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Evaluation of ACT Appeal Gaza Crisis - MEPL81

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EXECUTIVE SUMMARY

The Occupied Palestinian Territories have always been a challenging environment for humanitarian operations with its chronic emergency, extensive movement and access impediments and fluidity in security. The last 18 months have been particularly difficult for humanitarian organisations providing assistance to the residents of the OPT, particularly those living in the Gaza Strip. Given this operational context and the only recent formation of the ACT Palestine Forum (APF), the ACT Alliance performed admirably in the OPT in 2008 and 2009.

The ACT Gaza Crisis Appeal MEPL81 was initially developed as the first combined effort of the APF to address the increasing humanitarian suffering due to the blockade and siege of Gaza. Increasing poverty, unemployment and shortages of essential basic supplies were causing widespread health and social problems. The two appeal revisions significantly expanded and refined the scope of MEPL81 to address the outbreak of war in December 2008 and the changing needs following the active conflict.

This evaluation was commissioned by the ACT Secretariat in Geneva to assess issues related to process and impact as well as organizational issues. The evaluation objectives described in the terms of reference are to measure the impact and assess the performance of interventions funded by the appeal and to provide a learning opportunity for future operations.

APF member programs and projects funded by the appeal have undoubtedly had a positive impact on beneficiaries throughout Gaza. Highlights include:

Relief	126,370 ¹ persons received some type of food assistance
	35,110 individuals received bottled of water
	1,000 people received blankets

Psychosocial	8,447 women, men and youth
	2,686 individuals received awareness sessions (in groups)
	146 program staff received psychosocial support sessions; 16 program staff received psychosocial support ToT certificates

Health	27,147 patients benefited from subsidized or free care at the clinics
	398 war injured patients and 112 burn patients provided with care
	530 chronically ill received care
	616 malnourished children received treatment

¹ Total of all food recipients; based on average family size of 6 (average between 5 & 7 family numbers used where individual numbers and only family numbers listed). These numbers could be lower in reality if some families overlapped as beneficiaries.

	254 women were screened for breast cancer
	8,616 children received fortified protein biscuits
	Destroyed clinic was rehabilitated
	Medical supplies provided to 18 clinics supporting 650,000 people
	Medical supplies provided to 8 organisations supporting 500,000 people
	Baby kits provided to 3 organisations supporting 3,000 people
	4,050 people provided with hygiene kits

Job Creation/ Cash for Work/Cash	1,697 individuals received employed (different durations)
	875 people received cash grants or repair materials
	90 disabled residents received cash grants, support for electricity, winter heat, water and food
	25 families received training, materials, and technical assistance for creation of home gardens to supplement their household food security
	38 youth received medical employment training

Like any new coalition, while the members have individual areas of expertise, APF has had to learn at times through experience. Lessons learned include:

- While the tools have yet to be developed, APF members have become increasingly aware of the need to increase the collaboration and coordination between members and learn from each other.
- Recognising the issues raised by absence of a contingency plan prior to Operation Cast Lead (the crisis phase of the appeal period), APF is in the process of drafting an Emergency Preparedness Plan to be completed in early 2010.
- There was a strong emphasis on psychosocial programming in 2009. During the crisis and post-crisis phases expert consultants were provided by members of ACT International, however APF members recognized the need to support their various psychosocial programs with consistent Gaza-based support moving forward and have recruited a psychosocial advisor for Gaza.
- Addressing the ongoing challenges of communicating with staff who are unable to leave Gaza, the Gaza-based staff of APF members and implementing partners have been incorporated into APF's monthly meetings via video-conference.
- Following the destruction of medical facilities in Gaza during Operation Cast Lead Medical, computerized records have been introduced and are backed-up offsite to avoid potential loss.

However, despite the positive impacts discussed above, there are still many challenges ahead for APF as an alliance and for its members.

The following is an overview of the evaluation team's findings organized by evaluation criteria, a modified version of the OECD-DAC evaluation criteria. Extensive discussion and analysis of each criteria follows in the main body of the report. For each category an overall score is provided as well as individual scores for subcategories. The scoring is coded as follows:

Key: *Excellent* *Good* *Average* *Fair* *Poor*

Category	Strengths	Weaknesses	Score
Relevance and Appropriateness			
Local Needs & Priorities and Increasing Local Ownership	APF members and partners work directly with local communities to determine needs and priorities.	Local ownership limited by dependency on Secretariat and offices in Jerusalem for resources and programming decisions.	Good
	Members work closely with local staff and partners.		
Flexibility of Response	During crisis phase APF and its members responded as best as they were able given that there was no contingency planning.	Lack of a contingency planning prior to crisis phase meant solutions to problems were created “on the fly” which may have slowed timeliness.	Fair
	Flexibility shown to maintain continuity of operations in difficult environment.	Limitations of the ACT appeal process observed as an impediment to a rapid response.	
Gender	All APF members reported including women in the decision-making processes and women are present at various levels in management and/or programme positions.	Members considered gender in the context of women vs. “the different roles, responsibilities, needs, interest and capacities of women and men” and girls and boys. ²	Average
	APF members and partners reported being very sensitive to roles and needs of women.		
Cultural Sensitivity	Cultural sensitivity was generally respected across APF members.	Tension in Gaza sometimes between cultural sensitivity and international best practices.	Good
Corresponding With Donor Policies	All APF members report designing and reporting on their programmes in line with donor policies.	Appeal/report formats did not strictly adhere to corresponding ACT guidelines nor were the deadlines respected by most members.	Fair
Cost Effectiveness	ACT members appear to take seriously the need to keep overhead costs to a minimum.	Fragmented approach to programming in similar sectors where single project team could manage.	Fair
	Increasing collaboration may offer synergies and cost savings through joint programming.	Concerns raised over cost effectiveness of July 2009 joint monitoring mission and October 2009 psychosocial monitoring mission.	
		Concerns raised over evaluation being conducted after 2010 appeal drafted and time allotted for it.	
Connectedness			
	Local APF members are committed to long-term development and interested in addressing interconnected problems.	Difficulty balancing relief and development needs in chronic emergency. Need better tools for planning/funding in such emergencies.	Average
Coherence			
ACT Policies and Guidelines	Coordinator attempts to circulate policies and guidelines to APF members.	Most APF members and their staff remain largely unaware of ACT Policies and Guidelines.	Fair
International Minimum Standards	General consensus in APF that more attention should be paid to awareness building and training on standards.	While most members knew of the existence of these standards, knowledge of their details, benefits and application was quite limited.	Poor
	Where there is a compliance requirement and penalty (e.g. health sector), APF members ensure that staff are trained and that they meet requirements.	Staff training on minimum standards was minimal to non-existent (exception – psychosocial).	
Coverage			
	Many APF members work with local CBOs to identify beneficiaries based on basic need and vulnerability criteria.	Lack of standardised tools; some have more rigorous methods than others. Tools have not been evaluated or compared with alternatives.	Fair
		Other than Jan-Feb 09, information gathered at inter-agency meetings has not been shared systematically; only some members attended such meetings in the pre- and post-crisis phases.	
		Duplication in coverage is largely avoided by chance rather than design.	

² ACT Gender Policy Principles

Category	Strengths	Weaknesses	Score
Efficiency and Effectiveness			
Appeal Objectives	41% of objectives noted in appeal were fully achieved in 2008 and 2009.	21% of appeal objectives were not met without significant explanation.	
	Virtually all APF members stated in interviews that they achieved their high level appeal objectives with some explanations for shortfalls.	38% of appeal objectives were only partially achieved due to funding or lack of critical supplies.	
Monitoring & Evaluation	Appreciation expressed across APF for need to improve M&E in 2010.	M&E of implementation seems to be relatively casual (or non-existent) across APF members.	
Coordination			
Global Appeal Mechanism	The appeal brought in some funding that would not have otherwise received.	Members dissatisfied with unpredictability and delays in terms of expected funding.	
	Process of developing appeal has led to slight growing interest in joint programming and sharing of resources.	Appeal MEPL81 as a document lacks coherence and is very difficult to read compared with other international organization and NGO appeals.	
ACT Palestine Forum	Forum has operated exceptionally well its establishment six months prior to war.	Ongoing challenges regarding communications and advocacy.	
	The initial period of tension reported by all members appears to have passed and members generally report positively about the current state of the APF.	Need for improved information sharing and activity updates between APF members. Need for sharing of lessons learned and expertise among APF members.	
		Limitations and challenges for the APF Coordinator.	
Coordination With External Actors	During the crisis phase, APF came together well to coordinate with external actors.	Some members continue to attend inter-agency meetings however information is not shared with other forum members in any systematic way.	
		APF members seem conflicted on the value of coordinating with external actors.	
Transparency & Accountability			
Accountability to Donors	80% of donors satisfied or very satisfied with transparency and accountability to donors.	MEPL81 in general lacked predetermined indicators of success and simple measurement and reporting systems.	
Accountability to Beneficiaries	Most APF members attempt some follow-up with beneficiaries for monitoring purposes and some assess beneficiary satisfaction and one member has a beneficiary compliant line in operation.	There is no systematic effort to ensure accountability to beneficiaries.	
General	Individual APF members report directly to donors and beneficiaries and appear to enjoy confidence of both.	Reporting to external partners and beneficiaries is ad hoc and most members seem focused only on the single end of appeal reporting deadline to demonstrate what they have achieved.	
Visibility & Perceptions			
Within the ACT Alliance	Implementing partners were all aware that the funding came from an ACT appeal.	Many staff on the ground were not aware of the ACT Alliance or that they were part of/affiliated with the ACT Alliance.	
Outside the ACT Alliance	Initial push to publish stories and communicate with external audiences during conflict.	Only 50% of donors satisfied with visibility outside of the Alliance.	
General	Some APF members co-brand themselves with ACT logo on materials, business cards and signs.	Most APF members do not habitually introduce themselves as ACT members, but identify themselves by their individual agencies.	
	APF awareness of need to adapt ACT name to Arabic language.	Divergent opinions expressed by members on the way in which they should become more visible as ACT members.	

Although there are many areas for improvement considered in this evaluation it should be stressed that individually the members of APF and their local partners have significant programs and funding sources outside of this appeal. Establishing effective mechanisms for collaboration, uniformity of approaches and achieving greater cost efficiency and effectiveness through joint programmes are important but admittedly difficult in a loose alliance with such diverse membership.

The following table summarizes the recommendations explained in detail at the end of this evaluation report, with emphasis placed on ways in which ACT and APF can improve collective relevance, coherence, coverage, efficiency, effectiveness, accountability and visibility.

Criteria/Category	Recommendation
Relevance & Appropriateness	<ul style="list-style-type: none"> • Improve management and staff depth of understanding regarding gender sensitivity in humanitarian programming. • Complete emergency preparedness plan and incorporate scenario plans that cover deterioration and improvement in the humanitarian context in Gaza, WB and East Jerusalem and contingency plans for individual agencies and APF as a whole.
Connectedness	<ul style="list-style-type: none"> • Expand knowledge of relief-development balance approaches employed in other chronic emergencies and identify ways to adapt these to OPT context as well as ACT Alliance tools.
Coherence	<ul style="list-style-type: none"> • Increase knowledge and awareness of ACT policies, guidelines and tools. Link participation in future appeals with effective application of policies and guidelines. • Improve knowledge and application of minimum standards through training and workshops.
Coverage	<ul style="list-style-type: none"> • Conduct a more comprehensive analysis of context and needs assessment generated by other agencies. • Develop systematic needs assessment and beneficiary selection tools. • Conduct annual mapping of geographic and sectoral plans inside and outside the appeal for APF members to avoid duplication.
Efficiency & Effectiveness	<ul style="list-style-type: none"> • Establish ACT Alliance emergency response fund to allow for immediate infusions of funding to jumpstart relief ahead of appeal. • Improve understanding of distinction between objectives, indicators and activities. • Require use of SMART objectives, indicators and results frameworks in future appeals. • Improve understanding of M&E and introduce systematic M&E mechanisms.
Coordination	<ul style="list-style-type: none"> • Increase information sharing across APF members about their activities inside and outside the appeals. • Develop shared database to capture basic information on activities, beneficiaries targeted and results.

	<ul style="list-style-type: none"> • Ensure experienced Advocacy Officer is involved in recruitment of next Communications & Advocacy staff for APF. • Organize ACT Alliance coordination knowledge sharing network to share best practices and approaches among coordinators and forums. • Strengthen coordinator position with clarified authority and full-time position independent of single member. • Develop ACT Alliance training and toolkit for Forum coordinators.
Transparency & Accountability	<ul style="list-style-type: none"> • Develop mechanisms for beneficiary accountability, utilizing HAP and other available international tools. • Develop high-level indicators at beginning of appeal/program cycle. Monitor and report on high-level indicators quarterly and discuss in APF meetings. • Develop simple “dashboard” style consolidated tracking and reporting system to be managed by coordinator and fed by individual agency reports.
Visibility & Perceptions	<ul style="list-style-type: none"> • Develop ACT Alliance branding policy and guidelines. Train forums on utilization. • Agree on Arabic translation of ACT and promote use by all members in OPT. • Further discussion and agreement within APF about context appropriate ways of presenting themselves collectively as part of ACT.
Workshops/Training	<ul style="list-style-type: none"> • Monitoring & Evaluation • Minimum Standards (including SPHERE) • ACT Policies, Guidelines and Standards (Gender, Protection, Health, Reporting, Sexual Exploitation) • Lessons learned and best practice case studies from other complex and chronic emergencies.
Future Evaluations	<ul style="list-style-type: none"> • Improved planning to account for necessary logistical and scheduling requirements (e.g. access permits) • Ensure sequencing of evaluation follows final reporting but precedes development of next appeal to ensure quality and utility. • Determine importance of achieving greater depth of data collection, especially beneficiary interviews, and adjust time allocated for evaluation accordingly.

INTRODUCTION

This independent evaluation was commissioned by the ACT Alliance Secretariat in Geneva to assess the work conducted by ACT members in Gaza and the Occupied Palestinian Territories between July 2008 and December 2009 under ACT Gaza Crisis Appeal MEPL81. This report seeks to explain the findings of the evaluation team based on a variety of data collection methods and to identify lessons learned based on the work funded through the appeal.

The ACT Alliance serves as a membership organization and coordinating body for over 100 churches and church-related organisations that work together in humanitarian relief and development programs in 125 countries around the world. Through the combined efforts of members the ACT Alliance mobilizes \$1.5 billion (US) annually and employs over 30,000 people. The alliance is the result of a merger of ACT International (formed in 1995) and ACT Development (formed in 2007) in 2009. Its membership is drawn from the World Council of Churches (WCC) and the Lutheran World Federation (LWF).

Since the outbreak of the second Intifada on 29th September 2000 ACT has launched eight appeals to mobilize funding for response to the suffering caused by the conflict and related humanitarian crisis. These appeals supported one or more ACT members operating in the Occupied Palestinian Territories (OPT) including Gaza. A few of these appeals have been externally evaluated.

The appeal being evaluated (MEPL81) was initially launched in the summer of 2008 at time when the situation in Gaza was worsening due to the ongoing blockade imposed by Israel and Egypt. This was the first appeal launched by ACT on behalf of the newly created ACT Palestine Forum (APF) and involved more actors than previous appeals.

In December of 2008 the humanitarian situation in Gaza became much more acute as the Israeli Government launched Operation Cast Lead, invading Gaza and attacking areas throughout the territory. MEPL81 was revised to take into account the growing needs resulting from the conflict. After a month of active conflict the Israeli forces withdrew leaving massive destruction, environmental and infrastructure damage and loss of life in their wake.

Following the active conflict phase matters only grew worse. Additional restrictions on the movement of goods and individuals into and out of Gaza were imposed including many types of essential goods and supplies. Materials necessary for shelter and reconstruction have been banned from importation making normal humanitarian recovery efforts near impossible for most organisations and people. To take account of the ongoing needs and challenges with movement and access for essential good and personnel MEPL81 was revised a third time and reissued in September of 2009.

The humanitarian community, including the APF, have managed through persistence, creativity and sheer hard work to continue serving vulnerable people throughout the Gaza Strip during this incredibly difficult period of time. The staff and volunteers of APF member agencies and partners, in particular those based

in Gaza, deserve respect and admiration for their tireless efforts to put the needs of others ahead of their own resulting in countless lives saved and suffering alleviated.

Structure of Evaluation Report

This evaluation report seeks to present the information gathered by the evaluation team, identify findings arrived at through analysis of the data and document lessons learned during the implementation of appeal activities.

Following a situational analysis of the humanitarian context within which the ACT programmes and projects were implemented the report will explain the history of the APF, the evaluation objectives and methodology. Findings and analysis are subsequently presented using the modified OECD-DAC criteria categories applied during evaluation: relevance, connectedness, coherence, coverage, efficiency & effectiveness, coordination, transparency & accountability, and visibility.

Based on the findings and analysis the report concludes by discussing the lessons learned through implementation of programmes and projects under MEPL81 as identified by APF members and the evaluation team.

WEST BANK & EAST JERUSALEM 2009: OVERVIEW

West Bank

Palestinians living in the West Bank continue to deal with threats to personal security from settlers and Israeli soldiers accompanied by ongoing restrictions to movement and access to land. However, overall, the number of Palestinian injuries (937) declined, the lowest since 2005 while movement between the West Bank and urban centers experienced significant improvement in 2009. However, while there have been some positive developments throughout the year, Area C (constituting 60 percent of the West Bank) continued to be off-limits to Palestinians. Moreover, Palestinian families continue to live with the threat of displacement that could result from eviction or demolition of their homes—189 homes were demolished in 2009, displacing 319 individuals. Additionally, it is "virtually impossible" for Palestinians to obtain building permits in Area C while access for farmers to agricultural land in the area of Israeli settlements (or behind the Barrier) continue to be problematic.³

East Jerusalem

In East Jerusalem, Palestinians continue to deal with displacement threats from both demolition of homes which were constructed without permits or lacking in land deeds accepted by the Israeli authorities as well as the expansion of settlements. There is also the risk of residency permits being revoked.⁴

THE GAZA EMERGENCY IN 2009

Prior to the mid-2007, humanitarian conditions in Gaza were largely shaped by bureaucratic and security constraints, but with the initiation of the blockade the humanitarian context of Gaza has changed and is

³ OCHA (2010) *The Humanitarian Monitor: December 2009*.

⁴ *Ibid.*

now affecting almost all of Gaza's 1.5m residents in all sectors. The restrictions on the movement of people and goods, particularly from October 2007 onwards, have led to worsening poverty, rising unemployment and the erosion of livelihoods as well as deteriorating public services, particularly water and sanitation and health care. Shelter and reconstruction programmes are nearly impossible. Problems with coordination between the Palestinian Authority in Ramallah and the Hamas administration have also affected the provision of essential services.⁵ During military offenses, most recently during Operation Cast Lead, civilians were at high risk and access to humanitarian assistance severely impacted.⁶ The following overview of the humanitarian context in Gaza context considers the effects of the blockade as well as Operation Cast Lead.⁷

Table 1: Population and Crisis-Affected⁸

	2005	2006	2007	2008	2009
Total population	1.4m - 1.5m				
% of population food insecure	42%	53%	n/a	56%	75%
% of population receiving humanitarian aid	33%+	63%	80%	80%+	80%+
Under-5 Mortality Rate ⁹	32	32	27	n/a	n/a

Operation Cast Lead: Impact and Ongoing Consequences

The Gaza Strip experienced a devastating war with the attacks by the Israeli army on Gaza between 27 December 2008 and 18 January 2009. The military offensive has been regarded as one of the oPt's "most violent episodes in recent history". The reported number of Palestinian fatalities during Operation Cast Lead ranges from 1,116 (IDF) to 1,445 (Palestinian Ministry of Health, Gaza). According to OCHA, the number is 1,383 Palestinians, including 333 children. According to the Palestinian Ministry of Health (Gaza), 5,303 people were injured, including 1,815 children. Moreover, it is estimated that 40 percent of patients with chronic illnesses did not receive essential treatment during the Operation.. Overall, the Operation resulted in two thirds of Palestinian fatalities since June 2007 and almost 80 percent of injuries. Reports published by two leading Palestinian human rights organisations in Gaza estimate that civilians constituted 73 - 83 percent of all fatalities; IDF reports between 25-39 percent. Additionally, as of August 2009, since the 18 January ceasefire was declared, 12 people have been killed (half of them children) from UXO; 23 have been injured, four of them children. The mental health impact of the trauma of the military offense and its fallout are not so easily quantified but far exceed the number physically injured.¹⁰

The most visibly present need in Gaza is home repair and reconstruction for houses destroyed or damaged during the military offensive. A joint UNRWA - UNDP housing survey indicated that 3,540 homes were totally destroyed and a further 2,870 sustained major damage; in addition 52,900 homes sustained minor damages. As of December 2009, 20,000 Gazans were still displaced (most living with relatives or in

⁵ ICRC (2009), *Gaza: 1.5 million people trapped in despair*, June.

⁶ *Ibid.*

⁷ There are some bureaucratic constraints relating to Hamas policies in Gaza, however they have not yet greatly interfered with the execution of humanitarian operations in Gaza. See OCHA (2009), *Humanitarian Monitor: September 2009*, for further information. There were also some concerns relating to Hamas takeover of hospitals in other neutral spaces during Operation Cast Lead.

⁸ All of Gaza's residents are affected to one degree or another by the blockade. OCHA (2007) *The Closure of the Gaza Strip: The Economic and Humanitarian Consequences*, 14 December; OCHA (2009) *Locked In: The Humanitarian Impact of Two Years of Blockade on the Gaza Strip*, August; Sara Roy (2005) "A Dubai on the Mediterranean", *London Review of Books*, 3 November.

⁹ Probability of dying between birth and exactly five years of age, expressed per 1,000 live births. Figures for 2005 and 2006 are for Gaza from the Palestinian Central Bureau for Statistics (PCBS); figures for 2007 are for all oPt, from UNICEF (2008) *State of the World's Children 2009: Maternal and Newborn Health*, New York: UNICEF. Note that UNICEF U5MR for oPt in 2006 and 2005 were 23 and 22 respectively.

¹⁰ OCHA (2009) *Locked In: The Humanitarian Impact of Two Years of Blockade on the Gaza Strip*, August.

rented apartments). At this time approximately 100 plus families were still living in tents near their homes or in camps. These figures compound an existing reconstruction problem, with approximately 2,700 housing units already damaged from previous Israeli military operations, the 1,800 housing units that were under construction by UNRWA-UNDP when the blockade was enacted and could not be completed and the 3,000 new housing units needed to replace the “substandard and unsanitary homes” in refugee camps. As such, the total number of homes needing substantive repair or replacement is 13,900 (not including those homes requiring minor repairs).¹¹

The military offensive was preceded by other violent incidents include ongoing rocket fire by Hamas militants on Israel, inter-factional violence in Gaza (responsible for 360 deaths since May 2007), Operation “Hot Winter” (February 28 – March 1, 2008).¹² However, the most prominent factor impacting the lives of Gazans before Operation Cast Lead and significantly affecting hopes of recovery has been the blockade, referred to in Gaza as “the siege”, imposed by Israel since June 2007.

The Blockade June 2007 - December 2009: Impact

The ongoing blockade imposed by the GoI includes: the closure of Karni terminal with the exception of a conveyor belt used to transfer grains; ¹³ sweeping restrictions on the import of all items including food stuffs, industrial, agricultural and construction materials; suspension of almost all exports; reduction in amounts of industrial fuel, benzene/petrol, diesel and cooking gas permitted; general ban on the movement of Palestinians through Erez Crossing¹⁴ except for a limited number of “humanitarian” cases; closure of the Egypt-controlled Rafah Crossing except for intermittent openings; and significant reduction in the fishing areas and farming land accessible.¹⁵

The Tunnels

According to 2009 study by Palestinian Centre for Democracy and Conflict Resolution in Gaza, there are over 1,000 tunnels between Gaza and Egypt; other sources estimate 600-800.¹⁶ Goods entering Gaza through the tunnels include foodstuffs, livestock, fuel, construction materials, basic necessities, etc. Though considerable amounts are transported in this way, the quantity is not sufficient to compensate for the shortfall in imports since the blockade started. Moreover, goods brought in through the tunnels are often considerably more expensive, particularly goods in short supply such as construction materials. For example, in May 2009 the market price of one ton of cement was 3,400 NIS, compared to 350 NIS in June 2007. Other construction supplies, when available from tunnel imports, are, on average, 3x as much as in the West Bank.¹⁷ Employment in the tunnels comes with considerable risks to physical security—OCHA has record 85 deaths in tunnel-related incidents since June 2007, 36 of these were killed in 2009.¹⁸ Many tunnels were also recently rendered non-operational during bombardments of Operation Cast Lead.¹⁹

Gaza imports detailed in the graphs below do not include tunnel imports.

¹¹ *Ibid.*; OCHA (2010) *The Humanitarian Monitor: December 2009*.

¹² Estimated to have resulted in at least 112 Palestinian fatalities and 150 injuries.

¹³ Gaza’s largest and best equipped commercial crossing point.

¹⁴ Erez is the only passenger crossing between Gaza and Israel and the West Bank.

¹⁵ OCHA (2009) *Locked In: The Humanitarian Impact of Two Years of Blockade on the Gaza Strip*, August.

¹⁶ OCHA (2009) *The Humanitarian Monitor: July 2009*.

¹⁷ OCHA (2009) *The Humanitarian Monitor: May 2009*.

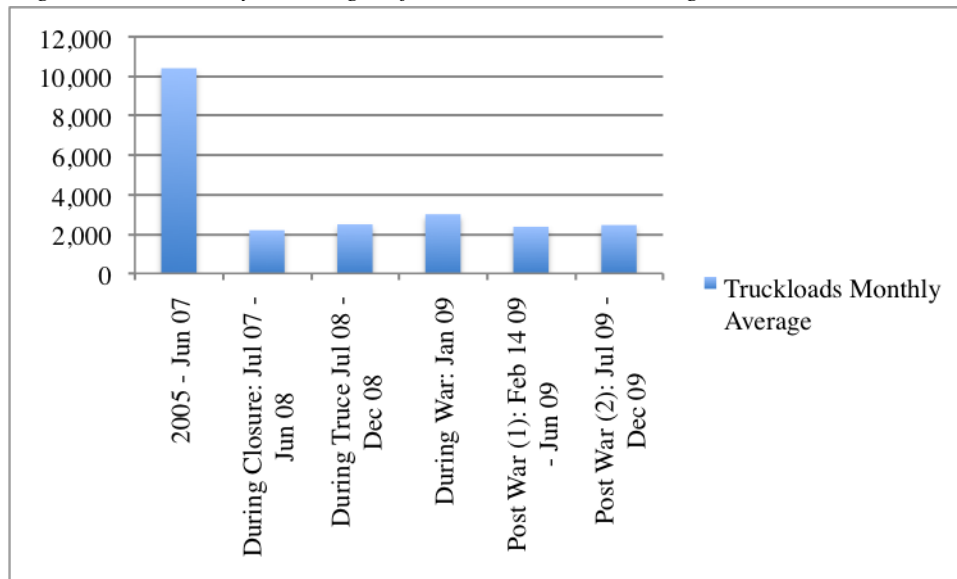
¹⁸ OCHA (2009) *The Humanitarian Monitor: July 2009*.

¹⁹ OCHA (2009) *The Humanitarian Monitor: January 2009*.

Import Restrictions and Consequences

At present only 72 types of goods are allowed to enter Gaza and only under humanitarian causes compared to the over 4,000 items that were imported prior to the blockade.²⁰ Prior to the blockade, OCHA's John Holmes argued that Gaza needed at least 500-600 truckloads *a day* to meet the needs of the people. This number has dropped substantially since the start of the siege to a *monthly* average of 2,511 truckloads:

Figure 1: Monthly Average of Truckloads Entering Gaza²¹



The contents of these limited imports have also altered dramatically with the blockade (see graph below). With the onset of the blockade, the import of humanitarian aids, as a percentage of total monthly imports, rose from 3 percent (2005 – June 2007) to 22 percent (July 2007 – June 2009).²² In addition, goods entering Gaza became humanitarian with imports designated either as humanitarian aids or commercial goods that are classified for humanitarian needs and largely constitute food or medical materials that are classified as humanitarian.²³

²⁰ Alternate figures have been presented in the past, for example in 2008 it was stated that only 20 types of commodities were permitted of the 9,000 prior to the blockade (Sara Roy and Eyad al-Sarraj (2008) “Why is This Acceptable? Ending the Stranglehold on Gaza”, CounterPunch, 28 January, <http://www.counterpunch.org/roy01282008.html>, (accessed August 2009)).

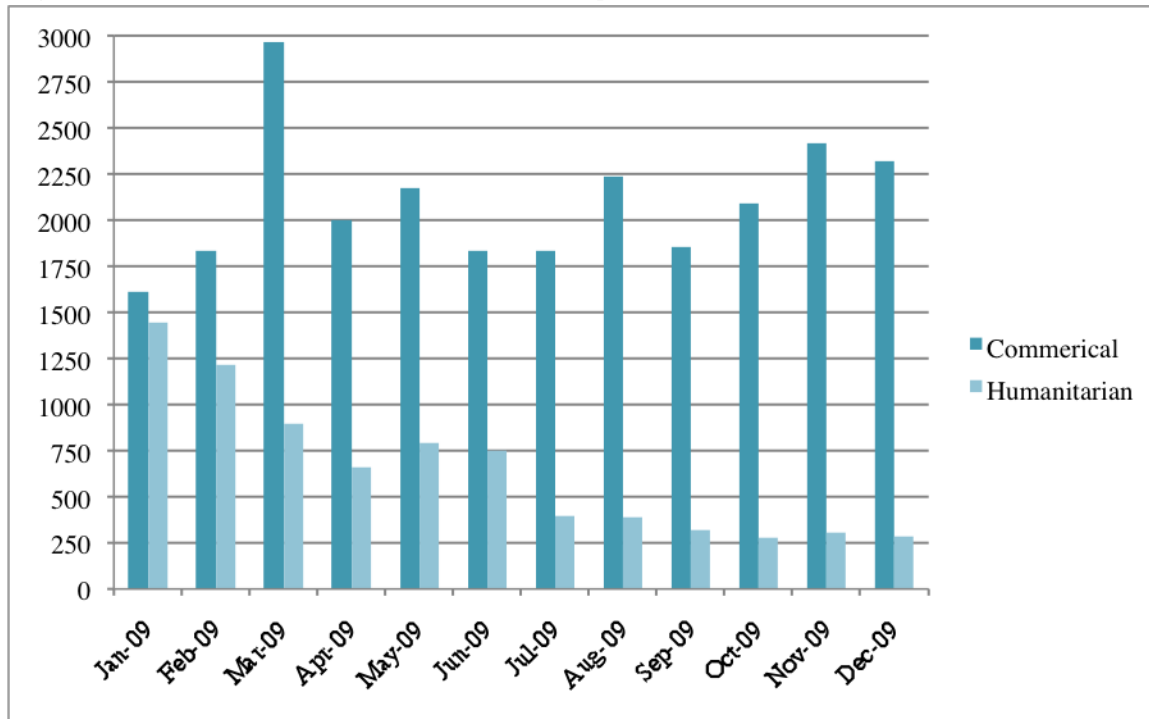
The figure in the text comes from Paltrade (2010) *One Year After the Military Operation: An Outlook on Gaza Strip Crossings & Damaged Industrial Establishments*, January.

²¹ Palestine Trade Center (2009) *Special Report: Gaza Strip Two Years Through Siege*, 7 July; Palestine Trade Center, *Gaza Terminals Movement Monitoring Monthly Reports*, July – December 2009.

²² Does not include January 2009 war period where humanitarian aids accounted for 70 percent of imports in order to have an a more accurate reflection of monthly trends June 2007 – 2009.

²³ The GoI considerations in calculating humanitarian fuel requirements determined have not been shared with OCHA and other humanitarian agencies, no one in Gaza has been consulted and it is not clear how the GoI arrives at these figures.

Figure 2: Commercial vs. Humanitarian Imports 2009 (in truckloads)²⁴



Although Gaza daily requires 340 tons daily to feed population, within a few months of the blockade this was reduced to 90 tons per day by November 2007, a 73 percent reduction. This not only reduced the foodstuffs available in Gaza but lead to a sharp increase in price of foodstuffs which has continued.²⁵

In addition to the diminished volume of goods entering Gaza, the restrictions on a wide range of items is having serious impact on the functionality of key sectors, particularly health, water and sanitation and shelter. The impact of the shortages discussed above have been compounded over time as the inability to repair, upgrade equipment or install additional services has not only affected people on a monthly basis (in terms of monthly import limitations), but have become more severe over time.

Hospitals in Gaza are rundown. Much of the existing equipment is in need of repair, but there are complicated and time-consuming procedures for obtaining approval to import spare parts. The ICRC has reported waiting as much as five months to import medical equipment for operating theatres. Daily power cuts and fluctuations are also damaging equipment. While most hospitals rely on backup generators for several hours a day, there is no guarantee there will be enough fuel to keep them going (see fuel discussion below).²⁶ Gaza's Central Drug Store has also reported consistent shortages in essential items since the start of the blockade (see graph below); however it should be noted that these drug shortages are due to a number of factors and not just blockade restrictions. These factors include: poor management and distributing of supplies, unreliability of estimated needs, inefficiencies in procurement processes,

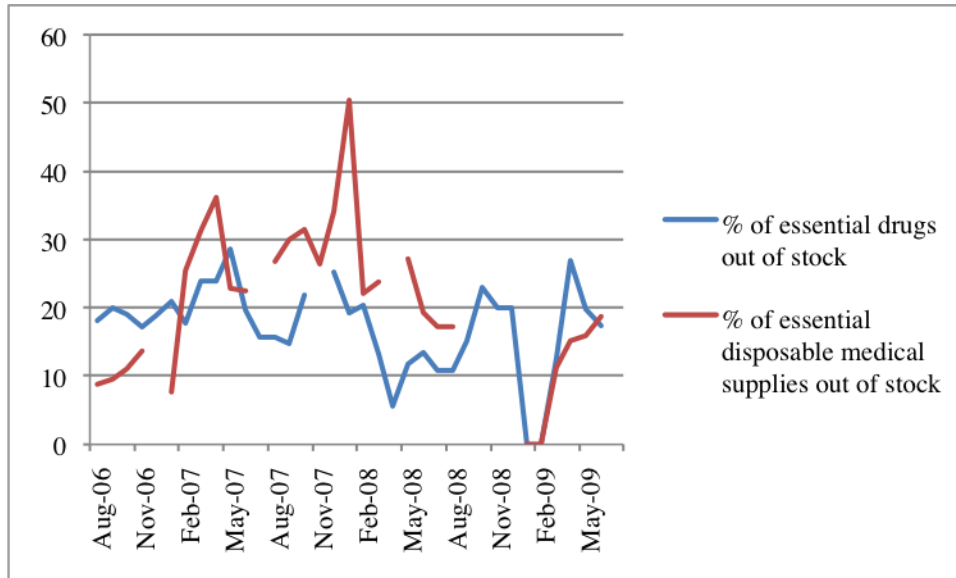
²⁴ Commercial goods are identified as: food items, animal feed, construction materials and other additional items. OCHA (2010) *The Humanitarian Monitor: December 2009*.

²⁵ Sara Roy and Eyad al-Sarraj (2008) "Why is This Acceptable? Ending the Stranglehold on Gaza", CounterPunch, 28 January.

²⁶ ICRC (2009) *Gaza: 1.5 million people trapped in despair*, June.

financial constraints and non-adherence of donors to the donations guidelines.²⁷ When comparing pre and post-blockade average monthly zero stock levels, there are higher zero stock levels before June 2007: August 2006 – May 2007, 21 percent of essential drugs and 39 percent of disposable supplies and June 2007 – June 2009 at 15.5 percent and 21.5 percent respectively. However, the monthly supply levels fluctuate considerably more after the blockade with supplies more unreliable and unpredictable.

Figure 3: Essential Medical Drugs & Supplies Out of Stock (Monthly)²⁸



Gaza’s water and sanitation infrastructure has been consistently hampered and has deteriorated during the two years of the blockade due to restrictions and delays on importing essential items. As of September 2009, a reported 10,000 people in Gaza had no access to water and a further 60 percent of the population have only limited access as result of the inability to import the supplies needed for the construction, maintenance and operation of water and sanitation facilities. In addition, one international humanitarian agency reported how the destruction caused during Operation Cast Lead “exacerbated an already critical situation, leaving some services and facilities on the brink of collapse. Whilst some essential construction and repair items have been permitted to enter since then, this is nowhere near enough to restore a fully-functioning water and sanitation system for the people of Gaza.”²⁹ In August 2009, OCHA reported that the inadequate maintenance and lack of upgrades to the wastewater infrastructure has resulted in 80m litres of raw and partially treated sewage discharged daily into the environment. This has resulted in further pollution of the sea and underground aquifer, creating serious health concerns with only 5-10 percent of the water extracted from Gaza’s aquifer (the sole fresh water source for Gaza) meeting WHO safety standards.³⁰

²⁷ OCHA (2008) *The Humanitarian Monitor: September 2008*; OCHA (2009) *The Humanitarian Monitor: May 2009* and *The Humanitarian Monitor: June 2009*.

²⁸ These are for medical items stored at Gaza’s Central Drug Store. Percentages are based on a list of 416 essential drugs and 596 disposable medical supplies. Out of stock levels refer to a supply of less than 30 days. At time of writing, specific information on supplies for July – December 2009 were not available. OCHA, *The Humanitarian Monitor*, 2007 – June 2009.

²⁹ Merlin UK (2009) “Gaza: 10,000 without access to water and sanitation”, 8 September.

³⁰ OCHA (2009) *Locked In: The Humanitarian Impact of Two Years of Blockade on the Gaza Strip*, August.

Humanitarian agencies attempting water and sanitation programmes face serious delays. Water pipes, essential for water and sanitation work, are restricted because they were considered “dual-use” by the GoI.³¹ In August 2009, one international NGO reported that their most recent consignment of water equipment for one humanitarian agency took 18 months to negotiate permission for entry. The refusal or delays to import items has limited the ability of agencies undertaking or completing water and sanitation projects, though organisations have been resourceful at seeking out alternatives. The ICRC has occasionally found ways to repair water infrastructure without relying on imports, for example using recycled materials (including used water pipes and concrete segments from old Rafah border wall which was destroyed in January 2008) to upgrade a wastewater treatment plant serving 175,000 people in Rafah.³² However these initiatives are not a long-term solution and further problems are created due to fuel restrictions (see fuel discussion below).

The near complete ban on construction materials, including cement, steel and, for a period, tent poles, has seriously impacted reconstruction activities. An UNRWA-UNDP preliminary housing survey indicates that 52,400 housing units (home to approximately 340,600 individuals) require rebuilding or repairs following Operation Cast Lead; without a reprieve on construction imports this will not be possible. Though tent cities were initially constructed after the operation these have now been significantly reduced. Most of these individuals are currently living with relatives or rented apartments; some are living in tents in the ruins of their homes.³³ Humanitarian agency shelter initiatives have also been stalled. For example, while one international NGO received a reported US\$40m for a shelter programme they were unable to implement it because they could not import the supplies. To date, no construction materials or any raw materials have been allowed into Gaza, except for nine truckloads of “glass” in December 2009.³⁴

Education has consistently been affected by the limitations on import basic education utensils as well as power cuts.³⁵

Humanitarian assistance has also been hindered by restrictions on cash, which several humanitarian organisations were (as of June 2009) continuing to bring in by hand (which is, in turn, delayed by the impediments to humanitarian personnel entering Gaza, see below). In the first half of 2009, the lack of liquidity in Gaza became particularly problematic with delayed delivery of cash assistance by some aid organisations to affected families, aiming to assist them in coping until reconstruction and rehabilitation occurs, aid hardship cases and cash for work programmes. Although UNDP has been able to distribute cash assistance provided by the Palestinian Authority to 8,100 non-refugee beneficiaries, 5,2000 have been left unassisted due to unavailability of cash in local banks. UNRWA reportedly had similar problems, but generally their operations were maintained at acceptable levels. Bank of Palestine reported in May that the GoI allowed entry of only 50 of 200m shekels requested by local banking institutions. This is also affecting ability of people to withdraw salaries thereby hindering ability to meet daily needs.

³¹ Despite attempts by the UK government to advocate for the GoI to produce a “dual-use” list to clarify what was banned—and thereby allowing entry of all other items—the repeated requests failed. However, the GoI has applied the Wassenaar agreement (export controls for convention arms and dual-use goods and technologies) in other contexts.

³² ICRC (2009) *Gaza: 1.5 million people trapped in despair*, June.

³³ OCHA (2009) *The Humanitarian Monitor: May 2009*.

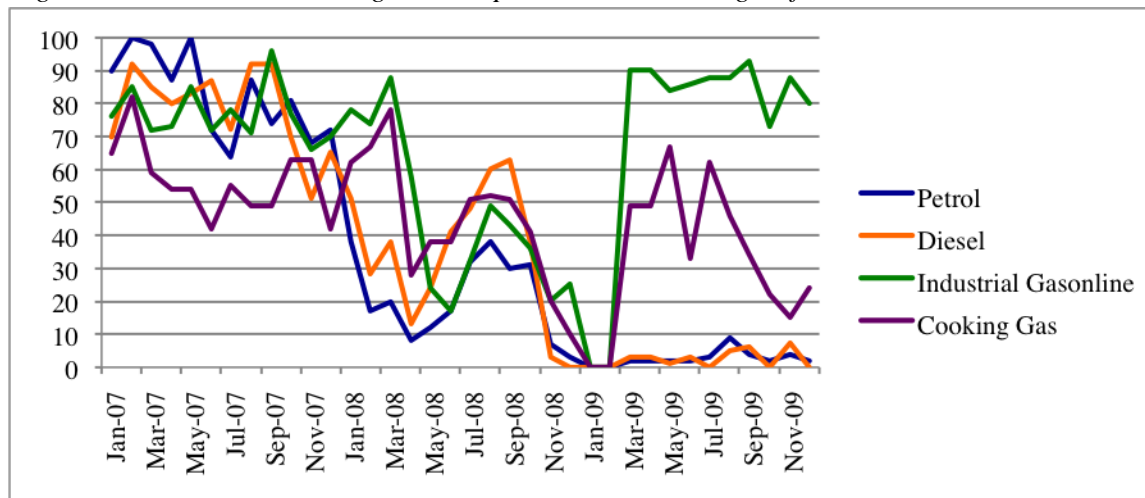
³⁴ Paltrade (2010) *One Year After the Military Operation: An Outlook on Gaza Strip Crossings & Damaged Industrial Establishments*, January.

³⁵ OCHA, *The Humanitarian Monitor*, 2007 – June 2009.

In some cases this has meant that employees in key sectors, such as health workers, have not been going to work.

Fuel sanctions were introduced in September 2007 with the GoI declaration that Gaza was a “hostile territory”. This meant that fuel imports would be for humanitarian purposes only, reducing the amount of benzene/petrol, diesel and industrial gasoline imported to Gaza; the way that the GoI calculates the humanitarian need is unclear to humanitarian agencies and Gazans are not consulted.

Figure 4: Fuel and Cooking Gas Imports as Percentage of Total Need³⁶



The reduction in fuel imports has had a significant impact across key sectors (both standalone and compounded by other constraints). Diesel is used by ambulances and service vehicles as well as back-up generators (which are vital when there is no main power) while industrial gas is needed for the Gaza Power Plant (GPP). In April 2008, the ICRC observed that if the fuel crisis was not resolved soon it would have a serious effect on food, health and education in Gaza.³⁷ While there was a brief rise in fuel imports between April and September 2008, they once again declined; in response from September 2008 the Hamas-administrated tunnels were increasingly used for fuel imports, sources suggesting that up to 100,000 litres of diesel and 50,000 of petrol transferred each day by October 2008, however not sufficient to cover all needs and were more costly.³⁸

While the fuel shortages were a serious impediment to all aspects of life in Gaza it was several months before the impact became evident. By March 2008 the effects on public transport were becoming evident with long delays or an absence of transport – in April 2008 10 percent of nurses, doctors and other hospital staff were unable to get to work due to a lack of transport; operations and medical procedures were delayed and some patients even stopped trying to reach hospitals.³⁹ Hospitals at this time were also

³⁶ This only accounts for fuel and gas imported through the terminals and does not include the unknown amount transported through the tunnels. Total need calculated in the reports against which the total fuel imports are measured are provided by PalTrade and calculated as general needs and not specifically humanitarian. The percentages are calculated against the following PalTrade figures for estimated monthly needs (which are based on the estimates of the Petroleum & Gas Station Owners Association-Gaza): petrol 1,700,000l, diesel 10,000,000l, industrial gas 11,000,000 and cooking gas 8,000,000l See Palestine Trade Center *Gaza Terminals Monthly Monitoring Reports, 2008 – 2009*.

³⁷ ICRC (2008) “Gaza is running out of fuel”, 29 April.

³⁸ OCHA (2008) *The Humanitarian Monitor: October 2008*.

³⁹ OCHA (2008) *The Humanitarian Monitor: March 2008*; ICRC (2008) “Gaza is running out of fuel”, 29 April.

nearly out of fuel for back-up generators—without fuel these facilities would have to become completely dependent on mains electricity making them vulnerable to power cuts with the GPP never able to function at full capacity.⁴⁰ Fuel shortages also meant that humanitarian NGOs such as Medecins sans Frontieres had to scale back programmes in spring 2008.⁴¹ By late 2008, hospitals were relying on diesel and gas smuggled through the tunnels, though still not sufficient to cover needs.⁴² Fuel constraints continue to negatively impact the health sector, particularly with petrol and diesel still at an all-time low following Operation Cast Lead.

By April 2008 the fuel shortages were also having a considerable effect on sewage pumping stations, by this time nearly out of fuel for back-up generators. Without fuel, these facilities, like hospitals, become completely dependent on mains electricity making them vulnerable to power cuts.⁴³ Moreover, when water pumps stop due to electric cuts there is no water for affected Gazans and people resort to using their own wells containing untreated water. Studies from 2008 have mapped a correlating rise in case of watery diarrhoea and other health problems.⁴⁴ Food distributions were also affected in 2008 when UNWRA ran out of fuel in April, forcing it to stop food distributions; neither UNWRA or the WFP, together feeding over one million people in Gaza, were able to re-start food distributions until they received diesel for their trucks.⁴⁵ Though there have been no recent reports of food distributions disrupted by fuel shortages, both petrol and diesel are still in short supply.

The shortage of cooking gas began to be felt most acutely from October and November 2008. At this time, more than 30 out of 47 bread bakeries in Gaza City were forced to stop production, while all bread bakeries in Rafah ceased functioning, though some continued to sell bread baked elsewhere. The remaining operating bakeries introduced a rationing system. Though some gas was through tunnels, it was too expensive for most at 400 NIS a canister opposed to 120 NIS for non-tunnel imports.⁴⁶ Shortages of gas (combined with animal feed shortages) at this time also forced commercial producers to smother hundreds of thousands of chickens. According to UNFAO, within six months this would lead to no remaining poultry if the trend continued—70 percent of Gazans rely on chicken as major source of protein.⁴⁷ The availability of cooking gas has risen since March 2009 but the monthly average is still only 52 percent of the total required.

Restrictions on Movement of People

Prior to September 2005, Israel Defense Force (IDF) military installations, checkpoints, earth mounds and roadblocks protecting Israeli settlements restricted internal movement; when IDF completed their withdrawal of personnel and equipment from Gaza, it had the immediate and positive consequence of dramatically improving Palestinian movements in the Strip.⁴⁸ Though restriction *within* Gaza remains unrestricted, the blockade has completely altered the movement of people *into* and *out of* Gaza. This has had a strong effect on employment as thousands of Gazans used to work in Israel. Agricultural and fishing

⁴⁰ ICRC (2008) “Gaza is running out of fuel”, 29 April.

⁴¹ *Ibid.*

⁴² Sara Roy (2009) “If Gaza falls...”, London Review of Books, 1 January.

⁴³ ICRC (2008) “Gaza is running out of fuel”, 29 April.

⁴⁴ WASH Cluster 2008

⁴⁵ ICRC (2008) “Gaza is running out of fuel”, 29 April.

⁴⁶ OCHA (2008) *The Humanitarian Monitor: November 2008*.

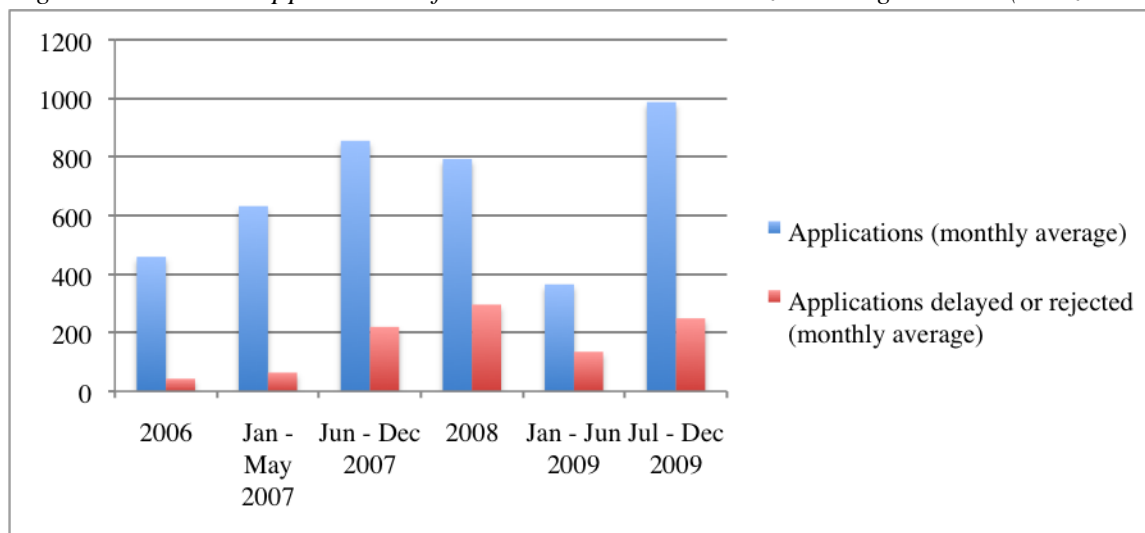
⁴⁷ Sara Roy (2009) “If Gaza falls...”, London Review of Books, 1 January.

⁴⁸ OCHA (2005) *Humanitarian Update occupied Palestinian territory: Special Focus - The Gaza Strip after disengagement*, November – December.

industries have also been increasingly restricted since 2005. In August 2005, the IDF created the “buffer zone”, a 150 meter-wide strip of land along of the border with Israel where Palestinian access is prohibited; this is largely fertile farming land. In May 2009 this was expanded to 300m. In October 2006, the fishing zone was reduced from 12nm to 6nm. Since the beginning of “Cast Lead” this was reduced to 3nm. Combined with the restriction on imports, which has caused the construction industry to seriously downside, the Palestinian Trade Center estimates that 120,000 jobs have been lost since the start of the blockade. As of mid-2009, unemployment was 41.5 percent, up from 32.3 percent in the second quarter of 2007.⁴⁹

Health has also been impacted by these restrictions. Many specialised and life-saving medical treatments are not available in government hospitals in Gaza, including chemotherapy and radiotherapy for cancer patients, paediatric surgery and neurosurgery.⁵⁰ Travel permits from the GoI was for patients requiring medical services outside of Gaza were required prior to the siege, but since June 2007, the percentage of applications delayed or rejected has risen notably. There are also considerable differences between the first half of 2009 following Operation Cast Lead and the last six months of the year. Between January and June 2009, there were 365 average monthly applications, of which 135 were delayed or rejected (37%); between July and December 2009, there were 987 average monthly applications of which 249 were delayed or rejected (25%).⁵¹

Figure 5: Patient Applications for Permits to Leave Gaza through Israel (Erez Crossing)⁵²



Since the start of the blockade, delays and refusals of requests to pass through Erez or Rafah Crossings (formally closed but used by patients during intermittent openings) for medical treatment resulted in at

⁴⁹ OCHA (2009) *Locked In: The Humanitarian Impact of Two Years of Blockade on the Gaza Strip*, August.

⁵⁰ OCHA (2007) *The Closure of the Gaza Strip: The Economic and Humanitarian Consequences*, 14 December.

⁵¹ Rejected applications make up the significant minority of those applications in the delayed or rejected category.

⁵² Erez has been the primary patient crossing point during since the start of siege; during the intermittent openings of Rafah Crossing patients have applied for and received permission to cross through to Egypt. Available data provides information on total number of people passing through Rafah when open, but not always specific to which are the medical cases therefore not enough data for equivalent graph for Rafah. Conversely, data on patients returning through Rafah was available. OCHA, *The Humanitarian Monitor*, 2007 – 2009.

least 20 of deaths between October – December 2007 and another 27 in 2009; no deaths were reported by WHO or OCHA due to permit delays in 2008.⁵³

Movement constraints have also impacted humanitarian personnel with entry permits for international aid workers subject to delays and periods of no-entry, particularly from mid-2008. For six months of 2008, one international NGO reported that no international staff could enter Gaza. In November 2008 almost all NGOs reported a denial of access for their staff, jeopardizing their ability to keep implementing programmes.⁵⁴ In March 2009, a survey of 23 INGOs covering January to March showed that only 56 percent of internationals that applied for permits were granted permission; the remaining were rejected or delayed.⁵⁵

BACKGROUND ON ACT AND ACT PALESTINE FORUM

The ACT Palestine Forum was established in 2008 to serve as a coordinating mechanism for ACT members actively providing humanitarian assistance in the Occupied Palestinian Territories of the West Bank and the Gaza Strip. Some of the APF members are well established local organizations which have provided community-based humanitarian services for over 50 years while others represent the local offices of international NGOs which have recently established a presence in Jerusalem, the OPT and/or Gaza.

According to ACT policy guidance⁵⁶ ACT National Forums are defined as: “shared platforms or spaces comprising members of the ACT alliances at country levels:

- with common interests defined broadly by their commitment to the mission, vision and values of ACT in humanitarian assistance and development work; and
- with their focus and ways of working adapted as appropriate to the specific context and communities they serve, and to their particular country.”

The objectives of ACT National Forums include:

- “sharing information on current humanitarian assistance and development programmes, analyses of the country/ region and organisational policies and priorities.
- planning, prioritising and strategising together.
- identifying and planning collaborative programmatic work, including long-term development, advocacy, emergency preparedness, prevention and mitigation.
- coordinating appeals and operations on the ground in emergency situations.
- developing programmes to ensure a smooth transition from relief to development work.
- representing and promoting ACT at the national level to government, donor organisations, UN and other global bodies and the media.
- seeking development and relief funding from outside the ecumenical family through the presentation of joint proposals.”

⁵³ OCHA, *The Humanitarian Monitor*, 2007 – 2009

⁵⁴ OCHA (2008) *The Humanitarian Monitor: September 2008*

⁵⁵ OCHA (2009) *The Humanitarian Monitor: March 2009*

⁵⁶ ACT National Forums (2008) *Consolidated Policy and Guidelines of ACT International and ACT Development*, February

ACT Palestine Forum and ACT Implementing Partners

Since inception, APF members have included DSPR, IOCC, YMCA-EJ, NCA, LWF and DCA. In 2009 the ELCJHL and the Episcopal Diocese of Jerusalem also began attending meetings of APF. Additional attendees have included FCA, CoS , CWR, CWS, and Christian Aid.

A review of the minutes from meetings held in 2009 shows consistently high participation from the five members represented in the appeal. Meetings were held weekly during the active conflict and shortly thereafter to maximize coordination of emergency relief. As the response shifted into longer-term relief and recovery APF shifted back to a monthly meeting format.

In the West Bank and Gaza Strip APF members work in partnership with a variety of religious and secular organisations including Alhi Arab Hospital, Greek Orthodox Church in Gaza, Union of Agricultural Work Committees (UAWC), and the Youth Enhancement Center (YEC). The Gaza-based APF members (including Christian Aid) as well as the director of Ahli Arab Hospital began actively participating in monthly meetings of the APF by video-linked conference calls with Jerusalem in mid-2009.

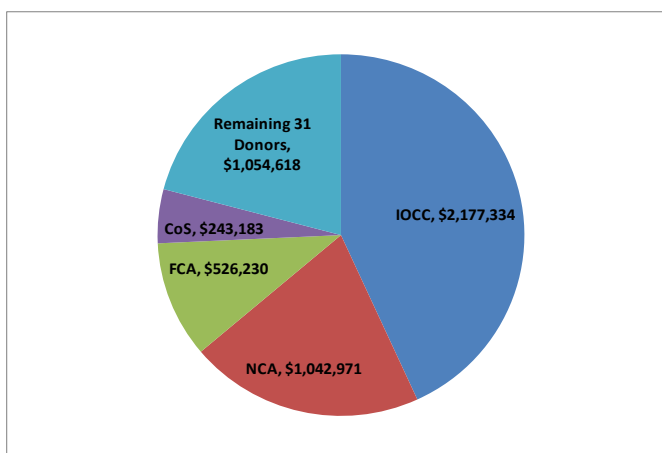
APF members have significant ongoing programs and projects in OPT beyond appeal MEPL81. Based on information gleaned from interviews APF members have total operating budgets in excess of \$23 million US per year in OPT not counting the operating budget of Ahli Arab Hospital and other local partners. This makes ACT a significant humanitarian actor in OPT when its efforts are viewed at a consolidated level. By comparison, the ICRC appealed for 81.2 million CHF in 2009 for all of OPT, CARE International manages an annual budget of approximately \$18 million US for all of OPT and the Palestine Red Crescent Society appealed for \$17 million US for Gaza in 2009.

Four APF members (NCA, DCA, LWF and IOCC) with a presence in Jerusalem and Gaza provided 65 percent of the funding secured for Appeal MEPL81 as of September 2009. NCA, DCA, IOCC, DSPR and YMCA-EJ each received appeal funding for their programmes in Gaza and the West Bank.

ACT Funding Members

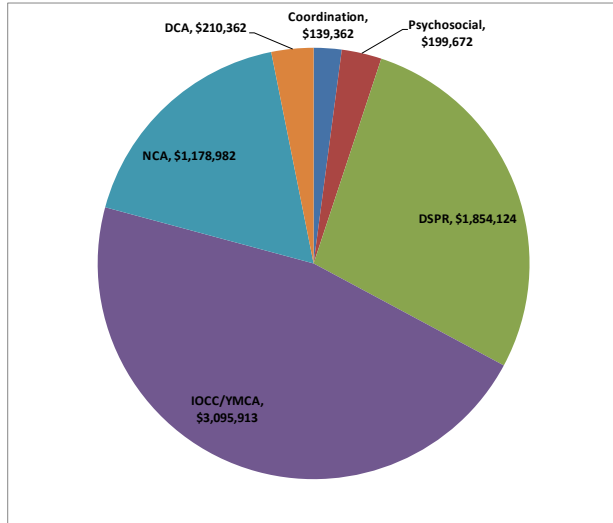
In addition to the four APF members that mobilized and contributed financial resources, 31 other ACT members and donors contributed to Appeal MEPL81 for 35 percent of the total committed as of September 2009. The four largest donors to the appeal are depicted in Figure 6. Contributions to the programmes and projects in the appeal were made through the ACT Secretariat in Geneva and directly to the implementing organization depending upon donor preferences.

Figure 6 – Sources of Appeal Funding



Of these donors a few have shown a particular interest in the programmes of APF under the appeal, some contributing staff as temporary consultants and advisers including CWS, FCA, CoS, and Christian Aid. A number of ACT members and donors have also attended meetings of APF during visits to Jerusalem and the OPT including CoS, JIC, CWS, CAID, NCCA/ACT for Peace, CWS NZ, and Christian Aid.

APF Intervention Sectors



ACT Appeal MEPL81 is primarily organized into sections based on the implementing lead member rather than the sector of specific projects, with a partial exception for psychosocial programs. Within each section of the appeal a range of sectoral interventions can be identified with primary focus on relief, health, psychosocial, coordination, communications & advocacy. Figure 7 shows the six sections of the appeal and their total financial requirements based on Appeal MEPL81 Revision 3 in September 2009.

Figure 7 – Component Sections of Appeal MEPL81

Based on Revision 3, Table 2 provides detail for each of the primary sections of the appeal including overall budgets and objectives and their apparent sector under each section.

Table 2 – ACT Gaza Crisis Appeal MEPL81 – Revision 3 (September 2009) Overview

	Sept 2009 Targets	Pledges as of Sept 2009	% Rcvd as of Sept 2009	Sector	Overall Objectives or Expected Results
Coordination	\$139,362	\$122,781	88%	Coordination	The coordination and effectiveness of the ACT response in OPT, and between ACT members, has been strengthened and improved.
				Communications & Advocacy	ACT has actively communicated and advocated on behalf of the beneficiaries/rights-holders.
				Communications & Advocacy	ACT Palestine Forum is actively advocating on behalf of rights-holders in the OPT.
				Communications & Advocacy	ACT members have received regular and relevant information from the field.
Psychosocial	\$199,672	\$199,672	100%	Psychosocial	Staff of ACT member organizations have been relieved from anxiety and are enabled to function normally.
				Psychosocial	Selected staff from MECC/NECC, Ahli Arab Hospital, IOCC, YMCA and DCA are enabled to provide continuous staff care and training for other staff and beneficiaries and thereby ensuring sustainability of the psychosocial activities.
				Psychosocial	ACT member organizations have developed a relevant and effective psychosocial support program.
DSPR	\$1,854,124	\$1,095,646	59%	Relief	Enable families through cash grants, cash for work and/or food and water distributions in Gaza to cope with the ongoing emergency food situation of food insecurity.
				Health	Provide the poorest of patient families to NECCRW Primary Health Clinics with in part support to cover health care fees and related medical needs.
				Psychosocial	Introduce Psychosocial mechanisms that would tend to the traumas and stresses of families and children who come to the clinics.
				Health	Rehabilitation of Primary Health Clinic in Gaza Strip
				Relief	Improve livelihood of vulnerable farmer families in the West Bank.

IOCC/YMCA	\$3,095,913	\$2,582,690	83%	Relief	Provision of emergency food and non-food assistance
				Relief	Provision of small cash grants and/or materials to families for emergency shelter and home repairs
				Psychosocial	Provision of community-based psychosocial initiatives and interventions
				Health	Provision of assistance and support to severely disabled persons
				Relief	Provision of job opportunities and employment for unemployed households.
				Relief	Provision of material inputs and training to improve the food security, agricultural production and economic conditions of rural farm families in Gaza and West Bank.
				Relief	Provision of essential emergency relief supplies, materials and support to vulnerable families, individuals, educational and health care partners.
NCA/Ahli	\$1,178,982	\$841,752	71%	Health	Poor and vulnerable patients have access to free medical treatment.
				Health	War-injured patients including children with burns have access to treatment and rehabilitation.
				Psychosocial	Psychologically affected patients have access to psychosocial counseling.
				Health	Underprivileged women who are at high risk of breast cancer have access to diagnostic services.
				Relief	Unemployed youth, graduates and undergraduates have access to employment in medical sector.
				Relief	Vulnerable women and their families have received livelihood support.
DCA	\$210,362	\$170,675	81%	Relief	Provision of relief food support to 2500 persons who are not receiving any other assistance.
				Psychosocial	To facilitate 7000 Gaza children's return to normal psychological and emotional development by addressing irrational fear, anxiety, insecurity, rage, withdrawal and other symptoms of moderate trauma.

				Psychosocial	To strengthen the social support networks surrounding the traumatized children by establishing networks of individuals in identified traumatized children's lives such as parents, family members, friends and teachers who may participate in children's psychosocial rehabilitation.
				Psychosocial	To create a more positive surrounding environment inside the benefiting schools, by stimulating groups of volunteers who will assist in restoring some of the war-related damages to the schools in which the children are subscribed.

EVALUATION OBJECTIVES

The Terms of Reference (ToR) for the evaluation of the ACT response to the Gaza Crisis (Appeal MEPL81) provided the overarching guidance followed in conducting this evaluation. The full ToR can be found in Annex 1. The objectives of the evaluation as stated in these ToR were:

- to measure the impact and assess the performance of the interventions; and
- to provide a learning opportunity for future operations.

The ToR identified two primary sections for the evaluation: Section 1 – Process and Impact, and Section 2 – Organizational Issues. Section 1 requests evaluation of the general impact, appeal goal & objectives, implementation factors and minimum standards observance. Section 2 outlines evaluation criteria including program tools, coordination, collaboration and visibility & perception. The evaluation team adapted the requirements of Section 1 and 2 to the OECD-DAC evaluation criteria, which is further discussed in mission methodology below.

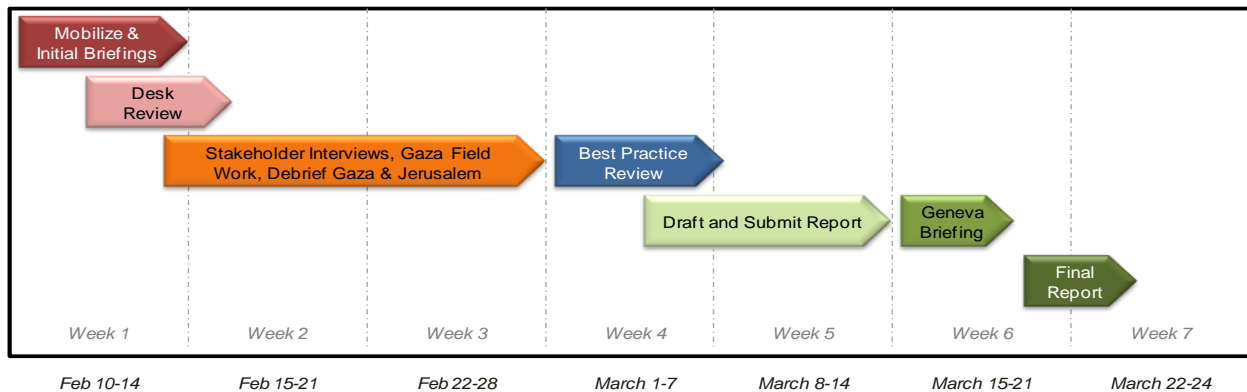
MISSION METHODOLOGY

Approach & Scope

Based upon the ToR, the evaluation team developed an initial evaluation methodology that was presented for feedback to staff in Geneva and Jerusalem. This included a literature (desk) review, stakeholder interviews, best practice review and reporting.

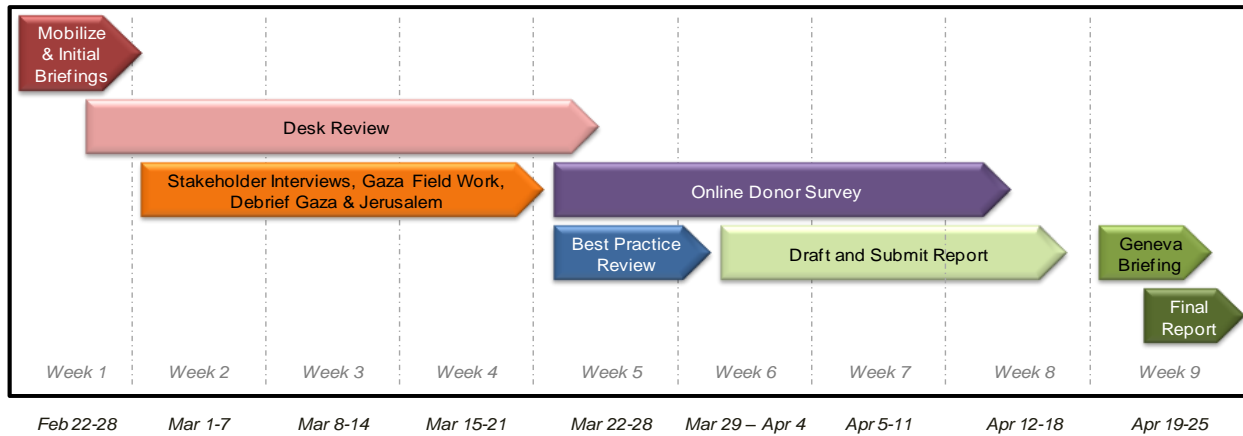
The evaluation was initially planned to begin in the second week of February 2010. The initial approach and timeline are depicted in Figure 8 below.

Figure 8 – Initial Evaluation Approach and Timeline



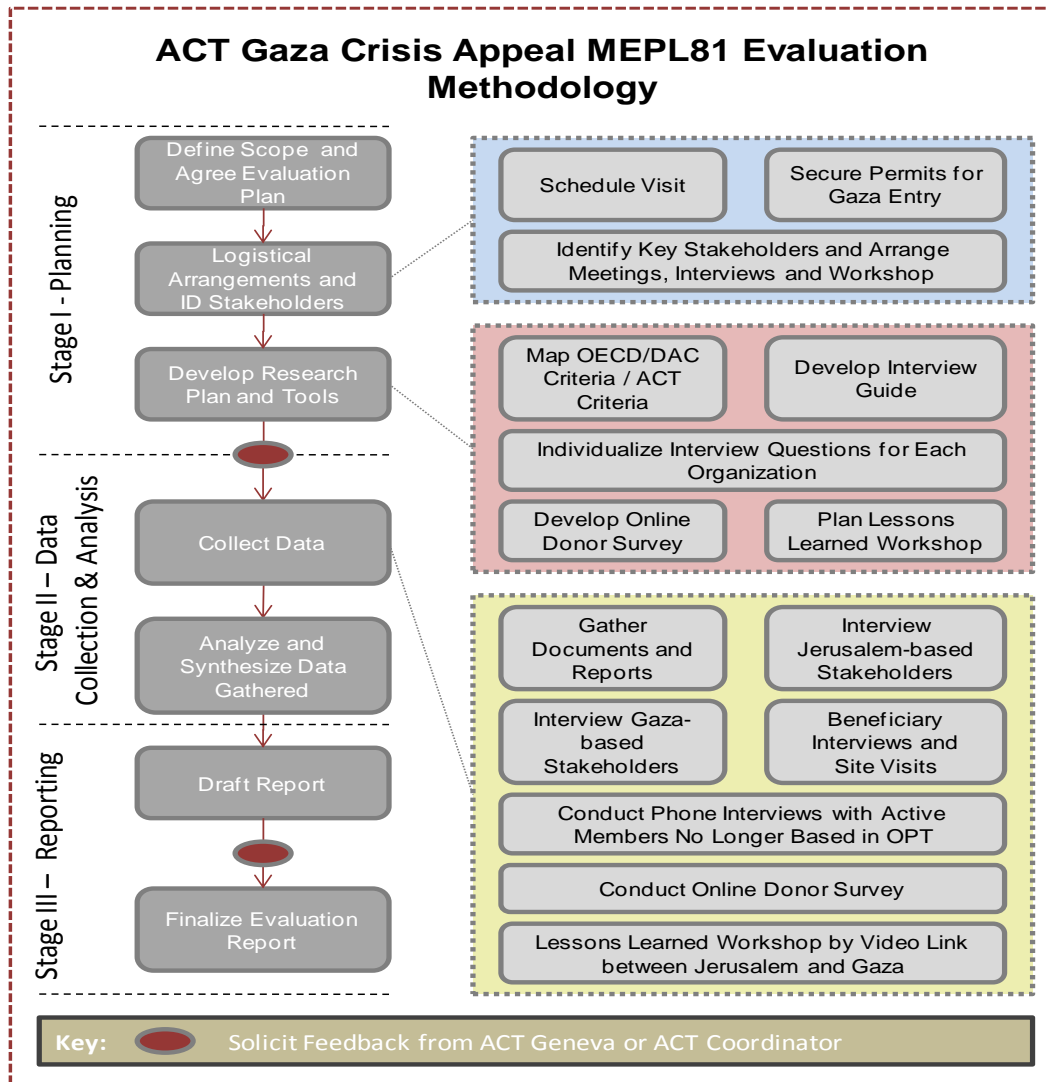
After initial meetings on-site in Jerusalem with the ACT Coordinator and APF members a revised timeline and methodology was agreed. The final approach and timeline is depicted in Figure 9.

Figure 9 – Final Evaluation Approach and Timeline



The final methodology for the evaluation is summarized in Figure 10 below.

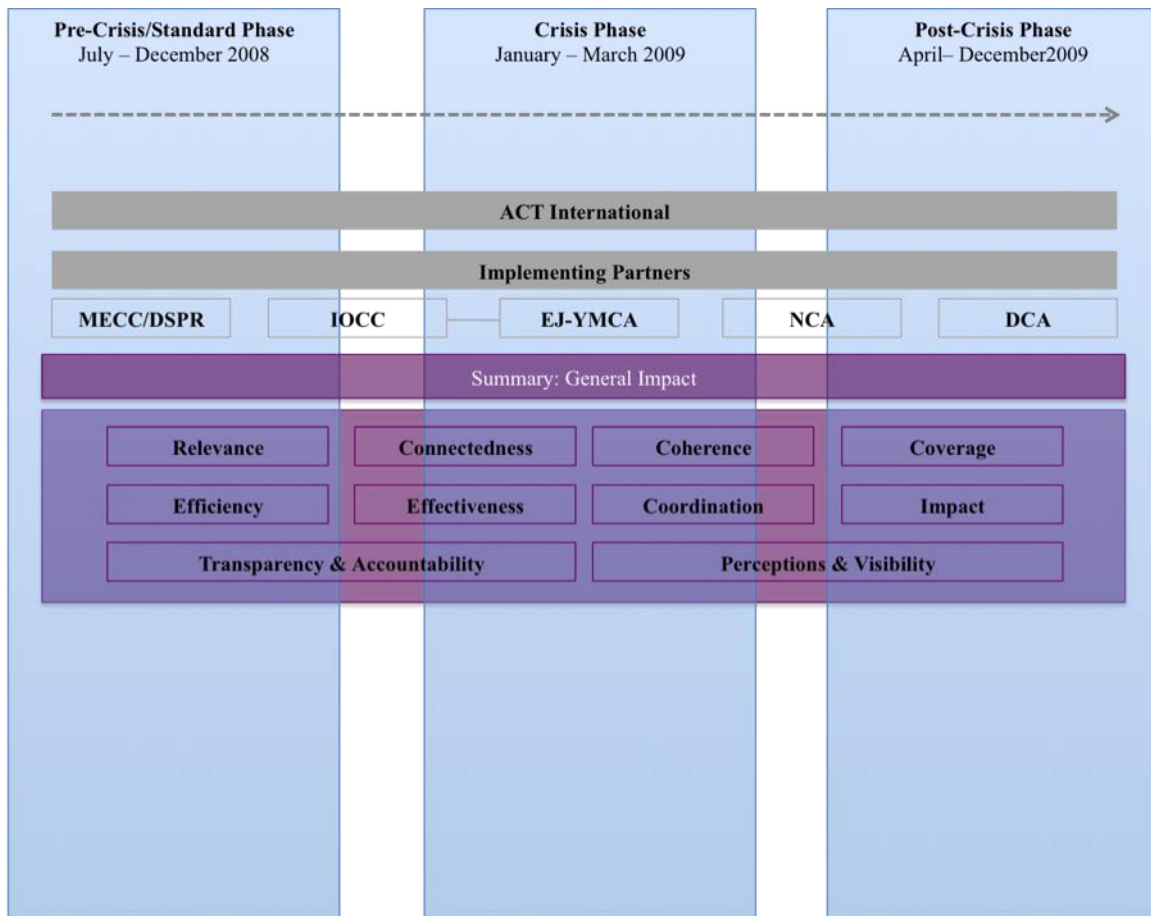
Figure 10 – Evaluation Methodology



Among the modifications to the original approach the evaluation team decided that it would be best to utilize the internationally recognized criteria for evaluating humanitarian action (OECD-DAC Criteria), which was agreed in consultations with the ACT Secretariat in Geneva. The evaluators also decided to solicit further input from donors through an online survey to help assess accountability to donors as well as transparency and visibility.

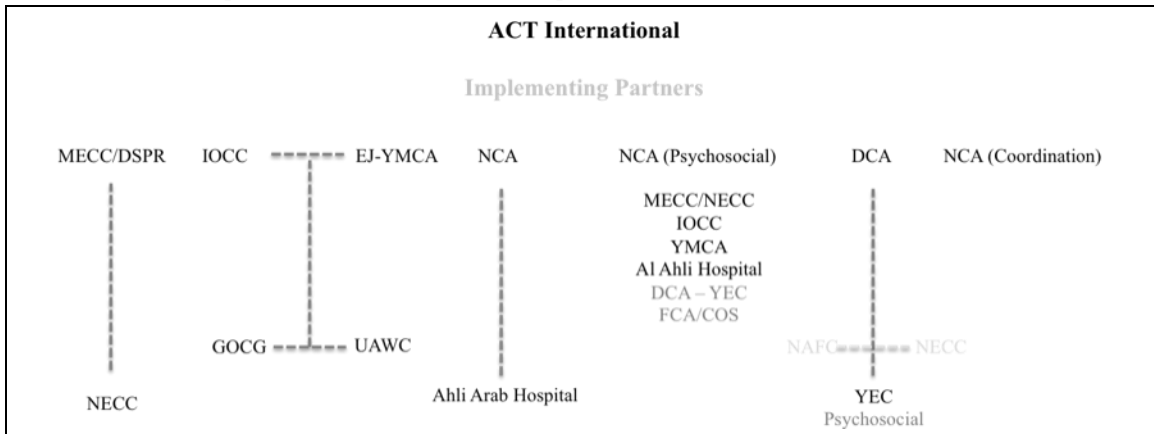
The scope of this evaluation is broad, covering a range of APF members and implementing partners and three distinct phases of implementation. The phases, primary implementing members and criteria used in the evaluation are depicted in Figure 11.

Figure 11 – Scope of Evaluation



The complexity of implementation arrangements made it necessary to take into account the various partnerships established by APF members to undertake activities covered by the appeal, some of which are long-standing while others were only developed for this specific appeal. The partnerships within APF and with other local NGOs are depicted in Figure 12.

Figure 12: APF Implementation Partnerships Under MEPL81



With the literature review the evaluation team reviewed internal and external sources of information including macro needs analysis data, situational reports, project plans, previous evaluations, thematic reports from other humanitarian agencies, stories published by ACT and others and implementation reports.

Primary source data collection focused on information gathered from ACT members and their staff as well as beneficiaries through semi-structured interviews and the online survey due to time constraints. In total the evaluators interviewed 12 staff from ACT member offices in Jerusalem, 19 staff from ACT members and implementing partners in Gaza and three staff from ACT members active in APF but no longer based in Jerusalem or Gaza. An example of the full set of interview questions utilized is included in Annex 3.

To the extent possible small samples of beneficiaries were also interviewed individually and in groups. Six individual beneficiary and partner interviews were conducted at DSPR, four beneficiaries participated in a group interview at IOCC, seven beneficiary families were interviewed during home site visits arranged by Ahli Arab Hospital and seven local NGO partner representatives of Ahli Arab Hospital were interviewed as a group.

Gaza site visits took the evaluator to two DSPR clinics and a DSPR vocational training facility, the Ahli Arab Hospital complex, and the offices of IOCC, YMCA-EJ and YEC offices. Psychosocial group sessions were observed at Ahli Arab Hospital, the DSPR Shija'ia Clinic and the DSPR vocational training facility. A tour was also conducted in conjunction with the home site visits arranged by Ahli Arab Hospital in areas acutely damaged by the conflict.

To ensure that the perspectives of donors to the appeal were factored into the evaluation an online survey was developed by the evaluators. The survey questions sought to collect donor feedback on the quality of the appeal document, communications and reporting updates as well as transparency and accountability. 10 ACT Alliance member organizations who contributed to the appeal responded to the survey out of 25 targeted by the ACT Secretariat. The full donor survey is included in Annex 4.

The full schedule and program for the field work conducted by the evaluation team is included for reference in Annex 2.

Limitations and Challenges

A number of limitations and challenges have arisen in the course of conducting the evaluation of Appeal MEPL81 which merit discussion given their impact on the evaluation team's ability to collect quality data and undertake fully-informed analysis.

Planning and Logistics

Access and movement are constant challenges for all humanitarian work in Gaza and impacted this evaluation equally. Despite the previous experience of ACT members operating in OPT with permit delays, planning for the evaluation did not anticipate the delays in acquiring permits for the evaluator to enter Gaza from the Israeli Authorities. The initial dates for the evaluation had to be delayed by two weeks once the evaluators learned that permits had been taking 3-4 weeks to process for other consultants and staff. Given scheduling requirements the evaluation team began the evaluation two weeks before securing the permit, allowing only one week for the field work in Gaza. This significantly limited the number of beneficiary interviews that could be conducted as well as restricting the number (and duration) of possible site visits, thereby reducing the scope of data that could be collected and the conclusions and lessons that could be derived.

Fluidity of dates and lack of advance notice had secondary impact on the availability of some members to participate in interviews. For example, the Gaza-based representative of DCA was not able to participate in the evaluation due to a previously scheduled trip outside of Gaza.

Sampling and Validity

The time allotted for the evaluation did not allow for an exhaustive field study of beneficiary satisfaction and experiences. Delays in obtaining the permit to Gaza further constrained the time available for such interviews and visits. Initially the evaluators planned to review beneficiary records on site with APF members in Gaza and select random samples to interview.

Given these time constraints and the short advance notice once a permit was obtained the evaluator had to request that individual APF organizations in Gaza arrange for a small sample of beneficiary interviews, group visits and site visits. The resulting sample size and means of choosing the samples provide basic indications but can not be considered valid and independent by common research standards.

The online survey results are also limited by the number of respondents. 10 out of 25 targeted organizations responded to the survey despite numerous communications and extensions of the deadline. Four of the contacts provided by the ACT Secretariat had non-working email addresses or had left their respective organizations.

Documentation and Information Requests

The literature review of ACT and APF reports and documentation was initially planned to be completed before the field work commenced, allowing for more informed questions during interviews. Unfortunately the final reports from each implementing member, while having a final deadline of February 28th, were not available prior to the beginning of fieldwork and most were not made available until the fieldwork

had been concluded—only one of six final narrative reports was received by the evaluation team by the end of the first week of fieldwork despite multiple requests to individual APF members and the ACT Secretariat in Geneva. Three additional narrative reports and one financial report were received in the third week of fieldwork. One additional final narrative report was received electronically one week after fieldwork was completed. At the time of writing one final narrative and five final financial reports have still not been received.⁵⁷

As a result of this delayed and missing information, the interviews with stakeholders did not benefit from a clear analysis of work proposed and work completed as would have been possible had the reports been provided on schedule. Additionally, the lack of financial reports has seriously limited the possibility of related lessons learned and the ability of the evaluation team to respond to the ToR question: “To what extent have the internal financial and administrative control mechanisms including reporting, monitoring been effective?”

Responsiveness to other requests for information was equally challenging. A basic contact list for APF members was not available until the end of the first week of fieldwork. The email contact list for donors to send the online survey link took two weeks to produce (and when provided it was incomplete and some addresses were no longer valid), which impacted the response rate for the survey.

FINDINGS AND ANALYSIS

The time period covered by Appeal MEPL81 was especially challenging for humanitarian organizations working in OPT and the Gaza Strip in particular. Throughout the literature review, interviews and observational site visits this fact was repeatedly presented to the evaluation team and cannot be ignored. Overall, considering the context in which the programmes and projects were implemented and the early stages of development of the APF itself at the beginning of this appeal period, the ACT Alliance performed admirably in the OPT in 2008 and 2009.

The findings and analysis of the evaluation are examined in detail below. The categories below represent a modified version of the OECD/DAC criteria for evaluating humanitarian action, taking into account particular areas of emphasis called for in the ToR.⁵⁸ These findings and analysis are meant to provide a critical external review of performance based on activities undertaken as a result of Appeal MEPL81.

Relevance/Appropriateness

“Relevance is concerned with assessing whether the project is in line with local needs and priorities (as well as donor policy). Appropriateness is the tailoring of humanitarian activities to local needs, increasing ownership, accountability, and cost-effectiveness accordingly.”⁵⁹

⁵⁷ The DSPR final narrative report was not received however an annual report provided by NECC/DSPR in Gaza was utilized as an unofficial proxy for some related information.

⁵⁸ Notably, Coordination, which is not a ‘formal’ DAC criteria, but a sub-category of Effectiveness, has been presented as an standalone category; additionally the Impact criteria is not listed, but is dealt with in the summary and lessons learned elements of this evaluation. Two non-DAC criteria have also been included: Transparency & Accountability and Perceptions & Visibility.

⁵⁹ ALNAP (2006) *Evaluating humanitarian action using the OECD-DAC criteria: An ALNAP guide for humanitarian agencies*, London: ODI, p. 20.

Meeting Local Needs & Priorities and Increasing Local Ownership & Accountability

International NGO members of the APF make an effort to ensure projects are designed by their local partners. These implementing partners as well as national NGO members of APF work directly with local communities to determine needs and priorities. In all cases ACT members worked in Gaza during the period of the appeal with and/or through local staff and partners. The same is true for the one West Bank project included in the appeal.

NECC and Ahli Arab Hospital are local NGOs with leadership, staff and volunteers from the community. Both of these institutions can be considered fully “owned” by the communities they serve. Nevertheless both of these institutions also work closely with their own networks of community-based organizations which help to identify local needs, select beneficiaries and expand their reach throughout the Gaza Strip.

Partner organizations of Ahli Arab Hospital report a very positive experience working together to help people in their respective communities. The only significant recommendation made by these organizations for improvement was to expand availability of services to help more people for greater lengths of time.

DCA also ensured local ownership and meeting of local needs by working through YEC and NAFC, both Gaza based NGOs. These organizations facilitated identification of needs, beneficiary targeting and selection and service delivery with close monitoring by the DCA local staff person in Gaza.

IOCC work in Gaza during the period of the appeal was facilitated by a single local staff person working in conjunction with the local staff of YMCA-EJ. YMCA-EJ has offices in Gaza City and Khan Younis and also works in partnership with community-based organizations.

Local ownership is somewhat limited by the dependency on ACT and ACT member offices in Jerusalem for resources and programming decisions. Each organization has its own administrative and internal communications processes in place to coordinate between Jerusalem and Gaza and some appear to involve Gaza based staff more in decision-making than others. Again the obstacles presented by restrictions on movement and access limit the ability of all ACT members to coordinate as effectively as would otherwise be possible. These limitations affect organizations solely dependent on local staff more than those with some international staff who have greater freedom of movement and to some extent this makes local ownership more difficult.

For discussion of needs assessments and beneficiary selection see *Coverage: “Programme Tools”*; for discussion on accountability see *Transparency & Accountability*.

Flexibility of Response

Gaza presents a very difficult operating environment with the considerable constraints on access and movement. With the onset of Operation Cast Lead and the immediate fallout, APF and its members responded as best as they were able at that time given that there was no contingency planning. However, the lack of a contingency planning meant that as problems and challenges to planned programs arose solutions had to be created “on the fly” which may have slowed timeliness.

Although ACT International is focused on emergencies, ACT members in Gaza have been more focused on providing health and social assistance related to chronic problems. Information collected for this evaluation suggests that members have not trained or planned for a sudden escalation of the crisis. The lack of pre-positioned relief goods by ACT members meant that each was dependent on getting humanitarian assistance through the Israeli blockade. NECC provided one positive example of the benefits of pre-positioning goods as they had already established a stockpile of essential medicines to enable their clinics to continue operating for 10-12 months without resupply which kept them from requiring emergency medical supplies during the conflict.

Previous evaluations have raised the need for better emergency preparedness among ACT members in OPT as early as 2005. Discussions for an Emergency Preparedness Plan (EPP) began in earnest in 2009 and are ongoing; at time of writing, the forum was compiling information on member organization's expertise, assets and logistical systems and developing a draft EPP to present to the ACT Secretariat. An EPP, including various scenarios of improvement and deterioration, is vital in a fluid environment like OPT.

Limitations of the ACT appeal process were also noted as an impediment to a rapid response. Owing to the time required to receive funds through an ACT appeal and the need for an immediate response, some members chose to seek funding for a donor outside the appeal in order to initiate immediate relief projects (example: food distributions) during Operation Cast Lead.

Flexibility of response is further limited by the challenges of balancing relief and development programmes in a chronic emergency context like OPT (see *Connectedness: "Relief – Development Balance"*) as well as the limitations and absence of APF members' Monitoring & Evaluation mechanisms (see *Efficiency & Effectiveness: "Monitoring & Evaluation"*).

Flexibility in terms of maintaining day-to-day continuity of operations in an insecure, unstable and sanctioned environment were evident throughout the evaluation fieldwork. APF members have developed systems and solutions to ensure they can continue providing services. Back-up electrical generators were in place and in use throughout many of the meetings at APF member offices in Gaza. Redundant communications systems are in place in some offices. NECC has automated its patient records systems in a customized computer system to after losing records at the Shija'ia Clinic when it was bombed. Members are also creative in securing essential supplies such as generator fuels by putting out word to supporters and partners that will be visiting Gaza about their needs so they can bring them across the border.

Gender

All member agencies reported including women in the decision-making processes and women are present at various levels of their organisations in project and/or programme positions, including female directors for two of the implementing partners.

Regarding gender sensitivity, all APF members and implementing partners reported being very sensitive to the roles and needs of women. However, in their approach to gender sensitivity, all members responded

to questions on gender exclusively with respect to how they consider women. However, as the ACT Gender Policy Principles observes, “gender refers to the different roles, responsibilities, needs, interest and capacities of women and men” and girls and boys. The focus on women as a gender issue is common, however gender sensitive programming is intended so that “assistance provided in emergencies is planned and implemented in a way that benefits women and men equally, taking into account an analysis of their needs as well as their capacities” and thereby requires an assessment not just of women and girls but also men and boys.

Cultural Sensitivity

Cultural sensitivity was generally respected across APF members. For local organisation members, their local status and long-running operations has resulted in effectively de facto cultural sensitivity. For international members, they are aware of the high dignity crisis in Gaza and the need for sensitivity; the expatriate component of agency teams are also limited and national staff make up the majority. However, given the access challenges for Gaza, only internationals are able to move between the different OPT areas.

Corresponding with Donor Policies

All APF members report designing and reporting on their programmes in line with donor policies. However, it was noted that the appeal and report formats did not strictly adhere to corresponding ACT guidelines nor were the deadlines respected by most members.

APF members that receive significant grants or contributions from large institutional and government donors demonstrated awareness of those donor’s policies and requirements. Specific references were made in a number of interviews to the complex, challenging and sometimes contradictory policies of backdonors related to avoiding political interference, independence and anti-terrorism requirements.

Cost-Effectiveness

Cost effectiveness was very difficult to systematically assess given the time constraints of the evaluation and lack of comparative data available for similar programmes and project among other agencies in Gaza. However, some issues related to cost-effectiveness can be addressed.

The fragmented approach to programming by ACT members in Gaza is seen by the evaluators as inherently less cost-effective than some other humanitarian organizations appealing for similar amounts of money in Gaza. By dividing up the total amount of the appeal among five primary recipients, coordination mechanisms and numerous local partners services in a particular sector are bound to require greater numbers of staff and administrative requirements than they would be if organized by sectoral projects. Each organization is also operating under separate legal status or no legal status at all which limits cost effectiveness for administrative requirements imposed by the government and prevents ACT from leveraging its consolidated size and impact in advocacy with the authorities.

However, ACT members appear to take seriously the need to keep overhead costs to a minimum. Members have agreed to a 15 percent maximum for “overhead” costs in each of their sections of the appeal and many have self-imposed limits of between 7 and 10 percent. Even these numbers are falsely

high as many of the costs considered “overhead” by ACT members are in fact direct and indirect program expenses rather than true overhead. While some members questioned the overhead or direct costs of others in APF the evaluators did not see evidence of exorbitant or abnormal administrative costs.

Alliances and membership associations with diverse memberships regularly face similar challenges. In the case of ACT the challenge is more difficult given the mixture of local and international members and the mixture of permanent programs and services, emergency and development projects outside the appeal and those inside the appeal.

Consolidated approaches can however be developed to increase cost-effectiveness in such an alliance structure. In addition to shifting towards more joint programming based on sectors of response ACT members can and should develop more standardized and uniform approaches to budgeting, planning, monitoring and evaluation. Lead roles could be agreed for individual members with all project management and accountability centralized within a particular member organization for all projects in a sector (e.g. psychosocial). The coordinator could also be empowered more by APF to manage monitoring, reporting and evaluation for the entire appeal, based on uniform protocols and pre-agreed indicators of performance.

Questions were raised by a number of local APF members about the cost effectiveness of programmes run by international members given international salaries and expenses. One member noted that they had voiced concern both in Jerusalem and with the ACT Secretariat in early 2009 regarding expenses of an expatriate with an international member; according to this report an unofficial internal review was conducted and the expenses were reduced to the satisfaction of the complaining member.

The cost effectiveness of the July 2009 joint monitoring mission was raised by a few APF members who felt that the timeliness of the report kept it from having utility during the course of the appeal implementation. One member noted that the members of the joint monitoring mission “didn’t have enough time to do a proper job.” However other members felt that the process of the joint monitoring mission was more important than the report and was useful for members.

Concern was also raised regarding the smaller (single-agency) monitoring mission that took place in October 2009. While focusing exclusively on psychosocial programs with the different members and implementing partners engaged, there was reportedly little discussion with the lead psychosocial consultant or the local advisor nor was there requested input on the additional technical support required by the programs. The monitoring mission team also reportedly did not ask for local perspectives for their needs assessments. The mission report was also never disseminated to the lead consultant or local advisor.

The cost effectiveness of the final evaluation was also questioned in an indirect way by some members and local partners. Questions were raised about what impact the evaluation could have since it was being done after the 2010 appeal was already written. Members also felt that the time allotted for the evaluation was not adequate to allow the evaluators to conduct in-depth field work and beneficiary interviews and site visits.

Connectedness

“The need to ensure that activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account.”⁶⁰

Relief – Development Balance

Many, if not most, humanitarian organisations operating in the OPT, and Gaza in particular, have had difficulty finding the best way to balance the relief and development needs in this chronic emergency environment, an issue which has increased in importance with the ongoing blockade and the consequences of Operation Cast Lead. The industry as a whole is struggling with finding the appropriate programming as well as funding, as many appeals, including the ACT/APL appeals, favour an either/or approach. Additionally, emergency appeals usually have a shorter time frame for funding and implementation, though in a chronic environment the relief-development overlap requires longer-term funding and planning.

ACT/APF programmes are no exception to this and there is a need to improve the connection between relief and development work both in planning and the approach to funding. While MEPL81 detailed three different phases of action, pre-crisis, crisis and post-crisis, planning was not constructed and considered in this regard. Moreover, APF members generally regard the crisis in OPT as unique and therefore do not consider lessons from other contexts as being applicable. While individual context analyses are very important, a more creative approach could be adopted with potential lessons to be learned from other *chronic* emergencies (Sudan and DR Congo are just two examples) where ACT and/or the humanitarian community are active where similar relief-development challenges are present.

Coherence

“The need to assess security, development, trade and military policies as well as humanitarian practice policies, to ensure that there is consistency and, in particular, that all policies take into account humanitarian and human rights considerations.”⁶¹

The assessment of coherence is focused on consistency in understanding and application of humanitarian policies; knowledge of and adherence to international standards, ACT policies and guidelines and codes of conduct was also assessed.

ACT Policies and Guidelines

The ACT Coordinator in Jerusalem, a few members and various consultants from within the ACT Alliance have demonstrated awareness of ACT policies and guidelines and even attempted to promote knowledge and utilization of these tools. However the majority of APF members and their staff remain largely unaware of ACT Policies and Guidelines. While the ACT Coordinator has circulated the ACT appeal and reporting templates and guidelines not all members have applied them. The ACT Code of Conduct on Sexual Exploitation has been signed by most member organisations based in Jerusalem, though individual staff members have generally not been asked to sign the document. Implementing partners who are not members, but are conducting ACT-funded programmes, are generally not asked to

⁶⁰ *Ibid.*

⁶¹ *Ibid.*, p. 21.

sign the document. Some APF members have their staff sign codes of conduct, which incorporates statements regarding the prevention of sexual exploitation.

Although the ACT website has an entire section devoted to internal policies and guidance for member organizations few APF members noted using these tools. One APF member staff has been nominated to participate in the ACT capacity building initiative and appears to have gleaned useful information from the first workshop in Malawi. As the capacity building initiative rolls out the self assessment tool among APF members it will likely become apparent that more work needs to be done in this area.

Based on the increasing complexity of international donor requirements regarding avoiding political interference, maintaining independence and anti-terrorism it would be useful for the ACT Alliance to try to develop a uniform principles-based policy for addressing the requirements and dilemmas that arise in a context such as Gaza as a result. Different approaches by APF members based on their headquarters policies and backdonor requirements could negatively impact the coherence of APF in the future.

International Minimum Standards

While compliance to SPHERE guidelines, the Code of Conduct for NGOs in Disaster Relief and other international standards is stated in Appeal MEPL81, they are known and understood to different degrees among APF members. While most members knew of the existence of these standards, knowledge of their details and application of these standards was limited. Moreover, most members considered industry minimum standards as only SPHERE and were considerably less aware of other international standards (with the exception of standards for psychosocial programmes).

Staff training on minimum standards was minimal. In the course of trainings run by ACT Psychosocial consultants in 2009 some APF member staff in Gaza were provided with one day of training on SPHERE. One APF member is HAP certified while another is applying for HAP certification and has a HAP training planned for staff later in 2010.

Regarding compliance with minimum standards, some members have concluded that they largely comply with international minimum standards, but do not provide details on how this is evaluated and do not explicitly discuss it as such. Questions were frequently raised regarding how to apply SPHERE Standards in Gaza's unique context; there was some interest in guides and models that would assist them in applying and evaluating the use of minimum standards and some members noted interest in case studies of examples of application in the "third world". However, generally members seem unconvinced of the benefits and utility of investing individual organizational resources and time in promoting knowledge and adherence to minimum standards. Yet during the lessons learned workshop APF members spent a significant amount of time discussing the application of SPHERE standards. Consensus seems to have emerged that more attention should be paid to awareness building and incorporating training on minimum standards in the 2010 APF plan when it is developed.

International and national health standards apply to some APF members given their medical mandates. Because these organizations must be certified as compliant by the Ministry of Health standards receive much more attention than other types of humanitarian standards. Where there is a compliance

requirement and potential penalty, as in the hospital and clinics, APF members seem to ensure that staff are trained and that their organizations are prepared to meet certification requirements.

Coverage

“The need to reach major population groups facing life-threatening risk wherever they are.”⁶²

This criteria considers whether major populations in need were targeted and reached by the assistance provided under the appeal while also taking into account needs assessment methodology, beneficiary selection and coordination with other agencies to prevent duplication or gaps.

Currently each APF member uses its own tools and approach to assessing needs (at macro and micro levels) and targeting and selecting beneficiaries. Approaches vary but seem to depend significantly on using tools and methods they have used in the past (but have not necessarily evaluated and/or updated based on past lessons) or are required to use by back donors. To date, members have not shared their different methods within APF nor have they exchanged past lessons learned or experiences, however interest was expressed by APF members during the workshop to do so.

During the emergency APF members seem to have been forced into a reactive posture, depending upon obvious and overwhelming information regarding needs rather than more systematic and joint approaches for assessing needs. This is understandable given access, safety and security issues. The potential negative effect of this lack of emergency needs assessment was also somewhat mitigated by structured APF coordination with the UN Logistics Cluster during the crisis phase of January-February 2009. However this was not followed-up in the post-crisis period to the present and APF as a forum stopped attending cluster and other meetings of the wider humanitarian community after the crisis phase. *See also Coordination analysis, “Coordination with External Actors”.*

Some time has been wasted trying to collect macro needs assessment information and there are discrepancies in the information presented by each organization based on use of different sources. There is also a lack of triangulation of information from different sources. Given the significant investment of much larger humanitarian actors in monitoring, recording and reporting macro need and vulnerability information in Gaza on a monthly basis this additional effort seems duplicative and an easy area to agree on a common consolidated approach.

Needs assessments and responding with appropriate programming in Gaza is further complicated by the blockade. For example, while water and sanitation or (re)construction projects are greatly in need, the blockade prevents the necessary equipment being brought into Gaza. As a result, programming decisions are redirected to what is possible and not always the most needy or filling gaps. As such, some sectors can become saturated while others continue to lack programmatic attention. The increasing focus on provision of psychosocial services by APF may be an example of this and should be assessed at the end of 2010 through a relative comparison of psychological versus other types of needs persisting in Gaza. This is a

⁶² *Ibid.*

challenge for the whole humanitarian sector operating in the OPT, including ACT/APF and should be considered in planning and in analyses of humanitarian activities by actors in OPT.

Many APF members work with local community-based NGOs to identify beneficiaries based on basic need and vulnerability criteria. Some have used standardized tools such as a beneficiary selection scorecard or damage assessment questionnaires while others use a semi-structured interview approach with social workers meeting with individual beneficiaries to determine eligibility.

Duplication in coverage is largely avoided by chance rather than design but thus far has not presented a significant problem. However greater coordination to avoid duplication is necessary moving forward, as evidenced by an example identified in interviews with Gaza based staff where an APF psychosocial programme in the 2010 appeal appears to be clearly targeting children in the same geographic areas that another member plans to provide psychosocial assistance through a programme outside the 2010 appeal.

For discussion on M&E, see Efficiency & Effectiveness: “Monitoring & Evaluation”.

Efficiency & Effectiveness

Efficiency “measures the outputs—qualitative and quantitative—achieved as a result of inputs. This generally requires comparing alternative approaches to achieving an output, to see whether the most efficient approach has been used.” Efficiency is closely linked to appropriateness and effectiveness. Effectiveness “measures the extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs. Implicit within the criterion of effectiveness is timeliness.”⁶³

The assessment of efficiency is meant to measure the qualitative and quantitative outputs achieved as a result of appeal-funded activities. To the extent possible, an assessment was made regarding alternative approaches to achieving an output and whether the most efficient approach has been utilized. Effectiveness as a criteria is closely linked to efficiency and seeks to measure the extent to which activities have achieved the purpose stated in the appeal. This includes assessment of timeliness as well as deferred impact of activities and whether they are likely to have the desired impact. Adjustments and revisions of program plans based on changing needs and context are also taken into account in the evaluation of efficiency and effectiveness.

Impact

APF member programs and projects have undoubtedly had a positive impact on beneficiaries throughout Gaza. However, for a variety of reasons many planned projects did not achieve their stated objectives, in many cases due to the shortage of funding received through the appeal.

A close examination of available APF-member final reports on implementation of appeal activities compared with the objectives, expected results and detailed indicators is presented for each section of the appeal below. In each table the status of the objective is assessed:

⁶³ *Ibid.*

	<i>Objectives achieved, exceeded or came within 10 percent of meeting their targets.</i>
	<i>Objectives achieved 70-90 percent of the target or the target was not achieved due to funding or clearly described issues arising from lack of access and the ongoing siege.</i>
	<i>Objectives achieved less than 70 percent of their targets for unexplained reasons or reasons other than funding.</i>

Coordination

The Coordination section of the appeal establishes requirements related to facilitating collaboration across APF members, joint communications about the situation and ACT response, advocacy related to humanitarian needs and challenges, as well as monitoring, reporting and evaluation.

Given that appeal MEPL81 represents the first appeal implemented since the establishment of APF the Coordination section of the appeal covered broad foundational aspects of establishing coordination mechanisms. In retrospect many members seemed to indicate that they were satisfied with progress but understood that the broad objectives written into the appeal were perhaps ambitious for the first 18 months of APF especially given the outbreak of conflict during this period.

During the workshop, the members in both Jerusalem and Gaza discussed what they would like from and to achieve with the APF. In Jerusalem, the two key points members agreed on was a need to share resources and information as well as greater capacity building among members and tools should be developed accordingly. In Gaza, members wanted to:

- Continue the APF meetings with the video conference link;
- Avoid duplication and competition in their work;
- Coordinate relief work (especially with sudden onset emergencies);
- Improve /adjust mechanisms for prolonged emergencies;
- Develop a strategy to ensure strengthening local APF members and give more attention to context;
- Increase number joint project discussions (along the lines of what has been done with the psychosocial program);
- Expand on the exchange of visits to not only include monitoring trips but also staff exchanges within Gaza as well as between Gaza and other areas of OPT;
- Improve management for the appeal and the timeline, members were concerned about the space between the end of one appeal and the launch of another as well as time lag between appeal launch and arrival of funds; and
- Improve predictability of resources of the appeal.

Table 3: Coordination Impact

Coordination			
September 2009 Targets: \$139,362			
Status	Overall Objectives or Expected Results	Reported Achievements	Comments
	The coordination and effectiveness of the ACT response in OPT, and between ACT members, has been strengthened and improved.	APF joint response. Weekly meetings during crisis, monthly thereafter. Two appeal revisions to account for changing situation. Action plan for response. Joint monitoring mission. Two temporary coordinators then locally hired 40% time coordinator hired in June 2009. Joint strategy for Gaza developed with help of consultant in early 2009. Frame for Emergency Preparedness Plan developed in 2009 and team for developing formed among APF members. APF representative selected to represent forum in ACT Capacity Development Initiative.	Locally hired coordinator cannot visit Gaza. Overall challenges of coordination b/w Gaza and Jerusalem based staff. Young forum and still learning. Coordinator lacks authority to require adherence to policies, deadlines, standards and ensure decisiveness of forum.
	ACT has actively communicated and advocated on behalf of the beneficiaries/rights-holders.	Secoded resources from COS, FCA and CWS to write communications updates. Local resource person recruited for 6 months 50% time.	Frequency of communications and updates high at beginning of year but not evident in second half of 2009.
	ACT Palestine Forum is actively advocating on behalf of rights-holders in the OPT.	Advocacy workshop facilitated by Christian Aid staff in November 2009, access and movement identified as priority issue area.	Advocacy & Communications officer had little advocacy experience. Diversity of APF members made joint advocacy difficult.
	ACT members have received regular and relevant information from the field.	Regular stories and updates in first few months of 2009. Draft communications strategy developed.	Communications strategy not decided on by APF and no follow-up.

Psychosocial

The Psychosocial section of the appeal was added in the second revision based on the realization that multiple APF members would be providing psychosocial assistance for the first time and without existing capacity. Many APF members noted that this was the first step towards more joint programming and reflected an appreciation for the need to have more uniform program standards and approaches in sectors that comprise significant components of the total appeal.

This section of the appeal also contains an admirable effort to provide psychosocial assistance to APF member organization's staff and volunteers who affected by the conflict and ongoing crisis alongside the beneficiaries they serve. While the objective surrounding staff care was met as broadly written the sustainability of these efforts are not clear.

A significant effort was made by the ACT Alliance as a whole to contribute expertise through loaned consultants to help APF establish a foundation for future psychosocial programming in Gaza. Trainings and technical assistance enabled some APF members to provide services to external beneficiaries during the appeal period, notably DCA/YEC and NECC. However these capacity building efforts took up much of the period covered by the appeal thus only positioning most APF members to begin providing psychosocial assistance at scale to external beneficiaries in 2010.

During the evaluation field work the evaluator was able to observe psychosocial sessions run by NECC at its clinics and vocational training facility as well as one conducted for women at the Ahli Arab Hospital. It was clear that facilitators in both organizations were following a similar model and approach. During the visit to Gaza YEC was still awaiting 2010 funding and therefore not providing its psychosocial services. However in video and photographic presentations by YEC staff the common APF model and training efforts were clearly being utilized by YEC as well.

Table 4: Psychosocial Impact

Psychosocial			
September 2009 Targets: \$199,672			
Status	Overall Objectives or Expected Results	Reported Achievements	Comments
	Staff of ACT member organizations have been relieved from anxiety and are enabled to function normally.	Consultant conducted eight sessions for staff in March/April for 146 staff total from Ahli, NECC, IOCC/YMCA-EJ and DCA/YEC. Additional activity evenings arranged 4 times in 2009 for 30 participants each time. Participants note some relief and better able to cope and function normally.	Staff care program not clearly institutionalized in each member organization.
	Selected staff from MECC/NECC, Ahli, IOCC, YMCA-EJ and DCA are enabled to provide continuous staff care and training for other staff and beneficiaries and thereby ensuring sustainability of the psychosocial activities	16 APF member staff received certificates for completing TOT (15 workshops totalling 120 hours of curriculum). Consultant developed curriculum for TOT with help from some training participants. Textbook in Mental Health translated into Arabic and adjusted to Gaza context and copies distributed to TOT graduates and ACT partners along with IASC guidelines and SPHERE handbooks. Tools, toys and CDs with Palestinian children's songs were procured and distributed. Additional workshops for community based psychosocial, classroom based interventions, monitoring, peer work, planning and analysis held for 72 participants total.	
	ACT member organizations have developed a relevant and effective psychosocial support programme.	With help from FCA and COS, APF members have put training to use in designing psychosocial programmes for 2010. Joint needs assessment and planning meetings held throughout 2009. Team building activities to strengthen psychosocial coordination conducted. Increased participation in Health, Mental Health and Psychosocial cluster meetings. ACT Psychosocial adviser hired in early 2010. Logframe and plan of action developed for 2010 based on individual programmes.	Technical knowledge and skills have significantly increased throughout 2009 but coordination and uniformity of approaches across organizations remain challenging to coordinate with 4 separate programs. Significant joint planning failed to prevent potential overlap in 2010 programmes b/w DCA/YEC (inside 2010 appeal) and IOCC/YMCA (outside appeal). Deficit of skills and funding limited psychosocial impact to community in 2009.

DSPR/NECC

NECC in Gaza is a very well established local NGO with significant capacities and partnerships throughout Gaza. The core services of NECC are provided through its network of clinics and vocational training centers. Site visits to two clinics and one vocational training center demonstrated the clear relevance of NECC within its communities.

Discussions with NECC clinic staff and beneficiaries at the Shija'ia and Darraj clinics allowed the evaluator to observe the impact being achieved on a daily basis by NECC through provision of basic primary health care, prenatal care and child health services. Essential drugs were well supplied and methods of ensuring that drugs dispensed are not resold were demonstrated.

The new electronic medical records system was presented by clinic staff and the NECC medical director. This customized system allows doctors and other staff to monitor a patient's medical history and basic health and child development indicators in real-time while also backing up records offsite. The system was developed in 2009 and demonstrates an important lesson-learned following the bombing of the Shija'ia Clinic which lost all of its medical records.

The loss of the medical records and the facility in the bombing did negatively affect the impact of NECC services in Shija'ia both by interrupting services and by preventing the usual patient contact and follow-up. By the time of the evaluation field work the Shija'ia Clinic had re-established contact and was providing services to 2700 families, as compared to the 15000 families receiving care annually before the bombing.

NECC's relevance in the community and positive reputation with external donors was also evident in the way in which the Shija'ia Clinic was re-established. After the second appeal revision incorporated plans for rebuilding the clinic it was deemed cost prohibitive to acquire the land and rebuild. A member of the community came forward and offered one of his properties at a very advantageous monthly lease rate. External donors from the CARITAS network then contributed the funding and equipment to retrofit the building and re-establish the clinic.

NECC clearly had a very positive impact on the communities it serves throughout 2009. However a number of its objectives in the appeal were not met due to funding constraints.

Table 5: DSPR Impact

DSPR			
September 2009 Targets: \$1,854,124			
Status	Overall Objectives or Expected Results	Reported Achievements	Comments
	Enable families through cash grants, cash for work and/or food and water distributions in Gaza to cope with the ongoing emergency food situation of food insecurity.	97 Workers (64% female) worked 6480 days under the job creation program from August 2008 - Dec 2009 according to the NECC 2009 Annual Report. 35,110 individuals received 98,000 bottles of water through the clinics, Alhi Arab Hospital and Hope Orphanage. 104,000 fortified protein biscuits were distributed to 8616 children at the clinics and vocational training centers.	The appeal planned for the creation of approximately 14000 days of work to be created for 180-200 individuals from August 2008 - Dec 2009, 46% of target achieved. Only 10 workers received employment from July-Dec 2009 likely due to lack of funding. Cash grants were planned for 4933 families plus 24000 individuals in the appeal though the number of beneficiaries who actually received cash grants is unclear in the NECC annual report though the revised appeal seems to confirm that the 4933 families received this support.
	Provide the poorest of patient families to NECCRW Primary Health Clinics with in part support to cover health care fees and related medical needs.	24,529 patients benefited from appeal support used to subsidize care at the clinics. Medicines were also purchased and supplied to patients.	Amounts of medicine procured and costs not clearly documented in NECC annual report.
	Introduce Psychosocial mechanisms that would tend to the traumas and stresses of families and children who come to the clinics.	Three specially appointed social workers, one doctor, three nurses and two other social workers from NECC received training from GCMHP and later the ACT TOT. Some services provided through clinics and VCT.	Appeal envisioned psychosocial services for 10,000 people. Annual report did not count psychosocial beneficiaries separately from clinic patients and VCT enrollees in 2009. Target reportedly not met due to underfunding.
	Rehabilitation of Primary	Destroyed clinic was re-established by May of 2009. "A	NECC confirms that the funding

	Health Clinic in Gaza Strip	comparatively small amount" from the appeal was expended towards purchase of medical supplies and equipment before a special donation was secured outside the appeal from CARITAS. Due to cost of land building a new clinic was determined to be prohibitive, thankfully a community member offered to lease a home for \$200/month that was instead renovated for the clinic.	received for the rehabilitation of the clinic which was not utilized for this purpose was reallocated after permission was sought from DSPR in Jerusalem. It is not clear whether this reallocation was approved by the donors.
	Improve livelihood of vulnerable farmer families in the West Bank.	Reports not received.	Based solely on interviews with DSPR staff the livelihood was scaled back to only focus on the provision of water resources (cisterns) in one locale - Jenin - after a thorough assessment of needs. This was partly due to a funding shortfall but also appears somewhat related to project management.

During the visit to NECC individual beneficiary interviews were arranged with people who received cash or cash for work assistance under MEPL81 through NECC. Table 6 shows the information captured from these interviews and demonstrates the impact achieved through this assistance.

Table 6: NECC Cash and Cash for Work Beneficiary Impact

Name	Support Received	Description	Employment History	Family	Impact	Comments on NECC Programme
Mr. Amin Deap Halms	Job Creation (50 NIS per day for 3 months)	Hired to work at VTC to build wall, replace door and do interior finishing work	1987-2000 worked in Israel building homes, 2000-2007 sporadic construction work in Gaza, 2007-2009 no work	Wife and 7 children	Allowed to buy food and give children money to go to school. Lack of employment causes extreme stress. Since program have been leaving home until midnight to avoid family because can't meet their needs and expectations.	"From zero this is better than zero", "Was very happy with programme, hope it comes back", "Work is better than Cash"
Ms. Nammet Al Firnji	Job Creation (50 NIS per day for 3	Worked in Palestinian NGO as	No previous employment. Had training in data	Husband and 5 children (1 in	Temporary job led to full-time employment with NGO continues today. "Changed many things in my	Suggest to take to more younger people. Increase wage and increase number of people able

	months)	Secretary	entry and communications.	university living at home)	life – helped me have trust in myself”, “Allowed me to have contact with other people and feel stronger and more a part of community”	to participate in programme.
Ms. Amani Al Shanti	Job Creation (50 NIS per day for 3 months)	Worked in relief programme for NECC doing home visits and follow-up	No previous employment	Lives with Mother and sisters (father and brother died in war)	“Empowered me to deal with people, no longer want to sit at home I want to go to train and learn and work” No paid work since programme, “Learned time management and how to work with different people including deaf”	Continue programme, make it longer than 3 months, work is better than cash because you gain knowledge and experience and are empowered. Money is not the most important factor but is important.
Mr. Youssef Hama Abid Diam	Direct Relief (200 NIS)	NGO in north notified of availability, gave him paper and he had to come to NECC for interview, ID Check	Long time unemployed – medical condition prevents employment, also receive food staples from UNRWA every 3 rd month	Wife and 8 Children	Used to purchase food for family	Increase # of beneficiary families and increase amount, “what is 200 NIS for a family of 8?”, “Work is better than cash” (though he can’t work)
Ms. Sada Al Malah	Direct Relief (200 NIS)	NGO sent name to NECC, notified and went to interview	Not employed, received some assistance from Islamic Relief and another NGO last year	3 children, husband deceased	Used to buy fruit, school books, shoes for children	Expand amount and repeat availability, please continue – children are getting nervous, Good to include small families – many other NGOs are only targeting larger families
Ms. Zaher Abed Rahaman	Direct Relief (200 NIS) and 4 bottles of water	NGO gave me paper to come to NECC for assistance, interviewed	Not employed – sporadic assistance from Islamic Relief during Ramadan, and 100 NIS per month from Jamia	10 children (3 of them handicapped), husband deceased	Used to buy food for children	Expand for more families, repeat assistance for families, need job creation for handicapped

			Islamia (sp?)			
Home Visit in Beach Camp – 1 room house, 1 bed	Direct Relief (200 NIS)		Husband and she are unemployed since 2000 (husband worked in Israel before 2000), Receive food parcel from UNRWA once a month	Husband and 5 children	Used to buy food	Want work not cash, increase amount and availability

IOCC/YMCA-EJ

IOCC and YMCA-EJ had the largest component of appeal MEPL81 in financial terms and IOCC mobilized most of the funding for this component of the appeal through in-kind and financial contributions. More than 20% of the total of this section of the appeal was funded through a USAID contract vehicle with the Association for Rural Development, Inc. with IOCC serving a sub-recipient specifically to provide food and non-food relief assistance.

While IOCC and YMCA-EJ achieved significant impact through the programmes and projects funded through the appeal in 2008 and 2009 capacity and funding limitations prevented the full achievement of the objectives stated in the appeal. IOCC hired a local staff person in 2009 for the first time to provide day-to-day project management and oversight in addition to that provided by the 7 person office in Jerusalem which also covers the West Bank.

While most of the projects under the appeal were implemented largely by YMCA-EJ the limited staffing at IOCC made implementation and monitoring more difficult. IOCC has recognized this challenge and hired an international programme manager for Gaza to expand their capacities in 2010.

Table 7: IOCC/YMCA Impact

IOCC/YMCA-EJ			
September 2009 Targets: \$3,095,913			
Status	Overall Objectives or Expected Results	Reported Achievements	Comments
	Provision of emergency food and non-food assistance	86,750 beneficiaries including: nutritional food supplements and commodities for 43,750 persons; blankets for 1000 people; family food parcels, blankets and hygiene materials for 6000 families = 42,000 people. Reportedly coordinated through UN logistics systems during crisis phase, working closely with UNRWA.	\$1,425,000 of materials were pledged through ACT and directly to IOCC, \$477,752 of which came through a USAID/ARD contract (\$500k + of which fall under the medical supplies objective below). The knowledge of staff in Gaza at IOCC and YMCA about control and tracking of the non-USAID material's distribution and use through partners is very low raising questions about effective use and distribution. During interviews it was noted that due

			to limited access and movement some of these supplies were simply handed over to UNRWA.
	Provision of small cash grants and/or materials to families for emergency shelter and home repairs	875 people received cash grants or repair materials (135 families) average grant of \$400 per family.	Additional cash grants for 250 families (1750 people) planned for April-Dec 2009 did not occur due to funding shortfall.
	Provision of community-based psychosocial initiatives and interventions	1600 youth and school children received psychosocial assistance (two "Joy Days" - received staff care - participated in ToT	Appeal also planned for Community Based Interventions for 400 children/youth, School based interventions for 600 students and summer camp for 200 children/youth - apparently not implemented due to lack of funding.
	Provision of assistance and support to severely disabled persons	Cash grants and support for electricity, winter heat, water and food; provision of food commodities - 90 disabled residents of four Homes of Mercy in Bethany.	
	Provision of job opportunities and employment for unemployed households.	1600 beneficiaries in Bethany and Beit Jala	Report says 1600 beneficiaries for 1600 work days - only 1 day per person seems extremely minimal. Planned emergency job creation for 850 people 10 days work each in April-Dec 2009 apparently did not occur due to funding shortfall.
	Provision of material inputs and training to improve the food security, agricultural production and economic conditions of rural farm families in Gaza and West Bank.	25 families in Qalqiliya West Bank received training, materials, and technical assistance for creation of home gardens to supplement their household food security. Included short-term employment for unemployed beneficiaries for construction of retaining walls etc. for gardens.	Appeal planned for assistance in Gaza and West Bank for total of 50 families.
	Provision of essential emergency relief supplies, materials and support to	Provision of 28 IMA Medicine boxes to 7 medical organisations supporting 18 clinics (650,000 people); provision of 635 cartons of medical supplies to 8 organisations (500,000 people); Provision of	No records or described processes for distribution provided in interviews with IOCC or YMCA - information

	vulnerable families, individuals, educational and health care partners.	150 cartons of layettes (baby kits) to DSPR (75) and Terres des Hommes and Red Crescent Society (75) (3000 people); Provision of 4050 hygiene kits through 100 organisations (5000 people)	dependent on accuracy of draft final report.
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During the visit to the IOCC offices a group interview was arranged with beneficiaries of the home repair programme. Beneficiaries noted great appreciation for the assistance received though in all cases the cost of materials for home repair had risen to such an extent that the assistance only covered a portion of the costs. The home repair program was planned to be implemented in three phases during 2009. Unfortunately due to lack of appeal funding only the first phase was implemented. The impact of the home repair programme as described by beneficiaries in the group interview is depicted in Table 8.

Table 8: IOCC Home Repair Beneficiary Impact

Beneficiary	Damage	Family Data	How Targeted?	Assistance Used/Adequate?
Ibrahim Jashan	Home close to large police stations and a targeted Islamic leader. Windows broken, furniture damaged	Wife, 7 children	Priest and Bishop from Orthodox Church visited suggested help from ACT/IOCC.	Used money to replace broken windows, furniture. Not enough but helped and very grateful.
Essai Khoury	Live near factories in old Gaza City. Cracks in walls of home, boiler and water tanks on roof destroyed.	Wife, 12 children	Greek Orthodox Church notified of available assistance.	Purchased nylon to close off windows and reduce cold, began to repair damages. Not sufficient but much appreciated.
George Qupti	Live between hospital and police compound which were targeted and destroyed. Ceilings and furniture severely damaged, windows broken. Had to live elsewhere until cleaned out.	Wife, 5 children	Told Arch-Bishop about damage and he referred to IOCC.	Used to purchase glass for windows – glass prices went from 40 NIS for a metre of glass before war to 280 NIS after war. Helpful but not enough to make all repairs. Grateful. Process very easy, others have come to interview but no assistance provided. Would like programme to continue.
Nabil Ayad	Live close to police station in old city. 1 ton bomb hit police station. Glass broken, doors cracked, structure damaged.	Wife, 8 children	Arch-Bishop came to home and saw damage, shortly after received assistance.	Used money to begin restoration. Money came at right time, not enough but helped and appreciated.

NCA/Ahli Arab Hospital

Ahli Arab Hospital is one of the oldest medical establishments in Gaza, founded more than 100 years ago. Today it is one of 27 hospitals in the Gaza Strip and has a day-to-day capacity of 80 beds with the ability to surge to 100+ bed capacity in an emergency.

During Operation Cast Lead 19 hospitals were damaged or destroyed as well as 43 out of 110 clinics in Gaza. As a result Ahli Arab Hospital had to take on over 400 emergency cases which would normally go to one of the larger government run facilities.

Ahli Arab Hospital multiplies its impact by reaching out to communities to provide “free medical missions” and other assistance in partnership with a network of over 45 carefully vetted community-based organizations. The projects and programmes covered by the appeal represent a small fraction of the overall services provided by the hospital each year. Although Ahli Arab Hospital did not fully achieve all of the objectives stated in the appeal almost all shortfalls were clearly the result of funding shortfalls or challenges relate to obtaining necessary supplies and equipment due to the siege.

Table 9: NCA/Ahli Arab Hospital Impact

NCA/Ahli Arab Hospital			
September 2009 Targets: \$1,178,982			
Status	Overall Objectives or Expected Results	Reported Achievements	Comments
	Poor and vulnerable patients have access to free medical treatment.	2618 patients provided with free medical care. 616 malnourished children received treatment. 530 chronically ill received care.	Appeal planned for "up to 3900 outpatients" to be provided with free medical care - 67% achieved. Appeal planned for 800 malnourished children - 77% achieved. 700 chronically ill were planned for - 76% achieved.
	War-injured patients including children with burns have access to treatment and rehabilitation.	398 war injured patients and 112 burn patients provided with care.	Appeal planned for care of 200 war injured - exceeded target by 199% and for 50 children with burns - exceeded target by 224%.

	Psychologically affected patients have access to psychosocial counselling.	110 staff and 440 women received psychosocial care.	600 people in need of psychosocial assistance were planned for in the appeal.
	Underprivileged women who are at high risk of breast cancer have access to diagnostic services.	254 women were screened for breast cancer.	Appeal planned for 600 women to be screened. 42% achieved. Largely due to delay of x-ray films due to siege.
	Unemployed youth, graduates and undergraduates have access to employment in medical sector.	38 youth received training for future employment in the medical sector.	60 youth, graduate and undergraduates targeted for training opportunities. 63% of target.
	Provision of material inputs and training to improve the food security, agricultural production and economic conditions of rural farm families in Gaza and West Bank.	25 families in Qalqiliya West Bank received training, materials, and technical assistance for creation of home gardens to supplement their household food security. Included short-term employment for unemployed beneficiaries for construction of retaining walls etc. for gardens.	600 families planned to receive livelihood support. Overall target exceeded by 1000%.

During the field work Ahli Arab Hospital and one of its local partners arranged for a tour of areas affected by the conflict in the central western areas of Gaza. During this tour the evaluator was able to conduct a number of home site visits and interviews with beneficiaries of Ahli Arab Hospital services provided as a result of support from MEPL81. Table 10 depicts the information provide in these visits and interviews.

Table 10: Ahli Arab Hospital Beneficiary Impact

Site Description	Beneficiary	Support Received	Situation	Family	Impact	Comments on Ahli Programme
Semi-urban unplanned development	Elderly Woman	Chronic care for diabetes	Unemployed, lives alone in single room with no electric or water	None	Received medicine and treatment for diabetes, ended before visit but need persists	Grateful but wish Ahli could continue to provide ongoing care
Bedouin Village	Middle Aged woman	Chronic care for heart disease	Unemployed, open camp setting with 2 corrugated tin “rooms”, mud cooking pit	Son & Wife, Other Children, Grandchildren	Received treatment but need persists	Grateful but wish Ahli could continue to support with medical and financial needs
Bedouin Village	Child	Malnutrition care	Open tent and tarp site, clearing rubble from destroyed building to sell for \$2 to buy food, in ravine prone to flooding, no electrical or water	Man, wife, 4 children	3 month malnutrition care – child seemed to be in decent health now	Grateful, need continuing health care, need financial assistance for food
Bedouin Village	Middle Aged woman	Chronic care for diabetes	Open site with tarp/tent structures, open fire in tent	Woman and 3 children	Medication, screening and advice	Continue and expand, grateful
Rural agricultural compound	Elderly woman	Chronic care for heart	Large concrete block compound and multiple	3 generations – Elderly	Elderly woman fell and broke her hip, during treatment diagnosed with	Very grateful, appreciate medical mission outreach and transport to facility they wouldn’t be able to reach otherwise

		disease, surgery for injury	structures	woman, Son & Wife, 5 children	heart condition and received treatment	
Rural agricultural area	Child (male)	Malnutrition care	large 3 story concrete block home, home hit by missile during war, man interviewed unemployed, brothers work for UNRWA and govt	3 brothers and their families (17 total children), niece and mother killed in war	Boy received malnutrition assistance for 3 months and now appears healthy	Grateful, overwhelming needs and dire economic situation even with income from brothers to help support families

DCA

Under MEPL81 DCA provided services in two primary phases. During the emergency phase of active hostilities DCA worked with NAFC to provide hot meals and food baskets to displaced persons. Following the cessation of active fighting DCA shifted its focus to the provision of psychosocial services through YEC.

Adjustments were made by DCA during the year to take account of the changing nature of needs in Gaza and incorporated into the various revisions of the appeal. Based on Revision 3 of MEPL81 DCA fully achieved all of its objectives as stated in the appeal.

Table 11: DCA Impact

DCA			
September 2009 Targets: \$210,362			
Status	Overall Objectives or Expected Results	Reported Achievements	Comments
	Provision of relief food support to 2500 persons who are not receiving any other assistance.	Through partnership with NAFC 2530 displaced families received food assistance in schools and tent camps. 4980 hot meals were provided to 955 families, 1165 vegetable baskets were provided to 1165 families and 875 canned food baskets were distributed to 875 families.	2500 person target for emergency food assistance.

	To facilitate 7000 Gaza children's return to normal psychological and emotional development by addressing irrational fear, anxiety, insecurity, rage, withdrawal and other symptoms of moderate traumatising.	6407 students between the ages of 6 and 12 (46% female) received care. 568 received individual counselling based on need. Others participated in group counselling, psycho-drama, drama therapy, drawing, class based interventions, entertainment events and awareness sessions.	7000 students targeted for assistance. 92% of target achieved.
	To strengthen the social support networks surrounding the traumatized children by establishing networks of individuals in identified traumatized children's lives such as parents, family members, friends and teachers who may participate in children's psychosocial rehabilitation.	180 hours of training in 6 sessions was provided to 113 teachers, school social workers and other staff. 179 awareness sessions were conducted for 2686 family members (89% female).	6 teacher staff training sessions were planned. 192 awareness sessions were planned.
	To create a more positive surrounding environment inside the benefiting schools, by stimulating groups of volunteers who will assist in restoring some of the war-related damages to the schools in which the children are subscribed.	80 wall paintings (murals), 5 public umbrellas and "joint star" for 2 schools established. School gardens were also constructed with help from students.	

Important Implementation Factors

Overall only 41 percent of the objectives noted in the appeal were fully achieved in 2008 and 2009. Another 38 percent were partly achieved or not achieved due to funding or lack of critical supplies due to the siege (e.g. mammography goals); 21 percent were not met without significant explanation. These results are somewhat at odds with responses provided during interviews in which virtually all APF members said that they achieved their high level objectives with some explanation for particular shortfalls.

Monitoring & Evaluation

Monitoring and evaluation (M&E) of implementation seems to be relatively casual (or non-existent) across APF members. While most members have monthly reporting mechanisms in place between Gaza and Jerusalem the reports appear to be largely focused on finances rather than on reporting against clearly set programmatic indicators. The ability of Jerusalem-based staff to visit Gaza has presented challenges in this regard with many members lacking regular access during 2009. Those without expatriate staff are not able to visit Gaza or have Gaza staff visit Jerusalem still.

Moreover, while most members noted that they had some form of M&E (though not systematic) and used the terminology, most APF members lacked a clear understanding of what M&E is—and how it is distinct from needs assessments and final project/programme evaluations—the associated tools and how to effectively implement it. There was also confusion that M&E related only to meeting donor requirements, rather than about programme quality and improvement. However, during the workshop most members recognised that they were weak with respect to M&E and could benefit from improvement and interest was expressed in M&E workshops.

APF members feel that most M&E responsibilities rest with individual implementing members and their partners and are not yet convinced of the utility of joint ACT/APF monitoring and evaluation efforts. Some members noted appreciation for the efforts of the joint monitoring mission and the final evaluation, especially in terms of the utility of the process to cause APF to come together and think about its achievements and impact. However concerns were raised about the timeliness of these appeal-wide M&E mechanisms and the time allotted for each in terms of the ability to truly monitor and evaluate systematically the work conducted by so many organizations through myriad projects.

Coordination

“The systematic use of policy instruments to deliver humanitarian assistance in a cohesive and effective manner. Such instruments include strategic planning, gathering data and managing information, mobilising resources and ensuring accountability, orchestrating a functional division of labour, negotiating and maintaining a serviceable framework with host political authorities and providing leadership.”⁶⁴

The evaluation analyzed internal and external coordination by ACT members in development of the appeal, strategic planning, needs and vulnerability assessment, mobilizing resources and ensuring accountability. It also seeks to assess the functional division of labor and responsibilities among members and partners.

ACT Global Appeal Mechanism

The appeal mechanism itself is a source of frustration for APF members. Many members noted dissatisfaction with the appeal given how unpredictable it is in terms of funding that will be received. Projects planned in a given year are often “on-hold” until funding arrives (or does not arrive), making planning and staffing difficult. Most members also noted that it is far more efficient for them to work outside the appeal directly with donors, however they also noted that the appeal did bring in funding they would not have otherwise received.

Appeal MEPL81 as a document lacks coherence and is very difficult to read compared with other international organization and NGO appeals. Whereas most such documents would be organized based on themes or sectors, sometimes matrixed against phases of an expected operation, the ACT appeal only made a basic effort to go beyond pasting together four separate organizational appeals. Formats for budgets, written objectives, expected results and indicators are not at all uniform making it difficult for readers to absorb. This is partly due to a lack of conformity by all members with the ACT appeal template guidelines (for example, ACT Emergency Application, September 2003 version). The non-uniform structure also makes it difficult on the back end for ACT to present its consolidated impact in a coherent way which truly shows the full impact APF members are having in given sectors.

To address some of these shortcomings the ACT secretariat arranged for a consultant provided by CWS to help facilitate APF development of the 2010 appeal. Appreciation was noted by many APF members for the work of this consultant and the impact this had on challenging APF to move closer towards joint sectoral planning. Initial notes from these meetings show an effort to plan 2010 programmes based on sectoral and thematic areas rather than by agency. Unfortunately in the end APF members reverted to submitting individual agency oriented appeals, which were again pasted together to comprise the 2010 appeal, likely suggesting the need for a more permanent empowered facilitation and coordination role.

Another challenge with the appeal mechanism is that it is supposed to be strictly focused on emergency assistance. In a chronic complex emergency like OPT and Gaza in particular, many basic services are consistently lacking, creating ongoing human suffering and challenges for living with dignity. Food security, water and sanitation, education and basic healthcare needs span both traditional relief and

⁶⁴ *Ibid.*, p. 54.

development realms and APF members report challenges in determining what qualifies for inclusion in the appeal versus what does not. *See also Coherence analysis, “Relief-Development Balance”.*

Some additional concerns were raised by a few members about the transparency of decisions made by the Secretariat in Geneva about how to allocate funds that were donated to the appeal but not earmarked for a specific programme or project. While forum members did not suggest that such decisions should be delegated to APF there was demand for better communication and transparency regarding the rationale for such decisions.

ACT Palestine Forum

Appeal MEPL81 represents the first output of the recently formed ACT Palestine Forum. Although many members have had some loose coordination and cooperation with one another for years, much of the communication before the APF was formed depended solely on personal relationships. APF members noted in interviews that staff of member organizations know about other ACT members but do not interact with them as they operate very separately.

As a new forum APF has experienced many start-up challenges to be expected of a new coordinating mechanism. Taking into consideration that the forum only existed for approximately six months prior to the outbreak of war it has operated exceptionally well. As with any coordination mechanism where cooperation is voluntary, personalities make a significant difference. However, the initial period of tension reported by all members appears to have passed and members generally report positively about the current state of the APF.

One area of coordination—communications and advocacy—has presented specific challenges that the APF is working to overcome. Revision 2 of Appeal MEPL81 (May 2009) determined there was a need for enhanced communications and advocacy action by APF in 2009, however as noted under Efficiency & Effectiveness this objective was not met. The inability to reach the communications and advocacy objective was partly due to the recruitment of a Communications & Advocacy Officer who lacked the knowledge and experience to design and implement an advocacy strategy therefore focusing on limited communications (though not able to access Gaza). However, APF members that lacked comprehensive knowledge of what advocacy requires (both conceptually and in personnel); ACT responded to this and a workshop was organised with an advocacy officer seconded briefly by another ACT member. The advocacy workshop, conducted in November 2009, is largely regarded as successful and from it a greater understanding of advocacy was achieved along with some consensus was reached on advocacy messages moving forward.

Additional areas that forum members generally agree are weak and in need of improvement include:

- Information sharing—information on context gathered by the member and through contact with other actors.
- Activity updates—what are the different partners doing both as part of the appeal and outside the appeal.

- Sharing of lessons learned and expertise—members would like to learn more from the lessons of other members and also those with specific areas of expertise; they would also like to draw more on the ACT Secretariat or other ACT members that might be able to provide relevant expertise to the forum in key sectors.

One key area for consideration by APF members that came both from interviews with forum members and from the workshop that the members need to discuss and decide is, moving forward, what do members want from the forum/what direction do they see the forum going? Currently there is no clear consensus on this issue and the members will need to reach some agreement to effectively move forward as a forum and in strategic planning.

Short-term seconded consultants working with the forum, as well as some APF members, observed that meetings facilitated by external parties were generally more productive as there was an external point to guide the conversation outside the dynamics between individual member agencies.

The role of the Coordinator is particularly challenging. Initially the coordinator function was established as a temporary emergency mechanism and filled by two short-term expatriates from ACT members. In the middle of 2009 APF members agreed this was a role worth filling for the remainder of the year and an offer by NCA to identify and second a suitable candidate was agreed. NCA selected a capable local staff member who assumed his duties as coordinator in June 2009.

The role of the coordinator has only been loosely defined. Functions undertaken include: preparing the agenda for monthly APF meetings; facilitating communications between APF and the ACT Secretariat; facilitating visits of ACT members, consultants and the monitoring mission; and coordinating planning and reporting processes and timelines. Unfortunately the coordinator lacks authority to ensure decisions are made at APF meetings and deadlines are adhered to by members for reporting. All specific results achieved by the coordinator appear to be based on persistence.

The lack of a coordinator in Gaza and the inability of the coordinator in Jerusalem to travel to Gaza also limits the effectiveness of coordination. APF members in Gaza interact with one another based primarily on informal personal relationships, during the monthly video conferences with Jerusalem staff and during visits of external consultants. Information sharing, uniformity of approaches, prevention of duplication and learning from one another's innovations could be significantly improved if there was someone clearly responsible for coordinating members in Gaza. The newly recruited ACT psychosocial adviser is already informally stepping into this void to an extent however it is likely that his day-to-day responsibilities for psychosocial technical support will come into competition with these informal coordination requirements as programs begin in 2010.

A number of APF members suggested that the coordinator position could and probably should grow to become a full time position if APF continues to issue joint appeals and move towards more joint programming. However most APF members also felt that as coordination responsibilities grow the position should become even more independent and not be affiliated with any single member.

In 2009 the coordinator position was established in response to emerging needs, however it does not appear that the temporary and later longer-term coordinators were provided with training, standard ACT protocols or tools for facilitating the work of the forum. Given the growing number of national and regional ACT forums around the world it would be useful to establish a communications network among coordinators, develop training and knowledge sharing tools for coordination and a tool kit for incoming coordinators to use with forum members.

Coordination with External Actors

As noted in previous criteria, during the crisis phase around Operation Cast Lead, APF came together to coordinate with external actors. Time and capacity was maximised by delegating the responsibility to attend the various daily and weekly sectoral cluster meetings and other forums to specific members; members would then report back to the forum as a whole. This appears to have worked well during the crisis phase, however with the end of the crisis phase, this coordinated engagement with external actors ceased. It was also reported that during the crisis phase, while APF organised a procurement team with a representative attending Logistics Cluster meetings. The representative initiated the application process with the cluster to have the movement of relief items managed by the Logistics Cluster, however subsequently the APF member organization decided to arrange the movement of goods independent from the Cluster and withdrew their application. Reportedly this made it difficult for the member agency concerned to move medical goods into Gaza as these can only be transported via the Logistics Cluster. Another APF member proceeded with their application to the Logistics Cluster and have reportedly offered to move goods for other members if needed.

In the post-crisis phase selected individual members from Jerusalem have continued to attend meetings, and partners in Gaza report considerably greater consistency in participation in coordination mechanisms of the broader humanitarian community than do the offices in Jerusalem; however the information is not shared with other forum members in any systematic way. Coordination with external actors in the pre-crisis phase was also largely unsystematic.

Some APF members also noted their engagement with the NGO Association for International Development Agencies (AIDA) and the Gaza NGO Security Office (GANSO), with one member attending a GANSO security course held in Gaza in March 2010. However, as with the individual attendance of Cluster meetings by members, the information is not systematically shared among APF members. Most members attend at least some AIDA meetings making information sharing requirements less important.

Those in Gaza and the selected members in Jerusalem who do participate regularly in cluster and other coordination meetings report that these meetings are a useful way to learn about the activities of others and allows for establishing contacts which they then utilize to consult on coverage and ways to be complementary. One APF member reported that they enter information into a database maintained by OCHA that allows other humanitarian actors to see who is providing what assistance where and to whom. Another APF member noted the utility of participating in the CAP process, despite its somewhat onerous nature, to help in planning their own activities.

APF has also had limited engagement with the Consolidated Appeals Process (CAP) for OPT. Only selected international members had appealed for funds through the 2009 CAP for Gaza (though neither received funding) and one of the international members noted that this was their first engagement with CAP and that they needed to improve their understanding of the CAP mechanism and how to engage with it in order to be more successful in future.⁶⁵ However, as of April 2010, no APF members appeared in the 2010 CAP for OPT.

APF members seem conflicted on the value of coordinating with external actors. Some feel the tradeoffs of time required to participate in coordination mechanisms of the larger humanitarian community provide worthwhile returns while others seem sceptical. To a degree there also appears to be an ongoing debate about how ACT as a Christian alliance should collaborate and coordinate with non-Christian actors. As an example, concerns have apparently been raised by some APF members about including non-Christian organizations in the appeal, though some feel it is critical for ACT to demonstrate at such a visible level that it is humanitarian and impartial through such partnerships. In one case it was apparent that reliance on established networks within the Christian community in Gaza led to promotion of an available form of assistance only through a Church although the appeal clearly stated the program would benefit Muslim and Christian populations. This reliance on the Church to help identify beneficiaries in turn led to all beneficiaries of the related relief assistance being Christian. Great care should be taken to ensure equal access to services based on needs based targeting and clear communication of targeting and selection rationales in the appeal and implementation reports.

Transparency & Accountability

The transparency and accountability of actors funded under the appeal is assessed under this category of the evaluation. It evaluates both individual agency mechanisms and behaviours as well as collective efforts to ensure transparency and accountability both to donors and beneficiary communities.

Transparency & Accountability to Donors

APF members reported that they met with donor regulations and reporting requirements. However numerous donors reported concerns that deadlines for final reports have not been met by APF members. One donor suggested that “updates on progress towards objectives need to be more regular, concise and indicative of problems encountered, key achievements etc.” Another donor suggested in response to the survey that it would be helpful “to have six month interim narrative and financial reports, especially when we want to allocate back donor funds” in light of the 18 month appeal lifespan.

Transparency & Accountability to Beneficiaries

Most organizations attempt some follow-up with beneficiaries for monitoring purposes and some assess beneficiary satisfaction and one member has a beneficiary compliant line in operation; through local partners many ACT members have informal feedback mechanisms, which provide them with some assurance of accountability. However accountability to local communities and beneficiaries is less systematic than it could be. Most APF members, while expressing the need for some method to ensure transparency and accountability to beneficiaries, did not have any methods or systems in place.

⁶⁵ Note ACT members operating in OPT but are not regularly active participants of APF and are not requesting funds in the APF appeal have also appealed for funds through CAP.

Additionally, there appeared to be a lack of clarity between members on what transparency and accountability is beyond compliance with donor regulations.

The appeal in general lacked in predetermined indicators of success and simple measurement and reporting systems. Reporting to external partners and beneficiaries is as a result more ad hoc and most members seem focused only on the single reporting deadline following the period of the appeal to demonstrate what they have achieved through the funding provided by the appeal. This is somewhat mitigated by annual reports and local governance mechanisms in place for NECC, Ahli Arab Hospital and YEC though it was not possible to assess whether the information provided through these reports was widely disseminated to the community. As one APF member noted, “We have informal open lines of communication with beneficiaries, but no written or formal mechanisms” for accountability to beneficiaries.

In response to the survey donors suggested that APF should integrate HAP standards into future work in the OPT “particularly in looking at accountability mechanisms to beneficiaries.”

Visibility and Perceptions

The awareness of communities, implementing partners and potential funders of ACT as an alliance and APF as a coalition were assessed. The visibility of ACT as a brand or “corporate identity” was reviewed through the evaluation and consistency of message and branding assessed. The challenges of creating awareness for programs linked to a common or individual agency identity were discussed and analyzed.

Visibility Within the ACT Alliance

While implementing partners were all aware that the funding came from an ACT appeal, many staff on the ground were not aware of the ACT Alliance or that they were part of/affiliated with the ACT Alliance.

Donors and APF members noted room for improvement in sustained visibility for the work of APF members. Following the cessation of active conflict the number of stories and updates communicated to ACT members dropped off sharply and none were written in the last few months of the appeal.

Based on the survey results however 80% of donors were satisfied or very satisfied with the quality of ACT visibility in response to the Gaza Crisis in 2009. 80% of respondents were also satisfied or very satisfied with how well the appeal and response was communicated within the ACT Alliance. Donor attribute this perceived success to the efforts of APF to ensure “better sharing of information” and “greater visibility for all agencies involved as a result of better sharing of communications resources.” One donor suggested that communications were still too ad hoc and this “may warrant hiring a short term person if current Forum staffing can’t handle the increased load.” Another suggested that APF and its funding partners “need to work more closely on broader communication and advocacy issues to disseminate amongst government, public and church networks.”

Visibility Outside the ACT Alliance

With the exception of one member, APF agencies do not habitually introduce themselves as ACT members, but identify themselves by their respective individual agencies. While there were reported occasions of materials being labelled with ACT logos, generally a limited visibility of the ACT Alliance

was reported. Additionally, during the workshop there were divergent opinions among members on the way in which they should become more visible as ACT members.

The forum also noted that, to date, an Arabic translation of the ACT Palestine Forum had not been agreed as current proposed translations are too long. The APF stated at the workshop that they hoped to resolve this soon as this was seen as a significant impediment to presenting the forum externally and to beneficiaries in particular.

Another challenge noted by members related to branding. For some members, any re-branding to include ACT was problematic for their registration status. Also, for members receiving funding from other donors branding themselves in relation to ACT presented constraints owing to the policies of the other (non-ACT) donors.

Donors to the appeal were much less satisfied with the communication and visibility of the appeal outside of the ACT Alliance. 40% of respondents were unsatisfied with how well the appeal was communicated outside the alliance. While some recognized that this is partially their role to fulfil among the stakeholders in their own countries, others seem to attribute the poor communication outside the alliance partly to confusion on branding and partly due to the ad hoc nature of communications products and content produced by APF.

LESSONS LEARNED

Developing and implementing appeal MEPL81 coincides with the first two years of the APF. A number of lessons have been learned by the member organizations about working collectively during this time. Individual agencies have also demonstrated that they have learned lessons during the implementation of this appeal regarding ways to more effectively operate. The following points summarize key lessons learned as shared with the evaluators in interviews and observed during meetings and field work. Lessons learned for the planning and conduct of future evaluations are also noted in this section.

Collective Lessons Learned

Coherence

APF members have varying degrees of knowledge and awareness regarding minimum standards and ACT policies and guidelines. Case studies on the utility and application of such standards in similar complex and chronic emergency environments would help with developing a uniform understanding. An investment of financial and technical resources, primarily for training, will be necessary if ACT wishes to improve awareness and compliance.

Coverage

APF members have different approaches to needs assessment and beneficiary selection for programs in and outside of the appeal. It is complicated to definitively coordinate beneficiary selection and geographic coverage given different planning cycles, funding sources, and predictability of funding. The consolidated and coordinated planning approach for MEPL81 and the 2010 appeal have improved

coordination but more work will be required to achieve uniformity of approaches and eliminate possible duplication through information sharing.

Better coordination with other humanitarian actors, participation in coordination fora and contribution of information to shared databases and appeals (e.g. OCHA activities database in Gaza and CAP Process) can help APF avoid duplication with other actors.

Monitoring & Evaluation

Monitoring and evaluation is relatively ad hoc related to the appeal. Too much emphasis is placed on end of appeal reporting and too little on collectively monitoring progress towards objectives during the implementation cycle. APF needs to agree on a uniform approach to M&E and periodically use the forum meetings to monitor against predetermined indicators. In general there is a lack of understanding about what M&E is and how it relates to needs assessments, targeting and final reporting. APF members agree this is an area that the forum should invest in during 2010.

Coordination

Creation of the APF has improved coordination and increased cooperation across ACT members in the OPT. There are opportunities for better cooperation and some members feel that the development and implementation of MEPL81 and development of the 2010 appeal have opened new opportunities for more joint programming where multiple agencies are active in the same sector. Members increasingly feel the need to avoid duplication and competition in their work.

Coordination should include a strategy for capacity building and strengthening the local members of APF.

It is critical to coordinate relief work but to do so effectively requires better contingency and emergency preparedness planning. For this reason the longstanding idea of an emergency preparedness plan was revived in 2009 and should be completed in early 2010.

Better management for the appeal timeline and fund forecasting is necessary. This requires coordination between the Secretariat in Geneva and the coordinator in Jerusalem, as well as adherence to timelines by APF members. The gap between the end of MEPL81 and the launch of the 2010 appeal as well as the lag time in receiving money from an appeal once launched create program planning and implementation problems and make it difficult to manage beneficiary and stakeholder expectations.

Most of all, APF members have learned that the forum can help them to coordinate their efforts, maximize resources and improve their access to technical assistance from other parts of the ACT Alliance.

Transparency & Accountability

Transparency and accountability is important to APF members however they are more accustomed to individual, informal and direct approaches to demonstrating and ensuring accountability to donors and beneficiaries. APF will participate in HAP workshops in 2010. While members have their own mandates and programs/donors outside of the appeal collective transparency and accountability mechanisms should be developed within APF linked to an M&E system.

Visibility

Greater sustainable investments are required to increase visibility of APF internationally and within the OPT. ACT and APF remain relatively invisible as brands within Gaza and the OPT. While there are differences of opinion among APF members to the value of marketing the ACT brand as such all members and donors appear to have learned that more effort is required to increase visibility externally, especially for fundraising and advocacy purposes. APF has agreed that an Arabic translation of the ACT name is needed to increase visibility and branding in Gaza and OPT.

Individual Agency Lessons Learned

Individually a number of APF members and partners which implemented activities under the appeal demonstrated learning in 2008 and 2009 which has been applied to their programs and services.

IOCC has specifically modified its staffing in Gaza to add an international program manager who can travel between Gaza and Jerusalem to address limits on access and movement. This staff person will also add capacity for program oversight and monitoring, essentially doubling staff capacity in Gaza.

NECC/DSPR has learned the importance of having backup information systems in place to protect the medical records in their clinics after the bombing of the Shija'ia Clinic in 2009. An advanced electronic medical records system has been implemented in all of their clinics with offsite backup as a result.

Training in psychosocial has dramatically increased learning about this technical sector by staff in most APF members and partner organizations. Initial community base psychosocial programs have helped staff to refine program plans for 2010 and convinced some APF members of the value of uniform program standards, technical assistance and the potential for joint programming.

Lessons Learned for Future Evaluations

Planning for this evaluation of MEPL81 commenced in late November 2009 with the drafting of terms of reference. This is arguably too late in the cycle given recruitment and contracting timelines.

Improved communication and coordination between the Secretariat in Geneva, the coordinator in Jerusalem and APF members is needed to better facilitate the evaluation process and avoid unnecessary delays. APF members and the coordinator were aware of the time lag for obtaining permits to enter Gaza though this did not factor into initial planning for the evaluation in Geneva.

Sequencing of final reporting, the final evaluation and launching a subsequent appeal needs to be refined and adjusted, while taking into account APF member feedback regarding the detrimental gap between the end of one appeal and the launch of the next. Final evaluations will benefit significantly from having access to final narrative and financial reports which were not available in a timely manner or at all for this evaluation.

Expectations of the final evaluation should be discussed and agreed between APF and the ACT Alliance Secretariat in advance. The time and budget allotted for this evaluation did not allow for indepth

independent study of impact from a beneficiary perspective, which seemed to be of importance to many APF members.

RECOMMENDATIONS

The following recommendations seek to identify actions needed for improvement across the criteria used in this evaluation and based on the findings and analysis. Some but not all of these actions have been identified by APF members or donors themselves. Many require investments of human and financial resources and will thus need to be prioritized in the APF annual planning process and in coordination with the ACT Alliance Secretariat.

Recommendations in Relation to Relevance & Appropriateness

- Improve understanding of gender sensitivity in humanitarian programming is needed.
- The Emergency Preparedness Plan should include various scenarios of improvement and deterioration in the context and humanitarian needs in Gaza, the West Bank and East Jerusalem and possible responses by the individual members and the forum as a whole. It should also include different types of potential support APF could receive from ACT International.

Recommendations in Relation to Connectedness

- Expand knowledge of the relief-development balance employed in other chronic emergency contexts to inform options to respond to these challenges in OPT.

Recommendations in Relation to Coherence

- Improve knowledge of ACT policies and guidelines.
- Improve knowledge of and way to apply minimum standards.

Recommendations in Relation to Coverage

- Conduct a more comprehensive analysis of context and needs assessments generated by other agencies.
- Develop systematic needs assessments and beneficiary selection tools.

Recommendations in Relation to Efficiency & Effectiveness

- Establish ACT emergency response fund to allow for immediate infusions of funding to jumpstart relief ahead of appeal.
- Improve understanding of the difference between objectives, indicators and activities.

- Improve use of SMART indicators.
- Improve understanding of M&E and introduce systematic M&E mechanisms.

Recommendations in Relation to Coordination

- APF members need to increase information sharing about the context and their activities (within and outside the appeal). A tool, such as a shared database, should be developed for members to share information. This would include information they are and/or should be generating internally and would not require additional work on the part of members.
- Communications and advocacy requires an individual with knowledge and experience, particularly in the OPT context. For the recruitment of the new Communications & Advocacy Officer, the recruitment panel include or be advised by an experienced Advocacy Officer to ensure a more appropriate candidate is selected than was in 2009.
- Organize an ACT Forum knowledge sharing network, analyze and share lessons learned from different fora and encourage coordinators to communicate with one another
- Strengthen role of the Coordinator (including training and toolkit for new coordinators)

Recommendations in Relation to Transparency & Accountability

- Mechanisms for beneficiary accountability should be considered.
- High-level appeal indicators should be developed at the beginning of the cycle. These should be monitored at least quarterly and discussed in APF meetings. Implementing members should submit regular updates (at least quarterly) including quantitative tracking of performance against the indicators to the APF Coordinator and simple “dashboard” style consolidated reports should be produced with qualitative explanations of over/under-performance.

Recommendations in Relation to Perceptions & Visibility

- The Arabic translation of APF should be agreed and finalised.
- APF should further discuss and agree how they want to present themselves as ACT members.

Recommended Workshops for APF Members

- Monitoring & Evaluation
- Minimum Standards (SPHERE)
- ACT Standards & Policies (Gender, Protection, Health, Reporting)⁶⁶
- Lessons and best practice case studies from other chronic emergencies

⁶⁶ Where ACT does not have their own approved policy, the workshop should be designed for the policies that ACT subscribes to, for example the WHO guide on Mental Health in Emergencies.

ANNEXES

- 1. Terms of Reference**
- 2. Mission Programme and Interview List**
- 3. Semi-Structured Interview Questions: Sample**
- 4. Donor Survey**