Evaluation Report

Contractor:
Associates in Building Capacity (ABC Consulting)

Contracting Authority:
United Nations Children’s Fund (UNICEF)

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Ex-Post Evaluation of UNICEF Humanitarian Action for Children in the State of Palestine
Judgment Criterion 2.2............................................................................................................................................... 57
Indicator 2.2a............................................................................................................................................................ 57
Indicator 2.2b............................................................................................................................................................ 58
2.3 In-Depth Evaluation of Components .................................................................................................................. 59
Component 1: Jordan Valley WASH .......................................................................................................................... 59
Component 2: E-Voucher Mechanism ........................................................................................................................ 61
Component 3: Remedial Education ........................................................................................................................... 64
Component 4: Protective Presence in the West Bank ............................................................................................... 66
Component 5: ADAP .................................................................................................................................................. 68
Component 6: Family Centers and Child Protection Mechanisms ........................................................................... 70
Component 7: Child Health Care ................................................................................................................................ 72

CHAPTER 3 ................................................................................................................................................................. 73
CONCLUSIONS AND RECOMMENDATIONS ........................................................................................................... 73
3.1 Emergency Response ............................................................................................................................................. 75
Recommendation 1: .................................................................................................................................................. 75
3.2 Accountability to Affected Populations .................................................................................................................. 75
Recommendation 2: .................................................................................................................................................. 76
3.3 Area C Interventions in the West Bank .................................................................................................................. 77
Recommendation 3: .................................................................................................................................................. 77
3.4 Child Protection and Family Center Model ......................................................................................................... 77
Recommendation 4: .................................................................................................................................................. 78
3.5 Remedial Education ............................................................................................................................................ 78
Recommendation 5: .................................................................................................................................................. 79
3.6 Protective Presence for Students and Teachers .................................................................................................... 79
Recommendation 6: .................................................................................................................................................. 79
3.7 Adolescent Capacity ............................................................................................................................................ 80
Recommendation 7: .................................................................................................................................................. 80
3.8 People with Disabilities ........................................................................................................................................ 80
Recommendation 8: .................................................................................................................................................. 80
References .................................................................................................................................................................... 81
ANNEXES ..................................................................................................................................................................... 83
Annex 1: Terms of Reference (TOR).......................................................................................................................... 84
Annex 2: Data Collection.......................................................................................................................... 92
Annex 3: Gaza Conflict Survey .................................................................................................................. 94
Annex 4: Sampling ......................................................................................................................................... 104
Annex 5: Evaluation Stakeholder Analysis.................................................................................................. 105
Annex 6: In-Depth Context Analysis ........................................................................................................ 107
Annex 7: Informed Consent Forms ........................................................................................................... 112
    Parental Consent Form .......................................................................................................................... 112
    Informed Consent Script ......................................................................................................................... 113
Annex 8: IRB Certification .......................................................................................................................... 115

List of Tables and Figures

Table 1: Evaluation Matrix ......................................................................................................................... 11
Table 3: UNICEF HPC Projects 2014-15 ................................................................................................... 27
Table 5: Data Collection Summary ........................................................................................................... 36
Table 4: Recovery and Reconstruction Needs ............................................................................................ 56

Figure 1: Geographic Breakdown of Fatalities (MIRA Report) ................................................................. 28
Figure 2: Affiliation of Coordination Survey Respondents ...................................................................... 38
Figure 3: Difficulty of Affected Population in Meeting Needs During the Gaza Conflict ....................... 44
Figure 4: Importance of Needs After the Gaza Conflict ......................................................................... 45
Figure 5: Level of agreement with statements related to UNICEF’s role in coordination ....................... 51
Figure 6: Percentage of total respondents to each type of aid on satisfaction, contribution to preservation of
dignity, and support in overcoming the effects of the crisis ................................................................ 55
Figure 7: Jordan Valley WASH ................................................................................................................ 59
Figure 8: E-voucher Beneficiaries ............................................................................................................. 61
Figure 9: School children receive school supplies ..................................................................................... 64
Figure 10: Protective Presence in Hebron ................................................................................................. 67
Figure 11: Volunteer in Collective Shelter ................................................................................................. 69
Figure 12: Family Center Beneficiaries .................................................................................................... 71
Figure 13: Satellite Damage Analysis ....................................................................................................... 110
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Lastly, a sincere thank you to all ABC staff that worked tirelessly to ensure the quality of data and analysis of this evaluation study.

Waddah Abdulsalam
Team Leader
ABC Consulting
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACF</td>
<td>Action Against Hunger</td>
<td>MHPSS</td>
<td>Mental Health and Psychosocial Support</td>
</tr>
<tr>
<td>ACH</td>
<td>UN Access Coordination Unit</td>
<td>MICS</td>
<td>Multi-Indicator Cluster Survey</td>
</tr>
<tr>
<td>AFS</td>
<td>Adolescent Friendly Spaces</td>
<td>MIRA</td>
<td>Multi-cluster/Sector Initial Rapid Assessment</td>
</tr>
<tr>
<td>AR/BA</td>
<td>Access Restricted / Border Area</td>
<td>MoEHE</td>
<td>Ministry of Education and Higher Education</td>
</tr>
<tr>
<td>CBO</td>
<td>Community-Based Organization</td>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
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<td>CHS</td>
<td>Core Humanitarian Standards</td>
<td>MoSD</td>
<td>Ministry of Social Development</td>
</tr>
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<td>CMAM</td>
<td>Community-based Management of Acute Malnutrition</td>
<td>MRE</td>
<td>Mine and ERW Risk Education</td>
</tr>
<tr>
<td>CMWU</td>
<td>Costal Municipalities Water Utility</td>
<td>MRM</td>
<td>Monitoring and Reporting Mechanism</td>
</tr>
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<td>COGAT</td>
<td>Coordination Office of Government Affairs in the Territories</td>
<td>OECD DAC</td>
<td>Organization for Economic Cooperation and Development – Development Assistance Committee</td>
</tr>
<tr>
<td>COR</td>
<td>Country Office Report</td>
<td>PCBS</td>
<td>Palestinian Central Bureau of Statistics</td>
</tr>
<tr>
<td>CPT</td>
<td>Christian Peacemakers Team</td>
<td>PCC</td>
<td>Palestinian Counseling Center</td>
</tr>
<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
<td>PCDCR</td>
<td>Palestinian Center for Democracy and Conflict Resolution</td>
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<tr>
<td>CWU</td>
<td>Central Water Union</td>
<td>PHC</td>
<td>Primary Health Center</td>
</tr>
<tr>
<td>EAPPI</td>
<td>Ecumenical Accompaniment Project in Palestine and Israel</td>
<td>PIU</td>
<td>Primary Intended User</td>
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<tr>
<td>ECD</td>
<td>Early Childhood Development</td>
<td>PNA</td>
<td>Palestinian National Authority</td>
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<td>EOC</td>
<td>Emergency Operations Centre</td>
<td>PRCS</td>
<td>Palestinian Red Crescent Society</td>
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<td>EQ</td>
<td>Evaluation Question</td>
<td>PWA</td>
<td>Palestinian Water Authority</td>
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<tr>
<td>ERW</td>
<td>Explosive Remnant of War</td>
<td>SitRep</td>
<td>Situation Report</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
<td>SoP</td>
<td>State of Palestine</td>
</tr>
<tr>
<td>GCMHP</td>
<td>Gaza Community Mental Health Programme</td>
<td>SRP</td>
<td>Strategic Response Plan</td>
</tr>
<tr>
<td>H&amp;N</td>
<td>Health and Nutrition</td>
<td>UN OCHA</td>
<td>United Nations Office for the Coordination of Humanitarian Affairs</td>
</tr>
<tr>
<td>HAC</td>
<td>Humanitarian Action for Children</td>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>Acronym</td>
<td>Description</td>
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<td>HNO</td>
<td>Humanitarian Needs Overview</td>
<td>UNICEF</td>
<td>United Nations Children Fund</td>
</tr>
<tr>
<td>HPC</td>
<td>Humanitarian Programme Cycle</td>
<td>UNRWA</td>
<td>United Nations Relief and Works Agency for Palestinian Refugees</td>
</tr>
<tr>
<td>HRP</td>
<td>Humanitarian Response Plan</td>
<td>UXO</td>
<td>Unexploded Ordnance</td>
</tr>
<tr>
<td>IDF</td>
<td>Israeli Defense Forces</td>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>IDP</td>
<td>Internally Displaced Person</td>
<td>WBWD</td>
<td>West Bank Water Department</td>
</tr>
<tr>
<td>IP</td>
<td>Implementing Partner</td>
<td>WFP</td>
<td>World Food Programme</td>
</tr>
<tr>
<td>JSC</td>
<td>Joint Services Council</td>
<td>WG</td>
<td>Working Group</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>MCH</td>
<td>Maternal and Child Health</td>
<td>YMCA</td>
<td>Young Men’s Christian Association</td>
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Executive Summary

Associates in Building Capacity (ABC Consulting) was contracted to undertake an ex-post evaluation of the UNICEF State of Palestine (SoP) Humanitarian Action for Children in the years 2014 and 2015. The evaluation was contracted for the purpose of:

- Bringing on board the views of all stakeholders, including the affected population to provide a thorough and participatory evaluation of previous UNICEF action in order to strengthen its humanitarian response and promote learning from experience and utilization of lessons learnt.
- Evaluating UNICEF’s Humanitarian Action for Children to inform future humanitarian programming in all of UNICEF’s sectors and improve the connection between UNICEF’s development and humanitarian work.

The primary intended audience of the evaluation is primarily the UNICEF SoP Country Office, as well as UNICEF MENA Regional Office, UNICEF Headquarters and implementing partner organizations.

Overview of the Intervention

In the years 2014 and 2015 UNICEF State of Palestine aimed to address Palestinian children’s protracted compromised access to adequate health care, safe water, sanitation and safe, quality education in the West Bank and Gaza. In mid-2014, massive hostilities broke out in the Gaza Strip, which witnessed approximately 51 days of the most intense fighting in its history. UNICEF deemed this crisis as “very much first and foremost a crisis of children.”

A needs assessment conducted in August 2014, immediately after the ceasefire indicated that interventions needed to be magnified to a considerable extent. UNICEF adopted a two-phase approach, aiming to respond to immediate needs in 2014 and into 2015, while focusing more on reconstruction and early recovery in 2015 and into 2016, which involved more extensive outreach to children in need as well as a strengthening of services and systems that support children’s needs in the medium-term.

UNICEF’s humanitarian work in the West Bank also responded to increased protection concerns and continuing humanitarian needs of children and caregivers during this period through a similar approach that links humanitarian and development interventions that are relevant to this context of protracted crisis.

This approach has been a basis for the development of the main evaluation questions of this ex-post evaluation focusing both on UNICEF’s immediate response to emergencies, as well as on its contribution to recovery and the extent to which humanitarian response is linked with development programming.

Evaluation Matrix

The evaluation questions cover all of the OECC DAC criteria for evaluating humanitarian action, as well as considering gender as a cross-cutting issue, taking rights-based practice assessment into consideration (PANEL), and evaluating adherence to the Core Humanitarian Standards Commitments. In the evaluation questions quality refers to effectiveness, efficiency, coherence, impact and coordination. The evaluation matrix was developed through extensive consultation with UNICEF staff and management, as well as the areas of evaluation proposed in the TOR. The following table presents the evaluation questions for this

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1 Revised Gaza Scale-up Plan. UNICEF. December 2014
2 Revised Gaza Scale-up Plan. UNICEF. December 2014
assignment, followed by judgment criteria, and indicators, and details the linkage with the evaluation questions present in the TOR:

Table 1: Evaluation Matrix

<table>
<thead>
<tr>
<th>EQ 1</th>
<th>How successful was the programme in responding to changes in the context occurring between 2014 and 2015, specifically the Gaza war in 2014?</th>
<th>Linkage with EQs in TOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Looking back at the programming under the Humanitarian Action for Children 2014 and 2015, how did UNICEF perform in relation to impact, quality and cost-effectiveness of its humanitarian programming in the State of Palestine? Could the humanitarian response be improved? (TOR Q1)³</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judgment Criterion 1.1</th>
<th>The programme responded to changes in needs of target groups effectively and efficiently.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 1.1a</td>
<td>Rapid needs assessments were conducted and design and activities were modified based on their results.</td>
</tr>
<tr>
<td>Indicator 1.1b</td>
<td>Input and output delivery and implementation of activities were timely and respected deadlines, specifically during and after the Gaza war of 2014.</td>
</tr>
<tr>
<td>Indicator 1.1c</td>
<td>Coordination among humanitarian actors, and between humanitarian actors and development and governmental agencies resulted in avoidance of overlap and coverage of gaps on the project, programme and policy level – especially coordination that took place during/after the Gaza crisis of 2014.</td>
</tr>
<tr>
<td>Indicator 1.1d</td>
<td>Humanitarian tools, standards, procedures and available capacity were effectively used during and after the crisis.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Collection</th>
<th>Documents (all indicators)</th>
<th>Interviews (all indicators)</th>
<th>Questionnaire (Indicator 1.1a and c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source</td>
<td>M&amp;E documents, needs assessments, the Gaza Scale-Up Plan and periodic Situation Reports, documents and reports produced by clusters and working groups.</td>
<td>Unicef and implementing partner staff, other stakeholders (humanitarian, development, governmental actors), cluster and working group members</td>
<td>Cluster and working group members</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judgment Criterion 1.2</th>
<th>The changes to the programme made in response to the Gaza war of 2014 led to increased protection for children and improvement in their lives.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 1.2a</td>
<td>The modified primary objectives have been achieved according to programme records and stakeholder perceptions.</td>
</tr>
<tr>
<td></td>
<td>Quality (effectiveness)(TOR Q1)</td>
</tr>
</tbody>
</table>

³ Note that results of the in-depth evaluations of components will be compared to feed into an understanding of how certain components compare in impact, cost-effectiveness, and quality (TOR Q1b) to other components, and the factors that influenced this (TOR Q1c).
### Indicator 1.2b
The modified planned/expected results have been achieved and target populations have been reached according to programme records and stakeholder perceptions.  
**Quality (effectiveness) (TOR Q1)**

### Indicator 1.2c
Positive (intended and unintended) effects were achieved, negative effects were avoided, and real differences in the lives of beneficiaries and the larger community were made.  
**Impact (TOR Q1)**

### Data Collection
- **Documents (all indicators)**
- **Observation (Indicator 2.1b)**
- **Interviews (all indicators)**
- **FGDs / Questionnaire (all indicators)**

### Data Source
- **M&E documents**
- **Project infrastructure and repairs**
- **Unicef and implementing partner staff, other stakeholders**
- **Beneficiaries**

### EQ 2
To what extent were activities of a short-term emergency nature are carried out in a context that takes longer-term into account and were policies consistent with humanitarian and human-rights considerations?  
Based on the experience of Humanitarian Action for Children 2014 and 2015, how can UNICEF strengthen the connections between its humanitarian and development programming in the State of Palestine? (TOR Q2)

### Judgment Criterion 2.1
The activities of components were carried out in a context that took longer-term and interconnected issues into account.

#### Indicator 2.1a
The actions of the components were linked with reconstruction and development efforts.  
**Connectedness, Coherence**

#### Indicator 2.1b
There was a framework of recovery established and followed by the programme and components.  
**Connectedness, Coherence**

### Data Collection
- **Documents (all indicators)**
- **Interviews (all indicators)**

### Data Source
- **Component internal / external M&E reports, Gaza Scale-up Plan, situation reports, MoUs**
- **Unicef and implementing partner staff, cluster and working group members, development/governmental agency representatives**

### Judgment Criterion 2.2
Partnerships between humanitarian actors, development/governmental agencies, and local communities are strong and effective.

#### Indicator 2.2a
There is local ownership of the programme’s objectives and activities.  
**Connectedness**

#### Indicator 2.2b
Partnerships between Unicef and development/governmental agencies are institutionalized and referral/transfer is operational.  
**Connectedness**

### Data Collection
- **Documents (all indicators)**
- **Interviews (all indicators)**
- **FGDs / Questionnaire (indicator 2.2a)**

### Data Source
- **Component internal M&E reports, MoUs**
- **Unicef and implementing partner staff, cluster and working group members, development/governmental agency representatives**
- **Beneficiaries**

### Methodology
The evaluation assessed UNICEF’s overall humanitarian response in Palestine in 2014 and 2015 through an in-depth desk study of programme documents, progress reports, evaluations, secondary sources, statistics, and situation reports, complimented by interviews and meetings with UNICEF management, a quantitative survey of vulnerable populations in Gaza (hereafter referred to as the Gaza Conflict Survey), as well as more detailed evaluations of components implemented during the evaluation period that have included as data collection activities: key informant interviews, short online surveys, and focus group discussions. The in-depth assessment of selected components has fed into the programme-wide
conclusions and recommendations produced by this study, and has also served as an opportunity to highlight best practices as well as challenges that specific components have used or faced in order to produce lessons learnt.

The following components were chosen for more in-depth evaluation based on criteria detailed in the body of the evaluation report below.

1. Emergency Response to Improve Access to Water Services and Protect Vulnerable Families in the Jordan Valley (WASH Section)
2. Emergency E-Voucher Assistance
3. Support to remedial education in Gaza (Education Section)
4. Protected and safe access to schools as an emergency response for vulnerable communities in the State of Palestine (West Bank). (Education Section)
5. Adolescents are Agents for Positive Change (Education Section)
6. Community Based Humanitarian Child Protection Mechanisms in Gaza (Family Centers and Child Protection Mechanisms) (Child Protection Section)
7. Urgent child health care and improved young child feeding for affected communities (H&N)

The following table provides detailed information about the data collection undertaken for this evaluation.

<table>
<thead>
<tr>
<th>Tool</th>
<th>Target group, method</th>
<th>No. Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key informant interviews</td>
<td>UNICEF staff and management; partner staff; governmental officials; consultants</td>
<td>53</td>
</tr>
<tr>
<td>Focus Group Discussion</td>
<td>Beneficiaries and affected populations</td>
<td>16 FGDs, 206 participants</td>
</tr>
<tr>
<td>Gaza Conflict Survey</td>
<td>• Affected population • household survey questionnaire • in person</td>
<td>393</td>
</tr>
<tr>
<td>UNICEF Humanitarian Coordination Evaluation Survey</td>
<td>• Members of relevant clusters/working groups • Online survey</td>
<td>46</td>
</tr>
<tr>
<td>Protective Presence Volunteer Survey</td>
<td>• Protective Presence volunteers of EAPPI and CPT • Online survey</td>
<td>49</td>
</tr>
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</table>

In all data collection activities, the evaluation team consulted with a total of 266 women, 322 men, 43 boys and 70 girls for a total of 747 participants (including 46 participants of the coordination survey that were not disaggregated by gender).

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4 See Annex 2 for a breakdown of data collection activities by target group and gender
5 See Annex 3 to review the survey questionnaire.
Key Findings

Evaluation Question One
How successful was the Programme in responding to the changes in the context occurring between 2014 and 2015, specifically the Gaza conflict in 2014?

Conduction and Utilization of Needs Assessments
UNICEF’s conduction and use of rapid needs assessments during and directly after the Gaza war in 2014 was found to be comprehensive and coordinated in all sectors. In Child Protection, the Child Protection Working Group (CPWG) conducted a Child Protection Rapid Assessment (CPRA) in the two months following the cessation of hostilities using an already-established CPRA toolkit. The WASH section was also able to conduct rapid needs assessment, with surge support providing a position for this purpose. To inform the Health and Nutrition section, a Joint Health Sector Assessment Report of the Gaza Strip was produced in September 2014 prepared by the Health Cluster, headed by WHO. The UNICEF H&N team was also in close contact with the MoH and heads of hospitals to keep informed of the changing conditions and needs in the Gaza Strip, and the H&N officer in the West Bank was present in the EOC in Ramallah during the conflict. In the Education section, UNICEF supported and coordinated with its partners to ensure assessments of effects of the war and needs of affected populations were done. Informally, the availability of a qualified and dedicated staff in the Gaza Field Office provided UNICEF with the relatively unique ability to constantly assess the changing conditions on the ground and respond to needs as they arose.

In terms of UNICEF’s humanitarian response in the West Bank during the period of evaluation, it was found that the two components evaluated were well able to address the needs of the target populations either through needs assessment or through an ad hoc internalized mechanism for assessing and responding to needs.

In terms of needs after the crisis as reported by respondents to the Gaza Conflict Survey, UNICEF was found to have responded to some of the most pressing needs of affected populations through its emergency response and scale-up plan, specifically the need for water and hygiene products. UNICEF’s prioritization of WASH repairs, sanitation of shelters, and provision of drinking water and hygiene products through e-vouchers during and directly after the conflict shows a high level of relevance to the needs of the affected population.

A number of factors have contributed to UNICEF’s ability to have a timely response to changes in needs of target groups during the evaluation period, most prominently the existence of established and effective humanitarian and development programs functioning in the West Bank and Gaza that were easily adaptable to changes in circumstances, an adequate level of emergency preparedness with stocks of emergency goods available, the timely conduction of the updating of the business continuity plan and facilitation of emergency simulations having been undertaken prior to the escalation, and strategic partnership agreements already in the pipeline. On the other hand, according to key informants and
UNICEF Situation Reports\(^6\), prepositioning of medicine and life-saving medical supplies and equipment was not adequate to respond to the crisis in Gaza efficiently and in a cost-effective manner, evidenced by the need to bring such supplies in to Gaza through a time and resource-consuming process that ended with the need to use expensive charter air transport.\(^7\) In terms of human resources (HR), the Country Office (CO) was in a transition phase in mid-2014 for a number of key positions, which proved to be an obstacle to the scaled-up response, as reported by UNICEF management, and logistics of procurement and shipment of supplies was found to be a process riddled by constraints, many of which are specific to the Israeli-Palestinian context.

**Coordination**

Key informants of this evaluation study generally held the opinion that one of UNICEF’s added-values to the sector is its coordination efforts and ability to allocate resources to management of clusters, working groups and partnership arrangements. In terms of the response to the Gaza conflict, UNICEF boosted its cluster coordination role in all sections, and was able to provide surge support to be allocated specifically to WASH cluster coordination.

The respondents to the coordination survey presented generally high levels of agreement with a number of positive statements related to UNICEF’s coordination role, whereby they were most likely to agree that UNICEF is an active member of the cluster/working group, followed by the level of agreement with the statement that UNICEF is willing to commit time and resources to cluster/working group meetings and work. In general, cluster/working group members indicated satisfaction with UNICEF’s coordination role, but were not as satisfied with the cluster system and its ability to contribute to effective and efficient responses to crises, and eliminate gaps and overlaps.

**Complaint Mechanisms**

Key informants have noted that the WFP/Oxfam-GB complaints mechanism of a hotline and complaint boxes was used for the UNICEF e-voucher hygiene and WASH support, while complaints about the educational support through e-vouchers were collected through a separate hotline and monitoring staff in the field. The majority of participants of the *Gaza Conflict Survey*, however, indicated that a complaint mechanism was not made available to them for the different types of humanitarian assistance.

**Evaluation Question Two:**

To what extent were activities of a short-term emergency nature are carried out in a context that takes longer-term into account and were policies consistent with humanitarian and human-rights considerations?

The Revised Gaza Scale-Up Plan produced by UNICEF in December 2014 presents in detail the interventions, both hard and soft, that UNICEF planned to undertake which were very relevant to early

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\(^6\) Situation Reports: 18 Aug 2014 and 15 Sep 2014

\(^7\) Note that a comprehensive cost analysis was not inside the scope of the evaluation in question.
recovery and reconstruction. UNICEF committed to ‘building back better’ considering the dilapidated state of much of Gaza’s infrastructure prior to the 2014 conflict. The scale-up plan, although initially divided by sector, also described the multi-sector interventions that were taking place and planned for, including systems building and strengthening, multi-faceted support for IDPs, and interventions at schools and family centers. This approach ensures interconnected issues have been taken into account, and the diverse needs of affected populations were planned to be met simultaneously and in an integrated fashion. Additionally, UNICEF’s interventions were found to directly address needs in three of the sectors and four of the sub-sectors in the National Early Recovery and Reconstruction Plan for Gaza produced by the State of Palestine in cooperation with UNDP.

An intricate linkage between UNICEF’s humanitarian and development programmes has been an element of the programme that has contributed to increased and comprehensive protection and well-being for children and caregivers. UNICEF’s involvement in development actions and strong partnerships with relevant government bodies has built trust and honed channels of communication that contributed to efficient and effective emergency response, according to key informants. Additionally, UNICEF and partners’ work with affected populations has supported the development of a cadre of active community members and volunteers that can support in future crises, and contributed to the healing, protection and psychosocial development of children and caregivers that increases their resilience and ability to cope with conflict.

The competence of UNICEF’s Palestinian and international NGO partners was found to be high, with implementing organizations across all sectors undertaking programs that achieve results. One of the best practices highlighted by this evaluation was the fostering of ownership of the actions by affected populations and beneficiaries. Partnerships between UNICEF and governmental agencies are institutionalized, evidenced by signed memoranda of understanding and workplans for each sector between UNICEF and the relevant governmental agency or ministry. The MoH, MoEHE, MoSA/D, and the PWA are key governmental partners that work together with UNICEF and other institutions to implement its Programme.

In-depth Evaluation of Components

<table>
<thead>
<tr>
<th>Component</th>
<th>Key Findings</th>
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</thead>
</table>
| Emergency Response to Improve Access to Water Services and Protect Vulnerable Families in the Jordan Valley (WASH Section) | • The project enjoyed a high level of community ownership at both the local and regional levels due to the structure of its design, the willingness of the project partner and other stakeholders to promote ownership, and the necessity of cooperation and input from the affected communities due to the restrictions to humanitarian work placed by the Israeli authorities in Area C.  
• The project can also be seen as an attempt to integrate humanitarian and development programming in a context of a protracted crisis and occupation. Since in the case of Area C, the occupying power fails to cater to the needs of the communities, the International Community has the humanitarian imperative to intervene by providing the most basic needs of the occupied population. |
Gaza crisis: E-vouchers: hygiene products, school uniforms and clothing

- Approximately three fourths of participants responded positively on their satisfaction with different aspects of the aid provided through e-voucher. It was found that there is room for improvement on the topics of awareness and transparency of the beneficiary selection process and the distance required to reach eligible supermarkets.
- 71.9% (n=266) strongly agreed or agreed that the aid contributed to the preservation of their dignity.
- 11.7% of respondents did not have a child in the household during data collection, and 41% of the participants (n=162) had two adults registered with UNRWA in the household (self and spouse).

Support to remedial education in Gaza (Education Section)

- Remedial education classes were found to promote learning for students who were underperforming in the regular classroom.
- It was noted that remedial education courses began mid-semester both in the Fall of 2014 and the Spring of 2015, causing some discontinuity. The short duration of the courses was an issue raised by the majority of informants, who all indicated that an increase in length would contribute to a greater realization of results.
- Finding an adequate space for the classes to be conducted in, the willingness of teachers to add extra hours to their workload, the timing of the classes, the transportation of students who stay late at school for the classes, and a lack of consistent attendance of students were challenges to the action.
- Many teachers indicated that the training did not add to their skill set and knowledge (9/12 male teachers and 7/12 female teachers), while principals were more likely to report that there was a need for the training. Slightly more than half (13/24 teachers) stated that they use the educational tools provided by the project in their regular classrooms.

Protected and safe access to schools as an emergency response for vulnerable communities in the State of Palestine. (Education Section)

- The project was found to be extremely relevant to the needs of the affected populations as incidents of Israeli military and settler aggression were on the increase during the years of evaluation. Key informants noted that the project was intrinsically able to rapidly respond to changes in needs, as direct channels of communication were established and fully functioning with international volunteers and accompaniers.
- All children interviewed (15), 98% of previous volunteers, and 3 key informants indicated that students feel safer on their way to and from school when protective presence is available.
- The majority of key informants and beneficiaries indicated that Palestinians can provide a certain level of protective presence for students and teachers if they are trained and are of a certain demographic not targeted themselves by Israeli aggression, although international presence is still understood to be more effective in providing protection.

Adolescents are Agents for Positive Change (Education Section)

- One of the main achievements of this project was the initiative that adolescents took to volunteer in collective shelters during the war in 2014, which gave the adolescents an opportunity to put their skills and ambitions to use in helping their fellow community members that were in need during this dire time.
- Although effective, this initiative could have benefited from more organization and preparation in terms of distribution of volunteers to shelters and training of volunteers. These issues have been taken into consideration by UNICEF whereby after the conflict, the youth who volunteered during the conflict were brought together to discuss mechanisms to increase emergency preparedness and unify the response in future emergencies.
- This component has provided evidence to the discussion on the intertwined quality of humanitarian and development aid, specifically in the context of the SoP and the Gaza
Ex-post Evaluation of UNICEF Humanitarian Action for Children in the State of Palestine

Strip, in that adolescents that are empowered with knowledge and skills can be a vital resource for emergency response at scale.

### Community Based Humanitarian Child Protection Mechanisms in Gaza

- This component has gone through an effective process of development of the Family Center Model and case referral system, in cooperation with family centers, partner organizations and the Ministry of Social Development (MoSD). This has characterized UNICEF’s strategic move away from provision of ad-hoc psychosocial support towards strengthening child protection systems and referral mechanisms.
- Family Centers were described as safe places to play and develop for children and adults and were noted as providing fun and interesting activities.
- Stability of funding was suggested as a key to effectiveness and impact of the intervention in that project-funded activities that are short-term are not able to produce the results and make real differences in the lives of affected populations to the level that more established organizations and longer-term funding can.

### Urgent child health care and improved young child feeding for affected Communities

- The long-standing relationship between UNICEF and the Ministry of Health allowed the agency to keep up-to-date on the needs of hospitals and clinics during and after the war in Gaza in 2014 and ensure the continuum of health care during this time.
- The breastfeeding promotion aspect of the project was found to be effective by beneficiaries who indicated an increase in knowledge of the benefits of exclusive breastfeeding and improved confidence in ability to breastfeed due to the intervention of this component.
- First-aid kits were in supply and distributed to collective shelters and clinics at the onset of the conflict. However, there were no prepositioned supplies of medicine and medical consumables due to a lack of funding for this purpose, which placed an immense burden on the section team to procure and transport large amounts of this type of aid into Gaza during the conflict.
Conclusions and Recommendations

Emergency Response

Emergency preparedness was adequate in the Gaza Strip on both the organizational level, the field office having recently conducted an emergency simulation, and at the intervention level, with stocks of life-saving supplies available and distribution partners already identified. Prepositioning of medical supplies and medicine, however, was non-existent in mid-2014 due to the lack of funding for prepositioning of such supplies at the time, which greatly affected the efficiency and cost-effectiveness of the response. The importance of prepositioning a diversity of supplies can serve as a lesson learned for other contexts, although budget constraints are expected to be an obstacle common to other UNICEF programmes as well as other humanitarian aid actors.

Recommendation 1:

Considering the political history of the Gaza Strip in the past decade, and according to key informants, it is highly likely that another escalation of violence will occur in the area in the coming years. Therefore, it is pertinent for the following to be undertaken:

- Emergency supplies (specifically medicine and medical consumables) prepositioned both in the West Bank and Gaza
- Regular emergency simulations be undertaken, and each program have a tailored emergency plan for how it can be adapted to future humanitarian crises.
- Funding must be sought and ear-marked for prepositioning and emergency planning
- Measures should be taken to stabilize staffing and prepare for efficient human resource procurement procedures in the case of a future conflict through ensuring that that personnel on the organizational staffing matrix (OSM) have updated UNLP documents and visas.
- Continued negotiations with the Palestinian Red Crescent Society (PRCS) on partnership agreements are pertinent in order to formalize work with this key front-line agency.
- Unification of the location of a future EOC in Gaza should also be a key point of focus for UNICEF in emergency planning.
- Lessons learned from the Supply and Logistics Department from the 2014 conflict should be documented and provided to all staff in the department.

Accountability to Affected Populations

Accountability to affected populations is a core UNICEF commitment, as is providing aid to the most vulnerable populations. The use of the already-existing e-voucher platform was found to have contributed to the ability of the Programme to provide aid to target groups quickly during and after the conflict in Gaza in 2014. However, the existence of the platform does not relieve UNICEF of its duty to implement or control issues such as beneficiary selection and accountability to affected populations. The fact that some of the beneficiaries surveyed were both UNRWA-registered refugees, and others did not have any children in their households indicates that the beneficiary selection process be revisited and strengthened in order to ensure that there are no overlaps in provision of aid and that children are the primary beneficiaries of UNICEF-sponsored aid. The lack of awareness and/or use of the complaints mechanism, specifically in comparison to the previous evaluation of the WFP-UNICEF e-voucher mechanism that found high rates of use of this mechanism, indicates that this must be better promoted and organized in future e-voucher cohorts. More dissemination and promotion of complaints mechanisms for other UNICEF aid is also needed. These issues can serve as a lesson learned on the country level, but also in
other contexts when opting for the use of already-established and maintained platforms for provision of humanitarian aid.

**Recommendation 2:**

**Beneficiary Selection**
It is recommended that UNICEF undertake its own beneficiary selection process informed by MoSA data, WFP data, and its partners on the ground, including as a main exclusion criteria for eligibility, the non-existence of children in the beneficiary households.

**Complaint Mechanisms**
It is recommended that UNICEF re-visit the complaints systems used for each programme in cooperation with implementing organizations, specifically for aid through e-vouchers that is a recently-instated aid distribution mechanism for UNICEF. Considering the fact that the e-voucher food aid is already accompanied by an effective complaint system, it is recommended for UNICEF to continue to utilize the WFP/Oxfam-GB food vouchers. In order to increase its effectiveness, the following steps should be taken:

- The mechanism must be adequately advertised as applicable to both food and hygiene products in participating supermarkets.
- In consultation with WFP/Oxfam-GB, complaints related to UNICEF-provided aid must be channeled to UNICEF or one of its partners in order to control the response to and documentation of these complaints.

**Area C Interventions in the West Bank**

Interventions in Area C of the West Bank that fostered a high level of community participation and ownership were found to be a best practice to be replicated in this context. This local ownership and commitment was found to be achieved through three key aspects: the necessity of inclusion of local capacities and support in implementing the project; the inspiration created among beneficiaries and stakeholders by fulfilling one of their most basic needs in an area characterized by neglect and vulnerability; the work of the implementing partner, ACF, in fostering a team mentality and working through a ground-up approach.

Such low profile interventions are indeed required to reduce the risk of demolitions by the Israeli Authorities. These types of interventions can serve multiple purposes: most importantly that the community involvement promotes ownership of the action and contributes to the prospects for long-term impact; secondly, that providing for the basic needs of a population in which the governing authority (the Israeli occupying authority) is not providing these needs fulfills the obligations of the International Community; lastly, these types of interventions can promote UNICEF’s role among humanitarian actors and affected communities as an agency that is willing to support the steadfastness of Palestinians despite the potential risk to the infrastructure, which will, in turn, build trust among beneficiaries and implementing partners. Although this lesson learned is specific to the unique context of the West Bank, the factors that amplified local ownership in this case can be considered in other sections of UNICEF SoP.
Recommendation 3:
Continue to support interventions similar to that of the Jordan Valley WASH component (Component 1) using the same implementation mechanisms that use local capacities, and promote ownership and involvement of affected communities. However, as demolitions in this target area increase, so does the risk aversion of donors; further efforts are thus required to advocate for the right of the children and families living in Area C, many of which are amongst the most vulnerable segments of the Palestinian population.

Child Protection and Family Center Model
The evaluation study has found that the model and referral mechanism are well-functioning after much effort put into their development and piloting, and lessons learned documented and used to improve. Local partners, Tamer for Community Education and MA’AN Development Center, are well-positioned to continue this intervention, while UNICEF’s added-value was evident in the set-up and development phases of the model and referral mechanism. The Family Center Model is, by nature, human-resource intensive in a context in which similar types of service are not otherwise available population-wide from public institutions. Taking the high cost of the programme into consideration, the financial sustainability of family centers and partner organizations is at risk, as these organizations function on donor funds and have little prospect for income generation.

Recommendation 4:
The family center model and referral mechanism should be continued, while the issue of the stability of the centers should also be tackled. In the long-term, alternative funding mechanisms should be researched, specifically from donors that can provide long-term, core funding and are committed to the model, understanding its human-resource-heavy nature. In the short-term, continued support for this intervention is recommended.

Remedial Education
Logistical arrangements for the remedial education component in terms of scheduling of activities were complicated. Although these issues were mitigated by UNICEF staff and implementers to the extent possible, it was found that these complications are inherent to working in the education sector and with students and teachers outside of the regular school day. Additionally, it was learned through this component that the coincidence of the project funding cycle with the academic schedule of semesters is vital to the comprehensive success of the intervention. Additionally, teacher training was not overwhelmingly seen as relevant to the teachers needs, and educational materials produced by the project are not fully being used in the regular classrooms, which was an intended outcome of the component. This component was also lacking a rigorous monitoring mechanism by which children’s numeracy and literacy skills could be continually assessed, and outcome reporting be done.
**Recommendation 5:**

Considering that remedial education is designed to be a short-term intervention to support children who have fallen behind in their classes due to the effects of the conflict, it is not considered relevant to re-new this component. The following recommendations are related to the issue of need for educational support for Gazan children.

- Due to the difficulty of scheduling remedial education classes in schools and during vacations, and the fact that the target group of Family Centers is similar to that of remedial education, it is recommended to augment and expand upon educational and tutorial work already being undertaken in Family Centers.
- This evaluation did not find strong evidence indicating that the skills and tools transferred to teachers through the remedial education project are being used in the regular classroom. Therefore, it would be possible to employ tutors in Family Centers independent of the school system to undertake remedial education activities.
- Interventions inside schools should not be neglected, but may take on a longer-term vision that aims to change the teaching methods and provide a more student-centered learning environment.

**Protective Presence for Students and Teachers**

The protective presence intervention (Component 4) was found to be extremely relevant to the needs of the affected populations. In order to mitigate the risk of the unintended negative effect of dependence of affected populations on international presence and a decrease in local resilience, integrated Palestinian and international protective presence for students and teachers in West Bank affected communities is needed, while it has been concluded that one group without the other is likely to be less effective in providing protection and documentation of rights violations.

**Recommendation 6:**

It is not recommended to replace international groups (currently EAPPI and CPT) with local Palestinian groups to provide protective presence to students and teachers in the West Bank areas affected by Israeli occupation policies and actions. It may be pertinent, however, to support local protective presence groups and actors to provide complementary presence to that currently provided by the international volunteers.
CHAPTER 1

INTRODUCTION
This is an evaluation of UNICEF’s response and programme strategies in the State of Palestine in 2014 and 2015. The response refers to UNICEF’s overall response to the situation in the country, the Programme is UNICEF’s intervention, and strategies are related planning, implementation and management.

UNICEF aimed to address Palestinian children’s compromised access to adequate health care, safe water, sanitation and safe, quality education in the West Bank and Gaza in 2014 and focused its humanitarian interventions on rebuilding the lives of affected children and caregivers in Gaza while also addressing the needs of the most vulnerable communities in the West Bank (including East Jerusalem) in 2015. To do so, it supported humanitarian actions in four sectors: Water, Sanitation and Hygiene (WASH), Health and Nutrition (H&N), Education and Adolescents, and Child Protection (CP) in all areas of Gaza and in Area C and East Jerusalem in the West Bank. Implementing partners included line ministries (Ministry of Health, Ministry of Education and Higher Education, Palestinian Water Authority and the Ministry of Social Affairs/Development), as well as other governmental agencies, UN agencies and international and Palestinian NGOs. Main partners are the World Food Programme (WFP), Action Against Hunger (ACF), Ecumenical Accompaniment Project in Palestine and Israel (EAPPI), Christian Peacemakers Team (CPT), Al-Nayzak, MA’AN Development Center, Tamer Institute, the Palestinian Center for Democracy and Conflict Resolution (PCDCR), and the Gaza Community Mental Health Programme (GCMHP).

1.1 Evaluation Rationale
In mid-2014, massive hostilities broke out in the Gaza Strip, which witnessed approximately 51 days of the most intense fighting in its history. UNICEF deemed this crisis as “very much first and foremost a crisis of children.” UNICEF has reported that its team in Gaza and Jerusalem was integral in the response to the emergency during and directly after the crisis. A needs assessment conducted in August 2014, immediately after the ceasefire indicated that interventions needed to be magnified to a considerable extent. The Multi-Cluster/Agency Initial Rapid Assessment (MIRA) report produced on August 27, 2014 also shaped the planning and scale-up of interventions. UNICEF adopted a two-phase approach, aiming to respond to immediate needs in 2014 and into 2015, while focusing more on reconstruction and early recovery in 2015 and into 2016, which involved more extensive outreach to children in need as well as a strengthening of services and systems that support children’s needs in the medium-term. UNICEF’s humanitarian work in the West Bank also responded to increased protection concerns and continuing humanitarian needs of children and caregivers during this period through a similar approach that links humanitarian and development interventions that are relevant to this context of protracted crisis.

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10 Revised Gaza Scale-up Plan.UNICEF. December 2014
12 Revised Gaza Scale-up Plan.UNICEF. December 2014
This approach has been a basis for the development of the main evaluation questions of this ex-post evaluation focusing both on UNICEF’s immediate response to emergencies, as well as on its contribution to recovery and the extent to which humanitarian response is linked with development programming.

1.2 About the Report
This report is presented in a sequential manner: executive summary, introduction, main findings, conclusion and recommendations. Evaluation questions have been used as the main headings, followed by judgement criteria and indicators, with references to findings from individual components referenced throughout and presented in more detail at the end of Chapter 2. Annexes have been reserved for detailed information on the evaluation process, sampling, data collection, tools and the wider context of the SoP.

1.3 UNICEF Interventions
During the evaluation period of 2014 to 2015, UNICEF undertook a number of interventions in its mandate related to its core programme component results as stipulated in the country office annual reports (COARs). The programme was also informed, during this time period, by the Gaza Scale-Up Plan, which, although initially divided by sector, also described the multi-sector interventions that were taking place and planned for, including systems building and strengthening, multi-faceted support for IDPs, and interventions at schools and family centers. This approach ensures interconnected issues have been taken into account, and the diverse needs of affected populations were planned to be met simultaneously and in an integrated fashion. These documents served as the programme theory of change, while a more comprehensive theory of change has since been developed. The core programme results for the period in question were the following:

1) High risk new-borns, pregnant women and sick children have full access to, and utilize quality basic maternal, new-born, and child health services.
2) Undernourished children and high risk pregnant women in vulnerable districts have access to and utilize micronutrient supplementation and infant feeding practices.
3) Households in Vulnerable communities and schools have increased access to safe water and sanitation, and oPt emergency planning and response mechanisms are effective.
4) Enhanced quality of early childhood and primary education through ECD Policy implementation, Education Management Information Systems, and application of Child Friendly Schools, is contributing to increased learning achievement results.
5) Capacities of national partners and service facilities are developed to promote civic engagement, participation, knowledge and skills of boys and girls aged 10 to 18 to support the transition from childhood to adulthood.
6) MOSA is further developed to implement and monitor the National Plan of Action for Child Protection. Together with humanitarian partnerships this will ensure that children who are at risk of, or subject to all forms of violence, exploitation, and abuse, benefit from improved services.
7) Through advocacy supported by evidence based research and policy analyses, there is increased budget allocation and appropriate programmes for children in vulnerable communities.
UNICEF’s monitoring and evaluation (M&E) mechanisms were developed over the course of the evaluation period and have continued to evolve into the time of reporting. The use of Situation Reports (Sit. Reps.) began after the Gaza conflict of 2014 as a means of monitoring the humanitarian situation as well as the interventions and response provided by UNICEF. Also in mid-2014, Humanitarian Performance Monitoring (HPM) was instated in UNICEF’s M&E system, although it was not fully developed into detailed matrices with rigorous data collection until the last quarter of 2015. The HPM matrices were completed monthly until 2016 and have since been presented to decision-makers on a quarterly basis to contribute to more accurate data and figures. Results from the data produced from these monitoring mechanisms is to be used to make decisions about what interventions to continue, to augment, or to change. During the reporting period, there was no M&E national staff member in the Gaza field office. It is expected that the inclusion of this position as of 2016 has improved the office’s ability to fully monitor and report on UNICEF’s interventions in the Strip.

The WASH section implemented both ‘hard’ (infrastructure, repair, maintenance, procurement provision of supplies) and ‘soft’ (awareness raising, hygiene promotion, capacity building) humanitarian interventions. The Child Protection section supported and coordinated Family Centers that contribute to its child protection and psychosocial support programs, as well as mine and explosive remnants of war (ERW) risk education, and documentation of grave violations of the rights of children. The Learning for Development/Adolescents section implemented a variety of humanitarian projects including support to remedial education, provision of supplies, capacity building for educators, provision of protective presence for children and teachers, adolescent-friendly services, and support to rehabilitation of school infrastructure. Lastly, the Health and Nutrition section provided medical supplies, equipment, and life-saving drugs to populations in need and in times of emergency, promoted maternal and child health, conducted capacity building for health workers, supported increased emergency preparedness of health centers, and implemented micronutrient supplementation programs. These programs were informed by the Multi-Cluster/Agency Initial Rapid Assessment headed by the UN Office for Humanitarian Affairs (UN OCHA), as well as UNICEF’s Gaza Scale-Up Plan. Situation Reports were produced by UNICEF weekly during the Gaza crisis of mid-2014 and monthly for the duration of the evaluation period. The selection of components for in-depth evaluation is presented below.

The following table provides a summary of UNICEF humanitarian projects that were submitted to the Humanitarian Programme Cycle (HPC) during the evaluation period. Note that although this table provides a general understanding of what UNICEF proposed to implement during the years in question, the extent of funding of specific projects varies and in some cases, activities actually implemented are not identical to those presented below.
### Table 2: UNICEF HPC Projects 2014-15

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Location</th>
<th>Budget in USD (rounded)</th>
<th>Year</th>
<th>Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response to water scarcity needs for vulnerable communities in the WB</td>
<td>WB only</td>
<td>1.3 mil</td>
<td>2014</td>
<td>35,156</td>
</tr>
<tr>
<td>Rehabilitation and upgrading of wastewater network in Al Naha’al and under Khema areas, Rafah, Gaza</td>
<td>GS only</td>
<td>0.7 mil</td>
<td>2014</td>
<td>7,000</td>
</tr>
<tr>
<td>Immediate response to basic WASH needs through assistance to the most vulnerable and support to wat/san service providers</td>
<td>GS only</td>
<td>11.8 mil</td>
<td>2014</td>
<td>720,000</td>
</tr>
<tr>
<td>Emergency response to improve access to water services and protect vulnerable families in the Jordan Valley</td>
<td>WB only</td>
<td>1.7 mil</td>
<td>2015</td>
<td>3,450</td>
</tr>
<tr>
<td>Support water service providers to prevent and respond to winter flooding risks in Gaza</td>
<td>GS only</td>
<td>2 mil</td>
<td>2015</td>
<td>Entire population</td>
</tr>
<tr>
<td>Humanitarian response to address the basic WASH needs of affected communities in Gaza</td>
<td>GS only</td>
<td>5 mil</td>
<td>2015</td>
<td>200,000</td>
</tr>
<tr>
<td>Improving water scarcity management and delivery to effectively address the needs of vulnerable communities in the West Bank</td>
<td>WB only</td>
<td>2 mil</td>
<td>2015</td>
<td>38,468</td>
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<tr>
<td>Providing safe water and sanitation to vulnerable communities in the Access Restricted / Border Area (AR/BA) of Gaza Strip</td>
<td>GS only</td>
<td>2 mil</td>
<td>2015</td>
<td>67,000</td>
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<tr>
<td><strong>Child Protection</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Humanitarian Psychosocial Response for Children and Families</td>
<td>GS / WB</td>
<td>4.4 mil</td>
<td>2014</td>
<td>100,000</td>
</tr>
<tr>
<td>Gaza crisis: Saving Lives of Children and Families through mine/ERW risk education (MRE) in oPt</td>
<td>GS only</td>
<td>234,000</td>
<td>2014</td>
<td>900,000</td>
</tr>
<tr>
<td>Gaza crisis: Community Based Humanitarian Child Protection Mechanisms in Gaza (Family Centers)</td>
<td>GS only</td>
<td>1.3 mil</td>
<td>2014</td>
<td>80,000</td>
</tr>
<tr>
<td>Informing humanitarian programmatic and advocacy response through doc. of grave violations against children affected by armed conflict</td>
<td>GS / WB</td>
<td>500,000</td>
<td>2014</td>
<td>38,000</td>
</tr>
<tr>
<td>Child Protection Mechanisms in Gaza (Family Centres and Child Protection Networks)</td>
<td>GS only</td>
<td>1.5 mil</td>
<td>2015</td>
<td>120,000</td>
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<tr>
<td>Saving Lives of Children/Families through ERW education</td>
<td>GS / WB</td>
<td>379,134</td>
<td>2015</td>
<td>470,000</td>
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<tr>
<td>Informing humanitarian programmatic and advocacy response through doc. of grave violations against children affected by armed conflict</td>
<td>GS / WB</td>
<td>900,000</td>
<td>2015</td>
<td>50,000</td>
</tr>
<tr>
<td>Humanitarian Psychosocial Response for Children and Families</td>
<td>GS / WB</td>
<td>5.8 mil</td>
<td>2015</td>
<td>230,000</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Protected and safe access to schools as an emergency response for vulnerable communities in the State of Palestine</td>
<td>WB only</td>
<td>750,000</td>
<td>2014</td>
<td>9,120</td>
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<tr>
<td>Safe Transport: Humanitarian access to school as an emergency response for children in vulnerable areas of the West Bank</td>
<td>WB only</td>
<td>640,000</td>
<td>2014</td>
<td>300</td>
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<tr>
<td>Urgent support to girls and boys in Gaza to ensure their return to school</td>
<td>GS only</td>
<td>15.5 mil</td>
<td>2014</td>
<td>230,000</td>
</tr>
<tr>
<td>Protective summer camps for vulnerable children in GS and WB</td>
<td>GS only</td>
<td>200,000</td>
<td>2014</td>
<td>3,675</td>
</tr>
<tr>
<td>Protected and safe access to schools as an emergency response for vulnerable communities in the State of Palestine</td>
<td>WB only</td>
<td>1 mil.</td>
<td>2015</td>
<td>3,805</td>
</tr>
<tr>
<td>Support to remedial education in Gaza</td>
<td>GS only</td>
<td>1.7 mil.</td>
<td>2015</td>
<td>19,000</td>
</tr>
<tr>
<td>Ensure access to education for affected children in Gaza in a safer and enabling environment</td>
<td>GS only</td>
<td>4.3 mil.</td>
<td>2015</td>
<td>37,000</td>
</tr>
<tr>
<td>Adolescents are Agents for Positive Change</td>
<td>GS only</td>
<td>2014</td>
<td>7000</td>
<td></td>
</tr>
<tr>
<td><strong>Health and Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Gaza crisis: Urgent child health care and improved young child feeding for affected communities  
GS only  4.7 mil.  2014  110,000

Access to improved maternal and child (0 to 59 months) health services (MCH) in the most conflict-affected communities  
GS only  3.5 mil.  2015  350,000

Nutrition Emergency Preparedness and Resilience Building  
GS / WB  1.7 mil.  2015  351,000

1.4 Context

During the period under evaluation, the State of Palestine (SoP) was characterized as a country experiencing de-development in light of the protracted crisis situation resulting from years of occupation by the state of Israel. The SoP has experienced a succession of violent conflicts over the years, punctuated by the most intensive Israeli military operation that the country has seen that was enacted on the Gaza Strip in July and August of 2014. According to the UN Office for Coordination of Humanitarian Affairs (UN OCHA) Humanitarian Overview for Palestine in 2014, the situation in the country can be described as a protection-based crisis, with multiple grave violations of human rights and children’s rights consistently occurring throughout the two years in question. The report states: “This crisis stems from the prolonged occupation and recurrent hostilities, alongside a system of policies that undermine the ability of Palestinians to live normal, self-sustaining lives and realize the full spectrum of their rights, including the right to self-determination” (pg. 4).13

The period under evaluation was characterized by violence and conflict, cumulating in mid-July 2014, which marked the beginning of the Israeli military invasion of the Gaza Strip, known as “Operation Protective Edge”. The conflict was triggered following the Israeli Defense Force (IDF) operation “My Brother’s Keeper”, in search of 3 Israelis that were assumed kidnapped by Palestinians. Tensions increased after the arrest of approximately 350 Palestinians, mainly Hamas leaders residing in the West Bank, as they were suspected of being responsible for the kidnapping. Palestinians in Gaza countered this tactic of mass arrests by shooting rockets into

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13 See Annex 6 for more detailed information on the context of the State of Palestine by sector.
southern Israel. Israel launched “Operation Protective Edge” on July 8, 2014 as a response. As a result, 2,257 people were killed, including 540 children, as indicated in UNICEF situation reports. The conflict also had the following consequences: 2,956 children were injured, 1,500 were orphaned, and 45,000 became homeless; 89 entire families were killed and taken out of the population registry. In regards to education, a MoEHE report showed that, as a result of the Israeli aggression, 199 kindergartens, 187 government schools, 91 UNRWA schools, 49 private schools, 3 governmental higher education institutes, and 9 non-governmental higher education institutes were damaged. 14 teachers and 250 students were killed, while 19 teachers and 856 students were injured. In addition, about half a million students were unable to start the new school year on schedule, although through much effort by humanitarian and governmental actors, schools opened only two weeks after schedule. Further, during the conflict, more than 1.2 million people were deprived access to clean water, 600,000 buildings were destroyed partially or completely, of these 77 were health institutes. The Palestine Human Development Report produced by the United Nations Development Programme (UNDP) also shows that 70% of households suffered from food insecurity and 80% were reliant on aid.

Internal displacement was one of the main issues resulting from the conflict, with an estimated 500,000 Palestinians displaced within the Gaza strip at the height of the conflict, which translates as approximately 28% of the entire population. Slightly more than half of those internally displaced persons (IDPs) took shelter in UNRWA schools designated as collective shelters, while a third resided with host families, and the remainder took shelter in government schools or informal shelters. In April 2016, at the time of an OCHA-led study of the current needs of IDPs, 90,000 persons were still displaced, the majority of which had moved multiple times and were currently renting accommodation.

In the West Bank, children continued to be affected by conflict and violence, with 41 Palestinian children killed by the IDF or Israeli settlers in 2014 and 2015, and hundreds of Palestinian children injured, arrested or detained during the same period, according to Children Affected by Armed Conflict (CAAC) Bulletins. The last quarter of 2015 was the deadliest period, accounting for more than half of the total number of killings of Palestinian children in the two years. H2 area of Hebron in the West Bank, which is inhabited by hundreds of Israeli settlers in addition to the approximately 30,000 Palestinian residents, is under Israeli military control and has been an extremely vulnerable area in terms of Palestinian children’s safety and rights. Children and teacher’s ability to safely

access schools is one of the most pressing concerns, considering the risk of harassment, fear and intimidation on the commute to and from school in this area.

**Humanitarian Response to Gaza Crisis in 2014**

Humanitarian response efforts were severely impacted by damage to major roads and infrastructure, as well as restrictions to movement due to security concerns, and challenging coordination with Israeli officials. In terms of access to the Gaza strip, Kerem Shalom Crossing for goods was relatively consistently in operation, while the Rafah Crossing to Egypt was operating below capacity. The UN Access Coordination Unit (ACU) interacted with the Israeli military to facilitate humanitarian access to Gaza. This engagement included negotiations to keep checkpoints and crossings operational, applying for entry permits for humanitarian aid workers, coordination of the evacuation of dual-nationals and foreign nationals from Gaza to Jordan, ensuring the continued functioning of pipelines for humanitarian aid supplies, providing coordinates of civilian installations to the Israeli Coordination of Government Activities in the Territories (COGAT), and pressuring for expedited entry of vital materials into Gaza. The Gaza Reconstruction Mechanism (GRM) was also set into force in September 2014 with the purpose of facilitating the entry into Gaza of materials considered ‘dual-use’ by the Government of Israel, such as cement and rebar. This temporary mechanism supported the entry of tens of thousands of tons of construction material during the period under evaluation.

The response capacity of the Palestinian authority was severely restricted by movement and access restraints imposed on the national government mainly by Israel, but also by Egypt, as well as the internal Palestinian divide between the Fatah government that has jurisdiction over the West Bank and the Hamas government controlling Gaza. Although emergency preparedness in Palestinian governmental institutions is being developed, these institutions are still far from having the capacity and access to fully respond to emergencies, especially of such severity as that of the 2014 conflict in Gaza. Humanitarian actors also noted a lack in emergency preparedness and prepositioning of essential items for early response. A Palestinian Authority-led Emergency Operations Centre (EOC) was set up in Ramallah for the purpose of monitoring the situation and coordinating the response, while another inter-agency EOC was also established including UN agencies, local and international NGOs, as well as Palestinian governmental actors. All actors present in the Gaza Strip at the time of escalation of violence began to provide timely assistance with already-existing and expanded resources. The September 2014 MIRA report estimates that most of the affected population received some form of support, while small numbers of affected people were not reached due to security concerns and a lack of access, and some groups received only minimal aid.

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21 [http://grm.report/#/About](http://grm.report/#/About)
1.5 Purpose
It is in this complex emergency situation that UNICEF undertook its humanitarian action for children. This evaluation study has included all UNICEF humanitarian actions for children implemented in the years 2014 and 2015 with a focus on interventions during and after the mid-year war in Gaza in 2014. The evaluation serves the following purposes indicated in the terms of reference (TOR) {see Annex 1}:

- To bring on board the views of all stakeholders, including the affected population to provide a thorough and participatory evaluation of previous UNICEF action in order to strengthen its humanitarian response and promote learning from experience and utilization of lessons learnt.
- To evaluate UNICEF’s Humanitarian Action for Children to inform future humanitarian programming in all of UNICEF’s sectors and improve the connection between UNICEF’s development and humanitarian work.

1.6 Evaluation Matrix
The evaluation questions cover all of the OECC DAC criteria for evaluating humanitarian action, as well as considering gender as a cross-cutting issue, taking rights-based practice assessment into consideration (PANEL), and evaluating adherence to the Core Humanitarian Standards Commitments. In the evaluation questions, quality refers to effectiveness, efficiency, coherence, impact and coordination. The evaluation matrix was developed through extensive consultation with UNICEF staff and management, as well as the areas of evaluation proposed in the TOR. The initial evaluation questions, where:

1. Looking back at the programming under the Humanitarian Action for Children 2014 and 2015, how did UNICEF perform in relation to the impact, quality, and cost-effectiveness of its humanitarian programming in the State of Palestine? Could the humanitarian response be improved? In which ways? For each of the components:
   a. To what extent was this component appropriate to the needs of children, especially the most vulnerable children, and to what extent where they engaged?
   b. How did the impact, quality and cost-effectiveness of this compare to the other UNICEF components implemented?
   c. What factors influenced the impact, quality and cost-effectiveness of this component in comparison to the other components?
   d. To what extent where humanitarian tools, standards, procedures and available capacity effectively used?
2. Based on the experience of Humanitarian Action for Children 2014 and 2015, how can UNICEF strengthen the emergency preparedness and connections between its humanitarian and development programming in the State of Palestine?

The layout of the evaluation matrix allows for data collection methods and data sources at the project level to feed into indicators that allow for judgment criteria that will aid the evaluator and
primary intended users to make conclusions on the programme and strategy level. In order to maintain an appropriate level of focus while also being able to address different relevant criteria for evaluation, this matrix presents 2 main evaluation questions, while the right-hand column indicates how these questions and their corresponding indicators are linked with the longer evaluation question set delineated in the TOR.

<table>
<thead>
<tr>
<th>Linkage with Evaluation Questions in TOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>EQ 1</td>
</tr>
<tr>
<td>Judgment Criterion 1.1</td>
</tr>
<tr>
<td>Indicator 1.1a</td>
</tr>
<tr>
<td>Indicator 1.1b</td>
</tr>
<tr>
<td>Indicator 1.1c</td>
</tr>
</tbody>
</table>

Note that results of the in-depth evaluations of components will be compared to feed into an understanding of how certain components compare in impact, cost-effectiveness, and quality (TOR Q1b) to other components, and the factors that influenced this (TOR Q1c).

Note that results of the in-depth evaluations of components will be compared to feed into an understanding of how certain components compare in impact, cost-effectiveness, and quality (TOR Q1b) to other components, and the factors that influenced this (TOR Q1c).
<table>
<thead>
<tr>
<th>Indicator 1.1d</th>
<th>Humanitarian tools, standards, procedures and available capacity were effectively used during and after the crisis.</th>
<th>To what extent were humanitarian tools, standards, procedures and available capacity effectively used. (TOR Q1d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Collection</td>
<td>Documents (all indicators)</td>
<td>Interviews (all indicators)</td>
</tr>
<tr>
<td>Data Source</td>
<td>M&amp;E documents, needs assessments, the Gaza Scale-Up Plan and periodic Situation Reports, documents and reports produced by clusters and working groups.</td>
<td>Unicef and implementing partner staff, other stakeholders (humanitarian, development, governmental actors), cluster and working group members</td>
</tr>
<tr>
<td>Judgment Criterion 1.2</td>
<td>The changes to the programme made in response to the Gaza war of 2014 led to increased protection for children and improvement in their lives.</td>
<td></td>
</tr>
<tr>
<td>Indicator 1.2a</td>
<td>The modified primary objectives have been achieved according to programme records and stakeholder perceptions.</td>
<td>Quality (effectiveness) (TOR Q1)</td>
</tr>
<tr>
<td>Indicator 1.2b</td>
<td>The modified planned/expected results have been achieved and target populations have been reached according to programme records and stakeholder perceptions.</td>
<td>Quality (effectiveness) (TOR Q1)</td>
</tr>
<tr>
<td>Indicator 1.2c</td>
<td>Positive (intended and unintended) effects were achieved, negative effects were avoided, and real differences in the lives of beneficiaries and the larger community were made.</td>
<td>Impact (TOR Q1)</td>
</tr>
<tr>
<td>Data Collection</td>
<td>Documents (all indicators)</td>
<td>Observation (Indicator 2.1b)</td>
</tr>
<tr>
<td>Data Source</td>
<td>M&amp;E documents</td>
<td>Project infrastructure and repairs</td>
</tr>
<tr>
<td>EQ 2</td>
<td>To what extent were activities of a short-term emergency nature are carried out in a context that takes longer-term into account and were policies consistent with humanitarian and human-rights considerations?</td>
<td>How can UNICEF strengthen the connections between its humanitarian and development programming in the State of Palestine?</td>
</tr>
<tr>
<td>Judgment Criterion 2.1</td>
<td>The activities of components were carried out in a context that took longer-term and interconnected issues into account.</td>
<td></td>
</tr>
<tr>
<td>Indicator 2.1a</td>
<td>The actions of the components were linked with reconstruction and development efforts.</td>
<td>Connectedness, Coherence</td>
</tr>
<tr>
<td>Indicator 2.1b</td>
<td>There was a framework of recovery established and followed by the programme and components.</td>
<td>Connectedness, Coherence</td>
</tr>
<tr>
<td>Data Collection</td>
<td>Documents (all indicators)</td>
<td>Interviews (all indicators)</td>
</tr>
<tr>
<td>Data Source</td>
<td>Component internal / external M&amp;E reports, Gaza Scale-up Plan, situation reports, MoUs</td>
<td>Unicef and implementing partner staff, cluster and working group members, development/governmental agency representatives</td>
</tr>
<tr>
<td>Judgment Criterion 2.2</td>
<td>Partnerships between humanitarian actors, development/governmental agencies, and local communities are strong and effective.</td>
<td></td>
</tr>
<tr>
<td>Indicator 2.2a</td>
<td>There is local ownership of the programme’s objectives and activities.</td>
<td>Connectedness</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Indicator 2.2b</td>
<td>Partnerships between Unicef and development/governmental agencies are institutionalized and referral/transfer is operational.</td>
<td>Connectedness</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Collection</th>
<th>Documents (all indicators)</th>
<th>Interviews (all indicators)</th>
<th>FGDs / Questionnaire (indicator 2.2a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source</td>
<td>Component internal M&amp;E reports, MoUs</td>
<td>Unicef and implementing partner staff, cluster and working group members, development/governmental agency representatives</td>
<td>Beneficiaries</td>
</tr>
</tbody>
</table>

1.7 Methodology
The evaluation assessed UNICEF’s overall humanitarian response in Palestine in 2014 and 2015 through an in-depth desk study {see References section in Chapter 3} complimented by interviews and meetings with UNICEF management, a quantitative survey of vulnerable populations in Gaza (hereafter referred to as the Gaza Conflict Survey), as well as more detailed evaluations of components implemented during the evaluation period that have included as data collection activities: key informant interviews, short online surveys, and focus group discussions. The in-depth assessment of selected components has fed into the programme-wide conclusions and recommendations produced by this study, and has also served as an opportunity to highlight best practices as well as challenges that specific components have used or faced in order to produce lessons learnt.

1.7.1 Stakeholder Consultation
A stakeholder analysis was conducted during the inception phase of the evaluation in order to inform a structured consultation of stakeholders and ensure that data was gathered from all informant groups {see Annex 5}. The analysis identified three main stakeholder groups: implementers including UNICEF staff and management and implementing partners; strategic partners including other UN agencies, governmental institutions and non-implementing local and international organizations; and lastly, beneficiaries and affected populations. Purposive sampling was undertaken for the majority of data collection activities with these populations, while randomized representative sampling was employed for the Gaza conflict survey.

1.7.2 Selection of Components for In-Depth Evaluation
Initial interviews with the Country Representative, the Deputy Representative, the M&E team, and Heads of Sections contributed to an overall understanding of UNICEF’s strategic response to the context during the years of concern, and specifically the response to the Gaza conflict in 2014. These meetings also provided the opportunity for selection of components for in-depth evaluation to be conducted in an open and participatory manner with all members providing input as to the feasibility and suitability of evaluation of different components. The components for in-depth evaluation were selected from the list of HPC project proposals from 2014-15, which includes 30 projects in 4 sectors. Feedback from UNICEF staff detailed the extent of implementation of each
The following criteria were used in selection of the components:

- Diversity of Sector (WASH, Child Protection, Education/Adolescence, Health and Nutrition)
- Diversity of Location (West Bank, Gaza, both areas)
- Applicability of evaluation questions to component (Represented response to changes in needs (EQ1) and/or was relevant to linking humanitarian and development interventions (EQ2))
- UNICEF feedback as to what components should/need to be evaluated.
- Diversity of main aspects of the component (‘hard’ and ‘soft’ interventions; tested models)

The following exclusion criteria were used as well in choosing the components:

- Projects implemented in Gaza that began and were completed before the Gaza war in July 2014.
- Projects including only infrastructure development or distribution of supplies without any ‘soft’ components.

Based on the above criteria, the following components were chosen for more in-depth evaluation:

1. Emergency Response to Improve Access to Water Services and Protect Vulnerable Families in the Jordan Valley (WASH Section)
2. Emergency E-Voucher Assistance
3. Support to remedial education in Gaza (Education Section)
4. Protected and safe access to schools as an emergency response for vulnerable communities in the State of Palestine (West Bank). (Education Section)
5. Adolescents are Agents for Positive Change (Education Section)
6. Community Based Humanitarian Child Protection Mechanisms in Gaza (Family Centers and Child Protection Mechanisms) (Child Protection Section)
7. Urgent child health care and improved young child feeding for affected communities (H&N)

**1.7.3 Data Collection**

Qualitative data collection was undertaken through key informant interviews, observation and field visits, and focus group discussions with affected populations. Three quantitative surveys were undertaken to inform this evaluation: two online surveys for a) international volunteers from the Protective Presence project (Component 4), and b) members of cluster and working groups headed by UNICEF, as well as a survey of affected populations in Gaza that was undertaken to contribute a rigorous set of quantitative data to the evaluation. The following table provides detailed information about the data collection undertaken for this evaluation.
Table 3: Data Collection Summary

<table>
<thead>
<tr>
<th>Tool</th>
<th>Target group, method</th>
<th>No. Participants</th>
<th>Purpose of the Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key informant interviews</td>
<td>UNICEF staff and management; partner staff; governmental officials, consultants</td>
<td>53</td>
<td>To provide in-depth information and qualitative data on UNICEF’s overall response, response by specific sections, and in relation to specific components, depending on the mandate of the key informant</td>
</tr>
<tr>
<td>Focus Group Discussion</td>
<td>Beneficiaries and affected populations</td>
<td>16 FGDs, 206 participants</td>
<td>To provide qualitative data on diverse perspectives of beneficiaries and affected populations of the selected components for evaluation</td>
</tr>
<tr>
<td>Gaza Conflict Survey</td>
<td>• Affected population</td>
<td>393</td>
<td>To provide quantitative data on the situation of affected populations during and after the Gaza conflict in 2014</td>
</tr>
<tr>
<td></td>
<td>• household survey questionnaire</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• in person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNICEF Humanitarian Coordination Evaluation Survey</td>
<td>• Members of relevant clusters/working groups</td>
<td>46</td>
<td>Provide quantitative data on UNICEF’s coordination role.</td>
</tr>
<tr>
<td></td>
<td>• Online survey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protective Presence Volunteer Survey</td>
<td>• Protective Presence volunteers of EAPPI and CPT</td>
<td>49</td>
<td>Provide quantitative data to contribute to the evaluation of the “Protected and safe access to schools as an emergency response for vulnerable communities in the State of Palestine” component.</td>
</tr>
<tr>
<td></td>
<td>• Online survey</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In all data collection activities, the evaluation team consulted with a total of 266 women, 322 men, 43 boys and 70 girls for a total of 747 participants (including 46 participants of the coordination survey that were not disaggregated by gender).

1.7.4 Ethical Considerations

In undertaking this evaluation, the evaluator has adhered to United Nations principles and values, is organizationally independent from the body under evaluation, and has achieved behavioural independence throughout the entire evaluation process. The evaluator commits to impartiality through professional integrity, objectivity and absence of bias. There was found to be no conflict of interest between relevant parties in this evaluation study. Participants were engaged appropriately and respectfully in all data collection activities taking into consideration cultural

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25 See Annex 2 for a breakdown of data collection activities by target group and gender
26 See Annex 3 to review the survey questionnaire.
norms and traditions, and the dignity and diversity of participants was upheld, while the principle of ‘do no harm’ was key in designing and implementing all data collection activities.

A number of ethical considerations and protocols were undertaken based UNICEF’s Procedure on Ethics in Evidence Generation. The evaluator also signed the ‘Adherence to UNICEF Ethical Standards when Undertaking Evidence Generation on Behalf of UNICEF State of Palestine’ consulting organization agreement.

All interviewees were informed of the objectives of the evaluation and the intended use of the results; they were also informed that all statements and input would be kept confidential and anonymous. Informed consent to participate was taken from all participants of data collection activities (see Informed Consent Script in Annex 7) who were given the option to withdraw their consent and participation at any moment. For child participants (those under 18), parental consent was also acquired prior to participation of the minor (see Parental Consent Form in Annex 7). Participants were reassured that their choice to participate would not affect their position in the project or future projects with partners. The methodology and data collection ensured that the research would not create or inflict any harm on participants of the research and no monetary compensation was given to participants.

All gathered data was kept confidential and names of individuals were deleted from the data and replaced by codes in the evaluation notes. The evaluation team members were the sole persons with access to the research data. Certification was received for this study from the Institutional Review Board at An-Najah National University (see Annex 8).

1.7.4 Demographics of Survey Participants

Protective Presence Volunteer Survey
The survey garnered the response of 49 participants who had volunteered with partners: the Ecumenical Accompaniment Project for Palestine and Israel (EAPPI) and Christian Peacemakers Team (CPT) during the period of evaluation. 58% of the participants were female and 42% were male. In terms of age distribution, almost a third of the participants were above 58 years of age, while 29% were 28-37, 23% were 18-27, and the remaining 16% ranging between 38-57 years. 89.5% of the participants reported being affiliated to EAPPI through this project while the reminder of participants was affiliated with CPT. More than half of the participants volunteered with EAPPI or CPT in 2015, while the remaining participants volunteered respectively in 2016, and 2014. The majority of participants (87%) volunteered on the project for 1-3 months.

UNICEF Humanitarian Coordination Evaluation Survey
The survey respondents consisted of 46 participants. Almost half of the participants indicated that they represent an international NGO, and 44% represent a Palestinian NGO, while the remaining participants represent a UN Agency, a Palestinian Authority governmental organization, and an international governmental organization. In terms of cluster or working group that the participants’ organization is a member of, half of the participants were members of the Child Protection
Working Group, while 44% were members of the WASH Cluster. The details of organizations’ membership are illustrated in the table below. Note that each participant was able to indicate all groups his/her organization was affiliated with.

**Figure 2: Affiliation of Coordination Survey Respondents**

<table>
<thead>
<tr>
<th>Affiliation</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Protection Working Group</td>
<td>25</td>
</tr>
<tr>
<td>WASH Cluster</td>
<td>20</td>
</tr>
<tr>
<td>Protection Cluster</td>
<td>15</td>
</tr>
<tr>
<td>Education Cluster</td>
<td>10</td>
</tr>
<tr>
<td>MHPSS Working Group</td>
<td>10</td>
</tr>
<tr>
<td>Food Security Sector</td>
<td>5</td>
</tr>
<tr>
<td>Health &amp; Nutrition Cluster</td>
<td>5</td>
</tr>
<tr>
<td>WG on Grave Violations Against Children</td>
<td>2</td>
</tr>
</tbody>
</table>

**Gaza Conflict Survey**

The sampling frame utilized for the *Gaza Conflict Survey* was the beneficiary lists from the hygiene products and school uniforms that were provided through the WFP e-voucher platform. The rationale behind using this sampling frame was that persons eligible for e-vouchers are those that are deemed the most vulnerable by the Ministry of Social Affairs/Development (MoSA/D). A randomized and representative sample was taken from this population and respondents participated in a face-to-face structured interview. (For more details on sampling methodology, see Annex 4).

The survey consisted of 393 participants. The participants’ current area of residence was distributed over governorates with 46% of participants from the Gaza governorate, 23% from North Gaza, 22% from Khan Younis, followed by Deir al-Balah, and Rafah. 60% of participants are males and 40% females. The age distribution of participants was 29.5% for ages between 28-37, 28.5% for ages between 38 and 47; 15% were 48-57 years of age, 13.5% were 58 years and above, while only 13% were aged 18-27. The average of the total number of family members was 6.83, with an average of 3.49 male household members, and 3.34 female household members. The average number of children under the age of 18 in the one household was 3.36, with the average being almost the same for children under 18 who do not contribute to the household income. 11.7% (n=46) of participants reported no members of the household under the age of 18. 11% of participants reported that at least one member in the household suffers from a disability.
In terms of refugee status, 56% of the participants reported being an UNRWA-registered refugee, and 50% reported their spouse being an UNRWA-registered refugee with a total of 41% of all survey participants having two persons in the household registered refugees (self and spouse). Regarding the participants’ place of residence during the majority of the 51 days of war in 2014, half of the participants reported living with a host family, 28% reported living in a shelter, and 13.7% reported renting another house/apartment, while only 6% lived in their home. Among those who lived with a host family, 98.5% reported that the maximum number of persons living in the house at any time during the crisis was 11 or more people.

1.7.5 Analytical Strategy

Quantitative analysis has been undertaken on data from the Gaza conflict survey and the two online surveys. Data from the Gaza conflict survey was entered into SPSS, open questions or categories were coded, and data was cleaned. Cross tabulations were run and chi-squared, Fisher’s exact tests, and t-tests were used to estimate how likely it is that particular relationships from cross tabulations arose by chance and factors that may have led to these relationships have been posited.

Transcriptions and notes of focus group discussions and key informant interviews have been coded for analysis of qualitative data. Axial coding was undertaken with the coding informed by the Evaluation Matrix presented above. Text related to each code was duplicated under the relevant category. Additional codes were created when necessary. Once coding was completed, major trends and key perspectives were identified, and triangulation was employed to verify statements and trends, which ensured the reliability and accuracy of the data. Study participants’ weighted input has been considered in order to support triangulation of data and resolve any conflicts arising from this triangulation. Factors considered in weighting of participants’ input were how authoritative the participant is on the subject in question, the participants’ presumed agendas and biases, the bias inherent in the method of data collection and processing, and the pattern of data from different participants of the same category. The data has been triangulated in the following ways:

- Researcher triangulation: comparing the data gathered by different researchers.
- Source triangulation: comparing the data gathered from different sources (e.g. headmasters versus teachers versus students versus education administrators etc.)
- Method triangulation: (e.g. data from document versus survey interviews versus observation versus key-informant interviews versus focus groups)
- Analytical triangulation: (e.g. data generated by SPSS cross tabulation against the data generated by the analysis of qualitative data from key informants and focus groups)

1.7.6 Constraints and Limitations

The first limitation of this study stems from the nature of ex-post evaluation, in that participants and stakeholders may have more difficulty recalling and providing accurate information about the programme due to the time lapse that has occurred since the period of evaluation. Steps have been made to prompt recall, such as introducing an important event as a past reference, and using
Another limitation results from the inclusion of UNICEF feedback as a criterion for selection of components for in-depth evaluation, which may have introduced a bias into the selection process. Despite this, the utilization-focused characteristic of this evaluation encourages steps that can increase the utilization of the evaluation among key stakeholder groups. As such, UNICEF input into what components would be most useful to evaluate was considered an important criterion for selection of components for in-depth evaluation.

Constraints faced in conducting the Gaza conflict survey were the relatively high rate of change of telephone numbers of beneficiaries included in the database as well as some cases of numbers that were incorrect, or that were for the host families or community-based organizations related to displaced beneficiary households rather than the beneficiaries themselves. Despite this constraint, the field workers used their in-depth knowledge of the target areas to be able to contact the sampled population to the highest extent possible. After all measures had been taken to contact the sampled person, if he/she was unable to be contacted, the next name in the sample frame was chosen. 4.4% of the originally-sampled number of participants were not-reachable. It is estimated that these constraints do not affect the reliability of the data as a randomized sample.

Another constraint faced in gathering information from the Gaza conflict survey respondents was in the large amount of aid that was received during and directly after the conflict in 2014 and the difficulty participants faced in attributing the aid to certain providers. Respondents noted that they had received different types of aid, but were not sure which organization or agency provided this aid. These issues limited the ability to provide data and analysis on the level of satisfaction of beneficiaries with aid (other than the hygiene products through e-voucher) due to the low number of respondents that could confidently report on other UNICEF-provided aid. Lastly, the ex-post evaluation was complicated by the absence of a strategic monitoring and evaluation framework and a data collection and analysis system that would have supported the strategic assessment of the response. Related data and documentation were dispersed within UNICEF, requiring it to be collected from each section and often from partner organizations. A more streamlined system would contribute to the efficiency and effectiveness of future evaluations.
CHAPTER 2

MAIN FINDINGS
2.1 Evaluation Question One
How successful was the Programme in responding to the changes in the context occurring between 2014 and 2015, specifically the Gaza conflict in 2014?

The following section will discuss to what extent the Programme was successful in responding to changes in the context occurring between 2014 and 2015. Considering that the major change to the context was the conflict in Gaza in mid-2014, the focus will be on this aspect of the context, although the Programme’s ability to respond to changes in the West Bank during the period of evaluation has also been assessed and presented below.

Judgment Criterion 1.1
The programme responded to changes in needs of target groups effectively and efficiently.

Indicator 1.1a
Rapid needs assessments were conducted and design and activities were modified based on their results.

UNICEF’s conduction and use of rapid needs assessments during and directly after the Gaza war in 2014 was found to be comprehensive and coordinated in all sectors. In Child Protection, the Child Protection Working Group (CPWG) conducted a Child Protection Rapid Assessment (CPRA) in the two months following the cessation of hostilities using an already-established CPRA toolkit. Although the findings of this assessment were not included in UNICEF’s Gaza Scale-Up Plan due to the timing of the assessment coinciding with the production of the plan, UNICEF’s CP interventions responded to the recommendations produced by the CPRA, most prominently, the recommendation to strengthen the child protection system and networks and thus improve the coherence of the intervention. The availability of a child protection P4 specialist in Gaza for the two years after the crisis was found by key informants to be a key factor in the strength of this section in responding to changes in level of needs.

The WASH section was also able to conduct rapid needs assessment, with surge support providing a position for this purpose. During the hostilities, the Palestinian Water Authority (PWA) was using UNICEF offices as a base due to the lack of electricity in their offices. UNICEF was able to provide them with technical support so that they could keep continuous contact with the Coastal Municipalities Water Unit (CMWU) engineers that were undertaking life-saving maintenance and manual WASH operations under highly dangerous circumstances. In this way, UNICEF was able to keep up-to-date on WASH needs and damages throughout the Gaza Strip, and the Director of the Field Office was able to visit affected sites with the PWA during ceasefires. The PWA, with support from UNICEF, also produced a Damage Assessment Report (DAR) in August 2014 detailing the extensive water and sanitation needs due to the effects of the conflict.

To inform the Health and Nutrition section, a Joint Health Sector Assessment Report of the Gaza Strip was produced in September 2014 prepared by the Health Cluster, headed by WHO. The
UNICEF H&N team was also in close contact with the MoH and heads of hospitals to keep informed of the changing conditions and needs in the Gaza Strip, and the H&N officer in the West Bank was present in the EOC in Ramallah during the conflict.

In the **Education section**, UNICEF supported and coordinated with its partners to ensure assessments of effects of the war and needs of affected populations were done. The Education Sub Cluster in Gaza coordinated with cluster members including the MoEHE to assess the physical damage to education institutions. Save the Children International conducted an assessment of the affects of the conflict on children, teachers and infrastructure at preschool institutions that was produced in September, 2014, and UNESCO assessed the damage to higher education institutions including furniture and facilities and issued the report in January, 2015. In addition, UNDP did another needs assessment in coordination with the MoEHE. All of these reports and assessments fed into the Detailed Needs Assessment (DNA) and Recovery Framework for Gaza Reconstruction, which was issued by the Ministerial Committee for the Reconstruction of Gaza in August, 2015.

Across all sectors, OCHA oPt conducted a Multi-sector Initial Rapid Needs Assessment (MIRA) report that detailed not only the current needs on the ground, but also an overview of who does what in terms of mandates of and commitments made by UN agencies, governmental institutions, and NGOs. Informally, the availability of a qualified and dedicated staff in the Gaza Field Office provided UNICEF with the relatively unique ability to constantly assess the changing conditions on the ground and respond to needs as they arose.

In response to this diversity of methods for assessing needs, the Programme was modified to reflect the changes in context, as can be seen by the 10 SRPs that were designed specifically in response to the Gaza Crisis that all included a detailed section on needs of the target populations. The SRPs would benefit from citations of sources for the information presented in the needs section.

In terms of UNICEF’s **humanitarian response in the West Bank** during the period of evaluation, it was found that the two components evaluated were well able to address the needs of the target populations, although different mechanisms for doing so were employed.

The *Emergency Response to Improve Access to Water Services and Protect Vulnerable Families in the Jordan Valley* project (hereafter the Jordan Valley WASH project) was informed by an in-depth needs assessment conducted in coordination with UNICEF and its partner, Action Contre La Faim (ACF). Diverse stakeholder groups were involved at the design phase and participated in the needs assessment of the target area.

The other West Bank component under evaluation in the Education section, *Protected and Safe Access to Schools as an Emergency Response for Vulnerable Communities in the State of Palestine* (hereafter Protective Presence project), utilized a more ad-hoc and internalized mechanism of assessing and responding to needs. According to key informants and affected populations of this
evaluation study, as well as an evaluation of the work of one of the main partners of the project, the network of volunteers providing protective presence to school children and teachers is constantly active and communication channels are well known and widely used, ensuring the ability of the protective presence teams to respond to changes on the ground in terms of incidents at checkpoints, near settlements, and in and around schools in affected areas.

Gaza Conflict Survey Results on Needs of Affected Populations
The following section presents findings from the Gaza Conflict Survey conducted with the affected population in Gaza related to the needs of the respondents during and after the conflict. Participants were provided with a list of needs and were asked to indicate if they need was very difficult, difficult, not difficult or not difficult at all to meet, or whether the item was not considered a need at all. Participants were asked to provide information on the level of difficulty of meeting these needs during the conflict, and the level of importance of the same needs after the conflict. Participants were also given the opportunity to indicate other needs they had in addition to those included in the survey.

Categories difficult and very difficult to meet have been merged as have not difficult and not difficult at all to meet for analysis methods. Although all categories of needs were found to be difficult to meet by participants during the crisis, water for domestic use was the need most difficult to meet (93.4%, n=367), followed by drinking water (90.1%, n=354), food (87.3%, n=343), and mattresses and covers (83.7%, n=329). The following table provides a visual of this data.

Figure 3: Difficulty of Affected Population in Meeting Needs During the Gaza Conflict

In terms of needs after the crisis, drinking water was the need with the highest rating (99.8%, n=392) of importance, followed by water for domestic use (9.5%, n=391), food (99.2%, n=390) and hygiene products (98.9%, n=389). Although few respondents described needs not mentioned explicitly in the survey, those who did noted clothing and furniture as needs after the crisis. All categories of need were found to have increased due to the war.

Figure 4: Importance of Needs After the Gaza Conflict
This data shows that UNICEF has responded to some of the most pressing needs of affected populations through its emergency response and scale-up plan, specifically the need for water and hygiene products. UNICEF’s prioritization of WASH repairs, sanitation of shelters, and provision of drinking water and hygiene products through e-vouchers during and directly after the conflict shows a high level of relevance to the needs of the affected population. The fact that approximately 7 out of 10 respondents indicated that psychosocial support for both children and adults was important is a high indicator of this need. Accordingly, this was one of the main aspects of UNICEF’s response to the Gaza conflict.

**Statistical Analysis**

A number of differences were found in the expression of needs between male and female respondents. Firstly, female respondents were far more likely to report difficulty in communicating with relatives (statistically significant difference), while males were more likely to report that it was difficult to meet adolescent skill development needs during the crisis. Males were more likely to report an increased need for psycho-social support for children after the conflict, while females respondents were more likely to rate the level of need for psychosocial support for adults higher than males. This could indicate a higher level of willingness among women to admit their need for psychosocial support, whereas the issue is more stigmatized in terms of men indicating it as a need. Qualitative findings support this finding in that women who attend selected Family Centers indicated their own need for psychosocial support in addition to the need of the children for the
same kind of support. Not surprisingly, females rated postnatal and/or breastfeeding support as more important (statistically significant difference).

When considering households with a member with a disability, these households were more likely to report difficulty in communication with relatives during the crisis (statistically significant difference, p=0.011), and were more likely to report a higher level of need of medical assistance as well as other needs (statistically significant differences) than households without a member with a disability.

Survey participants were also asked about hygiene practices of those with whom they were living during the war, whether in a collective shelter or host family. They were asked to respond that yes, others did practice good hygiene, kind of, or no those they were living with did not practice good hygiene. One third of participants indicated that others in their living arrangement kind of practiced good hygiene, while 16.3% reported that good hygiene was not practiced by others. The main reasons for a lack of hygiene reported were an inadequate amount of water and overcrowding resulting in overuse of sanitation facilities. These findings indicate that hygiene promotion components related to future provision of WASH services for affected populations could focus on methods for water conservation and hygiene practices to be used in cases of water scarcity.

**Indicator 1.1b**

*Input and output delivery and implementation of activities were timely and respected deadlines, specifically during and after the Gaza war of 2014.*

A number of factors have contributed to UNICEF’s ability to have a timely response to changes in needs of target groups during the evaluation period, most prominently the existence of established and effective humanitarian and development programs functioning in the West Bank and Gaza that were easily adaptable to changes in circumstances. In Gaza, according to key informants, emergency preparedness was found to have been adequate, with stocks of emergency goods available, the timely conduction of the updating of the business continuity plan and facilitation of emergency simulations having been undertaken prior to the escalation, and strategic partnership agreements with new key interlocutors, the World Food Programme (WFP) and the Palestinian Red Crescent Society (PRCS), already in the pipeline. On the other hand, according to key informants and UNICEF Situation Reports, prepositioning of medicine and life-saving medical supplies and equipment was not adequate to respond to the crisis in Gaza efficiently and

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28 Note that the partnership with PRCS was never finalized although non-formalized cooperation was successful at the technical level in distributing life-saving supplies to affected populations in Gaza during the conflict in 2014.

29 Situation Reports: 18 Aug 2014 and 15 Sep 2014
in a cost-effective manner, evidenced by the need to bring such supplies in to Gaza through a time and resource-consuming process that ended with the need to use expensive charter air transport.\(^{30}\)

In terms of human resources (HR), the Country Office (CO) was in a transition phase in mid-2014 for a number of key positions, which proved to be an obstacle to the scaled-up response, as reported by UNICEF management. Surge support was noted by key informants as not having been provided uniformly across all sections, which may be due to the fact that the conflict in Gaza was never designated as an L2 or L3 emergency, despite efforts by the country and regional office to provide evidence to inform this decision. Bureaucratic issues related to HR procurement existed as well, such as the need for visas and new passports or UN Laissez-Passez (UNLP) documents. UNICEF management indicated that this process is inherently complex, although UNICEF SoP was granted fast-tracked procedures as if the situation had been deemed an L3 emergency.

Additionally, the fact that the negotiations for adopting e-vouchers using WFP’s platform were already underway pre-escalation of hostilities allowed for the inclusion of hygiene products to the e-vouchers of thousands of vulnerable families only weeks after the outbreak of the war. The response in Gaza during the summer of 2014 was also able to keep up with external deadlines, namely the start of the fall academic semester, which, due to substantial efforts put into the ‘Back to School’ campaign, began only two weeks after schedule.

The two Programme components implemented in the West Bank and included in this evaluation also realized a high level of efficiency, with protective presence having been found to be provided in a timely manner for school children and teachers. Additionally, the diverse stakeholder group of the Jordan Valley WASH project able to implement the action quickly and efficiently, and is still conducting timely maintenance on the infrastructure. More details on these components are presented in Section 2.3 below.

Logistics of procurement and shipment of supplies was found to be a process riddled by constraints, many of which are specific to the Israeli-Palestinian context. The need to wait for Israeli approval of supplies and goods requires that rations be kept in cold chain rather than being received directly at the airport. A key informant noted that Israel does not have any prioritization procedures for humanitarian or emergency aid, and because their constituents are not the final beneficiaries of the aid, there is no informal motivation to clear the supplies. Procurement of goods and supplies from the Palestinian local market was also found to be restricted due to the saturation of demand on the market during the summer of 2014, and the inability to match it with adequate supply. In terms of Israeli-made goods, Palestinian ministries did not accept aid originating in Israel, which represents one of the fastest markets from which to procure emergency supplies. The lack of human resources in the UNICEF Supply and Logistics Department was also found to be a constraint on the efficiency of the response, although additional support was brought in, according

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\(^{30}\) Note that a comprehensive cost analysis was not inside the scope of the evaluation in question.
to key informants. Methods for mitigating these constraints were through coordination with the Logistics Cluster, which, according to the department, did aid in expediting the process to a certain extent. Consistent follow-up with the Israeli customs authority was also a practice that was found by key informants to be crucial to minimizing delays. This follow-up was done through telecommunication as well as in-person meetings to check the approval process and pressure for expediting. These practices should be implemented in future scenarios in which it is highly likely that the same constraints will exist.

Indicator 1.1c
Coordination among humanitarian actors, and between humanitarian actors and development and governmental agencies resulted in avoidance of overlap and coverage of gaps on the project, programme and policy level – especially coordination that took place during/after the Gaza conflict of 2014.

UNICEF’s humanitarian work is coordinated through the UN Office for the Coordination of Human Affairs (OCHA) cluster system, with UNICEF participating, and often leading, the clusters covering their four sectors of focus. Additionally, sub-sectors and working groups are also created to coordinate interventions within the umbrella of the cluster, such as the Mental Health and Psychosocial Support (MHPSS) Working Group, the Child Protection Working Group, the Nutrition Sub-Working Group, and the Working Group on Children and Armed Conflict. UNICEF produces monthly Situation Reports (SitReps) and yearly Country Office Reports (COR) to document its humanitarian action in terms of inputs, outputs, challenges and successes as well as to note changes in the context that have occurred during the period of reporting. In addition, each section conducts its own monitoring and evaluation and related reporting.

One of the challenges to coordination of the response to the Gaza war was the disconnect between UNRWA and other humanitarian agencies, according to key informants. The fact that almost 70% of Gazans are refugees and more than half of the IDPs in Gaza in 2014 had taken shelter in UNRWA schools, places UNRWA as a key service provider with whom efficient and effective cooperation can lead to a unified response at scale. However, the base for emergency operations during the war was divided between the UNRWA compound and the UNDP compound that was being used as the Emergency Operations Centre in Gaza31, which was found by key informants to have fragmented coordination to an extent. This challenge was mitigated through regular communication between the two EOCs. Key informants also noted that at the technical level, the cooperation between UNRWA and UNICEF was more apparent on the ground. It was also noted by key informants that discussions are currently underway on ways in future EOCs can be unified.

Key informants of this evaluation study generally held the opinion that one of UNICEF’s added-values to the sector is its coordination efforts and ability to allocate resources to management of

clusters, working groups and partnership arrangements. In terms of the response to the Gaza conflict, UNICEF boosted its cluster coordination role in all sections, and was able to provide surge support to be allocated specifically to WASH cluster coordination.

Persons involved with UNICEF in cluster and working group coordination were surveyed to provide information on UNICEF’s coordination role. The respondents presented generally high levels of agreement with a number of positive statements related to UNICEF’s coordination role, as indicated in the figure below. Respondents were most likely to agree that UNICEF is an active member of the cluster/working group, followed by the level of agreement with the statement that UNICEF is willing to commit time and resources to cluster/working group meetings and work. 68% of respondents agreed that UNICEF significantly contributed to cluster/working groups’ responses to the 2014 Gaza crisis, and 60% agreed that UNICEF facilitates the relationships between cluster/working group members.
Respondents to the same survey were less overwhelmingly positive about their cluster or working group’s response to the Gaza crisis in 2014 (independent of UNICEF’s role), with 67% and 71% agreeing or strongly agreeing that their cluster or working group had an efficient and effective response to the Gaza crisis, respectively, and 56% indicating that the work of the cluster or working group prevents overlaps and covers gaps in its sector. This data indicates that cluster/working group members are satisfied with UNICEF’s coordination role, but not as satisfied with the cluster system and its ability to contribute to effective and efficient responses to crises, and eliminate gaps and overlaps.

Slightly more than half of participants of the coordination survey strongly agreed or agreed that relevant government agencies are active members of the cluster or working group, while almost 8 out of 10 found that local Palestinian NGOs are active members. No significant differences were found between clusters or working groups in relation to the findings presented in this section.
**Indicator 1.1d**

*Humanitarian tools, standards, procedures and available capacity were effectively used during and after the crisis.*

UNICEF’s central standard in its humanitarian action is the Core Commitments for Children (CCC) in Humanitarian Action. This evaluation study has found that the commitments have been adhered to in the time period under evaluation, as detailed throughout this report, although there was not a high level of awareness among key stakeholders of these standards, making the coherence of the programme strengthened by increased awareness and training of partner organizations on the CCCs. When asked about humanitarian tools, standards and procedures used in the response, key informants were likely to speak generally about this issue, rather than providing titles of specific standards or procedures used or trained on. Key informants related to the WASH sector noted the use of modified Sphere standards, with an inclusion of the cost of water as an indicator, which is relevant to the context.

The 9 commitments of the Core Humanitarian Standard on Quality and Accountability (CHS) contributed to the development of the scope of this evaluation, and the extent to which they have been achieved is discussed throughout this report. Adherence to *Commitment 5: Complaints are welcomed and addressed*, has been assessed in more detail below.

**Complaint Mechanisms**

Key informants have noted that the WFP/Oxfam-GB complaints mechanism of a hotline and complaint boxes was used for the UNICEF e-voucher hygiene and WASH support, while complaints about the educational support through e-vouchers were collected through a separate hotline and monitoring staff in the field. When reporting about the hygiene products received through e-voucher, 89.5% (n=331) of *Gaza Conflict Survey* participants indicated that a method for complaining was not made available to them while 8.1% (n=30) stated that it was made available, and 2.4% (n=9) could not recall. 90.9% (n=20) and 92% (n=23) of those reporting on provision of school uniforms and school bags (respectively) also indicated that a complaint mechanism was not made available to them, and 78.6% (n=22) of those reporting on psychosocial support for children also stated that a complaint mechanism was not made available to them.

For hygiene products through e-vouchers, three survey respondents had a mobile phone number to contact with complaints, while participants also indicated that written and oral complaint mechanisms were available (n=18 and n=10, respectively). Only eight respondents had filed a complaint about the hygiene products, three of whom indicated that the complaint was addressed to a certain extent, and two of whom reported that their complaint was resolved. Five of the eight felt they had been treated in a dignified manner, and similarly, five were satisfied with the complaint mechanism, while only three respondents would use the mechanism again.

The findings of the current evaluation contradict with the findings of the Formative Review of the Joint WFP-UNICEF E-Voucher Programme produced in July 2015, which states that “82.8% (300
out of 362) of the respondents confirmed the availability of a publicly announced complaint system of whom only 3.7% (11 out of 300) rated this mechanism as being poor.” (page 24). The formative review also indicated that according to a document review, Oxfam-GB received 7,422 written complaints between July 2014 and March 2015 and the later-installed hotline received a total of 1,716 phone calls. A possible reason for the low rates of awareness about complaint mechanisms in the current study is that the respondents could have been aware of food e-voucher complaint mechanisms, but did not realise that this mechanism also applied to the receipt of hygiene products. Despite the reason, these findings show a need for a strengthening of mechanisms for consulting beneficiaries and addressing complaints, whether it is through separate complaint channels for WASH products, or through agreement with the e-voucher implementing partner to divert WASH product-related complaints to UNICEF.

**Judgment Criterion 1.2**

The changes to the programme made in response to the Gaza conflict of 2014 led to increased protection for children and improvement in their lives.

Overall, the evaluation study has found that the Programme has generally achieved its primary objectives and expected results, resulting in increased protection and real differences having been made in the lives of beneficiaries. Levels of achievement of indicators 1.2a-1.2c\(^32\) have been discussed in detail in Section 2.3 below on the in-depth evaluation of seven of the Programme’s components. In general, UNICEF has contributed to the realization of the following outcomes detailed in the Gaza Scale-Up Plan, presented below including progress on the plan as of January 2015, according to UNICEF documentation.

**1. Education/Adolescents**

**Outcome:** All children attending public schools access quality education in safe and inclusive learning environments.

**Achievements:**

\(^{32}\) **Indicator 1.2a:** The modified primary objectives have been achieved according to programme records and stakeholder perceptions.

**Indicator 1.2b:** The modified planned/expected results have been achieved and target populations have been reached according to programme records and stakeholder perceptions.

**Indicator 1.2c:** Positive (intended and unintended) effects were achieved, negative effects were avoided and real differences in the lives of beneficiaries and the larger community were made.
230,000 children in government schools in Gaza provided with psychosocial support and recreational activities in the first week of school, achieving the target of reaching all children in Government schools.

130,000 children in government schools received school bags and supplies out of the targeted 130,000 (all students in grades 1-9)

88,000 children, mostly adolescents (51% females) reached with recreational and stress relief activities (original target was 35,000).

12,482 vulnerable school children provided with vouchers for uniforms and shoes out of targeted 15,000.

44 damaged schools fully repaired out of targeted 44 (26 repaired by January 2015, and 18 in progress) and 27 schools out of 27 sanitized.

2. WASH
Outcome: Children and women access sufficient water for drinking, cooking and maintaining personal hygiene.
Achievements:
- 315,000 people benefiting from repairs to water networks and 175,000 people from repairs to sewage networks out of a target 710,000
- 71,000 supplied with drinking water by water tankers out of a target 65,000
- 8,050 supplied with domestic water through water filling stations out of a target 8,050.
- 84,000 provided with e-WASH supplies through e-voucher out of a targeted 300,000 (14,000 e-vouchers, average family size =6)

3. Child Protection
Outcome: Children are protected from violence, exploitation, abuse and neglect and have access to psychosocial support.
Achievements:
- 1,000,000 people reached through local radio messages on ERW/UXO
- 31,000 children (15,000 girls and 16,000 boys) were reached with intensive psychosocial support out of a target of 70,000
- 23 family centres have been established benefitting 18,000 children (54% girls) and 5,000 caregivers (78% females)

4. Health & Nutrition
Outcome: Children and women access essential maternal, child health, and nutrition services, and apply improved health practices.
Achievements:
- 113 tons of medicines, vaccines and medical supplies delivered, benefiting at least 166,000 patients out of a target of 80,000.
- Community Health Workers reached over 25,000 displaced persons in shelters and host families with messages on communicable diseases.
Additionally, the respondents to the Gaza Conflict Survey reported positively about their satisfaction with different types of UNICEF aid, as presented in the chart below.

**Figure 6: Percentage of total respondents to each type of aid on satisfaction, contribution to preservation of dignity, and support in overcoming the effects of the crisis**

![Chart showing percentage satisfaction with different types of aid](chart_image)

2.2 Evaluation Question Two

To what extent was connectedness and coherence taken into consideration at the project and Programme levels?

The following section will present findings of the evaluation study related to connectedness of the Programme, including the extent to which long-term and interconnected issues were taken into consideration, as well as linkages with development, reconstruction and recovery efforts and frameworks, and partnerships and local ownership.

**Judgment Criterion 2.1**

The activities of components were carried out in a context that took longer-term and interconnected issues into account

**Indicator 2.1a**

The actions of the components were linked with reconstruction and development efforts.

The Revised Gaza Scale Up Plan produced by UNICEF in December 2014 details the two-step approach that first “looks at immediate needs and response between August and the end of 2014, as well as on-going humanitarian response into 2015” and then “further expanding the response into early recovery and reconstruction starting in 2015 and continuing through 2016, involving
both wider outreach to children in need, and strengthening services and systems to better respond to children’s needs in the medium-term” (pg. 2). Indeed, the plan presents in detail the interventions, both hard and soft, that UNICEF planned to undertake which were very relevant to early recovery and reconstruction. UNICEF committed to ‘building back better’ considering the dilapidated state of much of Gaza’s infrastructure prior to the 2014 conflict. This commitment was specifically made for plans to build schools, which have been designed to be more child-friendly and accessible for students with disabilities, and in terms of WASH interventions that were to address the high salinity of the drinkable water in Gaza. The scale-up plan, although initially divided by sector, also described the multi-sector interventions that were taking place and planned for, including systems building and strengthening, multi-faceted support for IDPs, and interventions at schools and family centers. This approach ensures interconnected issues have been taken into account, and the diverse needs of affected populations were planned to be met simultaneously and in an integrated fashion.

Many key informants to this evaluation were of the opinion that the traditional divide between humanitarian and development interventions should be bridged, especially in a protracted crisis such as that of the SoP. Indeed, findings of the evaluation suggest that an intricate linkage between UNICEF’s humanitarian and development programmes has been a practice that has contributed to increased and comprehensive protection and well-being for children and caregivers. UNICEF’s involvement in development actions and strong partnerships with relevant government bodies has built trust and honed channels of communication that contributed to efficient and effective emergency response, according to key informants. Additionally, UNICEF and partners’ work with affected populations has supported the development of a cadre of active community members and volunteers that can support in future crises, and contributed to the healing, protection and psychosocial development of children and caregivers that increases their resilience and ability to cope with conflict.

**Indicator 2.1b**

*There was a framework for recovery established and followed by the programme and components.*

In terms of a national framework for recovery and reconstruction plan, *The National Early Recovery and Reconstruction Plan for Gaza* produced by the State of Palestine in cooperation with UNDP was the result of the International Conference in Support of the Reconstruction of Gaza in Cairo, Egypt in October 2014. The plan details the scope of needed recovery and reconstruction efforts in four sectors (Social, Infrastructure, Economic and Governance) and 21 sub-sectors. UNICEF’s interventions were found to directly address needs in three of the sectors and four of the sub-sectors. The following recovery and reconstruction needs have been extracted from the plan (pgs. 10-11) to depict the relevance of UNICEF’s strategy (highlighted) to the overall context and response.

**Table 4: Recovery and Reconstruction Needs**
<table>
<thead>
<tr>
<th>Sector</th>
<th>Sub-Sector</th>
<th>Damage</th>
<th>Scope of Recovery Interventions</th>
<th>Costs in $ million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social</td>
<td>Health and Psychosocial Support</td>
<td>Total and partial damage to 9 hospitals, 28 clinics and 25 ambulances; 373,000 children in need of psychosocial support</td>
<td>Health care for IDPs; Restocking of drugs and supplies; rehabilitation of infrastructure and equipment; provision of psychosocial support; crisis preparedness</td>
<td>14 159 45 218</td>
</tr>
<tr>
<td>Social</td>
<td>Education and Higher Education</td>
<td>148 schools and eight universities and pre-schools damaged or destroyed; 113 schools used as shelters</td>
<td>Rehabilitation of damaged and destroyed school infrastructure and equipment; school supplies; remedial education; crisis preparedness</td>
<td>1 45 75 121</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>Water, Sanitation and Hygiene</td>
<td>26 water wells and 16 public water supply tanks damaged; 46.8km of water networks and 17.5km of wastewater networks destroyed</td>
<td>Provisional water supply; rehabilitation of destroyed and damaged infrastructure and equipment for water and wastewater, STLV desalination, clearing of solid waste, rehabilitation of land fills</td>
<td>40 80 116 236</td>
</tr>
<tr>
<td>Governance</td>
<td>Implementation and Coordination</td>
<td>Widespread destruction; weakened operational capacities</td>
<td>Strategic spatial planning; scaled up coordination, implementation, and monitoring capacity of reconstruction and recovery</td>
<td>0 12 20 32</td>
</tr>
</tbody>
</table>

**Judgment Criterion 2.2**

Partnerships between humanitarian actors, development/governmental agencies, and local communities are strong and effective.

**Indicator 2.2a**

There is local ownership of the Programme’s objectives and activities.
The competence of UNICEF’s Palestinian and international NGO partners was found to be high, with implementing organizations across all sectors undertaking programs that achieve results. One of the best practices highlighted by this evaluation was the fostering of ownership of the actions by affected populations and beneficiaries. The Jordan Valley WASH project, as mentioned below, was an example of this high level of local ownership, while the ADAP program also empowered beneficiaries to conduct their own initiatives, and the family center model is one grounded in the full participation of community members in their own development. The e-voucher mechanism was also found as a way in which communities can own the aid they receive in that they can make choices about when, where and what to purchase to cover their needs.

**Indicator 2.2b**

*Partnerships between UNICEF and development/governmental agencies are institutionalized and referral/transfer is operational.*

UNICEF’s implementing and strategic partners generally provided positive feedback on their relationship with UNICEF, indicating that it is one of mutual trust and respect, and is complimentary of the added-value of each party. Some key informants in the West Bank were of the opinion that UNICEF should be more present in the field and follow-up more closely on the work being undertaken at the grassroots level, while other stakeholders from both target areas found UNICEF’s level of presence in the field to be adequate. UNICEF’s coordination and funding role were most often mentioned as the agency’s added-value, while many stakeholders also expected UNICEF to undertake advocacy and would like to see this aspect of their role strengthened. It must be noted that UNICEF did undertake advocacy during the evaluation period through social media (#gaza4children and #51days51children campaigns in specific). It may be pertinent to distribute these advocacy materials more widely among local partners to ensure visibility of UNICEF’s advocacy role.

Partnerships between UNICEF and governmental agencies are institutionalized, evidenced by signed memoranda of understanding and workplans for each sector between UNICEF and the relevant governmental agency or ministry. The MoH, MoEHE, MoSA/D, and the PWA are key governmental partners that work together with UNICEF and other institutions to implement its Programme. UNICEF is currently in the process of transferring the lead of the coordination clusters to the relevant Palestinian Authority ministries. Key informants of this evaluation study brought up government agencies’ lack of resources, capacity, and consistent willingness to invest in coordination as obstacles to this imitative. There was an indication that any transfer of lead coordination role should be gradual. In all sectors, it was found that the ministries are transferred responsibility for interventions when appropriate in terms of their capacity and mandate in order to ensure continued coherence of interventions.
2.3 In-Depth Evaluation of Components
The following section presents a summary of the seven selected components for in-depth evaluation, including objectives, expected results and activities, as well as key findings and lessons learned.

Component 1: Jordan Valley WASH

<table>
<thead>
<tr>
<th>Component title</th>
<th>Emergency Response to Improve Access to Water Services and Protect Vulnerable Families in the Jordan Valley (WASH Section)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Objective(s)</td>
<td>To address basic humanitarian needs of the most vulnerable families in the Jordan valley by ensuring access to safe, reliable, and affordable water and sanitation services.</td>
</tr>
</tbody>
</table>
| Expected Results | — 400 families are protected and their living conditions are improved as they have access to safe, sufficient and affordable water quantities.  
— Family expenditures on water decrease by 40%.  
— Water born disease are decreased by 60% in the targeted areas |
| Project Activities | — Construction of transmission pipeline, filling points and simple water networks  
— Provision of water tanker truck  
— Enhancing and increasing water storage capacity, cistern rehabilitation  
— Promoting good hygiene practices  
— Advocacy campaigns and publications |

Key findings:
- This project was found to be highly successful in addressing a pressing need for running water in communities in Area C in the Jordan Valley in that target communities did not have access to affordable, quality running water prior to the intervention.
- The project enjoyed a high level of community ownership at both the local and regional levels due to the structure of its design, the willingness of the project partner and other stakeholders to promote ownership, and the necessity of cooperation and input from the affected communities due to the restrictions to humanitarian work placed by the Israeli authorities in Area C. This high level of ownership can be considered a positive unintended effect of the action.
- The water provided through this project to affected communities was found to be safe and reliable, and families were able to save a considerable amount of time and money on provision of water to their households, according to key stakeholders and beneficiaries.
- The project involved all key stakeholders in its design, implementation and follow-up in order to ensure the sustainability of the intervention. Indeed, the water network is still
completely functioning with only a few issues raised by respondents as of late 2016. The Israeli authorities did uproot 3 kms of pipeline in the fall of 2016, and the local communities themselves had fixed the line within 2 days. Also, the Israeli authorities uprooted 6.3 km of pipeline which transmits water for Khirbet Ras Alahmar to Alhaddiyeh cluster in January 2017. This project has high prospects for sustainability, despite the precarious position of the targeted communities in terms of risk for displacement due to the Israeli occupation and the increasing number of demolitions.

- This project has directly contributed to the steadfastness of the beneficiary populations to their lands and in their homes, according to testimonies from beneficiaries. Additionally, key stakeholders noted that young adults are more willing to settle and start families in the target areas now, whereas previous to this project, the males would farm or herd in the target areas, while the family would be settled in nearby towns where running water was available.
- The project can also be seen as an attempt to integrate humanitarian and development programming in a context of a protracted crisis and occupation. Under International Humanitarian Law and the Geneva Conventions, it is the responsibility of the occupying power to cater to the most pressing needs of the occupied population. Since in the case of Area C, the occupying power fails to do so, the International Community has the humanitarian imperative to intervene by providing the most basic needs of the occupied population.
- The already-existing infrastructure for delivery and payment of water through the PWA contributed to the easy transfer of the project to their mandate.

33 In the West Bank, demolitions of shelters and water structures leave households and displaced families without access to water or sanitation. According to the OCHA Demolitions System, 39 WASH structures were demolished or confiscated in the West Bank by the Israeli army in 2015, including latrines, water networks and cisterns.

http://www.ewash.org/sites/default/files/inoptfiles/160314%20-%20WATER%20AND%2OSANITATION%20IN%20PALESTINE.pdf

Component 2: Emergency E-Voucher Assistance

<table>
<thead>
<tr>
<th>Component title</th>
<th>Emergency E-Voucher Assistance&lt;sup&gt;35&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Objective(s)</td>
<td>To provide life-saving water, sanitation, and hygiene assistance and subsequent educational assistance in the form of school uniforms, shoes and winter clothing.</td>
</tr>
<tr>
<td>Expected Results</td>
<td>— At least 50,000 families receive non-food items (water, hygiene items) through e-voucher system</td>
</tr>
<tr>
<td>Project Activities</td>
<td>— Provision of e-vouchers for sanitation items (that include non-food items such as bottled water, tooth paste and toothbrush, soap etc.) to 14,000 IDP households in coordination with WFP</td>
</tr>
<tr>
<td></td>
<td>— Provision of school uniforms, school bags, shoes, clothes through e-voucher to 40,138 vulnerable students</td>
</tr>
</tbody>
</table>

Key findings:

- 369 respondents reported on their level of satisfaction with the hygiene products provided through e-voucher, while 22 respondents reported on the provision of school uniforms. The below frequencies reflect these respondent numbers.

- The project was able to provide a timely response to the needs of displaced families outside of collective shelters in terms of water and sanitation.

- 79.7% (n=295) of survey respondents indicated that the hygiene products provided through e-vouchers met the needs of women in the household, 72.1% (n=267) found the aid to have met the needs of men, and 72% (n=228) reported that it met the needs of children (note that the 13.8% (n=51) of respondents who reported not applicable to the question of level of children’s needs met were extracted to produce the above frequency).

- 82% of respondents (n=18) reported that the provision of school uniforms met the needs of children in the household.

- 77.8% of respondents to questions about hygiene products were completely satisfied or satisfied with the aid (n=288); 82% (n=18) responded similarly for the provision of school uniforms.

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<sup>35</sup> Information in this table produced from UNICEF’s Social Policy Brief of May 2016 rather than the HRP documents as for the other components.
• 71.9% (n=266) strongly agreed or agreed that the provision of hygiene products contributed to the preservation of their dignity; 63.6% (n=14) answered similarly for school uniforms. However, respondents on school uniforms were more likely in this question to answer neutral.

• Fewer participants were willing to attribute the provision of the aid to their ability to recover from the crisis, with only 57.3% (n=212) agreeing or strongly agreeing that the provision of hygiene products helped them to recover from the effects of the crisis, while 41% (n=9) agreed or strongly agreed that the provision of school uniforms helped them to recover from the effects of the crisis. Male respondents were more likely than females to agree that the provision of hygiene products helped the family recover from the effects of the crisis.

• 76.7% and 62.7% of respondents were satisfied or completely satisfied with the quality and quantity of provided hygiene products respectively (n=284 and n=232). 86.4% (n=19) and 36.4% (n=8) of respondents on the provision of school uniforms were satisfied or completely satisfied with the quality and quantity of aid respectively.

• Only 54% of participants were satisfied or completely satisfied with the fairness of the beneficiary selection process (n=200) for hygiene product provision, while similarly 45.5% (n=10) of those reporting on school uniforms were satisfied or completely satisfied with the beneficiary selection process, respectively.

• 68.9% of respondents were satisfied or completely satisfied with the distance traveled to receive the hygiene products. Households with a member with a disability were more likely to report some level of dissatisfaction with the distance traveled to receive the hygiene products. 82% (n=18) of respondents reporting on school uniforms were completely satisfied or satisfied with the distance traveled to receive they aid.

• In general, female respondents were more likely than males to report dissatisfaction with some aspect of the hygiene product aid.

• 95 respondents provided reasons for their dissatisfaction with the hygiene product provisions on any of the above-mentioned satisfaction questions; 31.6% of these respondents (n=30) found that the quantity of assistance was too small, 45.8% (n=44) held the opinion that some people received assistance that they did not need or that there was discrimination between people, and 49.5% of these respondents (n=47) thought the distance to use the e-voucher was too far. Other reasons indicated by less than 10% of respondents each were: bad treatment at the place of purchase (n=8), low quality of goods (n=4), the pre-determination of types of goods eligible (n=7), and high prices of goods (n=3).

• Key informants noted that the e-voucher mechanism contributes positively to the local economy and the dignity of beneficiaries.

• 11.7% of respondents did not have a child in the household during data collection, and 41% of the participants (n=162) had two adults registered with UNRWA in the household (self and spouse).

• Across all questions related to satisfaction and quality of aid, approximately three fourths of participants responded positively. This indicates that there is room for improvement,
specifically on the topics of awareness and transparency of the beneficiary selection process and the distance required to reach eligible supermarkets.
Component 3: Remedial Education

<table>
<thead>
<tr>
<th>Project title</th>
<th>Support to remedial education in Gaza (Education Section)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Objective(s)</td>
<td>Ensure that most vulnerable and affected children in Gaza possess basic skills in numeracy and literacy through a remedial/catch-up education programme</td>
</tr>
<tr>
<td>Expected Results</td>
<td>— 18,000 children (50% girls) Grade 1-6 have improved basic skills in numeracy and literacy.</td>
</tr>
<tr>
<td></td>
<td>— 18,000 children (50% girls) have increased resilience and healing by participating in school based activities</td>
</tr>
<tr>
<td></td>
<td>— 1,000 teachers (50% female) have increased skills to provide remedial education</td>
</tr>
<tr>
<td>Project Activities</td>
<td>— Conduct remedial classes benefiting 18,000 students grade 1-6 (50% girls) during the winter/summer break or alternatively through the arrangements made at the school level to offer extra tutoring at the beginning or end of the school day.</td>
</tr>
<tr>
<td></td>
<td>— Develop remedial worksheets for use in the remedial program with MOEHE and other partners including UNRWA and print for use in the remedial program</td>
</tr>
<tr>
<td></td>
<td>— Develop the capacity of 1000 teachers and facilitators (50% females) to provide remedial education for the most affected children.</td>
</tr>
<tr>
<td></td>
<td>— Support school based activities (e.g. recreational activities, healing, stress release, drama therapy, sports, art, and music) as entry points for remedial education</td>
</tr>
</tbody>
</table>

Key findings:

- Key informants and focus group participants of this component reported favorably that the remedial education classes were able to promote learning for students who were underperforming in the regular classroom.

- The smaller child to teacher ratio in the remedial classes was mentioned by key informants and beneficiaries as one factor that positively contributed to the results of the project, although a small number of teachers indicated that numbers of students in each group were still too high (at more than 20) to achieve a larger impact.

- The timing of the remedial education classes was also an issue brought up by a number of key informants. It was noted that remedial education courses began mid-semester both in the Fall of 2014 and the Spring of 2015, causing some discontinuity. The short duration of the courses was an issue raised by the majority of informants, who all indicated that an increase in length would contribute to a greater realization of results.

- Garnering the full commitment of the children in terms of attendance was also a challenge, according to a key informant. This issue was emphasized and is reported to have diminished after mitigation measures.
• The vast majority of informants also indicated that the remedial classes should have been paired with psychosocial and recreational activities and support, as this is a pressing need among the remedial class target groups. These type of activities were, in fact, implemented, but were not necessarily matched with each remedial education group and/or course. Referral to family centers may be a way in which to address this issue.

• A statistical analysis of improvements in numeracy and literacy skills of students having received remedial education, conducted in the Fall semester of 2015, showed a significant difference between achievement in Arabic versus mathematics, with students showing higher levels of skills in Arabic. In terms of geographic location, the Middle Area\textsuperscript{36} presented significantly lower test scores than other areas.

• More rigorous pre- and post-testing needs to be done to ensure the effectiveness of these classes.

• The logistics of the implementation of this project was not without obstacles, including finding an adequate space for the classes to be conducted in, the willingness of teachers to add extra hours to their workload, the timing of the classes, the transportation of students who stay late at school for the classes, and a lack of consistent attendance of students.

• Mixed reviews of the training provided for the teachers were collected, with many teachers indicating that the training did not add to their skill set and knowledge (9/12 male teachers and 7/12 female teachers), while principals were more likely to report that there was a need for the training. Slightly more than half (13/24 teachers) stated that they use the educational tools provided by the project in their regular classrooms.

\textsuperscript{36} Der Al-Balah district


Component 4: Protective Presence in the West Bank

<table>
<thead>
<tr>
<th>Project title</th>
<th>Protected and safe access to schools as an emergency response for vulnerable communities in the State of Palestine. (Education Section)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Objective(s)</td>
<td>To provide protective presence and safe access to education for vulnerable school children in the West Bank, including East Jerusalem</td>
</tr>
</tbody>
</table>
| Expected Results                                                              | At least 30 Ecumenical Accompaniers provide protective presence throughout 2015  
|                                                                                | At least 3,536 children (30% girls / 70% boys) and 269 teachers in vulnerable areas access schools timely and safely through protective presence in the field;  
|                                                                                | Boys and girls and teachers (both male and female) in vulnerable areas feel safe and more secure on their commute to schools and in crossing checkpoints;  
|                                                                                | Cases of harassment of boys and girls decrease in targeted areas and checkpoints resulting in an expected decrease in absenteeism, drop out and family separation. |
| Project Activities                                                            | Mobilisation, training, facilitating and debriefing of volunteers on protective presence principles, cultural and country specific background, including gender sensitivity and equality issues, monitoring, reporting, intervening, awareness raising and nonviolence principals;  
|                                                                                | Provide Protective Presence to children and teachers (both girls and boys, male and female)  
|                                                                                | Provide accompaniment to children, teachers communities and schools (equally among male and female)  
|                                                                                | Record cases of intimidation, harassment and excessive violence in special incident reports and checkpoint monitoring forms  
|                                                                                | Study the link between the school commute in vulnerable areas and school attendance, drop out and family separation (and gender as applicable)  
|                                                                                | Conduct action appeals, advocacy work and awareness raising activities nationally and internationally. Refer cases of severe stress to the protection cluster and MHPSS Working Group based on incident reports. |

Key findings:

- The project was found to be extremely relevant to the needs of the affected populations as incidents of Israeli military and settler aggression were on the increase during the years of evaluation. All key informants indicated that there is a need for protective presence of school children and teachers on their commute to and from school in the target areas.
- Key informants noted that the project was intrinsically able to rapidly respond to changes in needs, as direct channels of communication were established and fully functioning with international volunteers and accompaniers. The network of such actors across the West Bank ensured that they could respond to incidents and emergencies quickly.
- Rejection of Israeli visit visas for international volunteers preparing to work with the project was an issue faced by both partner organizations which affected the efficiency of the program in that time and resources were spent training volunteers that were not permitted entry. This issue also complicated planning and ensuring consistent coverage.
- All children interviewed (15), 98% of previous volunteers, and 3 key informants indicated that students feel safer on their way to and from school when protective presence is available. The same groups mostly indicated that Israeli military are less likely to search and harass school children in the presence of the international volunteers, although their...
presence does not completely prevent this from happening (81% of surveyed volunteers, and all children and teacher participants of focus groups).

- According to previous volunteers and key informants, Israeli settlers are slightly less likely than military to be dissuaded from harassing students or teachers if protective presence is available (81% and 47% agreed or strongly agreed that Israeli soldiers were less likely to harass children and teachers when protective presence is available, respectively, while 65% and 37% agreed or strongly agreed that Israeli settlers were less likely to harass children and teachers when protective presence is available, respectively).

- When asked what would happen if protective presence was not available to target areas, previous volunteers hypothesized that there would be an increase in violence against and harassment of students and teachers both on their commute and at schools in some cases. Many indicated that children would be less likely to go to school and drop-out rates might increase.

- The majority of key informants and beneficiaries indicated that Palestinians can provide a certain level of protective presence for students and teachers if they are trained and are of a certain demographic not targeted themselves by Israeli aggression (i.e. adults), although international presence is still understood to be more effective in providing protection. 63% of previous volunteers interviewed found international presence to be more effective, and 10% found them to be equally as effective, while more than a quarter did not know.

- One key informant noted that implementing protective presence provided by international volunteers has a potential unintended negative effect of making local affected communities reliant on this presence and less self-resilient. Local community members interviewed, however, were not of the same opinion, indicating that often principals and teachers provide protective presence when international presence is unavailable, and one interviewed school complex has developed a crisis unit that responds internally to emergency and conflict situations.
Component 5: ADAP

<table>
<thead>
<tr>
<th>Project title</th>
<th>Adolescents are Agents for Positive Change (Education Section)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Objective(s)</strong></td>
<td>Adolescent girls and boys (14-18 years) have increased knowledge and skills to lead and participate in constructive initiatives in Gaza and experience increased social cohesion.</td>
</tr>
<tr>
<td><strong>Expected Results</strong></td>
<td>— 1,000 adolescent girls and boys (14-18 years) have increased knowledge and skills to lead and participate in constructive initiatives in Gaza.</td>
</tr>
<tr>
<td></td>
<td>— 6,000 adolescent girls and boys (14-18 years) have increased social responsibility through engaging in 32 community initiatives and 200 social learning initiatives supporting for promoted social cohesion.</td>
</tr>
<tr>
<td><strong>Project Activities</strong></td>
<td>— Training on life skills, child rights, gender related concepts, community social mobilization, Media Skills, critical thinking and analytic skills, advocacy and lobbying, teambuilding, networking, film production and photography and leadership.</td>
</tr>
<tr>
<td></td>
<td>— Adolescents exposed and motivated by other experiences of social change process.</td>
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<tr>
<td></td>
<td>— adolescent leaders lead positive social change in their communities and schools</td>
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<tr>
<td></td>
<td>— youth between the ages of 19-26 promote the engagement of the adolescents in the targeted communities</td>
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<tr>
<td></td>
<td>— Dialogue between elders and adolescents to build trust and respect.</td>
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<tr>
<td></td>
<td>— Establish networks and activate CBOs targeting youth.</td>
</tr>
<tr>
<td></td>
<td>— Adolescent volunteers conduct PS activities in shelters during Gaza war</td>
</tr>
</tbody>
</table>

**Key findings:**

- This project was found to have had positive effects in terms of increasing knowledge and skills of adolescents to lead and undertake community initiatives.

- One of the main achievements of this project, which can be considered an unintended positive effect, was the initiative that adolescents took to volunteer in collective shelters during the war in 2014. Adolescents who had participated in the Adolescent Development and Participation (ADAP) program prior to the war visited collective shelters and were able to facilitate some recreational activities and provide any other kind of support they were capable of. This situation gave the adolescents an opportunity to put their skills and ambitions to use in helping their fellow community members that were in need during this dire time.

- Although effective, this initiative could have benefited from more organization and preparation. Firstly, distribution of volunteers to shelters for the purpose of reducing gaps and preventing overlaps was a challenge, although the Education and Child Protection clusters were instrumental in organizing this work ad hoc. Secondly, the volunteers were not uniformly trained on how to recognize the more serious cases of trauma and ensure that these cases were referred and the volunteer did not attempt to intervene him/herself. These issues have been taken into consideration by UNICEF whereby after the conflict, the youth who volunteered during the conflict were brought together to discuss mechanisms to increase emergency preparedness and unify the response in future emergencies.
• The youth involved in this initiative reported that they were not only able to put their skills to use in serving their communities, but were also able to find a productive means of venting their frustration from the crisis and were able to dispel feelings of helplessness in the face of the despair around them.

• Although only 3 respondents to the Gaza Conflict Survey reported on adolescent skills development, all of them responded that they were satisfied with this type of aid.

• This component has provided evidence to the discussion on the intertwined quality of humanitarian and development aid, specifically in the context of the SoP and the Gaza Strip, in that adolescents that are empowered with knowledge and skills can be a vital resource for emergency response at scale.

Figure 11: Volunteer in Collective Shelter
### Component 6: Family Centers and Child Protection Mechanisms

<table>
<thead>
<tr>
<th>Project title</th>
<th>Community Based Humanitarian Child Protection Mechanisms in Gaza</th>
</tr>
</thead>
</table>
| **Project Objective(s)** | — To strengthen resilience and coping mechanisms of conflict-affected girls and boys and their caregivers, and community members through community based child protection structures.  
— To strengthen the protection of conflict affected girls and boys and their caregivers, and community members through child protection systems |
| **Expected Results** | — The programme model for Family Centres is refined to address current humanitarian situation.  
— At least 80,000 children (50% girls) aged 6 to 17 receive humanitarian child protection support services in and/or through 23 Family Centres; of which an estimated 75% are able to better cope with the consequences of violence and distress.  
— At least 1,000 orphans and up to 10,000 children rendered homeless are provided with core child protection services through the Child Protection Networks  
— At least 40,000 parents/caregivers/community leaders (30% males) participate in activities inside and outside Family Centres; of which at least 75% express increased confidence in their ability to provide humanitarian protection and support to their children in an age and gender sensitive manner as well as to deal with family issues such as domestic violence.  
— At least 10,000 children are provided with a case plan to increase their care and protection. |
| **Project Activities** | — Provision of 21 Family Centres: A range of humanitarian interventions provided including: life skills education; abuse and violence prevention; counselling and support to families; mine risk education, outreach and level one psychosocial activities, which are basic services and security activities such as well-designed recreational activities.  
— Psychosocial support: The 21 Family Centres provide basic psychosocial assessment, referral to more specialised agencies, and counselling space for psychosocial interventions  
— Family support: The 21 Family Centres conduct awareness raising sessions for parents, caregivers and specific professional groups such as religious leaders, teachers, counsellors doctors nurses and justice officials on topics such as child protection, violence abuse and prevention, domestic violence, child labour, and early marriage.  
— Individual counselling and small group sessions  
— The school based psychosocial system supported  
— Caregivers provided with knowledge, information and skills to increase their ability to provide psychosocial support and protection to their children  
— The Emergency Psychosocial Support Teams supported to provide psychosocial interventions  
— Emergency psychosocial supplies procured and prepositioned  
— Essential counselling spaces refurbished  
— Technical support provided to the MHPSS Working Group |

**Key Findings:**

- During the period of evaluation, this component has gone through a lengthy and effective process of development of the Family Center Model, specifically of the case referral system, in cooperation with family centers, partner organizations and the Ministry of Social Development (MoSD). This has characterized UNICEF’s strategic move away from provision of ad-hoc psychosocial support towards strengthening child protection systems and referral mechanisms.
- Children and caregiver participants of this evaluation study reported positively on the activities and support provided by their family centers.
• Caregiver participants of focus group discussions appreciated the inclusion of adults into the interventions, noting that it is difficult for them to support their children when they, themselves, are in need of psychosocial support.
• Family Centers were described as safe places to play and develop for children and adults and were noted as providing fun and interesting activities.
• 28 respondents to the Gaza Conflict Survey reported on their satisfaction with psychosocial support provided through UNICEF and partners. Of those respondents, 82.2% (n=23) found that the activities met the needs of children in their households, and 71.4% (n=20) found the activities to meet the needs of women in the households. Only 17.9% of respondents to this section (n=5) found the activities to meet the needs of men.
• 96.4% (n=27) of respondents from the survey reported overall satisfaction with the psychosocial support activities, while 67.8% (n=19) found them to contribute to the preservation of the family’s dignity, and 75% (n=21) reported that the activities helped them to overcome the effects of the crisis.
• The vast majority of survey respondents to this section were satisfied with the beneficiary selection process, the quality of activities, and the distance travelled to participate in the activities. 100% of respondents (n=28) were satisfied with their treatment while participating in the activities.
• Key informants also reported positively on the development of the case referral system, emphasizing the vital role that coordination and capacity building played in developing this mechanism. A clear division of roles and responsibilities at different levels of case management was also necessary to ensure the full operation of the system.
• The development of the case management and referral system was not without obstacles, whereby during its establishment cases were referred both too often and not quickly enough in some instances. These issues were resolved through open communication between implementers and intensive training and orientation.

Figure 12: Family Center Beneficiaries

• Stability of funding was suggested by a key informant as a key to effectiveness and impact of the intervention in that project-funded activities that are short-term are not able to produce the results and make real differences in the lives of affected populations to the level that more established organizations and longer-term funding can.
• Key informants reporting on this component emphasized the high need for the interventions provided through the Family Centers considering the compounding of trauma, distress and fear resulting from three consecutive wars in 6 years.
Component 7: Child Health Care

<table>
<thead>
<tr>
<th>Project title</th>
<th>Urgent child health care and improved young child feeding for affected Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Objective(s)</td>
<td>To ensure affected children and their families receive life-saving health care and nutritional services.</td>
</tr>
</tbody>
</table>
| Expected Results | — 50,000 children (50% girls) will have improved access to essential health services and benefit from the provision of drugs and consumables and medical supplies  
— 30,000 children (50% girls) under two years old and their mothers will benefit from young child feeding practices |
| Project Activities | — Provision of essential pediatric and neonate drugs  
— Provision of medical consumables and urgent medical supplies  
— Promote breastfeeding among mothers and the monitoring the donation of breast milk substitutes |

Key findings:

- The long-standing relationship between UNICEF and the Ministry of Health allowed the agency to keep up-to-date on the needs of hospitals and clinics during and after the war in Gaza in 2014 and ensure the continuum of health care during this time.
- The breastfeeding promotion aspect of the project was found to be effective by beneficiaries who indicated an increase in knowledge of the benefits of exclusive breastfeeding and improved confidence in ability to breastfeed due to the intervention of this component.
- Project staff was able to use mobile communication with postnatal mothers during the conflict in 2014 in order to follow-up on their condition and provide any kind of support possible.
- First-aid kits were in supply and distributed to collective shelters and clinics at the onset of the conflict. However, there were no prepositioned supplies of medicine and medical consumables due to a lack of funding for this purpose, which placed an immense burden on the section team to procure and transport large amounts of this type of aid into Gaza during the conflict.
- Although medical consumables could be purchased from the local market in order to expedite the process, UNICEF protocol requires that medicine be purchased through UNICEF Denmark. This made transport by sea infeasible, and thus very costly chartered air transport was used.
- Supplies and medicine did reach the hospitals and clinics in most need, although this cost UNICEF almost 60% of the component budget at approximately a quarter of a million US dollars.
CHAPTER 3

CONCLUSIONS AND RECOMMENDATIONS
This section provides an overall assessment of the response, and eight recommendations that are prefaced by related lessons learned and conclusions. These are the most important ones arising from the evaluation, while more minor conclusions and recommendations have been presented throughout the previous chapter. Recommendations have been developed based on the analysis of the findings of the evaluation study, as well as the actual recommendations proposed by stakeholders and affected populations, and the consultant’s own experience in country. The conclusions and recommendations presented in this section are expected to inform future programming in the SoP, specifically in the likely event of another escalation of violence considering the continued status quo in country. Additionally, the findings of this evaluation will contribute to UNICEF’s strategic move to integrate humanitarian and development programming in this context, and can provide an evidence base for continuation and possible expansion of the core aspects of UNICEF’s Humanitarian Action for Children in the State of Palestine.

UNICEF’s response to an already high level of humanitarian need, and the escalation of humanitarian crisis in Gaza in 2014 was largely successful despite the extremely difficult security conditions, the ongoing siege on Gaza that restricts movement of goods and people in and out of the strip, and the increase in occupation-related violence in the West Bank in the years under evaluation. The package of core programs and interventions in the West Bank and in the scale-up in Gaza were relevant to the needs of affected populations and informed by comprehensive needs assessments. UNICEF responded to some of the most pressing needs reported by affected populations in its emergency response to the 2014 conflict in Gaza, specifically the need for water and hygiene products. UNICEF’s prioritization of WASH repairs, sanitation of shelters, and provision of drinking water and hygiene products through e-vouchers during and directly after the conflict was highly relevant to the needs of the affected population. One of UNICEF’s strengths was found in the integral role it played in coordination of humanitarian aid, and the CCCs and CHS were found to have been largely adhered to, resulting in a coherent response. Accountability to affected populations was found by this evaluation as an area for improvement, specifically in relation to the use of the e-voucher mechanism.

The positive effects of UNICEF’s pioneering move to integrate humanitarian and development programming have been seen in a number of components of the Programme, most notably in the family center model used in the Child Protection section, and the adolescent skills building component, which are both seen as strengths in the programme. UNICEF’s involvement in development actions and strong partnerships with relevant government bodies has built trust and honed channels of communication that contributed to efficient and effective emergency response. Additionally, UNICEF and partners’ work with affected populations has supported the development of a cadre of active community members and volunteers that can support in future crises, and contributed to the healing, protection and psychosocial development of children and caregivers that increases their resilience and ability to cope with conflict.

UNICEF’s interventions in Gaza were closely linked with recovery and reconstruction efforts, and were designed taking inter-connected issues into account, as seen through the multi-sectoral approach. The competence of UNICEF’s Palestinian and international NGO partners was found to
be high, with implementing organizations across all sectors undertaking programs that achieve results. One of the best practices highlighted by this evaluation was the fostering of ownership of the actions by affected populations and beneficiaries.

3.1 Emergency Response
Emergency preparedness was adequate in the Gaza Strip on both the organizational level, the field office having recently conducted an emergency simulation, and at the intervention level, with stocks of life-saving supplies available and distribution partners already identified. Prepositioning of medical supplies and medicine, however, was non-existent in mid-2014 due to the lack of funding for prepositioning of such supplies at the time, which greatly affected the efficiency and cost-effectiveness of the response. The importance of prepositioning a diversity of supplies can serve as a lesson learned for other contexts, although budget constraints are expected to be an obstacle common to other UNICEF programmes as well as other humanitarian aid actors.

**Recommendation 1:**
Considering the political history of the Gaza Strip in the past decade, and according to key informants, it is highly likely that another escalation of violence will occur in the area in the coming years. Therefore, it is pertinent for the following to be undertaken:

- Emergency supplies (specifically medicine and medical consumables) prepositioned both in the West Bank and Gaza
- Regular emergency simulations be undertaken, and each program have a tailored emergency plan for how it can be adapted to future humanitarian crises.
- Funding must be sought and ear-marked for prepositioning and emergency planning
- Measures should be taken to stabilize staffing and prepare for efficient human resource procurement procedures in the case of a future conflict through ensuring that that personnel on the organizational staffing matrix (OSM) have updated UNLP documents and visas.
- Continued negotiations with the Palestinian Red Crescent Society (PRCS) on partnership agreements are pertinent in order to formalize work with this key front-line agency.
- Unification of the location of a future EOC in Gaza should also be a key point of focus for UNICEF in emergency planning.
- Lessons learned from the Supply and Logistics Department from the 2014 conflict should be documented and provided to all staff in the department.

3.2 Accountability to Affected Populations
Accountability to affected populations is a core UNICEF commitment, as is providing aid to the most vulnerable populations. The use of the already-existing e-voucher platform was found to have contributed to the ability of the Programme to provide aid to target groups quickly during and after
the conflict in Gaza in 2014. However, the existence of the platform does not relieve UNICEF of its duty to implement or control issues such as beneficiary selection and accountability to affected populations. The fact that some of the beneficiaries surveyed were both UNRWA-registered refugees, and others did not have any children in their households indicates that the beneficiary selection process be revisited and strengthened in order to ensure that there are no overlaps in provision of aid and that children are the primary beneficiaries of UNICEF-sponsored aid. The lack of awareness and/or use of the complaints mechanism, specifically in comparison to the previous evaluation of the WFP-UNICEF e-voucher mechanism that found high rates of use of this mechanism, indicates that this must be better promoted and organized in future e-voucher cohorts. These issues can serve as a lesson learned on the country level, but also in other contexts when opting for the use of already-established and maintained platforms for provision of humanitarian aid.

**Recommendation 2:**

**Beneficiary Selection**

It is recommended that UNICEF undertake its own beneficiary selection process informed by MoSA data, WFP data, and its partners on the ground, including as a main exclusion criteria for eligibility, the non-existence of children in the beneficiary households.

**Complaint Mechanisms**

It is recommended that UNICEF re-visit the complaints systems used for each programme in cooperation with implementing organizations, specifically for aid through e-vouchers that is a recently-instituted aid distribution mechanism for UNICEF. Considering the fact that the e-voucher food aid is already accompanied by an effective complaint system, it is recommended for UNICEF to continue to utilize the WFP/Oxfam-GB food vouchers. In order to increase its effectiveness, the following steps should be taken:

- The mechanism must be adequately advertised as applicable to both food and hygiene products in participating supermarkets.
- In consultation with WFP/Oxfam-GB, complaints related to UNICEF-provided aid must be channeled to UNICEF or one of its partners in order to control the response to and documentation of these complaints.
3.3 Area C Interventions in the West Bank

Interventions in Area C of the West Bank that fostered a high level of community participation and ownership were found to be a best practice to be replicated in this context. This local ownership and commitment was found to be achieved through three key aspects:

- the necessity of inclusion of local capacities and support in implementing the project;
- the inspiration created among beneficiaries and stakeholders by fulfilling one of their most basic needs in an area characterized by neglect and vulnerability;
- the work of the implementing partner, ACF, in fostering a team mentality and working through a ground-up approach.

Such low profile interventions are indeed required to reduce the risk of demolitions by the Israeli Authorities. These types of interventions can serve multiple purposes: most importantly that the community involvement promotes ownership of the action and contributes to the prospects for long-term impact; secondly, that providing for the basic needs of a population in which the governing authority (the Israeli occupying authority) is not providing these needs fulfills the obligations of the International Community; lastly, these types of interventions can promote UNICEF’s role among humanitarian actors and affected communities as an agency that is willing to support the steadfastness of Palestinians despite the potential risk to the infrastructure, which will, in turn, build trust among beneficiaries and implementing partners. Although this lesson learned is specific to the unique context of the West Bank, the factors that amplified local ownership in this case can be considered in other sections of UNICEF SoP.

**Recommendation 3:**

Continue to support interventions similar to that of the Jordan Valley WASH component (Component 1) using the same implementation mechanisms that use local capacities, and promote ownership and involvement of affected communities. However, as demolitions in this target area increase, so does the risk aversion of donors; further efforts are thus required to advocate for the right of the children and families living in Area C, many of which are amongst the most vulnerable segments of the Palestinian population.

3.4 Child Protection and Family Center Model

The evaluation study has found that the model and referral mechanism are well-functioning after much effort put into their development and piloting, and lessons learned documented and used to improve. Local partners, Tamer for Community Education and MA’AN Development Center, are well-positioned to continue this intervention, while UNICEF’s added-value was evident in the set-up and development phases of the model and referral mechanism. The Family Center Model is, by nature, human-resource intensive in a context in which similar types of service are not otherwise available population-wide from public institutions. Taking the high cost of the programme into consideration, the financial sustainability of family centers and partner organizations is at risk, as these organizations function on donor funds and have little prospect for income generation.
Recommendation 4:
The family center model and referral mechanism should be continued, while the issue of the stability of the centers should also be tackled. In the long-term, alternative funding mechanisms should be researched, specifically from donors that can provide long-term, core funding and are committed to the model, understanding its human-resource-heavy nature. In the short-term, continued support for this intervention is recommended.

3.5 Remedial Education
Logistical arrangements for the remedial education component in terms of scheduling of activities were complicated. Although these issues were mitigated by UNICEF staff and implementers to the extent possible, it was found that these complications are inherent to working in the education sector and with students and teachers outside of the regular school day. Additionally, it was learned through this component that the coincidence of the project funding cycle with the academic schedule of semesters is vital to the comprehensive success of the intervention. Additionally, teacher training was not overwhelmingly seen as relevant to the teachers needs, and educational materials produced by the project are not fully being used in the regular classrooms, which was an intended outcome of the component. This component was also lacking a rigorous monitoring mechanism by which children’s numeracy and literacy skills could be continually assessed, and outcome reporting be done.
Recommendation 5:

Considering that remedial education is designed to be a short-term intervention to support children who have fallen behind in their classes due to the effects of the conflict, it is not considered relevant to re-new this component. The following recommendations are related to the issue of need for educational support for Gazan children.

- Due to the difficulty of scheduling remedial education classes in schools and during vacations, and the fact that the target group of Family Centers is similar to that of remedial education, it is recommended to augment and expand upon educational and tutorial work already being undertaken in Family Centers. Tracking of students’ progress would be more manageable in this scenario.
- This evaluation did not find strong evidence indicating that the skills and tools transferred to teachers through the remedial education project are being used in the regular classroom. Therefore, it would be possible to employ tutors in Family Centers independent of the school system to undertake remedial education activities. Volunteers may also be a resource for this intervention that could, with adequate training, provide the kind of tutoring needed for catch-up.
- Interventions inside schools should not be neglected, but may take on a longer-term vision that aims to change the teaching methods and provide a more student-centered learning environment. Considering the large scope of this issue, a separate programme is needed to comprehensively tackle current pedagogies used in the Palestinian education system, rather than expecting this impact to result from short-term remedial education interventions.

3.6 Protective Presence for Students and Teachers

The protective presence intervention (Component 4) was found to be extremely relevant to the needs of the affected populations. In order to mitigate the risk of the unintended negative effect of dependence of affected populations on international presence and a decrease in local resilience, integrated Palestinian and international protective presence for students and teachers in West Bank affected communities is needed, while it has been concluded that one group without the other is likely to be less effective in providing protection and documentation of rights violations.

Recommendation 6:

It is not recommended to replace international groups (currently EAPPI and CPT) with local Palestinian groups to provide protective presence to students and teachers in the West Bank areas affected by Israeli occupation policies and actions. It may be pertinent, however, to support local protective presence groups and actors to provide complementary presence to that currently provided by the international volunteers.
3.7 Adolescent Capacity
Skills training and capacity building of adolescents in the Gaza Strip undertaken prior to the conflict inspired adolescents to support the humanitarian efforts during the conflict and created a voluntary spirit. A lesson learned in this endeavor was that adolescent volunteers must be adequately trained in emergency psychosocial response, specifically how to identify cases that need more professional attention, how to refer them, and what to do in the meantime. Preparation of volunteers in terms of coordination of where to go and what to do would have improved the response and can be undertaken in case of future conflicts.

Recommendation 7:
Skills development of adolescents in both Gaza and the West Bank should be continued, and their capacity to respond to emergencies built. Development of a trained cadre of volunteers equipped with emergency psychosocial support and referral skills as well as an emergency plan is relevant to the context in Gaza and the expectation of future conflicts.

3.8 People with Disabilities
Households with members with a disability that participated in the Gaza Conflict Survey indicated higher needs for medical assistance during the conflict and were more likely to report some level of dissatisfaction with the distance traveled to receive the aid.

Recommendation 8:
It is pertinent to consider the special needs of people with disabilities in future emergency response through the H&N section, specifically for families with children with a disability.
References

1. 2011, Palestinian Central Bureau of Statistics, *Child Statistic Series*
2. 2012, Palestinian Central Bureau of Statistics, *Child Statistic Series*
3. 2013, Palestinian Central Bureau of Statistics, *Child Statistic Series*
12. 2015, UNICEF, *HAC State of Palestine*
21. 2014, Save the Children, *KGs Assessment in Gaza Strip - Emergency Response 2014*
22. Sept. 2014, Save the Children, *KGs Assessment Report*
31. 2011-2013, UNICEF country programme, *Summary results matrices for area programme – Palestinian children and women in Jordan, Lebanon, the Syrian Arab Republic and the Occupied Palestinian Territory*
34. 2015, Palestinian Central Bureau of Statistics, *The Status of the Rights of Palestinian Children 2014*
Additionally, all Situation Reports produced during the period of evaluation have been reviewed, as well as the project agreements and signed work plans and the Children Affected by Armed Conflict quarterly bulletins during the evaluation period were reviewed.
ANNEXES
Annex 1: Terms of Reference (TOR)

UNICEF State of Palestine

Terms of Reference for international firm

Ex-Post Evaluation


Background

In the Gaza Strip, the seven weeks of hostilities during July and August 2014 resulted in an unprecedented level of loss and human suffering, which aggravated the already dire situation that preceded the war. Children were exposed to unparalleled levels of violence and destruction with 539 children killed, 2956 injured, leaving many struggling with life-long disabilities. The widespread destruction resulted in more than 108,000 people homeless, half of whom were children, and over 20,000 living in collective shelters. Nearly 100,000 homes were damaged (20,000 of these destroyed) and 327 schools were partially or completely damaged, resulting in a loss of children’s protective environment. Explosive remnants of war (ERWs) throughout Gaza continue to pose a serious and continuing threat to the life of Palestinians and humanitarian workers; and access to limited basic services has been further undermined. The psychosocial stress caused by violence left 425,000 children in need of psychosocial support including focused counselling in many cases. The widespread destruction of water infrastructure has exposed children to increased risk of waterborne illness where, even prior to the conflict, over 95% of Gaza’s water was considered unfit for human consumption due to pollution and seawater contamination.

In the West Bank, the existence and expansion of Israeli settlements, including in East Jerusalem, illegal under international law have been a primary driver of protection threats against children. Seizure of land for settlement building and future expansion has contributed to physical insecurity of children, loss of land, resources, assets and livelihoods for families, exposure to violence and risk of detention and forced displacement and impeded access to services, including education. This threatens children’s security and psychosocial well-being and negatively impacts the fabric of family and community life. Violence and disruptions in social services and protection systems also undermine the ability of parents to care for and protect their children.

In 2014 and 2015, UNICEF and partners focused humanitarian interventions on rebuilding lives of affected children and caregivers in Gaza and addressing the needs of the most vulnerable communities in the West Bank, including East Jerusalem. These interventions formed UNICEF’s Humanitarian Action for Children and included projects within Child Protection, WASH, Health & Nutrition, Education and Adolescents development and Participation.
As part of the inter-agency 2014 Strategic Response Plan (January to December 2014) UNICEF appealed for US$47,165,226. This includes US$39,878,297 for the Gaza Crisis Appeal launched in August 2014. At mid-November, US$10.9 million was available against the appeal, of which US$3.4 million was carried forward from 2013. UNICEF has been able to address some of the needs with the following achieved results.

In 2014 In Gaza, as a result of UNICEF’s support in the WASH sector, 411,612 people (50 per cent children) benefitted from improved access to water through repairs to water networks, including repair parts for generators through Coastal Municipalities Water Utility (CMWU), water filling stations, and the installation of domestic water storage tanks in the access-restricted border area (ARA). Another 175,768 people (50 per cent children) benefitted from repairs of wastewater networks, the rehabilitation of septic tanks, and rehabilitation of WASH facilities in ARA. Some 14,000 e-vouchers enabled 84,000 people to access basic hygiene supplies in the first few weeks after the hostilities ended. In vulnerable communities in the West Bank, a total of 64,099 people (50 per cent children) benefitted from improved access to safe drinking water through repairs and upgrades of water networks and water distribution.

In Education, UNICEF supported children’s return to school in Gaza through disinfecting 26 government schools that had been used as shelters during the conflict, providing teaching materials and aids to all 395 public schools, and providing psychosocial support and recreational activities to all 230,000 children during the first week of school. Some 130,000 children in public schools (students in grades 1 to 9) received school bags and supplies. Some 26 lightly damaged schools were repaired by November, and a further 18 schools will be repaired by March 2015. In collaboration with WFP and MoSA, over 3,000 vulnerable school children were provided with e-vouchers for uniforms and shoes, and a further group of more than 16,000 school children will be reached by end January 2015. UNICEF with the support of NGO partners has reached at least 60,100 children, mostly adolescents (53 per cent females), through recreational, life skills, and stress relief activities to help them build their resilience and cope with the current crisis. UNICEF supported the protective accompaniment of 3,568 children and 304 teachers living in Area C of the West Bank, in communities exposed to the presence and actions of Israeli security forces and settler violence.

In Child Protection, in Gaza, even before the ceasefire was declared in late August, UNICEF had reached 1 million people through local radio messages on ERW. Since the ceasefire, 3,750 teachers’ manuals and resource materials have been distributed to public schools to conduct curriculum-based education on ERW for children in grades 1 to 6. A total of 41,513 children and 24,999 caregivers were reached through Emergency Psychosocial Support Teams and Family Centres. With leadership and support from UNICEF, the CPWG concluded a Child Protection Rapid Assessment, which identified the most urgent child protection needs and priority responses for the coming year. Response will include working with ministries and NGO partners to strengthen child protection systems for identification, referral, and case management/follow
up for the most vulnerable children and families (including children who have lost one or both parents/caregivers, children with disabilities, and female-headed households).

113 tons of medicine, vaccines and medical supplies have been delivered by UNICEF to hospitals in Gaza, as part of the health response benefiting at least 166,000 patients. UNICEF supported Community Health Workers to reach over 20,000 displaced persons in shelters and host families with messages on communicable diseases and over 16,000 mothers with advice on breastfeeding and young infant feeding practices. Additionally, the MoH and partners have received support from UNICEF to conduct post-natal home visits in some of the most heavily impacted areas of the Gaza Strip, thereby providing care to over 3,200 women with high

In 2015, As part of the inter-agency 2015 Strategic Response Plan (January to December 2015) UNICEF appealed for USD 39,827,462. As of 1 Dec 2015, 73% of the appeal has been funded. UNICEF has been able to address the needs with the following achieved results.

In Gaza, as a result of UNICEF’s support, 73,030 people (50% children) benefitted from improved access to water, through trucked water, the distribution of tanks and jerry cans, and the repairing of water networks. Another 59,880 people (50% children) benefitted from repairs of wastewater networks and the provision of generators at sewage pumping stations. Some 30,988 people accessed basic hygiene supplies through the distribution of hygiene kits and through vouchers. In vulnerable communities in the West Bank, a total of 25,000 people (50% children) benefitted from improved access to safe drinking water through repairs and upgrades of water networks and water distribution.

In Education, UNICEF supported the return to school of over 28,000 children in Gaza through rehabilitation and improved educational facilities; while another 27,675 children received educational supplies. UNICEF with the support of NGO partners, has reached at least 43,000 children, mostly adolescents (50% females) through recreational, life skills, and stress relief activities to help them build their resilience and cope with the current crises. UNICEF supported the protective accompaniment of 4334 children and 333 teachers living in the Area C of the West Bank in communities exposed to the presence and actions of Israeli security forces, and settler violence.

In Child Protection, in Gaza, UNICEF reached 64,502 children (29,396 girls) and 34,514 caregivers through local radio messages and awareness raising through 28 Family Centres. An additional 95,004 school children received ERW risk education as part of their curriculum. A total of 26,312 children (13,279 girls) and 29,584 caregivers were reached with child protection services through community-based family centers. Additionally 54,098 children (27,212 girls) were reached with structured psychosocial support. With leadership and support from UNICEF, the CPWG reached 234,471 children and 67,637 adults with child protection services. Through leadership of the Working Group on Children and Armed Conflict, 2,766 incidents were documented affecting 23,819 children.
UNICEF provided essential drugs and medical supplies to five hospitals and fifty four health care facilities in Gaza benefiting at least 343,000 patients. UNICEF supported Community Health Workers to reach over 60,000 mothers with advice on breastfeeding and young infant feeding practices. Micronutrient supplementation benefitting 250,000 people is being procured with expected delivery to MOH early December.

The State of Palestine continues to be in protracted crisis and UNICEF will carry on providing humanitarian action to those in need. A thorough and participatory evaluation of previous UNICEF action is needed at this stage to strengthen UNICEF’s humanitarian response by learning from the Humanitarian Action for Children between January 2014 and December 2015. The evaluation is expected to bring on board the views of all stakeholders, not the least the affected population, to bring about learning of all stakeholders and ensure that humanitarian action and development processes in 2016 and beyond are based on best practices and participation. The recommendations should inform the mid-year review of the HAC in July 2016 and the development of the 2017 HAC that starts in October 2016.

Objectives

To evaluate UNICEF’s Humanitarian Action for Children to inform future humanitarian programming in all of UNICEF’s sectors and improve the connection between UNICEF’s development and humanitarian work.

Scope:

Programme: Humanitarian Action for Children 2014 and 2015 (WASH, Health and Nutrition Child Protection, Education and Adolescents). The evaluation will identify with stakeholders components of the humanitarian response/action to evaluate in depth, by choosing both humanitarian response components with identified best practices, and components that did not work well, covering at least one component from each sector (HAC is based on a number of Strategic Response Plan Project sheet, each representing one component of the plan)


Timing: Ex-Post Evaluation

Geographical: Palestine, Gaza and West Bank.

Evaluation Questions

1. Looking back at the programming under the Humanitarian Action for Children, 2014 and 2015, how did UNICEF perform in relation to impact, quality1 and cost-effectiveness of its humanitarian programming in the State of Palestine? Could the humanitarian response be improved?

With the sub-questions for each component examined:
a) To what extent was this component appropriate to the needs of children, especially the most vulnerable children, and to what extent were they engaged?

b) How did the impact, quality and cost-effectiveness of this compare to the other UNICEF components implemented?

c) What factors influenced the impact, quality and cost-effectiveness of this component in comparison to the other components?

d) To what extent were humanitarian tools, standards, procedures and available capacity effectively used.

Based on the experience of Humanitarian Action for Children 2014 and 2015, how can UNICEF strengthen the emergency preparedness and connections between its humanitarian and development programming in the State of Palestine?

**Methodology**

To achieve the evaluation objectives and answer the evaluation questions, the evaluation should be mixed method, based on both quantitative and qualitative methodology of data collection and analysis. For the quantitative data collection, probability sampling will be used so as to be able to make statistical inferences about the target population. For the qualitative data collection, a mixture of focus group interviews, key informant interviews using semi-structured questionnaires will be used. The consultancy firm can propose additional methods to collect the necessary data. The above evaluation matrix should be the bases of a final evaluation matrix to be included in the inception report and include also the ‘how judgment will be formed’ column.

The above questions cover all the OECD DAC criteria for evaluation of development assistance.

Gender should be understood as a cross-cutting component of all aspects of the evaluation, it should evaluate how gender was integrated in the response and all data gathered should be disaggregated by sex, age and disability as relevant and all analysis gender sensitive.

This evaluation shall be based on a rights based approach and as participatory as possible to ensure that the beneficiary children and youth are engaged and that findings are derived from a collective contribution.

In line with the Standards for UN Evaluation in the UN System (developed by the UN Evaluation Group), all those engaged in designing, conducting and managing evaluation activities will aspire to conduct high quality and ethical work guided by professional standards and ethical and moral principles. The proposal must identify actual or potential ethical issues, as well as measures and methods adopted to mitigate against these issues.

**Stakeholders:**
The targets and users of the evaluations are the different stakeholders that have direct relation with UNICEF such as:

Governmental Bodies such as Ministry of Social Affairs, Ministry of Finance and Administrative Development, Palestinian Water Authority, Ministry of Health and Ministry of Education. Non-governmental bodies such as: Central Water Union, Palestinian Hydrological Group, Ma’an, Tamer, World Food Program, Palestinian Red Crescent Society, Action Against Hunger ACF, Gruppo Volontariato Civile, High Council Youth, Near East Council of Churches, affected population (girls, boys, women and men), UNICEF. Clusters and working groups such as: WASH cluster, Education Cluster, Child Protection working Group, Nutrition Sub-Working group and UN bodies: World Food Programme and Office for the Coordination of Humanitarian Affairs as well as Donors.

UNICEF will select a sample of the stakeholders once key components of the response have been selected for deeper analysis following an initial consultation.

Resources:


Expected Tasks, Deliverables and Timeline

International consultancy firms are encouraged to identify local sub –contractors. UNICEF is willing to share a list of potential local consultants if needed.

Below is a list of tasks that the consultancy firm needs to carry out:

1. Conduct a desk review of documents listed under resources and any other relevant documents. (Week 1)

2. Conduct initial workshop with UNICEF staff to identify which component to evaluate in depth (Week 2)
3. Develop an inception report and presentation on methodologies for the evaluation, including survey questionnaires and outline of the final evaluation report, based on the evaluation questions and UNICEF’s prescribed structure (see under Deliverables below) (Weeks 2-3)

4. Collect both quantitative and qualitative data from children and other stakeholders (Weeks 4-9)

5. Analyze the data collected (Weeks 10-11)

6. Presentation to steering committee on preliminary findings. (Week 11)

7. Develop draft evaluation report (Week 12-14)

8. Prepare for an end-of-evaluation validation workshop with stakeholders to present the preliminary findings and recommendation in order to obtain feedback and verification of overall findings. (Week 14)

9. Finalise the evaluation report with recommendation and submit it to UNICEF on time together with all primary data and information collected. (Week 15-16)

**Expected deliverables**

The expected outputs for the evaluation will be in English language and are the following:

1) A half-day workshop to select which components to evaluate in depth. (week2)

2) An inception report (Week 2-3)

The inception paper includes the following, among others

1. Evaluation plan including timelines and activities

2. Methodology including a matrix with a row for each question and columns for , how judgement will be formed and methodology per question.

3. Data collection instruments (qualitative and quantitative)

4. Ethical protocols aligned with principles outlined in ethical issues below

5. Interview and workshop plan

6. Plans for data analysis (quantitative and qualitative), report preparation and dissemination

3) Primary data submitted: the collected data files (both quantitative and qualitative) is UNICEF property and cannot be used for other purposes without written agreement UNICEF.

4) Preliminary findings presentation (Week 11)
5) Draft report (Week 13)

6) End of Evaluation workshops with stakeholders, (week 14)

7) An evaluation report (week 15-16)

The report shall be structured as per the UNICEF-Adapted UNEG Evaluation Reports Standards:

1. Executive summary

2. Object of evaluation

3. Evaluation purpose, objectives and scope

4. Evaluation methodology

5. Findings

6. Conclusions and lessons learned

7. Recommendations

More detailed information of the UNICEF-Adapted UNEG Evaluation Reports standard is provided in the UNICEF Global Evaluation Report Oversight System (GEROS) Review Template, which will be shared at the start of the consultancy.

The ownership of the final report will be with UNICEF and the report will be made public.
## Annex 2: Data Collection

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<th>Stakeholder group</th>
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<td><strong>Key Informant Interviews</strong></td>
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<td>Palestinian Governmental Actors relevant to WASH sector (Tubas District)</td>
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</tr>
<tr>
<td>Caregiver participants in Family Center 2</td>
<td>12 F</td>
<td>December 15, 2016</td>
</tr>
<tr>
<td>Children participants in Family Center 1</td>
<td>23 (9 F; 14 M)</td>
<td>December 19, 2016</td>
</tr>
<tr>
<td>Children participants in Family Center 2</td>
<td>14 F</td>
<td>December 15, 2016</td>
</tr>
<tr>
<td>Mothers received breastfeeding awareness</td>
<td>8 F</td>
<td>January 10, 2017</td>
</tr>
<tr>
<td>Mothers received breastfeeding awareness</td>
<td>7 F</td>
<td>January 10, 2017</td>
</tr>
<tr>
<td>E-voucher Beneficiaries</td>
<td>393 (160 F; 236 M)</td>
<td>n/a</td>
</tr>
<tr>
<td>Protective Presence Volunteers</td>
<td>49 (20 F; 29 M)</td>
<td>n/a</td>
</tr>
<tr>
<td>Members of Clusters and Working Groups</td>
<td>46 (gender not specified)</td>
<td>n/a</td>
</tr>
<tr>
<td>Total</td>
<td>266 women; 322 men; 43 boys; 70 girls</td>
<td>747 participants</td>
</tr>
</tbody>
</table>
Annex 3: Gaza Conflict Survey

Introduction Script

"Hello, my name is X and I am a researcher at ABC Consulting. We have been hired by UNICEF to conduct a study about UNICEF’s humanitarian projects in Palestine. We are conducting this research in your area of residence, as well as other areas in the West Bank and Gaza. The information gathered through this study will be used to help UNICEF understand the level to which their project met the needs of people in your community. This will support them in improving their projects and implementation in the future.

I’d like to thank you for participating. Participating in interview is completely voluntary, meaning that you do not have to participate if you do not want to, and there will be no negative consequences if you decide not to participate. In no way will this affect your ability to access resources or participate in projects in the future. Please feel free to respond to questions openly and honestly. This survey is entirely confidential, meaning that your name and specific identifiers will not appear anywhere on the data collected. Do you have any questions? [Obtain oral consent]

<table>
<thead>
<tr>
<th>Section 1: Identification Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Survey No.: [ ]</td>
</tr>
<tr>
<td>1.3 Researcher name: [ ]</td>
</tr>
<tr>
<td>1.5 Data entry person: [ ]</td>
</tr>
<tr>
<td>1.7 Auditor name: [ ]</td>
</tr>
<tr>
<td>1.9 Governorate: [ ]</td>
</tr>
<tr>
<td>1.11 Participant phone number: [ ]</td>
</tr>
<tr>
<td>1.13 did you change your phone number since the Gaza conflict of 2014?</td>
</tr>
</tbody>
</table>
### Section 2: General Information

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Gender</td>
<td>1. Male 2. Female</td>
</tr>
<tr>
<td>2.2 Age</td>
<td>1. 18-27 2. 28-37 3. 38-47 4. 48-57 5. 58+</td>
</tr>
<tr>
<td>2.3 Are you an UNRWA-registered refugee?</td>
<td>1. Yes 2. No</td>
</tr>
<tr>
<td>2.4 Is your spouse an UNRWA-registered refugee? [choose n/a is spouse is deceased]</td>
<td>1. Yes 2. No 3. n/a</td>
</tr>
<tr>
<td>2.5 Total No. of family members</td>
<td>2.6 Male 2.7 Female</td>
</tr>
<tr>
<td>2.8 No. of children under the age of 18 years old in the household</td>
<td></td>
</tr>
<tr>
<td>2.9 No. of children under the age of 18 years old in the household that do not contribute to the household income</td>
<td></td>
</tr>
<tr>
<td>2.10 Do you or any member of your household have a disability?</td>
<td>1. Yes 2. No 3. Don’t know</td>
</tr>
<tr>
<td>2.11 If yes, provide details on who is affected and what type of disability.</td>
<td>Person</td>
</tr>
<tr>
<td>2.13 Where did you live for the majority of the 51 days of war in 2014?</td>
<td>1. At my home 2. In a shelter (school, church, 3. With a host family 4. rented another house/apartment</td>
</tr>
</tbody>
</table>

---

37 Note for survey administrator: disability is defined here as 'a physical or mental condition that limits a person’s movements, senses, or activities'
2.14 If you were living with a host family, what was the maximum number of persons living in the house at any time during the crisis?

<table>
<thead>
<tr>
<th></th>
<th>1. 0-5</th>
<th>2. 6-10</th>
<th>3. 11 or more</th>
<th>4. Don’t know</th>
</tr>
</thead>
</table>

2.15 Which of the following types of aid assistance did you receive during and after the 2014 conflict till the end of 2015?

<table>
<thead>
<tr>
<th></th>
<th>Have you received this aid?</th>
<th>Was this assistance provided by/funded by UNICEF?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2.15.1 Hygiene products through e-vouchers</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2.15.2 School uniforms</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2.15.3 Remedial education classes</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2.15.4 Psychosocial support through [insert names of UNICEF-supported family centers in that area]</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2.15.5 Postnatal follow up and/or breastfeeding support by a trained midwife</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2.15.6 School bags</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2.15.7 Adolescents skills development (14-18 years)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2.15.8 Water and wastewater network repairs</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2.15.9 Other, specify _______</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2.15.10 Other, specify _______</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2.15.11 Other, specify _______</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
### Section 3: Needs During and After Crisis

3.1 Rank the following in terms of the level of difficulty of your household in meeting the following needs **during** the crisis.

<table>
<thead>
<tr>
<th></th>
<th>Very difficult</th>
<th>Difficult</th>
<th>Not difficult</th>
<th>Not difficult at all</th>
<th>Not needed at all</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.1 food assistance</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3.1.2 drinking water assistance</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3.1.3 hygiene products assistance</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3.1.4 psychosocial support for children (less than 18)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3.1.5 psychosocial support for adults (18 and above)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3.1.6 provision of cooking facilities</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3.1.7 provision of sanitation services</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3.1.8 Assistance in communication with relatives [mobile credit and charge, access to phone lines, internet, etc.]</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3.1.9 provision of water for domestic use</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3.1.10 security and/or dispute settlement assistance</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3.1.11 medical assistance</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3.1.12 provision of mattresses and covers</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
### 3.1.13 Postnatal and/or Breastfeeding Support

<table>
<thead>
<tr>
<th>Level</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3.1.14 Adolescent Skills Development (14-18)

<table>
<thead>
<tr>
<th>Level</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3.2 Were There Other Needs Not Mentioned Above? [Provide Information on the Level of Difficulty of Meeting Each Other Need, If No Skip to 3.3]

<table>
<thead>
<tr>
<th>Level</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3.3 Rank the Following in Terms of Level of Need for Your Family After the Crisis. Indicate if There Was an Increase in Need Due to the Effects of the Crisis.

<table>
<thead>
<tr>
<th>Need</th>
<th>Very Important</th>
<th>Moderately Important</th>
<th>Slightly Important</th>
<th>Not Needed at All</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.3.1 Food Assistance</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3.3.2 Drinking Water Assistance</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3.3.3 Hygiene Product Assistance</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Increase in Need</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.3.1 Food Assistance</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3.3.2 Drinking Water Assistance</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3.3.3 Hygiene Product Assistance</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3.3.4 psychosocial support for children</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>3.3.5 psychosocial support for adults</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>3.3.6 provision of shelter [house demolished or not safe to return to]</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>3.3.7 Rehabilitation of damaged home</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>3.3.8 medical assistance</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>3.3.9 provision of water for domestic use</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>3.3.10 Cash assistance</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>3.3.11 Support in replacing/rehabilitating damaged means of livelihood [e.g. land, livestock, factory]</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>3.3.12 Remedial education for children</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>3.3.13 postnatal and/or breastfeeding support</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>3.3.14 provision of school supplies for children (including uniforms, school bags)</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>3.3.15 adolescent skills development</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

| 3.4 Were there other needs not mentioned above? [provide information on level of difficulty of meeting the need and increase] |
|---|---|---|---|---|---|---|---|---|
| 1. yes | 2. no | Very important | Important | Moderately important | Slightly important | Increase in need |
| 5 | 4 | 3 | 2 | 1 | 2 | Yes | Yes |

3.5 If you were internally displaced during the crisis (living in a shelter or host family), did others in your shelter/host family practice good hygiene?

<table>
<thead>
<tr>
<th>1. Yes</th>
<th>2. Kind of</th>
<th>3. No</th>
<th>4. Don’t know</th>
<th>5. n/a</th>
</tr>
</thead>
</table>

3.6 If you answered ‘kind of’ or ‘no’, what was the reason for this?

<table>
<thead>
<tr>
<th>1. Lack of knowledge of good hygiene practices</th>
<th>2. Inadequate amount of water to practice good hygiene</th>
<th>3. Lack of hygiene products</th>
<th>4. Lack of appropriate sanitation facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Overcrowding resulting in overuse of sanitation facilities</td>
<td>6. Considered dangerous to use sanitation facilities</td>
<td>7. Other, specify.................................</td>
<td></td>
</tr>
</tbody>
</table>

Section 4: Aid Satisfaction

Instructions: This section is to be filled out separately for each type of aid received indicated in 2.15 for which the participant responded that ‘Yes’ the aid was from UNICEF, or ‘Don’t know’ who provided the aid. This section should be filled out at least once for the ‘hygiene products through e-vouchers’ aid, as all the survey participants received that type of aid.

4.1 Which of the following types of aid assistance are you reporting on in this section?

<table>
<thead>
<tr>
<th>1. Hygiene products through e-vouchers</th>
<th>2. School uniforms</th>
<th>7. Remedial education classes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Psychosocial support through [insert names of UNICEF-supported family centers in that area]</td>
<td>6. Postnatal follow up and/or breastfeeding support by a trained midwife</td>
<td>9. Other, specify ________</td>
</tr>
</tbody>
</table>

4.2 The aid/activities received met the needs of Women/Children/Men in my household. [Repeat entire sentence for each of these target groups]
4.2.1 Women  
1. Strongly Agree  
2. Agree  
3. Neutral  
4. Disagree  
5. Strongly Disagree  
6. Don’t know  
7. n/a

4.2.2 Children  
1. Strongly Agree  
2. Agree  
3. Neutral  
4. Disagree  
5. Strongly Disagree  
6. Don’t know  
7. n/a

4.2.3 Men  
1. Strongly Agree  
2. Agree  
3. Neutral  
4. Disagree  
5. Strongly Disagree  
6. Don’t know  
7. n/a

4.3 How would you rate your overall satisfaction with this aid / these activities?  
1. Completely satisfied  
2. Satisfied  
3. Neutral  
4. Dissatisfied  
5. Very dissatisfied  
6. Don’t know

4.4 The aid/activities received contributed to the preservation of my and my family’s dignity?  
1. Strongly Agree  
2. Agree  
3. Neutral  
4. Disagree  
5. Strongly Disagree  
6. Don’t know

4.5 Receiving the aid/activities helped my family to recover from the effects of the 2014 crisis.  
1. Strongly Agree  
2. Agree  
3. Neutral  
4. Disagree  
5. Strongly Disagree  
6. Don’t know

4.5 Rate your satisfaction level of the following statements.  

<table>
<thead>
<tr>
<th>4.6.1 Fairness of beneficiary selection process</th>
<th>Completely satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Dissatisfied</th>
<th>Very dissatisfied</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.6.2 The quality of the aid/activities</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4.6.3 The quantity of the aid/activities</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4.6.4 Distance traveled to receive the aid/activities</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4.6.5 Treatment of beneficiaries in receiving aid/activities</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>
4.7 If ‘very dissatisfied’ with any of the above, explain the reasons for this. [reasons for each indication of ‘very dissatisfied’]

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

4.8 Were methods for filing complaints made available to you?

1. yes  
2. No, end of survey.  
3. Don’t recall, end of survey.

4.9 If yes, what was the possible method for filing a complaint? (Check all that apply)

1. Written  
2. Oral  
3. House Visits  
4. Interviews  
5. Others, specify: ..........................................

4.10 Have you ever filed a complaint about this aid?

1. yes  
2. No, end of survey.  
3. Don’t recall, end of survey.

4.11 If you used the complaint mechanism, was your complaint addressed?

1. Fully  
2. Partially  
3. Not at all  
4. Don’t know [participant didn’t get information if it was addressed or not]  
5. Don’t remember [participant cannot recall]

4.12 If you used the complaint mechanism, was your complaint resolved?

1. Fully  
2. Partially  
3. Not at all  
4. Don’t know [participant didn’t get information if it was addressed or not]  
5. Don’t remember [participant cannot recall]

4.13 Regardless of whether your complaint was resolved or not; were you treated in a dignified manner when you complained?

1. Very dignified  
2. Dignified  
3. Neutral  
4. Not dignified  
5. Not dignified at all  
6. Don’t recall

4.14 Regardless of whether your complaint was resolved or not, were you satisfied with the functioning of the complaint mechanism?

1. Very satisfied  
2. Satisfied  
3. Neutral  
4. Not satisfied  
5. Not satisfied at all  
6. Don’t recall

4.15 Would you use the complaint mechanism again in the case that you had a complaint to make?

1. Absolutely yes  
2. Yes  
3. Possibly  
4. No  
5. Absolutely not  
6. Don’t know
Annex 4: Sampling

Randomized sampling was undertaken for the survey questionnaire of e-voucher beneficiaries, and purposive sampling was used for key informant interviews and focus group discussions. The two online surveys were distributed to all members of the sampling frames (cluster member email lists for the coordination survey and volunteer databases for the protective presence survey).

E-voucher beneficiary survey:

The minimum sample size of participants was determined using Cochran’s formula for infinite populations followed by Godden’s adjustment for a finite population, as the following:

\[ \text{Sample size for infinite population} = \frac{Z^2 \cdot p \cdot (1-p)}{e^2} \]

Where \( Z \) is the \( Z \) value for the two-tailed confidence level, \( p \) is the expected proportion, and \( e \) is the acceptable margin of error. The value of \( p \) is considered 0.50 as the proportion is considered unknown.

\[ 384 = 1.96 \times 1.96 \times 0.50 \times (1 - 0.50) / (0.05 \times 0.05) \]

The finite population size is known to be approximately 18,000 e-voucher beneficiaries, thus the finite sample size was calculated as follows:

\[ \text{Finite Sample size} = \frac{SS(\text{inf})}{1+(SS(\text{inf})-1)/\text{population}} \]

\[ 376 = 384/(1+(384-1)/18,000)) \]

The sample was stratified by geographic location. Sampled participants were contacted through telephone invitation and interviews were conducted face-to-face at the participants’ place of residence.

Coordination Survey

Members of humanitarian coordination mechanisms in which UNICEF is involved (clusters, sub-clusters and working groups) were asked to participate in a short online survey. The survey was emailed to all members of clusters and working groups by the cluster coordinators.

Protective Presence Survey

International volunteers that participated in the protective presence project in 2014 and/or 2015 were contacted by email and invited to fill out an online survey. Volunteer databases were obtained from the implementing partners and all members on the lists that fit the inclusion criteria (volunteered during the period 2014-2015) were contacted.
## Annex 5: Evaluation Stakeholder Analysis

<table>
<thead>
<tr>
<th>Evaluation Stakeholder / involvement in the action</th>
<th>Description</th>
<th>Level of interest in evaluation</th>
<th>Impact of evaluation on stakeholder</th>
<th>Strategy to ensure complete, honest participation in evaluation</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF Management and M&amp;E team/ Supervision, decision-making, fundraising</td>
<td>Special representative, Deputy representative; M&amp;E Team</td>
<td>High</td>
<td>High - results may determine future direction of the organization and future funding</td>
<td>Work as partners, foster ownership of evaluation; work around busy schedules</td>
<td>Oversee, provide feedback on deliverables</td>
</tr>
<tr>
<td>UNICEF Section heads and staff / managing partnerships with and oversight of implementing organizations, implementation of actions</td>
<td>4 section heads and staff members</td>
<td>High</td>
<td>High - results may determine future direction and funding of the section</td>
<td>Work as partners, foster ownership of evaluation; work around busy schedules</td>
<td>Participate in interviews, facilitate contact with implementing partners and other key stakeholders</td>
</tr>
<tr>
<td>Implementing partners / implementation of actions, reporting to Unicef</td>
<td>MA’AN; Tamer; ACF; PRCS; PCDCR; JSC; CBOs;</td>
<td>High</td>
<td>High – results may affect partnership with UNICEF and future funding</td>
<td>Clarify the objectives of the evaluation; eliminate fears of audit/judgment by evaluator or UNICEF; foster ownership of the evaluation</td>
<td>Participate in interviews, focus meetings, facilitate contact with beneficiaries</td>
</tr>
<tr>
<td>Governmental Bodies / associates in implementation</td>
<td>MoH; MoEHE; MoSD; PWA; WBWD; CMWU; Municipalities and Village Councils</td>
<td>Medium</td>
<td>Medium – results may not directly affect gov. body, but could determine future partnership arrangements with UNICEF</td>
<td>Provide detailed introduction to the evaluation and the component being evaluated; clarify extent and nature of key informant involvement; tailor questions to be applicable to informant’s role</td>
<td>Participate in interviews</td>
</tr>
<tr>
<td>Beneficiaries of components / partook in actions, received aid</td>
<td>Boys, girls, women, men</td>
<td>Low</td>
<td>Low – results may affect future projects targeting beneficiary participants, but not directly enough to be tangible to the participant</td>
<td>Explain objectives of evaluation; ensure that complete, honest participation will not affect participant’s role in future projects; ensure confidentiality; explain that it is hoped</td>
<td>Participate in FGDs and surveys</td>
</tr>
</tbody>
</table>

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38Based on level of impact of evaluation on the stakeholder and the stakeholder’s involvement
<table>
<thead>
<tr>
<th>Donors / funded actions</th>
<th>Medium-High</th>
<th>Medium – results may affect donor’s future ability/willingness to support the action</th>
<th>Clarify objectives of evaluation; work around busy schedules</th>
<th>Participate in key informant interviews when possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other humanitarian actors including other UN agencies / coordinated with UNICEF, implement similar work</td>
<td>Members of clusters and working groups</td>
<td>Low – results may not affect their work at all, except for the recommendations produced related to coordination with other humanitarian actors</td>
<td>Clarify objectives of evaluation and possible benefit of the evaluation to improved humanitarian programming across the sector; data collection tool should be concise and easy to implement</td>
<td>Participate in online survey related to effectiveness and efficiency of coordination</td>
</tr>
</tbody>
</table>

that results of the evaluation will lead to improved interventions
Annex 6: In-Depth Context Analysis

The following is a supplement to the context analysis presented in the body of this evaluation report.

According to the Palestinian Central Bureau of Statistics (PCBS), approximately 45.8% of the Palestinian population in the West Bank and Gaza are under the age of 18, ensuring the relevance of UNICEF’s work in the country. The mortality rate in the SoP has become relatively low in comparison to other countries in the region, with a drop in the crude mortality rate from 1997 to 2012, although the decrease was less substantial in Gaza compared to the West Bank. Palestine is recognized among countries advanced in basic vaccinations. The Multiple-Indicator Cluster Survey (MICS) of 2014 showed that 89.9% of Palestinian children 24-35 months received full vaccinations for many preventable childhood diseases, which in turn contributes to eliminating many infectious diseases. However, the exposure of children to distressing events such as witnessing death or injury of family members, friends, or classmates, their exposure to tear gas, and witnessing shootings and funerals gravely affects the mental health of children. These series of events, which are deemed as the everyday under occupation, psychologically harm children and expose them to various stress factors. Stress factors for children and adolescents include feelings of insecurity and fear of exposure to attack, injury, house demolition, and arrest. This reality negatively affects the full development of Palestinian children and their ability to learn and prosper within society, as well as the prevalence of many psychosocial troubles among children.

The health sector has also been constrained by the internal political divide and the lack of resources of public healthcare institutions. A 2015 World Health Organization (WHO) report indicates that 4,508 workers recruited by the MoH of the Gaza de facto authorities and 530 persons employed by the PA and still working in the health sector do not receive regular payment, while 2,163 PA-employed health workers who stopped worked after the take-over of the de facto government have continued to receive their salaries.

Education

The formal education system in the SoP has undergone substantial development since the establishment of the Palestinian National Authority (PNA) in 1994. The Ministry of Education and Higher Education (MoEHE) and The UN Relief and Works Agency for Palestinian Refugees

41 http://www.who.int/hac/crises/international/wbgs/opt_field_assessment_health_conditions_1april2015.pdf
in the Near East (UNRWA) are the primary education providers in a system that has seen a 2/3 growth in student numbers in basic education since 1994, and a trebling of numbers in secondary education over the same period. The number of schools in Palestine totaled 2,430 in 2007/2008: 1,615 for the basic stage, and 815 secondary schools. Government schools made up 75.4% of the total number of schools, UNRWA-run schools constituted 13%, and private schools the remaining 12%. A number of challenges also characterize this sector, specifically children and teachers’ safe access to schools in many areas, as they are exposed to harassment and violence from Israeli military and settlers; the lack of appropriate and safe educational and WASH facilities, especially in Gaza after the 2014 conflict; overcrowding of schools; and arrests and detainment of school children by the occupying authority, among others.

**WASH**

In the West Bank, Israel controls all underground and surface water resources. Palestinians are only allowed to abstract 20% of the estimated potential of the mountain aquifer under the West Bank, while Israel abstracts the rest and often substantially overdraws on this. In Gaza, the WASH conditions are distressing, with up to 96% of Gaza’s sole water source, the Coastal Aquifer, contaminated by sewage and over extraction. Only 3.6% of domestic pumped water has chloride and nitrate levels in line with the World Health Organization (WHO) standards. Whereas the optimal access amount of water that is indicated by WHO is 100 l/c/d and above per capita, the average quantity used by Palestinians in Gaza was estimated by the Palestinian Water Authority at 86 l/c/d in 2015.

**Violence and Protection**

In the SoP, occupation policies and practices actively increase the vulnerability of children where they may become, deliberately or incidentally, the victims of extreme acts of violence and brutality, such as targeted and/or negligent killings, indiscriminate attacks on their homes, schools, camps and neighborhoods, maiming, and other forms of physical and psychological violence, including torture, arbitrary arrest and detention, house demolitions, land confiscation and obstruction of livelihoods, discrimination and harassment. The number of injured children in 2014 made up a total of 2,956, with causes ranging from settler violence, military action, mines...
and ERWs. Most injuries concentrated in Gaza, Area C, Jerusalem and Hebron. Statistics of the MoEHE show that in the year 2013, Israeli Occupation Forces and settlers attacked 89 schools, killed 3 students and injured 179, wounded 14 teachers, detained 175 students and arrested 43.

Palestinian children are also facing high levels of violence in their schools and homes. According to the PCBS 2011 study on violence in the SoP, “more than one fifth of the students age 12-17 years were exposed to psychological violence at schools… 21.6% in West Bank compared to 22.7% in Gaza Strip. The results indicated that psychological violence was the most practiced violence against these students by their colleagues or teachers, 25.0% and 27.6% respectively. On the other hand, the rate of those who were exposed to physical violence by their teachers was 21.4% compared to 14.2% by their fellow students.” Anecdotal evidence and teacher accounts in UNRWA schools report that school violence has increased in recent years. A high proportion of teachers in the SoP find recourse to violence a socially acceptable means of disciplining children and improving educational attainment. Parents also find it acceptable that teachers beat their children, and students are not aware of the regulations that should be applied in schools for their protection.

Humanitarian Needs

Protection

The Six Grave Violations Against Children During Armed Conflict are the following:

1. Recruitment and use of children: Parties to conflict must not recruit or use children as combatants or other support roles. Parties to conflict must prevent children from participating in hostilities.

2. Killing or maiming of children: Parties to conflict must protect children from being killed, maimed or injured.

3. Sexual violence against children: Parties to conflict are prohibited from subjecting children to rape and other forms of sexual violence.

48 Ibid.
4. Attacks against schools or hospitals: Parties to conflict must not attack schools or hospitals, education or medical personnel.


6. Denial of humanitarian access: Parties to conflict must not deny humanitarian access for children.\textsuperscript{50}

A number of protection concerns were already in existence for Palestinian children prior to the conflict, including: disciplinary measures by parents/teachers against children, manifestations of gender-based violence (GBV), and high levels of stress and domestic violence among the population. The crisis provoked the lack of child protection and undermined protective factors after the escalation of violence, as many children had witnessed their parents or other family members killed or injured. Children’s experience of violence, conflict, loss, displacement and separation has affected children psychologically.

Due to the besieged status of the Gaza Strip\textsuperscript{51} and its dense population (1.7 million people prior to the conflict)\textsuperscript{52}, it was difficult for a Gazan to avoid the effects of the conflict, especially considering the damaged water and electricity structure that affected the entire Gaza Strip. Palestinians residing in Northern Gaza, Rafah, and certain parts of Gaza City were the ones that faced the most atrocities compared to other cities in the area.

The number of Palestinian civilian causalities also demonstrates the extreme lack of protection that civilians had. 2,257 people were killed including, 540 children, 2,956 children were injured, 1,500 were orphaned, and 54,000 became homeless as indicated in UNICEF Situation Reports from January 2015. All members of 89 families were killed and these family names were taken out of the


\textsuperscript{51} Israel has imposed movement restrictions on the Gaza Strip since the early 1990’s. Restrictions intensified in June 2007, following the takeover of that part of the occupied Palestinian territory (oPt) by Hamas, when Israel imposed a land, sea and air blockade on Gaza, citing security concerns. The blockade has undermined the living conditions in Gaza and fragmented the oPt and its economic and social fabric.

https://www.ochaopt.org/theme/gaza-blockade

\textsuperscript{52} http://www.pcbs.gov.ps/Portals/_Rainbow/Documents/gover_e.htm
population registry. According to the Palestinian Ministry of Health (MoH), up to 1,000 of the children injured in the conflict will have a permanent disability. The existence of ERWs throughout the Gaza Strip also remains a pressing issue for child protection. The protection concerns resulting from the 2014 war in Gaza created the following priorities for humanitarian actors, according to the Multi-Cluster/Agency Initial Rapid Assessment (MIRA) report: to create risk awareness campaigns of ERWs, provide psychological support for children, and pursuing accountability for alleged violations of international law.

Before the conflict, Gaza’s health care system was already severely restricted by a lack of financial resources to support the area’s basic medical necessities, specifically drugs, medical supplies, and equipment. The healthcare system was further overstretched during and after the war. Tens of hospitals and primary health centers (PHCs) were damaged and a number closed down as a result. The lack of medical facilities in the besieged area put pressure on health workers to aid injured civilians without adequate space or supplies. Doctors were often forced to discharge patients before they were fully recovered in order for everyone to receive some degree of treatment. For patients seeking medical services outside the Gaza Strip, approval from the Israeli authorities was required, which was often a lengthy process. Considering this dire situation, priorities for humanitarian actors post-war were placed on renovating the damaged healthcare infrastructure, managing the supplies of fuel, medical disposables and medical aid, prevention of communicable diseases in collective shelters for internally displaced persons (IDPs), and advancing the referral procedures to hospitals outside of Gaza.53

Similar to the health sector, the WASH conditions in Gaza were severely deteriorated and were not meeting international standards prior to the conflict, as detailed above. WASH services were further obstructed following the escalation of violence, as large sections of the WASH infrastructure were damaged. Indeed, in the aftermath of the crisis, an estimated 500,000 people were directly affected by damage created to the water facilities, and a million were affected by the damage done to the wastewater plant and the wastewater pumping station. 20-30% of water and sewage networks on the 3 kilometer Israeli-imposed buffer zone were damaged as was 30%-50% of water storage capacity of households in this area. The damaging of the Gaza Power Plant also affected the municipalities’ ability to pump water into households’ rooftop water storage tanks, causing serious water shortages at the household level. The damaged water treatment plants also created an increase of raw sewage in the environment, exposing civilians to diseases.

Priorities presented in the MIRA report included rehabilitation of essential infrastructure, and increased distribution of sterile and purified water to households, municipalities and shelters.

Prior to the crisis, the educational sector was under a considerable amount of pressure, most notably as a result of the lack of educational space, with two entire schools sharing one building in many cases and functioning on a two- or three-shift system\(^{54}\), but also in terms of a lack of school resources, lack of financial capacity of the MoEHE, electricity cuts affecting the school day, outdated school equipment and classroom density. (37.1 students per classroom\(^ {55}\)) The cessation of hostilities left a dire situation in which 6 governmental schools, 1 UNRWA school, 11 kindergartens, and 3 higher education institutions were demolished and 532 schools and 14 higher education institutions were damaged.\(^ {56}\) As mentioned above, other schools were used as emergency shelters for IDPs. Children’s access to education was directly affected, with half a million Palestinian children unable to begin their school year until September 14. Even when students went back to school, they faced issues of overcrowding, damaged school infrastructure (including WASH facilities) and educational equipment, and a students and teacher body living and coping with recent experiences of trauma. Priorities for the educational sector were to rehabilitate schools by replacing furniture, textbooks, and learning materials, and to provide psychological support to teacher and educational staff, as well as increase their capacity to provide similar support to students to ease children back into school.

**Annex 7: Informed Consent Forms**

**Parental Consent Form**

**Parental Consent form for Child Participants**


Your child has been invited to join a research study to evaluate [the remedial education classes and activities OR the psychosocial support activities] he/she participated in. Please take whatever time you need to discuss this with anyone or anyone you wish to. The decision to let your child join, or not to join, is up to you.

In this evaluation study, we seek to understand the extent to which UNICEF and its partners [improved

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\(^ {54}\) In 2016, 6 UNRWA schools were functioning on a three-shift system and 185 UNRWA schools on a two-shift system. [http://reliefweb.int/report/occupied-palestinian-territory/gaza-situation-report-161-162-6-20-september-2016](http://reliefweb.int/report/occupied-palestinian-territory/gaza-situation-report-161-162-6-20-september-2016)

\(^ {55}\) UNDP statistics indicate that double-shifting occurs in 85% of basic schools and 61% of secondary schools. [http://www.ps.undp.org/content/papp/en/home/ourwork/crisispreventionandrecovery/successstories/building-for-success-in-gaza-.html](http://www.ps.undp.org/content/papp/en/home/ourwork/crisispreventionandrecovery/successstories/building-for-success-in-gaza-.html)

numeracy and literacy skills in children and increased their resilience and healing OR increase your child’s resilience and coping skills] by conducting focus groups with [teachers and children OR caregivers and children].

WHAT IS INVOLVED IN THE STUDY?
Your child will be asked to answer a few questions in a group setting about the classes and activities he/she participated in. We think this will take him/her 30 minutes. The investigators may stop the study or take your child out of the study at any time they judge it is in your child’s best interest. They may also remove your child from the study for various other reasons. They can do this without your consent. Your child can stop participating at any time without consequences.

CONFIDENTIALITY
Your child’s name will not be used when data from this study are published. Every effort will be made to keep research records and other personal information confidential.

YOUR RIGHTS AS A RESEARCH PARTICIPANT
Participation in this study is voluntary. Your child has the right not to participate at all or to leave the study at any time. Deciding not to participate or choosing to leave the study will not result in any penalty or loss of benefits to which your child is entitled, and it will not harm his/her relationship with his teachers and care-givers.

CONTACTS FOR QUESTIONS OR PROBLEMS?
Call Waddah Abdulsalam at 0599666678 or email at info@abc.ps if you have questions about the study.

Permission for a Child to Participate in Research
As parent or legal guardian, I authorize _________________________________ (child’s name) to become a participant in the research study described in this form.

Parent or Legal Guardian’s Signature  Date
___________________________________________________

Informed Consent Script
“Hello, my name is X and I am a researcher at ABC Consulting. We have been hired by UNICEF to conduct a study about UNICEF’s humanitarian projects in Palestine. We are conducting this research in your area of residence, as well as other areas in the West Bank and Gaza. The information gathered through this study will be used to help UNICEF understand the level to which their project achieved its goals and met the needs of people in your community. This will support them in improving their projects and implementation in the future.
I’d like to thank you for participating. Participating in interview is completely voluntary, meaning that you do not have to participate if you do not want to, and there will be no negative consequences if you decide not to participate. In no way will this affect your ability to access resources or participate in projects in the future. Please feel free to respond to questions openly and honestly. This discussion is entirely confidential, meaning that your name and specific identifiers will not appear anywhere on the data collected. We would like to audio record the session with your permission. The session will take approximately X minutes. Do you have any questions? [Obtain oral consent]
Annex 8: IRB Certification
IRB Approval Letter

Study Title:

Submitted by:
Waddah Abdulsalam
Lisa Arnold Masri

Date Reviewed:
9/October/2016

Date Approved:
28/November/2016


with archived number (5) October was reviewed by An-Najah National University IRB committee and was approved on November 28/2016.

Hasan Fitian, MD
IRB Committee Chairman
An-Najah National University
Annex 9: OECD DAC Criteria

Relevance/Appropriateness:
- Is the activity relevant in relation to the needs and priorities of the intended rights-holders?
- The extent to which stated objectives correctly address the identified problems and social needs and take national development priorities, inter-agency strategies, and programme statements into consideration;
- The extent to which activities undertaken were considered relevant by programme participants and beneficiaries.
- The degree of flexibility and adaptability of the programme team and management to facilitate rapid responses to changes in circumstances;
- The quality of key stakeholder and target group identification and their level of participation in the design, planning, implementation and monitoring and evaluation phases.

Connectedness:
- The extent to which activities of a short-term emergency nature were carried out in a context that took longer-term and interconnected issues into account.
- The strength and quality of linking between humanitarian action, reconstruction, and development.
- The establishment of a framework for recovery.
- The level of existence of partnerships between humanitarian and development agencies, how these partnerships came into being, are being supported, and promote increased capacity and ownership on the local level.

Coherence:
- The coherence of the programme to relevant policies, including security, developmental, trade, and military policies as well as humanitarian policies.
- The level of coordination between humanitarian actors working towards the same goals on the policy level.
- The extent to which humanitarian actors have been coherent in their approach to protection and whether policies have met the protection needs of primary stakeholders.

Coverage:
- The extent to which major target groups were reached and provided with assistance and protection according to their need.
- The extent to which interventions were devoid of extraneous political agendas.
- Were there groups in need of assistance and protection that did not receive it, and if so, the reasons for their exclusion.
**Effectiveness:**
- Have the primary objectives identified been achieved?
- Have the planned or expected results been achieved, including whether the intended population was reached?
- The extent to which the results of the programme have been achieved, as perceived by all key stakeholders and with reference to the agreed outcome indicators;
- Whether intended beneficiaries participated in the intervention;
- The effectiveness of operational procedures and whether these are in line with the programme’s needs;
- Effectiveness of the consortium model, particularly coordination mechanisms and synergies amongst consortium partners;
- Partner’s contribution, best practices, and value-added.

**Efficiency:**
- How economically have resources/inputs (funds, expertise, time, etc.) been converted to results?
- Are the investment and recurrent costs justified?
- Could the same results have been achieved with fewer resources?
- Has the relationship, synergy and differences between partners been conducive for programme outcome?
- Quality of operational work planning and implementation (input delivery, activity management, delivery of outputs and respect of deadlines);
- Whether management of risk has been adequate, i.e. whether flexibility has been demonstrated in response to changes in circumstances;
- Relations/coordination with local authorities, institutions, beneficiaries, and donors

**Impact:**
- The positive and negative, intended and unintended changes that occurred as a result of the programme.
- The real differences the programme had on beneficiaries and the larger community.
- The extent to which a multiplier effect has been seen.
- The number of people affected by the programme.