



EVALUATING THE IMPACT, EFFECTIVENESS, AND
SUSTAINABILITY OF THE PROJECT
“Promoting the Physical and Psychosocial Wellbeing, Resilience, and Livelihoods of
Vulnerable Communities in the Gaza Strip”

EVALUATION REPORT

FINAL VERSION

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EXECUTIVE SUMMARY

Introduction

Since 2012, Act for Peace (AfP) has applied its own funds and also funds from the Australian Department of Foreign Affairs and Trade (DFAT) Australian NGO Cooperation Program (ANCP) to support the Department of Service to Palestinian Refugees (DSPR) - Near East Council of Churches (NECC's) work in health, and later added components in Technical and Vocational Education and Training (TVET) and psychosocial support. In 2018, a multi-year proposal was developed for the period 1 July 2018 – 30 June 2021 (later extended by one year up to June 2022 due to COVID-19 delays) covering DSPR-NECC's work in the TVET component, health, and psychosocial component, and in their cross-cutting efforts to engage and include people with disabilities (PWD), youth and women in their activities. It is this multi-year project that this evaluation focused on. The project is undertaken in the following parts of the Gaza Strip: Shajaja, Darraj, Rafah/Kherbet Aladas, Gaza city, and El-Qarara/Khan Younis.

The project's overall objective is "Vulnerable community members in Gaza, particularly children, youth and women, experience well-being, resilience and self-reliance through accessing their right to health care and right to livelihoods". The multi-year outcomes are:

Outcome 1: Enabling and empowering rights-holders to claim their right to health care results in the enhanced physical and cognitive development of vulnerable children, and positive coping strategies among these children and their parents.

Outcome 2: Vulnerable male and female youth are more self-reliant and economically empowered due to increased confidence, life skills, and livelihood opportunities.

Outcome 3: DSPR-NECC has increased demonstrated capacity to ensure inclusion and equality of People with Disability, different genders, child safeguarding and child protection as well as financial sustainability.

The purpose of the evaluation is to critically examine the project in order to assess the project's effectiveness, impact, and sustainability the project, and identify strengths on which to build, improve its effectiveness. This evaluation provides a review of project performance against planned outcomes and outputs, identify program achievements, challenges, and opportunities, and reflects on and collates lessons, and documents recommendations to guide management and inform continuous improvement for DSPR-NECC in future interventions. This evaluation focuses on project delivery from 1 July 2018 until the time of the evaluation, reflecting the current multi-year project period.

Key Findings

The collected data analysis and the key evaluation findings discuss in terms of project effectiveness, impact, and sustainability. Moreover, gender & equality discuss in the effectiveness criteria.

Effectiveness

The majority of project outcomes and outputs were effectively achieved as planned (Annex 6 for more details). The project achieved outcomes and outputs; TVET helped the project participants increase confidence in their abilities, acquire new skills, and keep pace with development and progress in the field of training specialization. TVET centers provided project participants with livelihood opportunities and contributed to the integration of participants into the labor market; were (9) out of (13) of the attendees FGD were able to own private projects or obtain temporary jobs, after the end of the vocational training period. The TVET also contributed to increasing the writing and reading ability of the participants attending the FGD. The TVET services included inclusion and equality of PWD, of different races, as the participants did not notice any discrimination because of color, geographic area, or disability¹. DSPR-NECC graduates' students are professional in addition they have the life skills necessary to enter the labor market. DSPR-NECC students have commitment, the ability to rely on themselves, and deal with the public, and are able

to read and write. The employers did not encounter any ethical or behavioral problems with the graduates of DSPR-NECC¹.

DSPR-NECC health clinics contributed to reducing maternal mortality and morbidity through permanent follow-up before and during pregnancy to mothers, providing treatment, discovering cases of disease through continuous follow-up and detection, and transferring disease cases that cannot be treated within the health centers. DSPR-NECC also contributed to reducing morbidity and mortality rates among infants and children in the targeted neighborhoods by following up children from birth until the age of six in terms of growth, development, and nutrition, measuring weight and blood testing, providing the necessary treatment for pathological conditions, following up on malnutrition and anemia children, providing vitamins and special supports for this category of children². The members of the medical staff deal with care, respect, and kindness with the patient project participants, and there is no discrimination in dealing or receiving the service, but the Rafah clinic needs rehabilitation through providing dedicated entrances for PWD and elderly to facilitate their access to places of service, such as the dental clinic. The participants state that the presence of the psychological support department in the center is one of the urgent necessities that cannot be dispensed with due to the many psychological crises facing the project participants due to the surrounding conditions of siege, wars, and poor economic conditions. The participants have become more aware of human rights and that they have a greater awareness of how to act in the event of violence to protect themselves, and have become aware and familiar with the concept of self-care³.

DSPR-NECC helped in improving the health of the project participants' children, treating sick conditions and cases of malnutrition, in addition to referring cases that need special care in the vicinity of the served areas. Moreover, to health surveys and field examinations, discovering sick cases, disabilities, and dangerous cases in women after childbirth and awareness programs. The health component contributed to reducing morbidity, maternal morbidity, and maternal mortality through permanent follow-up before, during pregnancy, and after childbirth in partnership and coordination with the MoH⁴.

The project focuses on engaging project participants & improving their accountability. As a part of the organization culture, the local community leaders are consulted about the very basic ideas of all DSPR-NECC programs and projects, and their support and commitment are obtained prior to the implementation of any tasks. The project adopts comprehensive community consultation mechanisms, and this is done through, the participation of DSPR-NECC as a member of the National Cluster Committee for the health field, the presence of special committees (committees) of friends of the health centers in all regions, holding periodic meetings with influential figures in the community⁵. DSPR-NECC conducts regular community meetings and involves people from the served areas and usually includes women and men from different backgrounds and different characteristics. During community meetings, various issues are discussed such as the quality of the services provided and community perceptions about them, community requests for new services, approaches to delivering services, and community suggestions for improving the provided services. For example, in 2019, 8 community meetings were held with the participation of the

¹ FGDs with Employers- TVET component. (2021, Nov., 22).

² FGDs with Project Participants- Health component.(2021, Nov., 18).

³ FGDs with Project Participants- Health component. (2021, Nov., 22).

KII with Project Participant- Health component. (ET, Interviewer).(2021, Nov., 22 & 23).

⁴ KII with the UNICEF - Nutrition Cluster Advisor. (ET, Interviewer). (2021, Dec., 15).

⁵ KII with DSPR-NECC Top Management . (E. T., Interviewer). (2021, Nov., 11).

DSPR-NECC. Project Proposal: Promoting the Physical and Psychosocial Wellbeing, Resilience and Livelihoods of Vulnerable Communities in the Gaza Strip. Gaza. (2018-2021).

Director of DSPR-NECC and community leaders and project participants to discuss with them their needs and the relevancy of DSPR-NECC programs to their health and TVET needs¹.

DSPR-NECC is keen to provide services without any kind of discrimination related to religion, race, political affiliation, and particularly gender. DSPR-NECC is committed to providing equal opportunities for both men and women to benefit from the health program with a focus on the health status of marginalized people regardless of gender, race, religion, and other discriminatory factors. DSPR-NECC engages and receives feedback from target communities by conducting regular community meetings inside the localities where it serves, asking for audience feedback, filling satisfaction questionnaires with project participants, using complaints and suggestions boxes, conducts focus group discussions. DSPR-NECC has complaints boxes and suggestion boxes in place distributed in all DSPR-NECC premises. The system is handling written complaints and usually deals with verbal complaints and suggestions². Moreover, DSPR-NECC shares project budget/finance information and program plans with target communities by publishing the institutional and financial statements on its website. Also, DSPR-NECC circulates it with all partners by email³.

The key lessons learned throughout the project are (well-baby services enable the early discovery of childhood illnesses, for example it is a valid approach in combating anaemia and malnutrition. Unlike screening, receiving repetitive well-baby sessions and periodic screening services allows the discovery of childhood illnesses. Many children were normal when they were first screened, however, later on in subsequent sessions they were anaemic or malnourished. The utilization of a comprehensive PHC clinic-based approach is effective in producing satisfactory recovery rates. It could be achieved through simple and cost-effective intervention. The Palestinian nutrition protocol is an appropriate guide to treating malnutrition and anaemia. The appropriate implementation of the protocol can produce good outcomes. A holistic integrated approach focusing on WASH and nutrition. Such programs are useful for tackling complex multi-dimensional problems such as malnutrition much more than horizontal programs. Maintaining and enhancing support to students after graduation both in job seeking and in facilitating entrepreneurship opportunities. Involve the project participants considering their "feedback, satisfaction, and suggestions" is systematically monitored by implementing the AfP-Guidelines for Community Consultations. Provide E-health and psychosocial counseling and consultations over the phone through free hotlines services, distant case management, and tele-counseling. Run E-learning and online education for TVET students through online platforms/applications in crisis situations).

Impact:

TVET component has had positive impacts, by contributing to providing quality vocational education and training to the target groups of Palestinian youth. Graduates in the TVET are more able to support their families, increasing their self-esteem and self-confidence, enabling DSPR-NECC graduates to earn a living⁴. For example (12) out of the total (13) participants in the FGD indicated that the training had a significant impact on starting their business and personality and developing their capabilities, in addition to making them able to help themselves and their families. All participants in the FGD reported that there is a positive impact of TEVT on the level of graduates, as the TVET program built their capabilities to integrate them into the labor market and how to start their own business. (11) Out of the total (13) the participants confirmed that they acquired many life skills, including entrepreneurial skills that enabled them to

¹ Ibid.

² NECC. (2020). Project Annual Progress Report.

³ Ibid.

⁴ KII with the Project Focal Person at Federation of Industries.(ET, Interviewer). (2021, Nov., 30).

KII with the Project Focal Person at the Ministry of Labor. (ET, Interviewer). (2021, Dec., 2).

understand the needs and requirements of the labor market and how to manage their own business improved interpersonal skills, and increased their confidence¹.

The projects have a positive economic impact, the graduates from TVET studies obtained means of earning a livelihood using their new skills within six months of graduating (including self-employment, "cash for work" employment, etc.). TVET centers contributed to enhancing the means of earning and self-reliance for its graduates, and there are many graduates who have joined the labor market. On a social and cultural impact, the TVET literacy rate among male TVET students was increased by 70% & developing their abilities to read and write. The TVET program has had a positive impact on the lives of the students by increasing their capacities of acquiring life skills and increasing their self-esteem and self-confidence².

The project enhanced the physical and cognitive development of children at risk through educating mothers and children, providing psychological support, necessary treatment during illness, and following up on the development and growth of the child Up to six years of age, treatment of cases of malnutrition and anemia, follow-up and referral of cases that require hospitalization. All services are free for children except for treatment through a symbolic contribution of one shekel for each treatment. The project has a positive impact on their health awareness. The project increased their health awareness through their participation in seminars and health awareness workshops such as awareness of the importance of proper healthy nutrition, awareness of the importance of follow-up before pregnancy, during and after pregnancy, awareness of the importance of following up on the growth and development of the child, in addition to psychological and family support sessions in DSPR-NECC clinics³. The health services made a positive difference in serving the project participants in the targeted areas, and contributed to the service and treatment of children, whether in the treatment of malnutrition or through the development follow-up program and the discovery of cases with disabilities, whether movement, visual, speech, hearing or other disability. The referral program also had a noticeable positive impact on the health of mothers and an improvement in women's health before, during, and after pregnancy, especially the discovery and referral of high-risk pregnancies. It was also noted that there is a clear difference in the awareness of mothers and the target community, raising their awareness and changing behavior for the better, and the existence of a difference in early childhood development in the centers and the development of awareness for mothers and the community⁴.

DSPR-NECC health clinics contributed to reducing maternal mortality and morbidity through permanent follow-up before and during pregnancy to mothers, providing treatment, discovering cases of disease through continuous follow-up and detection, and transferring disease cases that cannot be treated within the health centers. DSPR-NECC also contributed to reducing morbidity and mortality rates among infants and children in the targeted neighborhoods by following up children from birth until the age of six in terms of growth, development, and nutrition, measuring weight and blood testing, providing the necessary treatment for pathological conditions, following up on malnutrition and anemia children, providing vitamins and special supports for this category of children⁵.

Sustainability:

¹ FGDs with the Project Participants- TVET component. (2021, Nov., 20 & 22).

² KII with DSPR-NECC Top Management . (ET, Interviewer). (2021, Nov., 11).
KII with NECC Program TVET Manager. (E. Team, Interviewer). (2021, Nov., 23).

³ FGDs with Project Participants- Health component.(2021, Nov., 18).

⁴ KII with the UNICEF - Nutrition Cluster Advisor. (ET, Interviewer). (2021, Dec., 15).
KII with the Project Focal Person -Manager of Mother and Children Health- Ministry of Health. (ET, Interviewer). (2021, Dec., 5).

⁵ FGDs with Project Participants- Health component.(2021, Nov., 18).

The project achieved many benefits which are sustainable after external development assistance has come to an end i.e. TVET graduates gained skills that they can take forward in their lives and so those benefits continue into their futures. In addition to the economic sustainability through the graduates' acquisition of skills that give them a strong opportunity to enter the labor market and open their own businesses. On the other hand, health services contributed to reducing maternal diseases and deaths and continuous improvement of the health of the participants in the future through periodic follow-up of mothers before, during pregnancy, and after childbirth, providing vitamins, treatment of anemia, follow-up, and treatment of children, and cases of anemia, malnutrition. Furthermore, health awareness was increased so that's a benefit that continues to benefit participants after receiving the service.

The participants in the FGDs indicated that they gained many skills that enable them to enter the labor market with qualifications and expertise in the field of specialization, their ability to start and manage their own business, and their ability to compete in the local labor market¹. On the other hand, DSPR-NECC has institutional sustainability and the importance of continuing the health component of the project and its health services in DSPR-NECC centers in the future for several reasons, DSPR-NECC is represented by the presence of an integrated health, administrative and financial system in DSPR-NECC. DSPR-NECC has continuous training and development programs for staff. DSPR-NECC has clear follow-up and evaluation programs through their own indicators, in addition to the presence of a population density in the targeted areas, which are overcrowded and in need of the services of DSPR-NECC. While, the DSPR-NECC will not have the financial capacity to continue with the same volume of activities and services offered, with the same number of clinics running, with the same number of communities served, and/or it might need to cease completely its operations². The project achieved institutional sustainability through building the capacity of the organization and staff i.e. documented systematic referral systems for child protection issues and disability inclusion in the TVET department, training of staff in disability inclusion, and language signs to improve communication with PWDs, which strengthened the ability of DSPR-NECC staff and the community to work together to address protection problems³.

Recommendations

Based on the evaluation results, the key recommendations can be summarized as follows:

- 1) Continue to support DSPR-NECC's in health, Technical and Vocational Education and Training (TVET), and psychosocial support.
- 2) Develop a financial sustainability plan to secure its current financial sources, diversify its portfolio of donors, and establish new and alternative sources of funds. It will be important too, for example, to focus on private donors and individual donations, as well as to approach those donors that provide core funding or who are flexible enough to allow the organization to use the funds according to its own needs, plans, and criteria.
- 3) Maintaining adaptation of the TVET program, developing study plans for all disciplines by including the requirements of remote work to keep pace with the needs of the internal and external market, for example closing the educational gap in sewing programs to meet market requirements (such as sewing bridal suits, evening dresses, inserting computed design software, and adopting fashion design software into dressmaking curricula), as well as focusing more on life skills, marketing, advertising, media, and computer skills.
- 4) Run E-learning and online education for TVET students through online platforms/applications in crisis situations.

¹ FGDs with the Project Participants- TVET component.(2021, Nov., 20 & 22).

² KII with the UNICEF - Nutrition Cluster Advisor. (ET, Interviewer). (2021, Dec., 15).

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³ KII with DSPR-NECC Top Management . (ET, Interviewer). (2021, Nov., 11).

- 5) Provide E-health and psychosocial counseling and consultations over the phone through free hotlines services, distant case management, and tele-counseling in crisis situations.
- 6) Due to COVID19 implications and its effects on health and economic status, DSPR-NECC should continue providing awareness efforts and create a culture focusing on infection prevention control and hygiene practices to avoid infection spread and its consequences.
- 7) Coordinate with the UN-led health and nutrition clusters in order to ensure complementarity and exchange lessons learned with different players.
- 8) Rehabilitation Rafah clinic by providing dedicated entrances for PWD and elderly to facilitate their access to places of service, such as the dental clinic.

1 INTRODUCTION

This section of the report provides a general background regarding the context of the project, the assignment scope and objectives, and the methodology which was followed by the evaluation team to achieve these objectives.

1.1 Background

Since 2012, Act for Peace (AfP) has applied its own funds and also funds from the Australian Department of Foreign Affairs and Trade (DFAT) Australian NGO Cooperation Program (ANCP) to support Department of Service to Palestinian Refugees (DSPR) - Near East Council of Churches (DSPR-NECC's) work in health, and later added components in Technical and Vocational Education and Training (TVET) and psychosocial support.

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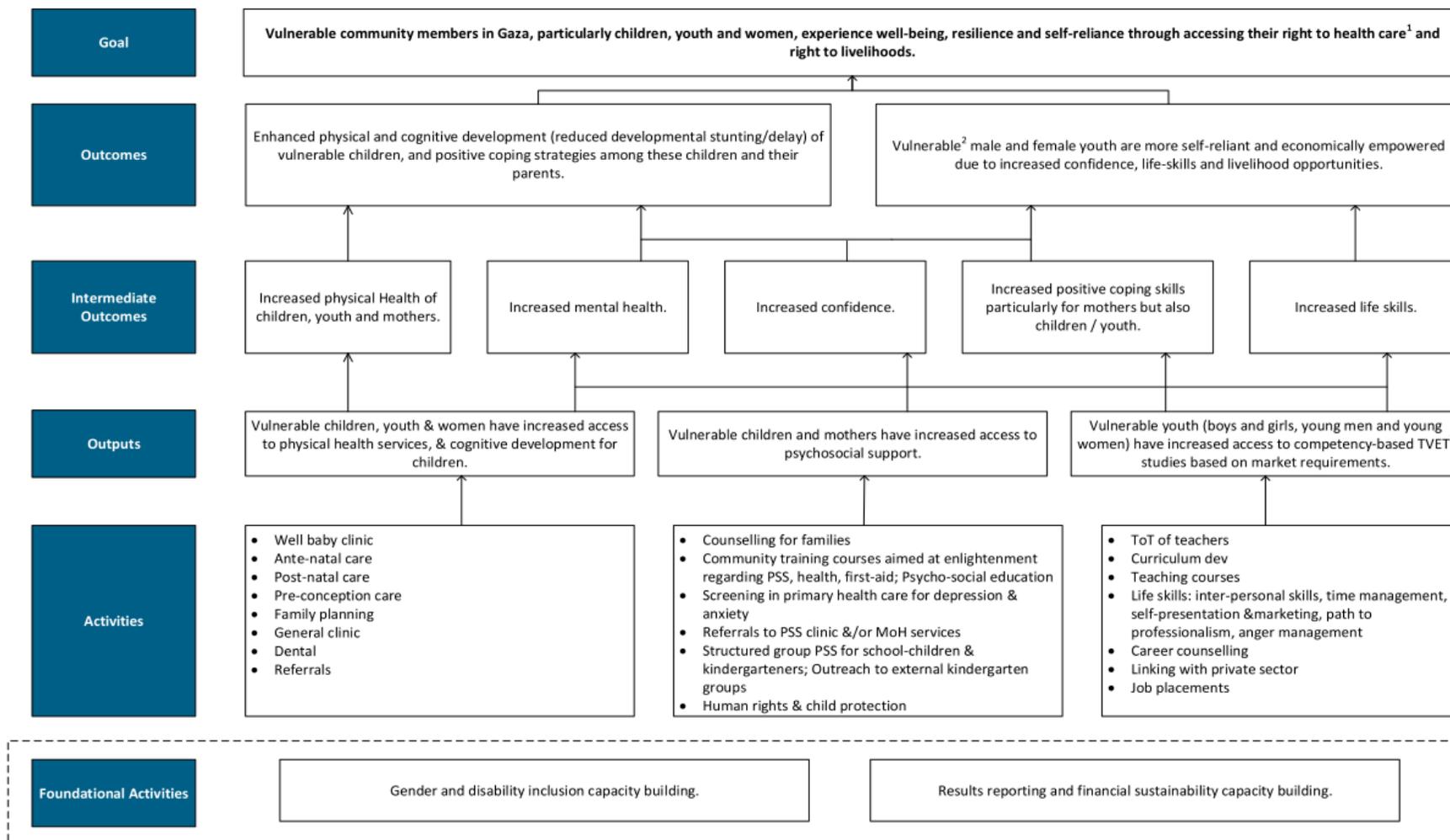
1.2 Project's Details

The project's overall objective is "Vulnerable community members in Gaza, particularly children, youth and women, experience well-being, resilience and self-reliance through accessing their right to health care and right to livelihoods". The multi-year outcomes are:

Outcome 1: Enabling and empowering rights-holders to claim their right to health care results in enhanced the physical and cognitive development of vulnerable children, and positive coping strategies among these children and their parents.

Outcome 2: Vulnerable male and female youth are more self-reliant and economically empowered due to increased confidence, life-skills and livelihood opportunities.

Outcome 3: DSPR-NECC has increased demonstrated capacity to ensure inclusion and equality of People with Disability, different genders, child safeguarding and child protection as well as financial sustainability.



Note: in setting annual outcome targets: use the Intermediate Outcomes for years 1-2 and move to using the multiyear Outcomes for years 2-3

¹ A state of physiological, psychological, social and spiritual wellbeing and not merely the absence of disease (WHO/Health Sector Strategic Plan: Gaza Governorates 2014-2018). NECC's focus is on the holistic needs of the served population.
² Vulnerability is linked to low achievement in reference to health status, economic, political, geographical, and social environment related variables Health Sector Strategic Plan: Gaza Governorates 2014-2018).
³The education or training process involving, in addition to general education, the study of technologies and related sciences and the acquisition of practical skills relating to occupations in various sectors of economic life and social life (UNESCO, 2015).

Figure 1-1: Program Logic

Remainder of the evaluation has been removed as it contains sensitive program information