



مركز العالم العربي للبحوث والتنمية
Arab World for Research & Development

Quality Research ... Matters

Japan Platform (JPF)

Evaluation of JPF Funded Project:

“Health/Nutrition Support for Vulnerable Preschool-aged Children and Their Caregivers in the Gaza Strip (Phase 2)”

Peace Wind Japan (PWJ)

Summative Evaluation Report

“Final”

July 2022

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Abbreviations

AWRAD	Arab World for Research and Development (AWRAD)
CBOs	Community-based organizations
FGDs	Focus group discussions
IOCC	International Orthodox Christian Charities, Inc.
KG	Kindergarten
KIIs	Key informant interviews
MOE	Ministry of Education
MoSD	Ministry of Social Development
NGOs	Non-governmental organizations
OECD-DAC	The Organisation for Economic Co-operation and Development's Development Assistance Committee
PCBS	Palestinian Central Bureau of Statistics
PWJ	Peace Winds Japan

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Summary

This report is the outcome of an evaluation of JPF Funded Project: "Health/Nutrition Support for Vulnerable Pre-school-aged Children and Their Caregivers in Gaza (Phase 2)" implemented by Peace Wind Japan (PWJ). The overall objective of this project was to improve the health and nutrition of preschool children, mainly those aged 3-5, in the Gaza Strip.

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

Relevance:

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

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

Effectiveness:

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

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

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

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

Component two's beneficiaries (i.e., beneficiaries of education and training in health and nutrition) expressed their appreciation and satisfaction with the support of the project and its effectiveness across various criteria. Beneficiaries had a positive assessment of the training in terms of content, gaining new knowledge as well as the logistics of delivering the training. During focus groups; beneficiaries' feedback was also positive and reflected a high satisfaction level. However, the key challenge faced by beneficiaries during the project was related to Covid-19, which had a direct impact on the delivery of some of the services, where some were discontinued and others were delivered using alternative remote methods. Another concern was mentioned by the parents, who were unsatisfied with the fact that the packages were not enough for the family.

Some parents mentioned the location of the Ard El Insan as a challenge. Although they agreed that the project did cover the transportation costs, but this was still an issue.

Finally, several participants in the KGs' focus groups and parents as well mentioned that there are additional needs that the project did not address but would have been a valuable contribution. These included assistance for children suffering from vision, speech or hearing difficulties or other similar conditions.

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

Impact and sustainability:

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

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

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

Value determination of the project:

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

Introduction and members of the evaluation team

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

Members of the evaluation team

The evaluation team from AWRAD included the following members:

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

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

Overview of project

The purpose of this project is improve the health and nutrition of preschool-aged (mainly from 3 to 5 years old) children in the Gaza Strip.

The project started on January 1, 2020 and ended on December 31, 2020. It was implemented by Peace Wind Japan (PWJ) in partnership with the International Orthodox Christian Charities (IOCC) and Ard Al-Insan in Gaza.

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

Project description (key components and activities)	Beneficiaries (Who, How many)
<p>Component 1. Medical examination, nutritional treatment, and referral for preschool children</p> <ul style="list-style-type: none"> ▪ 1.1 Provide health screening to preschool-aged children ▪ 1.2 Improve nutrition of preschool-aged children referred to and receiving treatment from Ard El Insan 	<ul style="list-style-type: none"> ▪ 3,210 preschool children
<p>Component 2. Training for parents of preschool-aged children</p> <ul style="list-style-type: none"> ▪ 2.1 Guardians of preschool children receive knowledge on health and nutrition ▪ 2.2 Implement practices to improve health and nutrition for parents 	<ul style="list-style-type: none"> ▪ 3,225 guardians of preschool children
<p>Component3. Capacity Building of Kindergartens for Health and Nutrition Promotion</p> <ul style="list-style-type: none"> ▪ 3.1 Improving kindergarten health, hygiene and facilities ▪ 3.2 Improving health, nutrition and first aid knowledge of KG teachers ▪ 3.3 Teachers at KG are able to conduct basic health screening ▪ 3.4 Enabling the provision of health and nutrition education in KGs ▪ 3.5 Improving knowledge of KG's children 	<ul style="list-style-type: none"> ▪ KGs: 12 ▪ KGs' teachers: 60 ▪ KGs' children: 1,320

Log-frame¹

The following table presents the detailed logical framework for monitoring and evaluation of the project as provided by PWJ in their proposal (revised in December 2019):

Overall project objective (expected outcomes)	Improve the health and nutrition of preschool-aged (mainly from 3 to 5 years old) children in the Gaza Strip.			
Current situation (before start of the project)	Expected outcomes (at the end of the project)	Target (indicators of project outcomes) and means of verification	Activities to achieve project outcomes	✓ Assumptions ✧ Risk and external factors
<p>Component 1: <u>Health screening and nutrition treatment of preschool-aged children</u></p> <p>According to the surveys by UNICEF and Palestinian Ministry of Health, the ratio of anemia is 30.7%, stunting is 11% and wasting is 5.5% among children under 5 years of age in the Gaza Strip, yet preschool children lack an opportunity to take health</p>	<p>1. Provided health screening to preschool-aged children.</p> <p>2. Improved nutrition of preschool-aged children referred to and receiving treatment from AEI.</p>	<p>(Indicators)</p> <ul style="list-style-type: none"> • 2,575 preschool-aged children receive health screening. • 90% of preschool-aged children referred for nutrition treatment to AEI go for follow-up. • 80% of preschool-aged children who received nutrition treatment from AEI reach the standard level of treatment completion. <p>(MoV)</p> <ul style="list-style-type: none"> • Health records 	<p>1-1 Training for health screening and nutrition treatment: 17 staffs and doctors involved in the implementation.</p> <p>1-2 Health screening of preschool-aged children: 2,575</p> <p>1-3 Diagnosis and nutrition treatment by AEI: Preschool-aged children suspected of having a nutritional problem through the health screening.</p> <p>1-4 Selection of target communities and KGs for the next phase project: 12 KGs</p> <p>1-5 Monitoring</p>	<p>✓ Project areas remain secure, stable, and accessible to project staffs.</p> <p>✓ Prices of medicines and other materials and equipment required for nutrition treatment are stable and available for procurement in the Gaza Strip.</p> <p>✧ Outbreak of conflict with Israel and the Hamas</p>

¹ This was obtained from the project's proposal document dated October 2019. Please let us know if there is an updated version to replace this one.

screening.		<ul style="list-style-type: none"> • AEI patient records and database • Monitoring records 		<p>or civil unrest.</p> <ul style="list-style-type: none"> ◇ Procurement of nutritional supplements and prescribed medicines needed for nutrition treatment becomes difficult. ◇ Rise in prices of supplies. ◇ Further deterioration of economic situation
<p><u>Component 2: Health and nutrition awareness training for parents of preschool-aged children</u></p> <p>Most parents of preschool-aged children lack an opportunity to receive information on health and nutrition.</p>	<ol style="list-style-type: none"> 1. Parents of preschool-aged children receive knowledge on health and nutrition. 2. Parents of preschool-aged children implement practices to improve health and nutrition. 	<ul style="list-style-type: none"> • 70% of parents who participated in the training improve their knowledge on health and nutrition. • 70% of parents who participated in the training implement at least one practice for health and nutrition improvement one month after the training. <p>(MoV)</p> <ul style="list-style-type: none"> • Test results • Monitoring records 	<ol style="list-style-type: none"> 2-1 Baseline survey of KG parents: 12 KGs 2-2 Preparation of health and nutrition training materials 2-3 Training for parents: (Lecture-style) 3,218 people×1time. (Cooking practice) 2,060 people ×2 times. 2-4 Preparation of monitoring/evaluation tools 2-5 Monitoring 	
<p><u>Component 3: Capacity development of KGs and activity support</u></p> <p>Most KGs that become a foothold for support to preschool-aged children in</p>	<ol style="list-style-type: none"> 1. Improved health and sanitary environment and facilities in KGs. 2. Improved health, nutrition and first aid knowledge of KG 	<p>(Indicators)</p> <ul style="list-style-type: none"> • 12 KGs receive minor renovations for sanitary facilities. • 12 KGs are equipped with facilities for health screening and first aid. 	<ol style="list-style-type: none"> 3-1 Baseline survey of target KGs: 12 KGs 3-2 Preparation of health and nutrition educational materials for preschool-aged children 3-3 Establishment and minor renovations of sanitary facilities for KGs: 12 KGs 3-4 Provision of first aid kits and basic health 	

<p>communities are insufficient sanitary environment, do not conduct health screening, and are unaware of health situation of their pupils. Health and nutrition education is not properly provided by KGs.</p>	<p>teachers.</p> <p>3. KG teachers are able to conduct basic health screening.</p> <p>4. KGs are able to provide health and nutrition education.</p> <p>5. KG pupils acquire knowledge on health and nutrition.</p>	<ul style="list-style-type: none"> • 80% of KG teachers acquire knowledge on health and nutrition. • 90% of KG teachers who attended first aid training pass an examination of the training. • 90% of KG teachers are able to conduct basic health screening. • 90% or more of KGs adopt educational activities for health and nutrition into routine activities. • 80% of KG pupils acquire health and nutrition knowledge. <p>(MoV)</p> <ul style="list-style-type: none"> • Results of pre/post tests for first aid, health and nutrition knowledge, and health screening method. • Monitoring 	<p>screening kits to KGs: 12 KGs</p> <p>3-5 First aid training for teachers: 60 KG staffs</p> <p>3-6 Health and nutrition education to KG pupils: 12 KGs</p> <p>3-7 Establishment of and activities by Parent Health and Nutrition Committees: 12 KGs</p> <p>3-8 Events for health and nutrition education held in the Phase 1 target KGs: 12 KGs</p> <p>3-9 Preparation workshops for Phase 3: 60 staffs from 12 KGs</p> <p>3-10 Wrap-up workshops on health and nutrition activities by KGs: (First) 120 staffs from 24 KGs; (Second) 240 staffs from 36 KGs</p> <p>3-11 Preparation of monitoring and evaluation tools</p> <p>3-12 Monitoring</p>	
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Evaluation overview

Objectives

The evaluation aimed to achieve the following:

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

Timeline

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

Data collection tools

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

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

We have developed the tools under a thematic framework, which included themes, indicators and sub-indicators. Each was individually operationalized for the respective tools. Moreover, the data collection tools were based on PWJ's project objectives and outcomes. We developed the data collection tools taking into account collecting data and information to assess the utilization of humanitarian core principles. This was done through reviewing the Core Humanitarian Standards (CHS) quality criteria and ensuring that the data collection tools address them, when applicable. The following is a list of the CHS quality criteria that were used for the evaluation of this project (based on the JPF evaluation framework):

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

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

Quantitative survey

We administered the survey with a group of 50 beneficiaries (parents of children who received basic screening services and guardians' awareness sessions) and 25 non-beneficiaries (parents from the same communities/districts but were not beneficiaries of the project). The survey was conducted in the period

between 27 to 31 March 2022. The survey with beneficiaries was conducted over the phone and completed electronically using Survey Monkey questionnaires, while the survey with non-beneficiaries was conducted face-to-face as it was difficult to obtain contact details of this sample.

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

Focus Group Discussions (FGDs):

Our methodology included conducting 3 FGDs with the following target groups:

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

Key Informant Interviews (KIIs):

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

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

Evaluation Results

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

The project was able to implement all its planned activities and reach or exceed its targeted number of beneficiaries for those activities. The progress and numbers below are based on the project's final report dated April 21, 2021.

Activities	Status	Actual # of beneficiaries	Original target	% of achievement
Component 1. Medical examination, nutritional treatment, and referral for preschool children				
<ul style="list-style-type: none"> ▪ 1.1 Provide health screening to preschool-aged children ▪ 1.2 Improve nutrition of preschool-aged children referred to and receiving treatment from AEI 	Completed	3,210	2,575	125%
Component 2. Training for parents of preschool-aged children				
<ul style="list-style-type: none"> ▪ 2.1 Guardians of preschool children receive knowledge on health and nutrition ▪ 2.2 Implement practices to improve health and nutrition for parents 	Completed	3,225	3,218 guardians of preschool children (Fathers: 1,158, mothers: 2,060)	100%
Component 3. Capacity Building of Kindergartens for Health and Nutrition Promotion				
<ul style="list-style-type: none"> ▪ 3.1 Improving kindergarten health, hygiene and facilities ▪ 3.2 Improving health, nutrition and first aid knowledge of KG teachers ▪ 3.3 Teachers at KG are able to conduct basic health screening ▪ 3.4 Enabling the provision of health and nutrition education in KGs ▪ 3.5 Improving knowledge of KG's children 	Completed	60 teachers	60 teachers	100%
		1,320 children	1,375 children	
		12 KGs	12 kindergartens	100%

Legend:

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

2. Evaluation results

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

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

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

Poverty plays a huge role in child and infant health, especially in Gaza. According to a study conducted by UNICEF in 2020, around 126,000 children under the age of 5 – 35% of this age group in Palestine – are at risk of not reaching their full developmental potential due to exposure to violence, family and environmental stress, poor nutrition, and poverty.² Only 42% of children receive a "minimum diversity diet" according to UNICEF.³

In addition, the COVID-19 pandemic had serious effects on the economy, and the poverty rate increased further. Although foods and other daily necessities in general are distributed in the market, Humanitarian Needs Overview 2020 oPt indicates that 57% of families in the self-governing Palestinian territories (approximately 1.7 million people) have difficulty in purchasing sufficient food, and as there is concern about malnutrition and unbalanced nutrition due to food shortages, distributing foods and supporting livelihood are urgent issues to be addressed⁴. Under these circumstances, among children aged five or less in particular, anemia, malnutrition, and incomplete development due to the lack of micronutrients such as iron and vitamins A and D are becoming a serious problem.

² UNICEF (n.d.) "Health and Nutrition." UNICEF State of Palestine. <https://www.unicef.org/sop/what-we-do/health-and-nutrition>

³ Ibid.

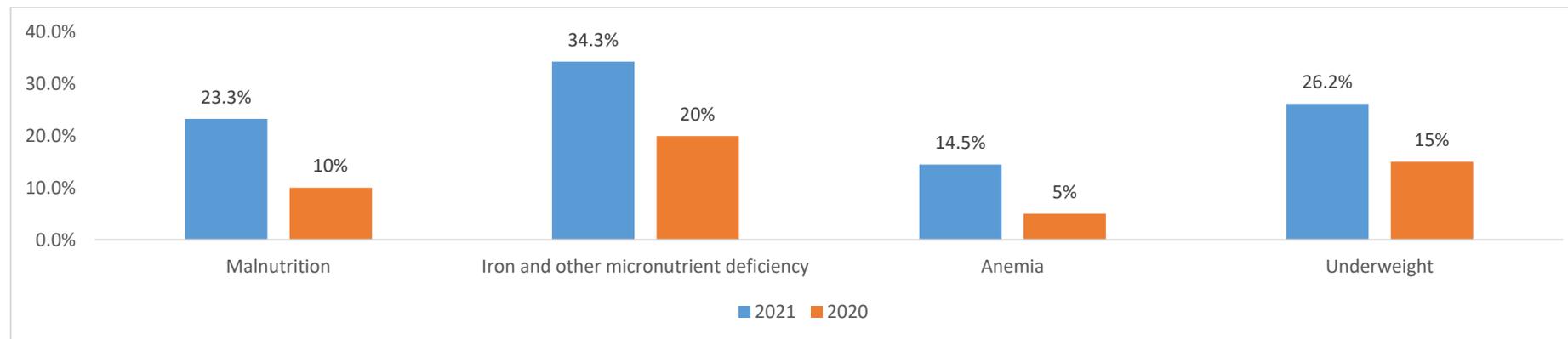
⁴ UNOCHA, *Humanitarian Response Plan OPT 2020* (January 2020) p33, p35, p66

Finally, One of the strategic objectives of the Palestinian "National Strategy for Child Development and Early Intervention 2017-2022"⁵ is to provide all infants and young children with equal opportunities for development and early intervention, and this project is consistent with this goal.

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

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

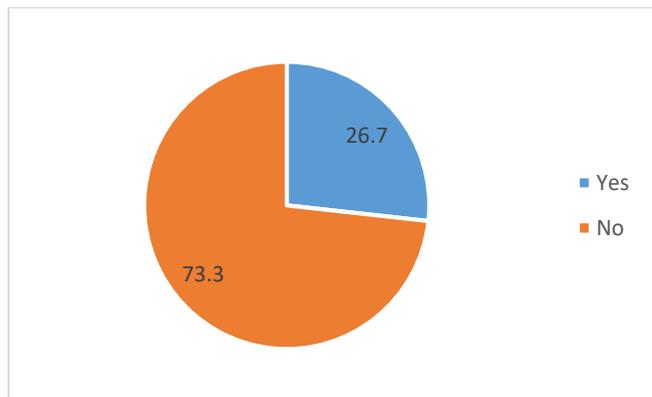
Figure 11: Pre-school children’s nutrition health (In the past 2 years, did your child/children (under 6 years old) suffer from the following?) – n: 172



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

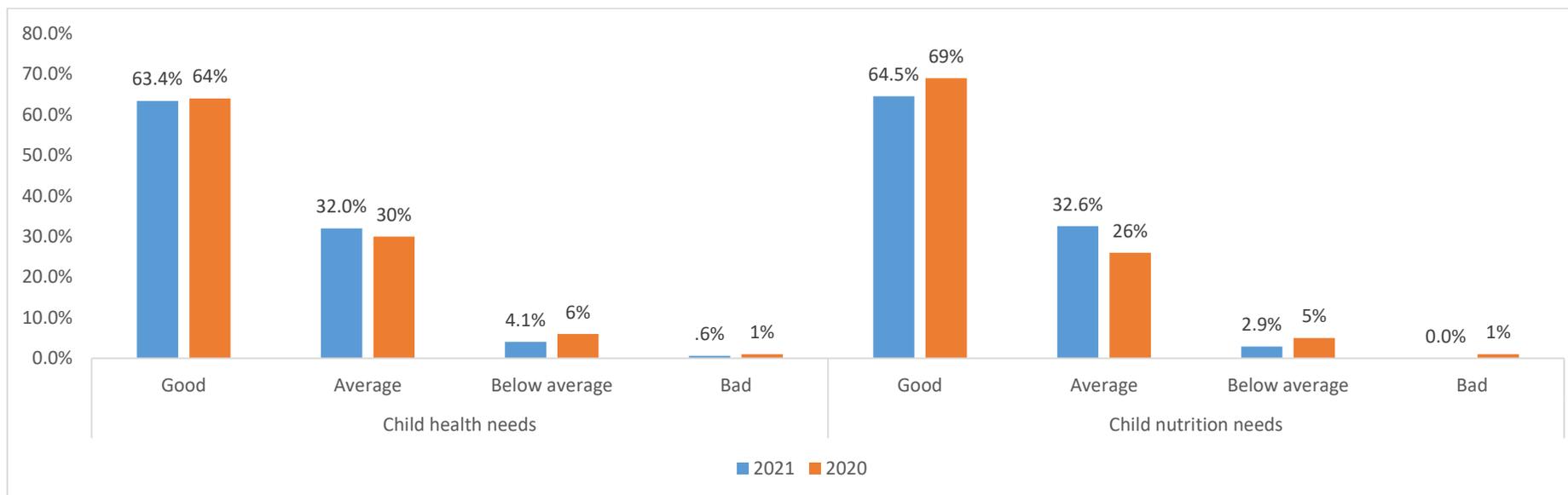
Figure 2: Percentage of respondents who reported having attended/participated in any child health and nutrition awareness activities – n: 172

⁵ State of Palestine, *National Strategy for Early Childhood Development and Intervention 2017-2022* (January 2017)



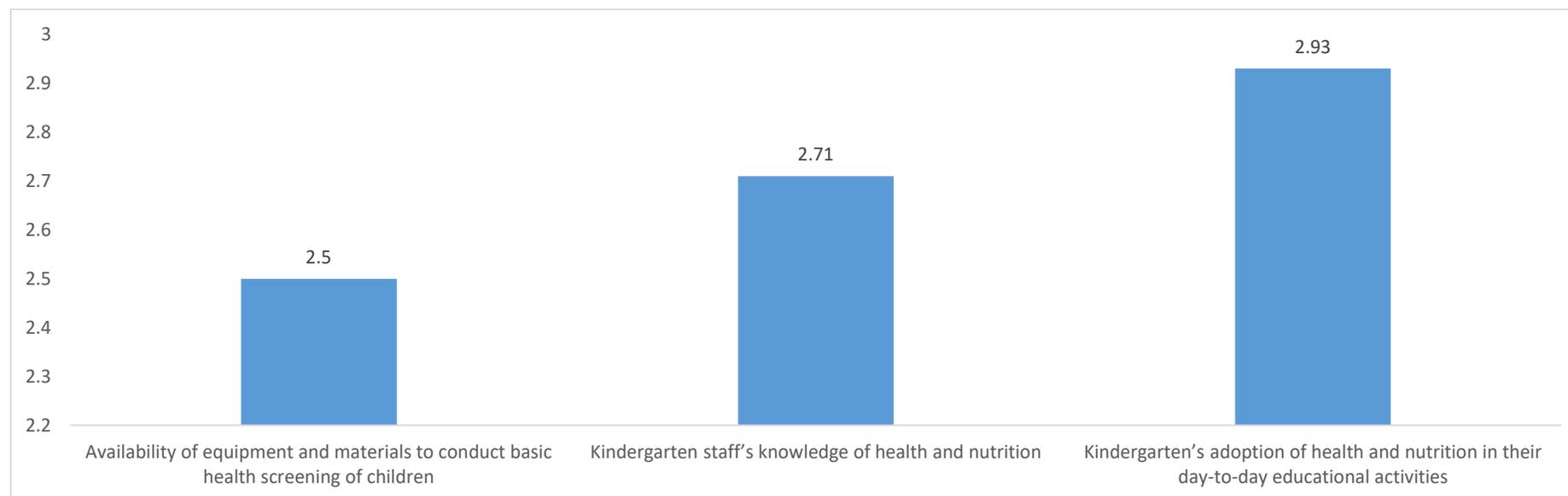
However, high percentages of respondents reported possessing a good knowledge in relation to child health needs and nutrition needs as illustrated in the following graph. As this contradicts the above data and also contradicts experts’ opinions (further details below), it can be explained as a further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

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



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

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



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

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

- There are major infrastructure needs at KGs and schools as well as medical centers such as the needed spaces to conduct the health screening tests, as well as shortages in supplies and equipment to provide these services.
- In addition, there are major human resources needs in terms of numbers of staff needed to cover the large numbers of children throughout the year as well as capacities needed to enable the provision of health services to children in good quality.
- There is a shortage in essential nutrients and supplies for young children such as vitamins.

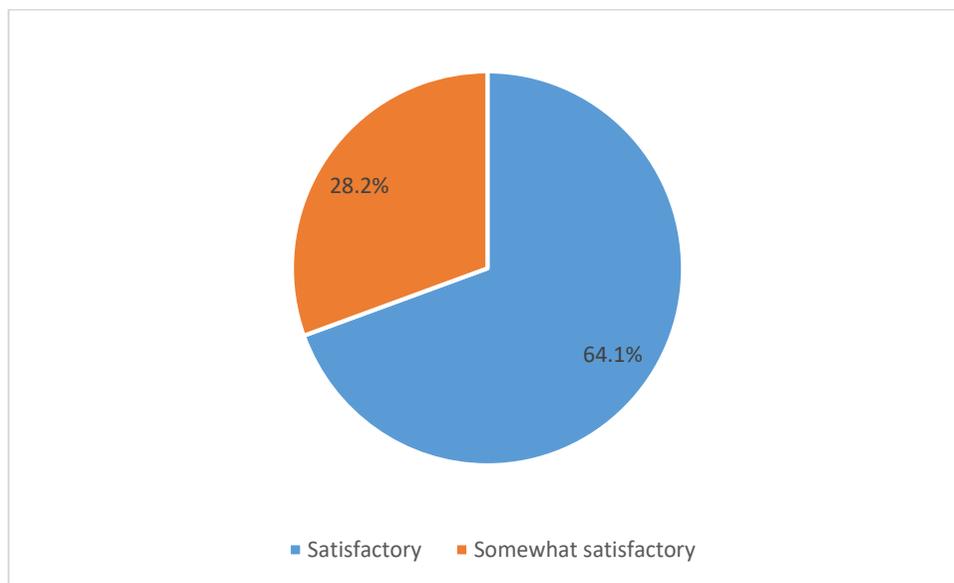
- The inadequate service provision for early health screening and testing for pre-school children leads to large numbers of children being diagnosed late (e.g., suffering from hearing or speaking problems). This is due to the fact that screenings and tests are mainly performed in the first grade and not earlier or due to low level of quality testing.
- There is a low level of awareness among parents in relation to children’s health and nutrition. Empowering mothers is inadequate.
- Very low levels of awareness among mothers about health and nutrition of their children and of their own health while pregnant and breastfeeding.
- Mental health issues for children is an issue as there are many who suffer due to the impact of wars. These health issues are not targeted enough and services through school counsellors are not enough in terms of availability nor quality.

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

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

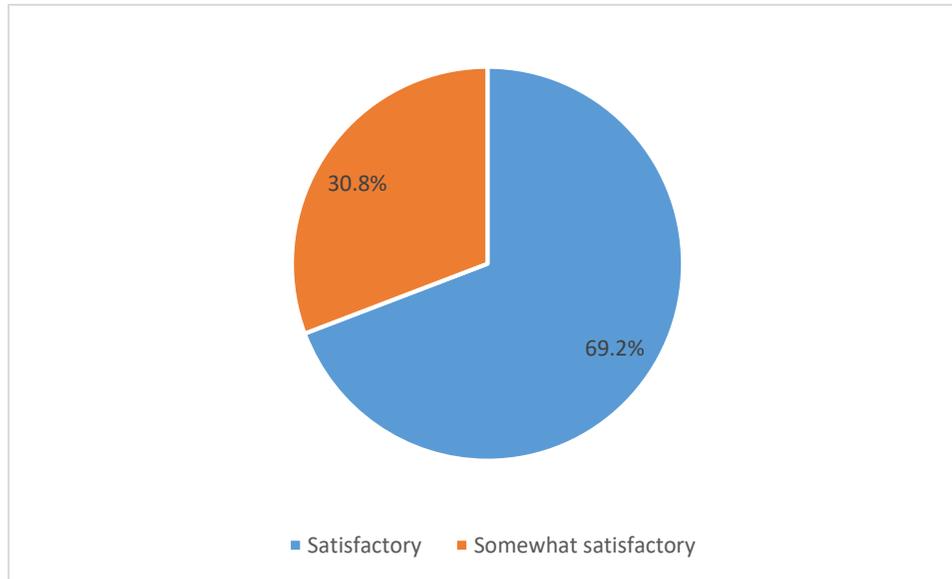
For instance, we asked beneficiaries to assess the level of relevance of services they received in relation to their children’s health and nutrition check-ups, and 92% were satisfied (distributed among 64% satisfied, and 28% somewhat satisfied) as illustrated in the following chart.

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



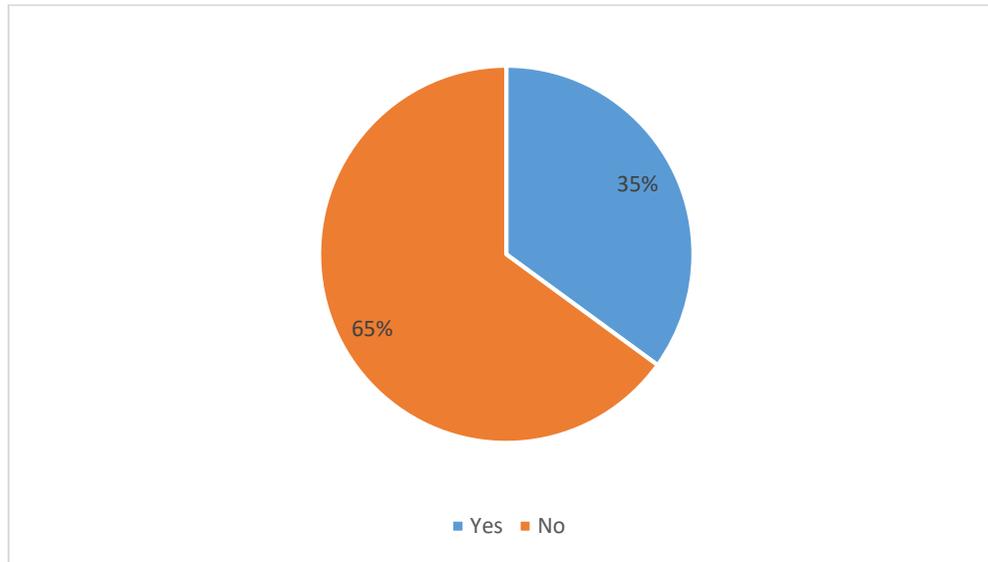
Also, according to the beneficiary survey; **100% of beneficiaries who participated in awareness sessions on child nutrition and childcare** assessed the relevance of these sessions and their content as satisfactory or somewhat satisfactory.

Graph6: Satisfaction of beneficiaries towards the relevance of awareness sessions on child nutrition and childcare (n: 26)



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

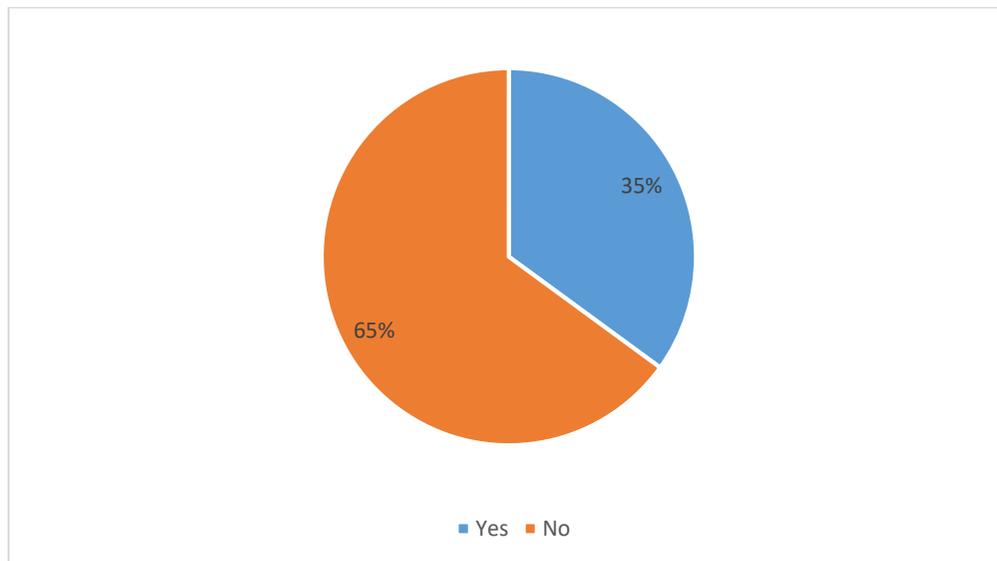
Graph7: Percentage of beneficiaries who received basic health screening of their child/children (under 6 years old) personally (not through a project) (n: 43)



When asked about the reason for not getting the services; the main reasons included their inability to afford the services and their perception of not needing the services for their children in the first place.

Similarly; we asked beneficiaries if they visited a health or medical facility for diagnosis or treatment services of their children's health and nutrition issues personally (not through a funded project); and 35% of beneficiaries reported having done that as the following chart illustrates:

Graph8: Percentage of beneficiaries who visited a health or medical facility for diagnosis or treatment services of their children's health and nutrition issues personally (not through a project) (n: 43)



When asked about the reason for not getting the services; the main reasons included their inability to afford the services and their perception of not needing the services for their children in the first place.

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

"The health screenings were very important to us to know if our children's health is good or not. We don't usually do these tests." – Participant in the parents' FGD

"The awareness sessions were very useful as they introduced so many new information that I didn't know before." – Participant in the parents' FGD

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

"The project's objectives were very relevant to our needs. The physical improvements, the training and the health screenings were all in line with our needs." – KGs' staff FGD

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

"The project team consulted us regarding our needs, and met our needs when possible and when in line with the project's objectives, while some other details were not possible but they clearly explained that to us." – KGs' staff FGD

"After we are done with a training session or other activities; the project team would approach us and ask for our feedback and recommendations." – KGs' staff FGD

In relation to consulting beneficiaries regarding their needs, most parents in the FGDs reported that they were simply informed of the project's activities and were asked to participate, but they were not previously consulted or informed in advance. However, they emphasized that during the awareness sessions, they were constantly consulted about the relevance of topics and what other needs and recommendations they have.

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

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

Component 1. Health screening and nutrition treatment of preschool-aged children

- 1-1: Provided health screening to preschool-aged children
- 1-2: Improved nutrition of preschool-aged children referred to and receiving treatment from Ard El Insan

Component 2. Health and nutrition awareness training for parents of preschool-aged children

- 2-1: Parents of preschool-aged children receive knowledge on health and nutrition
- 2-2: Parents of preschool-aged children implement practices to improve health and nutrition

Component 3. Capacity development of KGs and activity support

- 3-1: Improved health and sanitary environment and facilities in KGs
- 3-2: Improved health, nutrition and first aid knowledge of KG teachers
- 3-3: KG teachers are able to conduct basic health screening
- 3-4: KGs are able to provide health and nutrition education
- 3-5: KG pupils acquire knowledge on health and nutrition

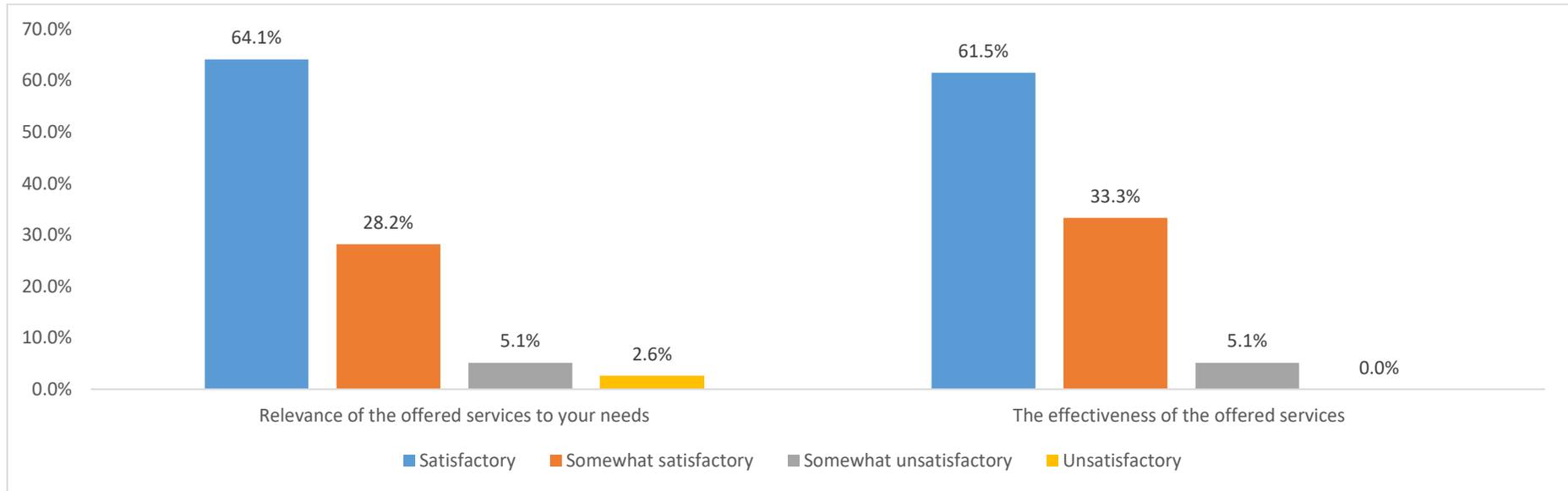
The evaluation team attempted to evaluate the extent to which project results were achieved through further examining beneficiaries' perceptions and their level of satisfaction towards each component of the project using both quantitative and qualitative tools. The following pages summarize the key findings:

Component 1: Health screening and nutrition treatment of preschool-aged children

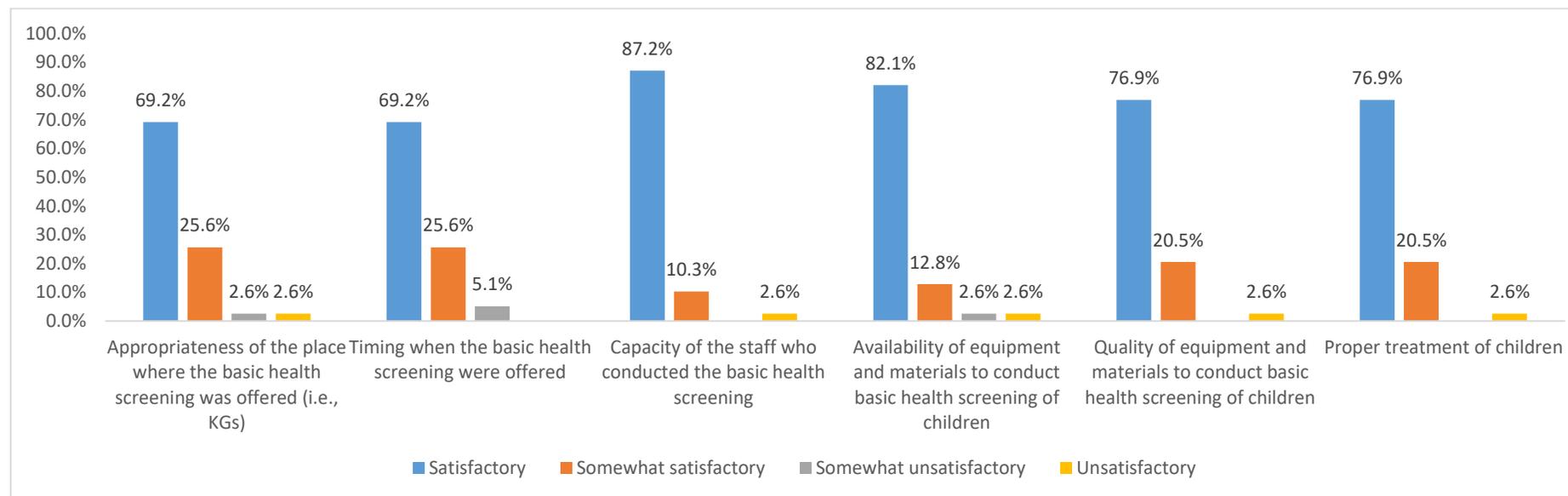
Regarding health screening and nutrition services; the sample of beneficiaries who participated in the survey were satisfied with the support of the project and its effectiveness across a various set of criteria as illustrated in the following table and graphs:

Criteria of assessment	% of beneficiaries who reported "Satisfactory" and "Somewhat satisfactory"
Criteria around the direct benefit of services	
Relevance of the offered services (health and nutrition screening) to your needs	92%
The effectiveness of the offered services (diagnosing health problems or re-assuring parents of child's health)	95%
Criteria around the delivery and logistics of service provision	
Capacity of the staff who conducted the basic health screening	97%
Appropriateness of the place where the basic health screening was offered (i.e., KGs)	95%
Timing when the basic health screening were offered	95%
Availability of equipment and materials to conduct basic health screening of children	95%
Quality of equipment and materials to conduct basic health screening of children	97%
Proper treatment of children	97%

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



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



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

- Capacity of the staff who conducted the basic health screening
- Availability of equipment and materials to conduct the basic health screening of children
- Quality of equipment and materials to conduct the basic health screening of children
- Proper treatment with children

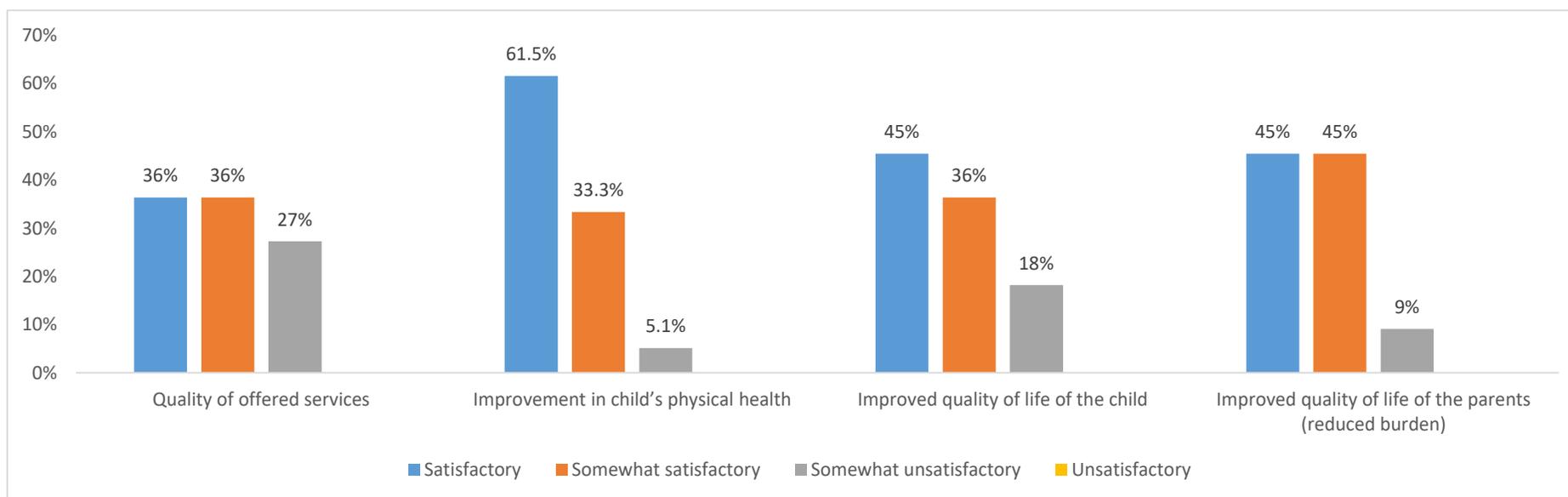
While on the other hand, the following dimensions were assessed less favorably (i.e., higher percentages reporting “somewhat satisfactory”, “somewhat unsatisfactory” and “unsatisfactory”):

- Relevance of the offered services
- Effectiveness of the offered services

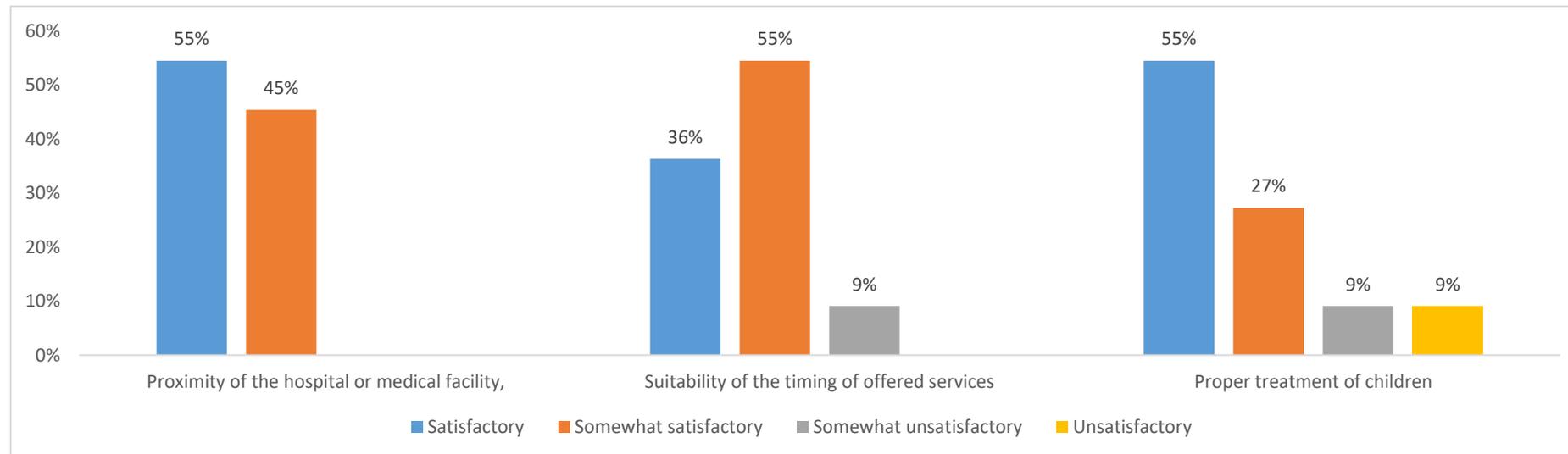
Regarding the follow-up nutrition services of preschool children treated by Ard El Insan; the number of beneficiaries who benefited from these services (in our sample) was eleven beneficiaries (i.e., 26% of the total sample). These beneficiaries reported high levels of satisfaction with the services across a various set of criteria as illustrated in the following table and graphs:

Criteria of assessment	% of beneficiaries who reported “Satisfactory” and “Somewhat satisfactory”
Criteria around the direct benefit of services	
Quality of offered services	73%
Improvement in child’s physical health	82%
Improved quality of life of the child	82%
Improved quality of life of the parents	91%
Criteria around the delivery and logistics of service provision	
Proximity of the hospital or medical facility	100%
Suitability of the timing of offered services	91%
Proper treatment of children	82%

Graph11: Level of beneficiary satisfaction in relation to nutrition services of preschool children treated by Ard El Insan– Criteria around the direct benefit of services (n: 11)



Graph12: Level of beneficiary satisfaction in relation to nutrition services of preschool children treated by Ard El Insan– Criteria around the delivery and logistics of service provision (n: 11)



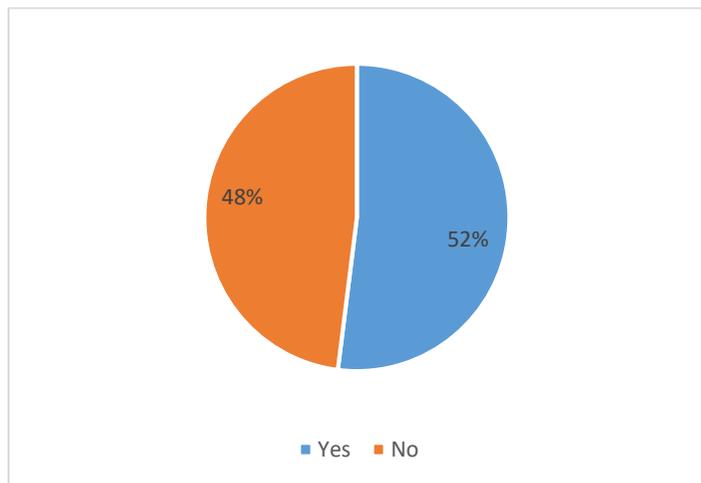
In addition, we asked the sample of beneficiaries if they completed the proposed treatment plan (made all necessary visits) with Ard El Insanor discontinued the treatment, and 64% (7 beneficiaries) of them reported continuing the treatment, while 36% (4 beneficiaries) did not, and the reasons for discontinuation were location of the Ard El Insanbeing too far, the cost being too high and the child having improved health status.

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

Component 2. Health and nutrition awareness training for parents of preschool-aged children

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

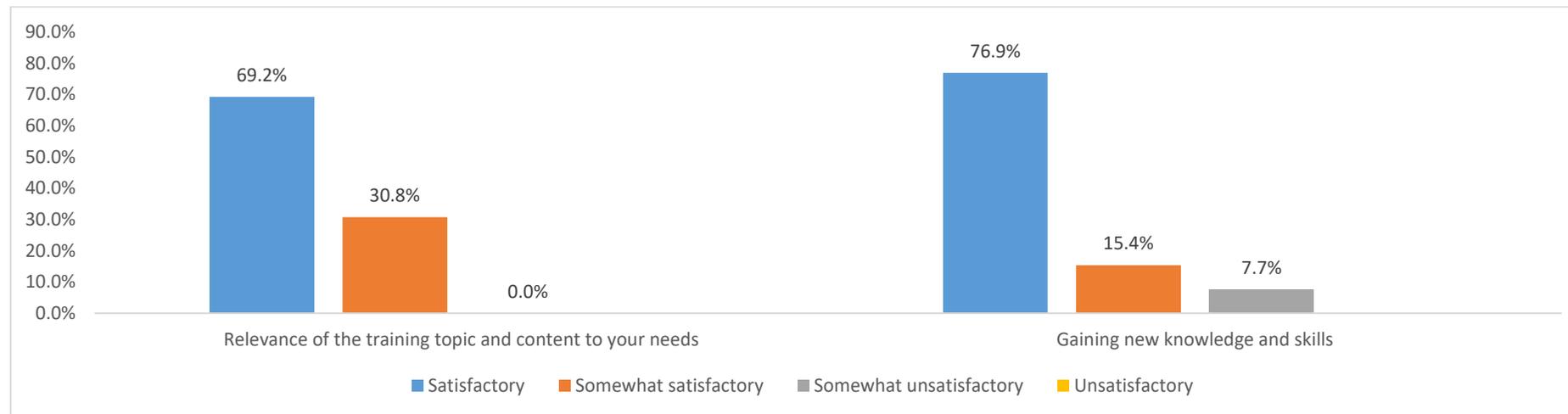
Graph13: Percentage of beneficiaries who received the health and nutrition training services (n: 50)



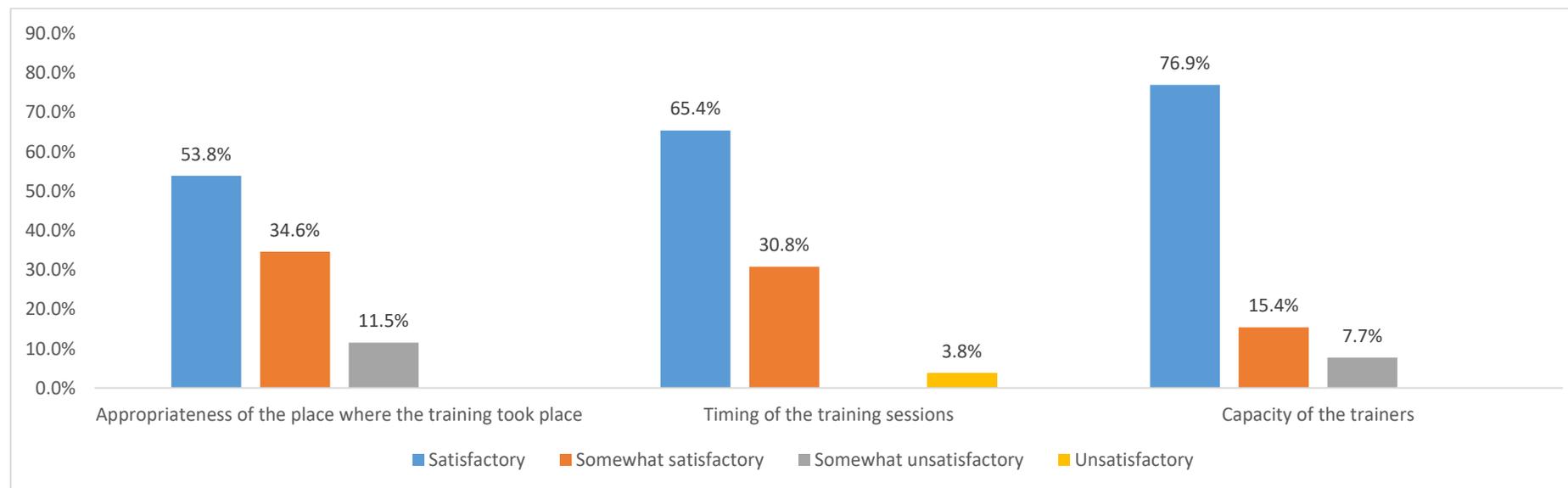
Regarding their satisfaction of the training services, the sample of beneficiaries were highly satisfied with the support of the project and its effectiveness across the following criteria as illustrated in the following table and graph:

Criteria of assessment	% of beneficiaries who reported “Satisfactory” and “Somewhat satisfactory”
Criteria around the direct benefit and impact of services	
Relevance of the training topic and content to your needs	100%
Gaining new knowledge and skills	92%
Criteria around the delivery and logistics of service provision	
Appropriateness of the place where the training took place	89%
Timing of the training sessions	96%
Capacity of the trainers	92%

Graph14: Level of beneficiary satisfaction in relation to health and nutrition training services – Criteria around the direct benefit and impact of services (n: 26)



Graph15: Level of beneficiary satisfaction in relation to health and nutrition training services – Criteria around the delivery and logistics of service provision (n: 26)



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

Child health needs	Good	46%
	Average	42%
	Below average	12%
Child nutrition needs	Good	44%
	Average	46%
	Below average	10%

The above table shows a room for improvement in relation to parents’ own assessment of their knowledge in child health and nutrition needs, where 12% and 10% of beneficiaries reported their knowledge level as below average in both areas, and a high percentage (42% and 46%) reported an average assessment of their knowledge in both topics. This might indicate a further need to raise awareness and training for parents to feel more confident of their knowledge and abilities to take care of their children’s health and nutrition needs.

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

“For me I am 100% satisfied with the project especially the tests. My son had anemia and was referred to Ard El Insan for further treatment where he received the needed supplements and vitamins and now is doing much better.” – Participant in the parents’ FGD

“My son’s blood count was 8 and it became 11 after the treatment he received.” – Participant in the parents’ FGD

“The training sessions definitely improved our knowledge and awareness regarding our children’s health and nutrition. Also the other sessions regarding emergency times and Covid-19 were very useful and effective.” – Participant in the parents’ FGD

“The sessions were useful and the trainer had a good and easy to follow approach. He would listen to us and take our questions and feedback seriously.” – Participant in the parents’ FGD

The key challenge faced by beneficiaries during the project was related to Covid-19, which had a direct impact on the delivery of some of the services, where some were discontinued and others were delivered using alternative remote methods. This has had a direct impact on the satisfaction levels among beneficiaries, which can explain parts of the above results of “somewhat satisfactory” and “unsatisfactory” assessments.

“I am 70% satisfied with the project, because due to Covid-19, we were not able to get all the training sessions as planned.” – Participant in the parents’ FGD

“I did the tests for my child, but then Covid-19 hit, and I didn’t follow up.” – Participant in the parents’ FGD

For instance, the parents’ awareness sessions were switched to a remote delivery method using WhatsApp groups and other virtual methods. This has had an impact on the quality of the sessions, as well as caused efficiency issues in the delivery due to the difficulties in using these new ways of work.

"I attended two sessions but then due to Covid-19 I did not attend the other sessions." – Participant in the parents' FGD

"At the beginning the sessions were delivered normally, but after August; they switched to phone calls, 20 minutes with the mother and 20 minutes with the father. We believe this impacted the allocation of time and budget in the project." – Participant in the KGs' staff FGD

"We faced difficulties working with parents through WhatsApp. We also faced difficulties when talking to them over the phone, it would take us a long time to complete a questionnaire with them for instance." – Participant in the KGs' staff FGD

The project did however address the issue of Covid-19 and introduced sessions on how to deal with the virus for KGs' staff and the parents. Feedback regarding these sessions was positive during the focus groups, but some participants preferred if more time was given to other child health and nutrition topics instead of Covid-19.

In addition to challenges of Covid-19, there were several areas for improvement mentioned by the parents and KGs' staff during the focus groups. One issue was related to the food packages. A concern that was mentioned by the KGs had to do with changes in the project from one year to another, where limited budget was assigned to the food packages component of this year.

"Parents heard about the distribution of food packages and they approached us to register their children and get this benefit. However, last year's value of the food package was US \$100, while this year it was only 45 shekels. This created problems for us with the parents and they thought we stole from them. We were under pressure and it was frustrating." – Participant in the KGs' staff FGD

Another concern was mentioned by the parents, who were unsatisfied with the fact that the packages were not enough for the family, but only for one child.

"I am happy with the food package but only 60% satisfied because I have other children and it was not enough for them all. I had to personally buy them food personally." – Participant in the parents' FGD

Parents stressed the importance of such assistance (i.e., food packages) especially during the Covid-19 period.

"The training sessions were great and we really benefited from the new information, but our difficult economic situation did not allow us to apply this knowledge as we could not afford to buy healthy food." – Participant in the parents' FGD

Another issue mentioned was the location of the Ard El Insan for some parents. Although they agreed that the project did cover the transportation costs, but this was still a challenge that impacted the level of commitment of parents towards the treatment and follow-up with Ard El Insan.

Finally, several participants in the KGs' focus groups and parents as well mentioned that there are additional needs that the project did not address but would have been a valuable contribution. These included assistance for children suffering from vision, speech or hearing difficulties or other similar conditions.

Component 3. Capacity development of KGs and activity support

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

"The support of the project to our KG was very important to us as it enabled us to provide better services to children while maintaining better health measures." – A participant in KGs' FGD

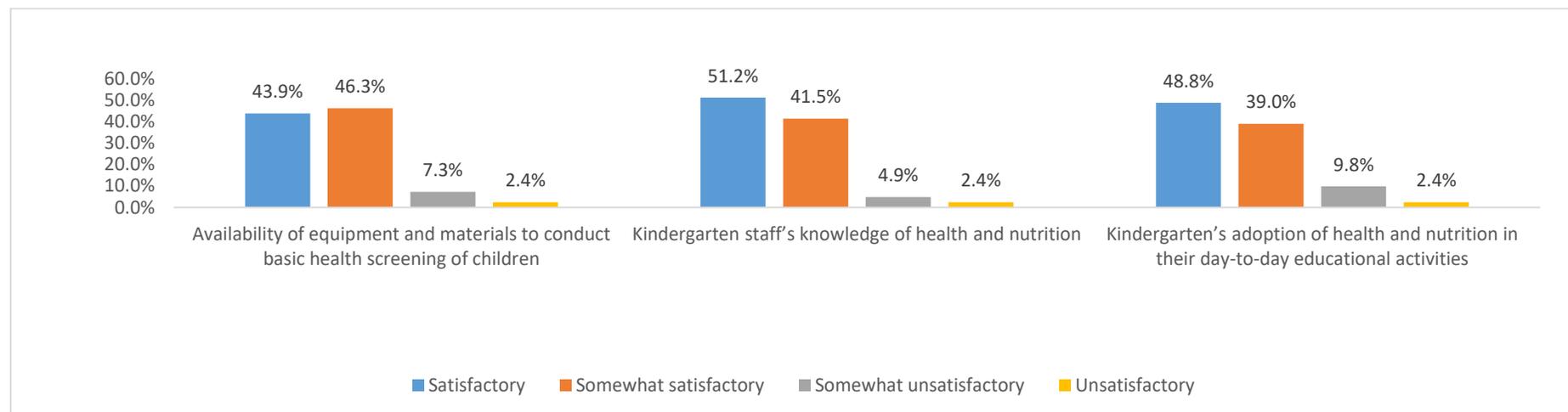
As for the training of KGs' staff, they were also very satisfied:

"The trainings were extremely important and useful. The knowledge of first aid, of Covid-19, child health and screening and child nutrition transformed our staff and their abilities. We benefited for work purposes but also on a personal level." – A participant in KGs' FGD

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

Criteria of assessment	% of beneficiaries who reported "Satisfactory" and "Somewhat satisfactory"
Availability of equipment and materials to conduct basic health screening of children	90%
Kindergarten staff's knowledge of health and nutrition	93%
Kindergarten's adoption of health and nutrition in their day-to-day educational activities	88%

Graph16: Level of beneficiary satisfaction of their kindergarten’s ability to promote the health and nutrition of children in the community – (n: 41)



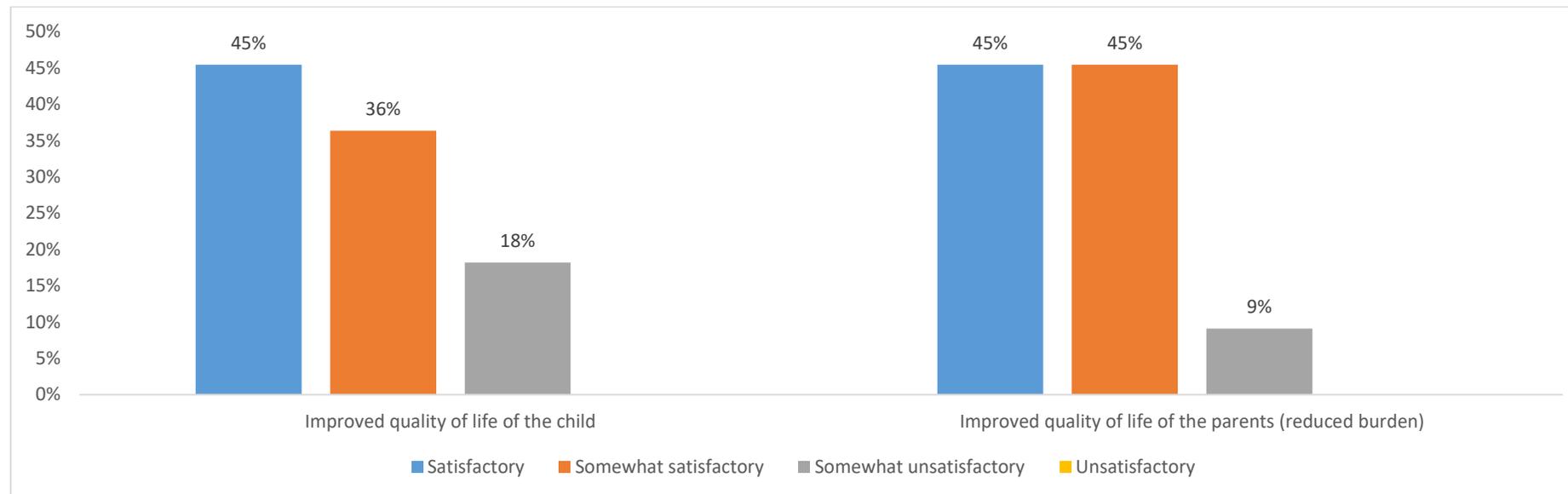
The above data suggests a good assessment of KGs’ abilities overall, but considering the percentages reporting “somewhat satisfactory” might indicate an area for improvement in relation to parents’ perceptions towards KGs’ abilities and capacities towards promoting children’s health. This could be related to the fact that KGs continue to sell unhealthy snacks and food to children even after being part of the project as reported by several beneficiaries.

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

In the above sub-section, we evaluated the effectiveness in achieving the outcomes of the project, but we believe that the evaluation needs to go beyond the immediate implementation of the project’s activities, and to cover the impact of these activities on beneficiaries. This includes for example the project’s impact on the quality of life of the beneficiaries, and their ability to use the knowledge gained through the project in their daily lives.

Through the quantitative survey, we asked beneficiaries of follow-up services for nutrition by Ard El Insan about these aspects of the project, and the following table and chart summarize the results of this assessment:

Criteria of assessment	% of beneficiaries who reported “Satisfactory” and “Somewhat satisfactory”
Improved quality of life of the child	82%
Improved quality of life of the parents (reduced burden)	91%

Graph17: Level of beneficiary satisfaction of impact related dimensions – (n: 11)

As illustrated above; the overall assessment is positive (total of satisfactory and somewhat satisfactory). Although there are noticeable percentages reporting somewhat unsatisfactory and unsatisfactory; we believe these results are expected for the type of services offered, as although they would leave an impact on some beneficiaries in terms of improved quality of life of children and their parents, but the offered services are naturally temporary (one-time or several visits of follow-up) which tend to leave a short-term impact rather than a long-term and stronger impact on the quality of life. Also, not all beneficiaries suffered from substantial health issues with their children, translating into less felt impact than beneficiaries who might have had more serious conditions and accordingly more impactful treatment services and results.

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

"Our children used to eat lots of unhealthy food such as sugary soda drinks, unhealthy pre-made noodles, and other similar products. But now after what we learned, we changed our practices and are working very hard with our children to change their habits into healthy ones." – Participant in the parents' FGD

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

"I could not control my children's food choices in everything, there were still items that were unhealthy but they insisted on eating. These food items should be banned from markets or at least from being sold at KGs and schools." – Participant in the parents' FGD

Finally, KGs also reported that beyond the direct benefit of the services, they believe their participation in the project served as a sort of good publicity of them among the local communities who were more interested to join them.

Sustainability

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

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

"Now we are able to continue to provide these essential services and tests. We have the needed equipment and we have the knowledge." – Participant in the KGs' staff FGD

Parents' testimonies also supported a good degree of sustainability of the project, where several parents reported how they were now using and applying the new knowledge they gained, and also transferring this knowledge to their families and neighbors.

"I constantly tell my neighbors about proper nutrition for children and try to help them understand the bad habits that I used to do as well." – Participant in the parents' FGD

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

"The training sessions were great and we really benefited from the new information, but our difficult economic situation did not allow us to apply this knowledge as we could not afford to buy healthy food." – Participant in the parents' FGD

Implementation approaches (Relevant CHS: CHS6: Cover and Coherence)

Partnership approach

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

A holistic approach

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

3. Value determination of the project

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

Recommendations

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

Recommendations to PWJ:

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

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

- To include entertainment activities as part of the project and include people who are not necessarily registered in the KGs, to local communities and local children, especially those living in difficult economic situations and remote and risky areas.
- To include/continue to include activities that focus on teaching the children themselves how to choose healthy food and other healthy practices.
- To include follow-up and referrals to other service providers within the Gaza strip for further treatment for conditions other than nutrition that are being tested and diagnosed through the basic screening tests (e.g., eye vision, hearing, mental health and other possible health issues).
- To assist KGs in transforming their canteen into a healthy source of food and snacks for children and support them in sustaining this approach in the future through finding affordable and sustainable methods to provide such healthy items without suffering from an additional financial burden.
- To take into consideration the family's size when distributing the food packages in order to guarantee the provision of adequate supplies of nutritious food items and supplements to meet all children's needs.
- To ensure clear communication channels are established between project team members, KGs and final beneficiaries (i.e., parents) regarding any changes in project activities and components in order to avoid any misunderstandings and challenges such as those that occurred regarding the changed value of the food packages from one year to another.
- To continue to follow up with the KGs from previous years of the project and continue to support them whenever possible through future phases.
- To continue to support parents economically through the distribution of food packages or other needs of their children and ease their burden and increase their participation in the project.

Recommendations to JPF:

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

Annex A: TOR

Annex B: Data Collection Tools

Questionnaire

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

Do you have any pre-school children in kindergartens?		
1. Yes, targeted by project		

2. Yes, not targeted by project				
3. No				
How do you assess your level of income?				
1. Below average		2. Average		3. Above average
PRE-SCHOOL CHILD HEALTH				
(1) Do you have pre-school child/children in kindergartens?				
1. Yes, in the KGs targeted by the <i>project</i>				
2. Yes, in a KG that is not targeted by the <i>project</i>				
3. No				
(2) In the past year, did your child/children (under 6 years old) suffer from the following?				
Malnutrition	1. Yes		2. No	
Iron and other micronutrient deficiency	1. Yes		2. No	
Anemia	1. Yes		2. No	
Underweight	1. Yes		2. No	
(3) Were you a beneficiary of the <i>project</i> ?				
1. Yes, I am a direct beneficiary			2. No I'm not	
(4) Did you get a basic health screening of your child/children (3-6 years old) through the <i>project</i> ? (health screening to assess their health and nutritional status and early detection of health concerns)				
1. Yes				
2. No				
(5) If yes, please assess the following: (for both beneficiaries and non-beneficiaries)				
Relevance of the offered services (health and nutrition screening) to your needs	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
The effectiveness of the offered services (diagnosing health problems or re-assuring parents of child's health)	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Appropriateness of the place where the basic health screening was offered (i.e., KGs)	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Timing when the basic health screening were offered	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Capacity of the staff who conducted the basic health screening	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory

Evaluation report of PWJ's "Health/Nutrition Support for Vulnerable Pre-school-aged Children and Their Caregivers in Gaza (Phase 2)"

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

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

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

1. Yes
 2. No

(12) If no, please state the reason:

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

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

1. Yes
 2. No

(14) If no, please state the reason:

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

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

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

CHILD HEALTH AND NUTRITION AWARENESS

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

1. Yes
 2. No

(17) If yes, please assess the following:

Relevance of the training topic and content to your needs	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Appropriateness of the place where the training took place	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Timing of the training sessions	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Capacity of the trainers	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Gaining new knowledge and skills	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
(18) Did you attend/participate in any child health and nutrition awareness activities during the past two years (not through the <i>project</i>)?				
1. Yes 2. No				
(19) How do you assess your knowledge in relation to the following: (for both beneficiaries and non-beneficiaries)				
Child health needs	1. Good	2. Average	3. Below average	4. Bad
Child nutrition needs	1. Good	2. Average	3. Below average	4. Bad
KINDERGARTENS' ROLE IN CHILD HEALTH AND NUTRITION				
(20) If you have a child/children in a kindergarten; please assess the kindergarten's ability in terms of promoting the health and nutrition of children in the community: (for both beneficiaries and non-beneficiaries)				
Availability of equipment and materials to conduct basic health screening of children	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Kindergarten staff's knowledge of health and nutrition	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Kindergarten's adoption of health and nutrition in their day-to-day educational activities	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory

FGDs and KIIs

FGD with parents (overall project)

Introduction about the project (TBA)

Duration: Two Hours

Overall introduction and management of the FGD (10 minutes)

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

Relevance

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

Effectiveness

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

Impact

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

Sustainability

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

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

Lessons learned and recommendations for improvements in project activities

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

FGD with parents (Health and nutrition training)

Introduction about the project (TBA)

Duration: Two Hours

Overall introduction and management of the FGD (10 minutes)

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

Relevance

- How important to you were the trainings? Do they resonate with your needs and priorities in relation to your children? Why? Please provide examples to support your answers (e.g., what are other more pressing needs for you and your children?)
- Were you consulted on your needs and priorities? Who consulted you? How did they consult you (e.g., did project staff conduct interviews or focus groups or other methods?)? Did you help set the training content, timing, or other details?
- How satisfied are you with your level of involvement in this component of the project (training)?

Effectiveness

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

Impact

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

Sustainability

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

Lessons learned and recommendations for improvements in project activities

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

FGD with KG staff

Introduction about the project (TBA)

Duration: Two Hours

Overall introduction and management of the FGD (10 minutes)

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

Relevance

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

Effectiveness

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

- How would you describe your relationship with field project staff?

Impact

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

Sustainability

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

Lessons learned and recommendations for improvements in project activities

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

Interview guidelines (IOCC Gaza Office Representative)

Relevance

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

Project design, activities and strategies

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

Effectiveness

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

Efficiency

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

Impact and Sustainability

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

Lessons learned and recommendations for improvements in project activities

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

Interview guidelines (Representatives of the Ministry of Health and Ministry of Education)

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