

DIAKONIA AND NORWEGIAN ASSOCIATION OF DISABLED (NAD)



Evaluation of Diakonia/NAD Rehabilitation Programme in the Occupied Palestinian Territories (OPT), Jordan and Lebanon

FINAL REPORT 15 JUNE 2009

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Although we have tried our best to validate and check information in this report, any errors found are our sole responsibility.

Jerusalem, Gaza, Beirut, and Oslo May 2009

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LIST OF ABBREVIATIONS

ADL	Activity of Daily Living
AIDA	Association of International Development Agencies
AODP	Arab Organisation of Disabled Persons
BASR	Bethlehem Arab Society for Rehabilitation
CBR	Community Based Rehabilitation
CBRA	Community Based Rehabilitation <i>Association</i> (Nahr el-Bared & Baddawi camps) Lebanon
CBRP	Community Based Rehabilitation Programme
CNCR	Central National Committee for Rehabilitation
CSO	Civil Society Organisation
CRPD	Convention of the Rights of Persons with Disabilities (UN)
CRW	Community Rehabilitation Worker
CVA	Cerebral Vascular Accidents
D/N	Diakonia/NAD
DPO(s)	Disabled People's Organisation(s)
EDSP	Education Development Strategic Plan 2008-2012
EFA	Education for All
FGD	Focus Group Discussion
FWD	Females with Disability
ICHR	Independent Commission for Human Rights
IHL	International Humanitarian Law
ILO	International Labour Organisation
IM	Individual Relief (Swedish NGO)
IML	Intermediate level centre
INGO	International Non-Governmental Organisation
JCDC	Jerusalem Centre for Disabled Children (Princess Basma)
GCMHP	Gaza Community Mental Health Programme
GUDP	General Union of Disabled People
HI	Handicap International
HR	Human Rights
LPHU	Lebanese Physical Handicapped Union
MAP-UK	Medical Aid for Palestine, UK
MDG	Millennium Development Goals
MOEHE	Ministry of Education and Higher Education
MOH	Ministry of Health
MOL	Ministry of Labour
MOLG	Ministry of Local Governance
MOSA	Ministry of Social Affairs

NAD	Norwegian Association of the Disabled
NBC	Nahr el-Bared Refugee Camp (Lebanon)
NCG	Nordic Consulting Group
NDF	Norwegian Association of Deaf
NI	National referral institution
NGO	Non-Governmental Organisation
NOK	Norwegian Kroner
Norad	Norwegian Agency for Development Cooperation
NPA	Norwegian People's Aid
NRO	Norwegian Representative Office
NSR	National Society for Rehabilitation (Gaza)
ODA	Official Development Assistance
oPT	Occupied Palestinian Territories
PCBS	Palestinian Central Bureau of Statistics
PCHR	Palestinian Centre for Human Rights (Gaza)
PNA	Palestinian National Authority
PBA	Programme-Based Approach
PDF	Palestinian Disability Forum (Lebanon)
PMRS	Palestinian Medical Relief Society
PNGO	Palestinian NGO Network
PRCS	Palestine Red Crescent Society
PRDP	Palestinian Reform and Development Plan
PWD	Persons with Disability
RBA	Rights-Based Approach
RC	Regional Committees (of the CBR)
RP	Rehabilitation Programme (of D/N)
SEK	Swedish kroner
SHS	Stars of Hope (Centre for Empowerment of Women with Disabilities (West Bank)
Sida	Swedish International Development Cooperation Agency
TA	Technical Assistance
HWC	Health Work Committees
UCAHC	Uppsala Child and Adolescent Habilitation Centre
UNAIS	United Nations Association International Service
UNESCO	United Nations Education, Science and Culture Organisation
UNRWA	United Nations Relief and Works Agency for Palestine Refugees
USD	United States Dollar
WATC	Women Affairs Technical Committee (West Bank and Gaza)
WHO	World Health Organisation
WMRH	El-Wafa Medical Rehabilitation Hospital (Gaza)

TABLE OF CONTENTS

- 1 EXECUTIVE SUMMARY WITH RECOMMENDATIONS 1**
 - 1.1 INTRODUCTION 1
 - 1.2 MAIN FINDINGS 2
 - 1.3 MAIN CONCLUSIONS AND RECOMMENDATIONS 5

- 2 BACKGROUND 11**
 - 2.1 SCOPE OF EVALUATION 11
 - 2.2 METHODOLOGY 12
 - 2.3 LIMITATIONS 13

- 3 PROJECT OVERVIEW 14**
 - 3.1 REHABILITATION PROGRAMME 14
 - 3.2 LOCAL PARTNERS 16
 - 3.3 DIAKONIA AND NAD 18
 - 3.4 LESSONS LEARNT – PREVIOUS RECOMMENDATIONS 18

- 4 FINDINGS 20**
 - 4.1 CBR PROGRAMME 20
 - 4.2 DEVELOPMENT OF REHABILITATION REFERRAL SYSTEM 22
 - 4.3 LOBBYING, ADVOCACY AND NETWORKING 23
 - 4.4 POLICY DEVELOPMENT 26
 - 4.5 CAPACITY-BUILDING, DOCUMENTATION AND RESEARCH 27
 - 4.6 REGIONAL COOPERATION 31

- 5 TOWARDS A NEW STRATEGY 35**
 - 5.1 RELEVANCE 35
 - 5.2 EFFECTIVENESS 38
 - 5.3 EFFICIENCY 40
 - 5.4 SUSTAINABILITY 42
 - 5.5 WAY FORWARD 43

- REFERENCES 49**

- ANNEXES 53**
 - ANNEX I – TERMS OF REFERENCE 53
 - ANNEX II – LIST OF PEOPLE CONSULTED 60
 - ANNEX III - FIELD SURVEY PROGRAMME 65
 - ANNEX IV: INTERVIEW GUIDES 68
 - ANNEX V LESSONS LEARNT (FROM INCEPTION REPORT) 71
 - ANNEX VI DONORS SIDA AND NORAD 74
 - Annex VII: RESULTS FRAMEWORK RP STRATEGY 2010-14 76

1 EXECUTIVE SUMMARY WITH RECOMMENDATIONS

1.1 Introduction

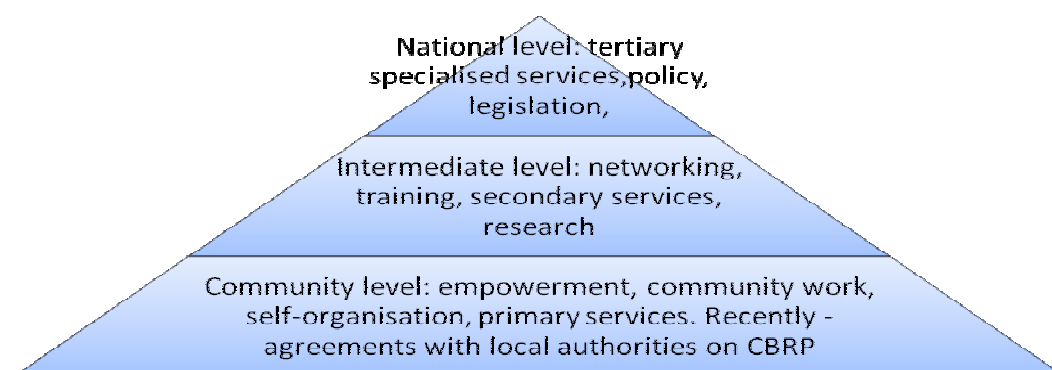
1. This report is the outcome of an external evaluation of the Rehabilitation Programme (RP) developed by Diakonia/NAD (D/N) and implemented by 20 NGO partners in cooperation with national authorities and UNRWA in the occupied Palestinian Territories (oPT) and in three Palestinian refugee camps in Lebanon and Jordan.
2. The main purpose of the evaluation was to document achievements and lessons learnt, assess the financial and organisational sustainability of the RP and provide action-oriented recommendations and inputs to D/N's next strategy period from 2010-14. The evaluation is not an impact assessment of the individual performance of the RP partners; the findings are built on already existing documentation and studies coupled with consultations and interviews with key stakeholders.
3. Nordic Consulting Group (NCG) was invited to bid for the external evaluation and put together a team of six professionals with expertise in the fields of public health, disability, civil society, gender/human rights and organisational management based in the geographic areas of the RP (West Bank, Gaza and Lebanon) which was contracted by D/N.
4. The evaluation was conducted in five phases; inception, field survey, analysis, writing of draft report and presentation. The consultancy encompassed in total 87 days work starting with contract-signing in March, 15 days field survey in March/April, stakeholders' workshop presenting the draft report and developing a new results framework with the partners in end-May, and submission of final report in June 2009.
5. The methodology used for data collection is mainly qualitative. The evaluation started with an in-depth desk study of existing documentation, evaluation reports and research studies identifying issues for further exploration and how recommendations have been followed up by the RP. These were presented in an inception report which was approved by the RP. During the field survey 120 individuals were consulted through in-depth interviews (see Annex II), focus group discussions (FGD) and field visits. Key stakeholders were interviewed more than once. The RP staff and the Diakonia and NAD's managers was briefed on preliminary findings for validation and discussion, and RP partners were presented with main findings during the stakeholders' workshops held in Ramallah, Gaza and Beirut.
6. There are several limitations to this evaluation; the RP is a large programme with many stakeholders. With the limited time provided, the team was unable to interact individually and conduct site visits with all partners, this is especially the case for Jordan and Gaza. Secondly, the Israeli occupation authorities denied the team leader access to Gaza. Although the team had a public health expert conduct the interviews and site visits in Gaza, and interviews were made via Video Conferencing, the lack of direct interaction prevented a **holistic team analysis** of the extremely challenging context the RP and its partners in Gaza is working in.

1.2 Main findings

7. The current RP has six components whereby the Community-based rehabilitation (CBR) is by far the largest and most established. The other components include developing national referral institutions, advocacy support to Disabled People's Organisations (DPOs), policy development with the Ministry of Education, Capacity Building, Research/Documentation, and a regional component of support to Palestinian CBRPs in Lebanon and Jordan. The RP office consists of a small secretariat of four staff based in East Jerusalem hosted by Diakonia. A steering committee composed of the international heads of departments in D/N provides direction and backstopping to the secretariat.
8. Major achievements of the CBR at community level are well documented through a number of studies and evaluations; in 2007-8 the RP followed up recommendations from eight studies including the status of children in the CBRP, a follow-up review of the CBR Indicator Project, a review of the CBRP's organisational and institutional structure, and an evaluation of the psychosocial experience and knowledge of CBR workers in the CBRP. Assessing the degree of implementation and follow-up of the recommendations in these studies the team is impressed by the ability of the RP management to adapt and take-in changes and new indicators for measuring progress in the quality of the CBR.
9. The total cost of the programme since 1992 has been more than 20 million USD. Considering that the CBRP is active in 300 localities in West Bank and Gaza and covers almost 60% of the population having reached 35.000 people with disability (PWDs) and their families since the inception, it is found to be a programme with a low-cost field approach and a documented impact on the lives of PWDs.
10. Keeping a high profile of analysing the program from a gender perspective, the RP has focused on identifying obstacles to (disabled) women's participation and access to rights and services. New indicators ranging from to which degree men are taking a larger part in the care of the disabled family member to monitoring RP partners' employment of PWDs, have been integrated into the RP log frame.
11. Although the RP carries a strong gender banner, results are slow to appear in the largely patriarchal Palestinian society; females with disability (FWDs) are still largely carrying the double burden of being a woman and a disabled. FWDs are often excluded from leadership and management positions both within DPOs and non-disabled organisations and institutions. The strategic D/N partnership with *Stars of Hope*, a professional DPO *for* and *of* disabled women in the West Bank, is very important for enhancing technical and leadership capacity among disabled women. Similar indications were found in Lebanon where (with exception of Ghassan Kanafani Centre) none of the NGOs working *for* or *by* disabled are led by FWDs or have FWDs in leadership positions.
12. Having stated that the RP has done an excellent job in documenting and evaluating the programme, an interesting finding is that most of the studies in the last years are related to the programme in the West Bank, not Gaza. This is especially evident in the fact that a major CBR evaluation like the Users Perspective Study was planned to cover both areas but due to closures and conflict, it ended up not comprehensively covering Gaza (like this

study). The Gaza CBR programme is thus weaker monitored and the impact is less documented than the West Bank CBRPs. This is an important challenge for the future.

13. A second observation of the research and documentation component is that most of the commissioned studies are related to the CBRPs, the referrals and the inclusive education programmes, and not the DPOs and advocacy. This might be explained by the fact that apart from the enactment of the Disability Law in 1999, there have been few results on the national advocacy level. Nevertheless the outcome is that the knowledge-base and documentation of the work within the DPOs/Advocacy are less comprehensive. It seems that this area has not been a priority for the RP.
14. Diakonia and especially NAD being a DPO itself have demonstrated a strong and historic commitment for working with the General Union of Disabled People (GUDP) to strengthen their capacity as the major civil society group for PWDs in oPT. Despite many challenges, the RP is still working with branches of GUDP. There is however a recognition that the main D/N attention has been diverted to providing technical, administrative and financial skills to GUDP rather than membership work, community mobilisation and systematic advocacy and policy development. Based on that, the RP recently contracted a local university to work with the GUDP branches on enhancing their tasks and responsibilities.
15. When the CBR programmes were organised in Regional Committees (RC) the key function of this body was to coordinate joint efforts towards authorities and stakeholders. Although there have been achievements over the years, the collective role of the RCs has been weak and in 2007 the RP started a process of assessing the value-added and future role of the RCs and the involved NGO partners. Based on recommendations from studies, the RP has now introduced an assessment model with criteria for continued financial support to the RCs.



16. Another lesson learnt is related to the relationship between the three levels as seen above. Early on it was found that the RP had paid mainly attention to the national referrals and less to the regional and district institutions. Thus, it changed its strategy and initiated support to the establishment of two intermediate level centres 2007. From evaluation reports, it is clear that the intermediate level is playing an important role in two directions: serving as a link between CBR and national referral centres (NIs), and providing technical support to CBR workers in the field. The IML centres also have an added value in regard to facilitating access for PWDs, especially in view of mobility restrictions imposed by Israel over the last nine years.

17. In the vision of enhancing local ownership and strengthening sustainability the RP and its partners recently adopted a decentralised approach in managing CBR activities in partnership with local community structures, mainly local authorities. According to this approach, the local partners assume increased administrative and financial responsibility for CBR activities, whereas the programmes start to shift their focus towards the role of technical support. By end 2008, such arrangements were already in place in 25 communities. Based on an external evaluation performed in end-2008, the RP is already addressing concerns raised in the report has started the contact with the Ministry of Local Governance (MOLG). This process is limited to the West Bank and no such alternative approach has been introduced in regard to Gaza yet.
18. The RP has supported a large number of capacity building projects implemented in support of the above main components in the period 2006-9:
 - Training on gender mainstreaming in the CBR programmes in West Bank, Gaza and Jordan
 - Quality Development Project of CBRP and referral institutions that included; Cooperation and exchange visits with Uppsala Habilitation Hospital, close follow-up of the pilot IMLs, and telemedicine in support of exchange of experience between NIs in West Bank and Gaza and Sunnaas Rehabilitation Hospital in Norway, developing CBR impact indicators
 - Development of guidelines for a curriculum for basic pre-service training of CBR workers
 - Training on self-organisation of PWDs in Jordan
 - Participation of two GUDP branches elected directors in the AODP General Assembly in Egypt
 - Several workshops and a review study to discuss and define the decentralisation approach in managing the CBR activities
19. For the CBR programme in the **two Palestinian camps in Jordan**, the cooperation with D/N has been ongoing for more than ten years with modest financial funding (less than 20.000 USD annually). The cooperation agreement is tripartite with UNRWA as a signatory. D/N has sent CBR trainers to Jordan to build CBR competence in the camps of Jerash and Baqqa with the goal of transferring CBR knowledge from one camp to another.
20. Briefly assessing results mainly based on reports and consultations, the team found that the twinning concept is highly innovative and commendable. Ideally, this could be a highly cost-efficient and effective approach. However, taking the Jordanian context into consideration, including a tradition of centre-focused and medical approach to rehabilitation, the coverage seems to be low (at least in Baqqa), there is also an inefficient use of CRW resources and the capacity of the CBRPs to transfer knowledge to other camps seems limited.
21. UNRWA is committed to the cooperation with D/N and appreciates the knowledge that the RP has brought to the camps. A major challenge for UNRWA is that the social and disability workers themselves are in need for upgrading of skills and thus it is hard to play the technical assistance and backstopping role planned for.
22. The CBRA programme in Lebanon which has also received modest financial support from D/N in the last ten years is potentially a best practise with regards to the CBR programmes, the inclusion of PWDs in monitoring and organising self-help groups in an Advocacy group.
23. On the ability to respond to **emergency situations**, both NSR in Gaza and the CBRA in Lebanon have demonstrated their ability to provide humanitarian and psychosocial

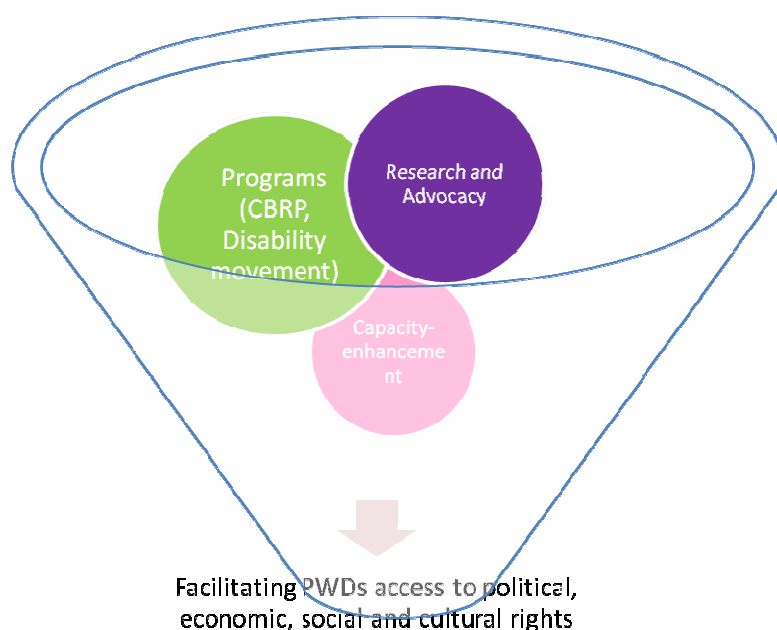
assistance to address the needs of disabled people and their families, as well as other vulnerable members of the community during crisis situations through direct intervention and referrals.

24. The main gaps identified in the RP in oPT include addressing multiple and severe disabilities, emphasis on livelihoods opportunities like vocational training, income generation and employment opportunities for disabled persons. Additional issues found to be weak were the intermediate referral level in Gaza, the advocacy work with regards to for example raising awareness of the Convention for the Rights of Persons with Disabilities (CRPD), the lack of representation of PWDs in programme planning and implementation, and D/N's ability to monitor and get in-depth knowledge about the CBRP in Gaza.

1.3 Main conclusions and recommendations

25. Having dedicated almost two decades and substantial human and financial resources into building up the community-based rehabilitation sector and the national referral system between CBR and specialised rehabilitation centres, this study concludes that it is time for Diakonia/NAD to take the programme a principal step forward by **turning its attention to the organising and strengthening of the disability movement**. Developing strong interest-groups among PWDs that can represent different disabilities, men/women and young/old is ideally an integrated component of the CBR model, but as this has not happened yet the team believes more systematic efforts need to be geared towards it across all the RP geographical areas.

New programme model



The suggested change in the new strategy is that it has three main components; programmes (CBRP and DPOs), advocacy/research and capacity-enhancement (as seen in the figure above).

The outcome of the three components is to facilitate PWDs access and ability to exert their political, economic, social and cultural rights. The new strategy implies moving away from the current six components that composes the RP today. Whereas the old programme had components according to who provides the service (CBR, referral, DPOs, Ministry of Education or RP), the new strategy aim at creating synergies between the different partners by encouraging joint programming and establishing shared venues for raising important disability issues.

I. Programmes:

Disability movement:

26. The first main recommendation is;
 - a. **Develop a long-term programme with the goal of supporting local initiatives of self-organisation among PWDs for implementing various parts of the CBR matrix in their own local communities.**

27. The process of setting up a new programme needs to include the following activities (but not only):
 - Establish criteria for selecting and defining DPOs.
 - Link selection criteria for supporting proposals to the CBR Matrix (see chapter 5).
 - Identification; mapping of all DPOs according to different disabilities, geography
 - Impartiality of applying member groups/organisations; the team would recommend that DPOs need to take their decision independently of party-politics.
 - Ensure linkages at the district and community level between the two main components (CBRP and disability movement) in order to create the optimal synergy.
 - A possible option is to support programmes implemented by DPOs as a prime contractor but in partnership with a CBR partner or a human rights (or women's rights, children's rights, etc) organisation.
 - Create an Advisory Committee consisting of representatives from the DPOs to backstop and help the RP in serving the programmes
 - Main role of D/N RP staff will be to provide technical assistance and support to the partners in consultation with the Advisory Committee.

CBRPs:

28. The decentralisation process is an important way towards enabling local councils and municipalities to share in the social responsibilities. There has been large contribution from local communities to CBRPs activities, which may give an indication that the decentralised approach is a promising one and needs to be supported and expanded.
29. Based on the above, the second main recommendation is:
 - b. **Protect the achievements of the CBR programme by ensuring that the CBRPs and CRWs are regularly supported technically and financially.**
 - c. Proceed with the decentralisation approach at the community level, whereas:
 - i. Local community structures (mainly local councils) assume responsibility for CBR activities in their communities and link with MOLG

- ii. CBRPs provide focus on offering technical support and act as a resource for “decentralised” local communities
 - d. Related to the current politicisation and fragmentation, it highlights the need for promoting the impartiality and neutrality of the CBR programme which serves all Palestinians irrespective of political or religious beliefs.
 - e. Strengthen the role of females in CBRPs senior management structures
 - f. Rights-based approach need further internalised among CBR managers and staff
30. Within CBR the main focus has been on securing access to education and health while there has been a weaker focus on implementing other parts of the CBR matrix like livelihoods, empowerment, social and cultural rights. The team thus recommends:
- g. Ensure that **employment is included in the CBRP**, especially access to microfinance, communication, marketing skills, bookkeeping etc.
 - h. Link with the Advisory Committee of the new programme in **lobbying with PNA ministries** of Labour, UNRWA, and NGOs for employing at least 5% PWDs and not just employment with emergency fund.

II. Research and advocacy:

31. The foundation for any powerful advocacy work lies in knowledge, documentation and statistics. Based on knowledge, policy papers are developed. Influential advocacy also needs a receptive government that is able and willing to listen to lobbyists and interest-groups, i.e. a government that sees an interest in being accountable to its constituencies. Currently, PWD rights are not on the social agenda of any of the Palestinian authorities (in West Bank or Gaza) with the possible exception of the Ministry of Education which has adopted inclusive education as a policy that is currently being implemented, partly thanks to the partnership with D/N. The team thus recommends:
- i. To support DPO partners in their lobby and advocacy efforts by developing knowledge-based policy papers from the CBR databases and field research (ex. data on poverty among PWDs to lobby for inclusion in poverty reduction strategies).
 - j. Support “disability watchdog” initiatives that monitors the government’s implementation of the Disability Law and integration of the UN Convention of the Rights of PWD into national legislation as well as private and NGO sectors’ adherences to the law:
 - i. Seek to build relations with human rights, women’s, and youth organisations as well as trade unions and chambers of commerce and industry on issues related to employment.
 - ii. Seek partnership with the Independent Commission on Human Rights, the Palestinian ombudsman and use their complaints departments in all the five regions to reach out to PWDs
 - iii. Feed donors with data and facts in order for them to keep up pressure on PNA for mainstreaming disability in all ministries, including poverty reduction strategies for PWDs
 - k. Another potential success in regard to policy development is the cooperation with local authorities (and district offices of local government) to promote a decentralised approach and systematic partnership in CBR, where local authorities

mainstream disability issues in their plans with technical support from CBRPs. Although indications of success are evident at the community level, advocacy at the MOLG level is yet to be initiated in order to institutionalise this approach.

- I. Ensure that all components of programme is well-documented; Conduct a follow-up study of the Inclusive Education project; study the social integration of PWDs in northern Lebanon related to the work of CBRA
32. Among a majority of the stakeholders consulted for this evaluation there seems to be an agreement that the current political setting is not favourable for creating “national” structures or plans for the disability sector. In times of political fragmentation, the best strategy seems to be to “go local” and work for a bottoms-up approach; i.e. mobilise and empower PWDs to take (and be given) responsibility for decisions that concerns their quality of life. Despite the lack of national structure, the team recommends that:
- m. **The RP and the Advisory Committee can play the role as a convener** of partners working in the same field. Such convenors can be for example Annual Partner Meetings on specific themes from the CBR matrix like:
 - Employment: include MOL, HR NGOs, CSO, ICHR
 - Health insurance: MOH, MOSA, HR NGOs, ICHR
 - Social rights: MOSA, HR NGOs, ICHR

III. Capacity enhancement

Referrals:

33. The support to the three levels (community, intermediate levels, and national) is not coordinated and thus it is unclear whether D/N support to the different levels is achieving the expected synergy towards the overall goal of RP. The team recommends:
- n. To introduce a system whereby the IMLs buy the needed services from the national institutions (NI) in order to create a demand-driven system in their relationship.
 - o. Keep up the support to the IMLs for a temporary period (ex. 2 years) since they are still in the pilot phase, but RP needs to create a vision for how they perceive their role in the future and develop exit strategies.
 - p. Keeping in mind the civil society perspective of the RP, the team recommends phasing out the core budget support that has been provided to the NIs.

Gender training

34. For the **gender training**, three recommendations came out from the participants;
- q. The **training needs to be tailored to men’s needs and experiences** in order to be more relevant, potentially considering using male trainers for the training of men.
 - r. **More follow-up of the training for the CRWs in Gaza and Jordan, and Target directors and managers** of the CBRPs (not only workers). It might be worth exploring if any of the successful trainees from the six-months training in the West Bank, preferably participants with disability, would be able to travel to Gaza and/or Jordan as trainers in cooperation with D/N strategic partner WATC.

Self-organisation

35. Trainings in self-organising of the kind that D/N recently supported in Jordan are excellent ways of promoting the self-organisation of PWDs – by themselves for themselves.

Rights-based approach

36. In light of the increase in charity-based organisations working with PWDs as patients rather than people who have a right to access social, economic or political services, it is recommended that CRWs, managers and officers need to be trained in how to practically operationalise a RBA in the CBRPs and the disability movement.

IV. Special issues

Organisation of RC

37. D/N is advised to complete the reorganisation process of the RCs by using the assessment models developed for the RC and the CBRPs. Indicators of representation of PWDs in decision-making structures should be included. RCs and partners that are unable to fulfil the assessment criteria should be phased out of the RP's next strategy period.

Gaza

38. The other major change proposed in the strategy is linked to the situation of separation between Gaza and West Bank and the expected further deterioration of the economic and political situation for the population. Based on that the team recommends D/N to:
- s. Strengthen its **representation and monitoring of the partner** in Gaza by either opening a separate office, partner with a like-minded international organisation or the current partner NSR. Depending on available budget, D/N needs to select the most viable option.
 - t. Commission an impact evaluation of the CBR program (users' perspectives, quality, explore sustainability and ownership). Ensure that a strong independent local team is on board the evaluation team. Assessing the need for an intermediate level organisation between el-Wafa and the CBRPs should be part of the TOR.
 - u. Based on the above, there is a need to increase the budget share and technical support for Gaza. This is linked to the outcome of the proposed evaluation.
 - v. Continue to create venues for learning exchange between RP partners in West Bank and Gaza like previously and link with regional disability initiatives in the Arab world.

Regional component

39. The CBR capacity among the partners in Jordan does not seem to be adequate to ensure that transfer of the model to other camps will take place unless strong mentoring from outside. The recommendation is thus :
- w. To pilot the transfer in small localities only with technical assistance (TA) from regional coordinator and then reassess the progress after one year.
40. The technical support and regional exchange is perceived by UNRWA and the partners as more important than financial running of the centres. The team thus recommends that D/N:
- x. Involve UNRWA in strategising on D/N future role regarding the CBRPs in Jordan,

- y. Keep the networking component of including CBR workers and directors from Jordan in trainings and seminars
41. For Lebanon, the CBRA is a potential best practice in terms of its efforts towards inclusion of PWDs in planning, implementation, self-organisation and advocacy and lobbying. The team recommends to:
 - z. Continue to support the CBRPs by maintaining mentoring of CBRA to as a resource organisation; as well as support regional and international networking for CBRA and PDF to maintain and enhance quality of CBR.
 42. For both Jordan and Lebanon, there is a need to advocate towards establishing a social safety net for PWD among refugees under the umbrella of UNRWA which provides sustainable coverage of basic needs of equipment, medical, and psychosocial care.

RP secretariat

43. The team recommends the Steering Committee (SC) to find ways of increasing the programme's efficiency by:
 - aa. Reducing transaction costs (signing longer-term contracts with the partners).
 - bb. Commit the donors (Diakonia-NAD along with Sida/Norad) to adopt a complete programme-based approach (PBA) which implies alignment to the RP plans, reports and accounts (and not in their own formats).
44. Staff development schemes (training and courses) are recommended to be offered to the RP staff for upgrading their skills in issues related to social exclusion/inclusion, self-organisation, international humanitarian law (IHL), civil society mobilization etc.
45. As a rights-based programme, the SC should keep in mind principles of diversity with regards to age, abilities and gender for new recruitment purposes.

2 BACKGROUND

Diakonia and Norwegian Association of Disabled (NAD) have been partnering with Palestinian organisations in implementing a Rehabilitation Programme (RP) for almost two decades in the West Bank and Gaza. In Jordan and Lebanon, the RP has been active for around ten years

The programme's overall goal is to empower People with Disabilities (PWDs) and their families and facilitate their inclusion at the family and the community level, as well as to reinforce capacity in the community to constructively address the disability issues.

The RP has six components:

1. Community Based Rehabilitation Programme (CBRP)
2. Development of the rehabilitation referral system
3. Lobbying, advocacy and networking
4. Policy development
5. Capacity Building, research, documentation and development
6. Regional cooperation

Thanks to the steadfast commitment from a number of NGOs, stable funding from the Norwegian and Swedish government and the long-term vision of the two partners (D/N), the programme has had a direct impact on improving the lives of thousands of PWDs and their families.

After a number of studies and evaluations during the last decade, D/N decided to commission a more action-oriented study, i.e. a study that will consolidate findings from previous research in order to point at strengths, weaknesses and gaps in the current set-up in order to guide the directions of the next strategy period 2010-14.

2.1 Scope of evaluation

D/N decided to commission this "action-oriented" evaluation to guide and provide inputs to the future strategy. Action-oriented implied that the evaluation was meant to build on all the previous evaluations and studies¹ summing up the main lessons learnt in order to provide advice and guidance for D/N's development cooperation for the next five year period. The main purpose of the evaluation was stated:

1. Document achievements of the RP based on existing evaluation reports and statistics and;
2. Give recommendations to D/N's next programme strategy (2010-14)

The specific objectives of the evaluation were:

In the West Bank and Gaza

¹ See section 4.5 for an overview of main evaluation reports and studies commissioned by D/N.

- Document concrete achievements and lessons learned from the past work of D/N in the rehabilitation sector.
- Consider the financial and organisational sustainability of the CBRP and suggest steps to strengthen these.
- Consider the RP as a civil society actor in the rehabilitation sector in Palestine and identify important areas of cooperation for D/N in the next programme period.
- Assess the RP programme in terms of its relevance to the respective development cooperation strategies for D/N and Sida/Norad.
- Make recommendations that can serve as the basis for deciding upon the RP's future directions and future priorities for D/N support of the RP for the next five-year period.

In the Region

- Assess the current development cooperation strategy with UNRWA and the Palestinian refugee camps in Jordan and recommend ideas for effectively moving forward.
- Assess the current development cooperation strategy in Lebanon and recommend ways to strengthen it.

2.2 Methodology

Based on the invitation from Diakonia/NAD to submit a tender, Nordic Consulting Group (NCG) put together a team of six professionals with expertise in the fields of public health, disability, civil society, gender/human rights and organisational management based in the geographic areas of the RP (West Bank², Gaza and Lebanon).³

The evaluation was conducted in five phases; inception/desk study, field survey, analysis/validation including presenting preliminary findings with D/N, presenting draft report and log frame in workshops with all key stakeholders in West Bank, Gaza and Lebanon, and finally including all comments and feedback into the final report.

In the inception phase, available programme documentation was studied and analysed in order to develop the evaluation tools. Recognised principles for evaluating CBR programmes were incorporated into the tools.⁴ Apart from the desk studies of primary and secondary sources of information, the main tools for collecting data were.

- **In-depth interviews** with key stakeholders such as D/N programme manager, project managers, international head of NAD, local partners in West Bank, Gaza and Jordan/Lebanon
- **Focus group discussions** (FGDs) and workshop with Regional Committees from Jenin, Nablus, South, and Central West Bank, and Gaza using SWOT exercises.
- **Consultations** with policy makers including MOEHE, MOLG, UNRWA and local municipalities in the West Bank

² The consultant covering the West Bank did the case study on Jordan along with the team leader

³ NCG has previously conducted a range of evaluations of NAD CBR programs in Uganda and Malawi.

⁴ Stineman, Margaret G (2002), Guiding Principles for Evaluating and reporting on Worldwide Community-based rehabilitation programs.

In total 123 people were interviewed. Notes were taken down from all interviews and FGDs and shared internally in order for the whole team to have a complete picture of the findings from the different geographic areas.

Before wrapping up the 15 days field survey, a presentation of preliminary findings was shared for discussion and validation with the RP staff. In addition a one hour phone brief was provided to Diakonia's regional director based in Jerusalem and the Middle East desk officer in Diakonia's head office in Sweden. Follow-up interviews on phone/email were made with both D/N managers.

The draft report was shared with RP manager and the Steering Committee. The Executive Summary was translated to Arabic and circulated in the Stakeholders' Workshop. Based on inputs and clarifications from that workshop a final report was issued (see Annexes for field survey programme, interview guides, summary of SWOT etc).

2.3 Limitations

There are two main limitations to this evaluation; the lack of access to Gaza for the team leader prevented a complete team analysis of the RP in Gaza; and the fact that the RP is a large programme with many stakeholders. Within the limited time available, the evaluation team was unable to interact in-depth with all the stakeholders. Because the CBR programme in the West Bank is well documented through a large number of studies and evaluations, the team conducted only two site visits; one in the Northern West Bank and one in Nahr el-Bared, while paying more attention to the self-organisation of the PWDs by visiting one DPO and two of the GUDP branches.

Although the review team had made different planning scenarios, the lack of access to Gaza⁵ was unfortunate, especially since the last studies and evaluations of RP could not conduct face-to-face interviews in Gaza and had to rely on videoconferencing and electronic communication means (for example the Evaluation of the CBRPs from the user perspective by Nilsson/Queteina, 2005, and the Children Study).

Plan B for the field survey was therefore vitalized and the team in West Bank held video conferencing and extensive phone calls and consultations with the team member in Gaza. Still, it should be noted that video conferencing and telephone calls are insufficient when critical and sensitive issues like planning for the future is concerned. In addition the lack of access impeded the team to make a complete team analysis along the lines of the rest of the RP.

Finally a limitation that was discovered during the Stakeholders' Workshop was that when the evaluation refer to D/N's Rehabilitation Program (*barnamij el-ta'hil*) many external stakeholders (like ministries, GUDP central etc) interpreted this to mean the WHOLE rehabilitation programme in oPT including activities outside the D/N support mechanisms. This is an indicator of D/N's unique position in developing the rehabilitation sector in oPT. However, it should be stressed that this evaluation is only assessing the components that have been funded by D/N.

⁵ Despite D/N consistent efforts in dealing with the Israeli military, a permit was not obtained for the team leader to enter Gaza.

3 PROJECT OVERVIEW

3.1 Rehabilitation programme

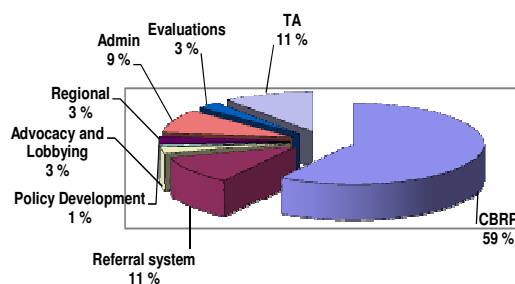
Around 7–10% of the population globally is estimated to have some sort of physical or mental disability. Many persons with disabilities, especially in the developing world, have no access to institutional rehabilitation services that are usually based in urban areas with a limited service capacity. The concept of community-based rehabilitation (CBR) was therefore developed by the World Health Organization (WHO) in the late 1970s to increase the coverage of rehabilitation services for disabled persons initially focusing on medical and functional aspects. Later educational and occupational aspects of rehabilitation were included and CBR became an effective approach as PWDs require a multi-sectoral approach that covers all aspects of life. CBR is often defined as:

*...a strategy within general community development for rehabilitation, equalisation of opportunities and social inclusion of all children and adults with disabilities. CBR is implemented through the combined efforts of people with disabilities themselves, their families and communities, and the appropriate health, education, vocational and social services.*⁶

Diakonia has worked in oPT since 1990, NAD has worked since 1992 and jointly, the two partners have been providing financial and technical support to a large number of non-governmental organisation (NGO) partners and some private hospitals since 1992.

As seen in the previous chapter the RP consist of six components, whereby the CBR programmes are by far the largest.

Figure 1 RP Budget distribution 2007-8



The total cost of the programme is more than 20 million USD; Norad's total contribution to the RP from 1992 – 2008 is around 83 million NOK (11.8 million USD), while Sida's contribution for the years 1999 - 2008 is around 70 million SEK (ca nine million USD).⁷

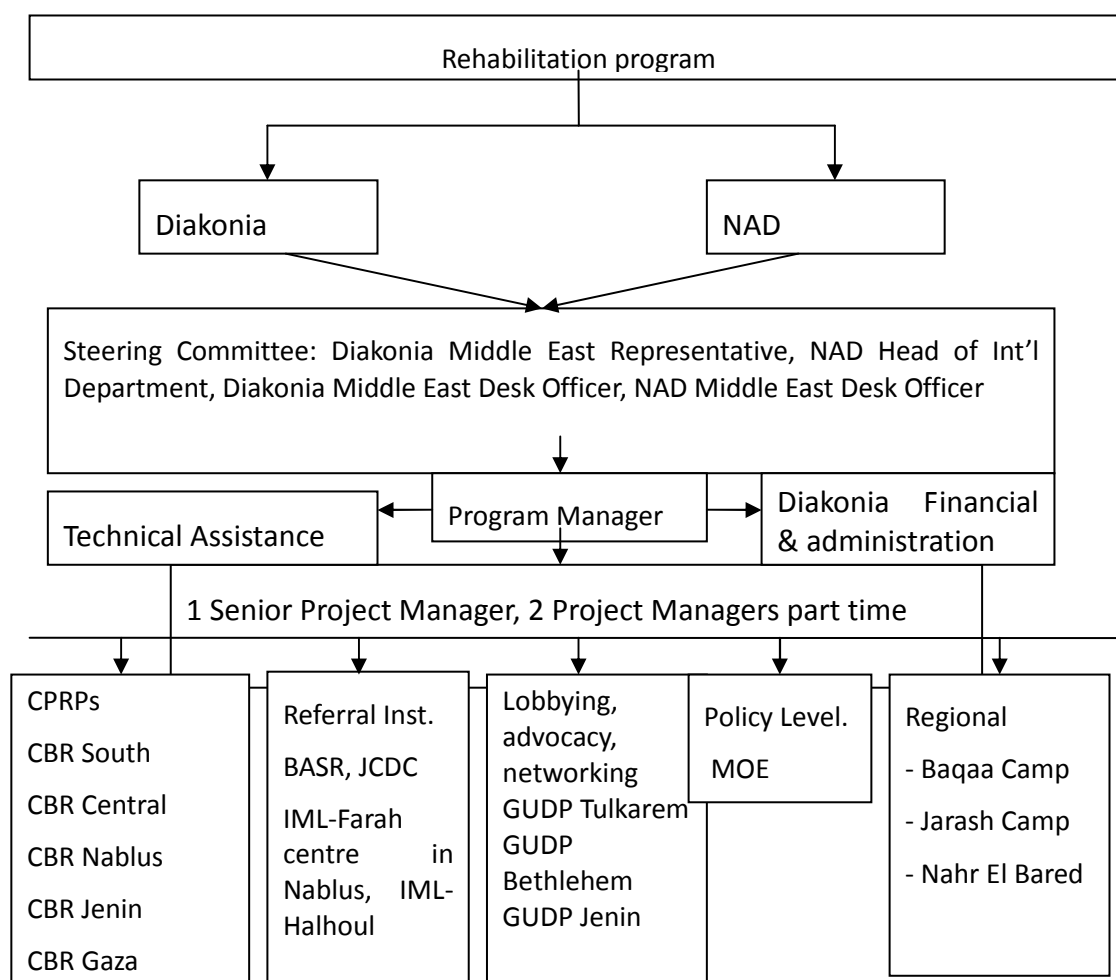
⁶ Quoted from WHO, UNESCO and ILO (1994) concept paper *Joint Position Paper on CBR*

⁷ These figures do not include administration costs in the home offices of Diakonia and NAD related to evaluations,

According to the budget plan for the programme period 2007-9, the above figure constitutes an approximate distribution of funding towards the different RP components. The CBRP has almost 60% of the total budget of 11, 7 million Norwegian kroner (ca 1, 7 million USD). The national referral system (mainly core budget support to BASR and JCDC and cost of IML centres) has 11% of the budget, and the TA from D/N in the shape of capacity-building, training, monitoring and follow-up of the partners constitute 11%.⁸

The Regional component which entails support to local CBR committees in Baqqa, Jerash and Nahr el-Bared camp in Jordan and Lebanon respectively accounts for three percent. The regional component is funded solely by NAD/Norad funding as the Sida funding is ear-marked for projects in West Bank and Gaza. Advocacy and lobbying components account for three percent of the total budget. Here it should be noted that there are elements of advocacy and lobbying integrated in the CBRPs there is more than 3% that goes to advocacy. Evaluations costs are three percent and administrative costs of the RP office accounts for 9%.

Figure 2 Organogram Rehabilitation Programme



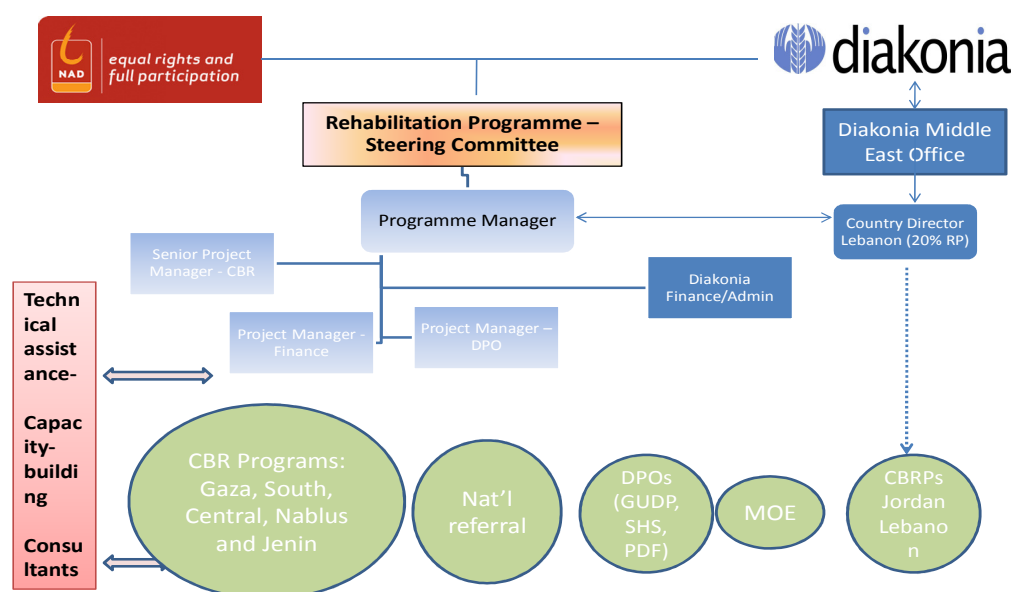
studies, reviews, travel costs, technical advice and administration. The Sida figure should be higher, but records in D/N office in Jerusalem included only figures for Sida contribution to the RP from 1999 and onwards.

⁸ The RP administrative capacity was strengthened by a senior projects manager in 2009. This cost is not included.

The current organisational structure of the RP as seen above is headed by a Steering Committee which meets once a year to discuss strategic directions and review reports and plans. The SC consists of NAD's international director and Diakonia's Middle East representative. Until 2008, the D/N agreement included the RP Programme Manager as a member of the Steering Committee.

In addition to the above, 20% of the total cost of the Diakonia country office for Lebanon is contributed by the RP although this is not visualised in the above structure. By illustrating the regional components and the role of the Diakonia country director Lebanon, see figure below:

Figure 3 RP structure 2007-9



3.2 Local partners

The main partners in the RP can be divided into five categories; the NGOs that comprise the Regional Committees (RC), the National referral institutions (NI), DPOs, authorities and networking NGO partners.

For the first category, there are four RCs in the West Bank (Jenin, Nablus (North), Central and South) that consist mainly of large NGOs (Medical Relief Society, Palestinian Red Crescent Society, Patients Friends Society, Bethlehem Arab Society for Rehabilitation and Health Work Committees) that formed consortiums that been the contractual partners to D/N. In Gaza, there is no RC as the committee was institutionalised as a National Society for Rehabilitation registered with the previous Palestinian Ministry of Interior.

In the second category of partners the Referral institutions have been supported by D/N as part of developing and strengthening the referral system between CBR and the tertiary institutions. Bethlehem Arab Society for Rehabilitation (BASR) and Jerusalem Centre for Disabled Children (JCDC) are supported as national referral structures and currently provide technical support to

two intermediate level rehabilitation centres; one in the northern West Bank and one in the South. The two IML centres are supported by D/N in a pilot stage to provide technical support and training to CBR workers and families, in addition to acting as a link between CBR services and national referral institutions.

Before the PNA, all referrals were handled individually and there was duplication of work. In 1996 the three centres in the West Bank signed an agreement with the MOH to coordinate the services provided to the disabled, assigning responsibility for categories of services to the institutions based on their particular strengths and capacities. Specifically according to this agreement, which was according to the RP initiated and facilitated by D/N, the areas of responsibility are:

- BASR: national referral centre for children and adults with head injuries, peripheral nerve injuries, Cerebral Vascular Accidents (CVA), Cerebral Palsy, Neuropathy, fractures, Musculo-Skeletal and rheumatic disorders, joint replacement, and different types of disability (physical, mental and sensory).⁹
- Abu Rayya Centre: national centre for spinal cord injury and spina bifida for adults and children¹⁰
- Princess Basma Centre: national referral centre for children with cerebral palsy, psychomotor retardation, and other childhood pathologies from the northern part of the country except spina bifida, spinal cord injury and head injury patients.¹¹

Since the closure of Gaza and restricted access of Gaza residents to the West Bank during the Intifada, efforts were made, with D/N support, to turn El-Wafa Medical Rehabilitation Hospital (WMRH) to a referral, centre for tertiary rehabilitation care (national level centre) for patients from Gaza Strip. Today, Wafa is the only in-patient hospital in Gaza for the major diagnostic categories like CVA, spinal cord injuries (SCI) and related complications, traumatic brain injuries (TBI) and complicated orthopaedic problems.

In the third category, there are disabled people's own organisations. DPOs are defined as organisations whereby PWDs constitute 51% or more of the members and leaderships. DPOs believe that people with disabilities are their own best spokespersons. DPO's motto is "A voice of our own". D/N has supported the GUDP since the beginning (1991) by partnering with the central office. In 2005 the support was shifted to the branches of GUDP in the West Bank, not in Gaza. Since 2007 the cooperation has included Stars of Hope, a DPO for female disabled. As the DPO movement is still in its early beginning in the oPT there are few other registered DPOs like the Palestinian Deaf Society and Deaf Clubs¹² in addition to small self-organised groups.

The fourth category includes authorities, which the RP works with mainly towards policy development. This category includes the Inclusive Education programme at the Palestinian Ministry of Education (MOE), local authorities in the West Bank) and the disability department at UNRWA in Jordan and Lebanon.

⁹ www.basr.org.

¹⁰ www.kaburaya.org.

¹¹ www.basma-centre.org

¹² Since 1999 the Norwegian Deaf Association (NDF) and Signo, a NGO linked to the Church of Norway, have co-operated on promoting Deaf Unions and a school development project in oPT. NDF is like NAD a member of the Atlas Alliance that has a framework agreement with Norad.

Among the fifth category of networking and like-minded partners, the evaluation team includes national, regional and international agencies and organisations that work in the fields of disability like HI, MAP-UK, Welfare Association, NPA, but also human rights and civil society organisations that D/N might consider working more with.

3.3 Diakonia and NAD

Diakonia is the international aid and development organisation of five Swedish churches. It has worked in the Middle East since 1967 in partnership with local civil society organisations to advance human rights, democracy and gender equity. Diakonia's regional office in Jerusalem covers Iraqi Kurdistan, West Bank, Gaza, Egypt, and Lebanon. Diakonia has country offices and country representatives in Iraq, Egypt and Lebanon while Jordan is followed-up from Lebanon.

The country programme in occupied Palestinian Territories consists of four sub-programmes:

- Civil society development
- Rehabilitation
- Children's literature
- International Humanitarian Law (IHL)

Diakonia's strategy is to work through rights based programmes where these themes can be addressed in a practical way – for example, through the CBR programmes.¹³

The Norwegian Association of Disabled is an advocacy organisation, representing 20,000 members in Norway. NAD has twenty years of experience in overseas development co-operation. The vision of NAD is “an inclusive society where no one is discriminated against because of their genetic heritage or biological make-up, their culture, faith or values”.

NAD's role in the cooperation with Diakonia is mainly advisory and financial. For the strategy period 2004-2010, NAD's two priority areas for its overseas development co-operation were: *To strengthen disabled people's organisations; and to support initiatives for CBR through partnership with national authorities and/or with organisations that provide services.*

The funding for the RP comes from Norad channelled via the Norwegian umbrella organisation, the Atlas Alliance. NAD along with 15 other Norwegian NGOs and DPOs have three years (soon to be five-years) framework agreements with Norad through the Atlas Alliance.¹⁴ The funding from Sida comes through periodic applications by Diakonia covering a two or three year programme period. In addition to that, the RP has been funded by a direct 100% financed contribution from Sida (see also Annex VI about donors' policies).

3.4 Lessons learnt – previous recommendations

¹³ Quoted from Agreement Diakonia/NAD, signed June 2008.

¹⁴ According to webs site, www.atlas-alliansen.no there are 16 partners and 2 affiliated organisations.

In the inception phase, a number of issues were identified from reviewing existing evaluation reports, studies, documentation of the RP (annual plans and reports, log frames, statistics from CBRP, partners' reports, agreements etc.). The main focus was to explore how D/N and its partners have followed up on the recommendations. Below the main recommendations are listed, while in Annex IV, the full table is included.

Figure 4 Recommendations from earlier studies

1. Support development of a **comprehensive referral system** that includes the intermediate level
2. Increase cooperation with relevant ministries (MOSA, MOH, MOL)
3. Quality development of CBR and expanded coverage of CBR
4. Increase **sustainability** of the CBRP by set plan for how to gradually decrease dependency on outside funding
5. Development of **technical support** to programme and partners
6. Investment in training of staff and partners (LFA planning)
7. Increase CBRPs attention to activities designed for the promotion of rights, and keep mainstreaming as an approach
8. Strengthen the **Union of Disabled People** by a) assisting in recruitment, b) partner in advocacy matters, c) invite board members of the Union branches to all CBR staff training events and to annual evaluation and planning events
9. CBR program should make a proactive strategy to employ, train and promote PWDs and improve support to income generation for PWDs
10. Standardise definitions of disability types
11. Review and revise the information systems and databases
12. Improve support to deaf and hearing impaired and severely intellectual and multiple disabilities
13. Guidelines and procedures re provision of technical aids and rehabilitation services for cost sharing, supply, repairs and quality of services

4 FINDINGS

As seen in the preceding chapter, the CBR programmes in West Bank and Gaza have developed differently in the almost two decades since they started. Being community-based programmes they interact dynamically with the communities adapting to the ever-changing local socio-political, economic and cultural contexts. It has been argued that this is what makes CBR programmes unusually relevant for communities living under unstable political situation (Eide, 2006).

After the establishment of the Palestinian National Authority (PNA) in West Bank and Gaza, the Gaza CBR partner registered with the Ministry of Interior as a non-profit organisation (National Society for Rehabilitation), while the CBR programmes in the West Bank continued to operate like “consortiums” between two-three organisations.

The socio-demographic context of the CBR programmes is markedly different; while the CBRPs in West Bank operate mainly in rural areas, in Gaza most of the localities are urban and densely populated. In Jordan and Lebanon, D/N exclusively supports CBR programmes run in Palestinian refugee camps.

The political separation between West Bank and Gaza taking place after the Palestinian elections in 2006 and the internal divisions in mid 2007 that led to two separate governments; Hamas controlling the Gaza Strip and Fatah the West Bank, has had its toll on the national level of CBR programmes.

Despite the highly different contexts and realities of the programmes in the West Bank, Gaza, Lebanon and Jordan, the findings of this study are presented according to current RP structure; CBR, referral, advocacy (DPOs), policy development, capacity-building and regional cooperation (Jordan and Lebanon) upon the request of D/N.

4.1 CBR programme

The main component of the RP is the Community Based Rehabilitation Programmes (CBRPs) now covering more than 60% of the Palestinian population in oPT.

The RP and its partners have been successful in establishing CBR as the main model for addressing the disability issue in occupied Palestinian Territories. The **CBR model** is well documented through evaluations and studies and has had a documented impact on the lives of PWDs and their families, especially at the family and community level. The CBRPs coverage is steadily approaching the planned milestone of 65% of the population and has made a big difference in the lives of PWDs. With CBRPs support, an increasing number of children with disabilities are attending school and the concept of inclusiveness is accepted as norm by the MoE. The CBRPs also support PWDs in creating their own organisations and struggling for their own cause.

The programmes are managed by **strong NGO partners** with influential presence at the national level and wide range of services. The field work is run by CBR workers with long experience and strong relations with community members. Over the years, the programmes have managed to

adapt to an ever changing and adverse political context, creating a strong network of relations with families and communities. Stable funding and commitment from D/N have also contributed to sustaining successes made over the past 1.5-2 decades.

CBR services are provided in Gaza by three main providers: NSR (D/N partner), UNRWA partners, and Palestinian Medical Relief Society (PMRS). NSR covers more than 60% of the CBR services in all over Gaza Strip except North Gaza and East Khan Younis, which are covered by PMRS. UNRWA partners are implementing their programmes inside seven of the refugee camps in Gaza. There is some contact between the three providers, but no institutionalised or systematic programme cooperation.

NSR through financial and technical support from D/N is working at addressing physical and/or psychological needs of PWDs and improving their integration into the community. NSR is trying to enhance channels of communication and coordination amongst related bodies, facilitate the training of local human resources, implement rehabilitation projects at the community level, encourage activities aiming at the prevention of disabilities and promote public awareness towards the PWD in Gaza.

More recently, a **decentralised approach to CBR management** at the community level in the West Bank (not Gaza strip) was adopted to strengthen community ownership of the CBR process and increase organisational and financial sustainability. This successful model started from grassroots level (Beita and Betunia local councils). The idea seems to be well received by local partners in other localities and has become a main focus in the future planning of the CBRPs.

Following a study on the status of gender in the CBRPs, the latter managed to **mainstream gender issues** at the family and community level, promoting the role of females in the public domain and increasing men's participation in caring for disabled family members. The programmes are targeting both male and female PWDs at an equal foot, although they were expected to take action to recruit Females with Disability (FWDs) in response to the multi-fold discrimination they are exposed to as females and as disabled people. The CBRPs have not managed yet to adequately strengthen the role of females in its senior management structures.

In Gaza, the NSR is addressing gender mainstreaming as an issue related to PWDs in all activities. D/N is helping NSR to employ more female community rehabilitation workers for its CBR activities.

Through CBRPs, the RP has contributed to the **development of civil society** within the disability movement. The successful adoption of a community-based approach has led to increased community involvement in resource mobilization, planning and implementation of activities. The CBRPs are benefiting from a large pool of local volunteers and a wide network of supportive community-based organisations. A negative side effect of this success is the development of a perception that rehabilitation is a non-governmental affair, allowing the responsible authorities evade pressures to assume their role in addressing the needs of PWDs.

Human rights and **participation/inclusion of PWDs** are a major theme in the CBRPs. According to the reports from the CBRPs to D/N, the PWDs and their organisations participate at the district level in the planning of the CBR programme, training of volunteers and new CBR workers, summer camps, community education etc. and in the design of individual rehabilitation programmes and interventions at the family level. However, although the programmes have managed to mobilize PWDs within their families and communities, their inclusion in the planning and monitoring of CBR activities remains weak (Qutteina, 2006, 2009).

The role of PWDs in advocating for and monitoring the mainstreaming of disability issues within the community (as reflected in the decentralised approach) is not adequately accentuated. In spite of long years of cooperation between CBRPs and DPOs (mainly GUDP district branches), the latter have not been involved systematically in outlining the strategic direction of the CBR, such as by being included/represented in the regional committees.

There are also other indications that the rights-based approach is not completely internalised among CBR managers and staff, including the terminology used by some CBR teams and the weak progress towards employing people with disabilities in the CBRPs and within some of partner organisations.

The governmental involvement in the disability issue is further weakened by the lack of a national rehabilitation strategy and the poor cooperation and synergy between the rehabilitation regional committees at a national/policy level. The regional committees existed from the start and helped develop the programme, but their structure did not adapt to the changed context and proved to be unable to make a significant difference at the level of advocacy and policy development. The different political agendas of CBR partners seem to be a hindrance restricting the potential for synergetic work.

4.2 Development of rehabilitation referral system

The RP runs two forms of activities to support referral system in the West Bank: direct support to national referral system (namely, BASR and JCDC) and support to establishment of intermediate referral services in north (Farah Centre) and south (Halhoul Centre) of West Bank.

Before the closure of the Gaza Strip in 1994, patients in need for specialized care would be referred to JCDC, BASR and Abu Rayya in the West Bank. However, after the closure of Gaza El-Wafa Rehabilitation Hospital was supported by D/N and other partners and donors to become the National Centre for the population in Gaza.

The RP **support to national referral centres** is aimed at improving the quality of service provision and developing professional capacity. The evaluation did not manage to identify how directly this support fits with other RP strategies, mainly CBR, advocacy and policy development. Nevertheless, this support proved to be instrumental in contributing to covering the costs of rehabilitation services for patients referred through MOH at the time when MOH (in Hamas-led government) could not receive direct support from main donors like the European Union. This was particularly the situation after the international donor embargo on the Palestinian government after elections in January 2006.

Previous evaluations found that **referral to intermediate level** was poor and that the RP has mainly paid attention to the national referrals but has not paid much attention to the regional and district institutions. In response to this finding, two years ago, the RP initiated support to establishment of two intermediate level centres in north and south of West Bank. Following a piloting phase, follow up studies were conducted on these two projects (Henley/Greer, 2006 and 2008).

From our desk review and field work, we found that this component is playing an important role in two directions: serving as a link between CBR and national referral centres, and providing technical support to CBR workers in the field. In addition, these services have an added value in

regard to facilitating access to rehabilitation services for PWDs, especially in view of mobility restrictions imposed by Israel in the oPT over the last eight years.

The evaluation found that the intermediate level centres in Nablus and Halhoul respond to a varying degree to the needs of the respective CBRP, with Halhoul centre allocating more efforts and resources to referrals made by the CBR. Although objective reasons for this discrepancy exist, Farah centre is expected to develop strategies to increase the share of referrals by two CBRPs (Jenin and North) in its operations.

A major factor of success is probably the technical support and training offered to the staff of the intermediate level centres by national centres (BASR and JCDC). The intermediate level centres serve as a model that can be replicated in other regions, preferably by applying it to already established services rather than creating new ones.

For Gaza, there are dozens of intermediate level services in the Gaza Strip, but they are not providing the required link between CBR programmes and El-Wafa as a national referral centre. This is causing a huge gap in services and referrals. Referrals are taking place on an ad-hoc basis between primary level and El-Wafa Hospital. There have been steps towards improving the system such as exchange of information and arrangement of home visits and home care. However, these steps are not enough to bridge the gap between the two levels of services. D/N used to fund el-Wafa until 2007/8, but stopped after that. According to D/N there were a number of reasons that played into the decision.

4.3 Lobbying, advocacy and networking

4.3.1 DPOs

Support to self-organised groups of PWDs and DPOs is a main strategy for advocating for PWDs rights. Historically, both Diakonia and NAD supported the establishment of GUDP in 1991. NAD's mission being a DPO itself is especially linked to strengthening and building the capacity of Palestinian DPOs. However, in occupied Palestinian Territories, D/N has mainly worked with only one DPO, the GUDP – until recently, when Stars of Hope, an organisation representing women with disabilities was included in the RP.

Based on a couple of evaluations and reviews starting in year 2000 (including a financial audit¹⁵), NAD commissioned its representative to work particularly with GUDP during 2003/4. A Norwegian consultant did an assessment of GUDP (Løchsen, 2004). Summing up the achievements in the report, the consultant recommended Diakonia/NAD to “**lower its expectations for what is possible to achieve** [with GUDP] and how long it takes to achieve it.” The consultant stressed that changing the cultural and organisational behaviour takes more time than to agree upon administrative rules and regulations since that had been the focus on D/N until then.

Furthermore, the report warned D/N that it “should expect conflicts. The members of the GUDP have one main goal, i.e. to fight for DPs rights. At the same time the members come from totally different political fractions and disagree on (most) other things. It is natural to expect ... power

¹⁵ Report on the Financial Management Capacity of the GUDP, by Sa'adi/Farrage/Orfally.

struggles and disagreement about persons and the direction of the GUDP.” (Løchsen, 2004:9).

The 2004 evaluation report also recommended that D/N continue to support and strengthen the central and national level of GUDP in order not to undermine the GUDP as a whole.

However, the D/N found that GUDP underwent further fragmentation and politicisation, and in 2005 the RP decided to support individual branches instead of the national level (D/N AR, 2005), working against the recommendation of the evaluation report. According to D/N, the decision was based on many years of actively providing technical and financial support to central GUDP without having achieved positive results.

Supporting the GUDP in Nablus seems to have been a successful intervention. Reported outcome indicators were internal organisational achievements like having thematic (youth, women) committees, organising elections, expanded cooperation with local institutions, including media. The membership in GUDP Nablus was almost doubled from 2005 to 2006. For the years 2007-9 GUDP Nablus has been managing on its own without external funding from D/N. Some achievements were documented in Bethlehem branch, but the branch was unable to increase membership and has difficulties in sustaining the branch office and staff.

According to D/N, the self organisation and empowerment of PWD is integrated in the CBR work and refers to statistics of the 2008 report for example on ADL, independence, integration into family and community, into schools and kindergartens, and so on are all for the purpose of empowering persons with disabilities. The evaluation team find that these are strong indicators for empowerment of PWDs.

However, support the self-organisation of PWDs is different from empowering PWDs on individual levels. Both are interlinked, and empowering on the individual level is a prerequisite for empowering on the group level. But it seems that CBRPs have not been able to capitalize on individual-level empowerment to turn it into a movement with strong representation in advocacy efforts at the community or national level. Empowered individuals have not become leaders and mobilisers of others although many of them may have been very active as individual supporters of CBRPs. Trainings in self-organising of the kind that D/N recently supported in Jordan are excellent ways of promoting the self-organisation of PWDs – **by themselves for themselves**.

Looking at the RP’s log frame there are few outcome indicators for the support to the DPOs. The results are made up of scattered activities, not long term results.

D/N has developed a strong knowledge base for the CBR, but less so for the DPO/self-organised groups. Most of the capacity building efforts of the DPOs that have supported by D/N are focused on development of administrative and organisational skills, and less attention has been diverted to social mobilization and advocacy skills. This is evident in several field interviews with DPOs, reports by GUDP branches receiving support from D/N, SHS reports, as well as a document presented by NAD summarizing support to GUDP central office in the period 2002-2005 (CG, May 2009).

There are two main DPOs in Gaza, GUDP and Physically Disabled Society. GUDP was established in 1997 in Gaza. The main aim was to create a national body for disabled people, but the deteriorated political situation resulted in presence of two separated bodies working with minimum coordination. None of the two DPOs are currently funded by Diakonia/NAD. It seems that both DPOs are involved in planning activities and they coordinate with CBR in referral and

disabled needs. There is no clear distinction between rights-based groups and service-providers, where there is no cut off points between them, but we observed that GUDP is right-based while the Physically Disabled society is service-based. At the same time, both are active in fighting for the rights of the disabled. All service providing DPOs beside GUDP are mobilising PWDs to fight for their rights.

Although measuring results of the advocacy work in the Gaza Strip is outside the scope of this evaluation, it is noteworthy that no direct intervention by D/N was addressed at self-organization of PWDs in Gaza, either through support to DPOs or capacity building of CBR partners in self-organization. Yet NSR reports that community is aware about PWDs rights, especially families of PWDs, and that some social attitudes have changed and the terminology related to PWDs is progressing. Marriage of PWDs is one indicator of success of community inclusion and CBR advocacy activities. The representatives of the CBRPs in Gaza are fully aware on including PWDs in planning of activities and not limiting their participation to the role of passive recipients of services.

D/N fund supported NSR to conduct regular advocacy activities in the Gaza Governorates through workshops, panel discussions, meetings with decision makers and legislative council members. These activities are integrated in NSR activities and have become part of the daily work.

4.3.2 Civil society coordination and cooperation

When assessing the results of coordination with other civil society organisations, there are two levels; the D/N RP level and the RP partners. Diakonia/NAD (via RP) is a member of the Association of International Development Agencies (AIDA), the coordinating body for international NGOs working in health in occupied Palestinian Territories, and their Disability Sub-Cluster. Here RP interacts with other international organisations such as MAP-UK, HI, Welfare Association on particular themes or events. During the WHO validation of the revised CBR Guidelines, D/N cooperated with MAP-UK in oPT and Lebanon in the piloting.

In supporting GUDP on the central level, D/N used to cooperate with UNAIS and HI on developing relevant capacity-building initiatives (Løchsen, 2004, Zayed, 2007). For the support to the GUDP branches, the coordination seems less regular.

CBRPs report strong networking relations at the community and district level with many civil society organisations and other service providers. The CBR programme is in itself an interesting model for how civil society can organise interest groups (in this case, disabled) so that they can advocate for their cause. The number of **self-help groups** established as a result of the CBR programmes (82 community self-help groups and 63 school-based student support groups in both the West Bank and Gaza in 2008) is an important indicator of the success of CBR in this regard. Although, as pointed out in other places in this report, there is still room for improvement in this regard, CBR is an important component of Palestinian civil society.

On the national level, there are weaker reported linkages between the CBR partners and other CSOs. This can be explained by the lack of unified effort at the national level of the regional committees and the fragmentation among the large NGOs running the committees.

Traditionally, and still to some extent, rehabilitation has been largely viewed as a health issue,

leading to stronger relations with health providers than with other sectors. There is potential to go beyond this vision and improve relations with other actors, including **human rights organisations**, women's organisations, and youth organisations (and even with trade unions and chambers of commerce and industry on issues related to employment for instance).

The Independent Commission on Human Rights¹⁶ is a good example of a window of opportunity, given the fact that they have already addressed the issue of rights of PWDs and developed a study on the implementation of disability law. The ICHR's role as an ombudsman having offices with complaints departments in all the five regions, could greatly enhance the civil society aspect of the RP if an institutionalised (or informal) cooperation could be initiated,

For coordination and cooperation with other organisations/institutions in the Gaza Strip, NSR host meetings of a group of national rehabilitation institutions in Gaza strip. NSR was nominated for chairing the disability cluster and played a positive leadership position during the recent crisis.

In view of the closure, CBRPs in Gaza have been facing great difficulties in maintaining coordination and cooperation with West Bank and the region, although they are aware of the importance of regional cooperation in improving their work, programmes. According to the representatives of CBRPs in Gaza, there is a limited budget allocated for regional cooperation and for staff participation in international programmes or trainings outside Gaza.

4.4 Policy development

A major achievement partly attributed to D/N support to advocacy work was **approval of the Disability Law** in 1999 by the Palestinian Authority. However, subsequent advocacy efforts made little progress in terms of realizing the rights stated in the law. Disability issues have also been absent in major strategic documents and plans developed by PNA, such as the Palestinian Reform and Development Plan, adopted by donors (including Norad and Sida) as a main reference for funding decisions. There are numerous objective reasons for this weakness in putting the disability issue on the national agenda, including political instability, long list of pressing priorities, PNA financial crisis, etc. However, there are other subjective factors, such as weak advocacy role of DPOs, inadequate attention by RP partners to national level advocacy and policy development and lack of national umbrella to coordinate efforts of regional committees in this regard.

The CBR partner in Gaza funded by D/N, NSR, states that it has partnership and cooperation with the Ministry of Education and UNRWA mainly on the inclusive educational and social inclusion of PWDs. However, D/N's contract was with the responsible Ministry of Education in Ramallah. Due to the political split between MoE in West Bank and Gaza and due to the emergency situation, the D/N programme has been frozen in Gaza and D/N has communicated only with the West Bank MoE and not directly with the new MoE in Gaza.¹⁷

During interviews with MOE they referred to various funded activities, but the team was unable

¹⁶ Formerly called the Palestinian Independent Commission for Citizens' Rights (PICCR), www.ichr.ps

¹⁷ The MoE employees paid by PNA in West Bank have been on strike since Hamas' take-over of the Gaza Strip in July 2007. The Gaza-based consultant of this evaluation interviewed the MoE in Gaza.

to establish which donors funded the different projects. For UNRWA there was reportedly no direct cooperation or funding with D/N. However, NSR is cooperating with UNRWA to provide school children with Prosthetic devices and there is a good working relationship between NSR and UNRWA on the inclusive education programmes in UNRWA Schools.

A major success in terms of policy development in the West Bank has been the cooperation with MoE on institutionalizing **inclusive education** in public schools. The RP has offered continuous support to MoE Inclusive Education Department over a decade, helping to recruit special education counsellors at the district level and develop the capacity of Inclusive Education staff at all levels, including the school level. This cooperation can be further augmented if MoE and RP agree on a long term cooperation strategy rather than supporting individual projects every 1-2 years. The RP needs to encourage MoE to develop a long-term strategic plan in regard to the future of this important programme.

Another potential success in regard to policy development is the **cooperation with local authorities** (and district offices of local government) to promote a decentralised approach and systematic partnership in CBR, where local authorities mainstream disability issues in their plans with technical support from CBRPs. Although indications of success are evident at the community level, advocacy at the Ministry of Local Government level is yet to be initiated in order to institutionalize this approach.

The team sees the RP partners' main role in systematic monitoring and being a 'watchdog' of the government's implementation of the Disability Law. This would be an important civil society function to fill for the DPOs which is currently not taking place.

D/N and the CBRPs in the West Bank have tested and managed many **regional coordination** forms (directors' meetings, policy group), but none of them proved to be sustainable. Currently, coordination relies on ad hoc forms and meetings, which cannot provide a platform for systematic advocacy efforts at the national level.

4.5 Capacity-building, documentation and research

During the last years D/N has conducted a number of evaluations and studies of the CBR programmes; to document the impact of the CBRPs (for example Eide/SINTEF Health, 2001), developing CBR indicators (Eide/Qutteina 2008), the effect of the programme on promotion of democratic norms, human rights and empowerment of civil society (Brunborg, 2001), and gender evaluation (Abu Nahleh, 2003). A study of the Inclusive Education for All was undertaken to consider the short-term outcome of the implementation of the Ministry of Education's (MoE) national policy on inclusive education (Karlsson, 2004).

A user perspective study of the CBRP was conducted in 2005 (Nilsson/Qutteina) and a follow-up study of the Swedish health assistance to the Occupied Palestinian Territories was initiated by Sida in 2005 (Karlsson/Engblom) that primarily addressed RP organisational development and sustainability issues. Following these two studies, RP partners together re-defined their collective direction, goals and strategies, which have become the basis for the result focused RP log frame established for the current funding period from 2007-2009.

As follow-up of the recommendations of the 2005 studies, a Mapping of the rehabilitation

services in CBRP areas was conducted (Qutteina, 2006), a review of the CBRP's work with children (Qutteina, 2007), and finally a review of the CBRP's decentralisation development (also Qutteina, 2008).

There have also been some evaluations of the support and capacity-building efforts directed to the DPOs (mainly GUDP) like "The sustainability and strength of the GUDP" (Løchsen/NAD, 2004), and a quick assessment of six GUDP branches¹⁸ (Khalidi, 2007). For the regional component of the programme in Lebanon and Jordan, there have not been any external evaluations funded by D/N.¹⁹

For the RP as a whole there have not been any studies or evaluations. While the CBRPs in West Bank and Gaza have been studied, the more recent CBRPs in Nahr el-Bared/Beddawi in Lebanon²⁰, in Jerash and Baqqa in Jordan have not been studied by D/N. Nor have there been any assessments of the overall effect of the advocacy components of supporting DPOs and influencing policy makers.

For **capacity building projects**, the RP has implemented a large number of trainings, seminars, activities with governments and NGOs. Reviewing the documentation of capacity-building initiatives for the period 1999-2008 provided to the team by the RP²¹, it can be observed that in the early years immediately following the approval of Disability Law, D/N supported range of activities with the governmental agencies, MOSA and Ministry of Youth and Sports. However after the outbreak of the second Intifada (September 2000) and onwards the focus was shifted to more emergency and psycho-social activities and D/N funded inclusive summer camps for children from north to south West Bank and Gaza.

From 2002, D/N focused on the financial and organisational management of the GUDP with the support of an external consultant and staff from NAD headquarters in Oslo. In 2002, the RP supported the participation of several Palestinian PWDs to attend the Arab Organisation of Disabled Persons Conference in Lebanon and this was repeated during the AODP General Assembly in Egypt in 2008.

After the Gender Study in 2003, several follow-up activities took place and a couple of years later this was followed-up by training on gender mainstreaming in the CBR programmes in West Bank, Gaza and Jordan in cooperation with the Palestinian NGO, Women Affairs Technical Committee (WATC).

In 2006-7, D/N focused on improving the quality of the National Referral Centres, the then newly established Intermediate Level Resources (IML) and the Community-Based Rehabilitation (CBR) services in the West Bank (not Gaza and region). A consultant for Diakonia/NAD, a neuro

¹⁸ These six branches were Tulkarem, Salfit, Jenin and Ramallah (who had been given small grants) in addition to two branches that D/N has already an agreement with: Bethlehem and Nablus.

¹⁹ The current Diakonia country representative in Lebanon carried out an assessment of the CBR programs in Baqqa and Jerash in 2004, but this was not considered an external report.

²⁰ A Draft report, 2008 that included evaluation of CBRA as a component of UNRWA supported NGOs and as an UNRWA affiliated CBRC.

²¹ Most of the below information is gathered from Diakonia/Nad, "List of Capacity-building projects 1999-2008 compiled by RP 28.05.09"

paediatrician organized and participated in the trainings and a twinning relationship was developed with Uppsala Child and Adolescent Habilitation Centre (UCAHC).

As part of the Quality-development, the consultant David Henley, also followed up work started by the Sunnaas Rehabilitation Hospital in Norway at El-Wafa Medical Rehabilitation Hospital in Gaza, particularly in 2006, when Gaza was less accessible. A project was been initiated in Gaza between the CBR programme and the Gaza Community Mental Health Programme (GCMHP) which involves trying to meet the mental health needs of disabled persons. This work is in progress and has initially taken the form of training the CBR staff in the detection and treatment of mental health problems.

Diakonia/NAD, in cooperation with the National Centre for Telemedicine in Norway, has initiated a project aimed at linking up the four National Referral Centres in Palestine, partly with one another through tele-communications systems, but also with Centres outside of Palestine. This would lessen the isolation of these Centres and allow greater information exchange. These audio-visual systems are soon to be installed in the Centres and work is also in progress to develop different forms of e-learning material, this too, in cooperation with Sunnaas.

The evaluation team was impressed by the amount of documentation, research and capacity-building conducted by the RP in the fields of the CBRP and the referral systems in the West Bank. For developing and strengthening the CBR program and the referral system in Gaza more efforts are needed. The DPOs and the advocacy and policy development components are also in need for more research and capacity-enhancement.

4.5.1 Strengths, weaknesses and way forward

Main strengths: The main strength of the RP in the West Bank and Gaza lies in the development of CBR as a comprehensive model of rehabilitation and social inclusion of PWDs that is well adapted to the local context and built on local expertise and resources. Cooperation of such a large number of strong and experienced partners, despite the political divide, rivalry and incessant crisis and emergency situation, proves D/N ability to bring partners together and ensure local ownership of the programme.

Another strength is the programmes ability to adopt innovative approaches, such as the decentralisation process in the West Bank, where local community are assuming direct responsibility for addressing the needs of PWDs with technical support from the CBRPs.

CBR workers represent a great asset and frontline contact with the communities across the West Bank and Gaza Strip. In addition to their role in empowering PWDs and their families at the community level, they have been able to provide an active and efficient response to the deteriorating situation and maintained regular activities despite all political and financial difficulties. The increased community and PWDs participation in CBRP activities, progress in social inclusion of PWDs, significant progress in the inclusive education at UNRWA and MoE and change in the community attitudes towards PWDs represent additional strengths in the CBR programmes in both the West Bank and Gaza.

D/N contribution to the strengthening of the national and intermediate level referral services,

especially in the West Bank, ensures that CBR has access to the needed technical support and specialized expertise. This approach also reflects a vision of the rehabilitation process as a comprehensive approach combining three levels: community-based, intermediate and national.

Gaps and weaknesses: Major gaps are related to the lack of stability in the region and lack of a strong system of national governance. In the lack of a national rehabilitation policy, disability issues and rights are not represented on the social agenda of the government, little achievements have been made to mainstream disability in national plans and programmes, and sustainability of CBR and its impact remains questionable. A main weakness within the CBRPs is the failure to ensure that PWDs are represented in the decision-making structures. This weakness, combined with the inherent weaknesses and divide in the GUDP, has left PWDs in a situation, where they are seen as beneficiaries and recipients of services rather than able advocates for their rights.

The CBRP in Gaza is suffering from some gaps and weaknesses specific to the situation in Gaza: the longstanding siege and closure preventing program's involvement in networking, training and studies, the dire economic situation and skyrocketing poverty and unemployment rates, pushing disability to lower ranks at the national and community agenda, inadequate cooperation between CBR actors in the Strip and the lack of a well-established system for referrals and cooperation between the CBR, intermediate and national level services.

4.5.2 Summing up

The CBR programmes in the West Bank and Gaza are an example of a well-established social development programme able to maintain its operation in a situation characterised by constant political unrest and increasing economic hardships. The CBRPs are implementing a wide range of activities that promote values of equality and rights of PWDs and encouraging consultation and participation of all concerned parties including women.

In spite of notable achievements in empowering PWDs and responding to their needs, the CBRPs (and the RP in general) need to ensure that the voices of PWDs are heard and that they can influence the decisions that affect their lives. Empowerment and self-organization are increasingly introduced internationally as a major component of CBR (as reflected in the new CBR matrix developed by WHO/UNESCO/ILO). It is also noteworthy that more success has been achieved in supporting the health and educational rights of PWDs in oPt but much less work has been made in support of their economic and social rights.

The decentralisation approach in the West Bank is a promising approach that will help free some resources (both human and material) to provide more focus on the above identified gaps. However, the role of PWDs in the decentralised arrangements with local communities still needs strengthening to ensure that community structures will keep up with their duties and accountabilities.

The CBR programme in Gaza is not well-documented and has not been well monitored by the RP staff in Jerusalem (due to the closure and separation between West Bank and Gaza), and there is a need for a full-scale impact evaluation on the users' level in order to get more information. The programme is also in need of more capacity building and development, especially strengthening the intermediate level services.

It is clear from the findings of this evaluation that the Gaza programmes needs more support in different aspects mainly establishment of coordination mechanisms with the different actors, establishment of accurate database and support to the referral system.

According to the external consultant report on the RC organisation; “the Gaza CBR programme is operating in a vacuum. The separation of West Bank and Gaza has both cut all relations with PNA in the West Bank and presented a Hamas parallel government in Gaza.... The CBR society in Gaza has lost many past achievements in this process. Such losses include its relation to the ministries not only in terms of referral but also in terms of an absence of whom they should target their lobbying and advocacy work for the policy discussions and the implementation of the law on disability. A strength of the Society is that it is independent when it comes to political allegiance and also that it is very committed to work for the benefit of the target group and enthusiastic to save what has been achieved until this crisis passes.” (Mjaugedal, 2008)

Finally, there is a need in both the West Bank and Gaza to focus on rights-based approach and understanding and promoting self-organisation of PWDs. There is also a need for linking the DPOs with key civil society organisations in order to mainstream PWDs rights in regular human rights work. A number of key human rights institutions, such as the Independent Commission on Human Rights (ICHR), the Gaza-based al-Mezan Centre and Gaza Centre for Human Rights have issued reports and statements on PWDs rights.²²

4.6 Regional cooperation

4.6.1 Lebanon

Despite the success, there is also convergence of opinions² regarding the need for more organisational development and expansion of the CBR programs as represented by CBRA. This is recognized by DPOs & service providers, and NGOs who are initiating programs of similar objectives. The evaluation team found indications of successful mainstreaming of persons with disability in schools and in vocational training. The country director of Diakonia which has a 20% position as a D/N coordinator has hands-on knowledge of CBR and she has transmitted her experience to CBRA and the partners.

Disability Sector: Among the main weaknesses in the disability sector for Lebanon are the following issues: There is an unclear identification of the agency accountable for the implementation of the Convention for Rights of Persons with Disabilities for Palestine refugees. Despite the current achievements of coordinated efforts embodied by the Palestinian Disability Forum (PDF), deficiencies remain in the social protection system²³ for persons with disability. In

²² ICHR (formerly the Palestinian Independent Commission for Citizens' Rights) issued a report on *Disability Rights in the Palestinian Society* (2006). PCHR organised a conference in 2007, and has issued several reports, el-Mezan issued the report *Disabled Conditions in Palestine – Towards a Better Future?* in July 2001, and conducted a training of disabled journalists on human rights issues in 2006.

²³ Social protection system is defined for purposes of the Palestine refugee context in terms of the reinvigoration of a formal sustainable international protection component as initiated by the United Nations Conciliation Commission UNCCP, plus the application of the relevant clauses of the 1951 convention for refugees as well as implementing the CRPD.

UNRWA for example, persons with disability are assisted by Relief and Social Services department, Health department and soon by the Education department. The cross-cutting nature of persons with disability is yet to be considered when planning for service provision.

An attempt to over-ride such diversity is found in the system of assistance adopted by UNRWA and NPA which acknowledges multiple sources. There is yet to be a programme for implementing the rights of the disabled persons similar to Lebanon. This state of affairs results in the lack of a social security programme that provides 'universal coverage' of services to PWD resulting in limiting the capacity of the existing CBR programs and activities. The system of provision of services is subject to the limited resources of its component organisations primarily UNRWA, and NPA.²⁴

Another related weakness in the service provision to the disabled among Palestinian refugees in Lebanon is the lack of a recognised agency that is accountable formally and that has the mandate of implementing Convention on the Rights of Disabled Persons for the Palestinian refugees (2007) which Lebanon ratified⁴. UNRWA's mandate is primarily that of assistance thus service provision while the Lebanese Law is restricted to Lebanese citizens.²⁵ Palestinian refugees with disability in reference to the implementation of the UN Convention on disability are in a complex situation similar to that in reference to Children's Rights and CEDAW convention. They suffer from multiple layers of discrimination: statelessness, refugee status, gender (for women and girls) as well as discrimination for their disability.²⁶ Given such a deficiency of a policy making body that is accountable at the macro level; policies are more procedural in nature.

Finally, there is a lack of specialised service providers at the community level. Trained providers contracted by UNRWA are located in Beirut and have to travel. This gap was identified by several sources Palestinians as well as Lebanese.

The minority of persons with disabilities in leadership positions especially women with disability constitute a structural gap in the disability sector. CBRA, a major community organisation has yet to increase the proportion of PWDs in visible decision making positions.

Advocacy appears to be high on the agenda of PDF. However, the main challenge to advocacy efforts is the necessity to allocate a significant proportion of human and material resources to the demands of service provision for persons with disability primarily in the health field.

Summing up, the team concludes that the D/N supported CBR programme in Nahr el Bared and Baddawi camps has demonstrated its capability to thrive and adapt to strenuous circumstances. It has managed to become a financially self-reliant organisation with strong community ties. However, it remains in its formal decision making structure an organisation "for" rather than

²⁴ In addition to the above major contributors, al-Karama NGO has a national program of diapers, and the Palestine Red Crescent Society contributes in providing venues and partnership with NPA and in provision of physiotherapy services. PRCS has a small scale 'home' for a 6 men with disability in the south of Lebanon.

²⁵ According to the Lebanese disability law of 2000.

²⁶ See Supplementary report submitted to CEDAW by NGOs working with Palestinians in Lebanon <http://www2.ohchr.org/english/bodies/cedaw/cedaws40.htm>.

“by” PWDs. Gender representation in CBRA favours women similar to other NGOs working among Palestinian refugees in general. However that does not apply to women with disabilities, the coordinator of the advocacy group in CBRA is a woman with disability but she is not in a decision making position. Acknowledging CBRA strides towards empowering PWDs, both PWDs and families of PWDs are yet to be included in the actual decision making structure within CBRA. The future looks promising for CBRA given the organisational culture of resilience, the mentoring of D/N country representative and that CBRA is currently thriving within an empowering environment of the Palestinian Disability Forum where the coordinator is a PWD. In addition, UNRWA has contributed to the launch of CBRA and is still supportive to the organisation.

There are indications of positive impact on the community among families of PWDs who benefit from CBRA's services. Moreover, the community based inclusion efforts with grass roots NGOs especially in vocational training are contributing to reinforcing the culture of inclusion in communities.

In addition CBRA is trying to cope with challenges beyond its mandate. Members of the team are interfacing with the community on a daily basis and they are the primary target of the community demands relating to equipment and service provision and means to alleviate the burden of poverty brought about by disability. Without a major shift in the disability sector towards a system of comprehensive coverage of equipment, supplies and services, CBRA and similar individual NGOs and DPOs that interface with communities will be spending a valuable portion of their time, and energy away from matters relating to their direct mandate namely empowering persons with disability. Group effort by major stakeholders represented mainly by the PDF is a logical option to address that challenge and provide individual NGOs and DPOs with the time to optimize CBR in the area of community empowerment.

4.6.2 Jordan

Based on a limited desk study and a one-day meeting and consultation with the CBR programmes in Baqqa and Jerash the below brief findings are discussed.

The CBRPs that exist in the Palestinian communities in most of Jordan's refugee camps mostly all adopt an institutional centre-based approach where low quality limited service provision is initiated. Very few disabled persons have access to community rehabilitation services, and the majority has to go to the health clinics for support. A fact that both limits the services to medical needs and leaves the other basic needs such as training, equipment, and integration neglected. The majority of PWDs cannot seek other solutions due to the high cost of rehabilitation in the private sector. Moreover, the social and political context for the Palestinian refugees in Jordan limits referral and integration due to existing attitudinal and environmental barriers, and due to the weakness in the understanding and application of the rights of disabled people in the community. Coordination network for the different CBR programmes is represented in what is referred to as “the Higher Committee for CBR Programmes in Jordan”.

The Relief and Social Services Programme in UNRWA Jordan has an active role in supporting CBR programmes in the refugee camps; they provide the legal umbrella for the programmes, provide them with financial sustainability, and provides technical assistance within the limits possible

considering the big number of programmes and the limited number of staff available - three specialists (special educator, speech therapist, and physiotherapist) are appointed by UNRWA to give technical assistance to all CBR programmes.

Experience in the two **CBR models** in Jordan refugee camps have demonstrated the ability of CBR models to extend services to a number of disabled persons in the community; in Jerash more than in Baqqa. The outreach is limited due to the large number of camp residents, especially in Baqqa, creating a dilemma whether to expand in Baqqa or support transfer of model to other camps.

The UNRWA has provided them with needed specialized services mainly special education, physiotherapy and speech training; and to network with existing organisations to provide needed specialized rehabilitation aids and other services.

There are no **DPOs and self-organised groups** of PWDs in the Baqqa and Jerash camps, according to information from the existing CBR programmes. Training on self-organisation was recently offered to the staff by a specialist from the West Bank (Director of Stars of Hope). Follow up and mentoring is needed to ensure success on the long run.

UNRWA is greatly committed to the cooperation with D/N and appreciates the trainings and knowledge that the RP has brought to the camps. A major challenge for UNRWA is that the social and disability workers themselves are in need for upgrading of skills and thus it is hard to play the technical assistance and backstopping role planned for. There is a lack of mainstreaming of disabled rights within the UNRWA system. Coordinating the work of NGOs working the refugee camps could potentially be a role for UNRWA, although this is not done now.

For D/N's role in mentoring of the CBR programmes in Jordan, it was found that the role during the twinning and transfer of knowledge could have been stronger.

The technical support and regional exchange is perceived by UNRWA and the partners as more important than financial running of the centres.

Summing up, the team concludes that the cooperation between the CBR programmes in Jerash and Baqqa and D/N which has been ongoing for more than ten years with modest financial funding (less than 20.000 USD annually) has built CBR competence in the two involved camps. D/N has sent CBR trainers to Jordan with the goal of transferring CBR knowledge from one camp to another. By the time of this evaluation the twinning process was ongoing, albeit delayed and in Baqqa, possibly without a twinning partner. It seems like the transfer of the model to other camps will require a step-by-step monitoring and mentoring by external actors with adequate experience and time to follow the programmes.

The high turnover of field staff in Baqqa raised a question as to whether the programmes have adequate ability and experience to transfer the model to others.

More focus needs to be made on promoting a strong understanding of the CBR concept among rehabilitation leadership in the recipient camps before going into model implementation details. Decision-makers seem to be inadequately aware of the added value of the CBR. This was expressed by the managers of Jerash and Baqqa programmes and corroborated by the fact that Wihdat programme raised the issue of financial support as a condition to accept the model transfer. Also, transferring from one large camp (Baqqa) to another large camp like Wihdat would seem like needing much more resources than what was allocated.

5 TOWARDS A NEW STRATEGY

According to the Terms of Reference of this study D/N are looking ahead to plan for the new program period with an eye to the emerging political realities such as the current political stalemate in the oPT, the Palestinian National Authority's *Palestinian Reform and Development Plan* (PRDP)²⁷ and international support to state building in the West Bank. D/N has invested in the rehabilitation sector in Palestine for many years and believes that future programming needs to build upon past achievements and lessons learned. This evaluation has therefore been commissioned to "look into making necessary changes in the current program's structure, content, and partners, if necessary".

This chapter tries to respond to that task by summing up the strengths and weaknesses found in the previous chapter. The findings are assessed from the criteria of relevance (including gender and civil society), effectiveness, efficiency and sustainability. Finally, the report proposes a new strategy for the RP in the next five-year period of 2010 – 2014.

5.1 Relevance

For the assessment criteria of **relevance**, the CBRPs are perceived as highly relevant to the users at the individual level; PWDs are provided with access to better health, educational and (to some degree) social services at the local and regional level (Qutteina, 2006).²⁸ The CBR model is a low cost approach (Håggstrøm, 1997) highly appropriate in the current setting of donor fatigue and limited own Palestinian resources. Decentralisation of the CBRPs, in the sense that local communities take whole or partial responsibility, is highly relevant as it frees resources from the CBRPs that can be invested into capacity-enhancement. Decentralisation is also relevant taking into consideration the lack of a unified Palestinian government at the national level, and thus empowering the municipalities to take on a social agenda and focus on local governance is in line with the PRDP (2007). When national levels are weak, the strategy is to 'go local', which is what many actors have done in the Palestinian setting for the last nine years.

The RP is relevant to both donors (Sida and Norad) from two main aspects; state-building by strengthening Palestinian institutions and promoting civil society.²⁹ A key achievement of the RP (in collaboration with others) was to organise the referral system between the three levels in the rehabilitation sector and ensure that the agreement signed between the National Institutions and the Ministry of Health is implemented. Although there has been political factors negatively influencing the implementation of this agreement, it was the first of its kind regulating the referral services to national level private hospitals.

²⁷ The PDRP sets out the Palestine Authority's spending plans and reforms to strengthen its capacity and accountability.

²⁸ Due to the closure of Gaza, the CBRP users in Gaza were not consulted systematically and face-to face like the users in West Bank. The relevance and effectiveness of the CBRPs funded by D/N in Gaza is thus not as well documented and monitored as the ones in West Bank.

²⁹ Sida's country strategy for West Bank and Gaza, Stockholm, Sweden and interviews with Norad representatives in Representative Office of Norway to the Palestinian Authority, in Ram.

The successful piloting of two intermediate level referral institutions in the south and north trying to turn them into resource functions has also greatly enhanced PWDs access to rehabilitation resources closer to their homes.

In the PNA-issued Reform and Development Plan for 2008-10³⁰ whereby medium-term goals were set for the sectors of economy, governance, infrastructure and social development, disability was not mentioned in the 140-pages plan.

According to the donors they have tried to exert pressure on the PNA for integrating disability in their planning, this has so far not materialised. Because disability as an issue falls between many sectors (health, education, employment, social, and infrastructure), it needs to be systematically mainstreamed. This has yet to happen in PNA plans. One can observe that in the absence of the PNA taking responsibility for the disability sector, this Rehabilitation Programme has helped to institutionalise a rehabilitation system and services for PWDs.

Both donors highlight their role as to monitor that gender and disability are on the PNA agenda. NRO mentioned that they are pushing for establishing a basket funds for the priority areas (gender & PWD). Also via the PAFF (performance assistance system), donors can monitor the performance on reporting on gender and disability disaggregated data.³¹

In addition to the relevance to state-building, both Sida and Norad have civil society support and development high on their agendas. Although the main objective has been to facilitate PWDs' access to services that give them lives of better quality, the programme has had a limited impact on empowering PWDs to take part in decisions that affect their own lives.

Finally the RP is highly relevant from a poverty-reduction perspective and in reaching the Millennium Development Goals (MDG). People with disabilities are in most societies a marginalised group with oPT, Jordan and Lebanon as no exception; PWDs are overrepresented on the poverty statistics.³² Thus, any effort of facilitating PWDs access to health, education, livelihoods, social and cultural rights will have an effect on reducing the poverty in the areas of work and without social inclusion of PWDs, the MDGs will never be reached.

The CBRPs in the Palestinian refugee camps of Jordan and Lebanon are highly relevant with regards to both UNRWA and Palestinian NGOs for the same reasons as mentioned above; they are cost-efficient, relevant to the users and try to empower PWDs to take an active part in their local communities. As these CBRPs are less studied and documented than the program in the West Bank, especially from the users' perspective, there might be gaps that have not been uncovered in this study.³³ However, given the lack of a formal regulatory structure with respect to Palestinian refugees with disabilities who reside in Lebanon since the Lebanese Law of disability applies to Lebanese citizens only, the D/N support to CBR in terms of programme mentor and support for advocacy by the Palestinian Disability Forum assumes a special

³⁰ PRDP was endorsed and funding pledged by donors at the 2007 Paris Conference.

³¹ Interviews Norad and Sida representatives, Jerusalem, April/May 2009.

³² PCBS has not issued statistics showing this link, although the lack of proper statistics on disability is an issue that has been raised in many evaluation reports and studies (Qutteina, 2006, Eide, 2006)

³³ Since the start of the modest support to the CBR programs in Lebanon and Jordan 1997, there have not been any external evaluations or user studies with the exception of a study conducted by UNRWA that included CBRA in Lebanon in 2008 which was more of a performance evaluation than evaluation from user perspective. The report is in a draft form so it cannot be formally quoted.

relevance as a catalyst for the process of shaping the rehabilitation sector for Palestinian refugees in Lebanon.

Gender

Diakonia has a strong policy and operational approach to mainstreaming gender in the RP. NAD has also recently stepped up its focus on gender and in the 2008 Gender Action Plan, NAD states that the short-term vision for the DPO programmes is that they:

- a) Recognise that disabled men and women have different needs and face different barriers and opportunities due to their existing, expected roles and relations in society;
- b) Prioritise project activities and issues for advocacy based on the concerns and perspectives of disabled men and disabled women;
- c) Have amended their governing documents and strategies and action plans to (proactively) work on improving the social, economic, political and sexual/reproductive rights of disabled women (alongside the rights of disabled men).

The team found that limited gender-based analysis has been integrated in most of the six components of the programmes. The CBRPs are clearly 'engendered' in the sense that the services provided are analysed in their effects on men and women separately. The CBRPs are mainly working on women's rights and access to services; disabled women, mothers and female caretakers of children with disabilities etc. But an important change in direction took place as a follow-up of the Gender Evaluation (2003) as indicators of men taking a larger role in taking care of their children was introduced. According to the D/N annual report, the numbers of men who are actively involved in the care of disabled children in all five regions were 1,113 in 2007, while examples in 2008 ranged from 20 to 200 in the various regions. This indicator is mentioned in CBRP's databases.³⁴

Gender training was held in 2007 and 2008 by a Palestinian NGO (WATC) for the partners in both oPT and Jordan. Based on assessment of the training report and consultations with some of the participants, the training which was basic introduction for Gaza and the region and advanced training for West Bank was useful. Although it needs to be highlighted that the comprehensive training in West Bank which included 25 CRWs spanning over a period of 7-8 months was of a completely different character than the others. In Gaza, the training was a 'one-off' intensive event of six days. There were 11 participants (7 female and 4 males), while in Jordan there were 19 CRWs/participants out of whom only one was a man. An issue for follow-up here is how to tailor gender-trainings according to the different needs of women and men as these have clearly different experiences and will interact differently.

CBRPs have not managed yet to adequately recruit females in senior management structures as none of the heads of the five regional committees are female.³⁵ The inclusion of PWDs in

³⁴ In assessing activities of daily living by using a locally adapted version of WHO questionnaire number 2, several examples of unintended gender effects were found. On the question on how to measure abilities "does the child help in the household chores". In English it is gender-neutral. But in the CBRP, the CRWs used to ask it only for mothers with daughters. After the gender training in the West Bank, the language was changed to include it for both boys/girls. Source: Reflection interview with RP PM.

³⁵ The head of the Regional Committee in the South was a female, but she left in 2008.

decision-making structures of the CBRPs or the RC is also weak.

For the CBRPs, there are thus documented achievements and good reflections on how to progress on it. However, assessing the outcome indicators of gender in the rest of the RP (referrals, support to DPOs, advocacy and policy development) less indicators are found. In the annual report of 2008 D/N's RP shares that there are examples of disabled women taking leading roles as members of village councils, the administrative committee of GUDP branches and Union of Palestinian Women. Some programmes reported 20 women having leadership roles in community organisations. Furthermore female CBR Workers are on the board of a professional union and are active in the Para Olympics movement in the North.

In Lebanon gender representation in the CBR NGO CBRA is skewed in favour of women but efforts are underway to increase involvement of men. Women with disabilities are yet to be in decision-making roles in Lebanon, but in the self-help group the situation is reversed. In Jordan, there was no reporting on FWDs in decision-making positions or working as CBR workers.

In regard to proactively working with females with disability, the study on status of children in the CBRPs (Qutteina 2007) found that gender distribution of children in the program reflects a slightly larger number of males than females, which is the same distribution pattern in the PWD population in general. The study suggested that CBRPs should have provided more focus on addressing the needs of females with disability since those are suffering from combined discrimination (in terms of gender and disability) and thus should have served more females with disabilities than males.

Summing up achievements on mainstreaming gender into the RP, the team finds that the programme has focused mainly on point a) above, analysing the different obstacles and barriers that exist to disabled women and men's participation in society. For the b) advocacy and c) work on improving the social, economic, political and sexual/reproductive rights of disabled women, the gender training has addressed these issues and there might be progress, but it has not been reported in any of the annual reports or the documentation that was made available to the evaluation team.

- For the **gender training**, three recommendations came out; the **training need to be tailored to men's needs and experiences** in order to be more relevant, there must be **more follow-up of the training for the CRWs in Gaza and Jordan**, and the gender training needs to be **targeting also directors and managers** of the CBR programmes not only workers. Here, it might be worth exploring to further develop some of the most successful trainees from the six-months training in the West Bank, preferably if any of the participants with disability would be able to travel to Gaza and/or Jordan as trainers in cooperation with D/N strategic partner WATC. It is also recommended to use male trainers to conduct gender training for men.

5.2 Effectiveness

The current RP has a well-worked out log frame with objectives, results and outcome indicators for the CBRPs. This enables the programme to effectively report on measurable and verifiable

indicators and thus documenting achievements.³⁶ This is especially the case for the CBRPs in the West Bank. For the Gaza CBR program, which was not fully included (only via video conferencing) in the development of the impact indicators process led by Sintef health, the monitoring from the RP has thus been weaker due to the closure of Gaza and the RP staff' inability to travel there.³⁷ There is therefore a great need for more effective monitoring of the Gaza CBR program to ensure quality and relevance of the program to its end-users.

Measuring the effectiveness of the Advocacy component of the RP is more difficult as there have been activity-oriented indicators. There is a need for the RP to study more carefully how to work more systematically with promoting the partners' ability to advocate for PWDs rights.

Organisational structure of CBRPs - RCs

It is clearly a documented achievement that D/N has been able to work with the diverse partners under context of political division and rivalry for the last 17 years. The regional committees of the CBR programmes existed from start and they helped develop the program and facilitated cooperation at district level. However the structure did not adapt to the changed context as no new service-providers or DPOs were included in the RC. This is an issue of concern because during the past one and a half decade, several other providers have adopted the CBR approach in communities lacking the service in the same regions, where the CBRPs operate. This is reflected in the mapping of services conducted by the CBRPs in 2006 (Qutteina 2006). The CBRPs have also established strong links with a wide range of intermediate level service providers. In order to truly act as an umbrella for rehabilitation in the respective region, RCs are expected to adjust by adding new members and/or creating subcommittees on, for example, special education, IML services, provision of assistive devices, vocational training, etc, where relevant providers can be involved.

When the RCs were first created, there have been no formal DPOs as the GUDP was not there yet. With the gradual development of disability movement, the RCs seemingly have failed to include their main stakeholders as partners. To date, PWDs (whether individually or as DPOs) are underrepresented in the CBRPs structures almost at all levels.

Assessing the degree of cooperation between the RP partners, the team found (mainly based on previous evaluation reports and interviews) that many regional coordination forms were tested (directors' meetings, policy group). While all these forums still exist and are called for when necessary, none of them proved to be sustainable in the sense they are perceived as having an important function for the members themselves. An indicator of that is that when D/N stopped calling for the meetings, they stopped being regular.

There is currently no national umbrella or coordinating body for organisations working in the rehabilitation field. This used to be the Central National Committee for Rehabilitation (CNCR). Again, this forum is not formally closed down, but in practise it doesn't play any active role anymore in coordinating the organisations and/or institutions.

³⁶ Eide A H and Qutteina, M (2008), *Review of the Community-Based Rehabilitation Indicator Project in Palestine*. Sintef Health Research, February 2008. Commissioned by NAD.

³⁷ NAD's Middle East Adviser was able to access Gaza in May 2009 to visit the partner (NSR). This was the first visit by members of the RP's Steering Committee in a long time.

In the lack of an effective collective role by the RCs, there is a weak synergy between the RP partners. Synergy is here understood as when different entities cooperate advantageously in order to obtain a final outcome. Organisations understand that they will achieve better results together than individually.

The D/N has played an active role in bringing the RP partners together, for example through initiating studies, research, trainings of CRW on gender in addition to working with them on the strategic process of developing log frames with goals, indicators etc.

However many activities being done jointly does not automatically lead to synergy effects for the programmes because the activities are one-offs and not regular and long-term.

In 2008, D/N recruited an external consultant to assist the RCs in a reorganisation process aiming at increasing their coordination role at the district level and ensure capacity and willingness to support the decentralisation approach at the community level. D/N also supported the development of an assessment tool to guide the strategic planning of CBR partners on organisational sustainability for the period 2008-2009.

All CBRPs in the West Bank and Gaza were involved in a strategic planning exercise, as well as the CBR programmes in Jordan. The plan included development of mission, vision, strategic objectives, and challenges to achieving them. The different programmes used different methods in the development of their strategic plans. While most programmes hired an external consultant to assist in plan development in a participatory approach, in two regions the plan was developed by the program manager, reportedly with little participation, if any, by other stakeholders, including RC members and staff.

Generally speaking, CBRP strategic plans addressed the issue of sustainability through focus on decentralisation and reorganisation of RCs. Nevertheless, contrary to decentralisation, annual reports indicate that no specific steps have been taken so far to introduce any organisational changes in the structure of the RCs.

Discussing the way forward for the RC's, an external report for January 2008 suggested that organisations that have competence and potential for future sustainability should get most support. Financial and technical support to RC should be prioritized according to professional criteria and organisational commitment in the different Regional Committees.

Summing up, the team supports the process that D/N has initiated over the last two years of assessing the value-added and function of the RCs.

The team therefore adds its **voice in support of D/N's continuation of completing this process** by using the assessment models developed for the RC and the CBRPs, and **includes indicators of representation of PWDs in decision-making structures**. RCs and partners that are unable to fulfil the assessment criteria should be phased out of the RP's next strategy period.

5.3 Efficiency

When assessing the cost-efficiency – and thus the financial and institutional sustainability of the RP, the team found that the RP has individual agreements in the period under evaluation (2007-9) with 20 partners in oPT, Jordan and Lebanon (as seen in figure below) including:

- 8 CBR programmes (2 contracts tripartite jointly with UNRWA³⁸)
- 2 referral institutions, + 2 IML
- 6 DPOs
- 1 network (Palestinian Disability Forum in Lebanon)
- 1 government structure (MoE)³⁹
- 2 Scandinavian rehabilitation hospitals (Sunnaas + Uppsala)⁴⁰

Most of the partners have a one-year agreement of cooperation with D/N. The partners were allowed to submit plans for two years (2008-9), however few of them did. The staff spends a large part of their work in preparing contracts and then later multiple reports to three different formats (Diakonia, NAD and Sida).

According to the Sida study (Engblom/Karlsson, 2005), the RP had 22% administration costs and this was raised as a concern. When reviewing budgets and audit report for 2007 (Audit report for 2008 was not ready by time of evaluation), it is found that both Diakonia and NAD take 10% administration costs of the total amount of 21 million SEK in 2006-7. The operational costs of the RP are not specified in the Audit 2007.

In the budget for 2009 however, the operational costs (salaries of three staff and office running costs) and project-related costs incurred by the RP is 13% (1,4 million SEK out of total 12.3 million SEK). On top of that salaries for the senior project manager and the Lebanon country director should be added. When adding up both NAD's 10% and Diakonia's 10% the overhead costs of the program come up to more than 30%, which is relatively high number – especially for CBR programmes.

Another concern identified by this team is the lack of harmonised reporting requirements among the donors of the programme. After the Paris Declaration on Aid Effectiveness (2005), most donors have moved in the direction of trying to align their funding to existing programmes and harmonising reporting formats in order that aid interventions can be as effective as possible.

Sida launched its strategy for moving all of its development cooperation towards a **programme-based approach** (PBA) which implies that all funding should be aligned to the locally-owned programme and organisation. In this case, it would imply that the RP should be the starting point for the donors' funding - not the other way around as is the case now.

The RP issues three different reports; one to SEKA, one to Diakonia and one to NAD (which is in turn synthesised with the rest of the Atlas-funded projects and submitted to Norad).

The complicating factor in applying a PBA to the RP is that the funding does not come directly from Norad and Sida, but via the NGOs that fund the RP namely Diakonia and NAD (via the Atlas Alliance). For the future strategy both Diakonia and NAD need to ensure that when they apply

³⁸ The CBRPs are not recognized as separate entities in Jordan and thus the contract is signed in cooperation with UNRWA.

³⁹ The CBRP have agreements with local councils and municipalities, but D/N are not directly involved in them and thus they are not included here.

⁴⁰ It was outside the scope of this evaluation to look into the agreements with these hospitals.

for funding from their respective governments they send a PBA application, i.e. apply for funding for the whole RP. By doing this, ideally the RP should be able to send the same narrative and financial (audit) report to both donors.

With regards to “third” source of funding, the report to SEKA, a PBA should be applied and the donor should be able to accept the Annual report and consolidated audited accounts produced by the RP. An external audit of Palestine-based program accounts is conducted in the Diakonia headquarters in Stockholm. If applying a comprehensive PBA, audited accounts could be done in Jerusalem by an internationally recognised CPA.

- **The team recommends the Steering Committee to find ways of increasing the program’s efficiency by reducing transaction costs where possible and commit the donors (Diakonia-NAD along with Sida/Norad) to adopt a complete PBA.**

5.4 Sustainability

Regarding **sustainability**, the programme has clearly demonstrated a strong conceptual sustainability in the sense that the CBR model of the West Bank has been both replicated and documented. The decentralisation process is an important way towards enabling local councils and municipalities to share in the social responsibilities. There has been large contribution from local communities to CBRPs activities, which may give an indication that the decentralised approach is a promising one and needs to be supported and expanded.

- **The team thus recommends to proceed with the decentralisation approach at the community level, whereas:**
 - i. Local community structures (mainly local councils) assume responsibility for CBR activities in their communities
 - ii. CBRPs provide focus on offering technical support and act as a resource for “decentralised” local communities

In the same direction, D/N has successfully supported the integration of CBR within most of partner organizations. The positive outcomes of such step would include institutionalization of CBR services and integration with other services provided by the partner NGOs, such as primary health care services, community education, emergency services, psychosocial counselling, among others.

Yet prospects for sustainability would significantly increase by successful advocacy work at a national level to ensure mainstreaming of disability issues and rights in national plans, budgets and programmes.

In Lebanon and partly thanks to the mentoring of Diakonia country representative, the NGO developed the capacity to access financing from multiple donors.

Given the challenges facing the rehabilitation sector at large and the resources invested by D/N the CBRA in Lebanon could be considered a case of a cost effective operation with the current budget share, a viable and resilient partner (CBRA) emerged and a sector wide initiative as a whole is being launched by the recent funding to PDF.

- **The team thus recommends continue (and possibly increase) the financial support, networking and mentoring of the CBRA in Lebanon as the results are substantial**

comparing to the costs. This is also due to the fact that office costs of the RP are efficiently shared with Diakonia.⁴¹

5.5 Way forward

Having dedicated almost two decades and substantial resources (around 20 million USD) into building up the community-based rehabilitation sector and the referral systems between the three levels, this study concludes that it is time for Diakonia/NAD to take the programme a principal step forward by turning its attention to the organising and empowering of the disability movement.

This study proposes that in the next strategy period, D/N adopts a two-legged programme approach: keeping the strong focus on the CBRP but at the same time strengthening the disability movement by developing a long-term programme whereby funding is made available for local projects that will aim at organising PWDs for implementing various parts of the CBR matrix in their own local communities.

5.5.1 Justification for change of direction in programme

Until now, the CBR programmes have dominated the Rehabilitation Programme – and rightly so, but as the model has matured and it is progressing towards decentralised structures with municipalities and localities, it is important to keep up the momentum of pulling the CBR model through all the way as self-organising of PWDs is supposed to be integrated component of any CBR model. As seen in the previous chapters, PWDs have not been systematically included in the leadership and decision-making processes of neither the CBRPs, nor the programme with the Ministry of Education. The lack of bringing in PWDs into leading positions of the CBRPs is a crucial issue for a programme that wants to have a clear rights-based approach.

RBA is here understood as when people are empowered (through tools like education, training, mentoring, counselling etc) to see themselves as the true rights holders and able advocates to raise their issues to those bearing responsibilities (duty bearers). The main difference between information and awareness work and advocacy is related to the point that advocacy work has a clear address – the duty bearer. Duty bearers vary from context to context – from government officials to local leaders, parents and teachers.

The direct budget support to the National Referral institutions which is not directly related to the backstopping and technical support to the IMLs is suggested to be removed from the next D/N strategy period. The study proposed to keep only the financial support to NI which builds the CBR – and it should be up to the IMLs to decide what kind of services they need to receive from the NI. By introducing a system whereby the IMLs buy the needed services from the NI there will be a more demand-driven system in the relationship between the IMLs and the NI and thus it is hoped that it will increase the effectiveness of the limited funding which is available for such services in the future RP (since the RP is moving away from the medical/institutional aspects of rehabilitation and more towards civil society).

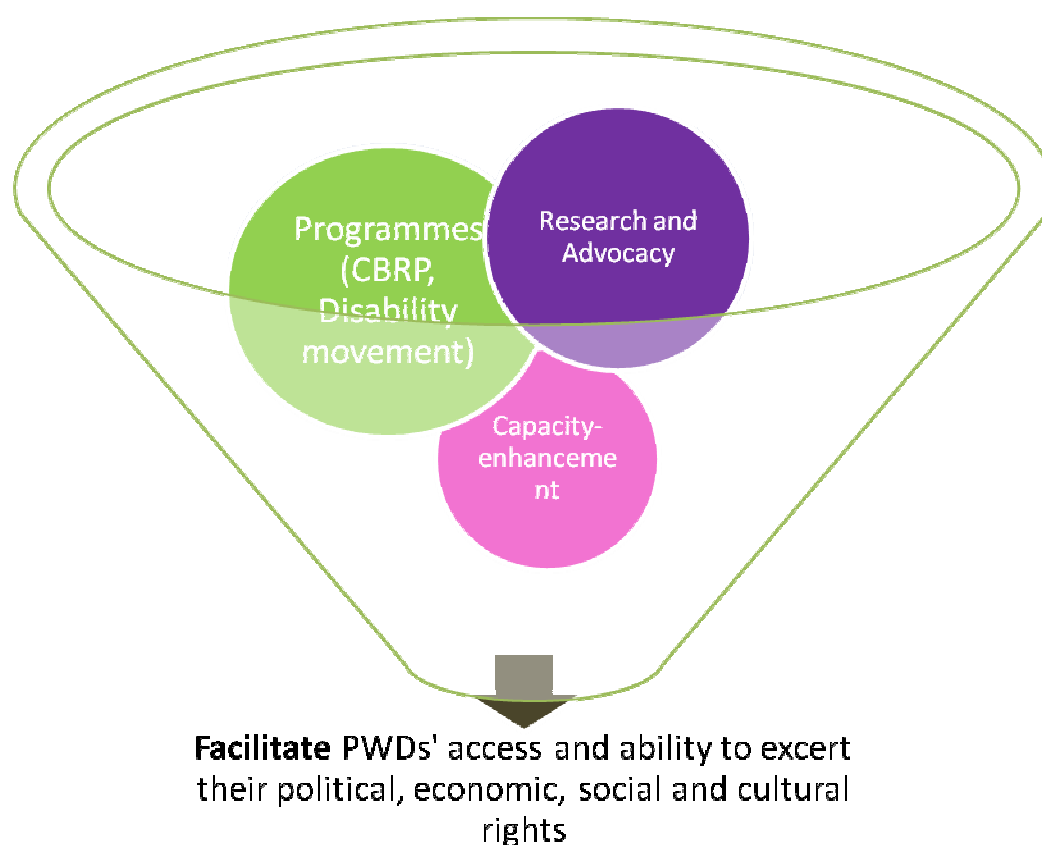
⁴¹ Diakonia's country representative works 20% of her time on the RP and the remaining 80% of the regular Diakonia programme which is focused on human rights and promoting civil society.

However it is important to stress that since the IML is still a pilot and is meant to be built up as a resource function for the CBRPs, there might be a need for including them temporary (ex. 2 years) in the financial support frame of the RP. But the RP needs to create a vision for how they perceive the IMLs role in the future and develop exit strategies.

The IML structure need to be built on fee-based approach in order to move towards a degree of sustainability – RP partners could lobby with the government to ensure equal access for the poorest and most vulnerable. This could be another key advocacy issue. Support for the NI from the government is also key advocacy issue for the RP as a whole.

In regard to IML support to CBRPs, which is a main goal of the current IML model in the south and north of West Bank, it would be more appropriate in the long run to support a model where CBRPs decide on and demand such services from available IML structures rather than supporting the replication of current pilot model in other regions.

5.5.2 New strategy



The suggested change in the new strategy as seen in the figure above is to move away from the six component programme (see figure 3, page 16) and adopt a strategy with three main components; Programmes (CBRP and Disability movement), advocacy/research and capacity-enhancement. Whereas the old RP was grouped according to who conducted the activity, the new strategy proposes a more integrated approach. Jointly, these three components will lead to a common goal of facilitating PWDs access and ability to exert their political, economic, social and cultural rights; the programme component provides access to services, the advocacy and

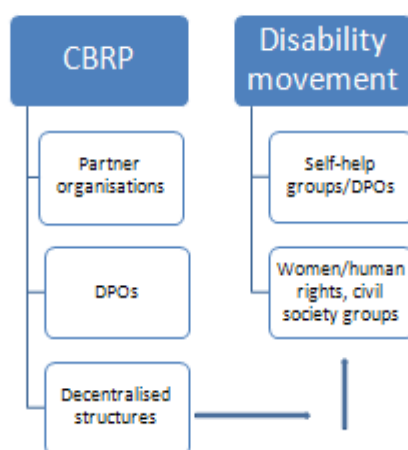
research components bring up issues from the programmes to the attention of duty-bearers at local, regional and national level; and the Capacity-enhancement component which is handled by the RP staff and consultants provide the necessary backstopping and technical assistance to the other two components.

The Programmes component (in green in the figure above) is proposed to adopt a two-legged approach whereby the overall goal for the new period will be to **systematically increase the representation of PWDs in decision-making structures and bodies** in local levels as well as regional and national structures.

Having recognized that the CBRPs have not been able to fully capitalize on the knowledge and expertise of PWDs themselves by including them in the fora where decisions on PWDs lives are taken, the time seems ripe for initiating a large-scale programme where PWDs will be in the steering seat for deciding upon which projects that needs to be supported.

Figure 5 New Programme Approach

Two-legged approach



The process by which to establish this new programme needs to include the following elements; first there is a need for establishing criteria for selecting and defining DPOs, then conduct an identification and mapping of all DPOs in the working area of the RP according to different disabilities, geography, and outreach. The mapping needs to capitalise on already existing resources and data in order to avoid duplication. After the recent Gaza war, several donors initiated a mapping of service providers within the disability sector. The RP can benefit from that. However the main focus for this mapping is DPOs – meaning organisations OF people with disability, not organisations of non-disabled people working FOR PWDs.

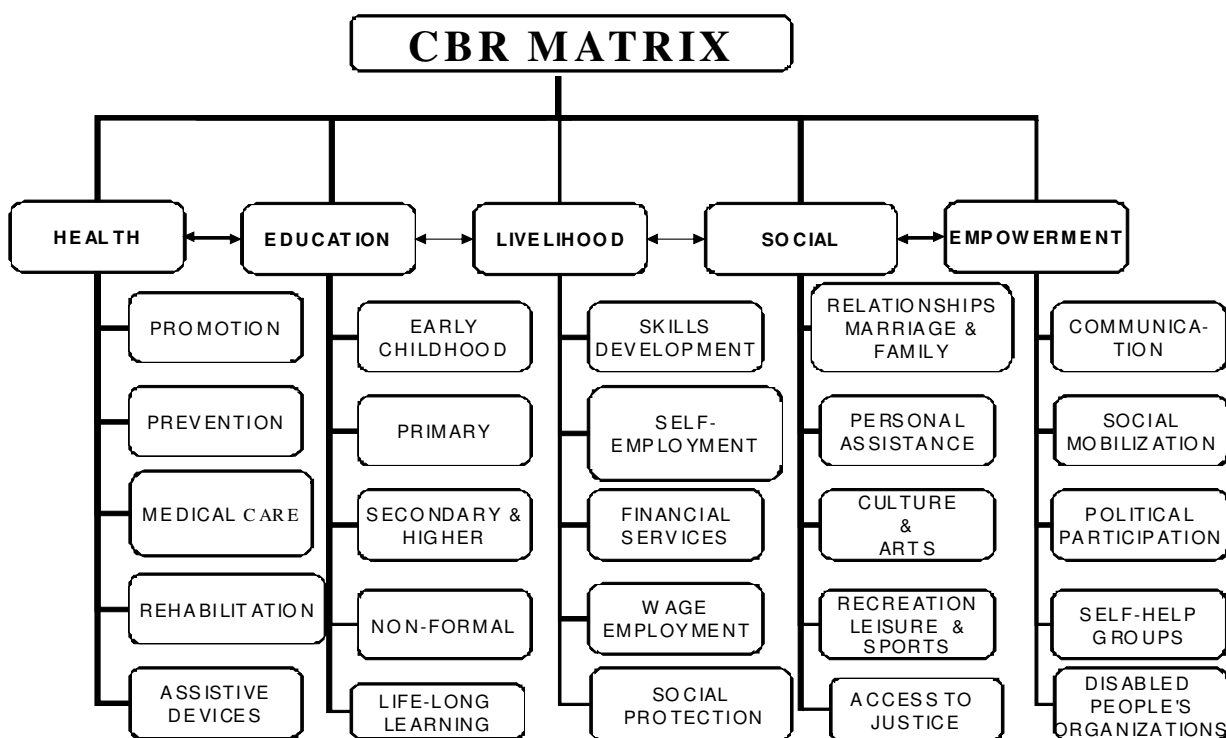
In the process of setting criteria, the team advises to ensure that the principle of impartiality is employed for assessing applying member groups/organisations; the self-organised groups and DPOs need to take their decision independently of party-politics.

Main role of D/N RP staff will be to provide technical assistance to the partners. The RP staff needs to be provided with the opportunity of upgrading themselves with training and courses in for example self-organisation among minority groups, civil society mobilization etc. Due to the great sense of feeling excluded and marginalized (and rightly so) among many people with disabilities (but not all), it is crucial that RP staff are sensitized to mechanisms of social exclusion/inclusion in order to be supportive and encouraging to the needs of PWDS and how to support their self-organisation. This should not be interpreted to mean that the RP is not sensitive today, but with the new direction the RP will interact closer with the disability movement and thus it is important to give staff an opportunity to upgrade along with the changed direction.

As a support to the RP staff, the team suggest to create an **Advisory Committee** consisting of professional representatives of DPOs from different disciplines (education, employment, business, social, cultural etc) who can act as a advisors to the RP in making strategic decisions for the programmes. It will be crucial to ensure linkages at the district and community level between the two main components (CBRP and disability movement) in order to create the optimal synergy. A possible option is also to support programmes implemented by DPOs as a prime contractor but in partnership with a CBR partner or a human rights (or women’s rights, children’s rights, etc) organisation.

The team proposes that the RP uses the WHO/UNESCO/ILO CBR Matrix as a frame for what kind of proposals will be approved for funding.

Figure 6 CBR Matrix (WHO/UNESCO/ILO)



For the second component; advocacy and research, the team emphasises that the foundation for any powerful advocacy work lies in knowledge, documentation and statistics. Based on statistics and documentation, policy papers are developed. And on evidence-based studies, development programmes are further adjusted and refined.

The RP program has so far commissioned an impressive number of evaluations and studies – and perhaps more impressive; the RP has been able to adjust the course and direction of the programme in line with given recommendations – this has especially been the case for the CBRPs. For the DPOs, the program direction has to a lesser degree been guided by documentations and for the Gaza CBRPs, the main partner (NSR) has not been evaluated or monitored, and thus the program seems to have stagnated to a large extent. There is therefore a clearly identified need to conduct an impact study on the CBR programme in Gaza from the users’ perspective. The need for more knowledge on the DPOs will be handled by the identification and mapping exercise done by the RP. Finally, the team found a need for conducting a follow-up study of the Inclusive Education project with Ministry of Education.

Influential advocacy also needs a receptive government that is able and willing to listen to lobbyists and interest-groups, i.e. a government that sees an interest in being accountable to its constituencies. Currently, PWD rights are not on the social agenda of any of the Palestinian authorities (in West Bank or Gaza) with the possible exception of the Ministry of Education which has adopted inclusive education as a policy that is currently being implemented, partly thanks to the partnership with D/N and others.

Specific issues identified during the fieldwork include:

- A need for supporting the DPO partners in their lobby and advocacy efforts by developing knowledge-based policy papers from the CBR databases and field research (ex. data on poverty among PWDs to lobby for inclusion in poverty reduction strategies).
- Support a “disability watchdog” initiative that can monitor the government’s implementation of the Disability Law in addition to private and NGO sectors adherences to the law.

There seems to be an agreement among a majority of stakeholders consulted that the current socio-political setting is not favourable for creating “national” structures or plans, especially since there is not one government but one in West Bank and another in the Gaza Strip. In times of political fragmentation, the best strategy seems to be to “go local” and work for a bottoms-up approach; i.e. mobilise and empower PWDs to take (and be given) responsibility for decisions that concern their quality of life.

Despite the lack of national structure, D/N can play the role as a **convener** of partners working in the same field. By utilising the Advisory Committee, the RP can organise for example Annual Partner Meetings on specific themes that are chosen from the CBR matrix like:

- Employment: include MOL, HR NGOs, CSO, ICHR
- Health insurance: MOH, MOSA, HR NGOs, ICHR
- Social rights: MOSA, HR NGOs, ICHR

The coordination process between RP partners in preparation for such major events like the Annual Thematic Meeting is in itself a **suitable platform for coordination** of efforts by the

different partners on these themes, which in fact represent national-level advocacy issues.

In addition, added value can be asserted to D/N if it coordinates with like-minded INGOs like HI, Welfare Association, MAP-UK in organising these annual meetings.

The above focus is crucial to Lebanon given the political complexities surrounding Palestinian refugees in general, and the lack of regulation that addresses the situation of PWDs among Palestinian refugees in particular. Serious consideration is needed for an in-depth examination of the scope and level of participation of PWDs in NGOs working for and with PWDs. Based on lessons learned from the Lebanese experience represented by the Lebanese Physical Handicapped Union (LPHU), involvement of PWDs in decision making as well as in field work with PWDs would be a key step towards more effective advocacy initiatives.

Capacity-enhancement is the third main component suggested for the new strategy. Here the team observes that a great deal of training and mentoring have taken place during the last ten years of the RP, but there were some gaps noted related to training in self-organisation among PWDs in the CBR programmes, operationalising a rights-based approach and keeping up the gender training aiming at targeting men by male gender trainers. The Gaza CBR program has been left out of important trainings like the development of the impact indicators (Eide/Qutteina, 2008) and manual and this need to be included in the next strategy.

Capacity enhancement would also include components aimed at enhancing the capacity of CBRPs to support the decentralised community structures, as well as the enhancement of community-based capacity itself in mainstreaming disability issues and rights.

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1. Rehabilitation Program West Bank and Gaza Final report (January 2006-December 2007)
2. Rehabilitation Program West Bank and Gaza Application (January 2008-December 2009)
3. Draft report for the RP covering the period of January-December 2008.
4. Annexes to the RP 2008 report: Log-frame
5. Diakonia's policy
6. Rehabilitation program organogram
7. Agreement between Diakonia and NAD signed 2008
8. Strategic plans for 3 CBR partners in the West Bank and 1 in Gaza.
9. Application GUDP Tulkarem 2009
10. Decision memorandum GUDP Tulkarem 2009
11. Application Stars of Hope 2009
12. Decision memorandum Stars of Hope 2009
13. List of Capacity-building projects from 1999-2008 gathered by Diakonia-NAD (27.05.09)
14. Gender training report by WATC, Rose Shomely
15. Self-organization training report by Ola, Stars of Hope

16. Assessment tool CBR WB
17. Assessment tool CBR Gaza
18. Narrative progress reports covering the period of 1 Jan-31Dec 2008 for CBR (Gaza-South-Central & Nablus)
19. CBR Gaza application 2009
20. Application IML Resource Center in Halhoul, from Health Work Committee
21. Application Technical Assistance to HWC Halhoul Intermediate Level Rehabilitation Unit, from BASR
22. IML Progress Report January – April 2009, presented by HWC Rehabilitation Unit, Halhoul
23. Reporting formats:
 1. NAD
 2. SEKA (2 templates)
 3. Sida 2008 report

Financial documents:

24. RP 2009 budget - Jan. 09
25. RP revised 2008 budget - October 08
26. Comments to the RP revised budget - Oct. 08
27. RP financial report 2008 - Feb 09
28. RP 2007 revised budget - July 2007
29. Comments to RP 2007 revised budget
30. Financial report 2007 to Diakonia
31. Explanatory notes to 07 financial report - diakonia
32. Financial Report 2007 - to NAD
33. Explanatory notes to FR 07 – NAD
34. Audit report 2007 (2008 audit report is not ready).
35. A cost efficiency analyses for the Palestinian local CBR programme

Regional component

36. Diakonia/NAD Regional Rehabilitation Program in the Middle East - Concept paper
37. Strategic Plan- Jarash
38. Strategic Plan-Baqaa
39. Nahr El-Bared application 2 years (2008-2009)
40. Application PDF to Diakonia/NAD

Gaza Emergency

41. Minutes to disability cluster meetings in the West Bank (8 meetings)
42. Minutes to disability cluster meetings in Gaza (3 meetings)
43. A situation report on Gaza prepared by CBR and shared with the RP steering committee during the last SC meeting in Lebanon.
44. Letter sent to Gaza NGOs introducing the disability cluster in the West Bank
45. Advocacy disability statement: Diakonia/NAD and MAP UK have lead a broadly endorsed joint advocacy disability statement within the disability-cluster to express concern and call for inclusive emergency action to ensure the equal rights, dignity and non discrimination of people with disabilities and their families.

NAD

46. NAD's strategy + their plans for 2007-9 with budget
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Other documents

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ANNEXES

Annex I – Terms of Reference

1. Background information

The Rehabilitation Programme (RP) in Palestine is jointly supported by Diakonia and the Norwegian Association of Disabled (NAD) through funds from Sida and Norad. The programme initially was started by supporting medical rehabilitation service provision. Over the years the RP has developed into a rights based strategy with a community based approach that is aimed at **promoting the inclusion of people with disabilities in their families and communities.**

The Palestinian context

The RP has developed and been implemented in a difficult context. The failure of the mid-1990s Oslo Peace Process and the onset of the Second Intifada in September 2000 have had devastating consequences on political as well as humanitarian situations in oPT. The situation continues to be characterized by ongoing violence, border closures, restrictions in movement, building of the separation Wall, and serious economic decline, all contributing to fragmentation of Palestinian society and increased aid dependency. The January 2006 elections that resulted in a Hamas-led government, whose policy did not include formal recognition of Israel and the conflict between Israel and Hezbollah in Lebanon further exacerbated the deteriorating situation.

Since the beginning of June 2007, the Gaza Strip has been engaged in a virtual civil war between Hamas and Fatah factions, resulting in approximately 177 Palestinian deaths and over 775 people injured. Many Palestinian buildings and considerable infrastructure have sustained severe damage, cutting off vital services to the people of Gaza including education and medical care. Civilians report an increased loss of personal security and fear due to the internal fighting and their inability to leave Gaza for medical care or to escape threats. Health and economic conditions have continued to deteriorate in the occupied territories, but particularly in Gaza. Disabled people are among the vulnerable groups that are most affected. At present, oPT essentially has two separate governments: the Palestinian Authority (PA) in the West Bank and Hamas in Gaza. Peace negotiations are not delivering, and the PA continues to be weak and an ineffective actor in the rehabilitation sector in the WB. In this context, Palestinian NGOs (PNGOs) have shouldered the responsibility for addressing the needs of people with disabilities.

The Rehabilitation Programme

The RP has six inter-related components:

1. Community Based Rehabilitation Programme (CBRP)
2. Development of the rehabilitation referral system
3. Lobbying, advocacy and networking
4. Policy development (with a focus on inclusive education)
5. Capacity building, research, documentation and development
6. Regional cooperation

Diakonia and NAD (hereafter referred to as D/N) provide financial and technical support to 16 Palestinian NGO (PNGO) partners, UNRWA (United Nations Relief and Works Agency for Palestine Refugees in the Middle East) and the Ministry of Education (MOE).

Diakonia is a Swedish development organisation working to promote civil society and advance human rights issues, democracy at all levels and gender equity. NAD is an organisation of disabled people based in Norway and is active through its international department to advance the work of CBR in five countries in Africa and Palestine.

CBRP

At the community level and the heart of the RP, the CBRP is based on a partnership with a wide network of civil society PNGOs working with local communities through a rights based approach. The CBRP is active in over 266 localities in five regions of the West Bank and Gaza Strip, covering more than 55% of the population in these areas. By the end of 2007, partners implementing the CBR projects in oPT had reached 25,979 children and adults with disabilities and their families with individual rehabilitation services. In addition, two CBR projects are supported in refugee camps in Jordan and one in Lebanon

The CBRP implements a broad spectrum of activities targeted to individuals, families and the community. In addition to providing primary rehabilitation services, it also targets family and the community with advocacy and awareness raising interventions on the rights of their disabled members, for example to health, education, livelihood, and accessibility to public places. Through an established referral system, the programme links individuals requiring specialized rehabilitation services with institutions at the regional and national levels. The programme's wide network of NGO partners have self organized into five Regional Committees that have responsibility for planning and implementing the programme, coordinating the work at community and regional levels, and joint advocacy.

Representing a social model of inclusion, the RP is also actively addressing gender equality through the training of CBR workers and RP staff with the aim of promoting a common understanding of gender issues and providing practical ways of mainstreaming gender into project planning and implementation. CBRP partners in the north of oPT are engaged in a pilot project in collaboration with Birzeit University which is providing community based interventions to address the psychosocial needs of Palestinian youth. CBR workers meet with women's organisations to plan and arrange for activities on gender issues, disability prevention, community empowerment, lobbying and advocacy. The CBRP works with families and communities to promote work and livelihood for the disabled, facilitate the establishment of parents' groups, and support inclusive summer camps throughout oPT.

In 2008 implementation of a strategy aimed at systematizing a decentralization process in 40 communities in the West Bank was initiated. Through this process the CBR structure will be anchored at the community level. Local communities will eventually take over responsibility for managing the CBR programme in their respective areas, with only technical support provided by the district level NGOs that currently comprise the CBR Regional Committees. This process, however, assumes that a state of political and economic stability prevails.

Parallel to the decentralization process, at the regional level the Regional Committees are undergoing a reorganisation aiming at a stronger integration of CBR into the member organisations, increased ownership, and an increased and more visible advocacy strategy towards the government. The decentralization and reorganisation processes are currently underway with progress in both areas slower than originally planned.

Rehabilitation referral system

The RP programme supports two national level rehabilitation centres in the West Bank to further develop their tertiary medical rehabilitation services and function as national resource centers. These institutions are specialized referral centres where patients are admitted for a short stay and then discharged back to the family and community. In 2006 the RP began piloting the development of two intermediate level (IML) resource centres with the aim of strengthening the intermediate level of the rehabilitation referral system for children with disabilities. A key responsibility of the IML resource centres is to transfer knowledge and skills to the network around the children, mainly the family and CBR worker, as well as act as a link between CBR and the national centres.

Lobbying, advocacy and networking

The RP has over the years been instrumental in supporting the self organisation of people with disabilities in oPT. In 2005 the RP changed its strategy from supporting the central office of the General Union for Disabled Palestinians (GUDP) to providing support to district branches. This new strategy is intended to support the evolution of a bottom up disability movement that will advocate the rights of people with

disabilities and lobby for the implementation of the disability law. Support to a national level women's movement, Stars of Hope, was a new addition to this component in 2007. This organisation is mainly working to equip women with disabilities with skills to improve their chances for a good livelihood.

Policy development – inclusive education

Education is an important part of the programme. Inclusive formal and non formal education has been a strong strategy of the CBRP at the community level. D/N provides support to the MOE for the implementation of the inclusive education policy in its public schools.

Regional component

A regional component involving support to community based rehabilitation programmes in three Palestinian refugee camps in Jordan and Lebanon is another dimension of the programme. UNRWA, which has the responsibility for the refugee camps, is a partner in this component.

Looking to the future

As the current programme cycle (2007-2009) enters its last year, D/N are looking ahead to planning for the new programme period with an eye to the emerging political realities. Among these are the Palestinian National Authority's *Palestinian Reform and Development Plan* (PRDP)⁴² and international support to state building in the West Bank. D/N have invested in the rehabilitation sector in oPT for many years and believe that future programming needs to build upon past achievements and lessons learned. However, it is also important to consider the RP within a sector wide approach. This will require being open to making changes in the current programme's structure, content, and partners, if necessary.

Thus the special nature of this evaluation exercise is that it will be action oriented. Its intent is to build on the past and guide the future with the aim of ensuring, as far as is possible, that Diakonia's and NAD's development cooperation promotes the rights of vulnerable Palestinians – and that this is done within the framework of human rights and democracy and with particular attention to women's rights and children.

2. RP documentation and reviews

A number of studies and programme reviews carried out mainly by external consultants have considered different aspects of the RP during recent years. The two most recent major reviews have been an evaluation of the CBRP from the user perspective in 2005 (Annika Nilsson and Malek Qutteina) and a follow up study initiated by Sida also in 2005 (Pia Karlsson and Staffan Engblom) that primarily addressed RP organisational development and sustainability issues. Following these two studies, RP partners together re-defined their collective direction, goals and strategies, which have become the basis for the result focused RP log frame established for the current funding period from 2007-2009.

In 2006-2008 smaller scale reviews have been undertaken to follow up on issues raised in the 2005 studies. Examples of these are a mapping of rehabilitation services in CBRP areas, a review of the CBRP's work with children, and a review of the CBRP's organisational development.

A number of other studies undertaken since 2001 have included an external impact evaluation of the CBRP (Arne Eide/SINTEF Health, 2001), a study that examined the effect of the programme in terms of promotion of democratic norms and the empowerment of civil society (Democracy, Human Rights and the Palestinian Civil Society, Ann Kristin Brunborg, 2001), and a working paper that assessed the degree to which the programme enhances gender equity and equality (Promoting the Status of Gender, Dr. Lamis Abu Nahleh, 2003). In addition, a study (Towards Inclusive Education for All in Palestine, Pia Karlsson/Institute of Public Management, 2004) was undertaken to consider the short-term outcome of the implementation of the Ministry of Education's (MoE) national policy on inclusive education, which is supported through policy development component of the RP.

⁴² The PDRP sets out the Palestine Authority's spending plans and reforms to strengthen its capacity and accountability.

3. Purpose and objectives of the evaluation

The purpose of the evaluation is to guide the way forward for RP development (and thus the next RP application) for the 5-year period from 2010-2014⁴³. For this reason, at the conclusion of the study, the evaluation team will conduct a workshop to facilitate RP partners to develop a results-based plan for the next programme period.

The objectives of the evaluation are as follows:

In the West Bank and Gaza

1. Document concrete achievements and lessons learned from the past work of D/N in the rehabilitation sector.
2. Consider the financial and organisational sustainability of the CBRP and suggest steps to strengthen these.
3. Consider the RP as a civil society actor in the rehabilitation sector in Palestine and identify important areas of cooperation for D/N in the next programme period.
4. Assess the RP programme in terms of its relevance to the respective development cooperation strategies for D/N and Sida/Norad.
5. Make recommendations that can serve as the basis for deciding upon the RP's future directions and future priorities for D/N support of the RP for the next five-year period.

In the Region

1. Assess the current development cooperation strategy with UNRWA and the Palestinian refugee camps in Jordan and recommend ideas for effectively moving forward.
2. Assess the current development cooperation strategy in Lebanon and recommend ways to strengthen it.

4. Scope of the evaluation

In the West Bank and Gaza

1. Document concrete achievements and lessons learned from the past work of D/N in the rehabilitation sector through a desk study and interviews with key stakeholders. Questions to be answered include, but are not limited to, the following:
 - 1.1 How has the RP been relevant to the needs and the reality of the Palestinian context and how has it adjusted to the changing context over the years?
 - 1.2 How has the target group been impacted by the development work of the RP?
 - 1.3 How has the RP impacted disability/rehabilitation in Palestine?
 - 1.4 How has the RP contributed to the Palestinian development process?
 - 1.5 To what extent has the RP effectively responded to the main findings and recommendations from the studies carried out?
2. Consider the financial and organisational sustainability of the CBRP and suggest steps to strengthen these.
 - 2.1 How does the present CBRP decentralisation process contribute to its sustainability?
 - 2.2 To what extent is it successful as a process of strengthening local ownership?
 - 2.3 To what extent is the CBRP decentralisation process a model for replication?
3. Consider the RP as a civil society actor in the rehabilitation sector in Palestine and identify important areas of cooperation for D/N in the next programme period.
 - 3.1 Assess the strengths of the RP's civil society partners:

⁴³ or 3-year period from 2010-2012

- a. How have RP partners created a model of cooperation? Have there been common features of and synergies between the civil society partners?
- b. What rehabilitation model have the RP partners succeeded in creating, if any? Can it be replicated elsewhere in Palestine?
- c. To which extent has change been effected because of the D/N cooperation with its RP partners?
- d. What are the key strengths and weaknesses of the D/N cooperation with its RP partners?

3.2 What has the role of the civil society movement been in the rehabilitation sector and how do civil society actors see their role in state building in the coming five years?

- a. What are the main features of the civil society movement working with disability in Palestine?
- b. Which advocacy role have CS partners played towards decision makers and the government? To which extent has this role been effective? What has it succeeded in changing?
- c. Describe how the relationship between civil society actors and the government been over the years? Is there a clear division of roles?
- d. How has civil society been empowered and what milestones has it achieved?
- e. What do civil society actors perceive their role and priorities to be for the coming five years? How do they propose to achieve these?

3.3 What is the road map in the coming five years for civil society actors and for the State?

4. Assess the RP programme in terms of its relevance to the respective development cooperation strategies for D/N and Sida/Norad.

4.1 Diakonia and NAD

- a. To what extent has the RP been relevant to / in line with Diakonia's and NAD's respective development cooperation strategies for Palestine and the Middle East region?
- b. To what extent has the RP been developed in accordance with Diakonia's thematic areas of human rights, democracy, gender, economic justice? Have there been clear and concrete examples of outcome and impact in this regard? Is the RP well placed within Diakonia's vision for development in the region? To what extent has the RP integrated Diakonia's cross cutting themes of gender and HIV/AIDS within its work?
- c. To what extent has the model of partnership between Diakonia and NAD worked successfully and how may the partnership be strengthened?
- d. What has been the added value of Diakonia's and NAD's respective (and collective) support of the RP?
- e. To what extent has the RP been well placed within Sida's and Norad's respective development cooperation strategies for Palestine?

5. Make recommendations that can serve as the basis for deciding upon the RP's future directions and future priorities for D/N support of the RP for the next five-year period⁴⁴. The following questions should be explored with an eye to meeting the needs of the rehabilitation sector and, at the same time, addressing the priorities outlined in Diakonia/Sida and NAD/Norad strategies for development cooperation in Palestine:

- 5.1 In which area(s) should the RP focus during the next five years?
- 5.2 What are the realistic results that the RP can achieve in this period? Why these results and what are possible indicators of progress for these results?
- 5.3 Which partners (existing and/or new) are crucial to achieve these results?

In the Region

⁴⁴ or 3-year period from 2010-2012

1. Assess the current development cooperation strategy with UNRWA and the Palestinian refugee camps in Jordan and recommend ideas for effectively moving forward.
 - 1.1 To which extent has the cooperation in the Palestinian refugee camps improved the situation for disabled persons?
 - 1.2 Has the transfer of experience from the CBR programme in Palestine to Jarash and Baqaa refugee camps been successful?
 - 1.3 To what extent is the identified strategy of replication to all refugee camps working in Jordan?
 - 1.4 How should the RP move forward in Jordan?

2. Assess the current development cooperation strategy in Lebanon and recommend ways to strengthen it.
 - 2.1 Has the RP succeeded in impacting the situation for people with disabilities within the refugee camps in Lebanon?
 - 2.2 Is it feasible to continue with the same strategy under the current conflict situation or should the strategy be changed (and if so, how)?

5. Evaluation methodology and timeframe

With an eye to the preparation of applications for D/N's respective back donors for new framework agreements for the period 2010-2014⁴⁵, an evaluation of the RP will be carried out in 2009. The Terms of Reference (TOR) for the study have been prepared by D/N.

In February 2009, a consultant(s)/consulting group will be identified and contracted in accordance with the TOR and Diakonia Procurement Guidelines. The consultant is responsible to form a team which includes but is not limited to the following qualifications:

- experience and knowledge of social development programmes in the Middle East in general and Palestine in particular; first hand experience with previous work and/or studies carried out in Palestine will be an advantage
- knowledge of the rehabilitation sector and UN Convention on the Rights of Persons with Disabilities (adopted by the United Nations on 13 December 2006); familiarity with the CBR Guidelines (to be jointly published by WHO, UNESCO and ILO⁴⁶ in 2009) will be helpful.
- knowledge in the areas of human rights, democracy, gender, work with civil society, and expertise in mainstreaming these in development cooperation programmes
- knowledge and experience in result-based programming in a participatory approach with civil society.
- at least one member of the team will speak Arabic

The consultant(s) will have the ability to report in English as well as Arabic, a proven record of providing consultancy services to international NGOs, and suitability for carrying out the TOR based on consultant's areas of expertise and previous relevant experience.

D/N has a pre-qualified list of local consultants. It is suggested that the consultant counterpart with a consultant(s) from the enclosed list; see Annex 1. The evaluation team will plan the evaluation exercise in three phases:

Phase 1

Desk study and comprehensive review of existing programme documentation. This will be conducted prior to the field study. It will include, but not be limited to, a review of past evaluations, assessments, research reports and other types of studies; the 2008-2009 applications to Sida and Norad; programme reports and strategy/steering documents by D/N; and country strategies of Sida and Norad. Interviews with key stakeholders may be undertaken as part of the review. This will be carried out in March 2009 and will involve not more than a total of 3 man-weeks of work (i.e. 15 days total).

⁴⁵ or 3-year period from 2010-2012

⁴⁶ World Health Organization (WHO), United Nations Educational, Scientific and Cultural Organization (UNESCO), International Labor Organization (ILO)

Phase 2

Field visits in the West Bank, Gaza and the region (Jordan and Lebanon). This phase will provide an opportunity to collect data from partners in the West Bank, Gaza and the Region, as well as undertake interviews and discussions on the future direction of the programme for the coming five years. The team will identify the specific method(s) and tools which they believe will best achieve the stated objectives of the evaluation.

It is important to note that partners can be identified in four categories, namely: 1) CBR partners in the West Bank and Gaza; 2) service providers including secondary and tertiary service providers of medical rehabilitation; 3) Disabled People's Organisations (DPOs) that represent the users; and 4) policy makers including the MOE. As the security situation will likely not allow for a visit to Gaza, a plan for alternative arrangements should be made for including partners in Gaza in the study. The phase will be undertaken over two weeks in April 2009.

Phase 3

Facilitate a planning exercise for RP programme partners and others as agreed upon by D/N. This will include a country workshop in Palestine involving RP partners. Key expected results and result indicators will be identified by RP partners and a log frame will be developed with the partners during these workshops. This will involve two weeks of work in May 2009: one week in Palestine to plan for the workshop and one week to conduct the workshop and debrief RP partners, D/N and Sida/Norad.

6. Presentation of findings and reporting

Preliminary findings from the study will be presented by the team leader and consultants before the team leader leaves Jerusalem. The team will also debrief both the local Sida and Norad offices in Jerusalem on the process, findings and recommendations of the evaluation before its departure from the field.

The team will present the findings of the study in a written report in English. The draft report shall be submitted to D/N by 1st June. D/N will provide feedback on the report within 10th June.

The final report will be completed by 30 June 2009 and submitted in both hard copy and electronic copy. The final report should also be submitted in Arabic within 15 July in both hard and electronic copies.

Final report

The final report in English shall not be more than 30 pages (excluding annexes) and will include sections outlining:

- an Executive Summary including key findings and recommendations
- a description of the methodological approach and research questions
- findings
- overall findings in line with the objectives and scope outlined in the TOR
- conclusions and recommendations
- a preliminary log frame of key expected results and indicators of progress for the next programme cycle, as developed with RP partners during the phase 3 workshop (included as an annex to the report)

Budget

The budget for the evaluation is SEK 555,000 (NOK 478,500) and follows:

300,000 SEK from Sida

255,000 SEK from Norad

Annex II – List of people consulted

Name	Position/Title	Institution
1. Svein Brodkorb	Head of International Department	Norwegian Association Disabled (NAD)
2. Cindy Greer	Adviser, Middle East	NAD
3. Christoffer Sjøgren	Country Director	Diakonia
4. Ghada Harami	Programme Manager, RP	Diakonia/NAD RP
5. Irene Siniora	Senior Project Manager	Diakonia/NAD RP
6. Sahar Muna Abbasi	Projects Manager	Diakonia/NAD RP
7. Arige Abu Ali	Projects Manager	Diakonia/NAD RP
8. Signe Marie Brevik	Adviser	Representative Office of Norway to PNA (Norad)
9. Anna-Klara Berglund	Adviser	Swedish International Development Cooperation (Sida)
10. Jens Mjaugedal	Head of International Dept NRC, former country director NAD	Formerly NAD, now NRC
11. Dr Allam Jarrar	Director	CBR North (PMRS)
12. Dr Rabah Jabr	CBR director	Palestinian Red Crescent Society (PRCS)
13. Raed Hamdah	Director	IML Halhoul Centre, Health Work Committees
14. Edmund Shehadeh	CEO	BASR
15. Betty Majaj	CEO	JCDC
16. Dr Waddah Malhis	Medical Director	JCDC
17. Maha Yasmineh	Manager	JCDC
18. Rima M. Zeid al-Kilani	Director General of Counselling and Special Education	Ministry of Education
19. Shifa Shaikha	Director	Inclusive Education Department, Ministry of Education
20. Nariman Sharawneh	Head Section of training programmes	Ministry of Education
21. Hani Hroub	Director General	Ministry of Local Government, Bireh and Ramallah Directorate
22. Kathy Jubeh	Country director	MAP-UK
23. Anita Vitullo	Deputy director, Resource Development and Communication Department	Welfare Association
24. Randa Siniora	Executive director	Independent Commission for Human Rights (ICHR)
25. Salahaldin Mousa	Director	ICHR
26. Muin Deis	Senior legal researcher	ICHR

Name	Position/Title	Institution
27. Nawal Al-Kadi	Field supervisor	CBR Central
28. Sahar Abu Kalil	Field supervisor	CBR Central
29. Neame Hussain	Field supervisor	CBR Ramallah
30. Haya Basil Rushdi	Occupational Therapist	Farah Rehabilitation Centre
31. Dr Mahmoud Salem El-Khalili	Head of Regional Committee	Patients' Friends Society, Central Regional Committee
32. Hussein Shabaneh	Member of Friends Society Board	Patients Friends Society, Central
33. Fuad Tamimi	Manager	CBR South
34. Ibrahim Abu Sabha	Physiotherapist	IML Halhoul Centre, Health Work Committee
35. Najah Abu Zahra	Field supervisor	CBR South
36. Fatima Al-Azraq	Field supervisor	CBR South
37. Dima al-Arqan	Field supervisor	CBR South, HWC
38. Walid Hamdan	Administrative Manager	CBR Central
39. Abdul-Sami' As-Sheikh	Technical Manager	CBR Central
40. Adele Perry	Technical Advisor	Handicap International
41. Nardiin Abu Assab	Disability Officer	Handicap International
42. Nisar Bsalat	President	GUDP Central
43. Ola Abu Al-Ghaib	Chairwoman	Stars of Hope
44. Tahrir Batran	Activist, volunteer	Stars of Hope Hebron
45. Yasmin Dwaib	Activist, volunteer	Stars of Hope, Bethlehem
46. Safiyee Khaled	Activist, volunteer	Stars of Hope, Salfit
47. Shatha Abu Srou	Activist, Board member	Stars of Hope, GUDP Bethlehem
48. Ruweida Diab	President	GUDP Tulkarem
49. Awwad Ibayat	President	GUDP Bethlehem
50. Mansur Dhmeidi	Vice-mayor	Hawara municipality (has CBR)
51. Munthaha Oudeh	CBR Field Supervisor / Local Council member (independent)	CBR Programme North
52. Nabila Ahmad	CRW	CBR Programme North
53. Sheikh Arab As-Shurafa	Mayor	Beita municipality
54. Mohammed Bakr Rushdi	Deputy mayor	Beita municipality

Name	Position/Title	Institution
55. Raja' Abu Rizeq	Coordinator	IML Farrah
56. Yasmin Juma	Physiotherapist	IML Farrah
57. Haya Basil Rushdi	Occupational Therapist	Farah Rehabilitation Centre
58. Maison Dweikat	Mental health psychologist	IML Farrah
59. Wissam Nimr	Occupational Therapist	IML Farrah
60. Dr Ilana	Paediatrician	IML Farrah
61. Dr Ibrahim		IML Halhoul
62. Khitam	Speech therapist	IML Halhoul
63. Inass	Physiotherapist	IML Halhoul
64.		

Gaza Strip

65. Kamal Gamar	Director	National Society for Rehabilitation
66. Jamal El-Rozzi	Coordinator	Palestinian Medical Relief Society Gaza
67. Husain Mansour	Director	Jabalia Rehabilitation Programme
68. Talal Oda	Supervisor	NSR Gaza
69. Linda Al-Buhdar	Supervisor	NSR Rafah
70. Abd El Kareem Ismail	Supervisor	NSR Middle Area
71. Nahed Abu Silmia	Supervisor	NSR Khan Younis
72. Awni Mater	Chairman	GUDP
73. Dr Samir Abu Jiab	Director	Society of Physically Handicapped People (PhDS)
74. Dr. Abd El Rahman Bargawi	Former director of NSR	Ex-NSR
75. Dr. Ahmad Abu Tawaheena	Director General	GCMHP
76. Dr. Hifa El-Agha	Director of General Education	Ministry of Education
77. Khalid Fadah	In charge of Special Education	Ministry of Education
78. Dr Mahmoud El- Himdiat	Chief of Educational Programme	UNRWA
79. Husain Abu Husain	Social Welfare	UNRWA Rehabilitation Services
80. Dr. Khamis El-Esy	Deputy Medical Director	El Wafa Rehabilitation Hospital

Name	Position/Title	Institution
81. Dr. Maher Shamia	Medical Director	El Wafa Rehabilitation Hsopital
82. Dr. Ali Abu Rialah	Chief Nurse	El Wafa Rehabilitation Hsopital
83. Dalia Salha	Coordinator Rehabilitation	WHO Gaza
84. Amjad Shawwa	Coordinator	PNGO
Jordan		
85. Renda Jbaour	Chief of Social Affairs	UNRWA HQ Amman
86. Manal Hussein	Disability Officer	UNRWA HQ Amman
87. Inaam Abu Jidaaya	Director	CBRP Jerash camp
88. Muhammad Ibrahim Abu Sardania	Board member	CBRP Jerash camp
89. Ali Asmar	Head	Higher Coordination Council of CBRPs in Jordan
90. Adnan al-Asmar	Director	CBR Programme Baqqa
91. Bashar Isamin	Board member	CBR Programme Baqqa
92. Majed Ismail Adi	Board member/parent	CBR Programme Baqqa
93. Imad	Board member	CBR Programme Baqqa
Lebanon		
94. Samar el Yassir	<i>Country Representative, Lebanon</i>	Diakonia
95. Kassem Sabbah	Coordinator	Disability Programme NPA, Palestinian Disability Forum
96. Khansa Sleiman	Director	CBRA
97. Najah Sleiman	Education Coordinator	CBRA
98. Taghrid Issa Awad	Disability Programme Officer	UNRWA
99. Samer Chehadeh	Director of projects unit & international relations	PRCS
100. Leila Zakharia	Lebanon Country Manager	Welfare Association
101. Manal Kortam	Programme assistant	Welfare Association
102. George Xanthopoulos	Director of Mobility & Accessibility Programme and of Employment Programme.	ARCENCIEL
103. Shahrouf Family	CBRA Beneficiary	Community – Baddawi – Home visit
104. Ahmad Abu Náágh	Elderly man - community member	Community – Nahr el Bared – FGD participant
105. Ahmad Merhi	Elderly man - CBRA Beneficiary – Stroke patient	Community – Nahr el Bared – FGD participant

Name	Position/Title	Institution
106.Ahmad Rashid	Elderly man - community member	Community – Nahr el Bared – FGD participant
107.Hassan Azzam	Elderly man - CBRA Beneficiary – amputee (hand) & husband of a CBRA beneficiary	Community – Nahr el Bared – FGD participant
108.Mahassen Abou Skeir	Frail elderly man (86 years) – CBRA beneficiary – stroke	Community – Nahr el Bared – FGD participant
109.Sobhi Jad Othman	Elderly man - CBRA Beneficiary – polio	Community – Nahr el Bared – FGD participant
110.Mrs. Hajj	CBRA Beneficiary - Mother of Eyad el Hajj – a boy with CP	Community – Nahr el Bared – FGD participant
111.Mrs. Akkar	CBRA Beneficiary - Mother of Omayma Akkar, a girl with shoulder dislocation	Community – Nahr el Bared – FGD participant
112.Mrs. Alameddin	CBRA Beneficiary - Mother of Samer Alameddin, a boy with Downe’s Syndrome	Community – Nahr el Bared – FGD participant
113.Housnieh Daoud	Elderly woman, CBRA Beneficiary Orthopedic problems, Disk	Community – Nahr el Bared – FGD participant
114.Nazmieh Wahbeh	Elderly woman, CBRA beneficiary, chronic disease orthopaedic problems	Community – Nahr el Bared – FGD participant
115.Khadijeh Azzam	Elderly woman, (wife of Hassan Azzam)	Community – Nahr el Bared – FGD participant
116.Walid Ghassan Sweidan	CBRA beneficiary, Youth (13 year old boy with CP)	Community – Baddawi – discussion group participant
117.Omar Ali Kayed	CBRA beneficiary, Youth (10 year old boy)	Community – Baddawi – discussion group participant
118.Nadine Tayyar	CBRA beneficiary, Youth (14 year old girl, involved in mainstreaming vocational training)	Community – Nahr el Bared – discussion group participant
119.Fatima Dabaja	Social Services	Palestine Red Crescent Society (PDF meeting participant)
120.Jamal Saleh	Physician – specialist in physiotherapy	NPA- coordinator of joint project with PRCS at Hamshary Hospital Saida (PDF meeting participant)
121.Zahra Assadi	Center coordinator	Ghassan Kanafani Cultural Foundation (PDF meeting participant)
122.Mohammad Bakri	Director	Disabled Revival Association – Ein el Hilweh Camp (PDF meeting participant)
123.Mohammad Khalil	Director	Abou Jihad el Wazir – Rashidieh Camp (PDF meeting participant)

* Phone/email interviews

Annex III - Field Survey Programme

Date	Time	Activity	Place	Comment
11/3	14:00 – 15:00	Evaluation team & D/N (MQ, NI, GH, IS)	Phone	First phone meeting
16/3		D/N PM, country representative and team member AYK	Beirut Lebanon	Preliminary exchange re. evaluation
Friday 20/3	16:00 – 20:00	NAD project coordinator Cindy Greer & YA	Gaza	Exchange of evaluation
Monday 23/3	15-16:30	NAD international director	Oslo, Norway	Interview
Tuesday 24/3	18:00	Arrival of NI to Jerusalem, meeting MQ	Ambassador Hotel	Preparatory meeting
Wednesday 25/3	9 – 15	D/N meeting w team (NI, MQ, PM, PC)	Diakonia/NAD office Jerusalem	Inception report discussion, + interviews
Thursday 26/3	9:30 – 14:30	Workshop with CBR programmes and IML centres in Farah and Halhoul	Medical Relief office in Ramallah – Balou'	Focus group discussion and exchange
	15:00 – 17:30	Team summing up, further planning	Ambassador hotel	
Friday 27/3	9:00	NI departure to Gaza (entry denied)		
	14:00 – 18:00	GH & IS with NI & MQ	D/N	Discussion on inception
Saturday 28/3 (Plan B: video conference as Nora did not get permit)	09:00 - 12:00	Plan A Kamal Gamar+CBR Team	NSR	FGD
	12:30 – 13:30	GCMHP – Dr. Ahmad Abu Tawaheena	NSR	Interview + Visit
	13:30 – 14:00	PSR maintenance workshop	NSR	
	15:00 – 16:00	PhDS – Dr Samir Abu Jiab	Dera	Interview
	16:00 – 17:00	GUDP – Awni Mater	Dera	Interview
	17:00 – 18:00	Dr. Abd El Rahman Bargawi	Dera	Interview
Sunday 29/3 (Plan B: if NI doesn't get permit, NI will do phone interviews with Gaza with YA)	09:00 – 10:30	Plan A (NI tries again to enter Gaza). Wafa	Wafa Hospital	Site visit + interview
	11:00 – 12:00	PMRS – Jamal Rozi	PMRS	Interview + Visit
	12:00 – 13:00	Dr. Haifa El Agha DG/MoEd	WHO	Interview
	13:30 – 14:30	Dr. Mahmoud El Hamed Education - UNRWA	Dera	Interview
	15:00 –	WHO & HI – Dalia and	WHO	Interview

	16:00	Cathy		
29/3	11:00 – 13:00	Ola AbuGaleb, Stars of Hope	Ramallah	In-depth interview
	13:00 – 15:30	Female PWDs from Hebron, Bethlehem, Salfit	Stars of Hope, Ramallah	FGD
Monday 30/3 (Plan B: if NI doesn't get permit, NI-MQ to Ramalla)	10 – 12:00	Phone meeting between NCG team (YA, MQ, NI) + with Kamal Gamar. Discussion with dr Yehia		
AYK	All day	Visit to CBRA	Beddawi -Lebanon	Site visits, interviews
	Dinner	Kjetil Halvorsen, MFA	Jerusalem	
Tuesday 31/3	08:30	Ministry of Education and Higher Education	Ramallah	Interview
	11-12.30	Signe Marie Breivik, Norad	NRO	Interview
	13:30 – 14:30	Handicap International, Adele Darrel and Nardiin	HI Jerusalem	Interview
	15-17:00	Team summing up		
AYK	9:00- 10:00	Meeting with Qassem Sabbah NPA Coordinator	Mar Elias Camp – Beirut Lebanon	In-depth interview AYK
Wednesday 1.04	8:30	Diakonia/NAD Ghada Harami and Irene Siniora	D/N	Update on fieldwork + discussion
	11:00	MQ & NI travel to Jordan	Century Park Hotel	
Thursday 2/4	8.30- 10:00	Renda Jbaour and Manal Hussein	UNRWA - Amman	Interview
	10:30 – 12:00	CBR programme in Jerash, Mrs Inaam and	Baqqa camp	FGD - interview
	12:00- 14:00	CBR programme in Baqqa	Baqqa camp	FGD - interview
	14:00- 15:00	Higher committee of CBR in Jordan, Mr Ali Asmar	Baqqa Camp	Interview
AYK	14:00- 14:30	Meeting with PDF	Diakonia office Beirut	Brief FGD
	18:00	Brief NI & AYK	Mayflower hotel	
Friday 3/4	All day	CBRA – FGD with steering committee, institutional stakeholders, community advocacy group	Nahr el Bared & Baddawi - Lebanon	FGDs & site visit
	18:00- 21:30	Samar al-Yassir, Diakonia representative	Beirut	In-depth interview
Saturday 4/4	10-12:00	Team summing up	Beirut	AYK and NI
	14:30	NI Beirut to Amman		
	22:00 – 22:45	Flight Amman – Tel Aviv, to Jerusalem	Ambassador hotel	
Saturday	11:00	MQ – GUDP Bethlehem branch	Bethlehem	FGD - MQ
Sunday 5/4	8:30-9:30	Hawara municipality; mayor, CBR coordinator	Nablus region	Interviews, FGDs with CRW
	10:00-	Beita municipality: mayor	Beita - Nablus	Interview

	11:30	Sheikh Arab, deputy, CRWs		
	12:00-14:00	Farah IML	Nablus	FGD staff
	14:00-15:00	Dr Allam Jarrar	Nablus	In-depth interview
	16:30 – 18:30	GUDP Tulkarem president Ruweida	Tulkarem	In-depth interview
Monday 6/4	9:30-11:00	BASR	Bethlehem	Interview + visit
NI & MQ	11:30-1:00	JCDC Princess Basma	Jerusalem	Interview + visit
	1:30-2:15	Arige Abu Ali, RP project coordinator for DPOs	Diakonia-NAD office	Interview
NI & MQ	2:00-3:00	Anna-Klara Berglund, SIDA	Jerusalem	Interview
	3:00 – 5:00	Team preparing for debrief	Jerusalem	
	7:00 – 8:00	TL summing up with Gaza	Jerusalem/Gaza	Phone meeting
AYK	9:00am-1:00pm	FGDs with CBRA beneficiaries, youth, women, elderly	Baddawi/ Bared	FGDs – confirmed
AYK	3:00pm - 5:00pm	Meeting with Mr. George Xanthopoulos Arc en Ciel	Beirut	Confirmed
Tuesday 7/4	8:00	Kathy Juba', MAP-UK	Ambassador	Interview
	10:00-11:15	Randa Siniora	IHCR Ramallah	Interview
	11:30-12:00	Hani Hroub, Ministry of Local Government	Ramallah	Interview
	12:15-13:30	Anita Vitullo	Welfare Association, Ramallah	Interview
	14:00-22:00	team consolidation - preparing for Debrief	Jerusalem	Confirmed
Wednesday 8/4	08:30 – 11:00	Presentation of preliminary findings to RP	Diakonia/NAD office	Confirmed
	11:00-12:00	Diakonia Middle East Repr. & Regional Dir.	Diakonia/NAD office	Debrief
	13:00	NI departure to airport		
AYK	9:00-10 am	UNRWA	Beirut	Interview
AYK	2:00pm	Leila Zakharia – Welfare Association	Beirut	Interview
Tuesday 5.5.09	9:00-12:00	Follow-up discussion on draft strategy developed by team	Jerusalem D/N office	MQ,NI, IS, GH, Arige

AYK = Aziza Yacoub Khalidi, NI = Nora Ingdal, NSR = National Society for Rehabilitation, MQ = Malek Qutteina, GCMHP = Gaza Community Mental Health Programme, GH = Ghada Harami, GUDP = General Union for Disabled People, HI = Handicap International, IS = Irene Siniora, PM = Programme Manager, PMRS = Palestinian Medical Relief Society, YA = Yehia Abed

Annex IV: Interview Guides

Group 1: Rightsholders – interviews/FGDs

Knowledge and experience of CBRPs

1. Are you familiar with the CBRPs of Diakonia/NAD?
2. What are the human right(s) being addressed by the RP objectives?
3. Is there any evidence of improved community attitudes with respect to people with disabilities (i.e., a local organisational or cultural shift)?
4. What specific attempts are being made, or have been made, to move toward becoming an inclusive community?
5. What are the needs and priorities as perceived by you – and local PWD, their families, and the larger community?
6. Provide stories about how the lives of PWD have been changed through CBR?
7. What is the evidence that the users realize that the information provided on CBR or other programmes is meant for them?
8. Do you feel ownership towards this programme?
9. Other initiatives
10. Have you taken part in other CBR programme supported by other than D/N initiatives? In case yes, with whom?
11. If yes, did you integrate this component or programme into your own CBR programme?
12. What were the main difference between that/those projects as compared to the CBR programme?
13. Which efforts take place to garner economic resources of the country allowing gradual take over of operations and support by the government?
14. Describe steps taken by CBRPs to promote awareness, self reliance, and responsibility for rehabilitation by the community.
15. Future
16. What are your recommendations for how to improve the CBRP's effect on you, your community – and on a national/regional level?
17. What are the gaps in this programme according to your view?

Group 2: For RP staff

Planning

18. How has CBR been made relevant to the Palestinian cultural attitudes and regarding the people being served?
19. How are the local needs and priorities set?
20. What are the criteria for D/N's choice of supporting branches? How can D/N ensure that it works along the 'do no harm' methods when there are existing internal conflicts in some of the partner organisations? How to fund but avoiding increasing internal tensions?
21. How are CBR-users included in the D/N planning process, are there any systematic and/or regular consultations with the users?

Implementation

22. Implementation; how does the RP ensure that the programmes are run by the rightsholders themselves? How is the programme volunteers capacitated?
23. How to practically coordinate the administrative/financial routines between two organisations (D/N) in planning, reporting, and monitoring? Why hasn't D/N been able to harmonize standard reporting formats for the RP?
24. How is D/N prepared and able to respond to changing political realities/weak and fragmented national authorities?

Advocacy –policy development

25. How is D/N training or capacitating the CBR partners and DPOs to promote their rights towards the duty-bearers (authorities)?
26. Which rights is the RP addressing? Education, social and economic rights? (marriage, employment?)
27. Any trainings in community mobilisation for the DPOs?
28. **Lessons learnt** (especially directed towards senior Programme manager)
29. What are the main learnings from your years working with D/N?
30. With the knowledge and experience you have today, what would you have done differently?
31. Programme design, incl. advocacy and policy development
32. Partnership – selection of partners, criteria
33. Follow-up, capacity-building, training of partners?
34. Sustainability
35. Which efforts take place to garner economic resources of the country allowing gradual take over of operations and support by the government?
36. Are D/N assisting CBR programmes to explore other funding opportunities?
37. Describe steps taken by D/N RP to promote awareness, self reliance, and responsibility for rehabilitation by the community.
38. Describe how the local community is being groomed to take over CBR responsibilities.
39. Monitoring – information systems
40. What are D/N's monitoring & evaluation systems? Any documentation of monitoring visits?
41. What information systems and databases are in use?

Group 3: Government, UNRWA

42. Are you familiar with the CBR model funded by D/N?
43. Do you coordinate with them? Do you consider including them in your policy development, and in the implementation? If yes, any examples.
44. Do you feel that the RP is sufficiently including or consulting with you?
45. What are the main strengths of the CBR programme according to your knowledge?
46. How many international CBR actors are you working with apart from D/N?
47. How do you ensure synergy between these projects?
48. How do you coordinate with other ministries to support people with disabilities?
49. Do you see any gaps within the current RP?
50. What are your recommendations for the RP to bridge these gaps - be more effective in the future?
51. What are your recommendations for the RP to be sustainable in the future?
52. What government initiatives, if any, have resulted during the period of D/N's RP that could enhance progress toward the equalization of persons with disabilities?
53. What are the plans for operationalising the Disability Law? Any role of the RP in this?
54. Any plans for integrating the Convention of Disabled People?

Group 4: DPOs, local NGOs, associations etc

55. How is RP linked with DPOs (Disabled Persons Organisation)?
56. How is RP useful for your work in promoting the rights of PWDs?
57. What are PWDs, family members', community members', and officials of the government's perceptions of the CBR programme?
58. What barriers (if any) exist for your organisation to fully benefit from the CBRPs?
59. Describe inter-sectoral collaboration, including relationships among CBR, income generating programmes, schools, and other programmes.
60. Is the CBRPs helping you to reach or access other services such as preventive services, primary health care services, social services, educational services, and income-generating services?
61. What specific recommendations from PWD have been incorporated into the stated CBR objectives or have been used to modify the programme?
62. How have disabled persons, their families, and other community members, been called upon to help plan and actively contribute to the programme?
63. To what degree do local PWDs and their families have input into how available financial resources are to be spent?

Other initiatives

64. Have you taken part in other CBR programme supported by other than D/N initiatives? In case yes, with whom?
65. What were the main difference between that/those projects as compared to the RP

Future

66. What are your recommendations for how to improve the RP's effect on you, your community – and on a national/regional level?
67. What are the gaps in this programme according to your view?

Group 5: Donors (mainly Norad and Sida)

68. Value-added of Diakonia/NAD as seen by donors
69. Relevance of D/N RP programme to you? How does the RP fit into your country strategy?
70. What is the RP contribution towards promoting civil society/democracy/human rights in oPT? Any examples?

Donors' future directions and strategies for next five years

71. What are the main directions of your programme in the coming five years?
72. Is Sida planning a further phase-out of health/civil society of the Diakonia/NAD programme, in particular the RP?
73. Can D/N access humanitarian funds from Norwegian/Swedish MFAs to respond to crisis (ex Nahr el-Bared 2007, or Gaza war 2009)?

Annex V Lessons learnt (from Inception report)

Recommendations	Actions taken	Reported improvements	For further exploration	Means of verification
1. Support the development of a comprehensive referral system that includes the intermediate level	Mapping of actors defined IML centres in two areas		Are IMLs responding to actual CBR needs? Any system of back-referrals from IML to the CBRs? What proportion of the IML work is in support of CBR? ⁴⁷	Visit Farah IML IML plans, progress reports, annual reports. Follow-up reports from David Henley (2007 and 2009)
2. Increase cooperation with relevant ministries	Support to MOE Agreement with MOE on training for teachers in schools.	Inclusive education program becoming a strategy	Any cooperation with other line ministries like Health, Labour, Social Affairs? - Any coordinating mechanisms in place in the RP for lobbying government? ⁴⁸	MoE and D/N agreement Report from MoE Interviews with MoE representatives in WB and Gaza Interviews & FGDs with RC CBRs
3. Quality development of CBR	Mainstreaming gender into CBRPs Piloting inclusion of psycho-social of CRWs Validating WHO guidelines in WBGS and Lebanon	Trainings	Any documented results? Are changes in gender roles significant? (gender balance at management levels?) Is WHO CBR matrix integrated with planning framework?	Evaluation reports, esp Qutteina User Study, Gender reports, Interviews & FGDs with RC CBRs
4. Expanded coverage of CBR	Expansion of CBR (from 45 – 65%) included in subsequent project documents.	Documented 59% in December 2008	How is the expansion affecting the quality of services? Any follow-up on idea of graduating communities?	Qutteina (2009) Decentralisation assessment New expansion approach used now by the CBR program with a decentralised strategy. CBRPs plans and strategic vision
5. Increase sustainability of the	Mapping exercise to identify gaps,	Signed agreement with	Coverage Inclusion of disabled in	Qutteina Mapping report and

⁴⁷ According to the RP annual report for 2008, CBR in the south referred 556 disabled people to Halhoul IML centre (68.9% of total referrals received), while the CBR in the north referred 204 to Farah IML centre (24.4%).

⁴⁸ Seems to be coordinating mechanisms with the National Centres, not at the national level (government).

CBRP. A plan for how to gradually decrease dependency on outside funding	prospects for cooperation Plan developed for 2008 to forge partnership arrangements in 10 localities per program Tool developed to assess capacities	25 out of 40 localities (10%)	the decentralised model Community ownership Capacity building for communities Fundraising plan for salaries	Decentralisation assessment Interviews & FGDs with CBRPs Visit to some localities that have signed agreement Annual reports
6. Development of technical support to the programme and the partners	Reorganisation of the regional committees Assessment model for regional committees development is being followed by RP		What is future role of RC's in light of new expansion approach and integration in the organisations? Risk of further fragmentation between the partner organisations.	FGDs with RC in West Bank In-depth interviews with RC FGDs with DPOs
7. Investment in training of staff and partners – particularly on LFA planning	Introduced results-based planning since 2006 Training conducted with staff and partners	More standardised reporting. Partners report satisfaction in monitor of own results	Assess whole RP log frame, including objectives and results for DPOs, policy etc	D/N plans and reports Interviews & FGDs with partners, esp project managers
8. Increase CBRPs attention to activities designed for the promotion of rights, and maintaining mainstreaming as an approach	RBA is introduced Capacity-building for DPOs on managerial skills, administrative issues – more than training in mobilisation?		What about social and economic rights? (marriage, employment) Any risks of strengthening DPOs' organisation/admin? Conflict of interests? Community mobilisation?	Interviews & FGDs with CBRPs and DPOs
9. Strengthen the Union of Disabled people by a) assisting in recruitment, b) partner in advocacy matters, c) invite board members of the Union branches to all CBR staff training events and to annual evaluation and/or planning events	Small contest was announced in newspaper – 4 branches selected Nablus, Bethlehem, Jenin and Tulkarem. Criteria of democratic performance, membership base,		What are the criteria for D/N's choice of supporting branches? Any evaluation reports of DPOs, GUDP in 2008/9?	FGDs and interviews with DPO partners Visit GUDP Tulkarem and Bethlehem
10. CBR program could employ PWDs as CBR workers and directors	Not known (PWDs employed were before this recommendation)	% of PWDs employed in partner org. introduced as	Is there an active recruitment policy for including PWDs as staff?	Interviews & FGDs with CBRPs Annual reports on statistics of staff

		indicator		
11. Standardise definitions of disability types	NAD is taking part in WHO's work on developing CBR Guidelines	Not known	How to make PCBS and MoE change their classifications? How to promote standardised case definitions in the CBRPs	Interviews MoE Interviews WHO Evaluation report, Mapping Study (Qutteina, 2006)
12. Review and revise the information systems and databases	Establishment of database Development of upgrading of Indicators (questionnaire nr 2)		How to merge the three different in South, Gaza and North? How do utilise data in lobbying for policy development?	Interviews & FGDs with RC CBRs
13. Improve support to deaf and hearing impaired and children and adults with severe intellectual and multiple disabilities	Training for intellectual disabilities MOVE in South		What are plans for addressing issues of hearing impaired? Cooperation with NDF, SIGNO, Deaf clubs. MOVE methodology for all CBRPs or only in the South?	Interviews & FGDs with CBRPs, DPOs
14. Need for clear guidelines and procedures re provision of technical aids and rehabilitation services for cost sharing, supply, repairs and quality of services	Not known		Are there policies for distributing technical aids and environmental adaptations or are these depending on availability of resources?	Interviews & FGDs with CBRPs, DPOs

Annex VI Donors SIDA and NORAD

There are two main external donors to the RP, Sida and Norad. The Swedish support to the Palestinian territories/West Bank and Gaza/oPT is governed by the Swedish country strategy, "Strategy for development cooperation with the West Bank and Gaza"⁴⁹ The strategy states that the specific objectives of Swedish development cooperation with the West Bank and Gaza (..) are to promote peace building and the peace process and to promote democratic Palestinian state-building. The humanitarian aid, which constituted about 41% of Sida's contribution in 2007, is governed by the strategy for Sida's humanitarian aid⁵⁰, and responds to the main objective of saving lives, alleviate suffering and uphold human dignity, and the principles of humanity, impartiality, neutrality and independence.

The Swedish strategy promotes concentration and streamlining, and has the following main areas of assistance: 1) promoting democratic Palestinian state-building, 2) infrastructure and community building, 3) private sector development and development of international trade and 4) civil society. On the latter area, the strategy states that:

"Civil society has a key role to play in scrutinising institutions, in monitoring human rights and in ensuring the provision of basic public services where institutions for one reason or another are unable to assume full responsibility. One of democracy's prerequisites is a strong civil society and broad popular participation. Sweden will continue to give special consideration to the rights of women and children. Activities in this area are designed to facilitate preventive conflict management and protect vulnerable people – primarily women and children – from domestic violence and as civilians in the conflict."

Due to the policy of concentration, Sida has gradually phased out of programmes in the health sector in Palestine, and the RP in 2006/07 when a phase-out agreement was signed. But Sida re-phased in the support to RP in 2008/09 and invited Diakonia to apply and so an application was approved 08/09. In 2009, Sida's country strategy cancelled health but views RP as a civil society programme.

From the Diakonia application to Sida for 2008-2009: Rehabilitation programme, West Bank and Gaza:

"With an eye to the phase out of Sida support to the health sector, Diakonia and NAD took the strategic decision to continue its joint support of the programme, financing it through NAD funds with a smaller contribution from frame SEKA. Because of the significant reduction in total funding, it was decided that the programme would be limited to CBR from the beginning of 2008. This reduced budget and more limited programme focus (confirmed and further elaborated upon by CBR partners in early 2006⁹) was the basis for NAD's application to Norad for the three-year period from 2007-2009.

This application is seeking Sida support for the Rehabilitation Programme to coincide with the remaining two years of NAD's current agreement with Norad for support to the programme. The application is built on the strategic directions and expected programme results outlined in NAD's application, but also include expansion of the RP to re-include the referral service provision component. (This component had been eliminated in NAD's application due to the RP budget/programme downsizing.)

The **Norwegian government's** overall objective for area has been to support the establishment of a two-

⁴⁹ Ministry of Foreign Affairs, Sweden "Strategy for development cooperation with the West Bank and Gaza, July 2008 – December 2011".

⁵⁰ Government Communication 2004/05:52, "The Government's Humanitarian Aid Policy" and Govt. Comm UD 2007/47656/SP.

state solution. For the official development assistance (ODA), this has translated into a focus on state building within the framework of good governance, particularly through supporting and promoting the establishment and development of democratic institutions.

There is no single strategic framework for the Norwegian support to the oPT (like Sweden), policy guidance is to be found in a range of governing documents on oPT, including the Budget proposal (St. Prop 1), internal allocation notes within the different sections in the MFA, and the annual work plans for the Norwegian Representation Office. In addition there are strategies, policy papers and action plans governing global policy areas, such as for gender, civil society and humanitarian assistance.⁵¹ As most of the governing documents on oPT are not public, the Norwegian NGOs rely on dialogue and meetings with the MFA for an understanding of Norwegian policy and priorities. Contact is quite frequent though, both with the political level and the administration.

For NAD, the contact with Norad is handled by their umbrella member organisation, the Atlas Alliance. Norwegian NGOs are an important channel for Norwegian aid to oPT. Most of the funds are humanitarian funds allocated by the MFA. Longer term civil society support (like the NAD CBR project), are allocated by the 3-year global framework agreements between the NGOs and Norad. These allocations are managed by different Oslo based offices within the MFA and Norad, and is not monitored by the Representation Office. However there is contact between the RP programme management and the NRO – and Sida representatives.

Unlike the SIDA practice, the Norwegian sector concentration is only applied to the bilateral support through the regional allocation. The NORAD funds respond to general and global criteria for support to the civil society, and cover a wide range of sectors and types of programmes, including health. The humanitarian support is used in a very flexible way, often to complement the bilateral support. Maintaining health services is a stated humanitarian priority, and support to health services are channelled through NGOs, the ICRC/Norwegian Red Cross, WHO and UNRWA. In addition, a large portion of the budget support goes to salaries in the public health services. Because of this, Norway is one of the larger health donors to oPT, despite health not being defined as a priority sector for the development assistance.

⁵¹ Norway's Humanitarian Policy (2008) sets the following four goals: ensure that people in need receive the necessary protection and assistance, finance humanitarian assistance based on the principles of humanity, impartiality and neutrality, equip the international community to meet future global humanitarian challenges, and prevent, respond to and initiate the recovery of communities after humanitarian crises.

Annex VII: Diakonia-NAD Rehabilitation Programme for oPT, Lebanon and Jordan

Towards a New Strategy – draft Results Framework - RP 2010 – 2014

Objectives	Results	Indicators	Activities
Overall Goal: People with Disabilities are empowered and have improved access and ability to exert their political, social and cultural rights.			
I - Programme (CBRPs and DPOs)			
1. CBR programs (CBRPs) in West Bank, Gaza and the Region are further developed and their sustainability is enhanced	1.1 CBRP in WB, Gaza and the Region are developed in accordance with the WHO/UNESCO/ILO new CBR Guidelines matrix	Matrix components (other than health and education) are integrated into the CBRPs No. of employment, livelihoods, social and cultural indicators integrated into CBRPs No. of PWDs benefitting from programs	CBR program activities Trainings in CBR matrix; possibly jointly with like-minded networking partners Annual Partner meetings focused on themes along matrix RP systematic monitoring along CBR matrix of degree of implementation in four geographical areas of RP (West Bank, Gaza, Jordan and Lebanon)
	1.2 An increased number (%) of local community structures in the WB are assuming more significant management and financial responsibility for the CBR programs	Percentage of increase per year Number of CBR partnerships with local communities Volume/value/types and in-kind community contributions % decentralized communities where arrangements are in place for PWDs involvement in decision-making No. of visits/meetings to new localities Frequency/contact with MOLG	CBRPs visit new and old municipalities and local councils RP backstops CBRPs with information, documentation and support CBRPs meet with new municipalities to promote a social agenda, link with Ministry of Local Governance (MOLG) Formation of local committees with PWDs involvement to monitor planning and implementation of CBR activities

Objectives	Results	Indicators	Activities
		No. of PWDs involved in decision-making and monitoring	
	1.3 CBRP are providing technical and managerial support to and acting as a resource function for the decentralized localities (CBRPs) in the West Bank	<p>No. of training activities conducted to enhance capacity of local structures in CBR management, PWDs rights etc.</p> <p>No. of visits from CBRPs to centralized localities; regularity of contact</p> <p>No. of training activities provided to local structures on CBR management</p> <p>Satisfaction rates from decentralized localities</p> <p>Feedback from users/PWDs and their families/parents</p> <p>Feedback from CBRP</p>	<p>RP be responsive and provide backstopping to the needs of CBRPs to function as resource functions</p> <p>Training needs assessment for decentralized communities</p> <p>Training activities for decentralized structures on CBR management</p> <p>Regular visits and systematic monitoring of CBRPs quality and feedback from local communities and users</p>
	1.4 The CBRP in Gaza is strengthened financially and organizationally, there is a better impact on PWDs and more effectively monitored by RP secretariat by end of 2014	<p>Impact study gives a baseline for measuring impact in 5 year period</p> <p>Users' perspectives included in plans</p> <p>Users included in monitoring of Gaza CBRP</p> <p>Additional external funding from other donors</p>	<p>Gaza CBRP is assessed by impact evaluation (user perspective, quality, sustainability) and Development plan produced and implemented</p> <p>RP establish small office in Gaza</p> <p>End-review of Gaza CBRP commissioned by 2013 to assess improvement from baseline/ impact study in 2010</p>
1.5 The transfer of CBR model/knowledge from Jarash and Baqaa continued in smaller localities and progress is regularly assessed	<p>CBR committees are willing and able to learn about CBR model</p> <p>Commitment to understanding of model, i.e. financial responsibility for CBRP</p> <p>An indicator on ongoing monitoring and technical support</p>	<p>Transfer of CBR model/knowledge from Jarash and Baqaa is piloted in small localities</p> <p>RP monitor and provide technical and backstopping</p> <p>Link with UNRWA</p>	

Objectives	Results	Indicators	Activities
	1.6 CBRA is maintained and mentored as a resource organisation for CBR, networking and lobbying for PWDs in (northern) Lebanon	Reference and recognition to CBRA' work in disability forums No. of PWDs benefiting from CBRA services; No. of volunteers and activists	Advocacy initiatives for Lebanon supported CBRA included in regional exchange of knowledge and trainings
	1.7 An increased number (%) PWDs in the WB, Gaza and the Region are benefiting from increased access to CBRP	CBR coverage increase by xx percentage by end of 2014 No. of disabled persons in program according to sex, age and disability	Program activities
	1.8 The rights of children with disabilities and their families are increasingly fulfilled in conflict situations in the WB and Gaza	Examples of effective CBR response to emergency situations including children No. of disabled children utilizing/ receiving outreach referral services in emergency situations Disabled/families of disabled children confirm that needs have been appropriately addressed	Program activities targeting youth and children, especially deaf children and children with multiple or intellectual disabilities Partners coordinate and cooperate with children's rights organisation such as Save the Children, Unicef Violence against disabled children is addressed as a separate issue
Continue-Program			
2. Self-organized interest groups, local and other initiatives of Persons with Disability, parents and/or families in WB, Gaza and the Region are empowered to take larger control and influence of their own lives	2.1 A program for promoting self-organized groups of PWDs in WB, Gaza, Jordan and northern Lebanon is established	Establishment of DPO program Creation of Advisory Committee Extent of participation of PWDs and self-organized groups in AC Existing self-help groups of CBRPs in West Bank and Gaza are included in program	Advisory Committee (AC) consisting of representatives of self-organized groups/ DPOs is established to assist RP Criteria of defining self-organized groups/ DPOs are set by RP and AC Selection criteria for supporting proposals are linked to the CBR Matrix
	2.2 Self-organized interest groups representing different types of disabilities at the local levels in the WB, Gaza and	Information and knowledge is spread about different types of disabilities, including the less known types (autism,	Mapping of self-organized groups, registered and non-registered DPOs in WB and Gaza according to types of

Objectives	Results	Indicators	Activities
	northern Lebanon are mobilized to advocate for their own cause	intellectually disabled etc) Examples of disabled women/women with disabled family members in other leadership roles	disability represented, capacity and outreach Support is announced to different types of disabilities, including deaf, multiple and intellectually disabled
	2.3 Self organized groups monitor the implementation of social, livelihood, and empowerment activities implemented by CBRPs	Establishment and running of monitoring body by PWD activists with minimal support of external donors	Disability monitoring watchdog is supported financially and technically Networks and linkages made btw Watchdog and HR CSO, women, youth and children's organisations
	2.4 Self organized groups/DPOs are represented in CBR /community emergency preparedness and response committees and plans	% of PWDs represented in CBR emergency committees Feedback from PWDs/self-organized groups on strengths/weaknesses of implementation mechanisms after an emergency Responsiveness to emergencies	Emergency response program activities depending on particular situation
	2.5 Venues are created for strengthening the confidence and cooperation between DPOs and CBRPs	No. of self-initiated cooperation projects between DPOs, CBRPs and/or CSO as direct or indirect result of meeting via RP	Annual Partner meetings (ref. 1.1) include broad representation of DPOs, self-organized groups and CBR partners, in addition to government
II - Research and Advocacy			
3. Systematic knowledge is developed on themes like education, employment, social	3.1 CBR databases and field research are used for developing policy and concept papers on specific themes that raise rights of PWDs	No. of studies and policy papers produced annually (at least one theme chosen pr year) Use of CBR databases for generating	Developing knowledge-based policy papers from the CBR databases and field research (ex. data on poverty among PWDs to lobby for inclusion in

Objectives	Results	Indicators	Activities
<p>rights, and health, and used to advocate for policy change and implementation and inclusion of PWD across sectors</p>		<p>research reports</p>	<p>poverty reduction strategies). Cooperate with GUDP in producing solid documentation on issues like social security. Employment etc</p>
	<p>3.2 Impact and effects of all RP components are well-documented and shared with like-minded actors</p>	<p>Systematic monitoring of RP Identification of components that need to be studied/documentated Use of CBR manuals No. of meetings and exchange visits with like-minded networking partners</p>	<p>Conduct research on social integration of PWDs among CBRA's beneficiaries and others in northern Lebanon Conduct a follow-up study of the Inclusive Education project. Networking with like-minded national or international actors on specific themes</p>
	<p>3.3 The Palestinian experience with disability-related issues and initiatives has contributed to regional disability initiatives</p>	<p>Networking and regional exchange meetings, seminars etc Examples of cooperation between CBRPs and/or DPOs in oPT and region</p>	<p>Networking and regional exchange meetings, seminars etc Participation and attendance in Arab or regional disability events are supported</p>
<p>4. Duty bearers at all levels are held more accountable to the rights of persons with disabilities</p>	<p>4.1. PWDs in the WB and Gaza are empowered to target duty bearers on implementing the Disability Law at community level and network with other self-organized groups and CSO to promote issues at national level</p>	<p>No. of lobby activities planned and implemented by PWDs/self-organized groups and DPOs Extent of implementation of law in ministries. No of national committees where GUDP/DPOs are represented</p>	<p>Establish a baseline of persons with disabilities in decision-making structures at all local and national levels Disability Watchdog/DPOs monitor implementation of the Disability Law Annual Partner meetings organized on specific themes (e.g. employment, health insurance, social rights) DPO partners lobby and advocacy efforts are supported</p>

Objectives	Results	Indicators	Activities
	4.2. Selected civil society organizations including human rights, women, children and youth organizations in the WB and Gaza have mainstreamed disability	% of organizations adopted mainstreaming policies CSOs employ at least 5% PWDs	Build relations with human rights, women's and youth organizations RP to coordinate with like-minded INGOs like HI, Welfare Association, MAP-UK etc. in promoting disability mainstreaming
	4.3 An increased number of persons with disabilities are represented in decision-making structures at local, regional and national levels	% of PWDs in decision-making positions Partner organizations employ at least 5 % disabled persons in accordance with disability law Examples of disability policies developed / implemented at municipal and other levels	Disability watchdog monitor partner organisations, as well as selected local, national and regional elected political organs (ex PLC), municipalities and governorates
	4.4 IHL violations of children with disabilities and their families are highlighted and their rights in conflict situations in the WB and Gaza are advocated	No. of IHL violations raised by CBRPs and DPOs (or RP) Knowledge on IHL among partner and other CSO's organisations	Training of DPOs/CBRPs on proper ways of documentation and reporting of IHL violations HL violations for children with disabilities and their families are highlighted and their rights in a situation of conflict are advocated Provide donors/ partners / persons with disabilities with accurate data on disability-related issues for use in lobbying the government
	4.5 Partners are actively influencing the policies of education, employment, social rights and health sectors in the WB, Gaza and the Region	No. of initiatives and partnerships with organizations and ex chamber of commerce, private sector institutions Extent of integration of the UN Convention of the Rights of PWD into national legislation	Support "disability watchdog" initiatives that monitors the government's implementation of the Disability Law Disseminate information of CRDP Build relations with trade unions,

Objectives	Results	Indicators	Activities
			chambers of commerce and industry on issues related to employment
III - Capacity enhancement			
5. The technical and organizational capacity and rights based approach of partners is strengthened	5.1 CBRP in the WB and Gaza are better able to develop and support the decentralization process in their respective communities	Decentralized localities' degree of satisfaction and needs met No. of visits from CBRPs to centralized localities Satisfaction rates from decentralized localities Training activities from 1.3 above	D/N RP staff provide technical assistance and support to partners in consultation with the Advisory Committee Provide coordinated and synergetic support to all 3 levels of the referral system in the West Bank
	5.2 CBR staff at all levels in the WB, Gaza and the Region demonstrate a rights-based approach in their work with persons with disabilities	Feedback from users/PWDs and their families/parents Users' survey among PWDs focusing on self-confidence, medical vs. rights-based approach (RBA)	Organize training in self-organization for persons with disabilities, including in the rights-based approach
	5.3 All CBRPs in the WB, Gaza and the Region have systematically mainstreamed gender, and targeted men and managers in the gender trainings	No. of gender trainings % of men taking part % of managers Existence of gender indicators in CBRPs; increased involvement of men in caring for disabled family members documented % of female senior managers in CBRPs or DPOs No. of females with disability going into politics	Training male gender trainers, including male persons with disability Monitor mainstreaming by developing gender indicators for all CBRPs Providing support for female with disabilities mobilizing politically
	5.4 National centers and IML resource	No of referrals between CBRPs and IMLs	Develop / promote mentoring and

Objectives	Results	Indicators	Activities
	centers are providing educational and technical support the CBRPs in the WB (and to some extent Gaza)	and NIs and vice versa No. and type of training activities provided by IML and NI to CBR teams	technical assistance models between national centers and the intermediate level Assess referral system and need for IML resource center in Gaza
	5.5 IML pilot projects are on the road of becoming technically and financially sustainable by the end of 2011	IML partner organisations (HWC and MRS) run IML as resource functions to the CBRPs without external funding Government recognize importance of reimbursing costs to partner NGOs for training and educational services provided by IMLs	Explore financial sustainability of the IML (including establishing fee-based system for income generation and buying services from national institutions) Develop exit strategies for IMLs with partners