



Japan Platform (JPF)

Evaluation of JPF Funded Project:

“Community development for rehabilitation and reintegration of persons with disabilities or other challenges in the Gaza Strip”

Campaign for the Children of Palestine (CCP)

Evaluation Report for Summative Evaluation

“Final”

December 2022

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Abbreviations

AWRAD	Arab World for Research and Development (AWRAD)
ASDC	Atfaluna Society for Deaf Children
CBOs	Community-based organizations
CCP	Campaign for Children of Palestine
FGDs	Focus group discussions
IHV	Individual Home Visits
KIIs	Key informant interviews
MoSD	Ministry of Social Development
NGOs	Non-governmental organizations
OECD-DAC	The Organisation for Economic Co-operation and Development's Development Assistance Committee
PCBS	Palestinian Central Bureau of Statistics
PCHR	Palestine Centre for Human Rights
PT	Physiotherapy
PwDs	People with Disabilities
TPM	Third Party Monitoring
UHCC	Union of Health Care Committee
WHO	World Health Organization

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Summary

This report is the outcome of an evaluation of JPF Funded Project: “Community development for rehabilitation and reintegration of persons with disabilities or other challenges in the Gaza Strip” implemented by the Campaign for the Children of Palestine (CCP). The overall objective of this project was to ensure that persons with disabilities (PwDs) in Gaza continuously receive community-based rehabilitation services and to encourage their social participation.

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

Relevance:

The overall objective of this project was to ensure that persons with disabilities in Gaza continuously receive community-based rehabilitation services and to encourage their social participation. This is in line with the overall context for PwDs in Gaza Strip according to governmental and non-governmental organizations. Moreover, the quantitative results from both beneficiaries and non-beneficiaries emphasized the need for rehabilitation services as most PwDs are not receiving such services. This strongly supports the relevance of the project’s objectives and activities.

Effectiveness:

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 except for the Employment Opinion Exchange Meeting which was partially achieved.

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

Component one’s beneficiaries (i.e., rehabilitation services and assistive devices) had a high satisfaction level with the support of the project and its effectiveness regarding the provision of Individual House Visits (IHVs), Outpatient rehabilitation services, provision of assistive devices and assistive care sessions. The evaluation attempted to obtain their satisfaction levels across a set of criteria covering the benefit of the service, the capacity of the teams delivering the service, the logistics of delivery such as time and venues where the services took place.

The overall satisfaction level of component one’s beneficiaries was positive and they expressed their appreciation for the project and its interventions. Several beneficiaries described the unexpected improvements in their/their child’s health physically as well as mentally and psychologically. Despite the positive feedback, the participants in the focus groups had concerns and dissatisfaction towards certain aspects in their experience with the project. Some of these are related to external factors such as Covid-19, while others are related to sustainability issues as explained below.

In terms of Covid-19; the beneficiaries were disappointed that some of their sessions had to be cancelled or transferred into other virtual methods. They don’t feel the effectiveness of the sessions were the same as a result.

According to the focus group with component two’s beneficiaries (i.e., beneficiaries of vocational and employment support) expressed their appreciation for receiving the training and internship opportunity, but

they also expressed several issues around the logistics of the training (e.g., duration), the content and benefit of the training material as well as the impact and sustainability.

Impact and sustainability:

The evaluation attempted to go beyond the effectiveness of achieving outcomes as explained above to cover the impact of project's activities on beneficiaries. For instance, this included data on the project's impact on the quality of life of the beneficiaries, and their ability to use the knowledge gained through the project in their daily lives.

According to the survey and the focus groups; the direct services of the project had a positive impact on the quality of life of beneficiaries. Also MEAL undertaken in August 2022 by component 2 implementing partner, ASDC, indicated impact pathways for those who graduated from TVET training courses varied depending on the type of the training course ranging from 30% for doll making to 70% for cooking/baking. However, despite having this immediate effect on the quality of life of beneficiaries; a recurring concern among all participants was the continuity of services, and accordingly the sustainability of impact. Although the project's design takes sustainability into account; for instance, through introducing several capacity development components (i.e., vocational training for PWDs, training of professional staff, family workshops), however, sustainability remains a key concern for all beneficiaries.

Impact analysis:

The evaluation also included an impact analysis component which compared between responses from beneficiaries (treatment group) and non-beneficiaries (control group) in order to determine if the project had an impact on beneficiaries and caused the difference in responses. The impact analysis concluded that beneficiaries are doing better on average when compared to the non-beneficiaries. The beneficiaries' group was also found to be significantly associated with more satisfactory evaluations of the psychological (mental health) of children; positivity about the prospects of the child having a prosperous life; positivity about the prospects of the child having a productive career/vocation; the integration of the child in society.

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 PWDs' 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 to PWDs (CHS3) and finally utilized strong partnership and holistic approaches to delivering the project's activities (CHS6).

Introduction and members of the evaluation team

This report is the outcome of an evaluation of JPF Funded Project: “Community development for rehabilitation and reintegration of persons with disabilities or other challenges in the Gaza Strip” implemented by the Campaign for the Children of Palestine (CCP).

Members of the evaluation team

The evaluation team from AWRAD included the following members:

- Dr. Nader Said – Team Leader
- Muna Amasheh – Evaluation technical manager
- Yasmin Foqaha – Evaluation administrative manager
- Ashraf Jerjawi – Fieldwork coordinator
- Khader Azar – Data analyst
- Tala Barham – Research assistant

Overview of project

The overall objective of this project was to ensure that persons with disabilities in Gaza continuously receive community-based rehabilitation services and to encourage their social participation. The project was composed of two components; (1) improvement of rehabilitation centers and enhancement of support for persons with disabilities and their families and (2) empowerment of persons with disabilities for social participation. This is a second phase of the same project within the 3-year JPF Gaza/Palestine program which builds on the same interventions and objectives from 1st year phase. This phase started on March 24, 2020, and ended on March 31st, 2021. It was implemented by CCP in Gaza as well as with Al-Amal Rehabilitation Society, Atfaluna Society for Deaf Children (ASDC), and National Rehabilitation Society.

Log-frame

Overall project objective (expected outcomes)	Ensure that persons with disabilities in Gaza continuously receive community-based rehabilitation services and their social participation is encouraged.			
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	<ul style="list-style-type: none"> ✓ Assumptions ✧ Risk factors and external factors
Component 1: Improvement of rehabilitation centers and enhancement of support for persons with disabilities and their families				
<ul style="list-style-type: none"> • There are not sufficient financial resources available to improve rehabilitation equipment due to international aid cuts and economic stagnation. Due 	<ul style="list-style-type: none"> ● The capacity of rehabilitation centers providing rehabilitation interventions in the community will be strengthened. ● Persons with 	Target: <ul style="list-style-type: none"> • Facilities improvement: Three rehabilitation centers • Equipment installation: Three rehabilitation center • Rehabilitation services: 450 people • Mobility and disability aids: 300 people • WS and peer support group participants: 1,080 	1-1. Improve community rehabilitation centers and provide rehabilitation equipment. 1-2. Offer support to persons with disabilities and their	<ul style="list-style-type: none"> ✓ It is safe to carry out the project in Gaza. ✧ Cease fire may be broken. ✧ There is a risk of armed conflict and tension

<p>to the blockade of Gaza, repair parts cannot be obtained and equipment cannot be repaired outside Gaza. Equipment is in need of repair but still in use.</p> <ul style="list-style-type: none"> • Hospitals cannot cope with an increasing number of persons with disabilities. • Many people have no access to healthcare services due to a lack of hospitals in their communities or for financial reasons. • Training for healthcare workers is inadequate. 	<p>disabilities and their families will be able to receive the healthcare and welfare services they need.</p>	<p>in total</p> <ul style="list-style-type: none"> • Training participants: 80 (30 for joint training, 25 for PT training, and 25 for SW training) <p>Means of verification: Verification of the number of people, observation of people by healthcare workers, the number of people whose health indicators have improved, participant surveys, and instructor evaluations</p>	<p>families.</p> <p>1-3. Train healthcare and welfare workers and dispatch an expert into the field.</p>	<p>rising in Gaza.</p> <ul style="list-style-type: none"> ◇ There are no restrictions on international staff's entry to Gaza.
<p>Component 2: Empowerment of persons with disabilities for social participation</p>				
<ul style="list-style-type: none"> • There are very few employment opportunities for persons with disabilities in poverty-stricken Gaza. • There is a lack of understanding of persons with disabilities, making their social participation extremely difficult. 	<ul style="list-style-type: none"> ● Social participation by persons with disabilities will be promoted. ● A disability community network will be developed. 	<p>Target:</p> <ul style="list-style-type: none"> • Vocational training, job skill training, and internships: 60 people • Job seekers/employers forums: 160 people • Social events for persons with disabilities: 120 people <p>Means of verification: Verification of the number of people, verification of attendance rates, participant surveys, and instructor achievement evaluations</p>	<p>2-1. Offer employment support.</p> <p>2-2. Organize social events for persons with disabilities.</p>	<ul style="list-style-type: none"> ✓ It is safe to carry out the project in Gaza. ◇ Cease fire may be broken. ◇ There is a risk of armed conflict and tension rising in Gaza. ◇ There are no restrictions on international staff's entry to Gaza.

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.

Challenges and limitations of the evaluation's scope

The evaluation succeeded in achieving the above objectives, however, the following were key challenges and limitations:

The project subjected to the evaluation is the second year of three-year Programme where the same project run into three years with improvements and variations adopted along with timeline. While evaluations ideally should look at projects in continuum of three-year project, the funding nature of this evaluation only enables to look at the project as standalone. As the second year of this project remained primarily humanitarian and focused on delivering immediate support to beneficiaries rather than developmental with direct objectives of creating a longer-term impact and sustainability, the evaluation could not fully consider objectives and planned outcomes of CCP project that might have implication for creating impact and sustainability that looked at beyond immediate outputs. Therefore, we recommend reviewing the Impact and Sustainability sections of this report as findings that aim to provide insights and recommendations for JPF, CCP and local partners' future planning and programming as they cannot be directly linked to pre-set outcomes of the project. On particular note on insights on effectiveness of the trainings derived from a focus group with a sample of beneficiaries who received the trainings and internships as a part of component 2 of the project provided support to PWDs or caregivers of PWDs to enhance their opportunities for employment and being integrated in the workforce, there has been a numbers of exchanges made on how arrangements was done to conduct the focus group and doubt expressed from both CCP and its implementing partner (ASDC) of the given component. Therefore, the ASDC data and information are presented together to provide a wider set of data beyond the results of the focus group conducted as part of this evaluation. The findings can help the project team formulate future interventions' impact and sustainability objectives, outcomes and detailed project activities to achieve them.

Timeline

The planning phase for the evaluation was finalized during the month of July 2021, however, fieldwork activities commenced and were completed during November 2021 (fieldwork started on 7-11-2021 and was completed on 12-11-2021).

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 were used for the evaluation of this project (based on the 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 33 beneficiaries and 33 non-beneficiaries.¹ The survey was conducted in the period between 7 November to 10 November 2021. The survey with beneficiaries was conducted over the phone and completed electronically using Survey Monkey questionnaires, while the survey with non-beneficiaries was conducted face-to-face as it was difficult to obtain contact details of this sample.

The sample of beneficiaries was selected from the lists of beneficiaries and it employed random sampling techniques making sure to yield a representative sample of various criteria including: Sex, age, location, etc. to the extent possible given the above factors. 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:

Sex	Female		Male	
	64%		36%	
Age group	Children (Les than 18)		Adults (18 or older)	
	81%		19%	
Type of disability	Physical disability	Mental disability		Both
	61%	3%	36%	

¹ When beneficiaries are children; we interviewed the parents/guardians and not children themselves for both the quantitative survey as well as the focus groups.

Focus Group Discussions (FGDs):

Our methodology proposed conducting 4 focus groups targeting the groups of direct beneficiaries - PwD's, parents, and medical staff who received training - so that groups intentionally targeted by the project are represented. Our methodology included conducting 4 FGDs with the following target groups:

1. Beneficiaries of Component 1: Patients receiving rehabilitation care either through home visits or at PT unit facilities.
2. Beneficiaries of Component 1: Social workers, physiotherapists, and medical staff who received the expert trainings.
3. Beneficiaries within Component 2: PwD who were involved in vocational training, internship programs or skills workshops.

Key Informant Interviews (KIIs):

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

Organization	Interviewees	Date
CCP	Gaza Office Team (Ali Skeik, Alaa Saqer, Waleed Al-Sultan)	8 November 2021
Ministry of Social Development	Ghassan Filfel	31 October 2021
Al-Amal Rehabilitation Society	Baraa Nawajha	10 November 2021
The National Rehabilitation Society	Marwa Rustom	31 October 2021
Atfaluna Society for Deaf Children	Naim Kabaja, Fady Abed	10 August 2022

Evaluation Results (Good and bad about the project)

As mentioned above, the data collected through the quantitative and qualitative data collection tools provide a comprehensive view of the project's performance in relation to the CHSs as mentioned in the methodology above. This section provides the key findings from the tools.

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

The CCP project was able to implement most of its planned activities and reach or exceed its targeted number of beneficiaries for all activities except for the Employment Opinion Exchange Meeting which was partially achieved. The table below provides further details for each component and activity. The progress and numbers below are as of 28th of February 2020.

Planned outcomes	Activities	Sub-activity	Status	Actual # of beneficiaries	Original target	% of achievement
Component 1: Improvement of rehabilitation centers and enhancement of support for persons with disabilities and their families						
<ul style="list-style-type: none"> ▪The capacity of Rehabilitation centers providing rehabilitation interventions in the community will be strengthened. ▪Persons with disabilities and their families will be able to receive the healthcare and welfare services they need 	1.1 Improvement of community rehabilitation facilities and provision of materials and equipment	Construction of facilities (materials and equipment)	Complete	3	3	100%
		Rehabilitation of PwD	Complete	501	450	111%
		Provision of prosthetic devices for PwD	Complete	510	300	170%
	1.2 Support for people with disabilities and their families	Welfare and peer support groups	Complete	2,213	1,080	205%
	1.3 Training and dispatch of experts to medical and welfare staff	Training for employees from the welfare staff	Complete	84	80	105%
Component 2: Empowerment of persons with disabilities for social participation						
<ul style="list-style-type: none"> ▪Social participation by persons with 	2.1 Employment support	Vocational training	Complete	60	60	100%
		Career skills training	Complete	60	60	100%
		Internship	Complete	60	60	100%

disabilities will be promoted.		Employment Opinion Exchange Meeting	Partially achieved	143	160	89%
	2.2 Interaction events for PwD		Complete	183	120	153%

Legend:

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

2. Evaluation results

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

The several wars in Gaza Strip have repeatedly caused a great number of injuries among Gazan citizens, leaving them with various forms of physical disabilities and mental health related disabilities and disorders. This is in addition to the normal percentages of people with physical, mental and cognitive disabilities that are found in societies in general, which leads to a more acute need of Gaza Strip for addressing PwD's needs. According to the Palestinian Central Bureau of Statistics (PCBS), the percentage of PwDs in the West Bank was 1.8% vs. 2.6% in Gaza Strip at the end of 2017².

The overall objective of this project was to ensure that persons with disabilities in Gaza continuously receive community-based rehabilitation services and to encourage their social participation. This is in line with the overall context for PwDs in Gaza Strip according to governmental and non-governmental organizations. According to the Palestinian Centre for Human Rights (PCHR); there has been a deterioration of the suffering of persons with disabilities which resulted from serious escalation of war crimes committed by Israeli forces against Palestinian civilians and their property in general and persons with disabilities and their families in particular, being the most vulnerable categories in the society. The Israeli authorities' policy to impose the illegal and inhuman closure for more than 14 years led to deterioration of the economic and social conditions of the population, unprecedentedly increasing the unemployment

² PCBS, People with Disabilities in Palestine according to area and governorate, 2017. http://www.pcbs.gov.ps/Portals/_Rainbow/Documents/DISABILITY-2018-01A.html

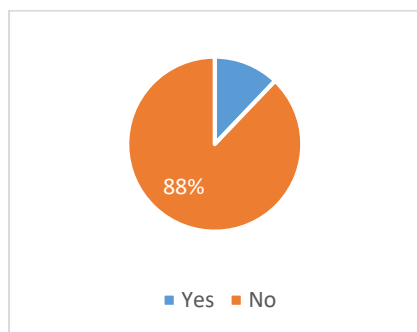
and poverty rates and food insecurity among the Palestinian population. As a result, the economic and social conditions of persons with disabilities and their families, who have suffered extreme shortage in the rehabilitation and social welfare services, health services and education and employment services³.

Moreover, according to a representative of the Ministry of Social Development (MoSD) in Gaza Strip; up to the year 2021, the MoSD in Gaza Strip has recorded a total number of 55,000 persons with disability on their newly established database, and there are more than 100 local organizations that provide services to PwDs across the Strip, however, the level of current services by the government and non-government organizations is not enough to cover all their needs, and many gaps exist within these services, such as the support needed for assistive devices for hearing disabilities, speech, physical movement and others (which needs constant replacement and technical support), as well as the specialized and extended support within specific types of disabilities and assistance needed (e.g., brain paralysis, stroke patients, patients suffering from blisters), where there are several specialized organizations but they are spread across Gaza Strip, limiting the ability to reach them by those who need the services.⁴

“The needs of PwDs are major and diverse. The needs are huge while the services being provided by the MoSD and the CSOs are not enough. Moreover, the type of support they need must be sustainable and ad hoc one-time projects will only fill small gaps.” Mr. Ghassan Filfel, Representative of MoSD

The findings of the quantitative survey with beneficiaries are in line with the above, where we notice that the majority of beneficiaries have not received treatment or the needed rehabilitation services for their disabilities prior to the project, as the following chart illustrates:

Graph 1: Percentage of beneficiaries (PwDs) who received treatment for the disability or received the needed rehabilitation services prior to the project (n: 33)

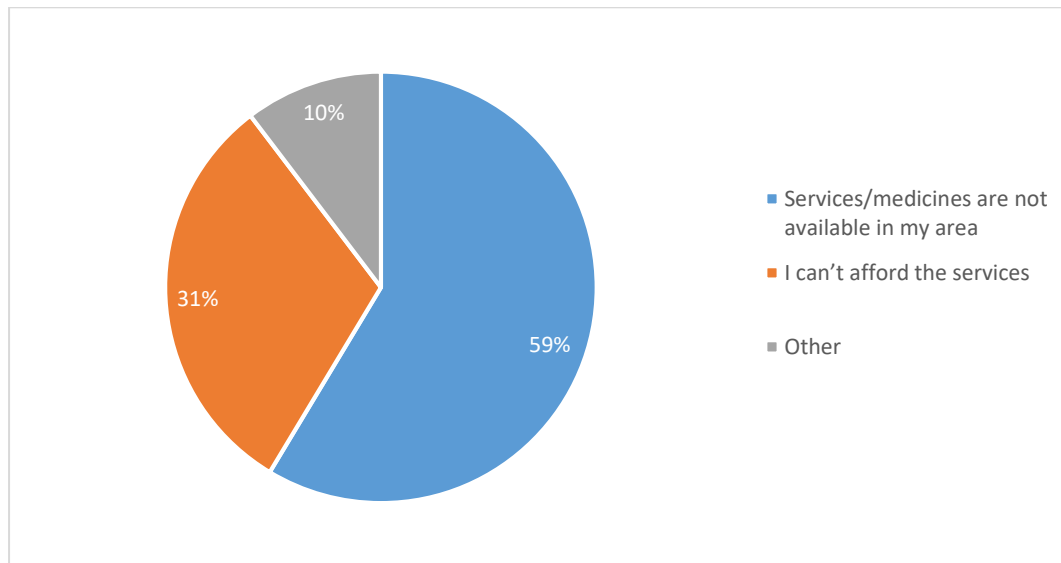


³ <https://www.pchrgaza.org/en/?p=11722>

⁴ KII with Mr. Ghassan Felfel – Ministry of Social Development (MoSD)

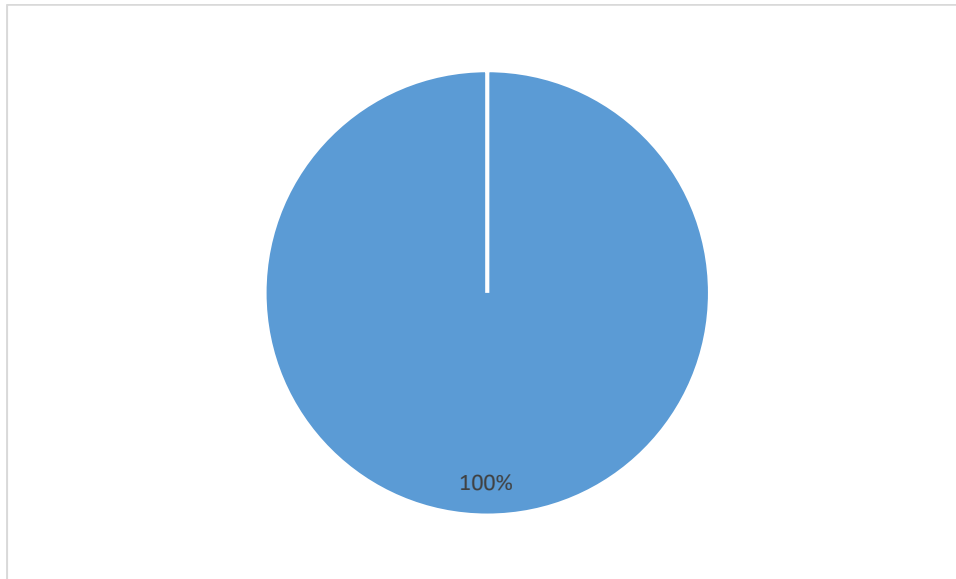
When asked about the reason for that, most beneficiaries (59%) reported that these services were not available for them in their areas. The following chart provides further details:

Graph 2: Stated reasons for not receiving treatment or the needed rehabilitation services before the project (n: 29)

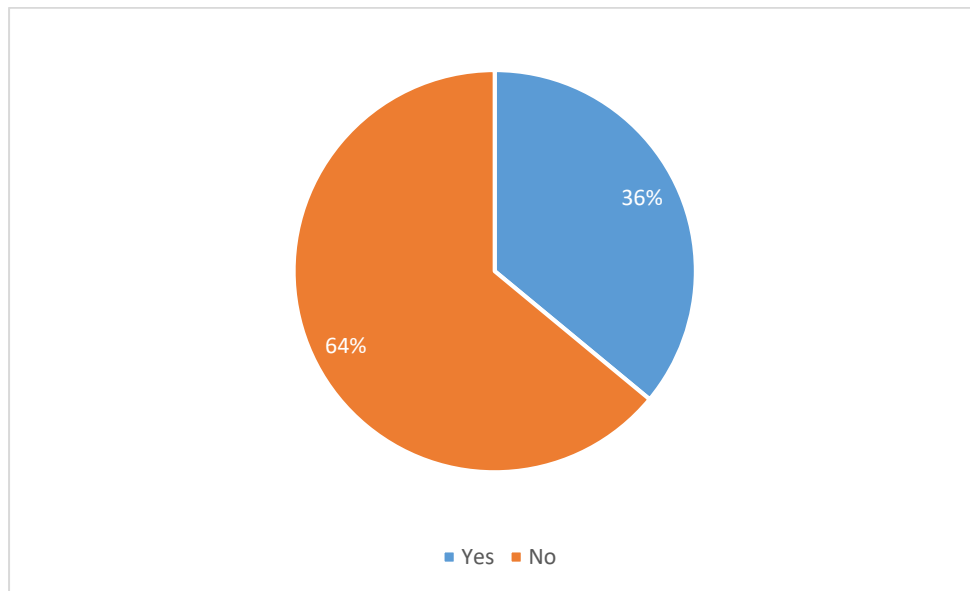


Moreover, the survey with non-beneficiaries also revealed similar results, where 100% of the sample did not receive any rehabilitation services personally (not through a project) during the past two years. However, 36% did receive such support through other similar projects during the past two years.

Graph 3: Percentage of non-beneficiaries who reported *not* having received treatment for the disability or received the needed rehabilitation services during the past two years (personally) (n: 33)



Graph 3: Percentage of non-beneficiaries who reported having received treatment for the disability or received the needed rehabilitation services through a project (not CCP project) (n: 33)



The above results from both beneficiaries and non-beneficiaries emphasize the need for rehabilitation services as most eligible people are not receiving such services normally either personally using their own resources or through funded projects similar to CCP's. This supports the relevance of the project's objectives and activities.

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

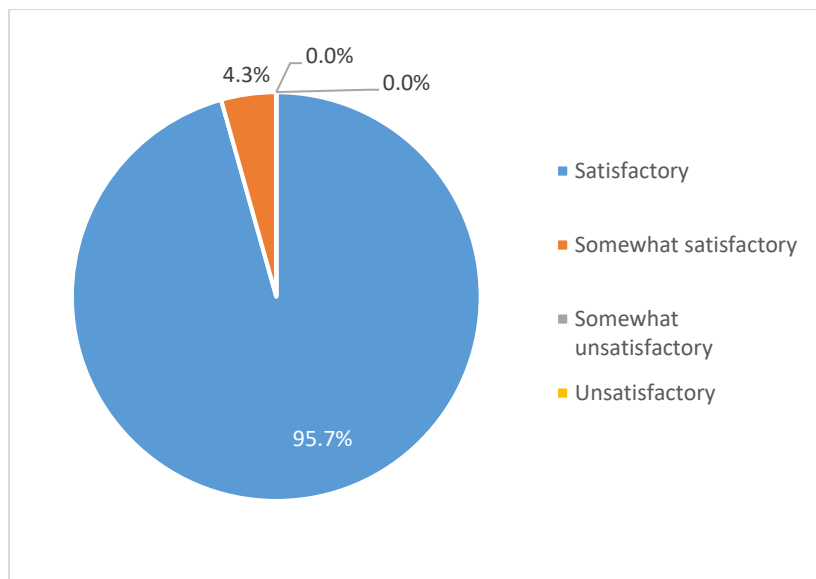
The CCP project team and partner organizations aligned the project's objectives and interventions with those of the health sector and health needs of Gaza Strip. This was done through coordinating with the Ministry of Health (MoH) and Ministry of Social Development (MoSD) as well as international organizations such as the World Health Organization (WHO) in Gaza Strip to better understand the needs of the targeted beneficiaries and to benefit from previous similar projects and experiences of other organizations.

Moreover, beneficiaries reported feeling satisfied with the level of involvement they had in determining their needs and the project's interventions. They reported being consulted about their needs and priorities prior to the project and feeling part of setting the project's priorities.

“We were consulted regarding our needs, they sat with us and asked us about our priorities and heard us. Based on this feedback they provided us with relevant services that we need.” A participant in the rehabilitation services beneficiaries’ FGD

Also, according to the beneficiary survey; **100% of beneficiaries who participated in awareness sessions on assistive care/ home rehabilitation** assessed the relevance of these sessions and their content as satisfactory.

Graph 3: Satisfaction of beneficiaries towards the relevance of awareness sessions on assistive care/home rehabilitation (n: 23)



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 outcomes of the project within the planned resources. At an outcome level, the project aimed to achieve the following key outcomes:

- The capacity of Rehabilitation centers providing rehabilitation interventions in the community will be strengthened.
- Persons with disabilities and their families will be able to receive the healthcare and welfare services they need
- Social participation by persons with disabilities will be promoted.
- A disability community network will be developed.

As illustrated in the table under “Achievements against original plan” section above; the project was mostly effective in achieving the planned activities and targets for component 1, but faced some issues in achieving the activities of component 2 (e.g., opinion exchange meetings and interaction events for PwD) as these were impacted by the restrictions on meetings and gatherings due to the Covid-19 circumstances.

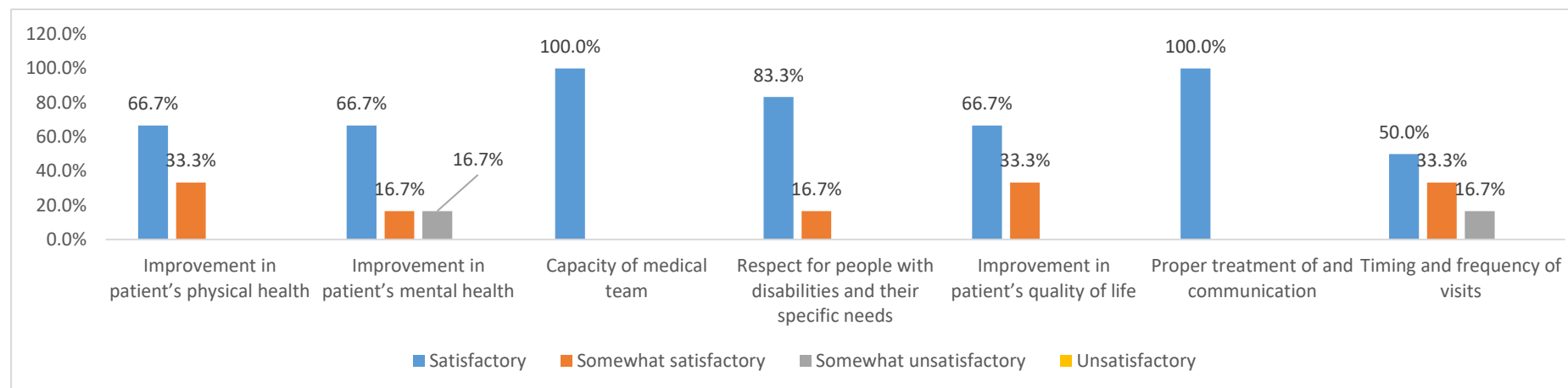
In addition to reviewing the planned activities and completion/achievement level; the evaluation team attempted to evaluate the extent to which project outcomes were achieved through further examining beneficiaries’ perceptions and their level of satisfaction towards each component of the project using both quantitative and qualitative tools. The following pages summarize the key findings.

Beneficiaries of component 1 – rehabilitation services and assistive devices

Regarding Individual House Visits (IHV); the beneficiaries who received the IHV services and 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”
Achieving improvement in patients’ physical health	100%
Achieving improvement in patients’ mental health	83%
Capacity of medical team (e.g., physiotherapists, nurses, social workers)	100%
Improvement in patient’s quality of life	100%
Proper treatment of and communication	100%
Timing and frequency of visits	83%
Respect for people with disabilities and their specific needs	100%

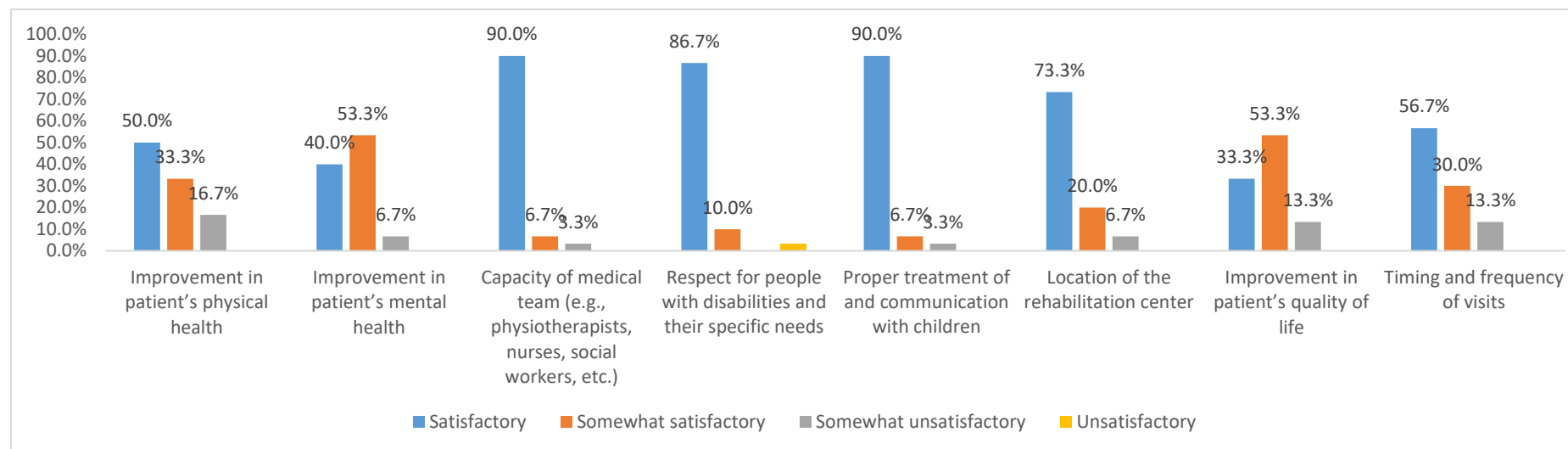
Graph 3: Level of beneficiary satisfaction in relation to IHV (n: 6)



As for the effectiveness of the Outpatient rehabilitation services; we noticed a high level of beneficiary satisfaction in terms of the following key criteria:

Criteria of assessment	% of beneficiaries who reported "Satisfactory" and "Somewhat satisfactory"
Achieving improvement in patients' physical health	83%
Achieving improvement in patients' mental health	93%
Capacity of medical team (e.g., physiotherapists, nurses, social workers)	97%
Improvement in patient's quality of life	87%
Proper treatment of and communication	97%
Timing and frequency of visits	87%
Location of the rehabilitation center	93%
Respect for people with disabilities and their specific needs	97%

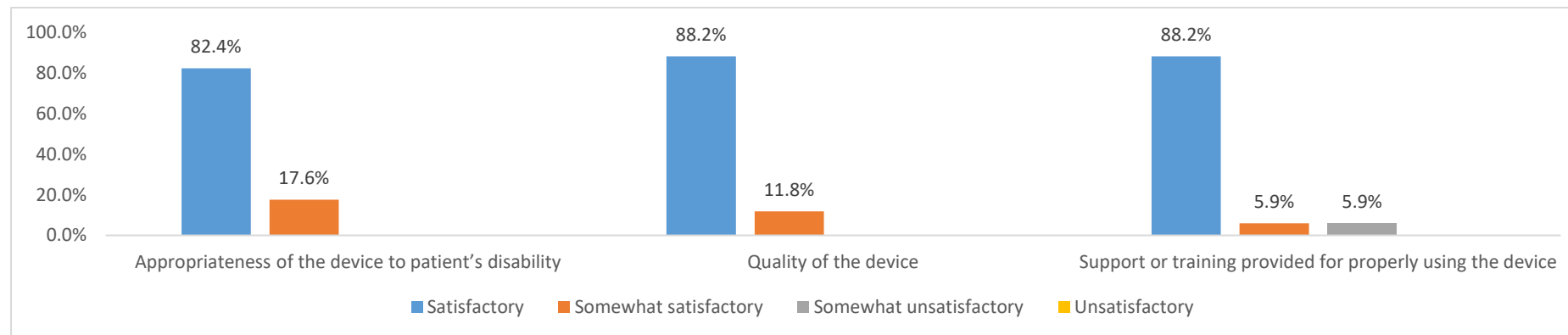
Graph 4: Level of beneficiary satisfaction in relation to Outpatient services (n: 30)



As for the provision of assistive devices; a similar level of high satisfaction was reported by beneficiaries across key criteria as illustrated below:

Criteria of assessment	% of beneficiaries who reported "Satisfactory" and "Somewhat satisfactory"
Appropriateness of the device to patient's disability	100%
Quality of the device	100%
Support or training provided for properly using the device	94%

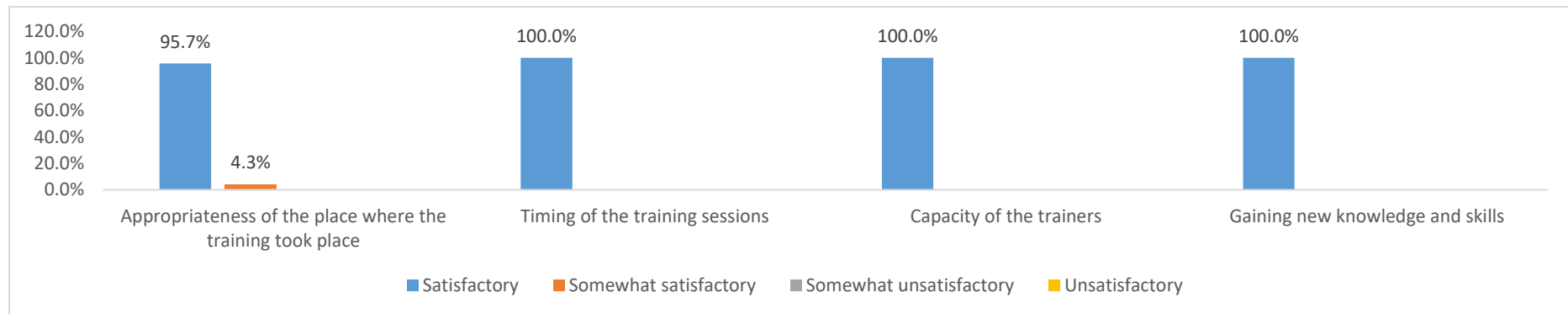
Graph 5: Level of beneficiary satisfaction in relation to Assistive Devices (n: 17)



Finally, when we asked beneficiaries who received sessions on assistive care/ home rehabilitation about the effectiveness of these sessions, we noticed a very high level of satisfaction with each of the following key criteria:

Criteria of assessment	% of beneficiaries who reported "Satisfactory" and "Somewhat satisfactory"
Appropriateness of the place where the training took place	100%
Timing of the training sessions	100%
Capacity of the trainers	100%
Gaining new knowledge and skills	100%

Graph 6: Level of beneficiary satisfaction in relation to sessions on assistive care/ home rehabilitation (n: 23)



Beneficiaries’ feedback during the focus groups supported the quantitative findings above. The overall satisfaction level of beneficiaries was positive and they expressed their appreciation for the project and its interventions. Several beneficiaries described the unexpected improvements in their/their child’s health physically as well as mentally and psychologically.

“The quality of the services, capacities of the team, and the quality of the devices were all very high and professional.” – Several participants in the rehabilitation services beneficiaries’ FGD

“My daughter was bullied at school because of her disability. The project provided her with psychological support sessions and she improved mentally as a result. She is still attached to the group of therapists; they were so kind to her” – A participant in the rehabilitation services beneficiaries’ FGD

Not only did the services improve the health of PwDs; but they also extended to the parents/guardians of children with disabilities (beneficiaries) as one father described:

I used to leave work and come home all stressed and tempered. I couldn’t treat my son well. After the sessions, I currently do the therapy sessions for my son, and I am very relaxed and tolerant. The sessions also improved my social life and relations, not to mention how they saved me economically.

In addition, parents/guardians were very happy with the training/sessions they received as part of the project. The content delivered in these sessions was very relevant and the delivery by the responsible teams was excellent according to beneficiaries’ testimonies.

The family workshops were very positive in content and delivery. We were consulted all the time about the time and needs we had and they responded to us. Content was good and in line with our needs that we expressed.

Moreover, the beneficiaries in the focus groups described the professional staff as very capable in terms of technical abilities and skills as well as in relation to their communication and treatment of children and PwDs.

“The team were highly respectful of us and our children and very professional in communicating with us.” – A participant in the rehabilitation services beneficiaries’ FGD

“My daughter was not tolerant of anyone before, but Dr. Sahar was able to transform her and was very patient with her until my daughter became very positive and accepting of the treatment.” – A participant in the rehabilitation services beneficiaries’ FGD

However, despite the positive feedback, the participants in the focus groups had concerns and dissatisfaction towards several aspects in their experience with the project. Some of these are related to external factors such as Covid-19, while others are related to sustainability issues as explained in the following sub-section.

In terms of Covid-19; the beneficiaries were very disappointed that some of their sessions had to be cancelled or transferred into other virtual methods. They don’t feel the effectiveness of the sessions were the same as a result.

“We benefited a lot from the sessions but Covid-19 had a huge impact. We could not get enough number of sessions and we switched to online and phone methods but these were not as effective as the outpatient sessions.” – A participant in the rehabilitation services beneficiaries’ FGD

“My daughter was a success story in this project. She improved a lot. However, when Covid-19 hit, the sessions stopped and we had to receive support through the phone or social media platforms. This impacted the quality of support. – A participant in the rehabilitation services beneficiaries’ FGD

Beneficiaries of component 1 – training of welfare staff

The feedback from the rehabilitation staff members in the focus group was mostly positive towards the training they received.

“The trainings were very useful and they included new and advanced knowledge and content” – A participant in the rehabilitation staff beneficiaries’ FGD

“Trainings were good quality in terms of content, and the trainer’s way was simple and effective” – A participant in the rehabilitation staff beneficiaries’ FGD

They agreed that the content was a true need for them and that the project team made continuous efforts to seek their opinions and actual training needs and responded accordingly.

The training was useful because it came from a real need of ours. – A participant in the rehabilitation staff beneficiaries’ FGD

They would interview us and ask us about our needs and they would choose the topic of training based on our needs. Yasser would do a focus group with us regularly to get our feedback and he would sit with us during follow up visits to ask about our need. – A participant in the rehabilitation staff beneficiaries’ FGD

They also believed that the training had a real impact on their methods of work and quality of service provision. They implemented the skills and knowledge within their work and gained positive results.

The trainings really helped us enhance our capacities and improve our quality of work. – A participant in the rehabilitation staff beneficiaries’ FGD

Beneficiaries of component 2 – vocational and employment support

Component 2 of the project provided support to PWDs or caregivers of PWDs (e.g., wife of a person with disability) to enhance their opportunities for employment and being integrated in the workforce. It included provision of vocational training, career skills training and internships as well as employment opinion exchange meeting and interaction events for PwD. We conducted a focus group with a sample of beneficiaries who received the trainings and internships to obtain more insights on the effectiveness of these trainings.

The participants received 2-3 months of training on a certain vocation (e.g., cooking, carpentry, toy making, etc.) and were then offered an internship for two months with a pay of \$300 per month. During the focus group discussion, the participants expressed their appreciation for receiving the training and internship opportunity, noting their increased level of skills in the topics they received, and being able to practice this new knowledge and skills in the internships.

“I am more capable now after the training, I learned things that I did not know, and I feel more professional now than before the training. In addition to the technical skills, I also benefited in terms of preparing work plans and financial management.” – A participant in the employment support beneficiaries’ FGD

Participants in the focus group also expressed several areas for improvement to be considered in future phases or similar projects. These included the duration of the training, the level of skills gained in the content (basic. Vs. advanced) and finally to increase the prospect for them to obtain an employment opportunity or their own project.

Other participants in the focus group were not satisfied with the duration of the training, which they mentioned was originally planned to be longer, but had to be cut to three months and some received training for only two months due to Covid-19. They understood that the cause for this was the restrictions of Covid-19, but they wanted to stress that they needed more time to be able to gain professional skills that would enable them to be proficient in the vocation they trained for.

“The training duration was cut to two months due to Covid-19. I managed to get the basics of the vocation, but it would have been better if I received the three months’ duration” – A participant in the employment support beneficiaries’ FGD

“I received three-month training and two-month internship (practical training) but I don’t think it was enough. Both periods were too short to really learn what I needed to, that would enable me to be on my own after the project” – A participant in the employment support beneficiaries’ FGD

“We needed a longer period for the internship, because the first training only provided us with basics, which were not very relevant to the labour market in my case” – A participant in the employment support beneficiaries’ FGD

As for the content of the training, as mentioned in testimonies above, several participants mentioned that the training was focused on the basics, and due to limited time, could not cover more advanced skills. The participants felt this gap during the internship, where they believe they were introduced to more practical and needed skills. However, the duration of internship was too short in their opinion.

Although the project, as previously mentioned, is humanitarian and does not have explicit objectives to create employment opportunities and/or projects for the beneficiaries of component 2; it was however, the main concern and area for improvement discussed by the participants in the focus group. With the exception of one participant; all expressed their frustration that after the internship was over, they were back to the point of unemployment.

The results from the focus group should be seen as indicative in capacity of focused group and cannot be generalized to the full number of beneficiaries of this component. Indeed MEAL reports provided by Atfaluna Society for Deaf Children (ASDC), CCP's implementing partner undertook provision of vocational training, career skills training and internships, present positive outlooks on creating on employment opportunities as well. ASDC have conducted their own surveys and impact assessments to examine the impact of their interventions on the lives of beneficiaries. The data is from ASDC's monitoring processes and AWRAD was not in a position to validate the methodology or results of the findings. However, the ASDC data and information are presented here to provide a wider set of data beyond the results of the focus group conducted as part of this evaluation. The following are key indicators of relevance based on a 3 May 2021 MEAL Report that included a focus group, phone surveys with beneficiaries and meetings with parents and employers:

- 60 out of 60 trainees (100%) of the interviewed trainees reported that they were introduced to the available trainings courses in the project, the trainees reported that they chose the training course that they want to be engaged in,
- 92.1% the trainees reported that they were placed in the on job training with positions with the employers relevant to the training that they got in Atfaluna. 94.2% of the interviewed trainees reported that they are satisfied with the place of the on job training
- 94.2% if the trainees reported that the on job training places are relevant to the people with disability
- 60 out of 60 (100 %) of the interviewed trainees reported that what learnt during the vocational training courses are relevant to the skills required by the employers during the on-job training
- All of the interviewed trainees reported that they are satisfied with the life skills training and the job counseling sessions
- The average pre and post evaluation test of all the training courses reported that the technical skills of the trainees improved by 59.4% (28.6 in the average pretest, and 88% for the posttest)
- The pre posttest results for the on life skill training showed that the knowledge of trainees improved to 78% in the average result of posttest, while the post test was 32%
- All the trainees reported that good communication and mutual respect are kept between the trainees and their colleagues at the workplace.
- 97.2% of the interviewed trainees reported that they feel comfortable with the communication with the persons without disabilities
- 12 % of the interviewed trainees reported that they have succeeded to maintain full or partial job opportunity as the results of the training courses and the on-job training

Moreover key finding from ASDC's follow up survey conducted for all 60 trainees via phone in August 2022 follows:

- It was concluded that **89.4%** of the trainees became skillful and looking for job as the results of ASDC interventions in the VT training courses and the employability activities.
- **100 %** of the trainees reported that the trainings that they received from ASDC were inclusive and adapted for the persons with disabilities.
- **53.3 %** of the trainees succeeded to maintain fulltime or partial job opportunity. Where out of them **11.6%** full time job employment in the field related to the training that they were got in ASDC, **30%** are partially employed, while **11.6%** are currently working but in different a field than the topic of the training

that they got from ASDC, but they benefited from the life skills training and the employability workshops which they were trained during the project in ASDC.

- **97.4%** the survey respondent reported that the TVET trainings and the employability skills that they got in ASDC were relevant to the local market needed.
- **94.4%** of the survey responded reported that the job opportunity that they got were inclusive and suitable for the youth with disabilities.
- The employment rate of the graduate of ASDC TVET training courses varied depending on the type of the training course, where **60.0%** the graduate in the carpentry works training course succeeded to maintain either permeant or partial job opportunity, while this percentage increases to **70%** for cooking and baking, **66.7%**for graphic design, **37.5%** in the embroidery and sewing, **50%** sweet making courses while for the doll making is **30%**.

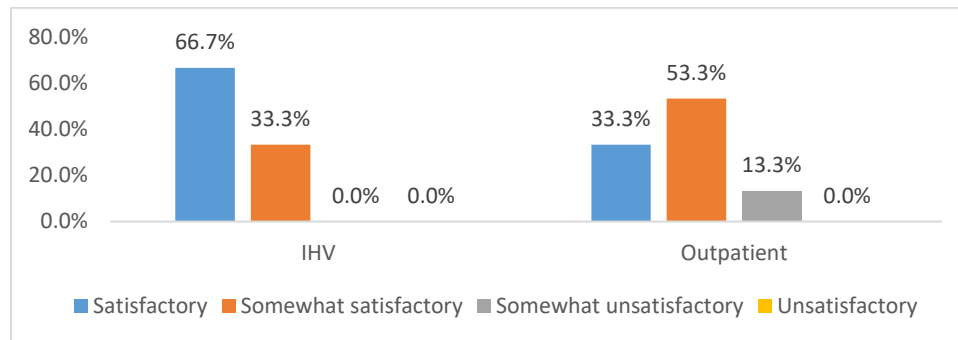
The overall economic situation and very high unemployment rate in Gaza Strip is a high contributor to the limited ability to create jobs for the beneficiaries, however, the feedback from the focus groups summarized above may provide some indicatives to help the project team in future planning. For instance, most participants recommended that such projects help them create their own small businesses/projects to generate income after the training, which can be considered by the project team in order to better work towards the outcome of encouraging social and workforce participation for PWD as well as regarding the impact and sustainability dimensions, as explained below.

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

The project aimed to provide timely needed support and assistance to the targeted beneficiaries with an articulated planned outcome "Ensure that persons with disabilities in Gaza continuously receive community-based rehabilitation services and their social participation is encouraged". In the above sub-section, we evaluated the effectiveness in achieving the outcomes, but we believe that the evaluation needs to go beyond the immediate implementation of the project's activities, and to cover the impact of these activities on beneficiaries. This includes for example the project's impact on the quality of life of the beneficiaries, and their ability to use the knowledge gained through the project in their daily lives.

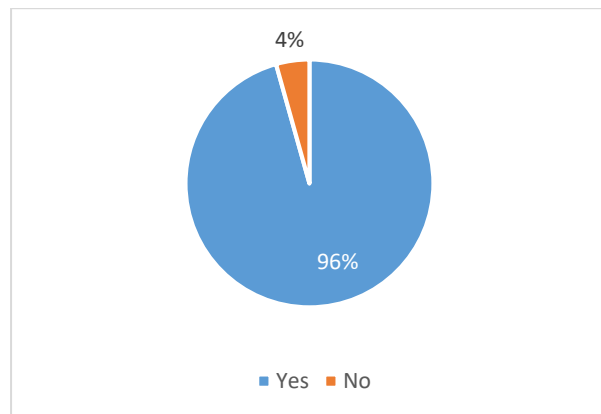
Through the quantitative survey, we asked beneficiaries about these aspects of the project, and their evaluation was highly positive across the different components of the project. For instance, the majority (67%) of beneficiaries who received IHV services assessed the improvement in patients' quality of life as satisfactory and 33% as somewhat satisfactory. For outpatient rehabilitation; the beneficiaries perceived the improvement in patients' quality of life positively as well, where 33% and 53% assessed this as satisfactory and somewhat satisfactory. The following chart illustrates this:

Graph 7: Level of beneficiary satisfaction in relation to IHV and Outpatients Services contribution to improving their quality of life (IHV n: 6, Outpatient n: 30)



In addition; the majority (96%) of beneficiaries who received sessions on assistive care/ home rehabilitation were currently practicing the knowledge and skills they gained through these sessions as illustrated in the following chart:

Graph 8: Percentage of beneficiaries who are currently practicing the knowledge and skills gained through assistive care/ home rehabilitation sessions (n: 23)



Beneficiaries in the focus groups also supported this notion and reported that they were using the skills they gained with their children and even sharing the knowledge with people around them.

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 as illustrated above. However, despite having this immediate effect on the quality of life of beneficiaries; a recurring concern among all participants was the continuity of services, and accordingly the sustainability of impact.

Despite humanitarian nature of the project, its design takes sustainability into account; for instance, through introducing several capacity development components (i.e., vocational training for PwDs, training of professional staff, family workshops) and these components build on further sustainable environment into the 3rd/final year of project for people with disabilities, however, sustainability remains a key concern for all beneficiaries.

For PwDs and parents/guardians of children with disabilities; the continuation of support through provision of therapy sessions as well as assistive devices and necessary medicines is extremely important. Many of the beneficiaries can't receive such support on their own or afford it personally.

"I started implementing the knowledge I gained in the training with my daughter at home. She began to respond in better ways. But she is still in serious need for rehabilitation and three months are not enough. We hope the project can continue." – A participant in the rehabilitation services beneficiaries' FGD

"They gave us a special medicine for my daughter's case and it helped her a lot. It was expensive costing 120 NIS for one package. I wish they can come back and provide this medicine, I can't buy it and we still need it." – A participant in the rehabilitation services beneficiaries' FGD

"He can go to the toilet, wear his clothes, and eat by himself now. Progress is slow but it's there. We wish the project can continue so our child can benefit from the sessions and make further progress. I have eight children I can't afford the sessions on my own." – A participant in the rehabilitation services beneficiaries' FGD

A major concern for sustainability was also expressed by the adult group of beneficiaries of PwDs. This group received vocational and employment support training, internship program and other similar support. However, after the internship ended, the majority of beneficiaries were unable to get a job or start their own business, leaving them in the same place they were in, according to their testimonies in the focus group of this evaluation, and also according to the ASDC's MEAL report which collected data on beneficiaries after the project and reported that 12 % of the interviewed trainees reported that they have succeeded to maintain full or partial job opportunity as the results of the training courses and the on-job training⁵. However, it is worth noting again, that this low percentage is highly impacted by the difficult economic situation in Gaza and due to COVID 19 in recent years. ASDC's follow up phone survey captured improved job maintenance percentages ranging from 30% on doll making to 70% of cooking and baking.

"Currently after the training and internship is over I practically did not benefit at all, the end result is the same, I am without a job or source of income." – A participant in the vocational support beneficiaries' FGD

"We were hoping we would learn more and that the project would help us start our own projects instead of the internship." – A participant in the vocational support beneficiaries' FGD

⁵ Based on ASDC report; the evaluation team was unable to verify this percentage directly from these participants as no survey was fielded for this component.

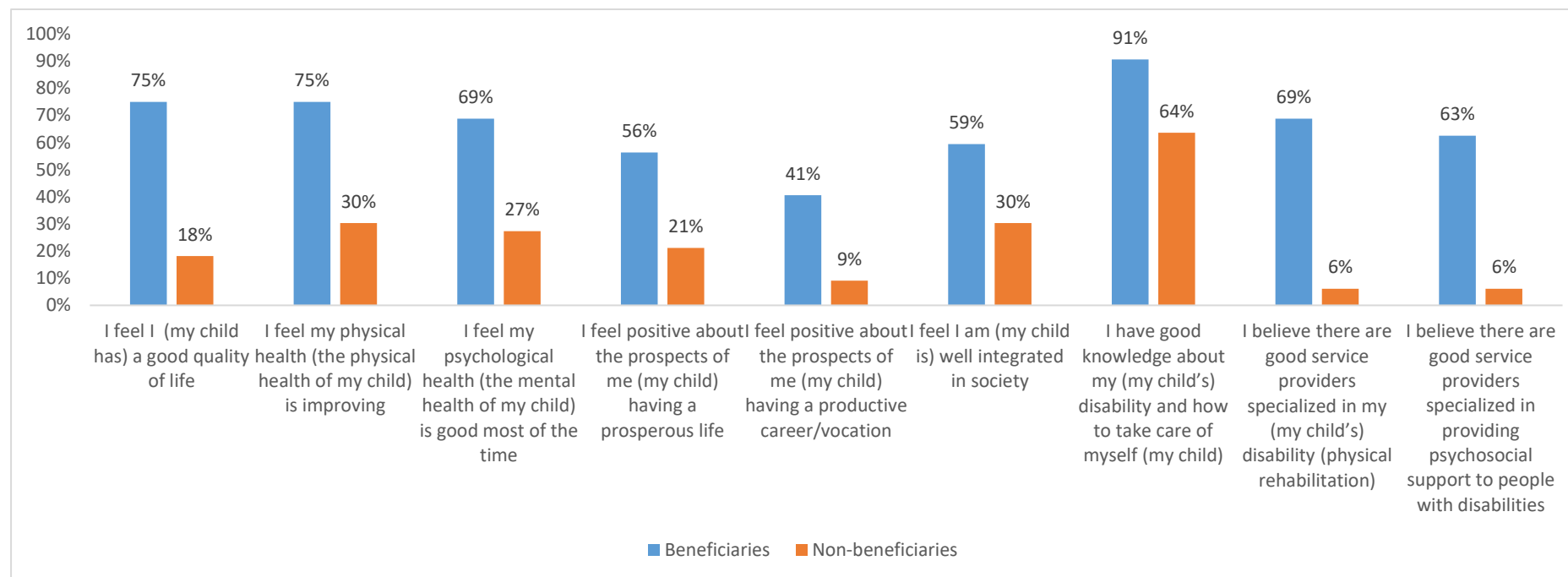
Impact analysis of beneficiary & non-beneficiary survey results (Relevant CHS: CHS3: Impact and sustainability “Connectedness”)

We collected data on perceptions towards key aspects of life from the sample of beneficiaries (n: 33) as well as a sample of non-beneficiaries (n: 33) within the same communities.

The following table and chart summarizes the results of these questions across the two groups:

Statement	Total of "Satisfied" & "Somewhat satisfied"	
	Beneficiaries	Non-beneficiaries
I feel I (my child has) a good quality of life	75%	18%
I feel my physical health (the physical health of my child) is improving	75%	30%
I feel my psychological health (the mental health of my child) is good most of the time	69%	27%
I feel positive about the prospects of me (my child) having a prosperous life	56%	21%
I feel positive about the prospects of me (my child) having a productive career/vocation	41%	9%
I feel I am (my child is) well integrated in society	59%	30%
I have good knowledge about my (my child's) disability and how to take care of myself (my child)	91%	64%
I believe there are good service providers specialized in my (my child's) disability (physical rehabilitation)	69%	6%
I believe there are good service providers specialized in providing psychosocial support to people with disabilities	63%	6%

Graph 9: Variance analysis of beneficiaries and non-beneficiaries (Perceptions towards quality of life statements)



The table and chart above indicate that ***the beneficiaries (treatment group) are doing better on average when compared to the non-beneficiaries (control group)***. While comparing the beneficiaries and non-beneficiaries is a strong analytical tool than can exclude other influencing factors attributing to better outcomes of the project beneficiaries; however, given the broadly designed questions asked for both groups and with p-values, this analysis should be understood as there is a positive correlation between project’s interventions and positive outlooks of the project beneficiaries on their health status and lives.

As previously noted from the evaluation of the past phase of this project; the sustainability of support for PwDs is a complex issue:

“PwDs’ needs are constant, for example, assistive devices get depleted or damaged and will need to be replaced, or simply some need regular replacement. That’s why we need continuous programs to provide this assistance” Mr. Ghassan Filfel, Representative of MoSD

This however extends to all services for PwDs and not only assistive devices, Mr. Filfel continues:

“You should look at PwDs’ needs as a continuum, some need physiotherapy, some need more specialized services, some need assistive devices, and many have more than one disability that needs different services. However, you need to enable and strengthen the PwD and especially economically, as most of

them are extremely marginalized and live below poverty line. If you build their capacities and enable them economically, then you can guarantee better sustainability for them” Mr. Ghassan Filfel, Representative of MoSD

Partnership approach (Relevant CHS: CHS6: Cover and Coherence)

The project design and implementation strategy was highly reliant on partnerships and cooperation among the implementing partners (i.e., CCP, ASDC, Al-Amal Rehabilitation Society and the National Rehabilitation Society) and other stakeholders including governmental and non-governmental organizations (e.g., MoSD, MoH, WHO). For instance, the project’s activities were not solely implemented by one organization, but instead, several organizations were involved with each according to their specializations and experience, giving the project a stronger technical position. Moreover, all organizations involved, with guidance from CCP, were working in harmony and based on unified plans and objectives. The coordination among CCP and the partner organizations was facilitated through a health coordinator (responsible for component 1 activities), reporting to a field coordinator. Moreover, a welfare coordinator was responsible for the overall activities in Component 2 and coordinated with the partner organizations' healthcare staff and relevant agencies, monitored the activities, and reported to a field coordinator. Within CCP team, a Gaza project coordinator received reports from the field coordinator, locally managed the overall project, and reported to and coordinated with the international staff.

Moreover, CCP targeted the partner organizations with capacity development and strengthening in order to enable them to deliver the required services effectively. This partnership and engagement modality supported a better efficiency in the implementation of the project activities and facilitated the adoption of a holistic approach to the interventions as explained below.

A holistic approach (Relevant CHS: CHS6: Cover and Coherence)

The project was highly praised by partners, stakeholders and beneficiaries themselves for adopting a comprehensive and holistic approach in their interventions, where the project did not focus on one component (e.g., physiotherapy) ignoring other dimensions of rehabilitation that patients might need. Instead, a complementing set of activities (i.e., physiotherapy through IHV, outpatient services, employment support, and assistive devices were all offered to beneficiaries in order to achieve a better impact on their lives.

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 PWDs’ 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 to PWDs (CHS3) and finally utilized strong partnership and holistic approaches to delivering the project’s activities (CHS6).

Recommendations

Based on an overall positive evaluation of the project and value determination as explained above, we recommend that JPF continues to support future phases of this project or other similar projects in order to continue the benefits.

Moreover, as the report above explained, there were some less favorable results of this evaluation in relation component 2 of the project, which we believe the following recommendations could assist CCP and JPF to tackle these issues:

Recommendations to CCP:

As seen in the mid-year of three-year successive project, the evaluation has proven that specialized service provisions for PwD including rehabilitation services, mobility and disability aids, offer support to them and their families, and training healthcare workers, that are provided by this project are comprehensive and complete interventions well serving them with their high satisfaction. However, economic empowerment of PwDs is an indispensable area if to envision the long-term sustainable environment for PwD and their families. In deteriorating economic situation in the Gaza strip or elsewhere in the world, such area of intervention seems most challenging and therefore recommendations focus around component 2 on supporting and promoting employability of PoWs;

- Contradicting results depicted from testimonies collected from the focused group interview by AWRAD and telephone survey results by the implementing agency (ASDC) puzzled analysis, however, it may be explained by a number of factors such as differences over data collection design/method as well as the timing of two data collections. While acknowledging limitations of data collection methodologies and differences of views resulting from them, one way to move forward may be systematizing monitoring capturing voices of trainees that enables real-time adjustments possible and such monitoring ensure elements of independence thereby direct involvement of CCP and/or mobilizing specialized service. Certainly, robust needs assessment might have been more complementary to ensure positive impact pathway for trainees given the project run into the unprecedented economic downturn inflicted by COVID-19 pandemic.
- Based on the feedback from beneficiaries of component 2, employers they worked with during the internship were unable or unwilling to continue the work arrangement with the beneficiaries after the end of the internship period. The main reasons for this might be the overall economic situation and unemployment rates in Gaza Strip in general, however, we propose that CCP could also conduct a follow up assessment with these employers (or a sample) in order to obtain more solid information on the constraints and challenges that led them to seize the working arrangement after the end of the internship duration. This assessment could be beneficial for designing similar future interventions.
- We finally recommend to introduce further activities and efforts into awareness raising of relevant stakeholders, especially key players in society such as local small-scale employers, in order to enhance the chances of PwDs to be integrated into the labor market and society in general.

Recommendations to JPF:

- To continue to support people with disabilities through similar projects and/or future phases of this project as it is clear from the survey's results, the discussions with beneficiaries and discussions with key informants that the needs of PwDs are constant and people can't easily afford or access such services without being part of similar projects.

- To advocate to end the blockage on Gaza Strip and ease the transfer of medicine and other health supplies to the Strip especially in relation to medical equipment, devices and supplies for PWDs. As described in the “Relevance” section above, the Israeli siege on Gaza Strip for more than 12 years led to deterioration of the economic and social conditions of the population, especially vulnerable groups such as persons with disabilities and their families, who have suffered extreme shortage in the rehabilitation and social welfare services, health services and education and employment services.

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:
“Community development for rehabilitation and reintegration of persons with disabilities or other challenges in the Gaza Strip

Organization:
Campaign for the Children of Palestine (CCP)
Inception Report for Summative Evaluation

May 2021

Revised: June

Arab World for Research and Development (AWRAD)

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Project Overview

The overall objective of this project was to ensure that persons with disabilities in Gaza continuously receive community-based rehabilitation services and to encourage their social participation. The project was composed of two components; (1) improvement of rehabilitation centers and enhancement of support for persons with disabilities and their families and (2) empowerment of persons with disabilities for social participation. The project started on March 24, 2020, and ended on March 31st, 2021. It was implemented by CCP in Gaza as well as with Al-Amal Rehabilitation Society, Atfaluna Society for Deaf Children, and National Rehabilitation Society.

The main activities implemented and the beneficiaries for this project are as follows⁶:

Component 1: improvement of rehabilitation centers and enhancement of support for persons with disabilities and their families			
Activity	Indicators	Achieved number	Achievement %
1.1 Improvement of community rehabilitation facilities and provision of materials and equipment	Construction of three facilities (materials and equipment)	3	100%
	Rehabilitation of 450 PwD	400	88.8%
	Provision of prosthetic devices for 300 PwD	247	82.3%
1.2 Support for people with disabilities and their families	Welfare and peer support groups	1036	96.1%
1.3 Training and dispatch of experts to medical and welfare staff	Training for employees from the welfare staff	34	103.75%
Component 2: empowerment of persons with disabilities for social participation			
Employment support	Vocational training	60	100%
	Career skills training	60	100%
	Interns	0	0%
	Employment Opinion Exchange Meeting	0	0%
Interaction events for PwD	Events for people with disabilities	60	50%

⁶ This is in reference to the monthly report (January 31 2021).

Evaluation Methodology

Overview

This section illustrates the data collection tools, sampling plan, FGDs and KIIs lists, and the guiding questions for the project evaluation, the tools are designed based on the project documents and reports. The main purposes of the evaluation are to:

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 JPF and CCP 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 and non-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. 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 purpose of the evaluation is to assess the following:

- Humanitarian response is appropriate and relevant
- Humanitarian response is effective and timely
- Humanitarian response strengthens local capacities and avoids negative effects
- Humanitarian response is based on communication, participation and feedback
- Complaints are welcomed and addressed
- Humanitarian response is coordinated and complementary

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

Activity	# of beneficiaries	Data collection tools and sample
----------	--------------------	----------------------------------

Component 1: improvement of rehabilitation centers and enhancement of support for persons with disabilities and their families		
Construction of three facilities (materials and equipment)	3	<ul style="list-style-type: none"> ▪ Survey with PwD (Sample: 30 beneficiaries and 30 non-beneficiaries) ▪ FGD (1) with PwD who benefited from the rehabilitation ▪ FGD (1) with the staff ▪ KIIs with the facilities
Rehabilitation of 450 PwD	400 PwD	
Provision of prosthetic devices for 300 PwD	247 PwD	
Welfare and peer support groups	1036 PwD	
Training for employees from the welfare staff	34 staff	
Component 2: empowerment of persons with disabilities for social participation		
Vocational training	60 PwD	FGD (1) with PwD who received vocational training, skills training or internship
Career skills training	60 PwD	
Events for people with disabilities	60 PwD	

Quantitative Survey

A quantitative survey will be used to assess the impact of the project using case-control method; the sample size for this project will be 60; 30 from the beneficiaries' list (PwD) and 30 from non-beneficiaries list. The sample will be reached by our specialized fieldwork team taking into consideration a sample characteristics that resemble the beneficiary sample such as: location, age group, economic situation, education level, etc. in order to enable a comparability of results and the drawing of conclusions. The survey will assess the satisfaction level of the beneficiaries from the project, and to assess how the project's activities and interventions contribute to the beneficiaries' quality of life. The team 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 and also aiming to cover all types of services/support provided through the project. The data will be collected using CATI research method⁷. 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. AWRAD will **share the detailed and final sample** with CCP team after consultations with the local partners. The survey is illustrated in annex I.

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

- Beneficiaries' **willingness** to participate in the survey
- **Reachability of beneficiaries** (to be determined after discussions with CCP local coordinator and staff).

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., PwDs, children, others). To

⁷ CATI: Computer based telephone interviewing, it's a technique based on collecting data using tablets screen, and connected directly to the computer system, this allows the team to directly monitor the data collection process and to figure out any concerns or issues.

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.

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 Discussion - FGDs

The main reason for including both interviews and focus groups is to permit triangulation with the quantitative survey. Focus groups is particularly useful for generating recommendations for future interventions. We propose to conduct **3 focus groups** targeting the groups of direct beneficiaries – PwD, and medical staff - we will aim to recruit both male and female beneficiaries in the focus groups.

We will conduct 3 FGDs with the following target groups:

4. Beneficiaries of Component 1: Patients receiving rehabilitation care either through home visits or at PT unit facilities.
5. Beneficiaries of Component 1: Social workers, physiotherapists, and medical staff who received the expert trainings.
6. Beneficiaries within Component 2: PwD who were involved in vocational training, internship programs or skills 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-19⁸. The guiding questions are illustrated in annex II.

Key Informant Interviews (KIIs)

We will conduct 4 KIIs with key community informants in the project sites that possess a relevant perspective on the project activities. We propose the following list of informants:

1. CCP Japan Jerusalem Office Representative
2. CCP Japan Gaza Office Program Coordinator
3. A representative of the Ministry of Health in Gaza
4. A representative of the Ministry of Social Development
5. A representative of a local CBO involved in the PwD rehabilitation in Gaza within a targeted location by the project.

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).

⁸ The method to conduct the fieldwork activities will also take into account the needs and preferences of the target groups and will be finalized prior to fieldwork in close coordination with CCP and JPF (e.g., some activities with PwDs might be better conducted in-person)

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 vulnerable groups; working with PwDs and others;
- 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 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. In order to assess the impact of the projects' interventions on the beneficiaries and compare it with the results of non-beneficiaries, the team will be using T-tests, multiple regression analysis, and one way ANOVA test. Also, 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. After analysing the data, the team will aggregate the report to produce the final report which will include the following:

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 log-frame
 - 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.

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										

Phase/ Activity	Weeks									
	July	July	15.8	22.8	29.8	5.9	12.9	19.9	26.9	3.10
Training of data collection team										
Fieldwork (Survey, FGDs and KIIs)										
Debrief to local implementing partners and NGOs										
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.

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 one-self
- 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

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

SECTION I: RESPONDENT DETAILS		
Sex:		
1. Male		
2. Female		
Age group:		
1. 18-25		
2. 25 or above		
Highest level of education completed:		
1. Illiterate	2. Less than Tawjihi	3. Tawjihi
4. Diploma	5. University graduate degree	6. Post-graduate degree
Occupation:		
1. Self-employed (own business)	2. Employed	3. Unemployed
4. Student	5. Housewife	6. Other, please specify: _____
Who is the head of the household?		
1. Father		
2. Mother		
3. Son		
4. Daughter		
5. Other: _____		
Sex of Household Head		
1. Male		
2. Female		
Highest level of education completed for the Household Head:		
1. Illiterate	2. Less than Tawjihi	3. Tawjihi
4. Diploma	5. University graduate degree	6. Post-graduate degree
Family size (# of family members living in the household)		
1. Male	_____	
2. Female	_____	
3. Total	_____	
How do you assess your level of income?		
1. Below average	2. Average	3. Above average
SECTION II: DISABILITY STATUS		
Were you a direct beneficiary of the <i>project</i> ?		
1. Yes I am a direct beneficiary	2. No, I am the guardian of the beneficiary	
What type of disability do you/your child have?		
1. Physical disability		
2. Mental disability		
3. Both physical and mental disability		
If yes, please indicate the type of service/support received (you can choose more than one answer option):		

Rehabilitation through individual house visits	Yes	No		
Outpatient rehabilitation	Yes	No		
Received assistive devices	Yes	No		
Received home-care training/family workshop	Yes	No		
Participated in the peer support groups	Yes	No		
Received vocational training	Yes	No		
Received career skills training	Yes	No		
Participated in events for people with disability	Yes	No		
Prior to the <i>project</i> ; did you or the person/s with the disability receive treatment for it or received the needed rehabilitation services?				
Yes	No			
If no, please state the reason:				
Services/medicines are not available in my area	I can't afford the services	Other, please specify: _____		
Please assess the following in relation to individual house visit rehabilitation:				
Improvement in patient's physical health	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Improvement in patient's mental health	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Improvement in patient's quality of life	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Timing and frequency of visits	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Capacity of medical team (e.g., physiotherapists, nurses, social workers, etc.)	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Proper treatment of and communication	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Respect for people with disabilities and their specific needs	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Please assess the following for outpatient rehabilitation:				
Improvement in patient's physical health	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Improvement in patient's mental health	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Improvement in patient's quality of life	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Timing and frequency of visits	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Location of physiotherapy unit	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory

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Capacity of medical team (e.g., physiotherapists, nurses, social workers, etc.)	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	
Proper treatment of and communication	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	
Respect for people with disabilities and their specific needs	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	
Did you receive assistive devices? 1. No 2. Yes, as a part of this project 3. Yes, but not from the interventions of this project					
If yes (choices 2 or 3) please answer the following questions					
Appropriateness of the device to patient's disability	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	
Quality of the device					
Support or training provided for properly using the device					
Have you or another member of the household received training on assistive care/ home rehabilitation? 1. No 2. Yes, as a part of this project 3. Yes, but not from the interventions of this project					
If yes (2 or 3), 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 of this project? 1. Yes 2. No					
How do you assess your knowledge in relation to the following:					
Providing home-care to people with disabilities		1. Good	2. Average	3. Below average	4. Bad
Please assess the following as it relates to your life (your child's life):					
I feel I have (my child has) a good quality of life	Agree	Somewhat agree	Somewhat disagree	Disagree	N/A
I feel my physical health (the physical health of my child) is improving	Agree	Somewhat agree	Somewhat disagree	Disagree	N/A

I feel my psychological health (the mental health of my child) is good most of the time	Agree	Somewhat agree	Somewhat disagree	Disagree	N/A
I feel positive about the prospects of me (my child) having a prosperous life	Agree	Somewhat agree	Somewhat disagree	Disagree	N/A
I feel positive about the prospects of me (my child) having a productive career/vocation	Agree	Somewhat agree	Somewhat disagree	Disagree	N/A
I feel I am (my child is) well integrated in society	Agree	Somewhat agree	Somewhat disagree	Disagree	N/A
I have good knowledge about my (my child's) disability and how to take care of myself (my child)	Agree	Somewhat agree	Somewhat disagree	Disagree	N/A
I believe there are good service providers specialized in physical rehabilitation for people with disabilities	Agree	Somewhat agree	Somewhat disagree	Disagree	N/A
I believe there are good service providers specialized in providing psychosocial support to people with disabilities	Agree	Somewhat agree	Somewhat disagree	Disagree	N/A

SURVEY WITH NON-BENEFICIARIES

Are you a person with a disability or a guardian of someone with disability?

1. I am a person with disability

2. I am the guardian of the person with disability

What type of disability do you/your child have?

1. Physical disability

2. Mental disability

3. Both physical and mental disability

Were you (your child) a beneficiary of any project targeting rehabilitating people with disabilities during the past two years?

1. Yes

2. No

Did you (your child) receive rehabilitation services for people with disabilities during the past two years (personally not through a project)?

1. Yes

2. No

If yes, please indicate the type of service/support you receive/d (you can choose more than one answer option):

Rehabilitation through individual house visits

Yes

No

Outpatient rehabilitation

Yes

No

Assistive devices

Yes

No

Training on assistive care/ home rehabilitation

Yes

No

Vocational training

Yes

No

Evaluation Report - Community development for rehabilitation and reintegration of persons with disabilities or other challenges in the Gaza Strip

Career skills training	Yes	No			
Participated in events for people with disability	Yes	No			
If no, please state the reason:					
Services are not available in my area	I don't (my child doesn't) meet projects' eligibility criteria	I can't afford the services	Other, please specify: _____		
If you are a guardian of a person with disability, how do you assess your knowledge in relation to the following:					
Providing home-care to people with disabilities	1. Good	2. Average	3. Below average	4. Bad	
Please assess the following as it relates to your life (your child's life):					
I feel I have (my child has) a good quality of life	Agree	Somewhat agree	Somewhat disagree	Disagree	N/A
I feel my physical health (the physical health of my child) is improving	Agree	Somewhat agree	Somewhat disagree	Disagree	N/A
I feel my psychological health (the mental health of my child) is good most of the time	Agree	Somewhat agree	Somewhat disagree	Disagree	N/A
I feel positive about the prospects of me (my child) having a prosperous life	Agree	Somewhat agree	Somewhat disagree	Disagree	N/A
I feel positive about the prospects of me (my child) having a productive career/vocation	Agree	Somewhat agree	Somewhat disagree	Disagree	N/A
I feel I am (my child is) well integrated in society	Agree	Somewhat agree	Somewhat disagree	Disagree	N/A
I have good knowledge about my (my child's) disability and how to take care of myself (my child)	Agree	Somewhat agree	Somewhat disagree	Disagree	N/A
I believe there are good service providers specialized in my (my child's) disability (physical rehabilitation)	Agree	Somewhat agree	Somewhat disagree	Disagree	N/A
I believe there are good service providers specialized in providing psychosocial support to people with disabilities	Agree	Somewhat agree	Somewhat disagree	Disagree	N/A

Focus Group Guidelines

FGD WITH BENEFICIARIES OF ACTIVITIES OF COMPONENT 1 AND 2

Introduction about the project (TBA)

Duration: 1-2 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? How? Please provide examples to support your answers (e.g., what are other more pressing needs for you?)
- 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 physiotherapy activities? Please provide examples.
 - ✓ Individual house visit rehabilitation (including: Effectiveness in improving physical and mental health, Timing and frequency of visits, Capacity of medical team (e.g., physiotherapists, nurses, social workers, etc.)).
 - ✓ Outpatient services (including: Effectiveness in improving physical and mental health, Timing and frequency of visits, Location of physiotherapy unit, Capacity of medical team (e.g., physiotherapists, nurses, social workers, etc.)).
 - ✓ Appropriateness and quality of the assistive devices received, if applicable.
 - ✓ Proper treatment of and communication
 - ✓ Respect for people with disabilities and their specific needs.
- How do you assess the value of the training in terms of:

- ✓ Session times: were they convenient for you?
- ✓ The capacity of the trainers?
- ✓ The content (in terms of relevance, clarity, easy to understand, etc.)

- To what extent did the training activities provide you with new knowledge? New skills? Please provide examples.

Impact

- In what ways did the physiotherapy activities and training impact your lives? In what ways did it impact your 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

- 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 BENEFICIARIES OF PHYSIOTHERAPY, SOCIAL WORKER AND MEDICAL STAFF

Introduction about the project (TBA)

Duration: Two Hours

Overall introduction and management of the FGD (10 minutes)

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

Relevance

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

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

- 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 Guiding Questions

INTERVIEW GUIDELINES – CCP PROJECT TEAM (CCP JAPAN JERUSALEM OFFICE REPRESENTATIVE, CCP JAPAN GAZA OFFICE PROGRAM COORDINATOR, AND ASDC'S PROJECT COORDINATOR)

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 patients' (people with disabilities) health and wellbeing?
 - ✓ Successfully addressing the gaps in knowledge and practical skills of medical staff (physiotherapists, nurses, social workers) in relation to provision of care to PwD?
 - ✓ 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 PwD, 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?

- To what extent do the beneficiaries have the capacities, resources and commitment to sustain the project and enable it to meet its longer term objectives?
- Who do you think should be responsible for sustaining the project activities in the longer term? To what extent do you think they have the commitment and the financial resources to do this?

Lessons learned and recommendations for improvements in project activities

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

INTERVIEW GUIDELINES (REPRESENTATIVES OF THE MINISTRY OF HEALTH, MINISTRY OF SOCIAL DEVELOPMENT AND LOCAL CBOS)

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