



مركز العالم العربي للبحوث والتنمية
Arab World for Research & Development

Quality Research ... Matters

Japan Platform (JPF)

Baseline Survey and Third Party Monitoring (TPM) of JPF Funded Projects in Palestine (Gaza)

TPM of Campaign for the Children of Palestine (CCP) Report

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Acronyms

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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Introduction (Overview, Purpose and Methodology)

Project Overview

The Campaign for the Children of Palestine (CCP) has implemented the Project: **“Rehabilitation and Reintegration for the Persons with Disabilities and Capacity Development for the Caregivers in Gaza Strip”**.

The project started on September 1, 2018 and ended on February 29, 2020. It was implemented by CCP in Gaza as well as with the following two local partners:

- Union of Health Care Committee (UHCC)
- Atfaluna Society for Deaf Children (ASDC)

The purpose of this project is to promote the improvement of and prevention of worsening of physical conditions of private citizens, with a central focus on children and young people who have disabilities and/or diseases, to foster personnel as caregivers, to encourage social participation and vocational training of persons with disabilities and patients, and to promote the independence of persons with disabilities and those who need treatment without leaving anyone behind during reconstruction.

Evaluation purpose and objectives

The TPM Services aim to achieve the following:

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

Challenges of the evaluation and limitations of the report

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

The second challenge is the current Coronavirus situation. AWRAD team takes safety of beneficiaries, its fieldwork team and all other stakeholders very seriously, accordingly, after consultation with JPF, CCP and other relevant partners, a unanimous decision was made to make adjustments to the methodology. The first adjustment was to conduct the survey interviews with beneficiaries over the phone, instead of face-to-face household interviews. This was deemed as an appropriate alternative that maintains the safety of everyone involved and also does not jeopardize the accuracy of data collection. We used online survey tool (Google forms) and entered the answers immediately. However, regarding the qualitative data collection (i.e., Focus groups and interviews); we conducted the interviews through the phone or Skype or other online tools, and replaced part of the focus groups with in-depth interviews.

Methodology

Data collection tools

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

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

We have developed the 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 consideration the need to collect information around the OECD-DAC five key evaluation criteria: Relevance, Effectiveness, Efficiency, Impact and Sustainability.

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

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

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

Sample

We conducted the survey with a representative sample targeting 230 beneficiaries from the following table. **AWRAD team conducted the survey with parents of children beneficiaries and caregivers of adult beneficiaries who are unable to participate in the survey (e.g., adult beneficiaries with severe disability).** We reviewed the lists of beneficiaries provided by CCP and we selected the survey samples to be representative of the project component/type of activity based on the following table. Since beneficiaries received several services within different components, the majority of our sample of 230 beneficiaries were recipients of several services in the below table. The last column in the following table reflects the number of sample who received the service:

Activities	# of beneficiaries	Sample # of beneficiaries who received the service
Component 1: Provision of medical services to PwD and patients		
Physiotherapeutic care: Individual home visit (outreach)	469 (78%, 367 are minors)	124

Distribution of Assistive Devices	367	126
Physiotherapeutic care: Physiotherapy Unit in Gaza city (North) (Outpatient)	108	143
Nutrition support	589	129
Nutrition support (Following-up)	355	
Component 2: Developing human resources in support for patients and PwD		
Parent workshop for the improvement of children's nutrition conditions (Nutrition workshop)	374	130
Home-based workshop for family members for home care (Family workshop)	314	160

However, the **final and actual sample depended on the following factors:**

- Beneficiaries' **willingness** to participate in the survey
- **Reachability of beneficiaries**

The sample 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.

We coordinated with CCP to reach the selected sample and contacted them to ask for their participation in the survey. **(We interviewed parents of children beneficiaries and not the children themselves).**

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: Provision of medical services to PwD and patients who received the services within physiotherapeutic care including: IHV, Assistive devices, Outpatient care and Home-based workshop for home care.
2. Beneficiaries of Component 1: Provision of medical services to PwD and patients who received the Nutrition support and follow up services and Parent workshop for the improvement children's nutrition.
3. Beneficiaries within Component 2: Developing human resources in support for patients and PwD who received the Physiotherapist Training, the Social Worker Training and the Care Assistant Training.
4. Beneficiaries within Component 3: Facilitating social participation of PwD and patient who received the Vocational training for persons with disabilities and the job counseling and guidance workshop.

(Due to the challenges with the Coronavirus situation, the focus group discussions were not implemented except for the one with beneficiaries of component 2 who received the Physiotherapist Training, the Social Worker Training and the Care Assistant Training). Accordingly, we adjusted our methodology to include in-depth interviews with a number of beneficiaries of Components 1 and 3 instead of the FGDs.

Key Informant Interviews (KIIs):

Our methodology proposed conducting 6 KIIs with key community informants in the project sites that possess a relevant perspective on the project activities. We conducted KIIs with the following list of informants:

1. CCP Japan Gaza Office Project Coordinator
2. ASDC's Project Coordinator (or a representative who is familiar with the project)

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 – Union of Health Care Committee

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 attended a central training session that ran for a full working day. Training pertained to the assignment at hand, and have also included broad practices and instruction about conducting survey interviews, facilitating FGDs and conducting KIIs.

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

The training session covered the following:

- Explanation of the project objectives;
- Explanation of the research tools (i.e., questionnaires and FGD and KII guides);
- Detailed explanation of the questionnaires and guides, question by question;
- 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 children; working with PwDs and other vulnerable groups;
- Data entry procedures (for data entry personnel), if manual data collection was used.

Data collection - Surveys

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

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

Data collection - Focus Groups and KIIs

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

Data analysis and reporting

Data collected through the survey was analyzed using statistical methods. Analysis included identifying relationships between variables to capture the salience of variables.

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

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

Evaluation Analysis and Key Findings

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 five evaluation criteria: Relevance, Effectiveness, Efficiency, Impact and sustainability. This sections provides the key findings from the tools.

Relevance

Relevance of the project to the overall health and disability context in Gaza Strip

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 2017¹.

The purpose of the CCP project is to:

1. Promote the improvement of and prevention of worsening of physical conditions of private citizens, with a central focus on children and young people who have disabilities and/or diseases;
2. To foster personnel as caregivers;
3. To encourage social participation and vocational training of persons with disabilities and patients; and
4. To promote the independence of persons with disabilities and those who need treatment without leaving anyone behind during reconstruction.

The project primarily targeted PwDs that resulted from the 2014 war, in addition to other PwDs as a result of accidents or birth defects.

These objectives and focus of the project are 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 12 years led to deterioration of the economic and social conditions of the population, unprecedentedly increasing the unemployment 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 services².

Moreover, according to a representative of the Ministry of Social Development (MoSD) in Gaza Strip; in the year 2019, the MoSD in Gaza Strip has recorded a total number of 52,000 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 (which needs constant replacement and technical support), as well as the specialized support

¹ PCBS, People with Disabilities in Palestine according to area and governorate, 2017.

http://www.pcbs.gov.ps/Portals/_Rainbow/Documents/DISABILITY-2018-01A.html

² <https://www.pchrgaza.org/en/?p=11722>

within specific types of disabilities and assistance needed, 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.

In addition, he also stressed the need for financial support for families to be able to access these quite expensive services, the need to build the capacity of specialized medical and rehabilitation teams, and most importantly, the need to raise awareness regarding PwDs and enable their inclusion in the society through education, training and employment opportunities.

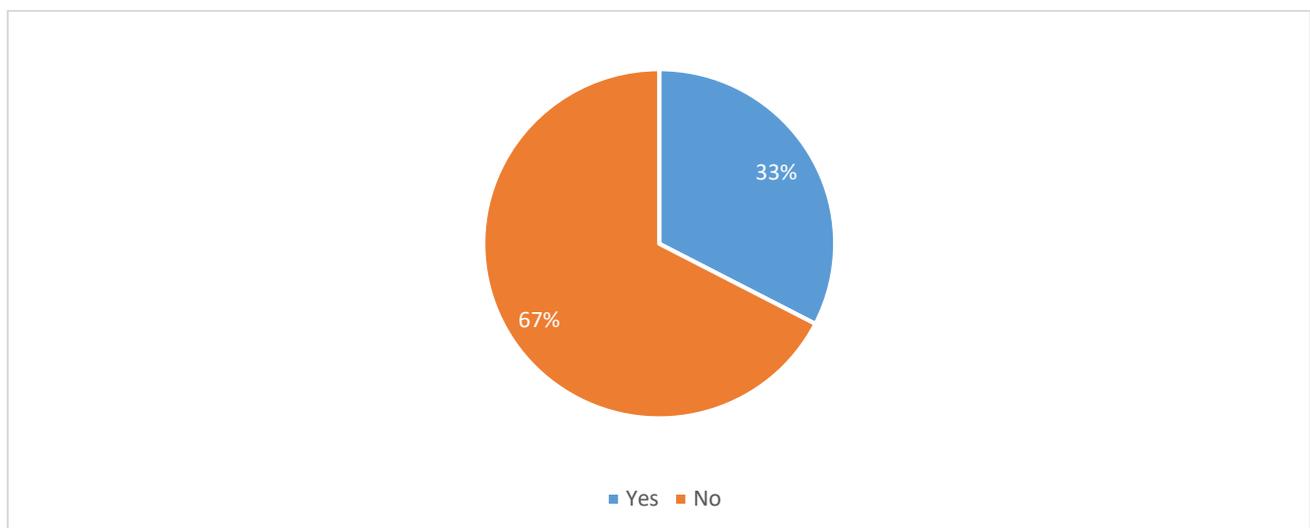
“In my opinion, this [CCP] project is very relevant to the needs of PwDs in Gaza Strip, and even if it focused on limited areas, it would still be an achievement and a contribution to serving this marginalized group” Mr. Ghassan Filfel, Representative of MoSD

Moreover, the beneficiaries who received the Physiotherapist Training confirmed how important these sessions were in relation to the context in Gaza Strip.

“The project was very important for our societies, it focused on marginalized cases who are usually overlooked, especially that there is a focus by most organizations on supporting PwDs resulting from the Great March of Return” A participant in the training sessions beneficiaries’ FGD

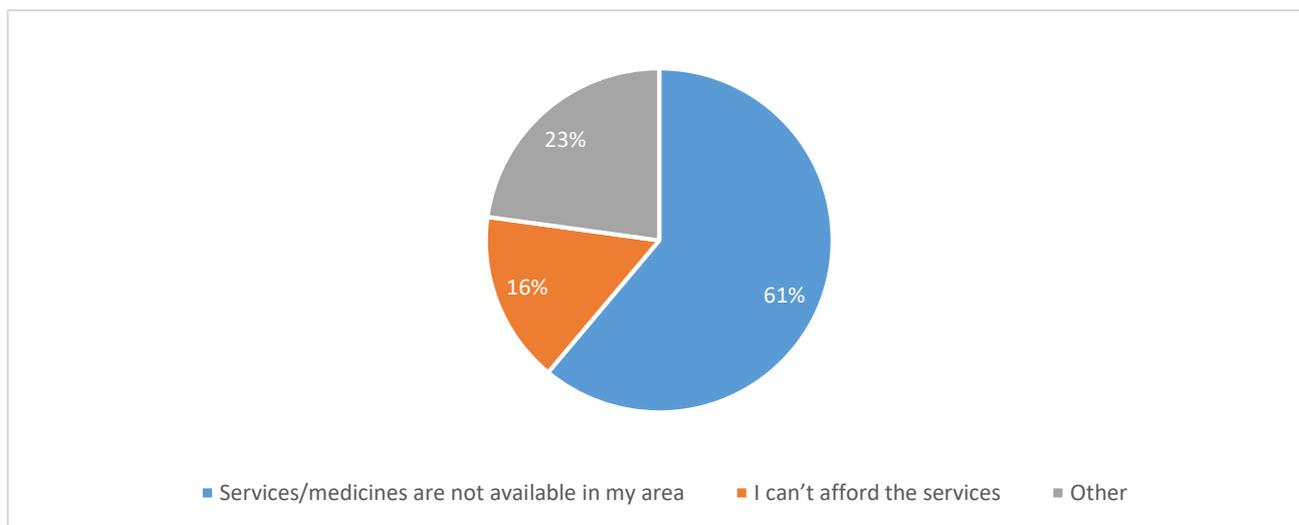
The findings of the quantitative survey with beneficiaries are in line with the above, where we notice that the majority of beneficiaries have not received treatment or the needed rehabilitation services for their disabilities prior to the project, as the following chart illustrates:

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



When asked about the reason for that, most beneficiaries (61%) 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



Project design in line with beneficiaries' needs

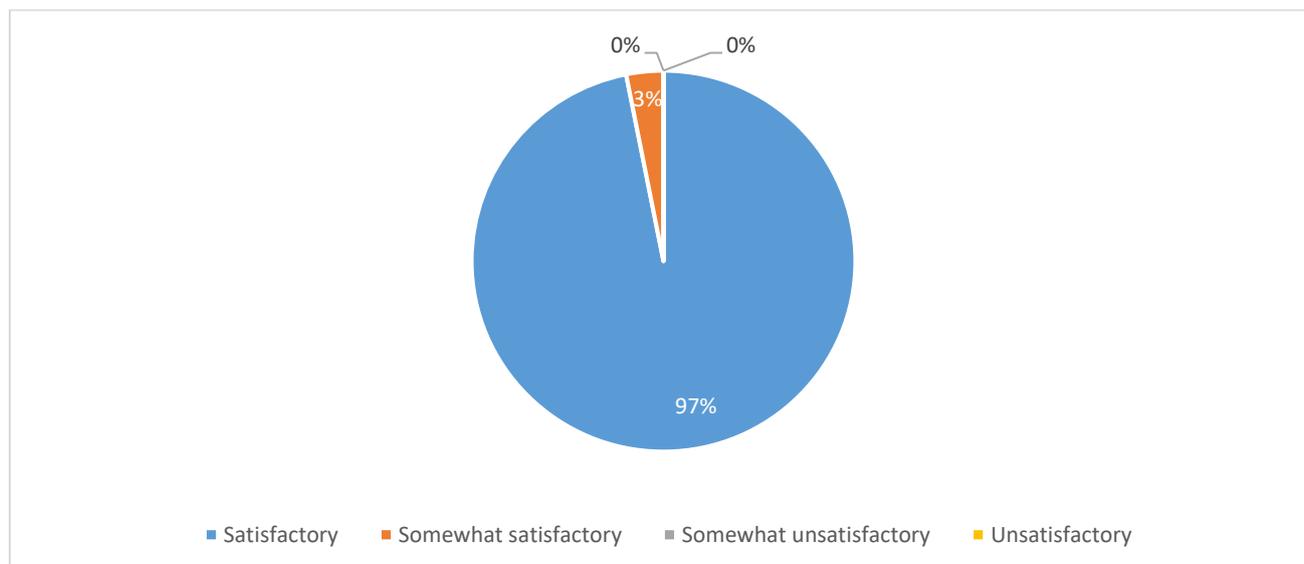
The CCP project team made an effort to align the project's objectives and interventions with those of the health sector and health needs of Gaza Strip. This was done through several meetings with the World Health Organization (WHO) in Gaza Strip and the Health Sector Working Group to better understand the needs of the targeted beneficiaries and to benefit from previous similar projects and experiences of other organizations. They also consulted with various doctors, health experts, social workers and other relevant stakeholders and accordingly they set the project's priorities.

Moreover, CCP project team conducted a needs assessment study prior to designing their intervention/component (Facilitating social participation of PwDs) through which it communicated directly with PwDs and came up with ideas for the intervention's activities.

In addition, the project also aimed to tackle the issue of limited knowledge and awareness of parents and caregivers in relation to the proper care that members with disabilities in their families need. And similarly, the capacity building needs of professional staff who work in the field of rehabilitation for people with disabilities. These activities were designed after the project team conducted an assessment of knowledge and knowledge gaps to be filled, in an effort to increase relevance of the awareness sessions.

"Our needs were determined through several workshops where we identified and prioritized areas that we wanted to develop, and then the sessions were designed based on these needs. We benefited a lot from the training and it added to our knowledge and skills" A participant in the training sessions beneficiaries' FGD

Also, according to the beneficiary survey; **97% of beneficiaries who participated in awareness sessions on assistive care/ home rehabilitation** assessed the relevance of these sessions and their content as satisfactory and 3% as somewhat satisfactory.



Selection of beneficiaries

The selection of beneficiaries was conducted in coordination with the Ministry of Health and going back to the waiting lists of people who need rehabilitation and other services.

Using these lists; the project team followed a selection process that focused on meeting the most urgent needs and ensured neutrality in selection (unbiased). The assessment and selection process used clear standards which included: project related standards, medical standards, quality of life (patient oriented standards), and socio-economic variables. These standards were expanded into further detailed criteria and each was given a fixed score by the project team (e.g., Standard: Beneficiary is in need of immediate response: Yes = 5 and No = 2). Based on this comprehensive assessment process, a cumulative score for potential beneficiaries was automatically calculated (using Excel spreadsheets) and selection of beneficiaries was made according to these scores.³

Effectiveness and Efficiency

The CCP project was able to implement most of its planned activities and reach its targeted number of beneficiaries for the majority of those activities. However, as the table below shows, there were some activities that were either cancelled or delayed during the implementation period. The progress and numbers below are as of 28th of February 2020⁴.

Activities	Implementation partner	Status	# of beneficiaries	Original target	% of achievement
Component 1: Provision of medical services to PwD and patients					
Physiotherapeutic care: Individual home visit (outreach)	UHCC	Done	483	350	134138%

³ AWRAD reviewed beneficiary selection documents: (1) JPF8 IHV-PT unit Score sheet- Needs Assessment1 and (2) JPF8 Nutrition Scoring-Needs Assessment1 which were provided to us by CCP team

⁴ The table and figures included within are not updated and we will confirm with CCP team to review and finalize based on most recent numbers.

Distribution of Assistive Devices	CCP	Done	583	380	97153%
Physiotherapeutic care: Physiotherapy Unit in Gaza city (North) (Outpatient)	UHCC	Done	108	100	108%
Rehabilitation of Physiotherapy unit facilities	UHCC	Cancelled*	N/A		
Physiotherapeutic care at rehab unit in Khan Yunis (South)	UHCC	Cancelled*	N/A		
Distribution of medical equipment for physiotherapy treatments	CCP	Done	380	583	153%
Nutrition support	UHCC	Done	589	500	118%
Nutrition support (Following-up)	CCP	Done	355330		
Component 2: Developing human resources in support for patients and PwD					
Physiotherapist Training	UHCC	Done	20	20	100%
Social Worker Training	UHCC	Done	10	10	100%
Care Assistant Training	UHCC	Done	30	30	100%
Parent workshop for the improvement of children's nutrition conditions (Nutrition workshop)	UHCC	Done	374	500	75%
Home-based workshop for family members for home care (Family workshop)	UHCC	Done	376	240	157%
Component 3: Facilitating social participation of PwD and patient					
Vocational training for persons with disabilities	ASDC	Done	63	60	93105%
Internship programs	ASDC	Done	56	30	187%

job counseling and guidance workshop	ASDC	Done	66	80	83%
Disability awareness event	ASDC	Done	105	1,000	

* UHCC has failed to secure the location for PT Unit in Khan Younis Area within the-set timeframe.

Legend:

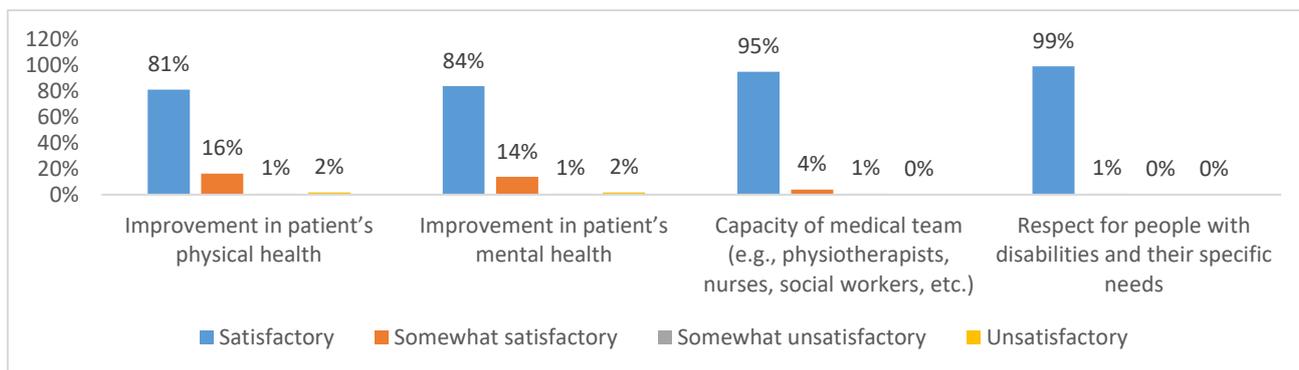
	Achieved target
	Partially achieved target
	Did not achieve target
	Lacking data (planned or actual figures)
	Not Applicable

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

Regarding Individual House Visits (IHV); there was a high level of beneficiary satisfaction in terms of the following key criteria:

- Achieving improvement in patients' physical health
- Achieving improvement in patients' mental health
- Capacity of medical team (e.g., physiotherapists, nurses, social workers, etc.)
- Respect for people with disabilities and their specific needs

Graph 3: Level of beneficiary satisfaction in relation to IHV



The in-depth interviews conducted with a number of beneficiaries supported these statistics above. Interviewees described their satisfaction with the results and how much the physiotherapy and psychological support was helpful.

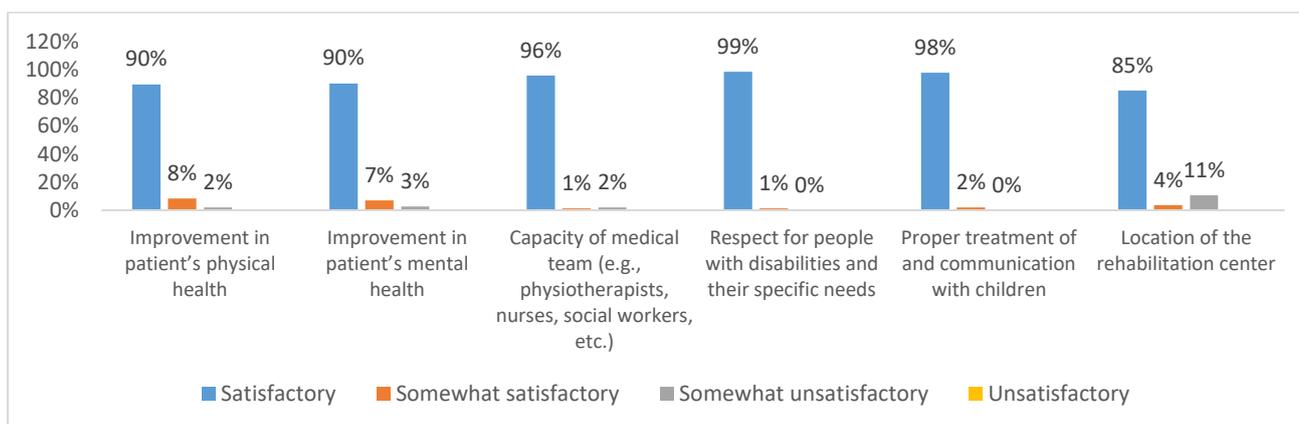
“I would say the therapy was 90% effective, I needed physiotherapy for my leg, which I couldn’t move at all and couldn’t walk, but now I can move it and I can use a crutch to walk” Male beneficiary of the project

“After I was hit with a rocket, I suffered great injuries and my children were even told that I died. A year after, my children got used to how I look, but it created a mental issue for me, especially that my husband divorced me. I locked myself inside the house for a long time. However, after the sessions with the psychiatrist as part of this project, I slowly began to come out from my mental state, and the psychiatrist even included my children in parts of the sessions, where she used toys and other child-friendly tools with them to enable them to accept me, and it really worked.” Female beneficiary of the project

Similarly, regarding the effectiveness of the Outpatient rehabilitation services; we also notice a high level of beneficiary satisfaction in terms of the following key criteria:

- Achieving improvement in patients’ physical health
- Achieving improvement in patients’ mental health
- Capacity of medical team (e.g., physiotherapists, nurses, social workers, etc.)
- Proper treatment of and communication with children
- Location of the rehabilitation center
- Respect for people with disabilities and their specific needs

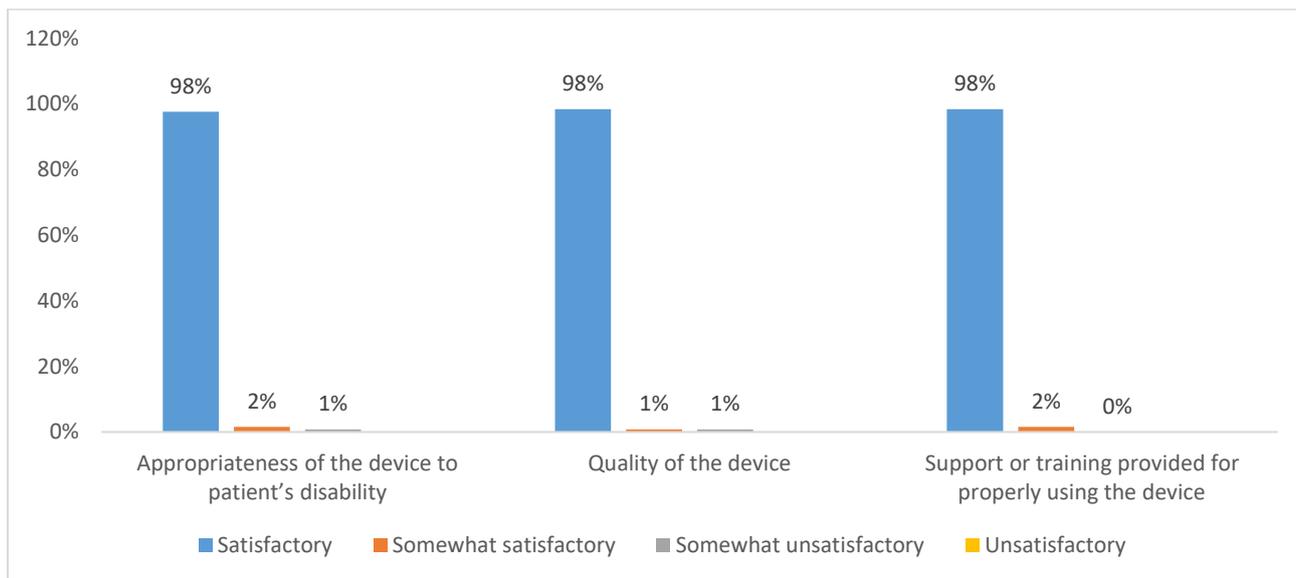
Graph 4: Level of beneficiary satisfaction in relation to Outpatient services



As for the provision of assistive devices; we also notice a high level of beneficiary satisfaction in terms of the following key criteria:

- Appropriateness of the device to patient’s disability
- Quality of the device
- Support or training provided for properly using the device

Graph 5: Level of beneficiary satisfaction in relation to Assistive Devices

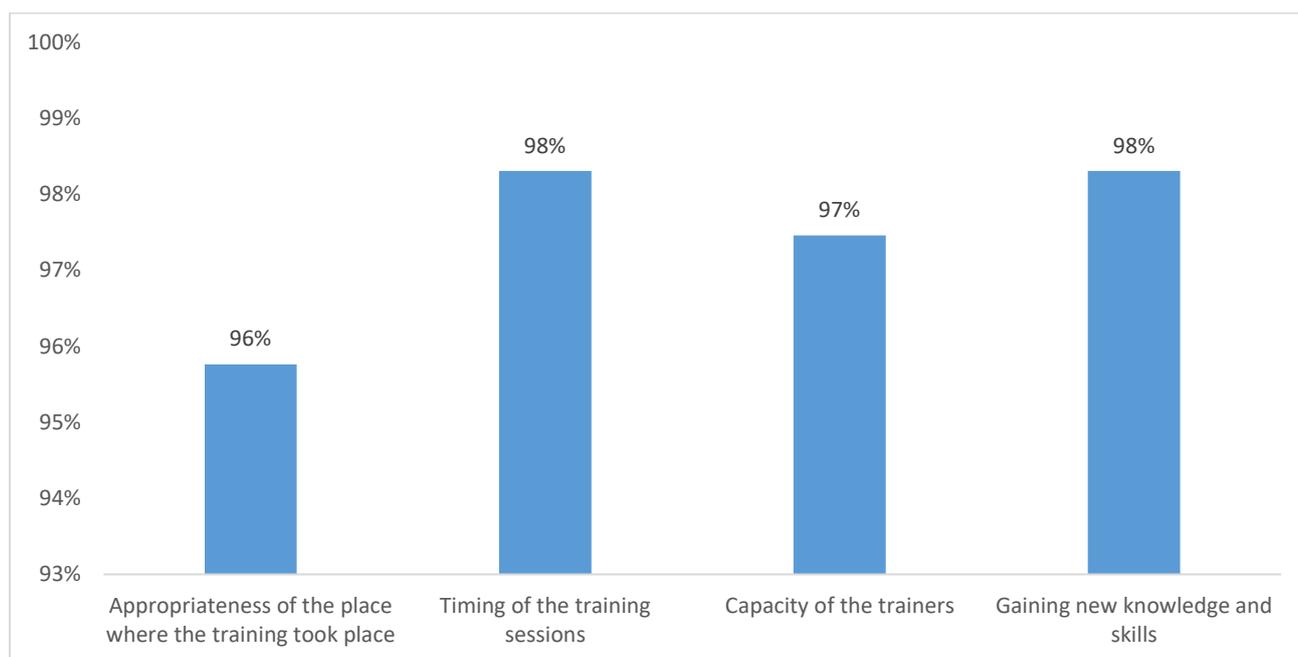


Finally, when we asked beneficiaries who received sessions on assistive care/ home rehabilitation about the effectiveness of these sessions, we noticed a very high level of satisfaction with each of the following key criteria:

- Appropriateness of the place where the training took place
- Timing of the training sessions
- Capacity of the trainers
- Gaining new knowledge and skills

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





In addition, the beneficiaries who received the Physiotherapist Training, the Social Worker Training and the Care Assistant Training confirmed that the sessions were effective in adding new knowledge and skills to them, and also they highly evaluated the capacities of the trainers.

“Regarding the trainers and their capacities, everything was excellent, and especially the use of innovative and scientific approaches and using evidence-based methods” A participant in the training sessions beneficiaries’ FGD

In terms of efficiency, there has been an overall delay in the original planned duration of the project (originally planned to be completed in September 2019), however, it was completed on 28 February, 2020. Moreover, as illustrated in the table above, some activities did not fully achieve the planned targets or completion of activities to that date..

However, despite these delays, and based on our review of documents, KIIs with project team members and partners, as well as the survey and in-depth interviews with beneficiaries, there is evidence that the project adopted several effective and efficient project design and implementation mechanisms and approaches, which led to the high satisfaction levels reported above. Below is a summary of these factors.

Partnership approach

The project design and implementation strategy was highly reliant on partnerships and cooperation among the implementing partners (i.e., CCP, ASDC, UHCC) and other stakeholders including governmental and non-governmental organizations (e.g., MoSD, WHO, Health Sector Working Group).

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

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, psychological support, and assistive devices were all offered to beneficiaries in order to achieve a better impact on their lives.

Beneficiaries acknowledged this and were satisfied with the approach.

“The visits were twice per week, and every visit was by a team of a doctor, a physiotherapist and a psychologist. We would see each one of them and we really benefited from each” Male beneficiary of the project

The same perception existed with beneficiaries of the nutrition support, where children were tested and diagnosed, and then they were provided with nutrition support (e.g., nutrients), and this was complemented by awareness sessions for parents on nutrition basics and standards for their children, in order to facilitate better care for children even after the project ends.

“They really helped my daughter, she weighed 7 Kilos before the project and now she weighs 15 Kilos after they gave her all the nutrients and followed up regularly on her health, and then the workshops changed many things for us, now we know how to better take care of our children on our own” Female beneficiary of the project

Monitoring process

The project team has systematically followed up on the results of the project and its effectiveness in meeting its set objectives. This was done through pre and post assessments for beneficiaries to measure their baseline and then the level of change in their knowledge and awareness.

Moreover, regular follow up and reporting on the project’s progress was done regularly. AWRAD team received and reviewed the various progress reports from implementing partners including training reports, results of pre and post training assessments that were conducted. These reports use unified forms and are mostly standardized which helps CCP in the monitoring and follow up process. They also include regular reporting on any challenges encountered and corresponding recommendations, if needed.

In addition, CCP team assigned two members to monitor and follow up on field activities and develop related reports. They also followed a unified protocol system for the specialists to follow (for working with beneficiaries) in order to guarantee consistency and quality among the teams.

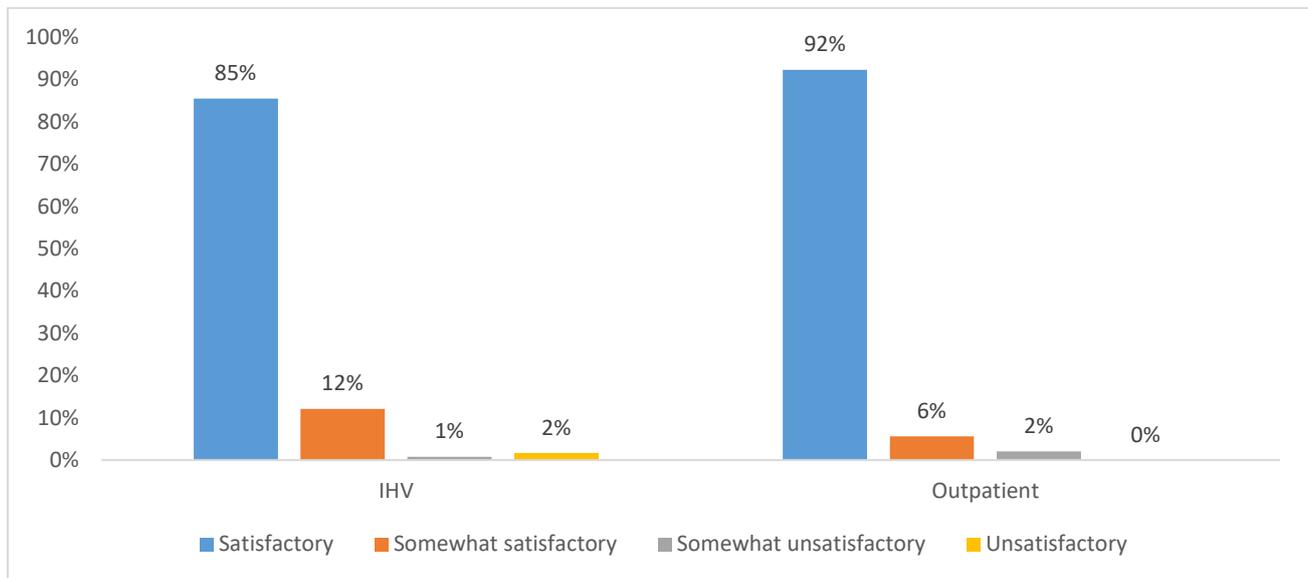
This monitoring process and policies, procedures and reports that were followed all contributed to enhance the efficiency and effectiveness of project activities.

Impact and Sustainability

The project aimed to provide timely needed support and assistance to the targeted beneficiaries, but it also aimed to leave a longer term impact on their lives in addition to these immediate benefits. These include 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.

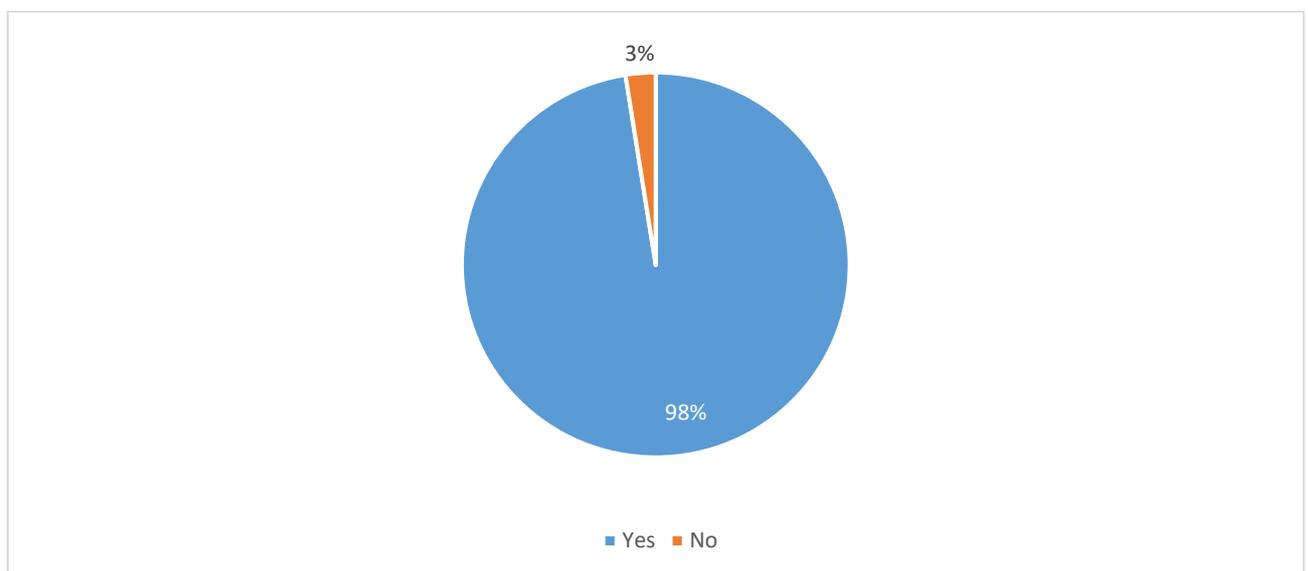
Through the quantitative survey, we asked beneficiaries about these aspects of the project, and their evaluation was very positive. For instance, 85% of beneficiaries who received IHV services assessed the improvement in patients’ quality of life as satisfactory and 12% of them assessed this as somewhat satisfactory. Similarly; 92% of beneficiaries who received outpatient rehabilitation services assessed the improvement in patients’ quality of life as satisfactory and 6% of them assessed this as 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



Similarly; the majority (98%) of beneficiaries who received sessions on assistive care/ home rehabilitation were currently practicing the knowledge and skills you 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



The direct services of rehabilitation had a good impact on the quality of life of beneficiaries as illustrated above, one beneficiary stated:

“I could not walk before, and would not leave the house, but now after getting the prosthesis, I rely on myself and I actually got married and have two babies” Male beneficiary of the project

Another said:

“I could only work with one hand, and I needed the help of my brothers’ wives, but now I work on my own and can move my hand and rely on myself” Female beneficiary of the project

And a beneficiary of the vocational training said:

“I am very happy I can contribute now. I used to take my pocket money from my mother, but now I actually help in the expenses. I also got engaged and I’m really happy about this” Female beneficiary of the project

Moreover, there is evidence that the impact extended beyond the direct beneficiaries of the project, for example, the mother of a direct beneficiary of the nutrition component (daughter) described the impact of the knowledge she gained as follows:

“My daughter received nutrition support for a year, and it was very helpful for her, and the workshops we attended gave us new knowledge that we use now regularly. I also use it with my other daughter who was not a beneficiary of the project” Female beneficiary of the project

The positive impact reported above naturally leads to better sustainability outlooks for the project’s outcomes. The design of the project included several components of building the capacities of both the home caregivers as well as the professional staff involved in the disabilities and nutrition fields. This was a key factor into the sustainability of the impact of the project, where the benefits will continue through them in the future according to beneficiaries’ testimonies.

However, the discontinuation of the direct benefits (e.g., rehabilitation sessions, provision of assistive devices) is a major issue for beneficiaries, as many of them will continue to need these types of services and support, while being unable to obtain them on their own.

“Now that the project is over, my daughter’s health is deteriorating, and we [her parents] can’t afford to cover the costs of these services for her” Female beneficiary of the project⁵

Another beneficiary had a relevant concern:

“As part of the project, we received a special shoe for my daughter to help her with her condition. However, three months after, she was not comfortable in it and she needs a new one” Female beneficiary of the project

The sustainability of support for PwDs is a complex issue especially in relation to the provision of assistive devices:

“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

⁵ Project team reported that the current ongoing phase of the project is taking this into consideration and is planning to include the cases who need the continued support and intervention.

Recommendations

As it is clear from the results and findings of the monitoring activities; the project was successful in terms of all dimensions (i.e., relevance, effectiveness, efficiency, impact and sustainability). Beneficiaries' feedback was highly positive regarding all aspects of the project, and key informants' feedback was also in support of the project and its importance. Accordingly, we recommend JPF and CCP continue to support people with disabilities through similar projects and/or future phases of this project.

Moreover, based on the discussions with key informants and also based on the results and the gaps identified in the Gaza Health Baseline Survey (conducted by AWRAD) in relation to healthcare and service provision to PwDs, the following are key areas to focus on in future programs and projects:

- ✓ Increase funds to projects targeting PwDs.
- ✓ Adopting a comprehensive approach to working with PwDs, looking at their needs as a continuum.
- ✓ Help specialized organizations to open other branches across the strip in order to increase their reach and availability to PwDs.
- ✓ The provision of assistive devices, especially those that get delayed on the borders due to the political situation, as well as assistive devices and supplies that constantly need replenishment. For instance, one key expert proposed creating a common warehouse of assistive devices that can be used by PwDs benefiting from different organizations, and where beneficiaries/organizations can borrow and return re-usable devices and items.
- ✓ The provision of capacity building and training to professional staff in order to increase the numbers of qualified rehabilitation and occupational therapy specialists in Gaza Strip.
- ✓ Provision of support to the families of PwDs. Support can include capacity building (such as training them on taking care of the person with disability), financial support, house-related support (such as making the houses more responsive to the needs of the person with disability), psychosocial support to deal with the mental burden, and awareness-raising support to inform them of the rights of PwDs.
- ✓ A focus need to be given to women with disabilities as they are usually neglected in comparison to men based on experts' opinions.
- ✓ Focus on integrating PwDs in the communities.
- ✓ Focus on integrating PwDs in the market place and provide them with economic empowerment.
- ✓ Focus on community awareness regarding PwDs and their rights.

Annex A: Data Collection Tools

Survey Questionnaire

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

Both physical and mental disability	_____			
Children (below 18 years old)	_____			
Adults (18+ years old)	_____			
Total # of people with disabilities	_____			
Were you a beneficiary of the <i>project</i> ?				
Yes, I am a parent of a child/children who received support		Yes, I am a direct beneficiary		
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		
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 with children	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
Capacity of medical team (e.g., physiotherapists, nurses, social workers, etc.)	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Proper treatment of and communication with children	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Respect for people with disabilities and their specific needs	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
If you received assistive devices as part of the <i>project</i> , please assess the following:				
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				
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: _____	
Have you or another member of the household received a training on assistive care/ home rehabilitation through the <i>project</i> ?				
Yes		No		
If yes, please assess the following regarding the training/workshop:				
Relevance of the training content to your specific needs	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Appropriateness of the place where the training took place	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Timing of the training sessions	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Capacity of the trainers	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory

Gaining new knowledge and skills	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Did you currently practice the knowledge and skills you gained through the training?				
1. Yes				
2. No				
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
Nutrition support				
In the past 2 years, did your child/children (8 years old or younger) suffer from the following?				
Malnutrition	1. Yes		2. No	
Iron and other micronutrient deficiency	1. Yes		2. No	
Anemia	1. Yes		2. No	
Underweight	1. Yes		2. No	
Did you receive nutrition support for your child/children through the <i>project</i> ?				
1. Yes				
2. No				
If yes, please assess the following:				
Relevance of the offered services to your child/children's needs	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Timing when the diagnostic services were offered	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Capacity of the staff who conducted the services	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Adequacy of medical supplies provided to eliminate malnutrition	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Quality of medical supplies provided to eliminate malnutrition	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Improvement in child's physical health	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Improvement in child's quality of life	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
Proper treatment of and communication with children	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
In the past 2 years, did you get a basic health screening of your child/children personally (not through the <i>project</i>)? (health screening to assess their health and nutritional status and early detection of health concerns)				
1. Yes				
2. No				

If no, please state the reason:				
1. Relevant healthcare services are not available in my area				
2. I can't afford the services				
3. Other, please specify: _____				
Did you attend/participate in child health and nutrition awareness training/workshop as part of the <i>project</i> ?				
1. Yes				
2. No				
If yes, please assess the following:				
Relevance of the training content to your specific 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	1. Satisfactory	2. Somewhat satisfactory	3. Somewhat unsatisfactory	4. Unsatisfactory
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				
How do you assess your knowledge in relation to the following:				
Child health needs	1. Good	2. Average	3. Below average	4. Bad
Child nutrition needs	1. Good	2. Average	3. Below average	4. Bad

Focus Group Guidelines

FGD with beneficiaries of physiotherapy, social worker and care assistant 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? 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?

In-depth Interview with Beneficiaries (Replaced FGDs)

FGD with beneficiaries of PT activities of component 1 and 2

Relevance

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

Effectiveness

- How do you assess the value of the 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 with children.
 - ✓ Respect for people with disabilities and their specific needs.
- How do you assess the value of the training (family workshop) 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 children's lives? Please provide examples.
- Do you use the gained knowledge and skills in your life now? How? Why? Please provide examples.
- Was there any backlash created by the project? How was it dealt with in the community?

Sustainability

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

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

Lessons learned and recommendations for improvements in project activities

- 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 nutrition activities of component 1 and 2

Relevance

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

Effectiveness

- How do you assess the value of the nutrition support activities? Please provide examples.
 - ✓ Nutrition diagnostic services (including: Timing when the diagnostic services were offered, Capacity of the staff who conducted the services, etc.).
 - ✓ Nutrition related medical supplies that you were provided (including: Adequacy of medical supplies, Quality of medical supplies, etc.)
 - ✓ Proper treatment of and communication with children.
 - ✓ Respect for people with disabilities and their specific needs.
- How do you assess the value of the training (Nutrition workshop) 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 children's lives? Please provide examples.
- Do you use the gained knowledge and skills in your life now? How? Why? Please provide examples.
- Was there any backlash created by the project? How was it dealt with in the community?

Sustainability

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

Lessons learned and recommendations for improvements in project activities

- 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?

In-depth interviews with beneficiaries of component 3 activities

Relevance

- How important to you were the vocational trainings and job counseling and guidance workshops? Do they resonate with your needs and priorities? How? Why? Please provide examples to support your answers.

Effectiveness

- How do you assess the value of the vocational trainings and job counseling and guidance workshops in terms of:
 - ✓ Sessions' 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 vocational trainings and job counseling and guidance workshops provide you with new knowledge? New skills? Please provide examples.
- How do you assess your own level of participation during the training? Why?

Impact

- In what ways did the training and workshops impact your daily lives? Did your performance improve after the training? Did you change your approaches to finding work based on new knowledge and skills from the training? Do you think they helped increase your chances of getting employed? Please provide examples.
- Do you use the gained knowledge and skills in your life now? How? Why? Please provide examples.

Sustainability

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

Lessons learned and recommendations for improvements in project activities

- What were the most positive parts of the training and workshops (in content, delivery and other aspects)? Please provide examples.
- What were the negative parts of the training and workshops (in content, delivery and other aspects)? Please provide examples.

- What are your overall suggestions for improving the training component that could increase its positive impact?

Key Informant Interviews

Interview guidelines – CCP Project Team (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 CBOs, 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?
 - ✓ Improving children's health and nutrition?
 - ✓ Successfully addressing the gaps in knowledge and practical skills of parents in relation to children health and nutrition?
 - ✓ Successfully addressing the gaps in knowledge and practical skills of medical staff (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?

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

Ethical standards

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

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

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

Informed consent process:

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

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

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

4- Research terms and conditions:

- 4.1 What the respondent will do in the study:
- 4.2 Time required
- 4.3 Risks
- 4.4 Benefits
- 4.5 Confidentiality
- 4.6 Data linked with Identifying information
- 4.7 Anonymous data
- 4.8 Voluntary participation and ability to terminate interview at any point
- 4.9 How to terminate an interview.
- 4.10 Names and contact information of AWRAD management

5- Importance of giving interviewee's voice and opinion

6- Request for clarification and questions

7- Informed consent

In this project, we will only interview parents of children beneficiaries and not the children themselves.

However, in the case of interviewing children, our process requires us to obtain both assent from the children and consent from their legal guardian, once both are obtained then we have informed consent. Once a child interviewee is identified then our researchers start by detailing the first 6 steps of the informed consent process. They then move on to gain the child's assent, once obtained they ask their parents for their consent. Once informed consent has been obtained the researcher ask parents to provide them with a safe, private space that can be dedicated for the interview without any interference from them as well.

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

Safety and Security Policy and Procedures

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

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

Confidentiality and Data Protection Policy and Procedures

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

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