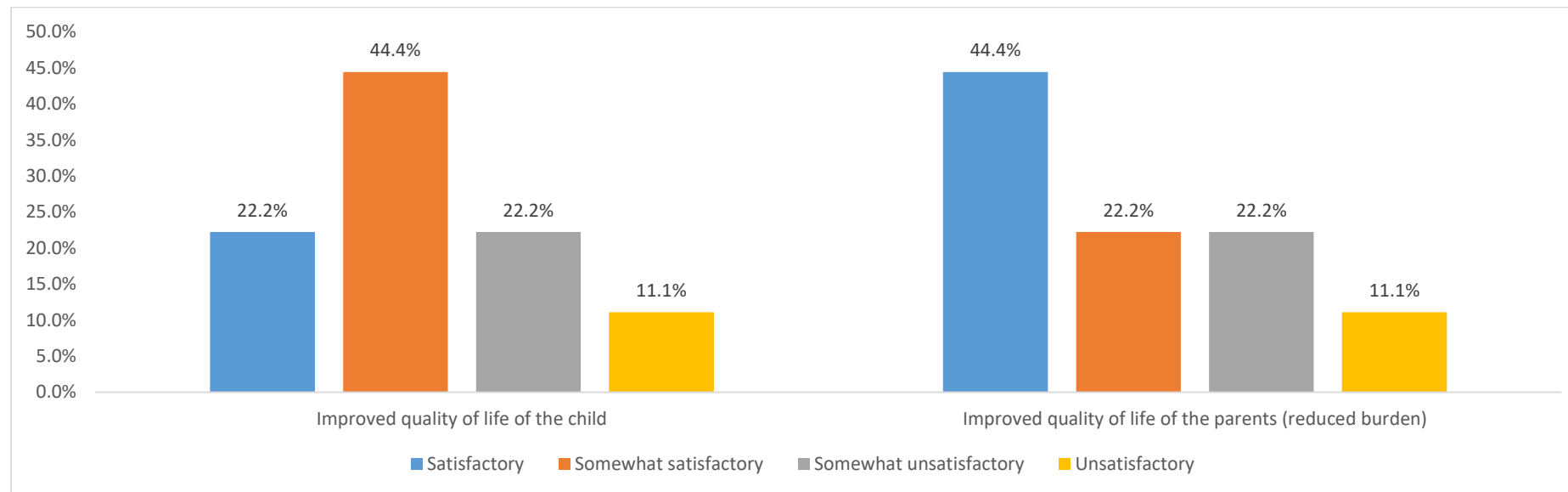
Impact and sustainability of project’s activities: (Relevant CHS: CHS3: Impact and sustainability “Connectedness”)

In the above sub-section, we evaluated the effectiveness in achieving the outcomes of the project, but we believe that the evaluation needs to go beyond the immediate implementation of the project’s activities, and to cover the impact of these activities on beneficiaries. This includes for example 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 (n:9) of follow-up services for nutrition by Ard El Insan about these aspects of the project, and the following table and chart summarize the results of this assessment:

Criteria of assessment	% of beneficiaries who reported “Satisfactory” and “Somewhat satisfactory”
Improved quality of life of the child	66.7%
Improved quality of life of the parents (reduced burden)	66.7%

Graph17: Level of beneficiary satisfaction of impact related dimensions – (n: 9)



As illustrated above; the overall assessment is positive (total of satisfactory and somewhat satisfactory). Although there are noticeable percentages reporting somewhat unsatisfactory and unsatisfactory; we believe these results are expected for the type of services offered, as although they would leave an impact on some beneficiaries in terms of improved quality of life of children and their parents, but the offered services are naturally temporary (one-time or several visits of follow-up) which tend to leave a short-term impact rather than a long-term and stronger impact on the quality of life. Also, not all beneficiaries suffered from substantial health issues with their children, translating into less felt impact than beneficiaries who might have had more serious conditions and accordingly more impactful treatment services and results. Finally, as mentioned above, the number of beneficiaries within this group’s sample is small, accordingly, the above results can only be used to derive potential areas for improvement especially when analyzed in combination with the qualitative feedback from beneficiaries in the focus groups, as detailed below.

In addition to the above; parents in the focus groups mentioned several other examples of impact that they have experienced as part of the project. These include the changes in attitudes and practices of parents in relation to their children’s nutrition:

“We changed some habits into healthy habits, such as substituting tea with milk, not mixing certain food items with milk, introducing essential vitamins, etc.”
 – Participant in the parents’ FGD

"Before the project I didn't care about breakfast, now I understand how important it is and I always prepare breakfast for my children. I also notice the type of food and choose healthy options." – Participant in the parents' FGD focusing on awareness sessions' services

KGs' staff also supported this and reported that they noticed mothers changing their practices and becoming concerned with healthier nutrition for their children.

"The children started coming to the KG with a healthy sandwich such as cheese and eggs and also with milk instead of juice." – Participant in the KGs' FGD

As for KGs; the impact reported by KG staff in the focus group was very strong. In addition to the immediate benefit of the services provided to KGs (physically and capacity building); there was an additional impact on their work environment. For instance, several KGs reported that they were getting more applications and numbers of parents approaching them to enroll their children in the KGs after they heard about the project and its activities. This was especially the case after Covid-19 and the decrease in children going to KGs.

"The numbers in the KG were low, but they increased a lot after the project and people heard about the screening tests and other project activities." – Participant in the KGs' FGD

"After the project our numbers almost doubled." – Participant in the KGs' FGD

Another indication of the strong impact of the project is its extension to other local community members, where KGs reported being approached by people from the local communities who did not have their children in the KGs. This was due to the reputation of the project and its benefits.

According to parents' testimonies in the focus groups; there seems to be an area for improvement in relation to changing the practices at the KGs such as food and snacks they offer to children. According to several parents in the focus groups, this is a recurring issue that they notice at KGs, where they offer unhealthy food and snacks to children.

Sustainability

Regarding the sustainability of the project's activities; the design of the project included several components of capacity development for both KGs and parents that naturally lead to better sustainability of benefits. For instance, the KGs' capacity development components, the parents' awareness sessions as well as the physical support to KGs. All these activities, which were also highly evaluated by beneficiaries, contribute to better sustainability of benefits, through guaranteeing further spread and transfer of knowledge, and continuity of some of the project's activities in the future and in further communities and areas.

KGs' staff reported having a better outlook now to promote a healthier childcare environment at their KGs due to the improved KGs' infrastructure, equipment, supplies, and most importantly due to the newly gained knowledge through the capacity development of staff members.

"We regularly go back to the materials of the training; they are our reference now." – Participant in the parents' FGD

Building the capacity of the KGs to conduct the screening tests and to follow up with parents on their children's health is a key aspect of the project in terms of improving the sustainability of benefits for children and parents. Based on feedback from the KGs; a big challenge in the project was getting the commitment of parents to continue to follow-up on their children's health and assessment results.

"One of the challenges of this project was parents' lack of commitment to follow-up with Ard El Insan. They had to call and remind them several times of the appointment dates and times." – Participant in the KGs' FGD

Parents agreed with this and they reported being happy with the follow-up of the team at Ard El Insan who regularly communicated with them and reminded them of their upcoming visits. However, parents admitted that once they were finished with Ard El Insan; they were back to the same position:

"I want to follow-up but there is no time and I keep forgetting the appointment date. I need someone like Ard El Insan who would remind me and keep following up with us." – Participant in the parents' FGD

"My child's health improved and his blood count increased, but they told me I should continue to follow-up regularly every 6 months. But I get so busy and as long as my child doesn't complain I don't go for tests." – Participant in the parents' FGD

"After I finished going to Ard El Insan for follow-up on my child. I stopped going for checks and tests. Ard El Insan used to follow up with us and ask us to come and encourage us to commit to the proposed plan." – Participant in the parents' FGD

Accordingly; KGs can assume this role in relation to the basic health screening tests and general nutrition and health assessments after they have been equipped with the needed supplies and equipment, and having been trained. As for follow-up with Ard El Insan or other organizations for further treatment plans; further awareness raising might be needed for parents to fully commit and continue the needed tests and visits.

Finally, the economic hardship for the beneficiaries unfortunately continues after the project ends, and there are benefits of the project that can't be sustained by beneficiaries without the project. Parents in the focus groups were emphasizing the need for this project and other similar projects to provide the services in the future, as they will probably not receive them otherwise due to their economic situation and other stressing priorities in their lives.

"My daughter got better during the project when she was taking the supplements, but now after the project ended she is pale again and her appetite is weak. I hope she can be in the project again and get the nutrients she needs." – Participant in the parents' FGD

"The only negative thing about the project is that it ended. We are not used to take our children for check-ups and blood tests except if there is a problem." – Participant in the parents' FGD

"The food package was very helpful in improving the health of my children, and now that it's over, their health is impacted." – Participant in the parents' FGD

Project implementation approaches (Relevant CHS: CHS6: Cover and Coherence)

Partnership approach

The project design and implementation strategy was highly reliant on partnerships and cooperation among the implementing partners (i.e., International Orthodox Christian Charities (IOCC) and Ard Al-Insan) as well as fully involving the KGs in the planning and implementation of activities. Each organization according to their specializations and experience, giving the project a stronger technical position. Moreover, PWJ provided management and guidance to implementing partners and were working in harmony and based on unified plans and objectives.

A holistic approach

The fact that the project aimed to provide a group of complementary services (i.e., screening of children's health, introduction of healthy nutrition habits, capacity building and awareness-raising of parents and KG staff, etc.) was a key contributor to the effectiveness in achieving the project's objectives and the impact reported by beneficiaries.

3. Value determination of the project

Based on JPF's evaluation framework methodology and value assessment framework, and in line with the evaluation's results and analysis above, we believe that the project is worthy of implementation as it provided services and support that are relevant to the families' needs in Gaza Strip (CHS1), it was implemented effectively and efficiently as detailed in the report and with positive satisfaction levels among beneficiaries (CHS2) and delivered value to beneficiaries' lives and positively impacted their access to services (CHS3) and finally utilized strong partnership and holistic approaches to delivering the project's activities (CHS6).

Recommendations

Based on an overall positive evaluation of the project and value determination as explained above, we recommend that JPF continues to support future phases of this project or other similar projects in order to continue the benefits. In addition, we believe the following recommendations (derived from beneficiaries' feedback and recommendations) could assist PWJ and JPF to tackle some issues mentioned in the report in order to inform future planning of programs/projects:

Recommendations to PWJ:

- To continue to support the pre-school children's health and nutrition and to expand the areas of coverage in the Gaza strip. Also in terms of access and coverage, to include clinics or health centers that are more spread across the strip to facilitate better access for all beneficiaries.
- To introduce further measures (e.g., more follow-up procedures) to guarantee parents' continuation in the treatment of their children, when needed.
- To include the mental health of pre-school children in future phases of the project or other projects as this is an area of high importance to parents who believe their children have gone and are still going through a lot due to the overall difficult situation in Gaza Strip. Experts also supported this notion

where children's mental health is highly under-addressed. Parents recommended to have this institutionalized in the KGs and being a permanent component in the KGs rather than a one-time project intervention.

- To include/continue to include activities that focus on teaching the children themselves how to choose healthy food and other healthy practices.
- To include follow-up and referrals to other service providers within the Gaza strip for further treatment for conditions other than nutrition that are being tested and diagnosed through the basic screening tests (e.g., eye vision, hearing, mental health and other possible health issues).
- To assist KGs in transforming their canteen into a healthy source of food and snacks for children and support them in sustaining this approach in the future through finding affordable and sustainable methods to provide such healthy items without suffering from an additional financial burden.
- To take into consideration the family's size when distributing the food packages in order to guarantee the provision of adequate supplies of nutritious food items and supplements to meet all children's needs.

Recommendations to JPF:

- To continue to support children in Gaza Strip through similar projects and/or future phases of this project as it is clear there are many areas of interventions for this group of beneficiaries.
- Given the man-made nature of the humanitarian crisis in the region, alleviating human loss and poverty in the long-run requires addressing the blockage on Gaza strip that fundamentally limits the transfer of medicine and other health and nutrition supplies as well as equipment that inherently downgrade the quality health service provision in Gaza. In this regards, promoting and advocating the understanding on collateral damages created by the blockage and end of it should be a part of JPF's long-term strategy complementing its emergency humanitarian interventions.

Annex A: Data Collection Tools

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 (between 3-6 years old)?		

Do you have any pre-school children in kindergartens?		
1. Yes, targeted by project		
2. Yes, not targeted by project		
3. No		
How do you assess your level of income?		

1. Below average	2. Average	3. Above average		
PRE-SCHOOL CHILD HEALTH				
(1) Do you have pre-school child/children in kindergartens?				
1. Yes, in the KGs targeted by the <i>project</i>				
2. Yes, in a KG that is not targeted by the <i>project</i>				
3. No				
(2) In the past year, 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	
(3) Were you a beneficiary of the <i>project</i> ?				
1. Yes, I am a direct beneficiary			2. No I'm not	
(4) Did you get a basic health screening of your child/children (3-6 years old) through the <i>project</i> ? (health screening to assess their health and nutritional status and early detection of health concerns)				
1. Yes				
2. No				
(5) If yes, please assess the following: (for both beneficiaries and non-beneficiaries)				
Relevance of the offered services (health and nutrition screening) to your needs	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
The effectiveness of the offered services (diagnosing health problems or re-assuring parents of child's health)	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	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory

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basic health screening of children				
Quality of equipment and materials to conduct basic health screening of children	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Proper treatment of children	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
(6) Based on the basic health screening, was/were your child/children referred to a health or medical facility for diagnosis or treatment services? (for both beneficiaries and non-beneficiaries)				
<ol style="list-style-type: none"> 1. Yes 2. No 				
(7) If yes, what was/were the child/children referred to for:				
<ol style="list-style-type: none"> 1. Nutrition related issues 2. Other health related issues 				
(8) 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
Improvement in child's physical health	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Proper treatment of children	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Improved quality of life of the child	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Improved quality of life of the parents (reduced burden)	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
(9) If yes, did you complete the proposed treatment plan (made all necessary visits):				
<ol style="list-style-type: none"> 1. Yes 2. No 				
(10) If no, please state the reason for discontinuation of treatment:				
<ol style="list-style-type: none"> 1. Treatment facility was too far 2. Child/children got better 3. Treatment quality was inadequate 4. Treatment cost was too high 				

5. Other: _____

(11) 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

(12) 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: _____

(13) 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

(14) 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: _____

(15) Please assess the following: (for both beneficiaries and non-beneficiaries)

I feel I'm aware of any health issues my pre-school child might suffer from	Agree	Somewhat agree	Somewhat disagree	Disagree
I feel I'm aware of any nutrition related issues my pre-school child might suffer from	Agree	Somewhat agree	Somewhat disagree	Disagree
I worry about my pre-school child's health	Agree	Somewhat agree	Somewhat disagree	Disagree
I worry about my pre-school child's nutrition	Agree	Somewhat agree	Somewhat disagree	Disagree
My pre-school child's health is good overall	Agree	Somewhat agree	Somewhat disagree	Disagree

CHILD HEALTH AND NUTRITION AWARENESS

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

1. Yes
2. No

(17) 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
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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
(18) Did you attend/participate in any child health and nutrition awareness activities during the past two years (not through the <i>project</i>)?				
1. Yes 2. No				
(19) How do you assess your knowledge in relation to the following: (for both beneficiaries and non-beneficiaries)				
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				
(20) 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: (for both beneficiaries and non-beneficiaries)				
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 and nutrition in their day-to-day educational activities	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory

FGDs and KIIs

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?

Interview guidelines (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

Evaluation report of PWJ's "Health/Nutrition Support for Vulnerable Pre-school-aged Children and Their Caregivers in Gaza (Phase 3)"

- 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 and Ministry of Education)

- 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?