مركز العالم العربي للبحوث والتنمية
Arab World for Research & Development

Quality Research … Matters

Japan Platform (JPF)

Evaluation of JPF Funded Project:

“Improvement of health and wellbeing of the vulnerable children and women in Gaza”

Campaign for the Children of Palestine (CCP)

Summative Evaluation Report

“Final”

December 2022

Contents

Abbreviations 3
List of graphs 4
Summary........ 5
Introduction and members of the evaluation team........ 7
Members of the evaluation team........ 7
Overview of project........ 7
Log-frame 8
Evaluation overview 11
Objectives........ 11
Timeline 11
Data collection tools........ 11
Evaluation Results 13
1. Achievements against original plan (Relevant CHS: CHS2: Effectiveness) 13
2. Evaluation results 14
3. Value determination of the project........ 42
Recommendations to CCP: 42
Recommendations to JPF: 43
Annex A: Inception report 0
Annex B: Data Collection Tools 13
SURVEY QUESTIONNAIRE 13
FOCUS GROUP GUIDELINES 16
KEY INFORMANT INTERVIEWS 22

Abbreviations

AWRAD	Arab World for Research and Development (AWRAD)
CBOs	Community-based organizations
CCP	Campaign for Children of Palestine
FGDs	Focus group discussions
KIIs	Key informant interviews
MoSD	Ministry of Social Development
NGOs	Non-governmental organizations
PCBS	Palestinian Central Bureau of Statistics
WHO	World Health Organization

"This work was made possible by generous funding of Ministry of Foreign Affairs Japan"

List of graphs

Graph1: Receiving mothers' health related services ---- 15
Graph2: Assessment of mothers' health related services (weighted average) ---- 16
Graph3: Assessment of the relevance of infant health and nutrition assessment and treatment services ---- 18
Graph4: Satisfaction of beneficiaries towards the relevance of awareness sessions on child nutrition and childcare (n: 17) ---- 19
Graph5: Level of beneficiary satisfaction in relation to antenatal services – Criteria around the direct benefit of services (n: 22) ---- 21
Graph6: Level of beneficiary satisfaction in relation to antenatal services – Criteria around the delivery and logistics of service provision (n: 22) ---- 22
Graph7: Level of beneficiary satisfaction in relation to postnatal services – Criteria around the direct benefit of services (n: 15) ---- 23
Graph8: Level of beneficiary satisfaction in relation to postnatal services – Criteria around the delivery and logistics of service provision (n: 15) ---- 24
Graph9: Level of beneficiary satisfaction in relation to malnourished newborn babies and infants' services – Criteria around the direct benefit and impact of services (n: 23) ---- 28
Graph10: Level of beneficiary satisfaction in relation to malnourished newborn babies and infants' services – Criteria around the delivery and logistics of service provision (n: 23) ---- 29
Graph11: Access to psychosocial support services among the beneficiaries (n: 30) ---- 30
Graph12: Reasons for lack of access to psychosocial support services among the beneficiaries (n: 30) ---- 31
Graph13: Level of beneficiary satisfaction in relation to awareness sessions about maternal and child health – Criteria around the benefit and impact of the sessions (n: 17) ---- 33
Graph14: Level of beneficiary satisfaction in relation to awareness sessions about maternal and child health – Criteria around the delivery and logistics of the sessions (n: 17) ---- 34

Summary

This report is the outcome of an evaluation of JPF Funded Project: “Improvement of health and wellbeing of the vulnerable children and women in Gaza” implemented by the Campaign for the Children of Palestine (CCP). The overall objective of this project was to ensure that pregnant and postpartum women, newborns, and infants who have limited access to healthcare services receive adequate care by providing health and psychosocial support, organizing awareness raising workshops, and developing human resources.

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.

The overall objective of this project was to ensure that pregnant and postpartum women, newborns, and infants who have limited access to healthcare services receive adequate care by providing health and psychosocial support, organizing awareness raising workshops, and developing human resources. This is in line with the overall healthcare context in Gaza Strip according to governmental and non-governmental organizations, studies and reports. Based on experts’ feedback and health need assessment; despite good accessibility for the mothers’ health services in general, they suffer from limitations in infrastructure, facilities, equipment, medications and supplements, number of clinics, among other factors. Accordingly, this project aimed to fill these gaps by providing full service (including provision of much needed medications and supplements) for free of charge and with high quality particularly for vulnerable women without insurances and UNRWA assistance. Moreover, the quantitative results from beneficiaries of child health and nutrition services indicated a high satisfaction of the relevance of these services, and the same was reported by beneficiaries of the mental health support services.

The results of the evaluation’s activities indicated that the CCP project was able to implement most of its planned activities and reach or exceed its targeted number of beneficiaries for all activities. In addition to reviewing the planned activities and completion/achievement level; the evaluation team attempted to evaluate the extent to which project outputs were achieved through further examining beneficiaries’ perceptions and their level of satisfaction towards each component of the project using both quantitative and qualitative tools.

Project beneficiaries of healthcare services had a high satisfaction level with the support of the project and its effectiveness and were especially satisfied with the professional team’s capacities and communication and the overall quality of the service with some areas for improvement primarily in relation to logistical details. Beneficiaries of capacity building activities also reported very high satisfaction levels towards the sessions’ content, delivery and benefit.

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; the direct services of the project had a positive impact on the quality of life of beneficiaries across different dimensions. However, the results also indicate a room for improvement in these areas, which is an expected finding, since the project is humanitarian by design, and does not explicitly aim to make longer-term impact similar to developmental projects for instance.

As for sustainability, the project’s design takes sustainability into account through introducing several capacity development components (i.e., training for health workers, peer educators, awareness sessions for parents, etc.). However, a concern for sustainability as expressed by beneficiaries is related to the continuation of provision of medications and supplements that are not available otherwise.

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 well worthy of implementation as it provided services and support that are highly relevant to the mothers' needs in Gaza Strip (CHS1), it was implemented effectively and efficiently as attested by beneficiaries themselves (CHS2) and delivered value to beneficiaries' lives and positively impacted their access to essential services (CHS3). The project also had several components that are essential in enhancing the sustainability of services (CHS3). Finally, the project was implemented through an international and national/local partnership with strong capabilities and also used a holistic approach to services delivery which positively impacted the effectiveness of activities (CHS6).

Introduction and members of the evaluation team

This report is the outcome of an evaluation of JPF Funded Project: "Improvement of health and wellbeing of the vulnerable children and women in Gaza" implemented by the Campaign for the Children of Palestine (CCP).

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 Foqaha – 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 overall objective of this project was to ensure that pregnant and postpartum women, newborns, and infants who have limited access to healthcare services receive adequate care by providing health and psychosocial support, organizing awareness raising workshops, and developing human resources.

The project started on July 3rd, 2020 and ended on June 30th, 2021. It was implemented by CCP in Gaza as well as with Near East Council of Churches Committee for Refugee work-DSPR/Gaza (NECC).

The following table provides an overview of the project's objectives and key components and activities:

<table>
<tr><th colspan="2">Project overview</th></tr>
<tr><td colspan="2">▪ Provide healthcare services to pregnant and postpartum women, newborns, and infants who are in need of health and nutrition support in the vulnerable areas of Gaza City (Shajaia, Rafah and Darraj districts).
▪ Equip pregnant and postpartum women and parents and guardians with a correct knowledge of childbirth and childcare through workshops and individual guidance.
▪ Empower nurses and other healthcare workers for enhanced project sustainability.
▪ Train maternal and child health promoters and peer educators working in the communities.</td></tr>
<tr><th>Project description (key components and activities)</th><th>Beneficiaries (Who, How many)</th></tr>
<tr><td>Component 1. Provision of healthcare services to pregnant and postpartum women, newborns, and infants
▪ Provide pregnant women with the regular checkups, medicines, and health education and awareness and psychosocial support that would be provided by UNRWA.
▪ Provide the postnatal and newborn checkups, supplements, medicines, childcare for newborn advice, and psychosocial support that would be provided by UNRWA.</td><td>▪ Antenatal care: 2,000 pregnant women
▪ Postnatal care: 1,000 postpartum women and their newborn babies
▪ Infant check-up: 10,000 infants
▪ Infant nutrition interventions: 3,000 infants</td></tr>
</table>

▪ Conduct nutritional status assessment for infants and provide medical checkups and medicines, nutritive, and supplements to children in need of nutrition interventions. ▪ Organize workshops to raise nutrition and childcare awareness among pregnant women and parents and guardians.	▪ Psychosocial support: 200 women ▪ 480 parents with infants
Component 2. Development of human resources to train healthcare workers and raise community awareness ▪ Provide workshops and training to healthcare workers. ▪ Provide training for maternal and child health promoters and peer educators[1].	▪ 20 nurses, midwives and other medical service providers ▪ 20 maternal and child health promoters and peer educators

Log-frame

The following table presents the detailed logical framework for monitoring and evaluation of the project as provided by CCP in their original proposal:

Overall project objective (expected outcomes)	Ensure that pregnant and postpartum women, newborns, and infants who have limited access to healthcare services receive adequate care by providing health and psychosocial support, organizing awareness raising workshops, and developing human resources.			
Current situation (before the start of the project)	Expected outcomes (at the end of the project)	Target (indicators of project outcomes) and means of verification	Activities to achieve project outcomes	✓ Assumptions ✧ Risk factors and external factors
Component 1. Provision of healthcare services to pregnant and postpartum women, newborns, and infants				
1-1 Due to financial difficulties, many pregnant women from vulnerable households are unable to receive the care that would be provided by UNRWA. 1-2 Due to financial difficulties and	1-1 Pregnant women will be able to receive the antenatal care that would be provided by UNRWA. 1-2 Postpartum women and	1-1 Target: 2,000 women, other than UNRWA beneficiaries, receive antenatal care at least four times. Means of verification: Verification of the number of beneficiaries, observation of individual women by healthcare workers, and the number of referrals to specialists 1-2 Target: 1,000 postpartum women, other than UNRWA beneficiaries, and their	1-1 Provide antenatal care services. 1-2 Provide postnatal	✓ It is safe to carry out the project in Gaza. ✓ There are no restrictions on international staff's entry to Gaza. ✧ Cease fire may be broken. ✧ There is a risk of armed conflict and tension rising in Gaza.

[1] A peer educator is a young person who promotes a better understanding of reproductive health among young people in the community. Being a reliable member of the community, the peer educator is expected to guide, inspire, and engage with the young people.

inadequate care at public hospitals, many postpartum women from vulnerable households and their newborn babies are unable to receive the postnatal care that would be provided by UNRWA.	their newborn babies will be able to receive the postnatal care that would be provided by UNRWA.	newborn babies receive postnatal care at least three times. Means of verification: Verification of the number of beneficiaries, observation of individual women by healthcare workers, and the number of referrals to specialists	care services.	✧ Healthcare workers and NGO staff may be prohibited from traveling due to preventive measures against COVID-19.
1-3 Newborn babies and infants are severely malnourished due to a lack of nutritionally balanced diet.	1-3 Malnourished newborn babies and infants will be able to continue to receive interventions.	1-3 Target: Nutritional status assessment is conducted for 10,000 children aged zero to five, other than UNRWA beneficiaries. Doctors regularly provide medical examinations, medicines, and nutritional supplements to 3,000 children in need of nutrition interventions. Means of verification: Verification of the number of beneficiaries, the number of children whose measurements have not improved or worsened, observation of individual children by healthcare workers, and the number of referrals to specialist	1-3 Organize medical examinations of newborns and infants by doctors and distribute medicines.	
1-4 Pregnant and postpartum women do not have the advisors or services they can rely on to discuss pregnancy, childbirth, and childcare, and	1-4 Pregnant and postpartum women will have better access to psychosocial support.	1-4 Target: 200 expectant and postpartum mothers, other than UNRWA beneficiaries, receive psychosocial support and are referred to specialists, if necessary. Means of verification: Verification of the number of beneficiaries, observation of individual women by psychologists, the number of	1-4 Interview expectant and postpartum mothers.	

are likely to be isolated.		referrals to specialists, and beneficiary surveys		
1-5 Mothers and their families do not have an adequate knowledge about maternal and child health.	1-5 Mothers and their families will gain an adequate knowledge about maternal and child health.	1-5 Target: 480 pregnant and postpartum women, other than UNRWA beneficiaries, participate in nutrition and parenting workshops. 80 percent of workshop participants have an adequate knowledge and are satisfied with the workshops. Means of verification: Verification of the number of beneficiaries, workshop participant interviews, and workshop organizer interviews	1-5 Organize nutrition and parenting workshops for women and parents and guardians.	
Component 2. Development of human resources to train healthcare workers and raise community awareness				
2-1 Healthcare workers, including nurses, do not have an opportunity for professional development and are under immense pressure amid the deteriorating socioeconomic and healthcare situations.	2-1 Healthcare workers will be empowered to enhance project sustainability.	2-1 Target: Workshops and conferences are held to empower healthcare workers. 20 healthcare workers attend training and 80 percent of them have a better understanding. Means of verification: Verification of the number of beneficiaries, participant interviews and surveys, and instructor interviews	2-1 Provide workshops and training to nurses, midwives and other medical service providers.	✓ It is safe to carry out the project in Gaza. ✓ There are no restrictions on international staff's entry to Gaza. ✧ Cease fire may be broken. ✧ There is a risk of armed conflict and tension rising in Gaza. ✧ Healthcare workers and NGO staff may be prohibited from traveling due to preventive measures
2-2 Malnutrition in infants and pregnant and postpartum women is caused partly due to the low levels of knowledge and awareness about maternal and child health	2-2 People who help increase maternal and child health knowledge and awareness in the community will be trained.	2-2 Target: 20 residents in the community receive training for maternal and child health promoters and peer educators. 80 percent of them have a better understanding and learn how to organize workshops Means of verification: Verification of the number of training participants, training participant surveys and	2-2 Provide training to local residents to serve as maternal and child health promoters	

in the community.		interviews, quizzes, and training instructor reports	and peer educators.	against COVID-19.

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 CCP for use in project improvement.

Timeline

The planning phase for the evaluation was finalized during the month of July 2021, however, fieldwork activities commenced and were completed during December 2021 (fieldwork started on 29-12-2021 and was completed on 25-1-2022) data analysis and reporting completed until July 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 CCP 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 30 beneficiaries and 30 non-beneficiaries. The survey was conducted in the period between 18 to 24 January 2022. The survey with beneficiaries was conducted over the phone and completed electronically using Survey Monkey questionnaires in order to adhere for regulations on face-to-face interaction due to Covid-19, 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. We coordinated with CCP to reach the selected sample of beneficiaries and contacted them to ask for their participation in the survey. The following table provides a summary of key demographic and background characteristics of the respondents (N=60):

<table>
<tr><td rowspan="2">Sex</td><td>Female</td><td colspan="2">Male</td></tr>
<tr><td>90%</td><td colspan="2">10%</td></tr>
<tr><td rowspan="2">Age group</td><td>18-25</td><td>26-41</td><td>42-64</td></tr>
<tr><td>43%</td><td>50%</td><td>7%</td></tr>
<tr><td rowspan="2">Employment status</td><td colspan="2">Unemployed</td><td>Employed</td></tr>
<tr><td colspan="2">97%</td><td>3%</td></tr>
<tr><td rowspan="2">Economic situation (self-assessed)</td><td colspan="2">Average</td><td>Below average</td></tr>
<tr><td colspan="2">47%</td><td>53%</td></tr>
</table>

Focus Group Discussions (FGDs):

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

1. Women who benefited from antenatal care (regular checkups and medicines), women who benefited from postnatal care (regular checkups and medicines) and mothers who received childcare advice and whose children received checkups.
2. Parents who attended nutrition and childcare awareness workshops.
3. Healthcare workers who attended the training and workshops.
4. Maternal and child health promoters and peer educators who attended the training and workshops.

Key Informant Interviews (KIIs):

Our methodology proposed conducting 6 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. CCP Gaza Local Coordinator
2. A representative of Near East Council of Churches Committee for Refugee work-DSPR/Gaza (NECC)
3. A representative of the Ministry of Health or Ministry of Social Development in Gaza – Mother and Child Health Expert

Evaluation Results

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

The CCP project was able to implement most of its planned activities and reach its targeted number of beneficiaries for the majority of those activities. However, as the table below shows, there were some activities could not reach the total planned number of beneficiaries. The progress and numbers below are as of 30th of June 2021.

Activities	Sub-activity	Status	Actual # of beneficiaries	Original target	% of achievement
Component 1: Provision of health services to pre- and post-natal women, newborns and infants					
1.1 Antenatal health services	Provide antenatal care services	Complete Partially achieved	1,565	2,000 women	78%
1.2 Post-natal health services	Provide postnatal care services	Complete Partially achieved	824	1,000 postpartum women	82%
1.3 Newborn checkups, childcare advice Nutritional status assessment for infants and medical checkups and medicines to children in need of nutrition interventions	Organize medical examinations of newborns and infants by doctors and distribute medicines	Complete Overachieved Overachieved	16,947 (cumulative total number) 4,626(cumulative total number)	10,000 children aged zero to five 3,000 children in need of nutrition interventions	169% 136%
1.4 Psychosocial support	Psychosocial support	Complete Overachieved	377	200 expectant and postpartum mothers	189%
1.5 Workshops to raise nutrition and childcare awareness among pregnant women and parents and guardians	Organize nutrition and parenting workshops for women and parents and guardians	Complete Overachieved	672	480 pregnant and postpartum women	140%
Component 2: Human Resource Development for Medical Worker Training and Community Awareness					

2.1 Training to healthcare workers	Provide workshops and training to nurses and midwives	Complete Overachieved	26	20 healthcare workers attend training	130%
2.2 Training for maternal and child health promoters and peer educators	Provide training to local residents to serve as maternal and child health promoters and peer educators	Complete Overachieved	30	20 residents in the community	150%

Legend:

(green)	Achieved target
(yellow)	Partially achieved target
(red)	Did not achieve target
(blue)	Lacking data (planned or actual figures)
(grey)	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 mother and child health context in Gaza Strip (Relevant CHS: CHS1: Relevance)

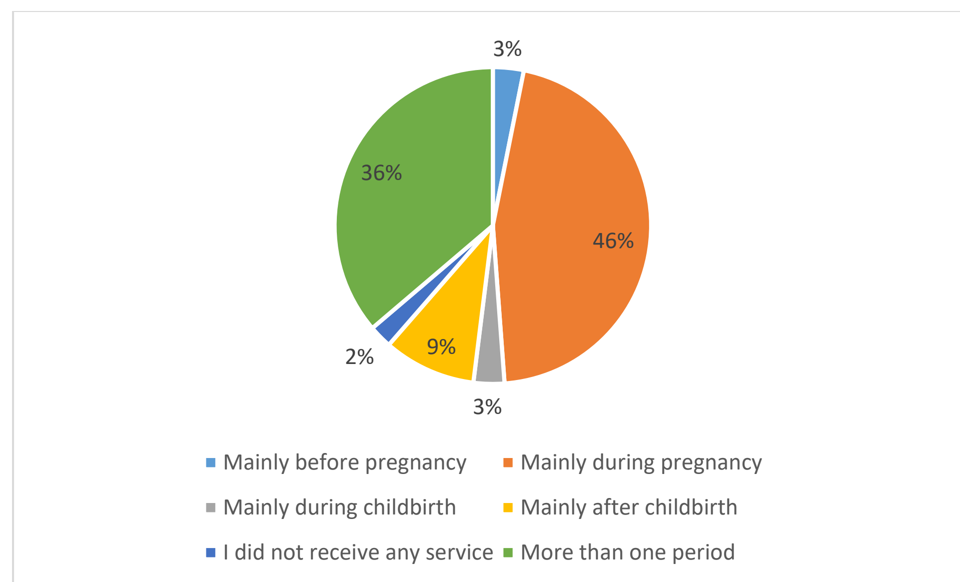
Indicators of maternal and child health showcase the deterioration of health seen in Gaza's population due to a combination of factors, including the Israeli occupation and military blockade and the dire economic and humanitarian emergencies that have stemmed from them. In 2017 infant mortality in Palestine was 6 times that in Israel, at 17.9 per 1,000 live births; child mortality showed a similar discrepancy, with 20.9 of every 1,000 children under the age of 5 dying compared to 3.6 per 1,000 in Israel. Pregnant women face even larger differences: maternal mortality in Palestine was 27 per 100,000 births, 9 times the rate seen in Israel.[2] In fact, UNICEF reports that 25% of Palestinian women are at risk of death during pregnancy and require specialized health care. Compounding

[2] WHO (2018) *Right to Health in the occupied Palestinian territory: 2018*. Cairo: WHO Regional Office for the Eastern Mediterranean. http://www.emro.who.int/images/stories/palestine/documents/who_right_to_health_2018_web-final.pdf?ua=1

the issue, due to its high rate of early marriage, Gaza experiences a high rate of adolescent births: 66 of every 1,000 births are by adolescent girls aged 15-19, which increases risks to maternal health.[3] Moreover, some 18% of pregnant women and 14% of lactating mothers in the most deprived communities in Gaza are undernourished.[4]

In the results of AWRAD's "Needs Assessment of Gaza Strip's Health Sector" report (2021); 98% of eligible respondents (mothers in the household) have previously received a mother's health related service (i.e., prenatal, delivery care and postpartum services) and a very small percentage (2%) of mothers reported not having received these types of services although they were in a position to benefit from them. Moreover, 36% of mothers received the services during various periods of their pregnancy and post-pregnancy as the following graph illustrates:

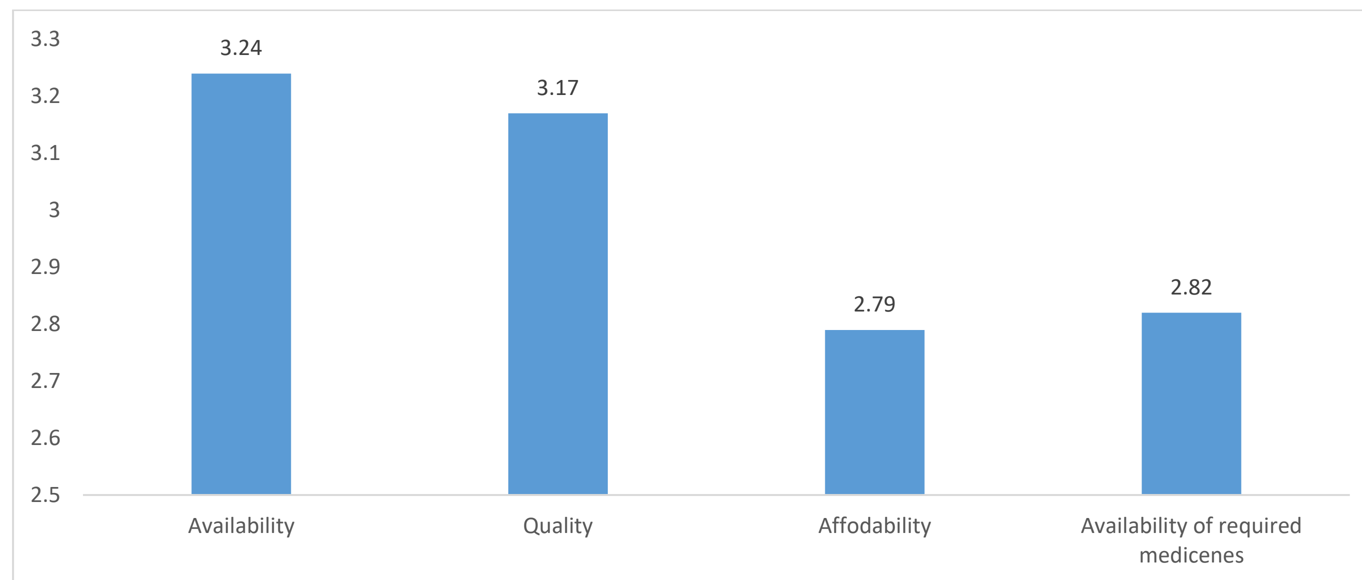
Graph1: Receiving mothers' health related services (n=127)



[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] UNOCHA (2019). HUMANITARIAN NEEDS OVERVIEW 2020. https://www.ochaopt.org/sites/default/files/hno_2020-final.pdf

Moreover, in the needs assessment survey's results; those who received the services reported a good satisfaction level with the *availability* and *quality* of the services, but less so regarding the *affordability* of such services and the *availability of required medicine* as shown in the following graph:

Graph21: Assessment of mothers' health related services in terms of availability, quality, affordability and availability of needed medications (average[5])



The above data indicates the availability of mothers' healthcare services to a large extent. Moreover, experts we interviewed during the same needs assessment also believed that such services are available in Gaza Strip, but they also believe the issues lie in relation to the quality of these services and the limited availability of the needed medications, equipment and supplements. This observation is also upheld by UNOCHA OPT's humanitarian needs assessment for the year 2020, a key symptom of the degrading health system in Gaza is that the out-of-pocket healthcare expense as a percentage of overall health expenditure is 46%, that is one of the highest in the region, and which disproportionally impacts the poorest households.[6]

[5] Respondents were asked to assess the services on a scale from using a scale of (answer options): (1) Unsatisfactory, (2) Somewhat unsatisfactory, (3) Somewhat satisfactory and (4) Satisfactory.
The average satisfaction/assessment level is a score that varies between 1-4, and is helpful to indicate the room for improvement – the difference between maximum score of 4 and the actual score, which would help project teams assess where they can introduce future improvements or define focus areas for future projects
[6] UNOCHA (2019). HUMANITARIAN NEEDS OVERVIEW 2020. https://www.ochaopt.org/sites/default/files/hno_2020-final.pdf

It is worth noting here that the sample of the needs assessment was a random representative sample that included respondents from different economic circumstances, not only marginalized and extremely poor communities (as targeted by this project). This might have impacted the level of accessibility they have to services, and also the level of quality of such services.

Moreover, services may be perceived as accessible due to the government providing them in its clinics across the Strip, but based on experts' feedback as indicated above, the services suffer from limitations in infrastructure, facilities, equipment, medications and supplements, number of clinics, among other factors. Accordingly, this project aimed to fill these gaps by providing full service (including provision of much needed medications and supplements) for free of charge for vulnerable women without health insurance nor UNRWA assistances and with high quality.

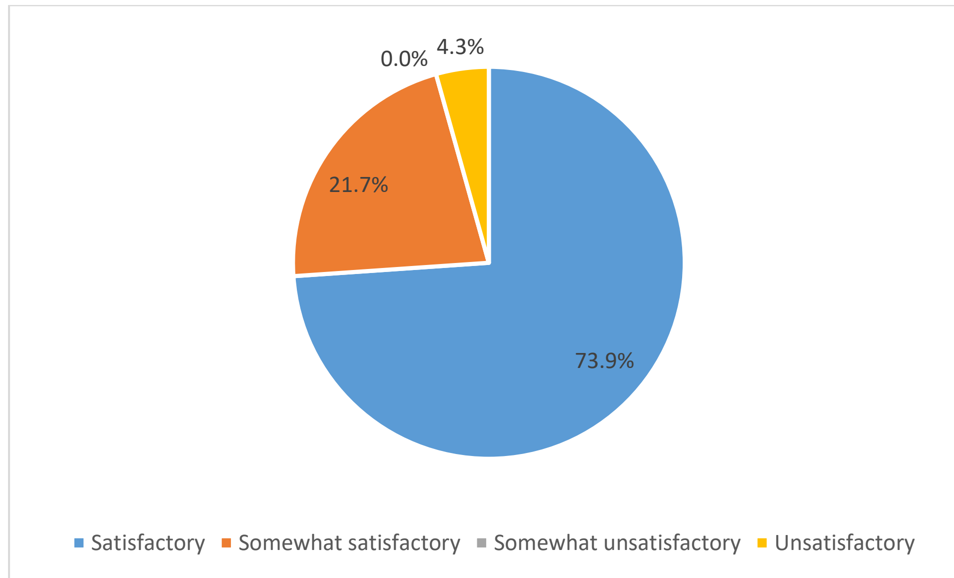
During the focus groups with women beneficiaries of this project; women mentioned they were able to access antenatal and postnatal services through governmental clinics, UNRWA clinics or private clinics. However, many of the women beneficiaries participated the focus groups also reported that they were not able to afford the services easily due to their economic hardship, and were very happy with the project's provision of these services free of charge. Moreover, women mentioned that the quality of services provided by governmental clinics is low, and they hardly ever provide the needed medications. In contrast, they were very satisfied with the quality of services they obtained as part of the project, and the provision of all needed medications and supplements.

In summary, this project targeted mothers from vulnerable households without any public health insurance, who are in need to access good quality and affordable mothers' healthcare services, and also provided the much needed medications and supplements, which are scarce/unavailable across the strip.

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

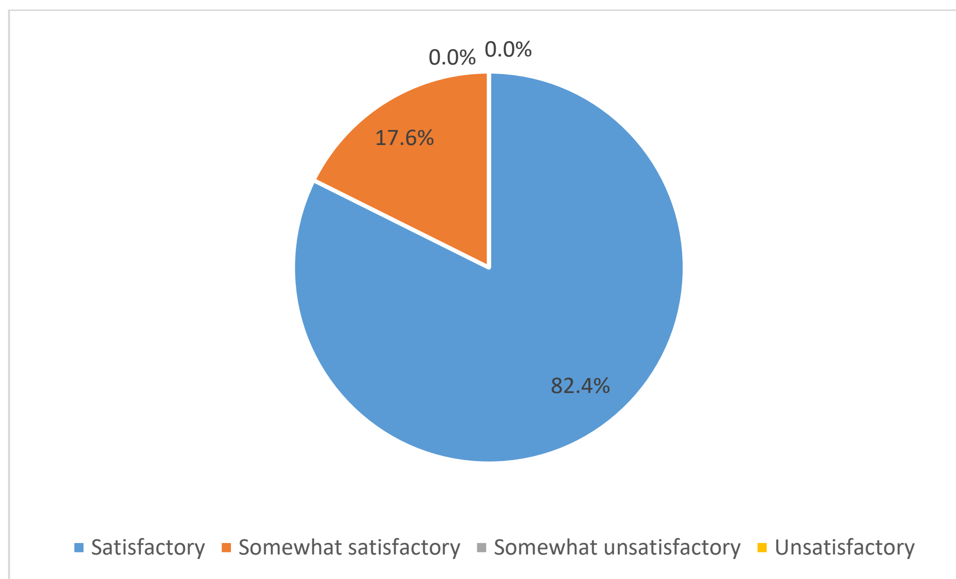
We also asked beneficiaries to assess the level of relevance of services they received in relation to their children's health and nutrition check-ups, advice and treatment and 74% were satisfied, and 22% were somewhat satisfied.

Graph32: Assessment of the relevance of infant health and nutrition assessment and treatment services (n=23)



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.

Graph4: Satisfaction of beneficiaries towards the relevance of awareness sessions on child nutrition and childcare (n: 17)



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

Another area that was discussed during the focus groups was the mental health support provided to 377 pregnant women and mothers during this project; which was highly praised as women felt they need such support especially during and after pregnancy. This was supported by experts who believed this is a major area requiring for further intervention, where most in need are marginalized women and lack of funding for this area and dependency on projects which lack sustainability is a major challenge.

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, as illustrated in the table under "Achievements against original plan" section above.

At an outcome level, the project aimed to achieve the following key outcomes:

Component 1. Provision of healthcare services to pregnant and postpartum women, newborns, and infants

- 1-1: Pregnant women will be able to receive the antenatal care that would be provided by UNRWA.
- 1-2: Postpartum women and their newborn babies will be able to receive the postnatal care that would be provided by UNRWA.
- 1-3: Malnourished newborn babies and infants will be able to continue to receive interventions.
- 1-4: Pregnant and postpartum women will have better access to psychosocial support.
- 1-5: Mothers and their families will gain an adequate knowledge about maternal and child health.

Component 2. Development of human resources to train healthcare workers and raise community awareness

- 2-1: Healthcare workers will be empowered to enhance project sustainability.
- 2-2: People who help increase maternal and child health knowledge and awareness in the community will be trained

The evaluation team attempted to evaluate the extent to which project outputs 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:

Output 1-1: Pregnant women will be able to receive the antenatal care that would be provided by UNRWA and Output 1-2: Postpartum women and their newborn babies will be able to receive the postnatal care that would be provided by UNRWA.

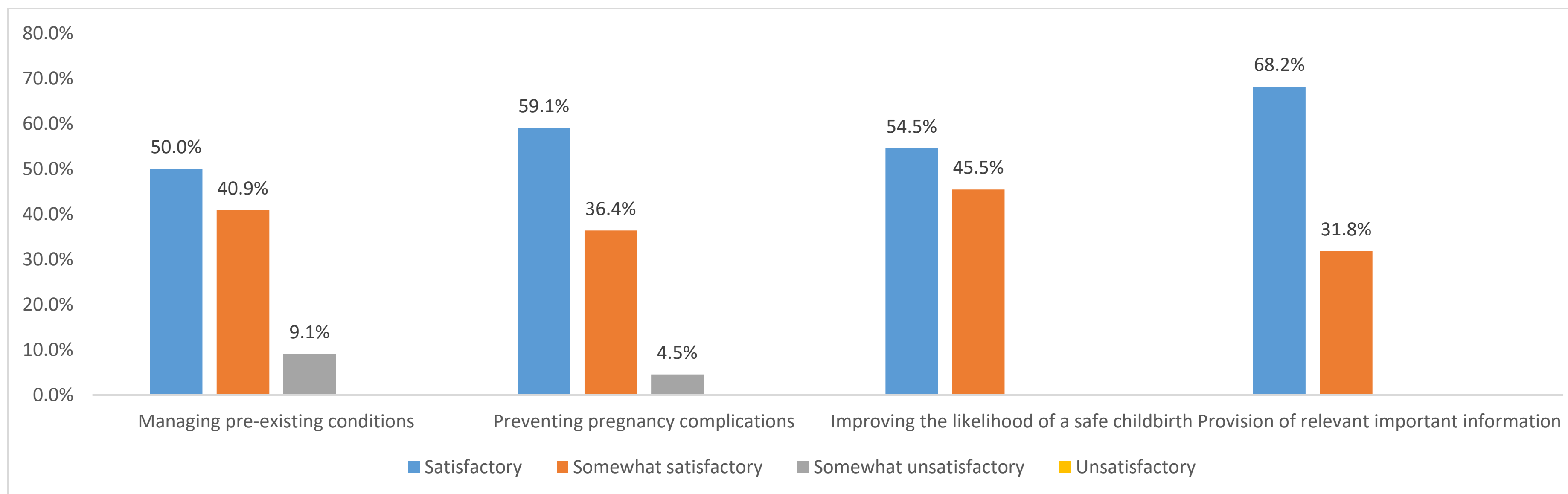
The project originally targeted 2,000 women, other than UNRWA beneficiaries to receive antenatal care and was able to provide the services to 1,565 women by the end of the project's period. Moreover, the project also targeted to reach 1,000 postpartum women and their newborn babies, other than UNRWA beneficiaries, to provide them with postnatal care and was able to provide the services to 824 women.

Regarding antenatal services; the sample of beneficiaries (n=22) who participated in the survey 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:

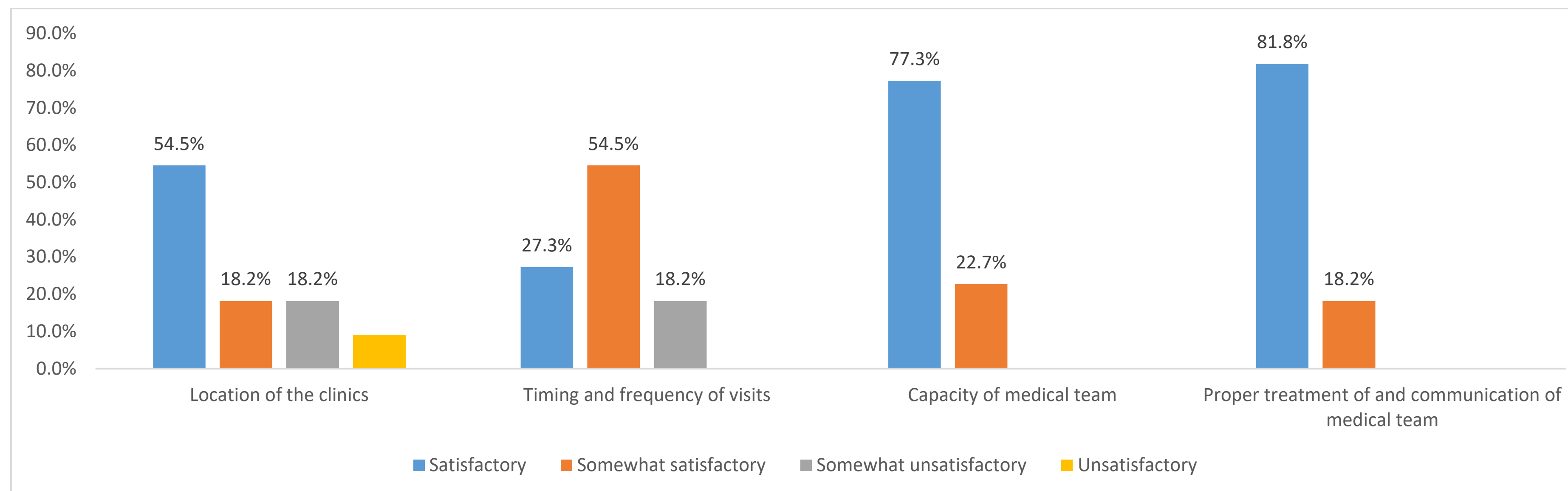
Criteria of assessment	% of beneficiaries who reported "Satisfactory" and "Somewhat satisfactory"
Criteria around the direct benefit of services	
Preventing pregnancy complications	95.5%
Managing pre-existing conditions that may worsen during pregnancy	90.9%
Improving the likelihood of a safe childbirth	100%
Provision of relevant important information on pregnancy, delivery and childcare	100%
Criteria around the delivery and logistics of service provision	

Timing and frequency of visits	81.8%
Location of the clinics	72.7%
Capacity of medical team (e.g., nurses, midwives, doctors, etc.)	100%
Proper treatment of and communication of medical team	100%

Graph5: Level of beneficiary satisfaction in relation to antenatal services – Criteria around the direct benefit of services (n: 22)



Graph6: Level of beneficiary satisfaction in relation to antenatal services – Criteria around the delivery and logistics of service provision (n: 22)



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 and communication of the medical team
- Capacity of the medical team
- Provision of relevant important information on pregnancy, delivery and childcare

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

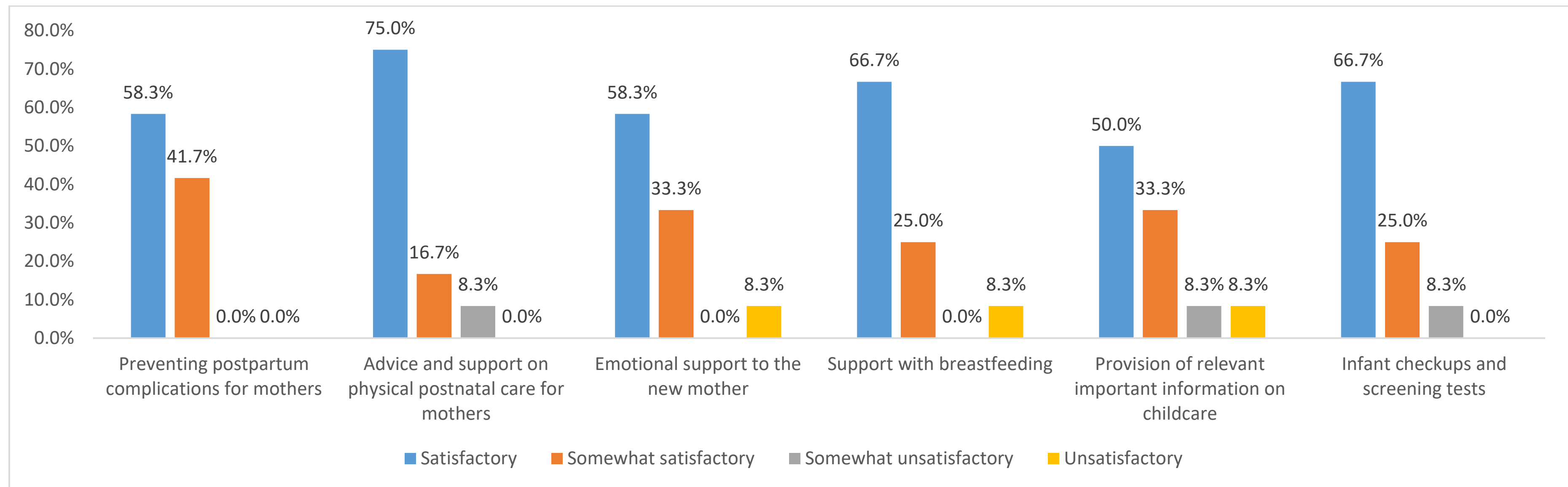
- Preventing pregnancy complications
- Improving the likelihood of a safe childbirth
- Managing pre-existing conditions
- Logistical matters including: Location of the clinic and Timing and frequency of visits

During the focus groups with beneficiaries; logistical matters relating to the time spent at the clinics waiting for women's turn to see the doctor were discussed and stressed as an area for improvement. However, the other dimensions in the list above relating to pregnancy complications, safe childbirth and pre-existing conditions were not a common concern during the focus groups; neither was the quality of services an issue as it was favorably evaluated by participants. However, there were some women who mentioned they had a less satisfactory experience, where they felt the doctor did not give them enough time during the visits. Accordingly; the explanation for such percentages (between 40%-50%) reporting "somewhat satisfactory" might be related to individual cases/experiences (the small sample size means these percentages are 9-11 individual mothers) and might not necessarily lead to a generalization of the results across the full beneficiary group. Another explanation could be related to women's perceptions towards the importance of the antenatal services in achieving the mentioned dimensions (e.g., improving the likelihood of a safe childbirth). Finally, the results could indicate a room for improvement in these dimensions even though participants in the focus group did not highlight. It must be noted here that some beneficiaries within groups targeted by the project (highly vulnerable and marginalized) are not aware of some of the potential aspects of health complications, having less expectations, and most of all their expectations are managed to view the project interventions as positive given that *"any assistance is good assistance and is appreciated given the already minimal livelihood standards",* according to a number of beneficiaries and key informants.

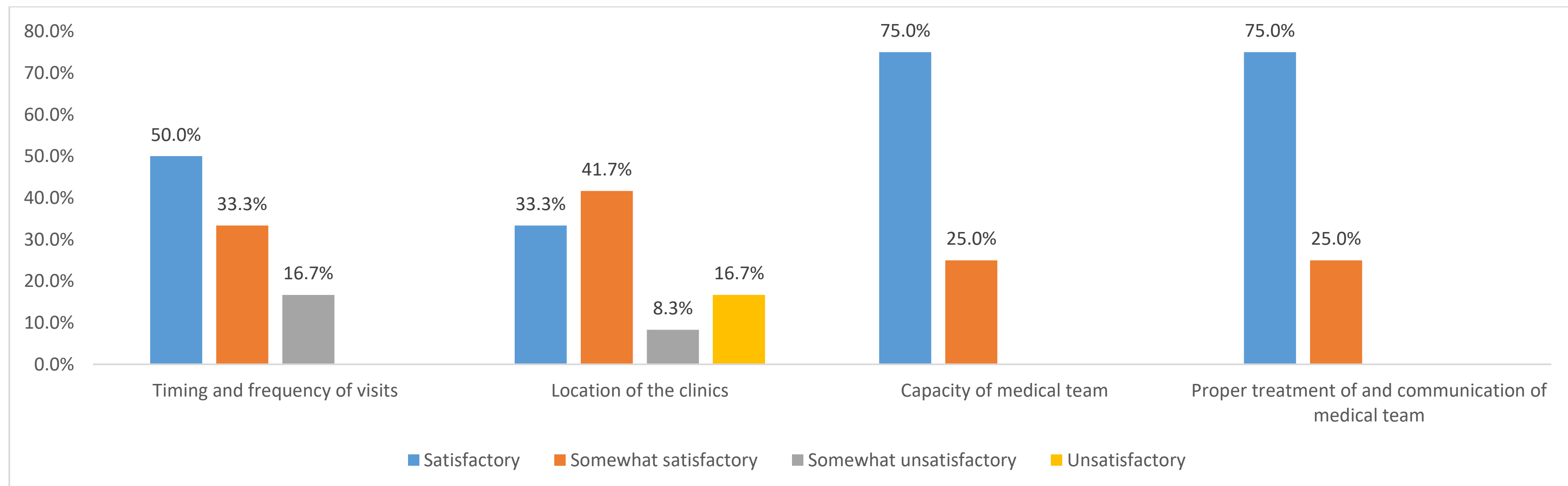
Regarding postnatal services; the sample of beneficiaries (n=15) who participated in the survey were satisfied with the support of the project and its effectiveness across a various set of criteria as illustrated in the following table and graphs:

Criteria of assessment	% of beneficiaries who reported "Satisfactory" and "Somewhat satisfactory"
Criteria around the direct benefit of services	
Preventing postpartum complications for mothers	100%
Advice and support on physical postnatal care for mothers	91.7%
Emotional support to the new mother	91.7%
Support with breastfeeding	91.7%
Provision of relevant important information on childcare (e.g., caring for umbilical cord, bathing babies, etc.)	83.3%
Infant checkups and screening tests	91.7%
Criteria around the delivery and logistics of service provision	
Timing and frequency of visits	83.3%
Location of the clinics	75%
Capacity of medical team (e.g., nurses, midwives, doctors, etc.)	100%
Proper treatment of and communication of medical team	100%

Graph7: Level of beneficiary satisfaction in relation to postnatal services – Criteria around the direct benefit of services (n: 15)



Graph8: Level of beneficiary satisfaction in relation to postnatal services – Criteria around the delivery and logistics of service provision (n: 15)



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"):

- Advice and support on physical postnatal care for women
- Capacity of the medical team
- Proper treatment and communication of the medical team

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

- Provision of relevant information on childcare
- Logistical matters including: Location of the clinic and Timing and frequency of visits
- Emotional support to the new mother
- Preventing postpartum complications

Similar to antenatal services above; although the overall assessment as indicated in the table (combined "satisfactory" and "somewhat satisfactory") indicates a high satisfaction level; however, it is worth further investigation into the "somewhat satisfactory" assessment in order to identify any rooms for improvement in relation to these dimensions.

Logistical matters such as the waiting time at the clinics was discussed by mothers as further explained below, indicating a room for improvement in relation to this dimension. Furthermore, the location of the clinic dimension implies the distance is considered far by some beneficiaries which makes it a challenge to obtain the services. As for the dimension "Provision of relevant information on childcare"; women did not discuss this aspect during the focus group, which might indicate that the issue is due to individual cases only (seven out of 15 women reported "somewhat satisfactory", "somewhat unsatisfactory" or "unsatisfactory") and might not necessarily lead to a generalization of the results across the full beneficiary group. Another explanation could be that these results do indicate a room for improvement in these dimensions even though participants in the focus group did not highlight. It might also reflect the varying levels of reach by the implementing partner or limited or inconsistent attendance by the beneficiaries.

Participants in the focus groups provided further insights into the assessment of the antenatal and postnatal services. The overall assessment by the women participants was highly positive. They viewed the services as high quality, and were very satisfied with the capacity of the medical practitioners:

"During my pregnancy, I received better care here than I did by my private doctor." – A woman in FGD of antenatal, postnatal and infant check-up services' beneficiaries

"The doctor is great." – Several women in FGD of antenatal, postnatal and infant check-up services' beneficiaries

Women were also very happy with the postnatal services that included home visits and mother and newborn check-ups. Such services are not provided by governmental clinics.

"When I delivered my baby they came and visited me at home and gave me vitamins and asked me to come and continue to follow up on my health and the baby's health. They also called later to check on me." – A woman in FGD of antenatal, postnatal and infant check-up services' beneficiaries

The women emphasized the importance of receiving the needed medications and supplements, which otherwise would not be available if they received the services through governmental clinics:

"The best thing is that medication was available, I got the proper medicine for my case. But in the governmental clinics, they did not have it." – A woman in FGD of antenatal, postnatal and infant check-up services' beneficiaries

Most participants in the focus groups agreed with the above assessment of the quality of services, but there were some women who mentioned they had a less satisfactory experience, where they felt the doctor did not give them enough time during the visits.

As for common improvement opportunities; most women in the focus group agreed that the waiting time at the clinic was too long, and that there needs to be a solution for this issue:

"There is a problem that we are pregnant women and we come at 8 AM and leave around 11 AM. One time I was here and I got 50 calls from my husband telling me to come back home because I left him with the children. The process takes a very long time." – A woman in FGD of antenatal, postnatal and infant check-up services' beneficiaries

"The only criticism I have is the long waiting time." – A woman in FGD of antenatal, postnatal and infant check-up services' beneficiaries

"It would be good if they can introduce an appointment system so that we don't have to wait too much." – A woman in FGD of antenatal, postnatal and infant check-up services' beneficiaries

However, even during that time, women stressed that the team at the clinic used this time to benefit the women and raise their awareness with helpful information regarding pregnancy and childcare.

"They would come talk to us about health issues and raise our awareness during the waiting time. That was really good instead of just sitting there waiting our turn." – A woman in FGD of antenatal, postnatal and infant check-up services' beneficiaries

Another praised dimension was the staff's treatment of women which was respectful and who received any complaints with a positive attitude and tried to address all women's concerns.

"There is a complaints box but we don't use it we go direct to the supervisor who is very helpful and listens to our concerns." – Several women in FGD of antenatal, postnatal and infant check-up services' beneficiaries

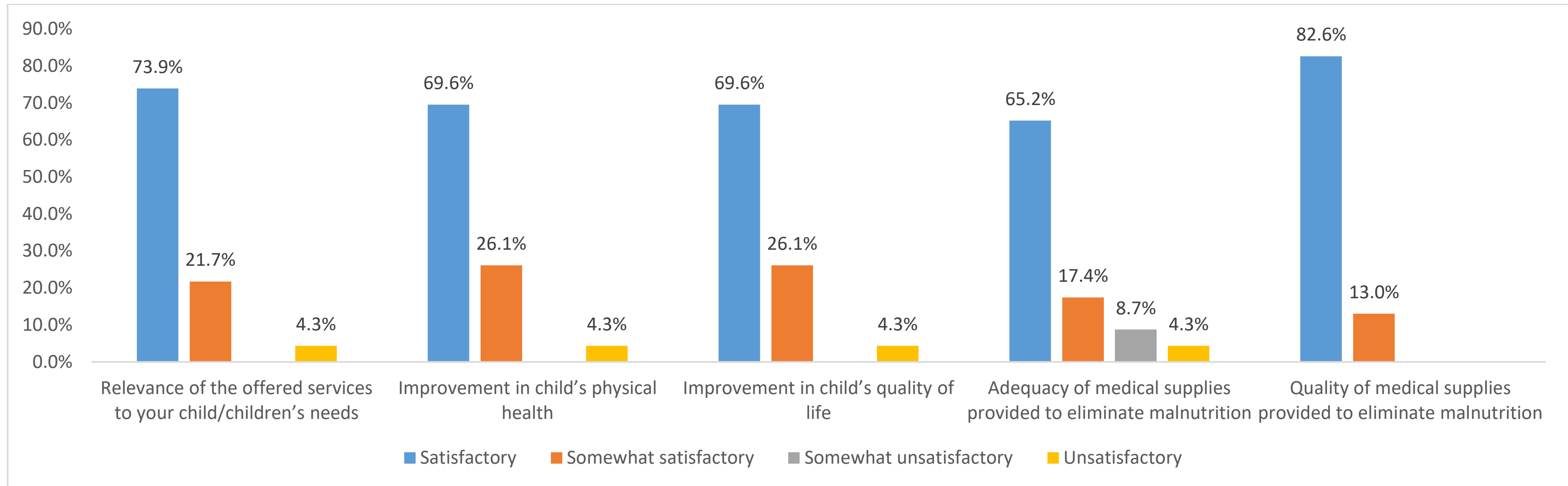
Output 1-3: Malnourished newborn babies and infants will be able to continue to receive interventions.

The project originally targeted to conduct nutritional status assessments for 10,000 children aged zero to five, other than UNRWA beneficiaries, and to regularly provide medical examinations, medicines, and nutritional supplements to 3,000 children in need of nutrition interventions. The project was able to provide the nutritional status assessments to 16,947 children and provide medical examinations, medicines, and nutritional supplements to 4,626 children.

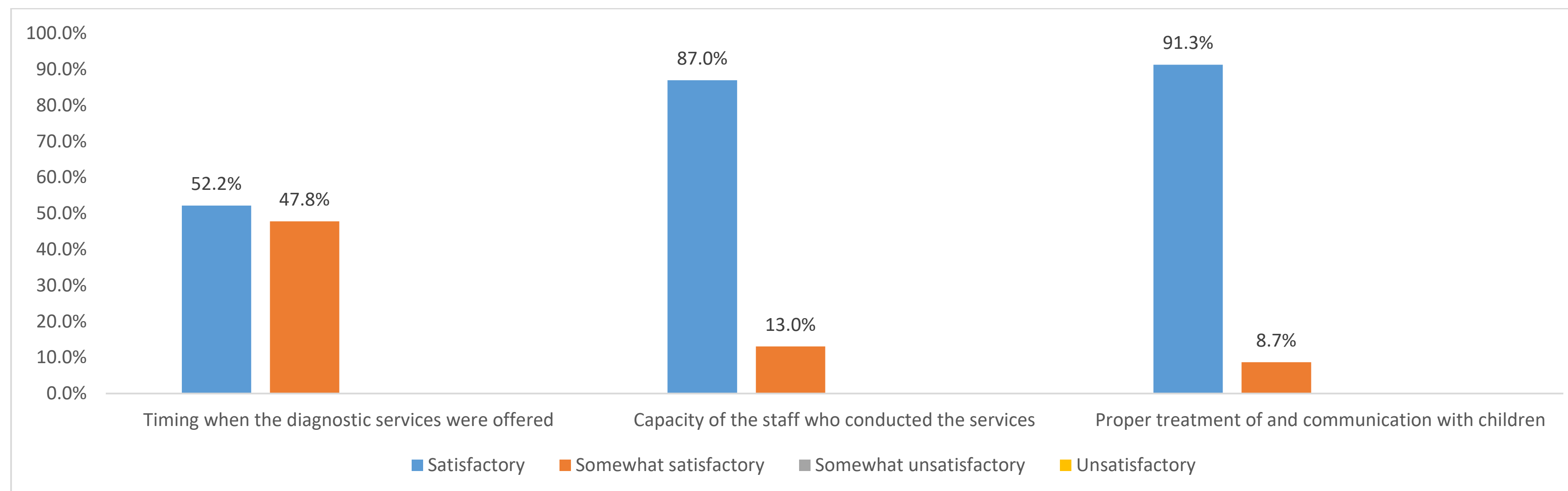
The sample of beneficiaries (n=23) who received the nutrition services for their children who participated in the survey were highly satisfied with the support of the project and its effectiveness across the following criteria as illustrated in the following table and graph:

Criteria of assessment	% of beneficiaries who reported “Satisfactory” and “Somewhat satisfactory”
Criteria around the direct benefit and impact of services	
Relevance of the offered services to your child/children’s needs	95.7%
Improvement in child’s physical health	95.7%
Improvement in child’s quality of life	95.7%
Adequacy of medical supplies provided to eliminate malnutrition	82.6%
Quality of medical supplies provided to eliminate malnutrition	95.7%
Criteria around the delivery and logistics of service provision	
Timing when the diagnostic services were offered	100%
Capacity of the staff who conducted the services	100%
Proper treatment of and communication with children	100%

Graph9: Level of beneficiary satisfaction in relation to malnourished newborn babies and infants' services – Criteria around the direct benefit and impact of services (n: 23)



Graph10: Level of beneficiary satisfaction in relation to malnourished newborn babies and infants' services – Criteria around the delivery and logistics of service provision (n: 23)



Participants in the focus groups were highly satisfied with the services related to their children's health and the services they received through the project to address malnutrition and other health issues. Participants could not help but compare between the services they usually receive at governmental clinics and those they received through the project. They were also especially happy with the provision of vital medications and supplements which are usually unavailable or unaffordable to beneficiaries.

"The service was excellent. My son suffered from anaemia and malnutrition Before I started coming here I took him to a government clinic and the doctor prescribed some vitamins and supplements which costs 40 shekels. Here they immediately provided those vitamins and also gave him iron supplement and fortified biscuits. My son got much better and I could feel his energy and health improved a lot." – A woman in FGD of antenatal, postnatal and infant check-up services' beneficiaries

"I brought my daughter to weigh her at NECC and they said she was underweight and they diagnosed her with anaemia. They immediately referred us to the project. The number of visits was appropriate and the health of my child got better due to the vitamins and supplements they gave us." – A woman in FGD of antenatal, postnatal and infant check-up services' beneficiaries

"In the governmental clinics they don't care about the children as they do here. Medication is also not available and the doctor is not very qualified. Services here are much better and my children's health has improved that we stopped going to the government clinic." – A woman in FGD of antenatal, postnatal and infant check-up services' beneficiaries

However, some participants mentioned they would need a constant supply of such nutritious food items and supplements as they can't afford them on their own.

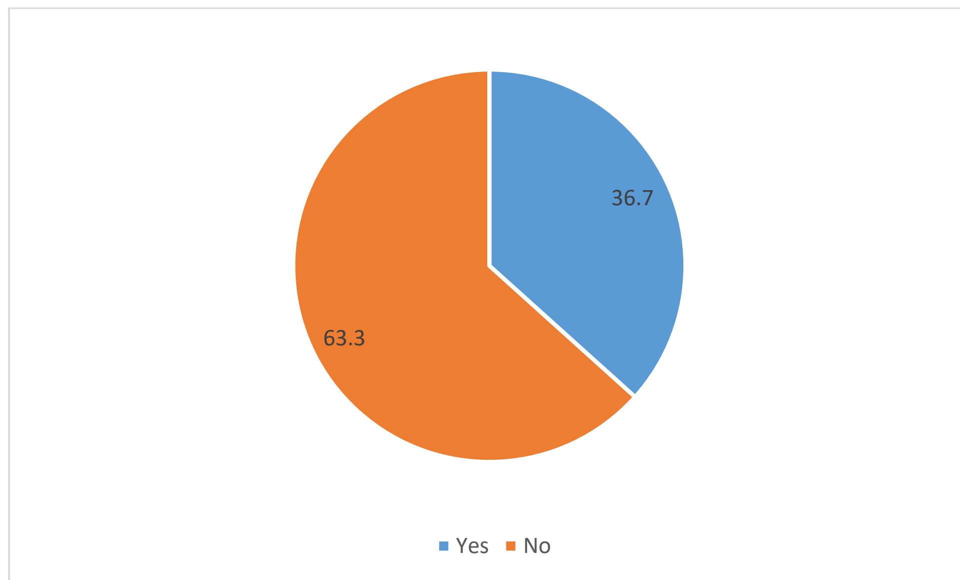
"I follow up for my boy who was diagnosed with malnutrition. They gave him two Cerelac [Instant cereal] boxes but they're not enough, they ran out in two weeks, and I came back to get more but they said they couldn't provide more, and now I am pregnant again and breastfeeding." – A woman in FGD of antenatal, postnatal and infant check-up services' beneficiaries

Output 1-4: Pregnant and postpartum women will have better access to psychosocial support.

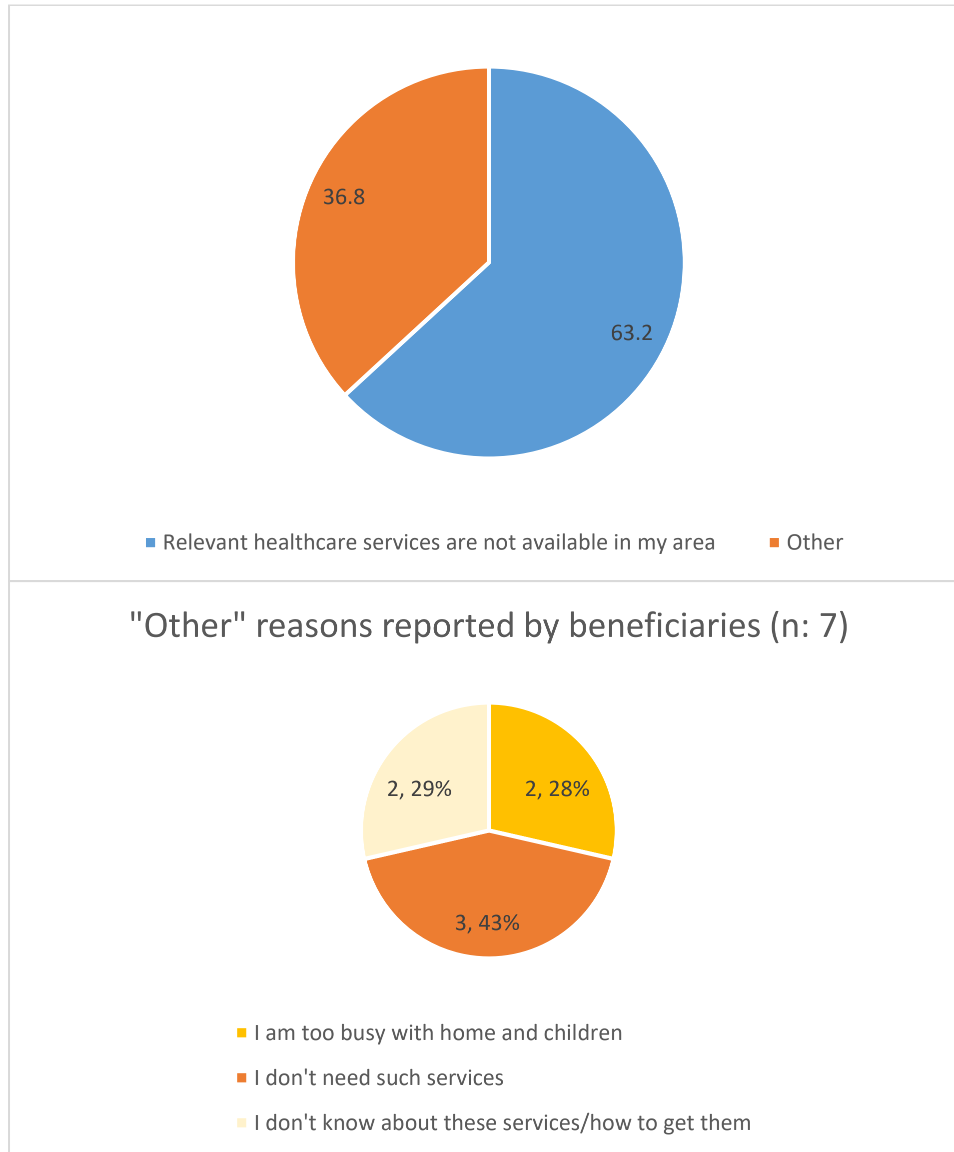
The project originally targeted 200 expectant and postpartum mothers, other than UNRWA beneficiaries, to receive psychosocial support and be referred to specialists. The project was able to provide the psychosocial support services to 377 women.

The majority of beneficiaries (63%, no=19) reported not being able to access psychosocial support services outside of the project, and the majority of these (63%, no=12) reported the reason being the unavailability of such services in their areas, while (37%, no=7) reported other reasons such as being too busy, not needing the services, and not knowing about such services. The following graphs summarize these results:

Graph11: Access to psychosocial support services among the beneficiaries (n: 30)



Graph12: Reasons for lack of access to psychosocial support services among the beneficiaries (n: 30)



As part of this evaluation, we conducted 2 KIIs with women beneficiaries of the psychosocial support, and their feedback was highly positive towards the benefit they received from these services. They emphasized the relief they felt by having someone to talk to and discuss their problems with, and highly appreciated the secrecy and professionalism by the counsellor.

"I benefited a lot from these sessions with the counsellor. She was very helpful. She gave me lots of advice on how to handle my problems and my feelings, and this had a huge impact on myself and people around me. I also found someone to talk to about my problems." – KII with a beneficiary of psychosocial support

"I was happy that the sessions were handled with complete secrecy, not even my family knew about them." – KII with a beneficiary of psychosocial support

They also stressed the impact they believe this support provided has extended to their families and people around them.

"My participation in this project had a huge impact on my life, my relationship with my husband, and with my children." – KII with a beneficiary of psychosocial support

Furthermore, the women emphasized that they are now more willing and open to request and participate in projects that offer psychosocial support, as they are now more aware of how helpful these services are.

"I feel a big improvement in my mental health. I won't hesitate to get such services in the future, I hope they continue to be provided, our lives are filled with problems that we need to face." – KII with a beneficiary of psychosocial support

Moreover, during the focus groups with women beneficiaries; almost all women agreed that they need psychological support services.

"We wish we could get psychological support services. We really need them; we are very tired mentally. My neighbor got these services and told me she feels much better and she deals with her children better now." – Several women in FGD of antenatal, postnatal and infant check-up services' beneficiaries

Output 1-5: Mothers and their families will gain an adequate knowledge about maternal and child health.

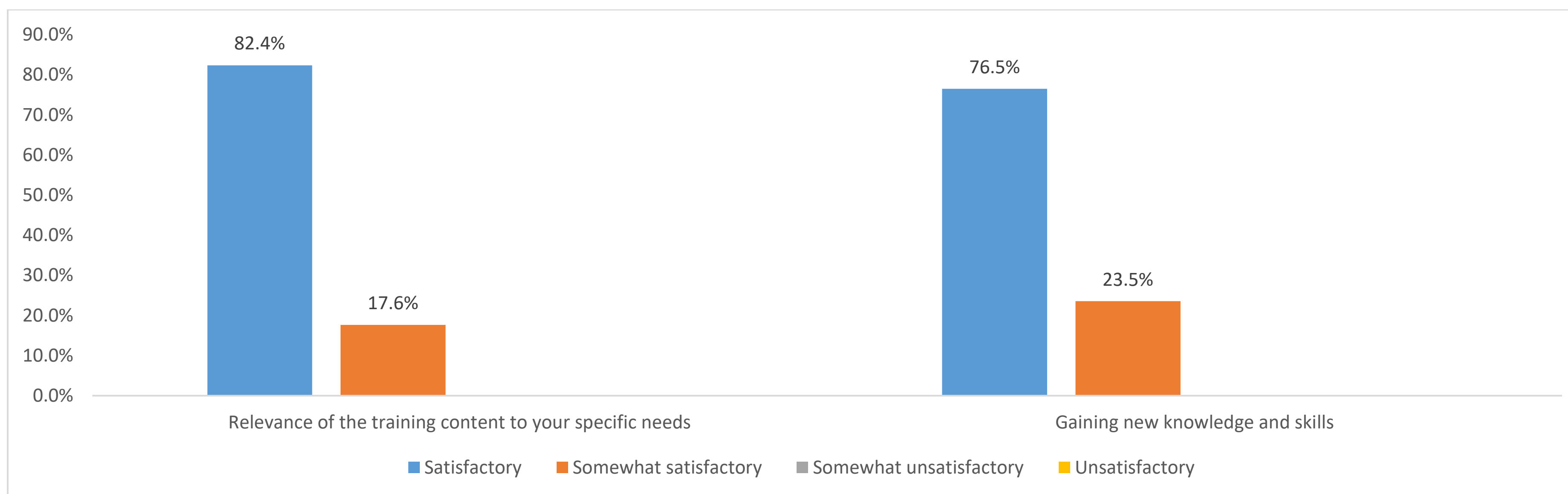
The project originally targeted 480 pregnant and postpartum women, other than UNRWA beneficiaries, to participate in nutrition and parenting workshops. The project was able to provide the workshops and awareness services to 672 women. The project also had a set target of achieving at least 80% of women will have an adequate knowledge and are satisfied with the workshops.

Based on our review of the project's documents and the results of the pre-test and post-tests for the participants for a total of 672 participants; all training sessions had an improved average of pre and post test results.

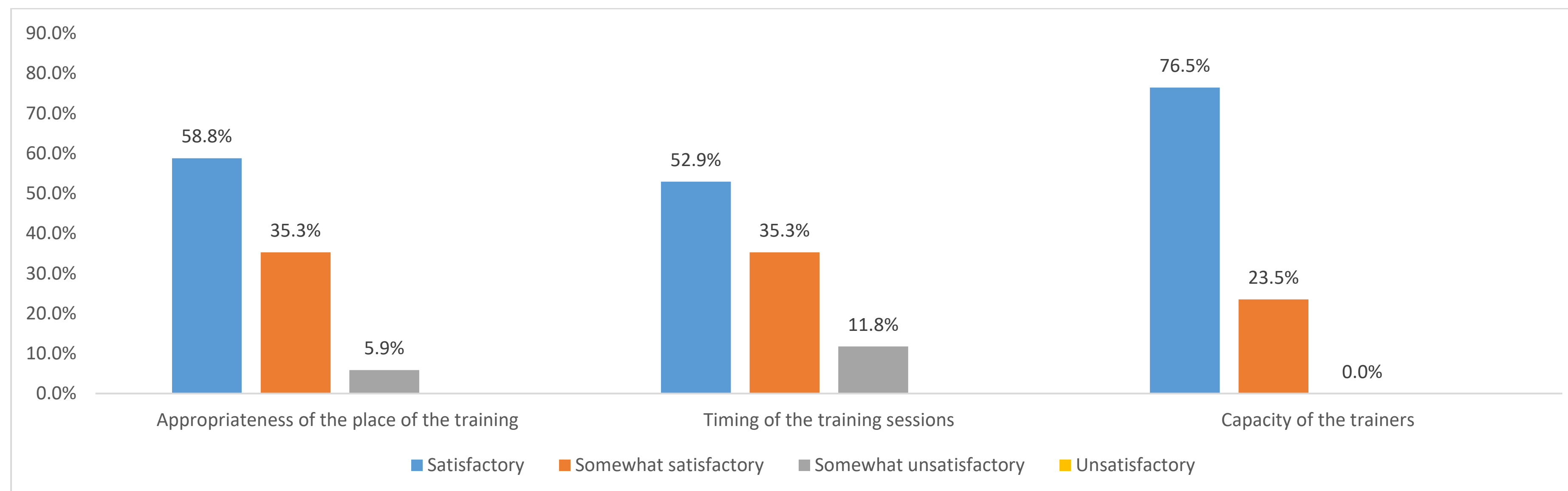
In addition; regarding the nutrition and parenting workshops; the beneficiaries who received these workshops and participated in the survey (n=17) were highly satisfied with the workshops and their effectiveness across the following criteria as illustrated in the following table and graph:

Criteria of assessment	% of beneficiaries who reported "Satisfactory" and "Somewhat satisfactory"
Criteria around the benefit and impact of the sessions	
Relevance of the training content to your specific needs	100%
Gaining new knowledge and skills	100%
Do you currently practice the knowledge and skills you gained through the training?	100% (Yes)
Criteria around the delivery and logistics of the sessions	
Appropriateness of the place where the training took place	94.1%
Timing of the training sessions	88.2%
Capacity of the trainers	100%

Graph13: Level of beneficiary satisfaction in relation to awareness sessions about maternal and child health – Criteria around the benefit and impact of the sessions (n: 17)



Graph14: Level of beneficiary satisfaction in relation to awareness sessions about maternal and child health – Criteria around the delivery and logistics of the sessions (n: 17)



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

Child care	Good	73.3%
	Average	23.3%
	Below average	3.3%
Child nutrition	Good	73.3%
	Average	23.3%
	Below average	3.3%

As illustrated above, beneficiaries had a positive assessment of the training in terms of content, gaining new knowledge and the capacity of instructor. Moreover, the majority of respondents assessed their current level of knowledge as good. However, some room for improvement in relation to logistical matters, such as the location and timing, existed. Feedback from the focus groups below further elaborates on these aspects.

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 easy to understand:

"The content was very useful and relevant to our needs. It was also suitable for everyone as we could all understand it. They did not use difficult scientific terms with us." – A woman in FGD of awareness sessions' beneficiaries

Moreover, participants assessed the capacity of the trainers as strong and were happy with their methods:

"The trainer used an appropriate and easy method to deliver the content. It was not difficult to comprehend." – A woman in FGD of awareness sessions' beneficiaries

"The trainer engaged us all in the session and listened to us and allowed us to participate and share our experiences and then correct our information and misconceptions." – A woman in FGD of awareness sessions' beneficiaries

"They gave us a pre and post questionnaire to answer before and after the workshop and test our knowledge and progress. This was very useful as we really understood the difference in information we had before the training." – A woman in FGD of awareness sessions' beneficiaries

In terms of improvement opportunities; participants recommended to expand the content in future training sessions to cover more advanced knowledge and skills, and also to add additional topics:

"We need more advanced sessions. We received the basics but we want more depth in these topics." – A woman in FGD of awareness sessions' beneficiaries

"It would be good if they can add additional topics such as parenting, behavioral issues, mothers' mental health and children's mental health." – A woman in FGD of awareness sessions' beneficiaries

Moreover, on a logistical aspect; participants also believed the training could be more valuable if advanced tools were utilized; such as a projector, as well as print-outs of the materials or summary of them to be able to use later. Finally, participants, being mothers, need support in relation to their children, in order to be able to attend the training without worrying where to leave them:

"It would be better if the training was in a separate space. Also it would be good if there was assistive equipment such as a projector or a screen. It would also be useful if they print the material for us to refer to after the sessions." – A woman in FGD of awareness sessions' beneficiaries

"We were not allowed to bring our children but we also can't easily leave them. It would be great if they can find a solution like a place to keep our children during the sessions." – A woman in FGD of awareness sessions' beneficiaries

Output 2-1: Healthcare workers will be empowered to enhance project sustainability.

The project originally targeted 20 healthcare workers to attend workshops and conferences to empower them. The project was able to provide the workshops to 26 healthcare workers.

The project's targets were to conduct the workshops and conferences to empower healthcare workers as explained above and to also achieve at least 80% of healthcare workers who attended the training will have a better understanding.

We reviewed the training reports for the trainings of NECC staff conducted on 12, 13, 19, 20 and 26 of June; where a total of 17-20 participants attended the trainings. The training reports stated that the pre-test and post-test results were as follows:

- The session held on 12 and 13 of June: Pre-test results 70% while the post-test results were 95%
- The session held on 19 and 20 of June: Pre-test results 65% while the post-test results were 95%

The session held on 26 of June: Pre-test results 60% while the post-test results were 100%In addition; the evaluation team conducted a focus group with a group of healthcare workers (n=10) to obtain feedback on the effectiveness of the training they received, and the feedback was positive. The participants were overall satisfied with the content and the delivery of the training:

"The trainers were great." – A participant in FGD of healthcare workers

"The trainers' capacities were very good. The content was also good and comprehensive, although we would have liked to add some other topics." – A participant in FGD of healthcare workers

Participants did however have some recommendations for improvement to consider in future similar training/projects, including the allocation of the training hours across more days (to shorten the training day), to introduce a practical on-the-job training component, and to plan the training at the beginning of the project:

"The training was good overall, but the hours were long." – A participant in FGD of healthcare workers

"Some topics needed more than one day but were squeezed into one." – A participant in FGD of healthcare workers

"Some topics needed to have a practical session to better apply the skills." – A participant in FGD of healthcare workers

"It would have been better if the training was at the beginning of the project not after a period of time of work." – A participant in FGD of healthcare workers

Beneficiaries were also satisfied with the application of the knowledge and skills during the project:

"We applied the knowledge and skills we gained with the women beneficiaries of the project. We shared the knowledge through the awareness sessions we conducted to all women who came to the clinic" – A participant in FGD of healthcare workers

Output 2-2: People who help increase maternal and child health knowledge and awareness in the community will be trained

The project originally targeted 20 residents in the community to receive training for maternal and child health promoters and peer educators. The project was able to provide the training to 30 women. The project also had a set target of achieving 80% of people trained improving their understanding and learn how to organize workshops.

We reviewed the training report for the sessions conducted on 15-17 February 2021; where a total of 13 participants attended the training that covered diverse topics of maternal and child health knowledge. The report states that the pre-test results were 65.6% while the post-test results were 80%[7].

In addition; the evaluation team conducted a focus group with a group of peer educators to obtain feedback on the effectiveness of the training they received, and the feedback was positive. The participants were overall satisfied with the content and the delivery of the training for themselves and for transferring the knowledge into their communities:

"I received several training sessions and they were very useful. I used to do many things based on wrong information about childcare and nutrition that I got from my surroundings with no scientific information." – A woman in FGD of peer educators' beneficiaries

"The sessions were very useful, I wished I had received them before I got pregnant. Our mothers' experiences were inaccurate. All of us, educated or not, are considered uneducated when it comes to childcare." – A woman in FGD of peer educators' beneficiaries

They were especially satisfied with the trainer's capacity and methods of delivering the information and communication with them:

"The trainer's method and delivery of the training was very good, he was also friendly and answered all our questions. They also used questionnaires to help us measure our understanding and benefit." – A woman in FGD of peer educators' beneficiaries

"The trainer was great, we felt he was like a mentor to us. We benefited from him and he also benefited from us. I still keep my notes from the sessions." – A woman in FGD of peer educators' beneficiaries

As for logistics; participants were satisfied with the location, timing and schedule of training but they did prefer if it was less intensive:

"The content was comprehensive, and the logistics were very appropriate, timing and location were good. Also, the transportation was covered." – A woman in FGD of peer educators' beneficiaries

"The training created an issue for us, as it was all days of the week which was too much. It would have been better if it was only two days per week." – Several women in FGD of peer educators' beneficiaries

Covid-19

According to the project team as well as the beneficiaries of the project; Covid-19 impacted the original plans of activities in terms of targets as well as methods of delivering some activities. For instance, the project team had to abide with the government restrictions on gatherings and for some time, visits to the clinic were completely cancelled. After that, limited the numbers of beneficiaries were admitted and an appointment system was introduced in order

[7] The report does not state the % of participants who had an improved test result and so we could not verify the target mentioned above as stated.

to avoid crowds. This impacted the numbers of beneficiaries that the project could reach. According to the project team, they expanded the areas to reach further beneficiaries from Rafah.

"We conducted the workshops for women with an average of 30 women, but after Covid-19, we had to decrease the number to 10 women in the session." – Project team KII

Moreover, the project team also initiated an online consultation and support system, where beneficiaries can receive some services online. However, not all beneficiaries welcomed this option.

"I followed up with the center using phone calls and came to take the needed medication." – A woman in FGD of antenatal, postnatal and infant check-up services' beneficiaries

"The services completely stopped. We could follow up using the phone but we didn't." – Several women in FGD of antenatal, postnatal and infant check-up services' beneficiaries

"I was pregnant with my son and I used to follow up here but then during Covid-19 we got disconnected as no one was allowed to come. I had symptoms of early delivery and my economic situation did not allow me to follow up with a private doctor as the fees per visit are 40-50 shekels. I managed to go twice only." – A woman in FGD of antenatal, postnatal and infant check-up services' beneficiaries

Moreover, according to the project team, the postnatal visits (to be conducted after 72 hours of delivery) was not done due to Covid-19 and the team replaced it with a phone call to check on the mother. But the other two visits they asked the mother to come to the clinic instead of the team visiting her.

May 2021 war

During the May 2021 war the project team had to stop all activities as the areas targeted by the project were targeted in the war. After the war ended they went back to the activities and noticed that they needed to provide further psychological support as many people suffered mentally.

"We left our homes and we suffered a lot mentally. My daughters suffered from urinary incontinence. I was in shock for some time." – Several women in FGD of antenatal, postnatal and infant check-up services' beneficiaries

Impact and sustainability of project's activities: (Relevant CHS: CHS3: Impact and sustainability "Connectedness")

Impact analysis

In the above sub-section, we evaluated the effectiveness in achieving the planned outputs of the project, but given the project was a part of 3-year programme and built on the first year project of the same nature, the evaluation attempted to grasp possible indicatives and factors for more lasting positive changes on

beneficiaries beyond the immediate implementation of the project's activities. 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=30) about these aspects of the project, and their evaluation was somewhat modestly positive across several impact dimensions. For instance, the following tables and chart summarize the assessment of several dimensions relating to impact of the both antenatal and postnatal services provided through this project:

Table: Level of beneficiary satisfaction in relation to impact of antenatal services

Criteria of assessment	% of beneficiaries who reported "Satisfactory" and "Somewhat satisfactory"
Overall improvement in your physical health	86.4%
Overall improvement in your mental health	81.8%
Overall improvement in your quality of life	86.4%
Creating/sustaining a healthy lifestyle	86.4%

Graph15: Level of beneficiary satisfaction in relation to impact of antenatal services (n: 22)

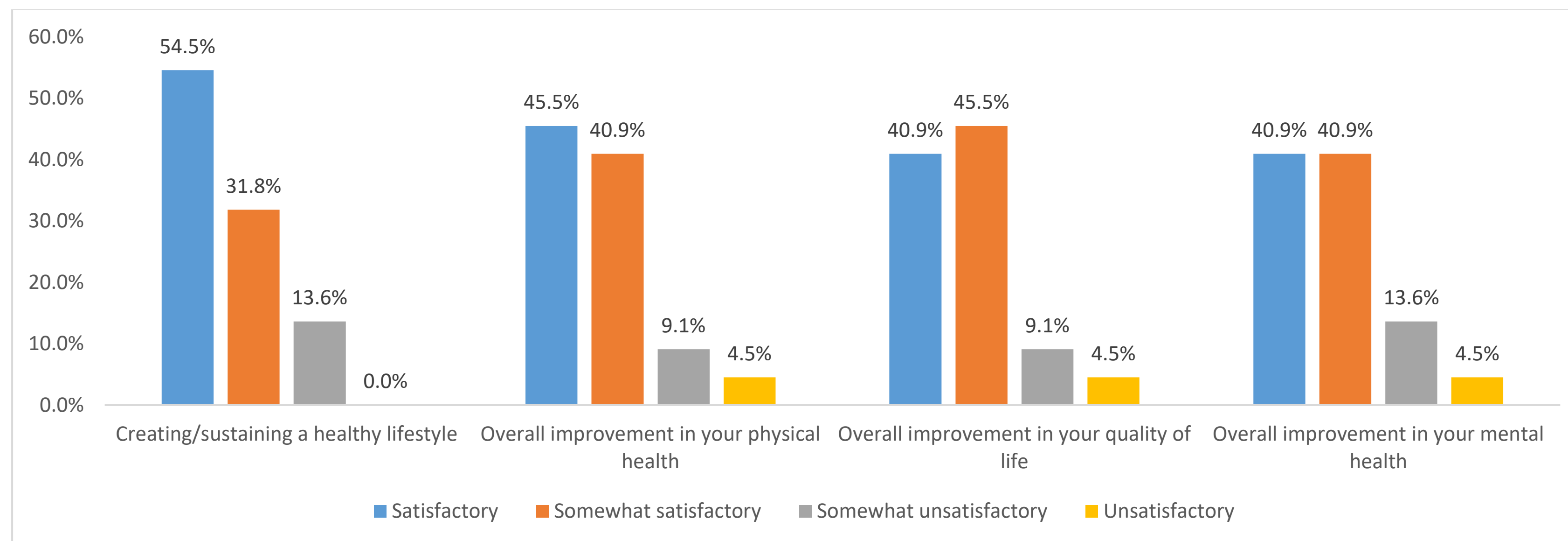
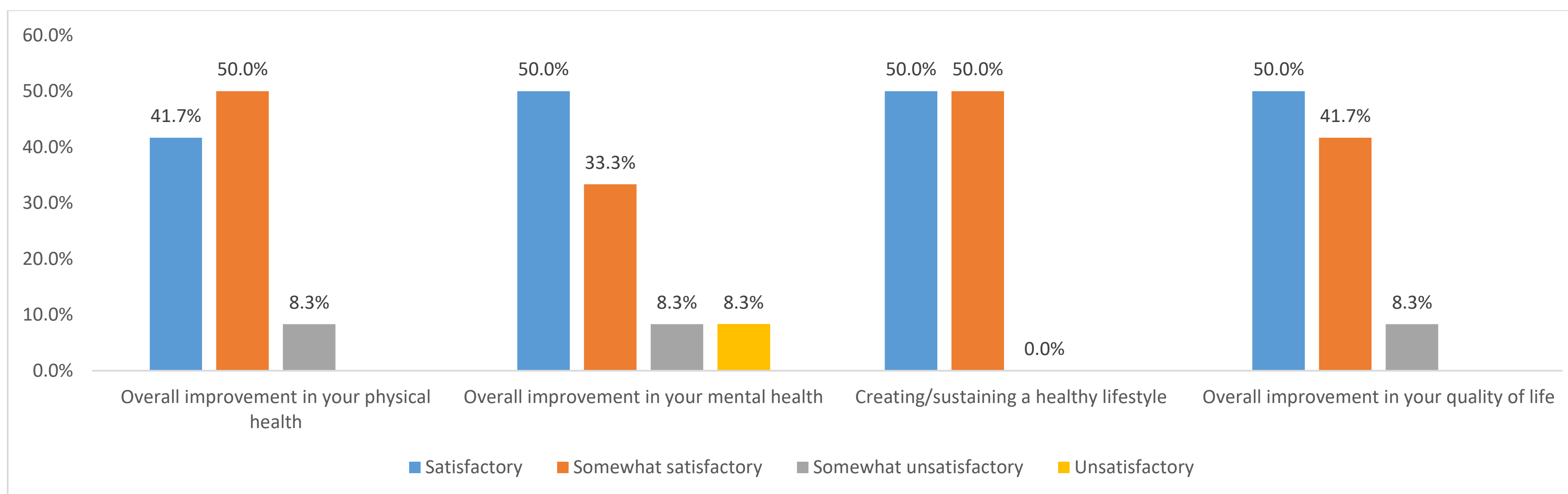


Table: Level of beneficiary satisfaction in relation to impact of postnatal services

Criteria of assessment	% of beneficiaries who reported "Satisfactory" and "Somewhat satisfactory"
Creating/sustaining a healthy lifestyle	100%
Overall improvement in your physical health	91.7%
Overall improvement in your mental health	83.3%
Overall improvement in your quality of life	91.7%

Graph16: Level of beneficiary satisfaction in relation to impact of postnatal services (n: 12)



Although overall the assessment is positive as indicated in the tables; however, examining the detailed responses reveals a high percentage of responses of "somewhat satisfactory" as well as some responses of "somewhat unsatisfactory" and "unsatisfactory." While the set of questions asked on these impact dimensions of antenatal and postnatal services does not allow to specially gauging the reasons for "somewhat unsatisfactory" and "unsatisfactory." However, the qualitative data derived from focuse groups of beneficiaries and KII with stakeholders throughout output 1-1 to 1-5 presented earlier this report may be used to gain indicatives and identify the areas of further queries.

Sustainability

Regarding the sustainability of the project's activities; the design of the project included several components of capacity development that naturally lead to better sustainability of benefits. For instance, the project's healthcare workers training component, parents' awareness sessions, and the establishment of a peer group and training them on women's health and childcare to transfer the knowledge to their communities. 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.

"We provided a service and supplied the needed medications, and this ends with the project, that's true. But we also provided valuable information and capacity building for parents as well as healthcare workers, and this will continue after the project ends." – Project team KII

Testimonies from the focus groups also supported these notions. For instance, women who received the awareness sessions noted how they benefited immediately and how they changed their behaviors to continue the benefits into the future:

"The sessions improved my children's health. I became more aware of what and how to feed them. We changed our cooking methods and our nutrition system." – A woman in FGD of awareness sessions' beneficiaries

They also stressed the fact that they transferred the knowledge and skills they obtained to others around them:

"We started correcting the behaviors of people around us based on the knowledge we gained." – A woman in FGD of awareness sessions' beneficiaries

"We will use this knowledge in the future to benefit our children and our daughters in law." A woman in FGD of awareness sessions' beneficiaries

"I am transferring the knowledge to my neighbor, my daughter and all my family. The project must not stop, it needs to continue so that we can continue to benefit and spread the knowledge further." – A woman in FGD of peer educators' beneficiaries

Similar testimonies were also repeated among the healthcare workers:

"The project may end but we will continue to share and spread the knowledge and skills we gained through the project to all future beneficiaries and general public who come to the clinic." – A participant in FGD of healthcare workers

As for women who received the psychosocial support services, they were also happy with the fact that the sessions they had with the counsellors have provided them with immediate relief, but also with tools to tackle future hardship and problems. However, they stressed that they will still need such support in the future, and they hope they can continue to have access to such services.

Finally, the economic hardship for the beneficiaries unfortunately continue after the project ends, and there are benefits of the project that can't be sustained, such as the provision of the specialized healthcare services and the provision of needed medicines and supplements for mothers and babies:

"We understand the economic hardship will affect people's ability to sustain the benefits. During the project we provided supplements, nutritious food, etc., and parents can't continue to provide these items on their own." – Project team KII

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 well worthy of implementation as it provided services and support that are highly relevant to the mothers' needs in Gaza Strip (CHS1), it was implemented effectively and efficiently as attested by beneficiaries themselves (CHS2) and delivered value to beneficiaries' lives and positively impacted their access to essential services (CHS3). The project also had several components that are essential in enhancing the sustainability of services (CHS3). Finally, the project was implemented through an international and national/local partnership with strong capabilities and also used a holistic approach to services delivery which positively impacted the effectiveness of 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. However, we believe the following recommendations could assist CCP and JPF to tackle some issues mentioned in the report in order to inform future planning of programs/projects:

Recommendations to CCP:

- To consider including components of cash assistances to vulnerable women (to cover out of pocket expenses/transportation costs, etc.) and help in relieving the financial burden on mothers and their families when attempting to access healthcare services.
- To consider including components of awareness raising on postnatal services to women in order to increase the follow-up rates of mothers after giving birth.
- To consider the provision of equipment/supplies/medicines that are needed to increase the quality of mothers' health services in Gaza Strip.
- To continue focusing future interventions/projects on the provision of necessary medications, supplements, nutritious food items for marginalized communities for mothers and babies, mental health support for mothers, as well as more specialized supplies and equipment (such as baby incubators). Discussions with relevant specialized experts and organizations could help inform future projects/phases prior to designing the project activities and to ensure maximum benefit and most effective and efficient use of resources.
- In relation to postpartum services; based on beneficiaries' feedback, it is worth emphasizing the provision of information and support in relation to childcare after delivery. Also, to increase services' focus on emotional support to mothers.
- In relation to training/awareness sessions for parents; based on beneficiaries' feedback, we recommend the project team to expand the content to cover more advanced knowledge and skills, and also to add additional topics based on beneficiaries' preferences.
- In relation to the health workers training; we recommend to introduce an on-the-job training component to complement the theoretical parts.
- Overall, to pay further attention to the logistics of project activities and ensure beneficiaries' concerns are being addressed to the extent possible. This includes the timing and frequency of training/awareness sessions, mothers' needs (e.g., childcare during attending project activities), utilization of advanced/engaging training tools (e.g., screens, etc.).

- In relation to impact; we recommend to obtain feedback from key experts and informants in the field of interventions in order to link and connect future projects/phases to transformative policies and programming, policy making, national planning and other sector interventions, which would allow for achieving higher levels of impact and sustainability. Impact is long term and achieved through concerted and systemic interventions that are closely tied to national policies and programming.
- In relation to impact assessment; in order to enable a better assessment of impact for future phases or similar projects, we recommend to start future similar interventions with a baseline survey among both treatment and control groups, as impact attribution becomes a difficult task in the absence of baseline data for treatment and control group.

Recommendations to JPF:

- To continue to support mothers and 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.
- To advocate to end the blockage on Gaza Strip and ease the transfer of medicine and other health and nutrition supplies to the Strip especially in relation to mothers’ and newborn health and nutrition.

Annex A: Inception report

مركز العالم العربي للبحوث والتنمية
Arab World for Research & Development

Quality Research … Matters

Japan Platform (JPF)

Evaluation of JPF Funded Project:
“Improvement of health and wellbeing of the vulnerable children and women in Gaza”

Organization:
Campaign for the Children of Palestine (CCP)

Inception Report for Summative Evaluation

May 2021

Revised: June 2021

Arab World for Research and Development (AWRAD)
West Bank Office: Al-Masayef., Kamal Nasser St., Building # 43. P.O. Box: 2238, Ramallah – Palestine
Gaza Office: Al Mena., Abu El-Ouf Building, Second Floor, Gaza City – Palestine

Contents

Project Overview..2

Evaluation Methodology...3

Overview 3

Data collection tools...3

Time plan...9

Ethical standards..9

Safety and Security Policy and Procedures...11

Confidentiality and Data Protection Policy and Procedures...11

Annex A: Draft Data Collection Tools .... *Error! Bookmark not defined.*

Project Overview

Improvement of health and wellbeing of the vulnerable children and women in Gaza

The purpose of this project is to ensure that pregnant and postpartum women, newborns, and infants who have limited access to healthcare services receive adequate care by providing health and psychosocial support, organizing awareness raising workshops, and developing human resources.

The project started on July 3rd, 2020 and ended on June 30th, 2021. It was implemented by CCP in Gaza as well as with Near East Council of Churches Committee for Refugee work-DSPR/Gaza (NECC).

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

<table>
<tr><th colspan="2">Project overview</th></tr>
<tr><td colspan="2">▪ Provide healthcare services to pregnant and postpartum women, newborns, and infants who are in need of health and nutrition support in the vulnerable areas of Gaza City (Shajaia, Rafah and Darraj districts).
▪ Equip pregnant and postpartum women and parents and guardians with a correct knowledge of childbirth and childcare through workshops and individual guidance.
▪ Empower nurses and other healthcare workers for enhanced project sustainability.
▪ Train maternal and child health promoters and peer educators working in the communities.</td></tr>
<tr><th>Project description (key components and activities)</th><th>Beneficiaries (Who, How many)</th></tr>
<tr><td>Component 1. Provision of healthcare services to pregnant and postpartum women, newborns, and infants

▪ Provide pregnant women with the regular checkups, medicines, and psychosocial support that would be provided by UNRWA.
▪ Provide the postnatal and newborn checkups, childcare advice, and psychosocial support that would be provided by UNRWA.
▪ Conduct nutritional status assessment for infants and provide medical checkups and medicines to children in need of nutrition interventions.
▪ Organize workshops to raise nutrition and childcare awareness among pregnant women and parents and guardians.</td><td>▪ Antenatal care: 2,000 pregnant and postpartum women
▪ Postnatal care: 1,000 postpartum women and their newborn babies or infants
▪ Infant check-up: 10,000 infants
▪ Infant nutrition interventions: 3,000 infants
▪ Psychosocial support: 200 women
▪ 480 parents with infants</td></tr>
<tr><td>Component 2. Development of human resources to train healthcare workers and raise community awareness

▪ Provide workshops and training to healthcare workers.
▪ Provide training for maternal and child health promoters and peer educators[8].</td><td>▪ 20 nurses and midwives
▪ 20 maternal and child health promoters and peer educators</td></tr>
</table>

[8] A peer educator is a young person who promotes a better understanding of reproductive health among young people in the community. Being a reliable member of the community, the peer educator is expected to guide, inspire, and engage with the young people.

Evaluation Methodology

Overview

The evaluation aims 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 verify that the project funds are used according to the project proposal budget;
- 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 CCP and PWJ for use in project improvement.

In order to achieve the above objectives, we will collect data and information on the project and its results using the following key data collection methods:

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

We have developed the draft tools under a thematic framework, which included themes, indicators and sub-indicators. Each was individually operationalized for the respective tools. Moreover, the data collection tools are based on CCP project objectives and outcomes. We developed the data collection tools taking into consideration the need to collect information around the key evaluation criteria: Relevance, Effectiveness, Impact, Sustainability and Cover (Coherence including coordination/complementarity)[9]. Moreover, the tools also take into account collecting data and information to assess the utilization of humanitarian core principles. This was done through reviewing the Core Humanitarian Standards (CHS) quality criteria and ensuring that the data collection tools address them, when applicable. The following is a list of the CHS quality criteria which also intersect with the OECD-DAC criteria mentioned above:

1. Humanitarian response is appropriate and relevant
2. Humanitarian response is effective and timely
3. Humanitarian response strengthens local capacities and avoids negative effects
4. Humanitarian response is based on communication, participation and feedback
5. Complaints are welcomed and addressed
6. Humanitarian response is coordinated and complementary

Annex A includes draft versions of the data collection tools.

Data collection tools

We will conduct the quantitative survey, FGDs and KIIs with a representative sample of beneficiaries. We will determine the detailed sample of beneficiaries once we receive the detailed beneficiary lists from CCP in order

[9] Based on JPF's Evaluation Framework (Evaluation Standards/Evaluation Criteria)

to select the survey samples to be representative of the project component/type of activity as per the following table:

<table>
<tr><th>Activities</th><th># of beneficiaries</th><th>Data collection tools & sample</th></tr>
<tr><td colspan="3">Component 1: Provision of healthcare services to pregnant and postpartum women, newborns, and infants</td></tr>
<tr><td>▪ Antenatal care: regular checkups, medicines
▪ Antenatal care: psychosocial support</td><td>▪ Antenatal care: 2,000 pregnant and postpartum women
▪ Psychosocial support: 200 women</td><td rowspan="4">▪ Survey with women who received antenatal, postnatal and infant checkups and nutrition support services.
(Sample: 30)
▪ FGD (1) with women who benefited from antenatal care (regular checkups and medicines), women who benefited from postnatal care (regular checkups and medicines) and mothers who received childcare advice and whose children received checkups
▪ FGD (1) with parents who attended nutrition and childcare awareness workshops
▪ KIIs (2) with women who benefited from psychosocial support</td></tr>
<tr><td>▪ Postnatal care: postpartum women
▪ Postnatal care: psychosocial support
▪</td><td>▪ Postnatal care: 1,000 postpartum women and their newborn babies or infants
▪</td></tr>
<tr><td>▪ Nutritional status assessment for infants
▪ Postnatal care: newborn checkups & childcare advice</td><td>▪ Infant nutrition interventions: 3,000 infants
▪ Infant check-up: 10,000 infants</td></tr>
<tr><td>▪ Workshops to raise nutrition and childcare awareness</td><td>▪ 480 parents with infants</td></tr>
<tr><td colspan="3">Component 2: Development of human resources to train healthcare workers and raise community awareness</td></tr>
<tr><td>▪ Workshops and training to healthcare workers</td><td>▪ 20 nurses and midwives</td><td>▪ FGD with healthcare workers who attended the training and workshops</td></tr>
<tr><td>▪ Training for maternal and child health promoters and peer educators</td><td>▪ 20 maternal and child health promoters and peer educators</td><td>▪ FGD with maternal and child health promoters and peer educators who attended the training and workshops</td></tr>
</table>

Quantitative Survey

A quantitative survey will be used to assess the impact of the project on beneficiaries' lives using case-control method, where we will administer the survey with a sample of 30 women beneficiaries (women who received antenatal, postnatal and infant checkups and nutrition support services)[10] and a sample of 30 women from the same communities/districts but were not beneficiaries of the project.

The survey will assess the satisfaction level of the beneficiaries from the project, and to assess how the project's activities and interventions contributed to the beneficiaries' quality of life.

The **final and actual sample will depend on the following factors**:

- Beneficiaries' **willingness** to participate in the survey

[10] We will aim to select women beneficiaries of several types of services whenever possible.

- **Reachability of beneficiaries** (to be determined after discussions with CCP local coordinator and staff)

The sample will be selected from the lists of beneficiaries and it will employ random sampling techniques making sure to yield a representative sample of various criteria including: Sex, age, location, etc. to the extent possible given the above factors. We will also We will aim to select women beneficiaries of several types of services whenever possible. Moreover, sample selection of non-beneficiary women will be selected based on criteria that resembles the sample characteristics of women beneficiaries including: locations, economic situation, age, education level, etc. This is to enable a comparability of results among both groups and the drawing of valid conclusions from the survey.

We will coordinate with CCP and local partners' representatives to reach the selected sample and contact them to ask for their participation in the survey, FGDs and KIIs.

We will administer the survey using the telephone after obtaining the contact details of beneficiaries from CCP team. We will also aim to conduct the non-beneficiary survey using the telephone, if possible, or face-to-face if government safety regulations allow this and contact details were difficult to secure.

Focus Group Discussions (FGDs)

The main reason for including both interviews and focus groups is to permit triangulation between what people volunteer about their own personal experience, and what they say in the presence of peers, given that group testimony often has more reference to shared experiences and norms. Focus groups are particularly useful for generating recommendations for future interventions. We propose to conduct focus groups targeting the groups of direct beneficiaries as summarized below.

We will conduct 4 FGDs with the following target groups:

5. FGD with women who benefited from antenatal care (regular checkups and medicines), women who benefited from postnatal care (regular checkups and medicines) and mothers who received childcare advice and whose children received checkups
6. FGD with parents who attended nutrition and childcare awareness workshops
7. FGD with healthcare workers who attended the training and workshops
8. FGD with maternal and child health promoters and peer educators who attended the training and workshops

Focus groups will be critical in exploring beneficiaries' perceptions towards the project intervention (its relevance, efficiency and effectiveness), and developing recommendations for future interventions. The number of participants of each FGD will be from 8-12 beneficiaries, and it will be conducted using virtual methods (Skype, Zoom or others) taking into account the Palestinian Ministry of Health safety guidelines and do-no harm principles due to COVID-19. .

Key Informant Interviews (KIIs)

As described above, we will conduct KIIs with a sample of women (2) who benefited from psychosocial support. In addition, we will conduct KIIs with key informants that possess a relevant perspective on the project activities. We propose the following list of informants:

4. CCP Project Manager (1)
5. CCP Gaza Local Coordinator (1)
6. A representative of Near East Council of Churches Committee for Refugee work-DSPR/Gaza (NECC) (1)

7. A representative of the Ministry of Health or Ministry of Social Development in Gaza – Mother and Child Health Expert (1)

The KIIs will be conducted face to face taking into account the Palestinian Ministry of Health safety guidelines due to COVID-19 or using secure internet platform (Skype, Zoom or others).

AWRAD team will conduct the agreed on FGDs and KIIs mentioned above. Each FGD and KII will be attended by two qualified researchers; one will serve as a facilitator and one as note-taker. All FGDs and KIIs will be taped after obtaining the consent of the participants. They will be transcribed based on the audio-taping.

Fieldwork

Training of data collection team:

Training of a field team comprises the backbone of a successful research project and we heavily engage in preparing a competent field team for all undertakings. Before fieldwork and after obtaining JPF and CCP's approval on the data collection tools; all researchers will be required to attend a central training session that runs for a full working day. Trainings pertain to the assignment at hand, and have also included broad practices and instruction about conducting survey interviews, facilitating FGDs and conducting KIIs.

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

A typical training session contains the following:

- Explanation of the project objectives;
- Explanation of the research tools (i.e., questionnaires and FGD and KII guides);
- Detailed explanation of the questionnaires and guides, question by question;
- Sampling design, methods of selecting participants and respondents, call back procedures, etc.;
- Quality control by supervisors and other team members;
- Discussion of any problems or respondent questions that may arise;
- Practice interviewing, facilitation and role-playing;
- Logistics of the survey, FGDs and KIIs;
- Means of ensuring safety and security;
- Ethical considerations and guidelines including working with women and other vulnerable groups;
- Data entry procedures (for data entry personnel), if manual data collection was used.

Representatives of JPF and CCP can join the training of researchers and provide additional insight and training to field researchers on any necessary topics.

Data collection - Surveys

A team of researchers will work in each targeted area. The team will be comprised of data collection experts with years of experience in field research and within projects in similar fields (e.g., health, nutrition, children). To maintain the quality of data, the supervisors will check the performance of all of the data collectors thoroughly throughout the assignment. Appropriate action will be taken if problems are identified. The supervisor will meet daily with the data collectors to discuss the quality of work, both individually and with the data collection team. This will give the data collectors an opportunity to talk about any situations they encountered in the field that were not covered in training. The group should discuss whether or not the situation was handled properly and how similar situations should be handled in the future. Team members

can learn from one another in these meetings and should feel free to discuss their own mistakes without fear of embarrassment.

Data collection - Focus Groups and KIIs

AWRAD team will conduct the agreed on FGDs and KIIs mentioned above. Each FGD and KII will be attended by two qualified researchers; one will serve as a facilitator and one as note-taker. All FGDs and KIIs will be taped after obtaining the consent of the participants. They will be transcribed based on the audio-taping.

Data analysis and reporting

Data collected through the survey will be analyzed using SPSS. Analysis that identify relationships between variables will be conducted to capture the salience of variables such as regional, gender, economic and social marginalization, etc.

Qualitative data will be recorded (audio only) and transcribed. This should be done as soon as possible after the event. Together with notes, this procedure allows for maximum reliability in terms of recall and interpretation of poorly recorded or less intelligible phrases. AWRAD team will begin data analysis based on JFP and CCP's guidance. This will include transcript analysis for FGDs and in-depth interviews and thematic analysis for qualitative data with a focus and link to the project's objectives and intended outcomes. Analysis of qualitative data will include regular check-ins' with members of the field research teams. This allows for richer interpretations of the data and clarification from those who conducted the data collection about concepts and translations that may have been unclear.

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

AWRAD will produce a summary evaluation analytical report of the project in sufficient detail for JPF and CCP to understand the changes generated by the project for the beneficiaries who were targeted by the intervention. The report will also be able to provide context and comment for the implementation process and extent of achievement of project outcomes, and lessons learned will be elaborated. All quantitative data will be disaggregated by gender, and age, education and other relevant variables to allow for cross tabulation of results and identify trends and particular gaps. AWRAD will submit a draft report of the evaluation results for JPF and CCP teams to review and provide their feedback and comments. After JPF and CCP's feedback and comments on the draft report, AWRAD will make any necessary adjustments, and submit the final evaluation report.

The final report will follow the JPF's evaluation report format as follows:

1. Table of contents
2. Abbreviations
3. Summary (one page)
4. Introduction and members of the evaluation teams, scheduled of field visits
5. Overview of Project(s)
   Name, Project duration, Budget, Location
   Logframe or Logic model
6. Evaluation Overview

Objectives, timeline, data collection tools, limitations etc

7. Evaluation Results

7.1 Good and bad about the Project (7.1.1 State facts found from both desk review and field visits achievements against project outputs against original plan and 7.1.2. then evaluators' evaluation results on them)
A table indicating achievements against project output targets indicated in logframe

7.2 Outcome (Project goal) (Same as 7.1.1 and 7.1.2)

7.3 Value determination of the project according to the JPF's evaluation framework

8. Recommendations
- to the member NGO
- to JPF

9. Appendixes:
Appendix 1: TOR
Appendix 2: Tools
Appendix 3: Photos (with captions)
Appendix 4: Minutes of KII, FGD, Memos from direct observation etc.
Appendix 5: Comments on the Recommendations from the member NGO

Time plan

Phase/ Activity	Weeks									
	July	July	15.8	22.8	29.8	5.9	12.9	19.9	26.9	3.10
Inception										
Development of draft inception report (including draft data collection tools) - **Completed**										
Review of inception report by JPF & CCP and inception meeting										
Finalization of inception report (including tools)										
Fieldwork										
Provision of updated information including lists of beneficiaries to AWRAD team										
Fieldwork planning										
Pilot testing and finalization of data collection tools										
Training of data collection team										
Fieldwork (Survey, FGDs and KIIs)										
Preliminary debriefing to implementing partners										
Analysis & reporting										
Data analysis										
Development of the evaluation report (draft)										
Review and feedback by JPF										
Finalization of the evaluation report										

Ethical standards

Research might raise several ethical issues, some of which are related to the context of the research and others linked to the content. The research team is highly aware of such challenges and has taken them into account when designing the methodology, and will integrate these into the training of any researchers and research assistants. In designing the methodology, the team draws both on its experience in carrying out research in

Palestine and internationally recognized leading practices. We will seek to take all possible measures to minimize possible ethical risks at all phases of the project, and all researchers will be properly trained and aware of ethical considerations and potential risks to themselves and others, their importance, and how to deal with them.

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

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

Informed consent process:

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

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

1- Thank you for your willingness to talk
2- Introduce oneself
3- Introduce the project, its purpose, and its objectives
4- Research terms and conditions:
  4.1 What the respondent will do in the study:
  4.2 Time required
  4.3 Risks
  4.4 Benefits
  4.5 Confidentiality
  4.6 Data linked with Identifying information
  4.7 Anonymous data
  4.8 Voluntary participation and ability to terminate interview at any point
  4.9 How to terminate an interview.
  4.10 Names and contact information of AWRAD management
5- Importance of giving interviewee's voice and opinion
6- Request for clarification and questions
7- Informed consent

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

Safety and Security Policy and Procedures

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

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

Confidentiality and Data Protection Policy and Procedures

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

- Secure storage of and safe disposal of hand-written notes

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

Annex B: Data Collection Tools

SURVEY QUESTIONNAIRE

RESPONDENT DETAILS

Sex:

1. Male
2. Female

Age group:

1. Less than 18
2. 18-25
3. 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

Family size (# of family members living in the household)

1. Male	__________
2. Female	__________
3. Total	__________

How do you assess your level of income?

1. Below average	2. Average	3. Above average

SERVICES/SUPPORT RECEIVED

Please indicate the type of service/support received (you can choose more than one answer option):

▪ Antenatal care: regular checkups, medicines	Yes	No
▪ Postnatal care: postnatal services for women	Yes	No
▪ Postnatal care: newborn checkups & childcare advice	Yes	No
▪ Nutritional status assessment for infants	Yes	No

▪ Workshops to raise nutrition and childcare awareness	Yes	No			
ANTENATAL CARE: REGULAR CHECKUPS AND MEDICINES					
Please assess the following in relation to antenatal care:					
Preventing pregnancy complications	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
Managing pre-existing conditions that may worsen during pregnancy	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
Creating/sustaining a healthy lifestyle	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
Improving the likelihood of a safe childbirth	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
Provision of relevant important information on pregnancy, delivery and childcare	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
Overall improvement in your physical health	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
Overall improvement in your mental health	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
Overall improvement in your quality of life	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
Timing and frequency of visits	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
Location of the clinics	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
Capacity of medical team (e.g., nurses, midwives, doctors, etc.)	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
Proper treatment of and communication of medical team	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
POSTNATAL CARE: MOTHER SUPPORT SERVICES, NEWBORN CHECKUPS AND CHILDCARE ADVICE					
Please assess the following in relation to antenatal care:					
Preventing postpartum complications for mothers	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
Advice and support on physical postnatal care for mothers	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
Emotional support to the new mother	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
Support with breastfeeding	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
Provision of relevant important information on	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A

childcare (e.g., caring for umbilical cord, bathing babies, etc.)					
Infant checkups and screening tests	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
Creating/sustaining a healthy lifestyle	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
Overall improvement in your physical health	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
Overall improvement in your mental health	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
Overall improvement in your quality of life	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
Timing and frequency of visits	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
Location of the clinics	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
Capacity of medical team (e.g., nurses, midwives, doctors, etc.)	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A
Proper treatment of and communication of medical team	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	N/A

NUTRITIONAL STATUS ASSESSMENT FOR INFANTS				
Please assess the following:				
Relevance of the offered services to your child/children's needs	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Timing when the diagnostic services were offered	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Capacity of the staff who conducted the services	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Adequacy of medical supplies provided to eliminate malnutrition	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Quality of medical supplies provided to eliminate malnutrition	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
Improvement in child's quality of life	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Proper treatment of and communication with children	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory

In the past 2 years, did you get a basic health screening of your child/children personally (not through the *project)*? (health screening to assess their health and nutritional status and early detection of health concerns)				
1. Yes 2. No				
If no, please state the reason:				
1. Relevant healthcare services are not available in my area 2. I can’t afford the services 3. Other, please specify: __________				
If yes, please state where you received the services:				
WORKSHOPS TO RAISE NUTRITION AND CHILDCARE AWARENESS				
Please assess the following regarding the training/workshop:				
Relevance of the training content to your specific needs	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Appropriateness of the place where the training took place	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Timing of the training sessions	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Capacity of the trainers	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Gaining new knowledge and skills	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Did you currently practice the knowledge and skills you gained through the training?				
1. Yes 2. No				
Did you attend/participate in any child care and nutrition awareness activities during the past two years (not through the *project*)?				
1. Yes 2. No				
If no, please state the reason:				
4. Relevant healthcare services are not available in my area 5. I can’t afford the services 6. Other, please specify: __________				

FOCUS GROUP GUIDELINES

FGD WITH WOMEN BENEFICIARIES OF ANTENATAL CARE, POSTNATAL CARE AND MOTHERS WHO RECEIVED CHILDCARE ADVICE AND WHOSE CHILDREN RECEIVED CHECKUPS

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

- Did the project activities respond to your needs and priorities in relation to you or your children? How? Please provide examples to support your answers (e.g., what are other more pressing needs for you and/or 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? (e.g., the selection criteria? Your involvement in the process?)

Effectiveness

- How do you assess the value of the services you received? Please provide examples.
  - ✓ Antenatal care (including: Preventing pregnancy complications, Managing pre-existing conditions, Creating/sustaining a healthy lifestyle, Provision of relevant important information on pregnancy, delivery and childcare, Effectiveness in improving physical and mental health, and quality of life, Timing and frequency of visits, Location of the clinics, Capacity of medical team and their communication with women).
  - ✓ Postnatal care (including: Preventing postpartum complications for mothers, Advice and support on physical postnatal care for mothers, Emotional support to the new mother, Support with breastfeeding, Provision of relevant important information on childcare, Infant checkups and screening tests, Creating/sustaining a healthy lifestyle, Timing and frequency of visits, Location of the clinics, Capacity of medical team and their communication with women).
  - ✓ Nutritional status assessment for infants (including: Relevance of the offered services to your child/children's needs, Timing when the diagnostic services were offered, Capacity of the staff who conducted the services, Adequacy of medical supplies provided to eliminate malnutrition, Quality of medical supplies provided to eliminate malnutrition, Improvement in child's physical health, Improvement in child's quality of life, Proper treatment of and communication with children.

Impact

- In what ways did the antenatal care, postnatal care and other support you received during the project impact your lives? In what ways did it impact your children's lives? Please provide examples.
- Do you use the gained knowledge and skills in your life now? How? Why? 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

- Were you able to officially complain regarding any issues you might have faced during the project? Were you aware of a complaints mechanism in place? Who told you about it? Was it satisfactory? Please provide examples.
- What are the most important achievements of the project? What do you think 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 WHO ATTENDED NUTRITION AND CHILDCARE AWARENESS WORKSHOPS

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? How? Why? Please provide examples to support your answers.

Effectiveness

- How do you assess the value of the training/workshops in terms of:
  - ✓ The content (in terms of relevance, clarity, easy to understand, etc.)
  - ✓ Appropriateness of the place where the training took place
  - ✓ Session times: were they convenient for you?
  - ✓ The capacity of the trainers?
- To what extent did the training activities provide you with new knowledge? New skills? Please provide examples.

Impact

- In what ways did the training impact your daily lives? Did you change the way you do things based on new knowledge and skills from the training? 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

- Were you able to officially complain regarding any issues you might have faced during the project? Were you aware of a complaints mechanism in place? Who told you about it? Was it satisfactory? Please provide examples.
- 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 HEALTHCARE WORKERS WHO ATTENDED THE TRAINING AND WORKSHOPS

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? Do you think these trainings are important for the community you work in? How? Why? Please provide examples to support your answers.

Effectiveness

- How do you assess the value of the training/workshops in terms of:
  - ✓ The content (in terms of relevance, clarity, easy to understand, etc.)
  - ✓ Appropriateness of the place where the training took place
  - ✓ Session times: were they convenient for you?
  - ✓ The capacity of the trainers?
- To what extent did the training activities provide you with new knowledge? New skills? Please provide examples.

Impact

- In what ways did the training impact your daily lives? Did your performance improve after the training? Did you change the way you do things based on new knowledge and skills from the training? 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

- Were you able to officially complain regarding any issues you might have faced during the project? Were you aware of a complaints mechanism in place? Who told you about it? Was it satisfactory? Please provide examples.
- 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 MATERNAL AND CHILD HEALTH PROMOTERS AND PEER EDUCATORS WHO ATTENDED THE TRAINING AND WORKSHOPS

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? Do you think these trainings are important for the community you work in? How? Why? Please provide examples to support your answers.

Effectiveness

- How do you assess the value of the training/workshops in terms of:
  - ✓ The content (in terms of relevance, clarity, easy to understand, etc.)
  - ✓ Appropriateness of the place where the training took place
  - ✓ Session times: were they convenient for you?
  - ✓ The capacity of the trainers?
- To what extent did the training activities provide you with new knowledge? New skills? Please provide examples.

Impact

- In what ways did the training impact your daily lives? Did you change the way you do things based on new knowledge and skills from the training? 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

- Were you able to officially complain regarding any issues you might have faced during the project? Were you aware of a complaints mechanism in place? Who told you about it? Was it satisfactory? Please provide examples.
- 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?

KEY INFORMANT INTERVIEWS

INTERVIEW GUIDELINES – WOMEN BENEFICIARIES OF PSYCHOSOCIAL SUPPORT

Relevance

- Did the psychosocial support activities respond to your needs? How? Please provide examples to support your answers
- How satisfied are you with your level of involvement in the project?

Effectiveness

- How do you assess the value of the services you received? Please provide examples.

Impact

- In what ways did the services you received during the project impact your life? In what ways did it impact your children's lives? Please provide examples.

Sustainability

- Do you think the services' 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?

INTERVIEW GUIDELINES – CCP PROJECT MANAGER, GAZA LOCAL COORDINATOR, REPRESENTATIVE OF NECC

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 women's health and wellbeing?
  - ✓ Improving 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 medical staff in relation to provision of care to mothers and children?
  - ✓ Strengthening local capacities?

- ✓ Meeting project objectives and results? Have expected results been achieved?
- What are the major factors that have influenced the achievement of the expected results?
- What do you think are the major strengths and weaknesses of the project in terms of implementing approaches? In meeting its objectives?

Efficiency

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

Impact and Sustainability

- What do you think is the short term and long term impact of the project on mothers, children, parents, medical 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?
- What did you do to ensure that local capacities are strengthened?
- What did you do to avoid negative effects of the project?
- 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

- Did you establish a complaint mechanism for project beneficiaries? Did you communicate it clearly? Please explain.
- 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 (MOTHER AND CHILD HEALTH EXPERT)

- Are you aware of the project and its activities?
- To what extent was the project in line with local communities' priorities?
- To what extent do you believe the project complements other programs and projects in Gaza? Within the same field and the wider humanitarian and development sector?
- To what extent does this project fill a gap in finding solutions to the problems families and mothers face?
- 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?