

Final Evaluation Report

“Multisectoral Response to Humanitarian Needs in Gaza”

SUBMITTED TO:



DanChurchAid (DCA)
Norwegian Church Aid (NCA)

PREPARED BY:

Samira Abu Aisha
Evaluation Team Leader

March 2021

Contents

Contents	II
List of Tables	III
List of Charts	III
List of Abbreviations	IV
Acknowledgements	V
EXECUTIVE SUMMARY	1
1. EVALUATION FRAMEWORK	5
1.1 Objectives	5
1.2 Scope of Work	5
1.3 Methodology	5
1.3.1 Overall Approach	5
1.3.2 Evaluation Instruments:	6
1.4. Limitations and Constraints	6
1.5. Evaluation Outputs	6
2. PROJECT DESCRIPTION AND DEVELOPMENT CONTEXT	7
2.1 Project Development Context	7
2.2 Project Description	8
Overall goal and outcomes of the project:	9
3. EVALUATION FINDINGS	9
3.1 Project Formulation	9
3.2 Project Implementation	11
3.3 Project Results	17
3.3.1 Relevancy	17
3.3.2 Efficiency:	27
3.3.3 Effectiveness:	29
3.3.4 Sustainability:	38
3.3.5 Impact:	40
4. Conclusions, Recommendations and Lessons Learnt	41
4.1 Conclusions	41
4.2 Recommendations:	44
4.3 Lessons Learnt	45
5. Annexes:	47
Annex I: Evaluation Matrix:	47
Annex II: The Consultancy team and their roles and responsibilities:	50
Annex III: Documents Reviewed	51

List of Tables

Table (1) gender disaggregation of the beneficiaries was reached by the project partners

Table (2) actual target of the beneficiaries was reached by the project partners

List of Charts

Chart (1) Gender Disaggregation of the Beneficiaries

Chart (2) Beneficiaries Gender Disaggregation

List of Abbreviations

AAH	Arab Ahli Hospital
ARA	Access Restricted Areas
CBOs	Community Based Organizations
CFTA	Culture and Free Thought Association
CHS	Core Humanitarian Standards
DAC	Development Assistance Committee
DCA	DanChurchAid
ESIA	Environment and Social Impact Assessment
FGDs	Focus Group Discussion
HDPE	High-Density Polyethylene
HHs	Households
HNO	Humanitarian Needs Overview
HP	Humanitarian Principles
HRP	Humanitarian Response Plan
IEC	Information and Education Communication
KIIs	Key Informant Interviews
M&E	Monitoring and Evaluation
Maan	Maan Development Center
MHPSS	Mental Health and Psycho Social Support
MoH	Ministry of Health
MoI	Ministry of Interior
MoSD	Ministry of Social Development
NCA	Norwegian Church Aids
OCHA	The United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organization for Economic Co-operation and Development
oPt	occupied Palestinian territory
PA	Palestinian Authority
PCHR	The Palestinian Center for Human Rights
PEST	Political, Economic, Social and Technological
PPS	Psycho Social Support
PSEA	Protection from Sexual Exploitation and Abuse
PwD	People with Disabilities
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-based Violence
SMP	Stakeholder Management Plan
SMP	Stakeholder Management Plan
SOPs	Standard Operating Procedures
ToC	Theory of Change
UNFPA	United Nations Population Fund
UN	United Nations
UNSCR	United Nation Security Council Resolution1325
WAC	Women Affairs Center
WASH	Water, Sanitation and Hygiene
WHC	Women Health Center
WWDs	Women with Disabilities

Acknowledgements

This report was prepared by the Team Leader Ms. Samira Abu Aisha. The Evaluator would like to thank the evaluation team including Eng. Tamer Al-Zuhri, Ms. Heba Al-Ghalayini, Ms. Nida Al-Sayd and the statistician Mr. Ramiz Gaber.

The Evaluator would also like to extend special thanks to the personnel of the DCA/NCA Project Team who supplied key information and key contacts to conduct this evaluation and provided valuable support that contributed to the successful fact-finding mission.

The Evaluator would like to express her gratitude and appreciation to Maan for Development Center (Maan), Culture and Free Thought Association (CFTA) and Arab Ahli Hospital (AAH) management and staff for participation in the interview and facilitation of conducting focus group discussions (FGDs) and survey with the beneficiaries. Their contributions were most appreciated, and the facts and opinions they shared played a critical part in the conduct of this evaluation.

The Evaluator would also like to thank all caregivers and women who took the time to attend and contribute to the focus group discussions and the survey.

EXECUTIVE SUMMARY

Project Formulation

The project proposal is well-designed and reflects proper analysis of the addressed problem and proposed strategy. The project formulation is realistic with well-articulated goal, outcomes and outputs. The project logical framework has an extended set of indicators to track the achievement of the planned results. The project is very pertinent for Gaza context and addresses a set of underlying key humanitarian needs of the most vulnerable communities in the Gaza Strip. It was formulated based on a good review of OCHA Humanitarian Needs Overview (HNO) 2019, which presented the needs for interventions to address nutrition, Water, Sanitation and Hygiene (WASH), and Sexual and Gender Based Violence (SGBV) in Gaza Strip. The project is consistent with the relevant Sustainable Development Goals (SDGs), especially SDGs 3, 5 and 6 related to health, gender equality and WASH.

Project Implementation

The DCA/NCA enhanced an effective partnership with two old partners Maan and AAH and established a new partnership with CFTA to serve SGBV survivors. Meanwhile, the project partners played dynamic roles and engaged effectively in the implementation of the different project activities.

It's clear that the management teams of the project partners have applied DCA/NCA procedures during the implementation of the project's interventions. They have used an adaptive management extensively to adapt to the changing context in the Gaza Strip in order to ensure the achievement of the project deliverables, while maintaining adherence to the overall project plan. Nevertheless, the project implementation has experienced a challenging period during the outbreak of COVID 19 pandemic. The partners' teams have shown flexibility and agility in managing and adapting to these changes.

Project Results

The project is highly relevant to the needs of the target groups, including women, men, girls and boys who live in a protracted protection crisis and struggle to live a life with dignity. The project's intervention with the three-components emerged from the national priorities to enhance the partners' capacities to respond to the humanitarian needs of the direct beneficiaries. The project is relevant to and consistent with DCA International Strategy (2019–2022) and is aligned with NCA Global Strategy Faith in Action (2019). Also, the partners' strategic plans reflect high relevance and consonance with the project's goal and outcomes.

DCA/NCA and the partners adequately have addressed the cross-cutting issues of gender, participation, protection, environment and human rights. The Project rationale cites high priority of gender sensitiveness and protection of the vulnerable communities. The project goal and approaches are in line and compatible with the UNSCR 1325 which gives high priority for protection mechanisms against SGBV and empowering the vulnerable women and girls through the provision of holistic, survivor-centred lifesaving services that protect and ensure the well-being and recovery of survivors. The project was conceptualized and planned within the 'needs-based approach' and 'right-based approach' to the project that were still dominant approaches among the implemented partners during project design and implementation phases. Overall, the project targeted 57% females (women and girls) as opposed to 43% males (men and boys).

The review of all management elements of the project confirms that the implementation of the project was an efficient operation that created a good value for money. The prudent approach to engage the project funds was translated into good value for money and the use of adaptive management allowed for the identification and implementation of activities that were very responsive to immediate needs of the beneficiaries, and the need to achieve the expected results. The partners ensured a good balance between the quality of the implementation and the delivery of services within the time constraints. The project has been efficient in terms of exceeding the outcomes and the output targets, and it has also been efficient in terms of achieving the planned activities within the planned timeframe without the need for an extension.

The achievements of the project indicate an effective project that was on track to deliver its expected results by end-2020. Three critical success factors contributed to the project effectiveness: (i) the project was well designed, responding to national needs and benefitting from a good engagement and participation of the stakeholders. (ii) a good leadership from DCA/NCA and the partners to implement the project through utilizing the project resources to respond to the national emergency of COVID-19 and to support the partners to quality control with considering the beneficiaries' priorities; and (iii) a good flexibility (using adaptive management) in allocating the project resources and in implementing the activities to be able to respond to the beneficiaries' needs and changes.

The project is a humanitarian response and is contingent on the external fund in which the partners don't have sustainable financial resources to continue after the project closing. The partners can't keep the project's staff after the project end since they didn't have core fund to provide salaries for them. The humanitarian projects required core fund to implement long-term programs to ensure more sustainable achievements especially that Gaza Strip lives a prolonged protection crisis.

Overall, when comparing key achieved results with the goal, it's evident that the project contributed to: a) reduce the risk and prevalence of malnourishment and WASH-related transmissible diseases amongst vulnerable communities; b) provide immediate and lifesaving multi-sectoral responses to women and girl survivors of SGBV; and c) enhance the humanitarian and accountability principles".

Recommendations

A. Formulation

- DCA/NCA and the partners should enhance the depth of the activities details and provide adequate breakdown of outputs into detail activities with clear implementation methodology to facilitate the process of monitoring and evaluating the effectiveness of implementation.
- The DCA/NCA should prepare a well-structured Stakeholder Management Plan (SMP) and analyze the stakeholders' roles and interrelations with DCA/NCA to achieve the project's goals and activities.
- DCA/NCA has to design theory of change (ToC) for the project to give the big picture of the intended change of the project and to define the long-term goal of the project and the broad strategic areas of intervention.

B. Implementation

- DCA/NCA should develop an efficient M&E plan during the design phase to be adopted by the project's partners, to ensure effective measurement of the project's outcomes and outputs and to track the indicators achievement.

- DCA/NCA should enhance the coordination and synergies between the partners during the implementation phase through conducting monthly regular meetings to enhance sharing information, to create referral mechanisms between the three partners and to ensure effective implementation of the project activities.
- DCA/NCA and the partners should enhance the coordination mechanisms and improve exchanging of information with the relevant UN clusters during the design and implementation phases of the project for future interventions.
- DCA/NCA and the partners to have consideration for planning for at least a 10-month timeframe for the similar scope of work is recommended in future relevant interventions.

C. Project Results

- DCA/NCA and Maan should respond to the needs of Al-Shayma area through completing the WASH intervention to install house connections with the sewer line thus the need is still valid since Maan couldn't implement these activities due to COVID restrictions; as well the beneficiaries are in dire need for rehabilitation of their toilets and kitchens, which they cannot afford due to difficult economic conditions.
- DCA/NCA and CFTA should design and implement an integrated GBV-Economic Empowerment projects to create a safer more protective environment for the survivors of GBV or at-risk women.
- DCA/NCA should continue implementing nutrition projects for the vulnerable malnourished children and their caregivers through providing medications, supplements and nutrient food.
- DCA/NCA should design and implement an integrated GBV-Nutrition projects in the marginalized areas where most women who suffer malnutrition also suffer GBV.
- DCA/NCA should enhance the partnership with AAH and Maan to implement WASH-Nutrition projects through targeting other vulnerable areas where there is high need for these vital projects.
- DCA/NCA should provide the partners with core fund to implement long-term humanitarian programs to ensure more sustainable achievements especially that Gaza Strip lives a prolonged protection crisis.
- DCA/NCA and Maan should subcontract with other partners/CBOs to implement WASH components under supervision of Maan to convey their advance experience of WASH to build the capacities of new partners especially in the marginalized areas.
- DCA/NCA should enhance the capacities of the partners to address the UNSCR 1325 in their strategic plans and projects and how to apply its principles in the project cycle management.
- CFTA should develop MIS to ensure provision of the service delivery for each target groups according to each donor and to ensure disaggregation by the beneficiaries' name to ensure that there is no duplication or overlapping of the provided services.
- For consideration in 2021, Maan should conduct orientation sessions for the beneficiaries directly after the distribution of hygiene Covid-19 kits to explain the usage of the kits' items such as the thermometer and the sterilizing alcohol.
- Maan should design more effective hygiene promotion activities that reach the target beneficiaries through identifying the most appropriate online activities that the beneficiaries have access and providing the beneficiaries with information on the promotion tools and links.

Lessons Learnt

The evaluation mission has come up with a number of lessons learnt presented below.

AAH:

- Due to unstable conditions in Gaza, special attention should be also considered to preparedness plans, which should include Consumable (medicaments, staffing and fuel).
- High prevalence of anemia among the targeted children necessitate to target the other root causes of anemia such as food insecurity.
- It is found that the levels of anaemia and malnutrition are high. Accordingly, and in order to address root causes of malnourishment and improve recovery rates of children on sustainable basis, it is highly recommended – in future interventions, to improve access of malnourished children and their families to nutrient food (food parcels)
- Anaemia represents a public health problem that requires interventions, focus should be directed towards anaemia management and control not only among those who present to health facilities, but also, through proactive early intervention programmes. The utilized house-to-house approach enabled the partners to discover thousands of concealed cases of anemia and malnutrition and to contribute to their recovery.

CFTA

- The project was run under emergency situation in Gaza Strip, time was short while responses needed to be fast. CFTA team was enabled to be responsive and use alternative methods like moving to the online services provision; however, CFTA doesn't have a hotline which needs to be thought of strategically by the organization
- The partnership between DCA and CFTA is new, in the future, more information sharing and orientation sessions about the different procedures and systems needs to be developed especially more information on procurement.
- The lack of availability of some items in the local market like computers for the field staff as well as items requested by the target groups such as gloves and masks in the dignity kits caused some delay. CFTA and the team in the field should pay closer look at the budget follow up especially during emergencies and to provide alternatives on timely manners

MAAN

- The online methodology for the hygiene awareness activities showed high efficiency and effectiveness. The methodology supported for large outreach of beneficiaries and provided the space to use more smart tools. However, the home-to-home visits still very important as it provides more space for discussion and onsite clarifications.
- The home-to-home distribution for the COVID-19 kits needs more resources including mainly vehicles and field monitors. Maan already provided the required resources, but it is recommended to consider this once having similar activities in other projects.
- The fluctuations in the cost of the items in the local market and the currency exchange rates require a close follow up for the project expenditures.

1. EVALUATION FRAMEWORK

This final evaluation is a requirement of DCA and NCA procedures. This review provides an in-depth assessment of the project achievements and progress towards its objectives, outcomes and recommendations.

1.1 Objectives

The purpose is to conduct end of project evaluation that provides an assessment of the achievements as compared to the set objectives. The evaluation should examine the response against the standard evaluation criteria including relevance, effectiveness, efficiency, sustainability, and impact. In this regard, priority will be given to mapping of constraints, identify lessons learned, and assess the appropriateness of the implementation strategy.

1.2 Scope of Work

As indicated in the ToR, the scope of this final evaluation is to assess the relevance of the project considering Gaza context, effectiveness, efficiency, and sustainability, as well as the impact of implementing such approach as defined and explained in the evaluation matrix (see Annex 1). The Evaluation also assesses synergy aspects, considering the capacity of each partner towards achieving the WASH, Nutrition and GBV results. The evaluation involves DCA/NCA team, the three local implementing partners, stakeholders, and representatives from the targeted groups. Also, the evaluation assesses achievements of the project results and the extent to which the project has successfully carried out adaptive management, and to draw lessons that can both improve the sustainability of benefits from this project, and aid in the overall enhancement of future DCA/NCA programming. The scope of this evaluation was divided into three parts including: I) Project Design and Formulation; II) Project Implementation; and III) Project Results.

1.3 Methodology

The methodology of this assignment is designed to meet the requirements set out in the ToR. This methodology provides insights on how the objectives of the evaluation will be achieved in order to focus on the project evaluation through its areas.

1.3.1 Overall Approach

The final evaluation was planned and conducted in ways that enhanced the likely utilization of both the findings and of the process itself to inform decisions and improve performance of the project. The evaluation was conducted, and findings were structured around the evaluation criteria set out by the Development Assistance Committee (DAC) of the Organization for Economic Co-operation and Development (OECD).

The evaluation team conducted evaluation activities in an independent and impartial manner. This final evaluation is intended to contribute to learning and accountability, where the evaluation team were guided by principles of integrity and propriety in conducting this assignment.

1.3.2 Evaluation Instruments:

The evaluation provides evidence-based information that is credible, reliable and useful. Information was mined from the project documents, as secondary information, and as primary information obtained through data gathering activities conducted for this evaluation; most prominently key informant interviews (KIIs), focus group discussion (FGDs), and survey. The findings were validated to large extent through using different evaluation tools and gathering information from the stakeholders and beneficiaries at different levels. To conduct this evaluation the following evaluation instruments were used:

Evaluation Matrix: An evaluation matrix was developed based on the evaluation scope presented in the ToR, the project log-frame and the review of key project documents (see Annex I).

Documentation Review: In order to gain a thorough understanding of the project implemented by the DCA/NCA partners, the evaluation team undertook a document review to gain a better understanding of the project's mission, objectives and implementation progress. In addition, the evaluation team compiled and reviewed the project proposal, final narrative reports, M&E plans and reports to prepare the evaluation tools. (see Annex IV)

Key Informant Interviews: A selected sample of key stakeholders were interviewed ensuring that a proper balance between men and women. 22 semi-structured interviews were conducted using guiding questions adapted for each stakeholder.

FGD with the beneficiaries: To enhance the information collected from the KIIs and for the purpose of triangulation, the evaluation team held six FGDs with the direct beneficiaries. Each FGD consisted of 5-8 participants with proper consideration of gender and geographical representation of the beneficiaries.

Participant Survey: The evaluation team designed quantitative survey using structured interviews that aimed to assess the beneficiaries' satisfaction of the received services and to match the required evaluation purpose and to assess the project evaluation criteria. The evaluation team selected a random stratified sample consisting of 150 beneficiaries who received the project services with considering key aspects related to gender, location, and vulnerability of the households when selecting the sample for survey.

1.4. Limitations and Constraints

The approach for this final evaluation was based on a planned level of effort of two months. The Evaluators were able to conduct a detailed assessment of the actual results against the expected results and successfully determines whether the project met its main objective and whether the project initiatives are likely to be sustainable after completion of the project.

1.5. Evaluation Outputs

This final evaluation report documents the achievements of the project. It starts with an executive summary and includes four chapters. Chapter 1 presents an overview of the project and the context; chapter 2 briefly describes the objective, scope, methodology and limitations of the evaluation; chapter 3 presents the findings of the evaluation; and chapter 4 presents the main conclusions, recommendations and lessons learnt. Relevant annexes are found at the back end of the report.

2. PROJECT DESCRIPTION AND DEVELOPMENT CONTEXT

2.1 Project Development Context

A protracted protection crisis facing women, men, boys and girls continues in the occupied Palestinian territory (oPt), leaving many Palestinians are struggling to live a life with dignity. It is driven by Israel's military occupation, including the blockade on the Gaza Strip, insufficient respect for international law, continuing internal Palestinian political divisions, and recurrent escalations of hostilities between Israel and Palestinian armed groups.¹

2020 has seen a profound deterioration in the severity of the protection risks in the oPt. This has been driven by the outbreak of COVID-19 and related movement restrictions, school closures, job losses and socioeconomic distress. The administrative vacuum, as a result of the PA's halt in coordination with Israel, has disrupted government-run protection services and led to additional challenges.²

Against the backdrop of the deteriorating living conditions, there is an increased need for MHPSS interventions. Of particular concern is the situation in Gaza, where, since the start of the pandemic, there have been 44 attempted suicides involving children, compared to eight in all of 2019. The Protection Cluster estimates that some 198,000 children in Gaza are in need of structured protection and psychosocial support, due to risk of severe and moderate mental health conditions, while nearly 36,000 children require individual case management. Additionally, over 242,000 adults in Gaza, including caregivers, are also in need of various MHPSS services. The pandemic-related restrictions have also exacerbated the prevalence of GBV, including domestic violence, sexual abuse and forced marriage. Lockdown measures have increased the burden on mothers to support their children's online education, on top of their traditional domestic and reproductive roles. Alongside fears about the virus and the financial stress due to the loss of livelihoods, these factors have heightened household tensions, resulting in a spike in domestic violence since March 2020.³

Since March 2020, the already challenged healthcare system in the oPt is experiencing added pressure from the COVID-19 outbreak. The reallocation of already scarce resources to respond to the pandemic, along with the contagion of healthcare workers, has undermined people's access to healthcare. Direct mortality from the virus and indirect mortality from preventable diseases is of major concern. Overall, the pandemic has rendered an estimated 115,000 people in need of health humanitarian assistance.⁴

The redirection of resources from the provision of sexual and reproductive healthcare, obstetric and neonatal care and emergency nutrition services has affected an additional 80,000 vulnerable women and 210,000 children, including 25,000 neonates. A recent study found that many pregnant and lactating women face a double vulnerability due to the combination of obesity and malnutrition, with 28 per cent of lactating women in Gaza experiencing having depleted levels of iron.⁵

¹ OCHA, Humanitarian Response Plan OPT 2021, Issued December 2020

² OCHA, Humanitarian Needs Overview OPT 2021, Issued December 2020.

³ OCHA, Humanitarian Needs Overview OPT 2021, Issued December 2020.

⁴ OCHA, Humanitarian Needs Overview OPT 2021, Issued December 2020.

⁵ OCHA, Humanitarian Needs Overview OPT 2021, Issued December 2020.

Almost all the population in the Gaza Strip, two million people, are negatively affected by ongoing deficits and needs in the WASH sector. This includes 983,623 women and 991,428 children who are exposed to public health risks associated with poor water quality, poor wastewater collection and treatment, lack of stormwater infrastructure and lack of proper hygiene practices. In Gaza, there has been limited operational support for water and wastewater services over the years, due to the electricity deficit; the lack of spare parts; limited infrastructural operation and maintenance; regular interruptions of access to water and sanitation; recent damage to water infrastructure; import restrictions on materials; and decreased funding from donors.⁶

The COVID-19 crisis is having a damaging impact on an already constrained economy struggling to emerge from a liquidity crisis in 2019, making the immediate prospects for the Palestinian people difficult. Necessary measures to contain the Covid-19 crisis have contributed to sharp declines in activity for an economy already facing constraints on movements and access that left it operating well below potential. The constraints have been hollowing out the productive sectors and left the economy reliant on consumption-driven growth. In 2019 this situation was compounded by the liquidity crisis that faced the Palestinian Authority (PA) following the clearance revenue standoff.⁷

2.2 Project Description

Along with many other humanitarian organizations, DanChurchAid/Norwegian Church Aid (DCA/NCA) endeavors to access people in need of humanitarian assistance and protection during crises. DCA/NCA works in Palestine on three main thematic areas: fight extreme inequality, build resilient communities, and save lives. The Objective of DCA/NCA's "Save Lives" theme is: Individuals and communities affected by acute and protracted emergencies able to withstand and recover from shocks and are able to live dignified lives.

The project is a multisectoral humanitarian response that includes 1) Integrated/combined WASH-Nutrition response in Gaza North (Beit Lahia) and 2) GBV response in Middle area and Khan Younis. The project is funded by the Norwegian Ministry of Foreign Affairs and aims at "reducing the risk and prevalence of malnourishment and WASH-related transmissible diseases amongst vulnerable communities as well as to provide immediate and lifesaving multi-sectoral responses to women and girl survivors of GBV". The integrated WASH-Nutrition response aims at improving equitable access to WASH services, while providing nutritional health services for affected children under five years and their caregivers. The GBV response intervention targets women and girls to improve their access to specialized GBV services, focusing on case management, psychosocial support (PSS) while providing legal awareness and counselling.

The project contributes to contribute to the outcome of the Save Lives program of DCA/NCA: "Individuals (rights holders) receive sufficient support from community-based emergency response mechanisms/ service support (food, WASH, GBV, health, etc.); have different livelihoods options; act to be safe.

⁶ HNO 2020

⁷ World Bank, Economic Monitoring Report to the Ad Hoc Liaison Committee, 2 June 2020

Overall goal and outcomes of the project:

Goal: To reduce the risk and prevalence of malnourishment and WASH-related transmissible diseases amongst vulnerable communities as well as to provide immediate ad lifesaving multi-sectoral responses to women and girl survivors of SGBV.

Outcome 1 (WASH-MAAN): Communities affected by crisis demonstrate improved hygiene practices and access lifesaving WASH services appropriate and relevant to their immediate needs.

Outcome 2 (Nutrition – AAH): Children under five and their caregivers (i.e., pregnant and lactating women) improve their nutritional status.

Outcome 3 (GBV - CFTA): GBV Survivors access lifesaving, specialized SGBV services appropriate and relevant to their immediate needs.

Outcome 4 (DCA/NCA): NCA’s humanitarian response operations are environmentally sustainable and in line with humanitarian and accountability principles.

3. EVALUATION FINDINGS

3.1 Project Formulation

This section discusses the assessment of the formulation of the project, its overall design in the context of Gaza Strip.

3.1.1 The Proposal Design

The detailed review of the project proposal revealed a good project formulation with a clear goal, outcomes and outputs and an extended set of indicators to be achieved by the end of the project. However, the proposal didn't include a detailed set of planned activities for each output, which have been expected to lead to the achievement of a set of expected results that can be monitored and measured with sufficient degree of certainty. It is recommended that DCA/NCA and the partners should enhance the depth of the activities details and provide adequate breakdown of outputs into activities with detailed implementation methodology to facilitate the process of monitoring and evaluating the effectiveness of implementation.

In the meantime, the review of the project approach indicates that this project had a large scope with 3 distinct components and it is an ambitious project with a clear response to the national multisectoral humanitarian needs and priorities. The design is realistic, efficient and provides enough opportunity for the partners and beneficiaries involvement. Overall, the project proposal has been used as a “blue-print” to guide the project management team through the implementation of the project.

3.1.2 Needs Assessment

A main strength of the project design is that the project was designed based on rapid needs assessment for the target communities in the most vulnerable areas in Gaza Strip. Furthermore, the project was aligned with the 2030 Sustainable Development Goals (SDGs) - especially the SDG 3 of "ensure healthy lives and promote well-being for all at all ages", SDG 5 "achieve gender equality and empower all women and girls", and SDG 6 "Ensure availability and sustainable management of water and sanitation for all".

3.1.3 Context Analysis

Through document review of the project proposal, the evaluators noted that DCA/NCA didn't describe the general context of the Political, Economic, Social and Technological (PEST) situation to the malnourished children, WASH, and SGBV survivors in the Gaza Strip. Although the PEST context is changeable and the literature is very rich which describes the severe circumstances that affect negatively on the vulnerable communities. The PEST context analysis is very vital to give good background of the overall and specific context and to identify the main problem that the project's invention will address.

3.1.4 Assumptions and Risks Assessments

Risks were identified and presented in the project's risk analysis matrix, which focused on five main risks: legal and security risks, human rights risks, women's rights and gender equality risks, climate and environment risks, anti-corruption risks. 19 Sub-risks were identified at the outset of this project⁸. It's clear that these risks essentially cover all risks linked to the implementation of the project. Also, the mitigation measures were appropriately identified for each risk. However, the evaluation team noted that detailed assumptions were not identified nor presented in the Logical Framework Matrix, which should be part of the project document.

3.1.5 Stakeholder Analysis

The project proposal didn't include a stakeholder analysis matrix or a stakeholder management plan, which should provide a good overview of different social groups and stakeholders that would have been affected by the project's activities and how these participate and benefit from the project. For future projects, The DCA/NCA should prepare a well-structured Stakeholder Management Plan (SMP) and analyze the stakeholders' roles and interrelations with DCA/NCA to achieve the project's goals and activities. The SMP provides a good analysis of the right-holders and the duty-bearers that would have been affected by the project's activities.

3.1.6 Gender Consideration

Gender aspects are evidently managed in the project proposal and with specific gender approach is included in project design with considering the context of Gaza.

3.1.7 Theory of Change (ToC)

Based on the project documentation, the evaluators observed that the DCA/NCA didn't construct Theory of Change (ToC) for the project to identify impact pathways and to imply the transformation of the activities that generate outputs to outcomes and impacts. Though, DCA/NCA has to design ToC for the project to give the big picture of the intended change of the project and to define the long-term goal of the project and the broad strategic areas of intervention.

⁸ Risk Analysis Framework of the Project prepared by DCA/NCA.

3.1.8 Analysis of Results and Resources Framework

The Logical Framework Matrix is clear, detailed and well-defined during the design phase of this project and presents a detailed set of expected results. The review of the overall goal and outcomes indicates a good logical “chain of results”. The project resources have been used to implement planned activities to reach a set of expected (11) outputs, which contributed in achieving a set of expected (4) outcomes, which together contributed in achieving the overall goal of the project⁹.

The outcomes are ambitious but realistic, and the accurate target level of the project objective creates a high feasibility for the project. The results framework includes diverse outputs which are consistently formulated. The matrix also includes a set of (31) SMART indicators with targets to be achieved by the end of the project. These indicators have been used to monitor the performance of the project through means of verification. Several baseline data were not available at the start of the project, but methods to gather this information are presented. The logical framework focused on both the quantitative and qualitative indicators which are important to measure the satisfaction level of the beneficiaries.

3.2 Project Implementation

This section discusses the assessment of how the project has been implemented. It assesses how efficient and conducive the management of the project was to contribute to a successful project.

3.2.1 Adaptive Management

The project has been well managed during the contract period from 1st June to 31st December 2020. The project partners' management team applied DCA/NCA procedures for the implementation of the project's interventions and used an adaptive management extensively to secure the project deliverables while maintaining adherence to the overall project design. The documents review indicates that the project achievements are aligned with the project proposal that was endorsed by the partners. The Logical Framework Matrix has been used as a guidance to implement the project's outcomes and outputs. Efficient implementation teams of the partners were in place, and detailed action plans were guiding the implementation. Capacity building components were conducted for the partners and progress of the project was well monitored, through online meetings with the partners, consultations with the beneficiaries, and progress reports which were reviewed by the DCA/NCA project's officers.

Adaptive management has been used regularly to adapt to a changing context. A particular difficult period for the implementation of the project was June and July 2020 when outbreak the COVID 19 pandemic took place, where the authorities in Gaza imposed lockdown. In response, severe movement restrictions re-imposed on the most affected areas and adopted a series of additional measures aimed at containing the pandemic. These changes continued during the project lifetime which necessitated the partners to modify their action plans through preparing adaptation plans. However, following a few months of uncertainty, the excellent leadership of the DCA/NCA and the partners allowed for re-launching an effective implementation of the project during the last quarter of 2020 and with the use of

⁹ Logical Framework of the Project Prepared by DCA/NCA.

an adaptative management approach, the implementation of the project was able to get back on track. The new management arrangements for multiple projects have provided a better coordination of the project activities, which resulted in greater synergies among these project's components. The review conducted for this evaluation indicates that the partners implementation teams were excellent at managing and adapting to these changes over time.

3.2.2 Partnership Arrangements

In 2020, the DCA/NCA enhanced an effective partnership with two old partners Maan and AAH and established a new partnership with CFTA to serve the SGBV survivors in the Middle and Southern Governorates. DCA/NCA signed a cooperation agreement with each partner that clarified well-defined responsibilities of both DCA/NCA and the partner, identified duration of implementation, the project's objectives and outputs, financing of the project, reporting requirements, international standards, UN Security Council Resolution 1325, code of conduct, anti-corruption clause, procurement, and counter-terror compliance.

The project's partners played dynamic roles and engaged effectively in the implementation of the project's activities. This partnership arrangement was critical for the success of the project. Under the good leadership from DCA/NCA, they brought all partners "around the same table" to discuss progress, challenges and solutions to move forward, while at the same time avoiding overlaps of the project's interventions with other organizations through coordination with WASH Cluster. This approach contributed to the development of a good partners' ownership of projects achievements. Overall, DCA/NCA provided the required guidance to apply DCA/NCA project management procedures such as procurement as well as financial management and guidance for reporting project progress. DCA/NCA played a role of quality assurance over the implementation of the project, ensuring that the required quality measures for project activities were fulfilled.

3.2.3 Monitoring & Evaluation (M&E) Approaches

DCA/NCA M&E Approach

The DCA/NCA's program officers reported that they prepared monitoring visit plans according to the field visits they were implemented. The plans included clear scope of work for the critical project issues to be monitored. However, the evaluation team noted that DCA/NCA didn't prepare a comprehensive M&E plan for the project during the design phase. It is recommended that DCA/NCA should develop an efficient M&E plan during the design phase to be adopted by the project's partners and to facilitate effective measurement of the project's outcomes, outputs and indicators.

During October and November 2020, the DCA/NCA's program officers conducted one monitoring field visit for each partner which were limited due to the COVID-19 restrictions while they intensified the virtual meetings to follow up the project progress and discussed the challenges in the field. The monitoring visits were based on discussions with the project staff and meetings with the beneficiaries and other stakeholders. They used a Monitoring Report Format for Humanitarian Response Projects which were well prepared, reflected the monitoring plans, and provided many recommendations for the

partners to be considered during the project implementation. Also, the DCA's Officers shared the monitoring reports with the partners for feedback and learning process.

CFTA M&E Approach

Based on document review, the CFTA's M&E plan was well structured and listed M&E activities to be implemented during the lifetime of the project. CFTA's M&E officer has a solid capacity to design the M&E plan based on the project log framework. The M&E plan included the main elements: indicator definition matrix, performance indicators, baseline, target, data source, data collection methods, frequency of collection, data collection timing, and responsible persons for data collection, analysis and reporting. The evaluation team noted that CFTA used various effective M&E tools based on quantitative and qualitative methods including mainly: GBVIMS, FGDs with the beneficiaries, satisfaction questionnaire with the target group, pre- and post-tests of the training workshops, list of participants at workshops, and the trainers' reports¹⁰. The evaluation team noted that CFTA analyzed the evaluation data and reflected the findings in the internal and external reports which was submitted to DCA/NCA.

AAH M&E Approach

The AAH's technical consultant reported that AAH prepared a medical M&E plan for each malnourished child to follow up her/his case and conducted pre- and post-test for hemoglobin testing and anthropometric measurements including weight/age, height/age, weight/height to determine the underweight, stunting and wasting cases. Also, technical consultant determined the underweight and nutrition indicators for the targeted children in order to measure their health and nutrition improvement due to the project's services. He stated that his role is to monitor the technical issues of health and nutrition progress to achieve the project' goal and outcomes and he gave advices and instructions for the medical staff to proceed the sever cases. He explained that AAH's project didn't need for a programmatic M&E officer for its short period and it based on a technical health service.

The evaluation team noted that the medical and nutrition staff used Medical Management Information System (MMIS) which recorded all children's profiles and the tests bi-weekly to measure the improvement levels and to prescribe the appropriate medical interventions throughout a three-month period. The medical staff reported that the DCA/NCA developed the MMIS for AAH about three years ago and they used it efficiently through using an electronic monitoring system and facilitated to monitor the cases smoothly. AAH's technical consultant reported that he analyzed the data and prepared internal and external narrative reports.

Maan M&E Approach

The evaluation team reviewed Maan's M&E plan that was designed based on the project's activities rather than the project Logical Framework. It is expected that Maan should monitor and evaluate the achievements of the project outcomes. This plan listed monitoring and evaluation activities that were to be implemented during the lifetime of the project. However, we noted that the M&E plan lacked a set of performance monitoring indicators, baseline, target, sources of verification, and frequency of collection.

¹⁰ CFTA M&E plan for the DCA/NCA project

Maan developed many well designed and effective monitoring tools that can monitor and evaluate the proposed outcomes including pre and post Knowledge, Attitude and Practice (KAP) survey for the health and hygiene awareness/ promotion campaign, post distribution monitoring (PDM) survey of the COVID 19 Kits, monitoring tool for the installation of the sewer line, and PDM survey for the water tanks distribution. Maan trained 12 volunteers to conduct pre and post KAP survey with the beneficiaries. Also, Maan's M&E staff conducted number of monitoring phone calls with random of selected direct beneficiaries to monitor and evaluate the process of the activities' implementation and the beneficiaries' satisfaction regarding the delivered services. Maan's M&E staff analyzed the monitoring data and prepared internal and external reports that reflected good perspectives regarding the project's achievements.

3.2.3 Coordination Mechanisms and Synergies Affect the Project Performance

Coordination between the DCA/NCA's project and other projects inside the partners

CFTA's project team stated that they coordinated between the activities of the DCA/NCA's Project and other projects through referring number of cases to receive health services from Al-Buraij Health Center and other cases to Economic Empowerment Program. The project team reported that they followed the "Manual of Referral Pathway of GBV" which includes integration methods of multisectoral services; besides, they followed Case Management Referral System of Wessal Network to refer each case according to her needs and appropriate diagnosis by the case management officers.

AAH's project team indicated that there was a strong coordination between the DCA/NCA's project and other projects implemented by AAH. The pediatricians referred 4 children with congenital heart diseases for secondary care and 12 children for analysis of HbA2 (thalassemia suspect); these children received medical care at the expense of the AAH.

Maan's project team reported that Maan is working according to program-base rather than project-base; therefore, the project team coordinated with other projects as a complementary approach adopted by Maan to achieve its strategy.

Coordination between the implementing partners

In June 2020 as the project started, the DCA/NCA team held an initiation workshop that involved the three partners' representatives of both program and finance teams. The workshop aimed at enhancing the partners acquaintance about the project proposal and the agreements' terms and conditions. Also, DCA/NCA team shared a communication plan to promote coordination and to enhance discussions between the partners in terms of challenges, lessons learned, experience exchange, progress on referral system, and mobile data collection.

Since WASH-Nutrition is an integrate approach, there was a good coordination between Maan and AAH during the project design to conduct needs assessment for the target community and to identify the target malnourished children. Maan stated that there were many coordination meetings with AAH to exchange information and to modify the project implementation plan due to the COVID-19 pandemic.

AAH's management stated that there was an efficient coordination with Maan to overcome the risk of COVID-19 and to achieve the project's activities within a limited period.

Through FGDs with the beneficiaries of Maan and AAH, many women indicated that they suffer from GBV and psychosocial stress where they live in miserable circumstances. They reported that they need PSS and economic empowerment activities to improve their livelihood conditions. On the other hand, DCA/NCA's project team stated that there was no coordination between CFTA's GBV project's activities and the other activities implemented by Maan and AAH since the partners targeted different areas and different scope of work. DCA/NCA should enhance the coordination and synergies between the partners during the implementation phase through conducting monthly/regular meetings to enhance sharing information and to create referral mechanisms between the three partners and to ensure effective implementation of the project activities.

Coordination with the relevant clusters and key actors.

Firstly, on the DCA/NCA level during the design and implementation phase

The evaluation team conducted three interviews with the concerned UN Clusters including WASH Cluster, GBV WG Cluster, and Health Cluster. The WASH Cluster Coordinator stated that DCA/NCA team coordinated with the cluster during the project's design which respond to HRP 2019, and the project's WASH component was approved by the cluster members. Though, he explained that "DCA/NCA reported regularly on the 4Ws during the implementation of the project; however, there was no coordination by DCA/NCA to follow up with the cluster regarding the implemented activities; especially with regard to response to COVID-19 kits. The project scope was changed without informing nor reporting the cluster about the new changes which caused confusion for the WASH cluster and this change showed that there was no communication during the implementation of the project either by DCA/NCA or Maan". He clarified that "on 29th Dec 2020, Maan's project officer informed the WASH cluster that there is a response to COVID-19 and an immediate confirmation was needed at the time as the project is about to end, all this was without any earlier alert, which was considered to be a very weak coordination from DCA/NCA". He stated that "there was disappointment about the DCA/NCA project's components changes and the lack of information sharing regarding the COVID-19 Kits". He indicated that the WASH activities were being deployed and coordinated between the cluster's members, therefore, there was no duplication with other similar interventions in the same target area.

Through interview with the UNFPA's GBV sub-cluster coordinator, she stated that DCA/NCA and the partner CFTA didn't coordinate with the GBV cluster during the design phase which caused concern for the cluster since the DCA/NCA implemented GBV project for the first time in Gaza Strip. She explained that CFTA's GBV representative didn't share information with the GBV cluster regarding the DCA/NCA partnership, rather presented the implemented activities without referring to the new donors or new partnership. This statement corresponds with what was indicated by the CFTA's GBV representative in which she shared general information of GBV program which is funded by many donors and international partners and she didn't disclose the GBV activities according to the donors. However, the GBV sub-cluster coordinator reported that CFTA is an active member and participated in the meetings of the cluster and has strong technical capacities to implement the GBV activities and considered one of the main providers

of case management services according to the Manual of Referral Pathway of GBV Cluster and they worked according to the new updated SOPs.

Regarding the coordination with the GBV sub-cluster during the design phase, the DCA/NCA project officer explained that she wasn't involved at the project's design phase in which she had been charged with the project in August 2020. Once she supervised the project, she coordinated with the Protection, MHPSS, and GBV clusters and shared with them details about the project's donor, partners, goal, activities and localities. The DCA/NCA project's officers reported that the three partners are active members at the cluster and shared information through filling the 4Ws database.

The evaluation team conducted an interview with the Health Cluster Coordinator, who stated that he didn't have any background about the DCA/NCA project and he couldn't remember if DCA/NCA coordinated with the health cluster during the design phase. He asserted that DCA/NCA team didn't share information regarding the project implementation. On the other hand, the DCA/NCA's team stated that they coordinated with the Health Cluster but they didn't provide any evidence or supporting document that verify the DCA/NCA coordination with the Health Cluster. On the other hand, AAH's management reported that they shared information with the Health and Nutrition Clusters during the implementation and they are active members and participated in all meetings conducted by the cluster.

Secondly, the partners coordination with the key actors during the implementation phase

CFTA networked and coordinated with 43 CBOs members at Wessal Network and through Women Health Center to reach the target groups and to conduct the project SGBV activities in the target localities. Also, CFTA coordinated closely with MoH and Ministry of Interior (MoI) in the targeted areas and considered their guidelines and protocols related to the GBV and health provision specially before launching the orange mobile campaign carried out during the 16-Days campaign.

AAH's management pointed out that AAH coordinated with the MoH to obtain official authorization and AAH is a registered hospital and works according to its bylaw which enables them to implement the project directly in Al-Shayma area. AAH delivered the project's activities in accordance with the local protocols of MoH for nutrition care. AAH coordinated with the partner CBOs through the community engagement committees in Al-Shaima area to ensure the representation of the different community groups.

Maan kept close coordination with Beit Lahia Municipality during the design phase to identify the WASH needs of Al-Shayma area and to determine the location of the sewer line with considering the needs of the targeted community, as reported by the representative of Beit Lahia Municipality. Maan's management stated that they coordinated with the MoSD to identify the families who were infected by COVID-19 and home quarantined.

3.3 Project Results

This section discusses the assessment of project results, how project is relevant to the needs of the beneficiaries, how effective was the project to deliver its expected results, how sustainable these achievements will be over the long-term, and what are the remaining barriers limiting the effectiveness of the project.

3.3.1 Relevancy

The project relevancy to the needs and priorities of the rights-holders

The project is highly relevant for the target groups of women, men, girls and boys where they live in a protracted protection crisis of economic, political and health deterioration facing the Gazan community. Also, the project targeted the most marginalized and vulnerable areas in the Gaza Strip where almost all the population in the Gaza Strip are negatively affected by the ongoing deficits of water and needs to proper WASH services.

The project nutrition component is highly relevant to the needs of the vulnerable children. The HNO 2020 indicates that a total 324,143 children in Gaza under the age of five suffer from micronutrient deficiencies, including seven out of ten of children under the age of five. The project activities considered the priorities of the children with considering Gaza context where there are about 36,400 children facing access restrictions at a higher risk of having a watery or bloody diarrheal disease and respiratory infections.

Furthermore, the project GBV activities are relevant to the needs and priorities of the vulnerable women and girls who suffer different types of GBV in Gaza Strip. The COVID 19 pandemic-related restrictions have also exacerbated the prevalence of GBV, including domestic violence, sexual abuse and forced marriage.

It's evident that the project's interventions with the three-components emerged from the national priorities which eventually enhance the partners' capacities to respond to the humanitarian needs of the direct beneficiaries. The DCA/NCA's Project Officers stated that the project was formulated on the basis of a good review of OCHA HNO 2019 which presented the main needs for nutrition, WASH, and GBV in Gaza Strip.

In addition, DCA/NCA are contributing to the implementation of the SDGs in several ways. DCA/NCA provides humanitarian assistance and works for long-term development. Furthermore, the project was aligned with the 2030 Sustainable Development Goals (SDGs)-especially the SDG 3 of "*ensure healthy lives and promote well-being for all at all ages*", SDG 5 "*achieve gender equality and empower all women and girls*", and SDG 6 "*ensure availability and sustainable management of water and sanitation for all*"¹¹

¹¹ <https://sdgs.un.org/goals>

Relevance to DCA's strategy

The project is relevant and appropriate as regards DCA International Strategy (2019–2022) where the project goal and outcomes are aligned with the DCA's mutually reinforcing global goals. Also, this project is consistent with the DCA's Strategic Objective 2022 "*DCA's protection programming in humanitarian response combines multiple components of Armed Violence Reduction (AVR), Psychosocial Support (PSS); Mine Action (MA) and Gender based Violence (GBV) as needed*".¹²

Relevance to NCA's strategy

The project is relevant to the NCA Global Strategy Faith in Action (2019) where NCA has two long-term goals: "*to save lives and to seek justice, which together define our work towards a more just world*". NCA works to create safe and resilient communities to protect and save the lives of people living in extreme poverty, fragility, and emergencies.¹³

Relevance to DCA/NCA partners' strategies

The evaluation team reviewed the partners' strategic plans which reflected high relevance and consonance with the project's goal and outcomes.

CFTA's Strategic Plan (2016-2020) is relevant to the project's goal and outcome (4). CFTA Strategic Objective (2) is "*Empowering children, youth, women and those with disabilities. To assume the role of agents of change in their societies*" through improving the physical and mental health of women and girls, and those who grad them with disabilities, and making them aware of their rights, especially those who have experienced or are experiencing gender-based violence¹⁴.

AAH's Strategic Plan (2018-2020) is in line with the project's goal and output (6.5). AAH's vision indicates "*AAH works to provide the finest medical care possible under the most adverse circumstances to the poor of the poorest, marginalized, vulnerable, internally displaced people, and refugees whose livelihood are threatened by the effect of disasters*"¹⁵.

Maan's Strategic Plan (2016-2020) is in alignment with the project' goal and outcome (3); it shows that the first strategic objective is "*To improve livelihood outcomes for poor and vulnerable households*"¹⁶.

Relevancy to the needs of beneficiaries

The relevancy of nutritional health services delivered by AAH: the results of the structured interviews with 50 caregivers of malnourished children showed that the project activities are highly relevant to their children's needs with a total average 89%. These results indicated that the project's nutritional health services are very relevant to the needs of the malnourished in which AAH conducted screening for children under five through outreach activities during the project design.

¹² DCA International Strategy (2019 – 2022)

¹³ NCA Global Strategy Faith in Action (2019)

¹⁴ CFTA Strategic Plan (2016-2020), May 2015.

¹⁵ AAH Strategic Plan (2018-2020), June 2017.

¹⁶ Maan Strategic Plan (2016-2020), December 2016.

The relevancy of GBV response services implemented by CFTA: the results of the structured interviews with 50 beneficiaries showed that the project's activities are highly relevant to their needs with a total average 83%. These results indicated that the project's SGBV activities are highly relevant to the needs and priorities of the beneficiaries. Also, the survey results showed that case management activities are relevant to the GBV survivors' needs and priorities. These results indicated that CFTA's GBV activities were designed based on the needs and priorities of the target groups through involving them in the rapid needs assessment during the project design.

The relevancy of WASH and Hygiene services delivered by Maan: During FGD sessions that were held with two different groups from Beit Lahia, one from Al-Shayma and the other from Al-Hatabyea, the participant women reported that WASH activities are mostly needed in their areas, as they have suffered from water shortage and lack of sewage line connection. They mentioned that a big number of the family members live in one building and share one roof storage tank, hence not everyone receives the sufficient amount of water. Also, most of them still don't have connections to the project's installed sewer line; they have still used traditional sanitation means, such as the use of wells to drain sewage water, which is filled monthly and costs them to empty the drain, and often these wells are filled and flooded in the area, causing diseases and the spread of insects and epidemics. However, the sewer line has been installed but Maan couldn't install sewage HH connections due to COVID restrictions. Coordination with Beat Lahia municipality and other WASH actors has being done to consider the WASH needs of Al-Shayma area to install the HH sewage connections.

Maan reformulated hygiene promotion activities the activities of this component and adapted it to the new circumstances due to the COVID 19 pandemic that has spread in the Gaza Strip since August 2020. Accordingly, all activities of the field health awareness sessions have been transformed into a digital campaign through social media and radio station. All participant women in the FGDs stated that they didn't receive hygiene promotion activities actually through Facebook, WhatsApp, Mobile SMS, and radio spots in which they didn't have previous knowledge about the implemented hygiene promotion activities by Maan. Accordingly, the caregivers couldn't evaluate the relevancy of the digital hygiene promotion campaign which decreased the percentage of the total average of the relevancy dimension. Although Maan conducted KAP survey which showed the relevancy of the hygiene promotion activities to the needs of the target groups. Therefore, Maan should design more effective hygiene promotion activities that reach the target beneficiaries through identifying the most appropriate online activities that the beneficiaries have access and providing the beneficiaries with information on the promotion tools and links.

On the other hand, they stated that the content of the brochures, which were distributed with the COVID 19 family hygiene and cleaning kit, was 80% relevant to the needs of the family members. Also, they mentioned that COVID 19 family Hygiene and cleaning kit was 88% relevant to the needs of the family members.

The activities targeted the right target groups and communities

GBV Activities: based on document review of the project proposal and the interview with the CFTA project team, they reported that the target groups were selected according to predesigned criteria

approved by DCA/NCA. The project's activities targeted the most vulnerable groups of women and girls who are living in the Access Restricted Areas (ARA) and other marginalized communities. They added that the project gave priority to GBV survivors, women with disabilities, divorced women, widows, elderly women and women suffering from severe economic circumstances. In addition, they stated that the project targeted men and boys, the relatives of the targeted women and girls of the project, as the approach of the project is gender responsive where change can't be made by women and girls alone.

Nutrition Activities, the project targeted the right target groups including 600 malnourished children (sever and moderate wasting, stunting, underweight), after conducting a screening for 1576 (969 males, and 607 females) children under five years. In cooperation with Maan, AAH targeted Al-Shaima Area in Beat Lahia as classified a vulnerable area by WASH cluster. AAH planned to screen 1100 children under five years from Al-Shaima Area, the screening process diagnosed only 200 children suffering from malnutrition from Al-Shaima; therefore, AAH expanded the target community of the surrounding areas including Al-Manshia and Al-Hatabia areas in order to reach the target number of the malnourished children.

WASH-Hygiene Activities, Maan targeted the right target community of Al-Shayma in Biet Lahia - in cooperation with AAH to receive WASH services and in coordination with WASH cluster, and Biet Lahiya Municipality during the proposal design phase. Maan, also, targeted the right target groups in Al-Shayma area based on the rapid needs' assessment conducted by AAH in Sep 2019. Also, Maan provided hygiene kits to respond to COVID 19 pandemic for 478 families of the malnourished children who were identified by AAH as the main target group of the project. In addition, Maan in full coordination with MoSD distributed COVID-19 hygiene kits to other 2044 quarantined families in Gaza Strip due to the infection of COVID-19 and were forced to stay at homes.

Cross-cutting issues

A range of cross-cutting issues includes gender, participation, protection, environment, and human rights were assessed as part of this evaluation. This section discusses how effectively DCA/NCA and the partners has met the project's goal in relation to cross-cutting issues. The evaluation is expected to assess the project's alignment with the principles of these cross-cutting issues.

From a review of the project proposal and log frame, these themes appeared as key components to be addressed by the project. The project rationale cites high priority of gender sensitiveness and protection of the vulnerable communities. Also, the project overall goal and outcomes indicated these cross-cutting issues. The proposed response is aligned with NCA's and NMFA's Humanitarian Strategy, *'Support for lifesaving basic health services is an important element of Norway's humanitarian efforts, as well as protection against SGBV is given a high priority'*¹⁷.

Therefore, there were some activities and accomplishments around these issues that were reported in the final progress reports of the partners. Together with the primary data gathered through the FGDs and the interviews by the Evaluation Team, the following analysis was done.

Human Rights-Based Approach

¹⁷ The Project Proposal

Through review of the DCA Strategic Plan, DCA has an organizational commitment to respect internationally recognized human rights-based approach through all their operations, relations, and engagements. DCA is committed to further participation of the poor and conflict affected communities and influence the development of their own communities, regardless of their gender, ethnicity, age, religion or other characteristics¹⁸.

The partners managements reported that they adopted and respect the human rights-based approach through the DCA/NCA's project implementation phase and through targeting the most vulnerable communities. Also, the participant women in the FGDs stated that the partners' team treated them with full respect to their dignity, privacy and respond to their needs.

Gender Equality and Participation

DCA/NCA and the partners reflected and integrated gender equality aspects in the project proposal with specific a gender approach included in project design. DCA/NCA addressed gender equality both as a crosscutting issue in all their works and through targeted interventions aimed at addressing specific gender equality issues such as barriers to women's political participation, women's economic participation, protection against gender-based violence, the active involvement of men and boys to foster gender equality. Furthermore, the partners reported that this project enhanced and considered gender equality where women, men, boys and girls were given equal opportunities to benefit from the project's activities with no discrimination.

The evaluation team reviewed the CFTA's strategic plan where the strategic goal is "*enhancing gender equality through empowering children, women and youth by providing protection, educational and health services, human rights awareness, and attention to achieve equality between females and males and persons with disabilities*". CFTA's project team stated that CFTA developed a gender mainstreaming and PwDs inclusion approaches to be used in all projects' interventions.

AAH's project consultant reported that AAH provides general medical, surgical, and pediatric services, as well as several special programs; care for elderly women, with emphasis on cancer detection and prevention; mobile clinics that provide food and medical care for vulnerable children, women and men who lack the basic necessities and have no proper access to health services. Also, Maan's Program Manager indicated Maan's values, beliefs and principles support women's rights, equality and equity through recognizing gender differences and the specific needs of women is an integral part of their programming.

The figures of the project showed that the project targeted 57% females (women and girls) while targeted 43% males (men and boys).

¹⁸ DCA International Strategy (2019 – 2022)

Table (1) gender disaggregation of the beneficiaries was reached by the project partners

Partner/Response	Females	Males	Total
AAH/ Nutrition	2299	301	2,600
Maan/ WASH	9273	9406	18,679
CFTA/ SGBA	2757	1091	3,848
Total	14,329	10,798	25,127
Percentage	57%	43%	100%

Source: Adapted from the partners' final reports and information collected during the field mission

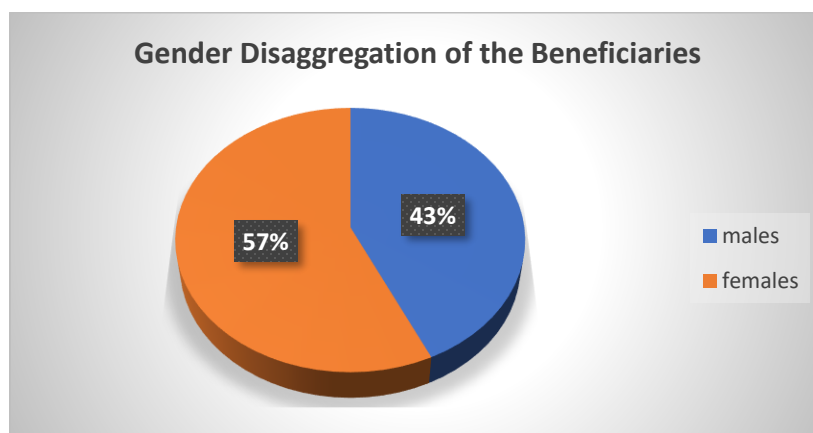


Chart (1) Gender Disaggregation of the Beneficiaries

Environmental Protection

The evaluation team noted that DCA/NCA gave high priority to the environment protection during the design of the project proposal in which outcome (7) indicated "NCA's humanitarian response operations are environmentally sustainable and in line with humanitarian and accountability principles"¹⁹. Also, DCA/NCA considered climate and environment issues in the risks analysis matrix and gave high concern for environment protection through the project's operations and activities with the partners and the beneficiaries. DCA/NCA and Maan coordinated with the Biet Lahia Municipality to enhance quick response to any unexpected damage in existing water and sanitation infrastructure that may harm environment. DCA/NCA and Maan developed an Environmental Management Plan for WASH component to highlight the possible environmental and social impacts of the infrastructural subcomponents, and inform an environmental management plan to manage, mitigate and monitor any possible negative impacts on the environment. However, Maan couldn't implement the Environment and Social Impact Assessment (ESIA) because of the COVID-19 pandemic which imposed high restrictions on Maan staff mobility in Al-Shayma Area to conduct the needed field assessment.

Maan Project Officer reported that Maan established Environmental Protection Program and worked to reduce the negative environmental impact of their operations and programs to the extent possible, and

¹⁹ DCA/NCA Project Proposal

always work to render them environmentally friendly. He clarified that the DCA/NCA's WASH activity aimed to reduce the exposure of the target households to risk factors like unsafe water, substandard sanitation conditions, and unhygienic environments. The evaluation team noted that the WASH interventions contributed significantly to minimize the surface over flooding of the sewage from the cesspits which in turn supported for a well-protected environment and enhanced public health for the population in Al Shayma area. Also, Maan delivered water tanks were made of High-Density Polyethylene (HDPE), is known as "a food-grade plastic that is safe for storing". Thus, it is very safe to preserve food and store water, as it doesn't transfer any harmful or chemical substances to the food or drinks stored in it. Also, Maan provided hygiene messages related to water safety, water rationalization, and safe waste disposal procedures which aimed to enhance the environment protection in the targeted communities.

AAH took into consideration environment protection through hazardous waste management in cooperation with the MoH. Moreover, AAH maintained green spaces around the hospital to protect the environment. AAH used disposable containers for medical waste disposals such as sharps, syringes, swap, gloves, laboratory tubes which sent to MoH incinerator. AAH implemented the MoH National Infection Prevention and Control Protocols that include a component about effective waste management and has checklist to ensure the proper use of the infection prevention and control protocols by the staff and compliance to the protocol.

CFTA's project team stated that environment protection is of the main values for CFTA and they encouraged the beneficiaries to practice environmental protection through waste recycling of wood and paper to create artistic pieces. Even while using the disposables like masks and gloves used for the protection from corona, the targets got information on how to get rid of the disposables in a healthy and protected ways.

The evaluation team noted that the partners' reports reflected these cross-cutting issues and how the project considered the themes of gender, protection and participation throughout the project implementation phase. The DCA/NCA monitoring reports also covered how these issues were being addressed and what accomplishments are being achieved towards addressing these issues.

Overall, the project was conceptualized and planned within the 'needs-based approach' and 'right-based approach' to programming that was still the dominant approach among the implemented partners during project design and implementation phase. Consequently, the project implementation plans were developed within the needs-based framework. The partners stated that the project didn't have negative consequences on its surroundings including: environment, women rights and gender equality, participation, accountability, and non-discrimination.

UN Security Council Resolution 1325

The evaluation team reviewed "*The National Strategic Framework for the Implementation of UNSCR 1325*" prepared by the Palestinian Ministry of Women's Affairs, April 2015. The framework indicated that the UNSCR 1325 is considered of a great importance and relevant for the Palestinian context in which the resolution addresses the impact of war on women and the necessity of women's full and equal participation in conflict resolution, peacebuilding, peacekeeping, humanitarian response and in post-

conflict reconstruction²⁰. Also, the project goal is in line and compatible with the UNSCR 1325 which gave high priority for protection mechanisms against SGBV and empowering the vulnerable women and girls through the provision of holistic, survivor-centred lifesaving services that protect and ensure the well-being and recovery of survivors. DCA/NCA gave high attention for the UNSCR 1325 which was an essential item in the cooperation agreements between DCA/NCA and the partners that indicated perceptibly "*NMFA as a back-donor requirement that all partners shall provide a statement on how the intentions of UN Security Council Resolution 1325 on women, peace, and security "s/res/1325 (2000)", have been addressed in the project*"²¹.

Through interviews with the partners' management and the project team, the evaluators noted that Maan and AAH weren't acquainted with the 1325 resolution and they weren't aware that the resolution is part of the cooperation agreement that they should address in the project activities. Whereas CFTA was full conversant with the resolution through their work with UN Women and CFTA was a member of the national committee that developed "National Strategic Framework for Implementation of the UNSCR 1325". CFTA through SGBV response worked extensively to address the intentions of the 1325 resolution through the project's activities. CFTA enhanced the capacities of the active women in the middle and south governorates to participate effectively in the local emergency committees of COVID-19 to respond to the needs and priorities of the vulnerable women who had to spend about three weeks in the quarantine at homes. Also, CFTA's project provided many comprehensive services including Psychosocial Services PSS, legal support, life skills training, and case management.

Moreover, Maan and AAH through WASH-Nutrition interventions targeted women as caregivers of the malnourished children. Maan and AAH promoted the caregivers' awareness to improve the children's nutrition, hygiene, safety and health situations through provision of COVID 19 and hygiene kits, needed medication, supplements and de-worming.

The evaluators reviewed the partners' strategic plans which didn't refer to the resolution directly; nevertheless, the partners' plans considered the four basic pillars of the resolution: Participation, Protection, Prevention, and Relief and Recovery. The partners work to enhance the women's rights and gender equality through participation in the decision making, response to their needs and inclusion of women in the project's design and implementation of the activities.

The DCA/NCA conducted a training workshop on "The Humanitarian Principles and UNSCR 1325" that took place both physically and via zoom on 23rd and 24th December, 2020. The training was supposed to discuss the UNSCR 1325 with the partners; however, the trainer didn't discuss the 1325 resolution with the participants and stated that he'll provide the participants with links about the resolution to read them. The trainer assessed the training where the participants, who attended the training physically, assessed the training positively and they were very much satisfied. The evaluators interviewed number of the participants in the training; they reported that they didn't receive any training materials nor links about the resolution and they expected that the trainer should discuss the resolution according to the training agenda. On the other side, the participants through Zoom stated that the

²⁰ The Palestinian Ministry of Women's Affairs, "The National Strategic Framework for the Implementation of UNSCR 1325", April 2015.

²¹ DCA/NCA Project Proposal

trainer didn't involve them in the training activities where limited opportunities were given to the participants who participated remotely. They indicated that the training through zoom weren't effective and they thought the training's objectives weren't achieved. It is recommended that DCA/NCA should enhance the capacities of the partners to address the UNSCR 1325 in their strategic plans, projects and how to apply its principles in the project cycle management.

The Humanitarian Principles

The evaluators reviewed the strategic plans of the partners which considered Human rights and the humanitarian principals as main references for building their strategic plans. **CFTA's** philosophy is built on the principles of human rights and inclusive participatory approach to response to the community needs including women, men, girls and boys and considered them as change agents. **Maan's** vision is that "*Palestinians enjoy a decent life, are steadfast on their land, committed to their homeland, self-reliant, and leading their communities, based on respect for plurality, rule of law, social justice and human rights.*" **AAH's** philosophy focuses on how to contribute effectively to the advancement of health situations through commitment to the following strategic values: integrity, quality of services, excellence, dignity, equity and equality for all people and staff are treated fairly regardless their religion, race, gender, political affiliation or social class.

Through FGDs with the beneficiaries, they reported that the partners' team provided them the relevant services to their needs with respect to their dignity. The AAH's beneficiaries stated that the medical care team treated them well and paid attention to follow up their malnourished children to receive the appropriate services. Also, the CFTA's beneficiaries pointed out that CFTA's team considered their needs through participation in needs assessment and considered confidentiality and privacy during the individual and group counselling sessions. Maan's beneficiaries indicated that Maan installed the sewer lines and provided COVID-19 and hygiene kits as a response for their needs without discrimination.

The partners reported that their organizations are independents and non-political affiliated serve the needs and priorities of the vulnerable and marginalized communities based on humanitarian programmes that targeted children, caregivers, and SGBV survivors without any discrepancy of the people in need. DCA/NCA and the partners doesn't deliver humanitarian assistance with any religious or ideological agenda attached to it (impartiality), but on a humanitarian basis.

On 23rd and 24th December, 2020, the DCA/NCA conducted a training workshop both physically and via zoom on "The Humanitarian Principles and UNSCR 1325" to enhance the capacities of the implemented partners to address the humanitarian principles. The evaluation team leader observed that the participants have a good background of the humanitarian principles and implemented them throughout their projects.

The operational challenges that face partners to implement the Humanitarian Principles in their operations

Through interviews with the CFTA¹ management, they stated that the project's team was committed to implement the humanitarian principles in their operations through holding an orientation session for the project's team on the principles. The CFTA's management indicated that the community needs and requirements were much greater than the project sources, especially the vulnerable women's needs where CFTA faced a challenge to identify which groups were the most in need in the process of determining priorities. She added that the project's duration was insufficient in addition to the conditions of mobile restrictions and imposed quarantine. She clarified that the project's team overcome these challenges through provision of dignity kits that considered the women' needs in the quarantine centers and provision the PSS and life skills for women who faced violence by their families during the most critical time.

AAH's management reported that they didn't face any operational challenges to implement the humanitarian principles but AAH hired two doctors to follow up the malnourished children and scheduled the visits of the caregivers to the AAH to receive the appropriate services with considered the precaution procedures. Also, AAH decreased the number of caregiver visitors in the same day and paid their transportations to attend on time.

Maan's management referred that the project team didn't face operational challenges to implement the humanitarian principles; however, they were keen to respond to the needs of the beneficiaries in the quarantine conditions. Maan's team were committed to implement the project activities despite of the hard conditions through conducting on-line hygiene promotion campaign.

The project lived up to the humanitarian accountability principles and benchmarks

In practical terms, the evaluators discussed with the partners' management the humanitarian accountability to beneficiaries through five components: 1. participation, 2. beneficiary feedback and complaints mechanism, 3. sharing information, 4. evaluation, learning and continual improvement, and 5. the attitudes of the partners' staff.

1) Participation: community participation is a stated principle in all partners strategies and procedures. The partners pointed out that they paid attention to involve the beneficiaries during the project design and implementation phases through responding to their needs which was consistent with the feedback of the project's beneficiaries during FGDs. Also, the partners AAH and Maan targeted Al-Shayma Area in coordination with the stakeholders including WASH cluster and the municipality of Beit Lahia. Also, Maan monitored the changing needs during project implementation where there was flexibility by the DCA/NCA to modify some activities to respond to the COVID-19 needs. CFTA's project team pointed out that the beneficiaries were the main players in the project activities through identifying their needs and participated actively in the activities' implementation. Also, AAH reported that they adopted participatory approach and community engagement in planning of project's activities with considering the needs of the malnourished children and their caregivers.

2) Beneficiary Feedback and Complaints Mechanism: all the partners reported that Complaint Mechanisms were in place to create open and interactive communication channel with the project's beneficiaries to ensure quality of services and guarantee their right of expression. On the other hand, the beneficiaries stated that they are aware of the complaints mechanism through reading the brochures that were disseminated by the partners which indicated phone number for complaints. The surveyed beneficiaries indicated that they didn't write any complaint during the project lifetime.

3) Sharing Information: the partners stated that they share key information regarding the implemented activities, the targeted localities and the number of beneficiaries with the UN clusters. Also, the partners shared information with the beneficiaries regarding the project's goal, outcomes and activities at the start of the project. However, the project progress reports, monitoring data, budget information and expenditure reports weren't publicly available nor disseminated through the clusters or the beneficiaries.

4) Evaluation, Learning and Continual Improvement: the partners' systems to publicly disseminate evaluation reports or ensure these reports feedback into improved practices is lacking. Project reviews/evaluations are carried out depending on donor requirements. Also, the DCA/NCA didn't conduct after-action reviews and lessons learned workshops with the partners and the stakeholders to review the project's achievements and challenges and to conclude lessons learned to improve the interventions in the future.

5) The attitudes of the partners' staff: Responses varied widely to questions concerning staff awareness of their "accountability responsibilities", mainly due to the wide variation in understanding of accountability. The partners' management pay high concerns to the appropriate attitudes and behaviors of the staff with the beneficiaries through the Code of Conduct. The projects' beneficiaries stated that the projects' team treated them with dignity and respect to their needs and privacy, listened to their perspectives, and showed patience. The beneficiaries stated that the partners' staff didn't abuse their positions by asking for any kind of favor from the beneficiaries in return for the assistance.

3.3.2 Efficiency:

Despite the fact that it is always difficult to analyze the cost-benefit of such projects, the review of all management elements of the project confirms that the implementation of the project was an efficient operation that created a good value for money. The prudent approach to engage project funds was translated into good value for money and the use of adaptive management allowed for the identification and implementation of activities that were very responsive to immediate needs of the beneficiaries, and the need to achieve the expected results.

Overall, the efficiency of the project was the result of a well-managed day-to-day activities. Using a participative approach and a good transparent communication approach, project activities were implemented with a good engagement of stakeholders and the beneficiaries and clear management procedures. The excellent relationship between the DCA/NCA project management and the partners also contributed to an efficient implementation.

The project's resources have been converted to results

The three partners are well-known with good reputations and are considered leading organizations in the community who have profound expertise "know-how" of the managing multisectoral projects. The evaluators noted that the partners' project management and staff are very competent and have strong technical capacities to deliver efficient interventions for the vulnerable communities. Additionally, each partner has the specialized programs with the pertinent mandate and systems to implement the project of such a scale. Also, each partner has sufficient number of the project staff including management, technical, field workers, M&E and financial which contributed to attain the project's outcomes and outputs as designed.

Review of the financial documents indicated that the partners utilized the financial resources efficiently to achieve the project's outputs through the optimal use of resources vis-à-vis the quality of outputs and project delivery. The evaluators noted that the budgeting of activities needed to be broken down to a more detailed allocation for activities. The budgeting was conducted in a lump sum fashion for some activities. It is recommended that the DCA/NCA and the partners should include break down of the budget's items to a level of detail that allow for an in-depth analysis of the various aspects of financial efficiency.

Maan reported that three budget amendments occurred during the project period; accordingly, Maan carried out many changes on the activities' levels for the best utilization of the financial resources. Also, Maan's management reported that no significant variances from the last revised budget have occurred, Maan kept close-follow up for the project expenditures to ensure that the expenditures are aligned with the approved budget and with the DCA/NCA financial guidelines.

CFTA reported that there is no key financial deviation to be mentioned, all changes requested by CFTA was approved by DCA/NCA according to their financial and procurement procedures. CFTA reallocated some budget items with a total \$36,450 to address the emerged needs of COVID-19 pandemic through providing dignity kits for the women at homes and centres quarantine.

AAH stated that AAH was committed to the project agreed budget according to the final amendment due to the shorten of the project period. AAH increased number of beneficiaries from 550 to 600 malnourished children and hired an additional pédiatre to meet the needs of the children in a short period. Also, AAH procurement was according to low prices with best qualities through competitive bidding process.

The project's outcomes and outputs were designed to be implemented during 9 months; however, the project faced some delays and rescheduling the activities due to delay of signing the project agreement between DCA and NCA as well as COVID-19 restrictions that led to increase workload from September to December 2020. The project's partners had efficiently managed the delay by updating the detailed adaptation plans and by monitoring the delayed activities with priorities of implementation. Generally, they ensured a good balance between the quality of the implementation and the delivery of services within the time constraints. Moreover, the project has been efficient in terms of exceeding the outcomes and the output targets, based on the figures reported in the partners' final narrative reports. It has also

been efficient in terms of achieving the planned activities within the planned timeframe without the need for an extension. It is recommended that DCA/NCA to have consideration for planning for at least a 10-month timeframe for the similar scope of work is recommended in future relevant interventions.

3.3.3 Effectiveness:

The review of achievements of the project indicates an effective project; it is on track to deliver its expected results by end of 2020. The project was able to achieve what it was intended to achieve. As discussed in Section 3.2.1 the project used adaptive management extensively to provide flexibility in the project's approach working with the partners and stakeholders and adapting to changing conditions. Also, as discussed in section 3.3.1, the project is a clear response to national needs and, with stakeholders engaged in all project activities, the project enjoyed a good national ownership.

The assessment conducted for this final evaluation identified three critical success factors that explain this effectiveness: (i) the project was well designed, responding to national needs and benefitting from a good engagement and participation of the stakeholders; (ii) a good leadership from DCA/NCA and the partners to implement the project through adapting the project resources to respond to the national emergency of COVID-19 and to support the partners to quality control with considering the beneficiaries' priorities; and (iii) a good flexibility (using adaptive management) in allocating the project resources and implementing activities to be able to respond to the beneficiaries' needs and changes. It is worth noting here that despite short period, emergency situation and mobility restrictions, the project was able to deliver its expected results on time and based on budget.

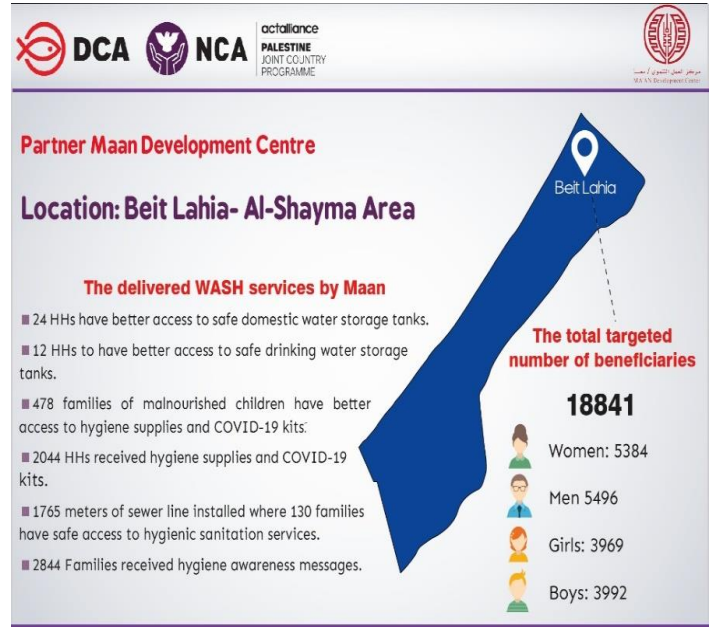
Effectiveness of the Outcomes Achievement:

Outcome 3. Communities affected by crisis demonstrate improved hygiene practices and access life-saving WASH services appropriate and relevant to their immediate needs.

Through the FGDs and KIIs with Maan's project team, stakeholders and the beneficiaries and based on the documents review of the logical framework and the progress reports, the evaluators concluded that the **project's outcome (3) has been achieved entirely where all the target indicators were met and the intended population was reached as planned (see annex II)**. Here are the analysis results of the effectiveness of achievements of the project's outcome (3) and indicators as the following:

Achievements: the final report showed that the **outcome (3) was totally achieved** in which Maan conducted end-line KAP survey with sample of the project beneficiaries. The results showed that the project targeted 18,679 individuals (5352 Women; 5464 men, 3921 girls, and 3942 boys, including 597 PWD) through the hygiene awareness activities where about 800 HHs from Al Shayma area and 2044 HHs who were forced to home quarantine received hygiene kits. The achieved target exceeded the planned numbers due to the saving that resulted because of the currency exchange rate and the fair bidding process to ensure quality with competitive prices. The distribution of COVID-19 kits (2522 HH's, 16038 individuals) including 478 families of malnourished children in the project targeted localities in close coordination with AAH and 2044 vulnerable families who have COVID-19 cases and were forced to have home quarantine.

The families were selected in close coordination with MoSD. Installation of 1,765 meters sewer line that serves 130 families (883 individuals: 248 Women; 245 men, 193 girls, and 197 boys, including 36 PWD) who are located in Al-Shayma area in close coordination with Beit Lahia municipality. Maan distributed functional and safe roof storage tanks (1000 liters' capacity) for 24 families and distributed functional and safe Potable water storage tanks (200 liters' capacity) for 12 families selected from the Al Amal area which was targeted by the DCA/NCA project in 2019. The 36 families (162 individuals including: 32 Women; 32 men, 48 girls, and 50 boys, and 3 PWD) were on the waiting list and didn't receive water tanks due to the lack of adequate resources in 2019.



Concerns:

Maan stated that they used the content of COVID-19 kits which prepared by WHO and coordinated with WASH cluster to approve the content of the kits. However, the beneficiaries from Al-Shayma and Al-Hatabia targeted areas reported that the COVID-19 kits were sufficient for one month only comparing with the needs of the family members. The beneficiaries pointed out that they weren't involved in the needs assessment of the COVID-19 kits hence it was noticed that some necessities were not included in the hygiene kits such as toothpaste, toothbrushes and shampoo for girls' hair.

Through the FGDs, many women referred that they still have suffered of water shortage where a big number of the family members live in one building and share one roof storage tank in addition to insufficient bathroom which were a part of causing disease, hence not everyone receives the sufficient amount of water. They demanded DCA/NCA and Maan to provide them with drinking and storage water tanks which enable them to safe, equitable and sustainable access to a sufficient quantity of safe water for drinking, cooking and personal hygiene especially in summer where they suffer server water shortage. Due to restrictions imposed by the local authorities in Gaza and the short period of the project, Maan couldn't conduct socio-economic assessment for the households in Al-Shayma area to identify their WASH needs and couldn't provide WASH services directly to the beneficiaries. Therefore, Maan distributed the water tanks about 36 families who didn't receive water tanks in 2019.

In addition, the beneficiaries stated that they didn't receive awareness messages through Mobile, Facebook, WhatsApp, nor radio spots in which they need such activities in light of spread of COVID-19 pandemic. There is insufficient information to determine if people have changed their knowledge and behaviors as a result of on-line health and hygiene promotion campaign implemented by Maan or attribute the overall changes to one tool of awareness brochure. One reservation on Radio tool is that all beneficiaries reported that they didn't hear to the radio channels and didn't informed the time of broadcasting the messages. Although Maan conducted KAP survey which showed good improvement of the hygiene awareness for the target groups.

The evaluation WASH Specialist explained that Maan targeted the whole community of Gaza Strip while didn't focus their efforts on Al-Shayma Area through the digital hygiene promotion campaign in order to expand the benefits of this activity to a greater number of people. Maan should contact the direct households of the malnourished children as a main target group of the project in Al-Shayma Area through direct communication with the caregivers to orient them regarding the radio spots and provide them with the Facebook links to watch the films of the awareness material. Also, Maan should provide the caregivers with full information about the time and radio station name to enable them to follow up the spots and to benefit from the hygiene massages.

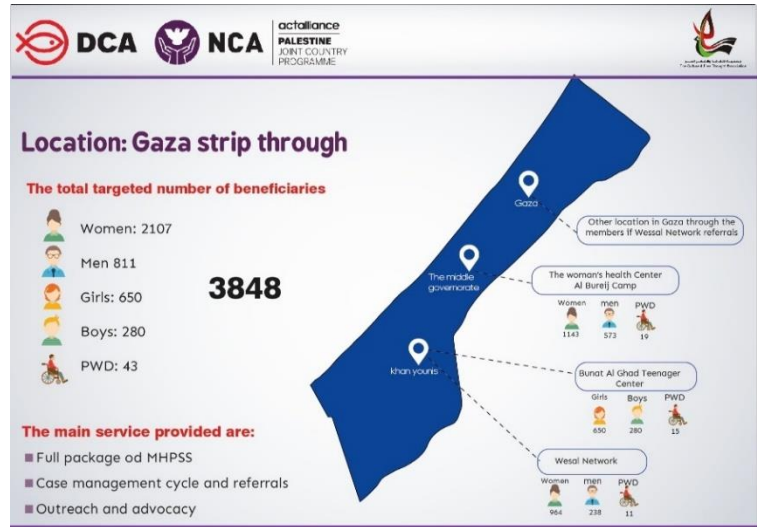
It was obvious that not all the items of high quality, some women complained about the washing soaps bars, saying that they were not good while another used them to clean her children's clothes. In addition to the floor wiper in which they all agreed it was of bad quality as well. Also, the beneficiaries stated that they needed an orientation on the usage of the kit's items where some women thought hand sanitizer is "water" especially the usage instructions of the sanitizer in English. They also said that there were some materials that they did not know how to use e.g., the thermometer and the sterilizing alcohol. One lady said that her husband took them and "disposed them in some way". Maan should conduct orientation sessions for the beneficiaries directly after the distribution of hygiene Covid-19 kits to explain the usage of the kits' items such as the thermometer and the sterilizing alcohol.

Through the discussion it was clear that all of the beneficiaries are still in need of appropriate sanitation facilities yet none of them received the proper intervention from the project. The beneficiaries mentioned that the HHs in Al-Shayma area depend totally on the cesspits which cause health and environmental hazards. They stated that the project didn't install houses sewage connections to the sewer line which installed by Maan in Al-Shayma area and their utilities are not in proper situations in which they need to maintenance of their toilets and of sinks and water connections in cooking areas. Accordingly, the WASH and hygiene needs are still valid in the target locality. However, Maan indicated that 15 households connected to the sewer line and they expected other households will connect in the future. Maan coordinated with Save the Children International as the focal point for the WASH Cluster in the north governorate to give priority for Al-Shayma area in case other organizations plan to implement WASH projects in the north area.

Outcome 4: "SGBV Survivors access life-saving, specialized SGBV services appropriate and relevant to their immediate needs"

Through FGDs and KIIs with CFTA's management, the project team and the beneficiaries and documents review of the logical framework and the progress reports, the evaluators concluded that the **project's outcome (4) has been achieved entirely where all the target indicators were met and the intended population was reached as planned (see annex II)**. Here are the analysis results of the effectiveness of achievements of outcome (4) and the indicators as the following:

Achievements: the CFTA final report showed that the project was implemented through the Women’s Health Center (WHC) located at Al Bureij Camp which targeted the middle area. Bunat Al-Ghad Teenager Center and Wessal Network located in Khan Younis camps targeted the south of Gaza Strip and other locations in Gaza through the members of Wessal Network referrals. The total number of actual beneficiaries reached directly during the project are 3848 individuals including: 2,107 women, 811 men, 650 girls, 280 boys among them 43 PWDs and 70 women with cancer.



The project's activities focused mainly on SGBV case management, psychosocial support (MHPSS), referral, legal support “legal awareness and counselling” and outreach & advocacy activities. The project targeted the most vulnerable groups of women and girls, including those with disabilities, widows, divorced women, elderly women and women and girls living in Access Restricted areas (ARA) and other remote and fragile communities. CFTA conducted online and physical stress relieve activities that targeted 614 individuals (146 girls, 125 boys, 190 women, 130 men, and 23 PwDs). CFTA held life skill training physically to 40 women and 40 girls. Individual and group counselling were carried out for 85 girls, 50 boys, 840 women, 60 men, as well 9 mediation cases and 25 couple therapy. Expressive Art and drama therapy was conducted through participation of 85 boys and girls worked from home on arts activities under supervision of the psychologists remotely. Moreover, 60 women and 60 girls among them 16 PwDs women participated in recreational trips. The project conducted full cycle of case management to 219 women and 65 girls (15 PwDs) according to GBV protocol and SOPs in Gaza Strip. Also, CFTA held legal awareness sessions targeted 513 individuals (298 women, 215 men, 12 PwDs) and 223 women received legal consultations (in person and online) while more than 32 cases were referred to legal representations.

During the 16-Day campaign to combating GBV, group of outreach activities reached to approximately 700 women at their localities; also, more than 80,000 individuals through the online activities which included awareness messages through different mediums. Furthermore, the project delivered 1132 dignity kits to 400 girls and 732 women including 150 PwDs. Also, the project targeted 150 men and 100 boys to accumulate better impact regarding women rights. The CFTA's case workers and staff received 195 training hours of MHPSS professional and emotional supervision, also, 70 training hours were provided to the staff on age-appropriate, quality of services, SOPs, and case management. The project conducted 80 in-job training hours for the project staff (MHPSS, GBV staff) in the field to ensure no harm and high quality of services provision to response to COVID-19 context.

Concerns,

Through FGDs with number of beneficiaries, they reported that their bad economic situation is the main reason for their psychological stress and family disputes, so they need economic support and small

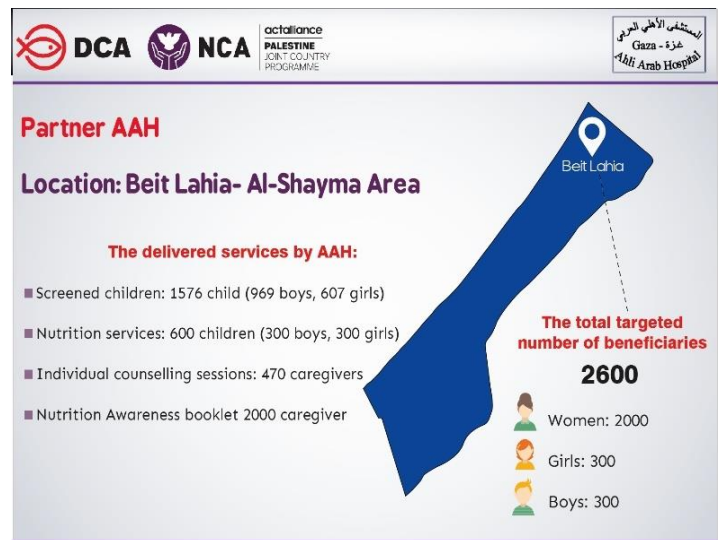
projects to enable them to generate job opportunities and income to improve their livelihood conditions and alleviate poverty levels. On other hand, they need more sessions to raise their awareness of legal rights after divorce and custody rights; as well as, they need more PSS sessions and individual counselling to greatly improve their psychological situations. Also, some women stated that the online counselling services weren't effective where they couldn't express their feelings and anxieties without restrictions from their family members and expressed their concerns of recording the chatting with the counsellors. Regarding the dignity kit, some beneficiaries pointed out that the items of the kit were good but insufficient to meet their needs such as sterilization materials, soap, clothes and bed linens. While others suggested cash or voucher assistance instead of dignity kits so they can buy what they need.

The GBV evaluation specialist indicated that the PSS sessions create a kind of insight and temporary relief, but don't deeply resolve the survivors' problems during 5-8 PSS sessions that required more complementary services with the livelihood and economic empowerment services. It is recommended that DCA/NCA and CFTA should implement an integrated GBV-Economic Empowerment project to create a safer more protective environment for the survivors of GBV or at-risk women. Also, the GBV evaluation specialist expressed concerns regarding acquiring consent of beneficiaries related to recording the individual counselling sessions. CFTA should not record the individual counselling sessions without documented prior consent of the beneficiaries, since the GBV cases debriefed their sensitive issues with the counsellors. However, CFTA trained the project's staff on data protection, privacy and confidentiality.

Output 6.5: Children under 5 and their caregivers (i.e., pregnant and lactating women) improve their nutritional status

Through FGDs and KIIs with AAH's management, project team, and the beneficiaries and through documents review of the logical framework and the progress reports, the evaluators concluded that the **project's output (6.5) has been achieved completely where the target indicators were met and the intended population was reached as planned (see annex II)**. Here are the analysis results of the effectiveness of achievements of the project's output 6.5 and the indicators as the following:

Achievements: the final report showed that AAH screened out (1,576) children (969 boys, 607 girls) and covered all the children in Al-Shayma area which exceeded the planned (1100) children. AAH contributed to alleviating food shortage by providing 600 malnourished children (301 boys and 299 girls) with high-energy fortified biscuits and nutrition supplements (multivitamin, iron syrup, zinc, and vitamin A and D) and provision of a comprehensive medical care depending on Integrated Management of Childhood Illnesses (IMCI) strategy inside the pediatric clinic at AAH. For preventive and safety measures to reduce the prevalence of COVID- 19, AAH has designed a



comprehensive and informative health and nutrition brochure instead of awareness sessions for group of women. AAH conducted health and nutrition individual counselling sessions for 470 caregivers of the malnourished children's and disseminated educational health and nutrition brochures for 2000 mothers at Al Shayma and the surrounding areas to enhance the awareness of the caregivers to address the malnutrition and risk factors.

Concerns: Through FGDs with number of caregivers, they reported that despite the improvement of their children's health conditions after obtaining treatment and good follow-up from the medical staff at AAH, they believed that their children still need medical follow-up and nutritional supplements to reach the stability stage. The caregivers thought that they do not have the ability to provide their children with food and nutritional supplements due to poor financial capacity and the breadwinners are unemployed. The target area is still in need for further WASH interventions to properly address one of the underlying causes of malnutrition, that is the deteriorated WASH situation. WASH needs have not been addressed as per original plan due to COVID restrictions, where revised plans have been developed and implemented. The revised plans included to replace some of originally planned activities (i.e., rehabilitation of WASH facilities inside homes, installation of HH sewage connections) with hygiene promotion/kits to address immediate COVID needs.

Outcome 7: NCAs humanitarian response operations are environmentally sustainable and in line with humanitarian and accountability principles.

Through KIIs with DCA/NCA project officers and the partners' management, and through documents review of the logical framework and the training reports, the evaluators concluded that the **project's outcome (7) has been achieved completely where the target indicators were met and the intended population was reached as planned (see annex II)**. Here are the analysis results of the effectiveness of achievements of the project's outcome 7 and the indicators as the following:

Achievements:

NCA/DCA enhanced the partners' operations in Gaza to be accountable to the affected population in line with a principled response. DCA/NCA conducted capacity building trainings for the partners (Maan, AAH, CFTA, WAC, PCHR) on DCA Anti-Corruption Policy, DCA Complaints handling systems, CHS, DCA Code of Conduct and Expected Staff Behavior, and PSEA where 29 projects staff participated through workshops and online trainings through DCA Fabo Learning Lab where the participants obtained certificates. These trainings enhanced the partners' capacities to have a functional Complaints and Reporting Mechanism to prevent sexual exploitation and abuse. The partners' humanitarian operations considered gender as a cross-cutting issue and mainstreamed throughout the project's interventions, responding to the gender' needs and involving them in the activities implementation, as discussed in section 3.3.2.

Moreover, DCA/NCA held a-two-day training workshop on "Humanitarian Principles and UN Resolution 1325" for all DCA/NCA partners in Gaza. The trainer- *from his own point of view and personal analysis*, documented the challenges related to the organizations, the team/field workers, the government, and the community, in general. Since the Evaluator attended the workshop, these challenges do not

necessarily reflect the perspectives and attitudes of the DCA/NCA's partners. During the interviews with the partners' managements, they indicated that they didn't face operational challenges during implementation of the DCA/NCA project in Gaza Strip

Also, the DCA/NCA's staff sustained their engagement with the relevant UN clusters including: WASH, Health/nutrition, MHPSS, GBV, and Protection clusters for enhancing coordination with the members of the clusters, identifying priorities and needs of the vulnerable communities, avoiding overlapping and duplication of targeting the same localities and beneficiaries with other NGOs, and enhancing the DCA/NCA leverage in the clusters. The DCA/NCA's staff participated in the regular meetings held by the cluster and followed up with the partners to fill the 4Ws database of the activities and beneficiaries. However, the interviewed GBV cluster coordinator indicated weakness of coordination by the DCA/NCA staff especially during the project design phase. Also, further coordination for all components is needed with the WASH, Health, and GBV during the implementation phase. It is recommended that DCA/NCA and the partners should enhance the coordination mechanisms and improve exchanging of information with the clusters' coordinators.

Furthermore, DCA/NCA proposed interventions based on OCHA Humanitarian Response Plan for 2020 through development proposals respond to the WASH and GBV needs. DCA/NCA promoted their monitoring for the partners' practices and supported them to comply with CHS benchmarks especially the beneficiary complaint and feedback systems at both the project and organizational level.

The 2020 project's interventions contributed to enhance the NCAs' humanitarian operations that promoted sustainable and more environmentally friendly solutions. DCA/NCA and Maan planned to conduct Environmental and Social Impact Assessment (ESIA) but they couldn't due to the COVID-19 mobility restrictions where Maan staff couldn't conduct the needed field assessment in Al-Shayma Area. Accordingly, Maan developed an Environmental Management Plan for WASH component to highlight the possible environmental and social impacts of the infrastructural subcomponents, and inform an environmental management plan to manage, mitigate and monitor any possible negative impacts on the environment and where possible enhance positive impacts. DCA/NCA and Maan coordinated with the Biet Lahia Municipality to enhance quick response to any unexpected damage in existing water and sanitation infrastructure that may harm environment. In addition, all the partners considered environmentally friendly practices when implemented the project's activities.

All partners' humanitarian operations were compliant with the financial and procurement policies and guidelines of DCA/NCA through constant supervision and direction by the financial and procurement officers at the level of headquarter and Jerusalem offices. CFTA as a new partner with the DCA/NCA received many online trainings on financial management, procurement policies, human resource management, and field-based accountable monitoring. Also, the DCA/NCA project officers conducted quality assurance for the programmatic, financial control and procurement procedures for CFTA' project staff to ensure their compliance with DCA/NCA requirements and procedures. Also, DCA/NCA supported the partners to develop MIS and to use mobile technology for data collection and monitoring for improved analysis and performance. Through the monitoring visits and daily follow up with the partners, DCA/NCA officers provided technical backstopping for the partners in both integrated WASH-Nutrition and GBV interventions.

The intended population was reached as planned

The DCA/NCA project planned to reach **8384 rights holders (WASH-Nutrition: 5624, SGBV: 2760)** whereas the actual target of the beneficiaries was reached **25,289 rights holders** by the project partners exceeded the planned as details in the table (2)

Table (2) actual target of the beneficiaries was reached by the project partners

Partner/Response	Women	Men	Girls	Boys	Total
AAH/ Nutrition	2000	0	299	301	2,600
Maan/ WASH	5352	5464	3921	3942	18,679
CFTA/ SGBA	2107	811	650	280	3,848
Total	9,459	6,275	4,870	4,523	25,127
Percentage	38%	25%	19%	18%	100%

Source: Adapted from the partners' progress reports and information collected during the field mission

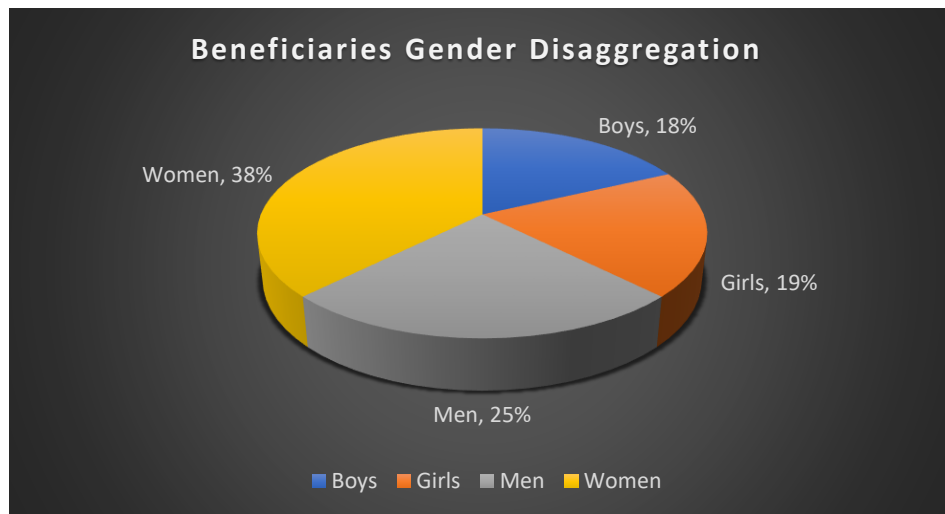


Chart (2) Beneficiaries Gender Disaggregation

The deviation from result framework and measures taken by partners to address this deviation.

Through interviews with the **CFTA's** management and revision of the Final Narrative Report, the evaluators noted that CFTA implemented the planned activities totally on both the technical and financial levels on time and on budget. Accordingly, no major deviation occurred during the implementation period in term of outcome, outputs, and activities in which the actual total reached beneficiaries exceeded the planned number.

AAH's management reported that they were committed to the designed activities based on the agreed result framework; therefore, no major deviation happened throughout the implementation phase in term of outcome, outputs, and activities in which the actual reached beneficiaries exceeded the planned number.

Maan's management pointed out that the project was dedicated to the project goal and outcome (3) and there was no deviation in term of the outputs. However, Maan in agreement with DCA/NCA adapted the project's activities to response to the context changes due to COVID-19 pandemic which imposed restrictions on the mobilities and lockdown for weeks. During the project period, three budget amendments occurred; accordingly, Maan carried out many changes on the activities' levels for the best utilization of financial resources.

The risks affecting project achievements and the mitigation measures taken by partners

The three partners faced the main risk of the COVID-19 pandemic outbreak in Gaza Strip where the local authorities tightened restrictions on movements and imposed the lockdowns for several weeks which caused a delay in the project's achievements. These restrictions affected negatively on the outreach and the field activities which required physical attendance of the participants. Each partner has taken many mitigation measures to face the COVID-19 risk as the followings:

CFTA developed a contingency plan to ensure the provision of SGBV interventions for marginalized women and GBV cases during the COVID-19 pandemic, and modified the activities to be conducted remotely taken into consideration protection measures, dignity, privacy, confidentiality, and humanitarian principles during the provision of the services. Also, the outreach extended to reach women at quarantine's public centres. CFTA enhanced the capacities of the project staff on protection measures, confidentiality, data storage, digital related services online measures. The training aimed to enable the project staff to deliver quality and confidential online services.

Maan built on the DCA/NCA risk management plan to consider the restrictions on the staff's mobility and field/outreach work due to COVID-19. Maan prepared an adaptation plan for the DCA/NCA's project activities to consider the new emerging needs and rescheduled the project workplan to consider the delays due to the movement restrictions.

AAH applied infection prevention control measures according to the MoH instructions to ensure the safety of the project staff and the beneficiaries during the project implementation. When Al-Shayma locality was closed because of COVID-19, AAH's project team went by the hospital car and delivered the medicines and supplements to the malnourished children's houses to prevent any regression on their health and to ensure their best benefit from the project services. AAH encouraged the caregivers to maintain following up their children's cases with the medical care staff through providing them the transportation fees. Furthermore, AAH used their stocked drugs, medical supplies, consumables, fortified biscuits due to the DCA/NCA suspension on the approval of the project procurement plan.

3.3.4 Sustainability:

Sustainability aims to assess the extent of likeliness of the continuation of the positive outcomes of the project and the flow of benefits after external funding ends and to assess the key factors affecting sustainability of the project.

The probability of long-term benefits

Through interviews with the partners management and the project team, they reported that the DCA/NCA's partnership enhanced their capacities of the financial management, procurement policies, human resource management, and field-based accountable monitoring through attending on-line courses through DCA's Fabo Learning Lab. The partners' teams stated that these training courses sustained the overall program quality, financial control and compliance with the DCA/NCA requirements. Also, the partners utilized the DCA/NCA procedures of the procurement. Therefore, the DCA/NCA enhanced the partners' institutional sustainability that enabled them to continue after the project end.

AAH's beneficiaries stated that the project improved and enhanced their knowledge and behaviors of good hygiene and nutritional health practices which will be reflected positively on all of their family's members. About 87.5% of the surveyed caregivers stated that improvement of their knowledge, practices, and attitudes about proper nutrition will keep them pursuing positive practices on healthy and proper nutrition for their children after the project ends. Also, 82.5% of the caregivers will continue to monitor the health and nutrition status of their malnourished children after the end of the project with the health centers in the neighborhood. Whereas, 15% only of the caregivers indicated that they can purchase medicines and supplements for their children while 85% expressed their inability to provide medicines, supplements and de-worming for their children after the project ends since they are facing financial hardship.

The CFTA's project team pointed out that DCA/NCA's project equipped the three safe spaces: Women's Health Centre, Wessal Network, and Bonat Al-Ghad and rehabilitated them with equipment which will enable the staff and the target groups to utilize the spaces for additional activities for the next years. Also, the project sustained the capacities of the social and case management workers through conducting 70 training hours on age-appropriate, quality of services, SOPs, and case management. These capacity buildings sustained the project staff's knowledge, skills and attitudes to deliver efficient GBV case management services in the future for the vulnerable women who suffer GBV.

About 88% of the survey women and girls stated that the improvement of their knowledge, practices, and attitudes about stress management will keep them going to address the problems they face within the family and community after the project ends. Moreover, 96.5% of the women and girls reported that they will continue to participate actively and effectively in the campaigns against GBV to support the GBV survivors after the end of the project. Also, 93.5% of the women and girls indicated that they will continue to provide support and awareness for other women experiencing GBV.

Maan's project team reported that the installation of 1765 meters sewer line supported 130 HHs (883 individuals) to have access to safe, appropriate, and hygienic sanitation services after the project end. Also, Maan distributed functional and safe roof storage tanks (1000 liters' capacity) for 24 HHs as well as provided 12 HHs with potable water storage tanks (200 liters' capacity) which enabled these families

to increase the water storage capacity and enhance access to safe water for a long-term benefit after the project end. In addition, Maan delivered COVID-19 kits for 2522 HHs including 478 families of the malnourished children in the project targeted localities and 2044 vulnerable families who have COVID 19 infected cases and were enforced to have home quarantine. The COVID-19 kits contributed to decrease the number of infected cases and enhanced the practices of hygiene at the targeted communities.

Beat Lahia municipality's representative stated that "*the sewer line is an essential priority for Al-Shayma area where the HHs use cesspits and it will prevent probable health hazards in the future*". He explained that the HHs still haven't connected to the sewer line and he demands the DCA/NCA and Maan to install houses connections to enable the HHs to benefit from the sewer line in the future. He added that "the HHs are poor and don't have the financial capacities to connect with the sewer line".

On the other hand, through FGDs Maan's beneficiaries stated that the COVID-19 kits and hygiene brochure sustained their knowledge and protection practices which decrease the number of COVID-19 cases. However, the beneficiaries pointed out that they didn't receive SMS nor WhatsApp by Maan. Most of the survey beneficiaries 94% indicated that the improvement in their knowledge, practices, and attitudes about proper hygiene to prevent Coronavirus will make them continue to practice positive hygiene of their home and family members after the project ends.

Overall, since the project is a humanitarian response, the probability of long-term benefits is restricted to the acquisition of new knowledge and adaptation of the beneficiaries' behaviors through awareness activities. The Evaluators concluded that the project is a humanitarian response and is contingent on the external fund in which the partners don't have sustainable financial resources to continue after the project closing. The partners can't keep the project's staff after the project end since they didn't have core fund to provide salaries for them. The humanitarian projects require core fund to implement long-term programs to ensure more sustainable achievements especially that Gaza Strip lives a prolonged protection crisis.

The local ownership

The country ownership has been excellent; the project was designed on the basis of a good contextual review -including national priorities- and it was a response to humanitarian needs, which were identified through the Humanitarian Response Plan 2019. It has been implemented through a good participative approach engaging the stakeholders and beneficiaries in the project activities implementation. The project ownership by the partners is very high in which the project's components WASH, Nutrition and GBV are integral programs in their strategic and operational plans of 2020. The good participation of beneficiaries throughout the implementation of the project led to a good ownership of results achieved by the project.

3.3.5 Impact:

Impact aims at identifying the extent to which the objectives of the project have been achieved as intended in particular the project planned overall objective. Also, impact aims to assess to what extent the project is contributing to a long-term positive effect on the target groups.

Attainment of Project Goal / Impact

The review of project achievements presented in the previous section 3.3.4 reveals that the implementation was successful and met the expected outcomes planned at the outset of the project. Overall, when comparing key achieved results with the goal, the project certainly contributed to: "a) reduce the risk and prevalence of malnourishment and WASH-related transmissible diseases amongst vulnerable communities; b) provide immediate and lifesaving multi-sectoral responses to women and girl survivors of SGBV; and c) enhance the humanitarian and accountability principles".

Long-term Effects

AAH

The surveyed caregivers indicated that the medical care services, including: the provision of medicines, nutritional supplements and deworming provided by AAH, contributed to a positive change of 95% in the health and nutritional status of their malnourished children. Also, they reported that the nutrition booklet and the individual counselling sessions carried out by AAH's nutritionist resulted in a positive change of 91.5% in their knowledge, practices, and attitudes about proper feeding and nutrition methods. These results are consistent with the results of the post-tests of the anthropometric measures, hemoglobin testing, clinical data, and the children's medical records that carried out by AAH that showed improved weight of 96.5%, improved height of 74.2%, improved anemia of 83.1%, and cured from infections of 100% of the targeted malnourished children. While the stunting is a chronic malnutrition and take long time of intervention beyond the project time scope. These results approved the effectiveness of the medical and nutrition approach applied by AAH which contributed to achieve the project Outcome "*Improved nutritional health status for boys and girls aged 6- 59 months in target areas*".

CFTA

The surveyed women and girls stated that the stress relief sessions helped them to the extent of 85% to manage their psychosocial pressures resulting from GBV. They mentioned that the individual counseling session helped them to the extent of 78.5% to find solutions to their psychosocial problems resulting from GBV. They reported that the expressive art and drama therapy sessions helped them to the extent of 76.5 % to relieve their psychosocial pressures resulting from GBV. They indicated that the peer-to-peer support sessions gave them to the extent of 84.5% the opportunity to exchange and learn from others' experiences to emotional debriefing and solve their psychosocial problems resulting from GBV. They stated that the recreational trips provided them to the extent of 67.5% a fun environment and PSS support that contributed to alleviate their psychosocial pressures resulting from GBV. They mentioned that the awareness-raising sessions and the legal counselling support services raise their awareness about personal status rights to the extent of 88.5%. They pointed out that the trainings on concepts of GBV have effectively improved their knowledge, practices, and attitudes to the extent of 87.5%. They

reported that the dignity kit (clothes and hygiene items for women) met their needs in a timely manner to the extent of 85.5%.

These results showed that there is a high consistency with the evaluation results summarized in the CFTA's final report which reflected the relevant interventions to the beneficiaries' needs. Also, the results reflected the effectiveness of the MHSP, case management and outreach approaches used by CFTA and the professional technical capacities of the project team to deliver the appropriate services in a proper manner. This contributed effectively to a constructive change and positive impact on the lives of the GBV survivors where they indicated that the project's activities enabled them to the extent of 90% to have safe access to quality MHPSS services that focused on healing, empowerment and recovery.

Maan

The surveyed beneficiaries stated that the awareness brochure on hygiene and prevention of contributed to a positive change of 76.5% in their hygiene practices to prevent the infection of COVID-19. They mentioned that the COVID-19 kit including hygiene tools and materials to prevent corona virus helped the family members to prevent Coronavirus to the extent of 88.5%. They reported that the project's activities have positive impacts on the protection of the surrounding environment resulting from safe and environmentally safe hygiene practices to the extent of 64.0%. They indicated that they didn't receive any awareness messages via social media (WhatsApp, Facebook), radio and mobile about hygiene and prevention of Coronavirus, so they couldn't evaluate the impact of these messages on their life. The beneficiaries' perspectives indicated that the project's interventions have short-term impact on their life which were restricted to change of their hygiene practices. They pointed out that the sewer line is an important priority but the project didn't install house connections with the sewer line, due to the COVID-19 restrictions, thus the need is still vacant. Also, they reported that they are still in need to rehabilitate their toilets and kitchens as per the original plan of the project.

4. Conclusions, Recommendations and Lessons Learnt

4.1 Conclusions

Project Formulation

The project proposal is well-designed and reflects proper analysis of the addressed problem and proposed strategy. The project formulation is realistic with well-articulated goal, outcomes and outputs. The project logical framework has an extended set of indicators to track the achievement of the planned results, though a proper M&E plan was supposed to be prepared at the design phase. The project is very pertinent for Gaza context and addresses a set of underlying key humanitarian needs of the most vulnerable communities in the Gaza Strip. It was formulated based on a good review of OCHA Humanitarian Needs Overview (HNO) 2019, which presented the needs for interventions to address nutrition, WASH, and GBV in Gaza Strip. The project is consistent with the relevant Sustainable Development Goals (SDGs), especially SDGs 3, 5 and 6 related to health, gender equality and WASH.

Project Implementation

The DCA/NCA enhanced an effective partnership with two old partners Maan Development Center and Ahli Arab Hospital (AAH) and established a new partnership with CFTA to serve the Sexual and Gender Based Violence (SGBV) survivors. Meanwhile, the project partners played dynamic roles and engaged effectively in the implementation of the different project activities. DCA/NCA played the role of quality assurance and oversight over the implementation of the project, ensuring that the required qualities of project activities were adequately fulfilled. A strong relationship existed between DCA/NCA and the partners of the project; it has been conducive to an effective collaboration in implemented the project.

It's clear that the management teams of the project partners have applied DCA/NCA procedures during the implementation of the project's interventions. They have used an adaptive management extensively to adapt to the changing context in the Gaza Strip in order to ensure the achievement of the project deliverables, while maintaining adherence to the overall project plan. Nevertheless, the project implementation has experienced a challenging period during the outbreak of COVID 19 pandemic. The partners' teams have shown flexibility and agility in managing and adapting to these changes, as well as better coordination of the activities, which resulted in greater synergies among between projects.

Project Results

The project is highly relevant to the needs of the target groups, including women, men, girls and boys who live in a protracted protection crisis and struggle to live a life with dignity. The project's intervention with the three-components emerged from the national priorities to enhance the partners' capacities to respond to the humanitarian needs of the direct beneficiaries. The project is relevant to and consistent with DCA International Strategy (2019–2022) and is aligned with NCA's Global Strategy Faith in Action (2019). Also, the partners' strategic plans reflected high relevance and consonance with the project's goal and outcomes.

DCA/NCA and the partners adequately addressed the cross-cutting issues of gender, participation, protection, environment, and human rights. The Project rationale cites high priority of gender sensitiveness and protection of the vulnerable communities. The project goal and approaches are in line and compatible with the UNSCR 1325 which gives high priority for protection mechanisms against SGBV and empowering the vulnerable women and girls through the provision of holistic, survivor-centred lifesaving services that protect and ensure the well-being and recovery of survivors. Though, two partners were not aware enough of the 1325 resolution and even it's already part of the cooperation agreement that they should address in the project activities. Nevertheless, the project was conceptualized and planned within the 'needs based approach' and 'right based approach' to programming that were still dominant approaches among the implemented partners during project design and implementation phase. Overall, the project targeted 57% females (women and girls) as opposed to 43% males (men and boys).

DCA/NCA considered environment issues in the risks analysis matrix and gave high concern for environment protection through the project's operations and activities with the partners and the beneficiaries. The partners considered human rights and the humanitarian principles as main references for building their strategic plans. The partners are independents and non-politically affiliated, who serve

the needs and priorities of the vulnerable and marginalized communities based on humanitarian programmes. DCA/NCA and the partners don't deliver humanitarian assistance with any religious or ideological agenda attached to it (impartiality), rather on a humanitarian basis. The partners didn't face operational challenges to implement the humanitarian principles.

The partners were highly dedicated to the humanitarian accountability to the beneficiaries through five components: 1. participation, 2. beneficiary feedback and complaints mechanism, 3. sharing information, 4. evaluation, learning and continual improvement, and 5. the attitudes of the partners' staff. Complaint Mechanisms were in place to create open and interactive communication channel with the project's beneficiaries to ensure quality of services and guarantee their right of expression. The partners paid high concerns to the appropriate attitudes and behaviors of the staff with the beneficiaries through the Code of Conduct. The projects' beneficiaries stated that the projects' team treated them with dignity and respect to their needs and privacy, listened to their perspectives, and showed patience.

The review of all management elements of the project confirms that the implementation of the project was an efficient operation that created a good value for money. The prudent approach to engage project funds was translated into good value for money and the use of adaptive management allowed for the identification and implementation of activities that were very responsive to immediate needs of the beneficiaries, and the need to achieve the expected results. The partners ensured a good balance between the quality of the implementation and the delivery of services within the time constraints. The project has been efficient in terms of exceeding the outcomes and the output targets, and it has also been efficient in terms of achieving the planned activities within the planned timeframe without the need for an extension.

The achievements of the project indicate an effective project that was on track to deliver its expected results by end-2020. Three critical success factors contributed to the project effectiveness: (i) the project was well designed, responding to national needs and benefitting from a good engagement and participation of the stakeholders. (ii) a good leadership from DCA/NCA to guide and supervise the implementation of the project through adapting the project resources to response to the national emergency of COVID-19 and to support the partners to quality control with considering the beneficiaries' priorities; and (iii) a good flexibility (using adaptive management) in allocating the project resources and implementing activities to be able to respond to the beneficiaries' needs and changes.

NCA/DCA enhanced the partners' operations in Gaza to be accountable to the affected population in line with a principled response. DCA/NCA conducted capacity building trainings for the partners (Maan, AAH, CFTA, WAC, PCHR) on DCA Anti-Corruption Policy, DCA Complaints handling systems, Core Humanitarian Standards (CHS), DCA Code of Conduct and Expected Staff Behavior, and PSEA.

The project interventions in 2020 contributed to enhance the NCAs' humanitarian operations that promoted sustainable and more environmentally friendly solutions. All the partners considered environmentally friendly practices when implemented the project activities. All partners' humanitarian operations were compliant with the financial and procurement policies and guidelines of DCA/NCA through constant supervision and direction by the financial and procurement officers at the level of headquarter and Jerusalem offices.

The partners implemented the planned activities totally on both the technical and financial levels on time and on budget; accordingly, no major deviation occurred during the implementation period in term

of outcome, outputs, and activities in which the actual total reached beneficiaries exceeded the planned number. The DCA/NCA project planned to reach 8384 rights holders (WASH-Nutrition: 5624, SGBV: 2760) whereas the actual target of the reached beneficiaries was 25,289 by the project partners.

The project is a humanitarian response and is contingent on the external fund in which the partners don't have sustainable financial resources to continue after the project closing. The partners can't keep the project's staff after the project end since they didn't have core fund to provide salaries for them. The humanitarian projects required core fund to implement long-term programs to ensure more sustainable achievements especially that Gaza Strip lives a prolonged protection crisis.

Overall, when comparing key achieved results with the goal, it's evident that the project contributed to: a) reduce the risk and prevalence of malnourishment and WASH-related transmissible diseases amongst vulnerable communities; b) provide immediate and lifesaving multi-sectoral responses to women and girl survivors of SGBV; and c) enhance the humanitarian and accountability principles”.

4.2 Recommendations:

A. Formulation

- DCA/NCA and the partners should enhance the depth of the activities details and provide adequate breakdown of outputs into detail activities with clear implementation methodology to facilitate the process of monitoring and evaluating the effectiveness of implementation.
- The DCA/NCA should prepare a well-structured Stakeholder Management Plan (SMP) and analyze the stakeholders' roles and interrelations with DCA/NCA to achieve the project's goals and activities.
- DCA/NCA has to design theory of change (ToC) for the project to give the big picture of the intended change of the project and to define the long-term goal of the project and the broad strategic areas of intervention.

B. Implementation

- DCA/NCA should develop an efficient M&E plan during the design phase to be adopted by the project's partners, to ensure effective measurement of the project's outcomes and outputs and to track the indicators achievement.
- DCA/NCA should enhance the coordination and synergies between the partners during the implementation phase through conducting monthly regular meetings to enhance sharing information, to create referral mechanisms between the three partners and to ensure effective implementation of the project activities.
- DCA/NCA and the partners should enhance the coordination mechanisms and improve exchanging of information with the relevant UN clusters during the design and implementation phases of the project for future interventions.
- DCA/NCA and the partners to have consideration for planning for at least a 10-month timeframe for the similar scope of work is recommended in future relevant interventions.

C. Project Results

- DCA/NCA and Maan should respond to the needs of Al-Shayma area through completing the WASH intervention to install house connections with the sewer line thus the need is still valid since Maan

couldn't implement these activities due to COVID restrictions; as well the beneficiaries are in dire need for rehabilitation of their toilets and kitchens, which they cannot afford due to difficult economic conditions.

- DCA/NCA and CFTA should design and implement an integrated GBV-Economic Empowerment projects to create a safer more protective environment for the survivors of GBV or at-risk women.
- DCA/NCA should continue implementing nutrition projects for the vulnerable malnourished children and their caregivers through providing medications, supplements and nutrient food.
- DCA/NCA should design and implement an integrated GBV-Nutrition projects in the marginalized areas where most women who suffer malnutrition also suffer GBV.
- DCA/NCA should enhance the partnership with AAH and Maan to implement WASH-Nutrition projects through targeting other vulnerable areas where there is high need for these vital projects.
- DCA/NCA should provide the partners with core fund to implement long-term humanitarian programs to ensure more sustainable achievements especially that Gaza Strip lives a prolonged protection crisis.
- DCA/NCA and Maan should subcontract with other partners/CBOs to implement WASH components under supervision of Maan to convey their advance experience of WASH to build the capacities of new partners especially in the marginalized areas.
- DCA/NCA should enhance the capacities of the partners to address the UNSCR 1325 in their strategic plans and projects and how to apply its principles in the project cycle management.
- CFTA should develop MIS to ensure provision of the service delivery for each target groups according to each donor and to ensure disaggregation by the beneficiaries' name to ensure that there is no duplication or overlapping of the provided services.
- For consideration in 2021, Maan should conduct orientation sessions for the beneficiaries directly after the distribution of hygiene Covid-19 kits to explain the usage of the kits' items such as the thermometer and the sterilizing alcohol.
- Maan should design more effective hygiene promotion activities that reach the target beneficiaries through identifying the most appropriate online activities that the beneficiaries have access and providing the beneficiaries with information on the promotion tools and links.

4.3 Lessons Learnt

The evaluation mission has come up with a number of lessons learnt presented below.

AAH:

- Due to unstable conditions in Gaza, special attention should be also considered to preparedness plans, which should include Consumable (medicaments, staffing and fuel).
- High prevalence of anemia among the targeted children necessitate to target the other root causes of anemia such as food insecurity.
- It is found that the levels of anaemia and malnutrition are high. Accordingly, and in order to address root causes of malnourishment and improve recovery rates of children on sustainable basis, it is highly recommended – in future interventions, to improve access of malnourished children and their families to nutrient food (food parcels)

- Anaemia represents a public health problem that requires interventions, focus should be directed towards anaemia management and control not only among those who present to health facilities, but also, through proactive early intervention programmes. The utilized house-to-house approach enabled the partners to discover thousands of concealed cases of anemia and malnutrition and to contribute to their recovery.

CFTA

- The project was run under emergency situation in Gaza Strip, time was short while responses needed to be fast. CFTA team was enabled to be responsive and use alternative methods like moving to the online services provision; however, CFTA doesn't have a hotline which needs to be thought of strategically by the organization
- The partnership between DCA and CFTA is new, in the future, more information sharing and orientation sessions about the different procedures and systems needs to be developed especially more information on procurement.
- The lack of availability of some items in the local market like computers for the field staff as well as items requested by the target groups such as gloves and masks in the dignity kits caused some delay. CFTA and the team in the field should pay closer look at the budget follow up especially during emergencies and to provide alternatives on timely manners

Maan

- The online methodology for the hygiene awareness activities showed high efficiency and effectiveness. The methodology supported for large outreach of beneficiaries and provided the space to use more smart tools. However, the home-to-home visits still very important as it provides more space for discussion and onsite clarification.
- The home-to-home distribution for the COVID-19 kits needs more resources including mainly vehicles and field monitors. Maan already provided the required resources, but it is recommended to consider this once having similar activities in other projects.
- The fluctuations in the cost of the items in the local market and the currency exchange rates require a close follow up for the project expenditures.

5. Annexes:

Annex I: Evaluation Matrix:

Proposed Questions	Evaluation Indicators	Sources	Data Collection Method
Relevance: To identify the extent to which the objectives of the project are relevant to the needs and priorities of the beneficiaries and targeted communities.			
<ul style="list-style-type: none"> - Is the activity relevant in relation to the needs and priorities of the intended rights-holders considering Gaza context? - To what extent the activities are targeted the right target groups and targeted communities (selection criteria). - Relevance to DCA/NCA and partner strategies 	<ul style="list-style-type: none"> - Level of alignment with the needs of the beneficiaries at the time of design. - Degree of involvement and inclusiveness of beneficiaries in project the design and implementation. - Level of participation of project partners in project design and actual inclusion in project implementation arrangements. - Strength of the link between project expected results and the needs of target beneficiaries. - Level of relevancy of the project to the strategic plan of DCA/NCA and the partners. 	<ul style="list-style-type: none"> - Project documents - DCA/NCA - Project staff - Partners - Beneficiaries 	<ul style="list-style-type: none"> - Documents analysis - Interviews with the DCA/NCA management and project staff - Interviews with the partners - FGDs with the beneficiaries - Survey with the beneficiaries
Effectiveness: Assess the achievement of the project in relation to its stated objectives and intended results.			
<ul style="list-style-type: none"> - Have the primary objectives identified been achieved? - Have the planned or expected results been achieved, including whether the intended population was reached? 	<ul style="list-style-type: none"> - Indicators of the project's outcomes (results framework) - Number of achieved indicators. - Number of unachieved indicators. - Level of quality achievement of the project activities. - Level of alignment with the project logical framework. - Availability and quality of progress reports. - Level of discrepancy between planned and achieved results and indicators. - Key factors negatively impacted project results (in relation to stated assumptions). - Gender disaggregated data in project documents. 	<ul style="list-style-type: none"> - Project documents - DCA/NCA - Project staff - Partners - Beneficiaries 	<ul style="list-style-type: none"> - Document's analysis - Interviews with the DCA/NCA management and project staff - Interviews with the partners - FGDs with the beneficiaries - Survey with the beneficiaries
Efficiency: To assess how well the various activities transformed the available resources into the intended results/ outputs, in terms of quantity, quality and timeliness in comparison with what was planned.			
<ul style="list-style-type: none"> - 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? - Do the partners have the capacity and the resources to be scalable and extendable? 	<ul style="list-style-type: none"> - Availability and quality of financial and progress reports. - Cost associated with delivery mechanism and management structure compare to alternatives. - Planned vs. actual funds leveraged. - Cost in view of results achieved compared to costs of similar projects. - Level of compliance with project planning. - Level of compliance with project budget. 	<ul style="list-style-type: none"> - Project documents - DCA/NCA - Project staff - Partners - Beneficiaries 	<ul style="list-style-type: none"> - Document's analysis - Interviews with the DCA/NCA management and project staff - Interviews with the partners - FGDs with the beneficiaries - Survey with the beneficiaries

Proposed Questions	Evaluation Indicators	Sources	Data Collection Method
Impact: The impact of the implemented activities (positive and negative changes produced by an intervention, directly or indirectly, intended or unintended - on the targeted beneficiaries			
<ul style="list-style-type: none"> - What was the project positive and negative, primary and secondary long-term effects have been produced by a development intervention, directly or indirectly, intended or unintended? 	<ul style="list-style-type: none"> - Level of improvement/changes in the overall situation of the beneficiaries. - Level of improvement in the capacity building of the stakeholders and partners. - Level of improvement in the awareness and attitudes of the beneficiaries. - Key factors positively or negatively impacted project results. - Level of satisfaction among the beneficiaries of the project's activities. 	<ul style="list-style-type: none"> - Project documents - DCA/NCA - Project staff - Partners - Beneficiaries 	<ul style="list-style-type: none"> - Documents analysis - Interviews with the DCA/NCA management and project staff - Interviews with the partners - FGDs with the beneficiaries - Survey with the beneficiaries
Sustainability: To assess the key factors affecting sustainability of the project			
<ul style="list-style-type: none"> - What is the probability of long-term benefits? - Will the intended benefits continue when development cooperation is terminated? - Is local ownership established? 	<ul style="list-style-type: none"> - Level of improvement of the partner capacities to lead other similar projects after end of the DCA/NCA project - Level of willingness of the beneficiaries to apply what they learnt after the project end. - The partners perceive better capacities to sustain project results, through understanding, improved plans and strengthened capacities. - The partners participate actively in implementation and replication of project activities and results. - Perception of ownership of the project results by the partners. 	<ul style="list-style-type: none"> - Project documents - DCA/NCA - Project staff - Partners - Beneficiaries 	<ul style="list-style-type: none"> - Document's analysis - Interviews with the DCA/NCA management and project staff - Interviews with the partners - FGDs with the beneficiaries - Survey with the beneficiaries
Other questions			
<ul style="list-style-type: none"> - Assess the project monitoring methodology/systems, how does staff collect data and how are findings reflected in the internal and external reporting? - To what extent has the project contributed to achieve the programme goal? - To which extent does the project live up to the humanitarian accountability principles and benchmarks? - To which extent is the project rights based and considered/addressed cross cutting issues (environment, participation, protection, gender, etc) - To what extent the project is part of the partner's strategic plans? - How does the different level of coordination affect the project performance? 	<ul style="list-style-type: none"> - Level of quality monitoring plans and reports. - Measures taken to improve project implementation based on project monitoring. - Level of alignment to achieve the project goal. - Level of the partners' commitment to the humanitarian accountability principles during the project implementation. - Level of integrating the cross-cutting issues (i.e. participation, accountability, environment, protection, gender, non-discrimination, etc) during the analysis, design and results framework level. - Strength of the link between the project and the partners' strategic plans. - Perceived level of collaboration and coordination between the partners. - Perceived level of collaboration and coordination between the partners and 	<ul style="list-style-type: none"> - Project documents - DCA/NCA - Project staff - Partners - Beneficiaries 	<ul style="list-style-type: none"> - Document's analysis - Interviews with the DCA/NCA management and project staff - Interviews with the partners - FGDs with the beneficiaries - Survey with the beneficiaries

Proposed Questions	Evaluation Indicators	Sources	Data Collection Method
<ul style="list-style-type: none"> - Coordination between the project and other projects in inside the organizations. - Coordination between the implementing partners. - Coordination with the relevant clusters and key actors. - Assess the deviation from result framework and proposal and measures taken by partners to address this deviation. - Assess the risks affecting project achievements and the mitigation measures taken by partners based on these risks. - What are the potential negative consequences from the project on its surroundings, including negative effects on anti-corruption, environment, women rights and gender equality, participation, accountability, and non-discrimination? - How the intentions of UN Security Council Resolution 1325 on women, peace, and security “s/res/1325 (2000)”, have been addressed in the project? - To what extent the partners have addressed/considered the Humanitarian Principles of humanity, impartiality, neutrality, and independence in their operations? - What are the operational challenges that face partners to implement the Humanitarian Principles in their operations and how partners overcome these challenges? 	<ul style="list-style-type: none"> the clusters' members. - Level of coordination mechanism and synergies with the partners. - Level of coherence between project expected results and internal project design logic. - Level of coherence between project design and project implementation approach. - Availability of risk management matrix and compliance with the mitigation measures. - Level of compliance with the UN Security Council Resolution 1325 on women, peace, and security “s/res/1325 (2000)”. 		

Annex II: The Consultancy team and their roles and responsibilities:

Name	Role	Tasks and Responsibilities
Mrs. Samira Abu Aisha	Team Leader & Expert in quantitative and qualitative evaluation methods with USAID and INGOs	<ul style="list-style-type: none"> - She is the team leader and will be responsible for directing the mission activities, and ensuring the implementation of all activities on time, close coordination with DCA/NCA in all stages of the project. - Conduct documents review and prepare a final conclusion. - Prepare the inception report. - Participate in developing the quantitative and qualitative tools. - Conduct in-depth interviews with DCA/NCA's management, partners, and stakeholders. - Supervise the data collection of the survey by the evaluation team. - Conduct initial debrief meeting for DCA/NCA's management to understand of initial assessment findings. - Circulate draft report to DCA/NCA for comments and review. - Incorporate comments and release final report to DCA/NCA. - Present the findings of the final evaluation in a workshop presentation.
Miss Heba El-Ghalayini	GVB and PSS Specialist	<ul style="list-style-type: none"> - Participate in developing the quantitative and qualitative tools. - Conduct KIIs and FGDs with CFTA management, project team and beneficiaries. - Conduct case study for one GBV case and prepare a report. - Participate in preparing the final report. - Participate in presenting the findings of the evaluation in a workshop presentation.
Eng. Tamer Al Zuhri	WASH and Environment Specialist	<ul style="list-style-type: none"> - Participate in developing the quantitative and qualitative tools. - Conduct KIIs and FGDs with MAAN management, project team and beneficiaries. - Conduct case study for one WASH case and prepare a report. - Participate in preparing the final report. - Participate in presenting the findings of the evaluation in a workshop presentation.
Mr. Ramiz Jaber	Statistic Expert	<ul style="list-style-type: none"> - Review the evaluation tools to ensure reliability and validity. - Participate in selecting the sample of the evaluation community. - Supervise the data entry and data cleaning through using SPSS. - Conduct statistical analysis for the data through using SPSS. - Prepare statistical report for the finding and analysis tables.
Ms. Nida Al-Sayed	Field researcher	<ul style="list-style-type: none"> - Hold survey with the beneficiaries through structured interviews.

Annex III: Documents Reviewed

1. AAH Strategic Plan (2018-2020), June 2017.
2. AAH, Final Narrative Report, January 2021
3. AAH, WASH Related Nutrition Rapid Assessment of Children Aged 6-59 Months at Shaimaa Locality, North Governorate in the Gaza Strip, September 2019
4. CFTA Action Plan, June 2020.
5. CFTA M&E plan for the DCA/NCA project
6. CFTA Strategic Plan (2016-2020), May 2015.
7. CFTA, Final Narrative Report, January 2021
8. DCA International Strategy (2019 – 2022)
9. DCA, Monitoring Report, October 2020.
10. DCA, Period Narrative Report, July 2020.
11. DCA/NCA Project Proposal
12. EMCC, Environmental and Social Management Plan. Installation of Main Sewer Line in Branching Rural Roads in Al-Amal Area, October 2019
13. <https://sdgs.un.org/goals>
14. <https://www.ochaopt.org/dbs/4w>
15. Humanitarian Needs Overview oPt 2020, issued December 2019.
16. Humanitarian Needs Overview oPt 2021, issued December 2020.
17. Logical Framework of the Project Prepared by DCA/NCA.
18. Maan M&E plan for the DCA/NCA project
19. Maan Strategic Plan (2016-2020), December 2016.
20. Maan, Final Narrative Report, January 2021
21. Maan, Knowledge, Attitude, And Practices (KAP) End-line Report, 2020
22. Monitoring Report for CFTA, 25 Nov 2020.
23. NCA Global Strategy Faith in Action (2019)
24. NEID, Capacity Building Training in Humanitarian Principles for DCA/NCA Partners in the Gaza Strip, January 2021.
25. OCHA, Humanitarian Needs Overview OPT 2021, Issued December 2020.
26. OCHA, Humanitarian Response Plan OPT 2021, Issued December 2020
27. Partnership Agreement between DCA/NCAS and AAH, 1st June 2020.
28. Partnership Agreement between DCA/NCAS and CFTA, 1st June 2020.
29. Partnership Agreement between DCA/NCAS and Maan, 1st June 2020.
30. Risk Analysis Framework of the Project prepared by DCA/NCA.
31. The Palestinian Ministry of Women's Affairs, "The National Strategic Framework for the Implementation of UNSCR 1325", April 2015.
32. World Bank, Economic Monitoring Report to the Ad Hoc Liaison Committee, 2 June 2020