



EVALUATION REPORT

Formative Evaluation of Early Childhood Development interventions on children living with developmental delays and disabilities in the West Bank and the Gaza Strip

Commissioned by UNICEF State of Palestine under contract number CN43287247

Authors:

Dr. Irene de Vries, Dr. Pierre Pratley, Dr. Salwa Massad, Dr. Yehia Abed

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Tropical
Institute

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KIT Royal Tropical Institute

Name of the organization commissioning the evaluation:

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Name of UNICEF staff contact point for the evaluation:

Shereen Obaid, Monitoring and Evaluation Specialist in UNICEF State of Palestine

Iain Murray, Chief, Social Policy, Monitoring and Evaluation in UNICEF State of Palestine

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KIT Health Unit
Mauritskade 63
1092 AD Amsterdam
Telephone +31 (0)20 568 8711
Fax +31 (0)20 568 8444
www.kit.nl

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ACRONYMS

C4D	Communication for Development
CwD	Children with Disabilities
DBS	Development Behavior Scale
DD	Developmental Delay
ECD	Early Childhood Development
ECE	Early Childhood Education
ECI	Early Childhood Interventions
ERB	Ethics Review Board
ESC	Evaluation Steering Committee
FGD	Focus Group Discussion
GS	Gaza Strip
IDI	In-Depth Interviews
IP	Implementing Partner
JICA	Japan International Cooperation Agency
JVC	Japan Volunteer Center
KAP	Knowledge Attitude Practices
KII	Key Informant Interviews
MoE	Ministry of Education
MoH	Ministry of Health
MoSD	Ministry of Social Development
PCBS	Palestinian Central Bureau of Statistics
PDCA	Plan Do Check Act
PHC	Primary Health Care
KIT	KIT Royal Tropical Institute
SoP	State of Palestine
ToC	Theory of Change
TOR	Terms of Reference
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WB	West Bank

MAP OF THE STATE OF PALESTINE

Including sites of program implementation: Gaza (all 5 governorates) and Hebron, Jericho and Nablus in West Bank.



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Note: The content of this evaluation report is the sole responsibility of the evaluator and does not reflect the views of UNICEF.

EXECUTIVE SUMMARY

Conducted between August 2019 and September 2020, this independent formative evaluation, commissioned by UNICEF State of Palestine in August 2019, seeks to highlight good practices, challenges, lessons learned and recommendations to strengthen the program in the remaining period and sustainably scale-up efforts at the national level.

PURPOSE AND OBJECTIVES OF THE INTERVENTION UNDER EVALUATION

The 'Improving early detection and interventions for Palestinian children with disabilities and developmental delays in the State of Palestine' program's purpose was to respond to the needs of children with disabilities and developmental delays in the State of Palestine (SoP). It was designed to support the National Early Childhood Development (ECD) Committee's efforts in implementing the National Strategy for ECD and Interventions, with a particular focus on children under six years of age. The program included four key outputs aimed at (1) improving the quality of neonatal and postnatal health care services, (2) developing national capacity for early detection and interventions for children with disabilities (CWDs) and developmental delays, (3) improving national and local capacity to create policy and legislation reforms and provide social welfare services according to the needs of CWDs, and (4) implementing a 'Communication for Development' strategy to reduce the stigma surrounding disability. The program was focused on those living with disabilities or developmental delays in previously identified districts with vulnerable populations in the SoP, including Hebron, Jericho, and Nablus in the West Bank and all five districts in the Gaza Strip. The targeted program beneficiaries included children, their families, their communities, and ECD providers.

PURPOSE AND OBJECTIVES OF THE EVALUATION

This formative evaluation, covering the period 2018-2020, seeks to guide UNICEF and its partners on how to scale-up the pilot phase of this program in the short to medium-term (at least up to 2022). Its purpose is to (1) generate evidence and recommendations on the perceived use of the program and its effect on the lives of the beneficiaries, (2) assess how well the program is embedded within national and local policies and service delivery mechanisms, (3) document direct and indirect, intended and unintended consequences of the program and conditions for success to capitalize on, and (4) highlight gaps between policy and implementation.

The objectives of this evaluation are to (1) assess the program's performance against the OECD criteria of effectiveness, efficiency, relevance, and sustainability, (2) provide an analytical review of the progress achieved in implementation, including key successes, good practices, lessons learned, gaps, and constraints to be addressed, (3) provide recommendations to improve programming and inform strategic policy planning

INTENDED AUDIENCE

The intended audience for this evaluation included the implementing parties, which comprise UNICEF SoP and headquarters, the Government of the SoP in general and in specific the implementing Ministries (Ministries of Health, Social Development, and Education), JICA, and Civil Society Organizations (CSOs), the World Bank, UN Agencies, and all other implementing stakeholders, the beneficiaries, future donors and the current donor, the Government of Japan.

METHODOLOGY

This evaluation's methodology follows the initial terms of reference (ToR) and evaluation matrix developed in the inception report, which is centered around the OECD criteria of relevance, efficiency, effectiveness, and sustainability.¹ It combines primary qualitative data collection with a desk review of program documents, including monitoring and financial reporting data. While initially intended to also include quantitative data and focus group discussions, the evaluation steering committee advised to focus on qualitative data collection only, and the subsequent COVID-19 pandemic precluded group gatherings and face-to-face contact, which resulted in the use of in-depth interviews rather than focus group discussions with service providers and parents.

MAIN FINDINGS, CONCLUSIONS, LESSONS LEARNED, AND RECOMMENDATIONS

RELEVANCE

The evaluation found the SoP ECD program to be very relevant to UNICEF and its program partners' priorities, as it responded to many of the needs at national ministerial and service provider levels. The program was also found to be relevant to the needs of CWDs and developmental delays in Palestine, as identified in the 2016 situation analysis.

EFFICIENCY

The program had a budget of USD 4,701,053. At the time of writing, one out of the four outputs was fully implemented on time and within budget. This was Output 1, which aimed at improving the quality of neonatal and postnatal health care services. Output 2 concerning the development of national capacity for early detection and interventions for children with disabilities and developmental delays, output 3 related to improving national and local capacity to create policy and legislation reforms and providing social welfare services according to the needs of children with disabilities, and output 4 implementing a Communication for Development strategy to reduce stigma surrounding disability at the community level were partially achieved. The four outputs comprised of a total of 18 activities. Of these activities, 13 out of 18 activities were implemented on time and within budget (72% of all activities) at the time of writing. Of these 13 activities, 10 had overachieved on the set target and 3 were implemented on target, indicating high efficiency. Five activities (28%) of all activities were pending completion due to delays in implementation linked to COVID-19. In terms of budget, all achieved activities (13 of 18) were implemented according to budget. Activities still under implementation are expected to be implemented on budget. Key informant and beneficiary interviews confirm resources were allocated to implementing partners for technical assistance and procurement of materials at subnational level per activity. Financial data provided did not allow for subnational analysis per activity, and stakeholders report little budget allocation at the ministerial (national or subnational) level. Taking into account the no-cost extension due to challenges in implementation related to the COVID-19 pandemic (closure of clinics, suspension of activities of IPs), the overall assessment of the evaluation team is that the program is set to deliver all activities and outputs on budget and within the anticipated timeline of the no-cost extension, which expires on March 2021. Taking into account the delays related to the COVID-19 pandemic and the effort needed to implement multi-sectoral interventions, these results indicate the program was efficient, and potentially highly efficient in converting resources within the set time and budget into key program outputs.

1. As this is a formative evaluation, impact was not considered. A sixth criterion, coherence was added to the OECD criteria after the inception report was approved. As such, coherence was not considered for this formative evaluation.

EFFECTIVENESS

The program achieved, and in some instances exceeded the expected results. The training to develop individual case management plans did not take place yet due to COVID-19. A referral pathway is under development, but the evaluation revealed a gap in referral and provision of services for children detected with a disability or developmental delays: interventions are not available, not accessible, and providers do not know their way in the system. The disability law is in its final draft and available online for the public to comment on, but there is no implementation plan yet. The baseline KAP study and C4D strategy were finalized in respectively September and October 2019. Al Quds University is integrating ECD in primary school and KG teacher curricula, but the status of the roll-out of the developed teacher guide was unclear. There was great appreciation for the way UNICEF coordinated and supported the program. Some respondents suggested including further integration of ECD services into existing intervention and promotion packages as an opportunity for further integration.

The program addressed equity in terms of geographic location, marginalized groups, and the sex of the child, but respondents report some CWDs were still left behind. In addition, some children may never reach a facility, including those with severe disabilities. Field monitoring visits were conducted and reported to improve the effective delivery of the program activities. An M&E plan including indicators and an indicator tracking sheet, a logframe, and reporting mechanisms are in place. The formulation of outputs could be improved upon.

Other key findings include the high level of satisfaction expressed by all stakeholders and beneficiaries for the successful intersectoral collaboration, delivery of program objectives, and training provided.

SUSTAINABILITY

Respondents indicated an eagerness to further adopt the ECD agenda and program activities at the national level and recognize the contribution of the program to lasting ECD awareness and the institutionalization of intersectoral collaboration. A key mechanism through which activities are contributing to sustained results is the inclusion of “Plan Do Check Act” cycles in the program’s implementation. Beneficiaries indicate some gaps remain that may challenge sustained results such as issues with consistent funding sources, staff capacity, and the need for more training and capacity building. National ownership is emerging at all levels, including in terms of the program’s activities, priority setting, strategic development, and the mobilization of funds. Respondents indicated more funding could further strengthen national adaptation, ownership, and scaling by the government. Respondents underlined the importance of further scaling-up of the program, and that scale-up requires clear actions and roles per sector, budget lines per Ministry, and the integration of first-line detection in nurturing care. Some respondents pointed out that the overlap between the membership of the National ECD and technical committees may hamper clarity in the division of roles. Overall, the evaluation team observed the potential for and the practice of sustainable implementation of the National ECD strategy, but an absence of explicitly formulated sustainability strategies.

CONCLUSIONS

The ECD program has played a key role in strengthening the ECD system in the SoP. The program responds to a considerable number of beneficiary needs, particularly for children with disabilities and developmental delays. One of the main successes is the program’s contribution to a change in mindset and behavior among all types of stakeholders, an effect that can be labeled as ‘increased ECD awareness’. This evaluation has found evidence for the institutionalization of intersectoral collaboration at the national and sub-national levels which led to an “ECD way of working” at all levels and demonstrates the institutionalization and ownership evidenced by a strong commitment of the Government of Palestine to invest in the ECD system. This intersectoral collaboration has

already yielded results in terms of coordination, fundraising, reducing duplication, and positioning ECD on the national policy agenda.

Some gaps between policy and implementation remain. ECD detection through the development behavior scale (DBS) is still perceived as being in the pilot phase and is therefore not being taken up and used, particularly in the West Bank. ECD detection is not always followed up with the intervention component (ECI) due to a lack of clarity in the referral system and a lack of money to pay for treatment on behalf of caretakers of children with developmental delays. More work remains to be done on further clarifying roles within the National ECD committee and the wider ECD system, and strengthening the referral system. The Early Childhood Education component which is to be delivered in nurseries is still in development.

Some factors are likely to remain a challenge in scaling from policy to practice, such as the workload of current service provision staff, the shortage and turnover of staff, and the length of the specialized screening tool. Administering the DBS screening tool can take 20 minutes per child after some practice, yet respondents still consider this too long, given that the system is overburdened. Lastly, some of the health centers expressed concern about some of the equipment provided as it wasn't standard and so couldn't be repaired.

LESSONS LEARNED

The key lessons learned are that multi-sectoral collaboration has many advantages, but that it takes time to develop the skills needed to strengthen a fully multi-sectoral ECD system. This effort to strengthen the ECD system is a first in Palestine and the region, and its institutional arrangement, as well as strategy and activities, can serve as a lesson for the region. In terms of technical contributions, the program has shown that it is possible to develop, test, and roll out an ECD assessment tool that is validated and contextualized for the Palestinian context, with potential for adaptation to and validation in the wider region. Another lesson learned that may benefit future scale-up and iterations of ECD programs is the importance of formulating an actor-based Theory of Change (ToC). Such a document can serve as the link between the national strategy and program activities. This was not done for the current program, whereas a ToC that is actor-based could have helped clarify the division of roles and help guide the translation from national strategy to program activities, thereby further improving program relevance, including during scale-up. This ToC can be used to inform the ToR and division of roles for the ECD committees and the logframe for program activities, outputs, and outcomes. A robust M&E framework with concise language and a clear distinction between direct program outputs and outcomes is important, as is the practice of formulating indicators at both output and outcome levels.

RECOMMENDATIONS

A series of recommendations have been formulated in order to improve the relevance, effectiveness, efficiency, and sustainability of the program and to achieve the goal of scaling up to the national level in the near future. The recommendations include those who should address the recommendation and the priority given to the recommendation according to the evaluation steering committee during report validation. The recommendations are focused on three key areas and are directed at both UNICEF and the national ECD committee. The first set of recommendations relates to **strengthening the intersectoral collaboration for ECD** by clarifying program theory and roles within the ECD space and the national ECD steering committee and technical working group by developing an actor (stakeholder) based ToC for the ECD program that steers the intervention logic and can be used to clarify roles. The second set of recommendations relates to **technical follow up on the screening tool and referral system** by further exploring the full integration of ECD services within existing sectors and intervention and promotion packages and improving the referral system for children with a disability or developmental delay. The last key recommendations relate to **stakeholder engagement through capitalizing on and sharing lessons learned** from the program for further scale-up and for the benefit of ECD programming in other countries and regions.

INTRODUCTION

This is a formative evaluation of UNICEF's "Improving early detection and interventions for Palestinian children with disabilities and developmental delays in the State of Palestine" program (hereafter referred to as "the ECD program" or "the program"). The program is being implemented from 2018 until March 2021 and aims to support the National ECD Committee in implementing the National Strategy for Early Childhood Development and Interventions. The program includes a special focus on children under 6 years of age and children living with disabilities or developmental delays in vulnerable districts of the State of Palestine (SoP) namely Hebron, Jericho and Nablus in the West Bank and all five districts in the Gaza Strip.

EVALUATION FOCUS

This evaluation was commissioned by UNICEF to provide UNICEF, its implementing partners, donors and stakeholders with evidence on the achievements, good practices, and challenges encountered in the program. The evaluation focused on the multi-sectoral process by interviewing key stakeholders including the different Ministries and associated organizations, service providers in nurseries, clinics, schools, and kindergartens, and the parents of children who were screened as part of the program's activities.

EVALUATION METHODOLOGY AND CHALLENGES

The evaluation was implemented in several phases, including inception, data collection and analysis, and reporting phases. At the onset of the COVID-19 pandemic, the inception phase had already taken place. This included a visit by the KIT team to the West Bank in February 2020, initial field visits, and key informant interviews with Ministries and key stakeholders. Due to Covid-19 related challenges, the data collection phase started in June 2020 and lasted until late August of 2020. Data processing and analysis took place in parallel and from late August to early September 2020. The data validation meeting with the Evaluation Steering Committee took place on the 30th of November 2020 through a webinar, co-facilitated by Juzoor, a local partner in the SoP with technical support from KIT in the Netherlands. All phases of the evaluation were conducted in close coordination with UNICEF SoP and the Evaluation Steering Committee.

STRUCTURE OF THE REPORT

This final report comprises five chapters as per United Nations Evaluation Group (UNEG) Reporting Standards (2017). The **first chapter** aims to clarify the object of the evaluation by describing the purpose of the evaluation, the context in which the evaluation was developed and implemented, and the goals, geographic coverage and implementation status of the program. The **second chapter** aims to explain the purpose, rationale, objectives and key questions of the evaluation, as well as the scope, audience and intended uses of the evaluation. The **third chapter** presents the evaluation methodology, including the evaluation framework, methods, ethical considerations, limitations, management and logistics and team composition. The **fourth chapter** presents the evaluation findings and an analysis of the findings. The **fifth and final chapter** lays out the conclusions, lessons learned and recommendations resulting from this evaluation.

1. BACKGROUND

1.1 CONTEXT

Over the past decades the State of Palestine (SoP) has experienced occupation, war, conflict, and economic closure, and reports by UNICEF and other UN agencies have repeatedly called attention to the particular vulnerability of children in these situations.

The 2016 UNICEF report “Every child counts: Understanding the Needs and Perspectives of Children Living with Disabilities in the State of Palestine”, documented the needs and perspectives of children living with disabilities and their daily struggles in accessing basic services. Early Childhood Development policies and interventions are designed to ensure that children from gestation until 6 years of age receive the nutritional, emotional, cognitive, and motoric stimulants necessary to fully flourish.

Early Childhood Development (ECD) is defined by UNICEF as the ability of all young children, especially the most vulnerable, to achieve their developmental potential from conception to the age of school entry, including in humanitarian settings. This is enabled by two factors:

- All young children, from birth to school entry, have equitable access to essential quality health, nutrition, protection, and early learning services that address their developmental needs;
- Parents and caregivers are supported and engaged in nurturing care and positive parenting with their young children.

‘Nurturing care’ consists of a core set of interrelated components, including behaviors, attitudes, and knowledge about caregiving (e.g., health, hygiene care, and feeding); stimulation (e.g., talking, singing, and playing); responsiveness (e.g., early bonding, secure attachment, trust, and sensitive communication); and safety (e.g., routines, protection from violence, abuse, neglect, harm, and environmental pollution).²

According to the World Bank’s public opinion survey findings, 91.5% of the stakeholders surveyed in 2017 suggested that ECD should be a development priority in the Palestinian territories,³ and special groups such as children with disabilities (CWDs) should receive even more attention. Globally, CWDs face a double burden of social exclusion and limitations in access to public services.⁴ This is no different in the State of Palestine. In a study published in 2017 that analyzed data from the Disability Survey in 2011 by the Palestinian Central Bureau of Statistics (PCBS), 3.7% of the children 0-17 years old had at least one sort of disability, including intellectual disability (33%), communication disabilities (31%), vision disabilities (28%), memory disabilities (25%), mobility disabilities (24%), hearing disabilities (16%), and mental disabilities (9%).⁵

A study conducted by UNICEF in 2016 on the situation of children with disabilities in the SoP found multiple gaps in the early detection and diagnosis of, and interventions for, these childhood disabilities.⁶ Furthermore, the report notes these children face difficulties accessing education, health care, psychosocial support, and rehabilitation.⁶ In addition to the emotional and physical

2. UNICEF’s program guidance for Early Childhood Development (2017). https://www.unicef.org/earlychildhood/files/FINAL_ECD_Program_Guidance_September_2017.pdf

3. Public Opinion Research Group, World Bank Group. World Bank Group Country Survey 2017, West Bank and Gaza WBG. DDI_ WBG_2017_ WBCS_v01_M_WB. Downloaded from <https://microdata.worldbank.org/index.php/catalog/3049/get-microdata>

4. UNICEF [UN Children’s Fund] (2013) ‘Children and young people with disabilities’. Fact Sheet. New York: UNICEF.

5. Khoury, D., Al-Khatib, A., Shelleh, N., Hijazi, S., Ghandour, R., & Giacaman, R. (2017). Disability among children in the occupied Palestinian territory: a cross-sectional study. *The Lancet*, 390, S18. [https://doi.org/10.1016/s0140-6736\(17\)32019-6](https://doi.org/10.1016/s0140-6736(17)32019-6)

6. Jones, N., Abu Hamad, B., Odeh, K., Pereznieta, P., Abu Al Ghaib, O., Plank, G., ... & Shaheen, M. (2016). Every child counts: Understanding the needs and perspectives of children with disabilities in the State of Palestine. UNICEF-State of Palestine. Overseas Development Institute (https://www.unicef.org/oPt/ODI_Report_01-06-2017_FINAL.pdf).

burden, the report finds that most families who have a child with disability face financial hardships (71.6% in Gaza and 81% in the West Bank).⁶ For example, nearly 38% of the sampled children with disabilities were entirely out of school, while less than 45% were enrolled in regular education, and around 38% of CWDs dropped out of school⁶. The conclusions also note that 75% of CWDs felt that their school was not supportive and 33% said educational tools were not adapted to their needs.⁶

1.2 OBJECT OF THE EVALUATION

This section provides an overview of and outlines the significance, objectives, scope, and current status of the ECD program.

1.2.1 OVERVIEW

The ECD program is coordinated by UNICEF and funded by the Government of Japan in support of the implementation of the National Strategy for Early Childhood Development and Interventions (2017-2022) with a focus on children with disabilities and developmental delays.

The UNICEF program was launched in 2018 and will continue until the end of March 2021 following a no-cost extension. It is developed and implemented in partnership with the Ministry of Health (MoH), Ministry of Education (MoE), the Ministry of Social Development (MoSD), the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), Japan International Cooperation Agency (JICA), Japan Volunteer Center (JVC) and the World Bank. The main aim of the program is to **ensure that vulnerable families with children with developmental delays and disabilities have access to a comprehensive package of inter-sectoral ECD and ECI services and are better able to reach their optimal development.**

Table 1 provides an overview of the object under evaluation, its scope, timeline, budget and stakeholders.

Table 1 Key information of the evaluation object i.e. ECD program

Assignment title	Formative Evaluation of Early Childhood Development interventions on children living with developmental delays and disabilities in the West Bank and Gaza Strip.
Object under evaluation	The “Improving Early Detection and Interventions for Palestinian Children with Disabilities and Developmental Delays” program
Object scope and geographic coverage	<ul style="list-style-type: none"> • Target children under six years of age, with special focus on those living with disabilities or developmental delays in vulnerable districts of the State of Palestine. • All five governorates of Gaza, and Hebron, Yatta, Jericho and Nablus in the West Bank • Program beneficiaries include ECD providers as well as children, their families and their communities
Programme timeline	January 2018 – March 2021 (following no cost extension)
Funds allocated/used	USD 4,701,053

Programme stakeholders (for a full list of key stakeholders and their contributions to the programme, see annex 14)	<ul style="list-style-type: none"> • Government of the State of Palestine in general and in specific the implementing Ministries (Ministries of Health, Social Development and Education) • UNICEF SoP • UNRWA • Implementing organizations • Universities (al Najah University and Al Quds University) • World Bank • Government of Japan
Evaluation scope	Based on the TOR and agreements with UNICEF all six program components (see 1.2.6) in all implementation areas were evaluated for the period January 2018-September 2020, with a special focus on the components of the early detection and intervention for children with disabilities and developmental delays.

1.2.2 SIGNIFICANCE OF THE OBJECT TO UNICEF

UNICEF's support complements the Government's efforts in developing a system for early detection and interventions for disabilities and developmental delays, focusing on vulnerable districts in the West Bank (Hebron, Jericho, and Nablus), and all districts in the Gaza Strip. Under coordination from UNICEF, the program supports the Government of Palestine and partners to draw on and tailor international best practices, especially experiences from Bosnia and Herzegovina, and to bring together key actors in building a shared vision and strategy.

The program is of strategic importance to UNICEF at both the country and regional level, as this is the first program in Palestine and the region to incorporate intersectoral working at the national level and is important both in terms of size as well as influencing other countries in the region. Lastly, it is a program that contributes to position ECD not only on the national agenda in Palestine but also on the regional agenda as a core thematic area and area for policy development.

1.2.3 PROGRAM GOAL AND OBJECTIVES

The ECD program supports the implementation of the National Strategy for Early Childhood Development and Intervention (2017-2022);⁷ through the following objectives as outlined in the Program Proposal of 2017:⁸

1. Improving the quality of neonatal services
2. Developing national capacity for the detection of and interventions for children with disabilities and developmental delays
3. Strengthening capacity to provide care and support services to children with disabilities
4. Communication for development to reduce stigma and discriminatory attitudes towards disability
5. Program monitoring and evaluation.

1.2.4 THEORY OF CHANGE/INTERVENTION LOGIC

The program has been implemented without a documented Theory of Change (ToC) or intervention logic.⁹ A results framework has been designed by the start of the program as part of the M&E plan, including indicators for intended results, data management, and accountability. However, the results framework did not provide a workplan to guide implementation, i.e. the planned activities and pathways towards achieved change.

7. State of Palestine. National Strategy for Early Childhood Development and Intervention; 2017-2022. Accessible through: https://www.unicef.org/oPt/ECD_National_Strategy_Proof_read_13022017_EN.pdf

8. Improving early detection and interventions for Palestinian children with disabilities and developmental delays. Application to Japan Grant Aid by UNICEF - State of Palestine. 17 November 2017.

9. With an intervention logic we refer here to a 'logical framework' or 'logframe' as a planning tool describing the logical flow between activities towards intended results - <https://www.betterevaluation.org/en/evaluation-options/logframe>

During the inception phase, the evaluation team based on the available program documentation, at the request of UNICEF SoP, reconstructed a visual ToC for the program (Annex 3). The resulting draft ToC focused on elucidating the ways in which the program intended to bring about change, with the multi-sectoral approach and partnerships at the core of the design.

For this evaluation, the ToC served four purposes:

1. To clarify roles and contributions to the program of key stakeholders in the multi-sectoral national ECD committee and Evaluation Steering Committee. During the data analysis, including qualitative interviews, we have further refined this in a reconstructed intervention logic to fully understand the activities and mechanisms through which the program seeks to achieve change. This can be found in the findings section under Consistency of program design.
2. To fine-tune the questions and sub-questions in the evaluation framework for the data collection
3. To review and adjust the evaluation design and data collection methods and analysis
4. As an additional framework to analyze the findings from the qualitative data collection and secondary data, including in relation to outputs and outcomes achieved against resources used and activities implemented.
5. In the conclusion and recommendation section, we further reflect on the usefulness of this reconstructed ToC.

1.2.5 GEOGRAPHIC COVERAGE AND TARGETING

The program targets children under six years of age, with special focus on those living with disabilities or developmental delays in vulnerable districts of the State of Palestine. The targeted districts included all five governorates of Gaza, and Hebron, Yatta, Jericho, and Nablus in the West Bank. UNICEF provided a list of program locations included 61 facilities (health facilities, schools, and nurseries) in the West Bank and 51 in Gaza.

The program aims to reach 5,000 newborns, 7,000 children aged 0-6 years, 2,000 children with disabilities or developmental delays, and 20,000 parents and community members. In addition, the program targets ECD providers. Among the targeted service providers are, in collaboration with the Ministry of Health, 320 health professionals (doctors, nurses, and midwives), in collaboration with the Ministry of Education, 400 education professionals (nursery workers, kindergarten and first-grade teachers), and in collaboration with the Ministry of Social Development 150 social workers.

1.2.6 PROGRAM COMPONENTS

The program is composed of the following components according to the ToR for this evaluation:

1. Improving the **quality of neonatal services** in government hospitals
2. Developing national capacity for **early detection and interventions** for disabilities and developmental delays in children
3. Improving national and local capacity to **provide care and support** services to children identified as having a disability or developmental delay
4. Communication for development to **reduce stigma and discriminatory attitudes** towards disability.

In comparison to the program proposal of 2017, the ToR highlighted two additional components (for the full ToR of this assignment, see Annex 2):

5. Improvement of **(physical access to) WASH facilities** in selected facilities
6. **Improved pre-primary education** for children with developmental delays.

Within the program proposal, component 5 on access to WASH facilities is addressed under 'early detection and intervention', while no reference is made to pre-primary education. For this evaluation, we took, as agreed with UNICEF, the information as provided in the ToR as a starting point, which means the inclusion of component 5 and 6 as separate program objectives to be evaluated.

1.2.7 PROGRAM RESOURCES

The total budget of the program 2018-2020 is 4,7 million USD. The budget is split into activities under each of the first four program components as described above and an additional budget for monitoring and evaluation. UNICEF received a no-cost extension until March 2021.

1.2.8 KEY STAKEHOLDERS AND THEIR CONTRIBUTION

The program adopts a multi-sectoral approach which means active involvement of **governing authorities** on health, education, and social development, **bilateral and multilateral organizations** including UNICEF, UNRWA, the World Bank, JICA and JVC, **local NGOs**, and **Universities**. A comprehensive overview of these actors, including their roles and responsibilities, can be found in Annex 2 'Cross-Functional Flowchart Template' as provided by UNICEF. Activities furthermore focus on **health and education professionals, social workers, health and education facilities, community representatives**, and **families**. **Media** engagement should facilitate to inform the general population on ECD and to reduce stigma and discriminatory attitudes towards disability (communication for development strategy).

In terms of Child Rights-Based Approached Programming, the primary duty bearers are the respective Ministries and partner organizations and their staff from nurseries, kindergartens, schools, and health facilities. Secondary duty-bearers are the parents or other caretakers of children. Children under 6, with a special focus on children with disabilities and developmental delays, are the right holders. The findings on effectiveness contain an overview of services provided per actor.

2. EVALUATION PURPOSE, OBJECTIVES & SCOPE

2.1 PURPOSE AND RATIONALE

This formative evaluation, covering the period 2018-2020, seeks to provide guidance on how to scale up and fund the program in the short to medium-term (at least up to 2022). Therefore, it aims¹⁰ to generate evidence and recommendations on:

- The perceived use of the program and effect on the lives of the beneficiaries, including equity
- How well the program is embedded within national and local policies and service delivery mechanisms
- Direct and indirect, intended and unintended consequences of the program and conditions for success to capitalize on, including linkages between different sectoral interventions
- Gaps between policy and implementation.

2.2 EVALUATION OBJECTIVES AND KEY EVALUATION QUESTIONS

With this purpose in mind, the objectives of the evaluation¹¹ were to:

1. Assess the program's performance against OECD criteria of effectiveness, efficiency, relevance, and sustainability
2. Provide an analytical review of the progress achieved in implementation, including key successes, good practices, lessons learned, gaps, and constraints to be addressed.
3. Provide recommendations to improve programming and inform strategic policy planning.

The questions for this evaluation followed the OECD criteria (represented in order per OECD/DAC guidance¹² relevance, effectiveness, efficiency, and sustainability). It should be noted that this is a formative evaluation, and as such, all of the OECD DAC criteria are applicable, except impact. The relatively new criterion of coherence was not integrated as part of the OECD DAC criteria when the ToR for this evaluation were drafted and thus is not part of this evaluation.

The key evaluation questions and are listed below. In the evaluation matrix (see Annex 5) they are further worked out into sub-questions.

Table 2 Key Evaluation Questions

Relevance	To what extent does the program respond to the needs of children with disabilities and developmental delays in the State of Palestine?
Effectiveness	To what extent were the objectives of the program for the first years achieved?
Efficiency	Were the expected results (outputs) delivered within budget and timeline?
Sustainability	How successful has the program been in laying the grounds of institutional systems (including inter-sectoral collaboration), parental and community engagement for ECD?

10. The aims as laid out in the ToR were refined during the inception phase, in agreement with UNICEF.

11. The objectives of the evaluation as described in the ToR were slightly reformulated and agreed upon in the inception phase: Objective 1 in the ToR is split in 1 and 3 above for better clarity. As the ToR Objectives 3 & 4 referred to matters of efficiency and sustainability that are addressed under Objective 1 above, these are taken out as separate objectives and integrated in the evaluation questions on efficiency and sustainability.

12. <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

2.3 SCOPE OF THE EVALUATION

This evaluation focused on the “Improving Early Detection and Interventions for Palestinian Children with Disabilities and Developmental Delays” program and follows the standard OECD-DAC criteria of relevance, effectiveness, efficiency, and sustainability. The evaluation also assessed the program with respect to the cross-cutting considerations of Gender, Equity and Human Rights-Based programming principles of UNICEF.

The scope of the evaluation was defined by the following elements:

- Program implementation period: The timespan of the evaluation follows implementation chronology covering the period 2018 – 2020. The evaluation includes data from the start of the program in January 2018, up to September 2020 (end of data collection).
- Focus: The evaluation sought perceptions from key stakeholders and primary beneficiaries, which included the parents of children that underwent screening, and service providers in each of the sectors targeted (Education, Social Development and Health) that underwent training on ECD screening and interventions.
- Geographic coverage: All areas of implementation including all five governorates of Gaza, and Hebron, Yatta, Jericho, and Nablus in West Bank. While program implementation was evaluated in the serviced areas, overall questions on sustainability and multi-sectoral collaboration and coordination will be answered for the SoP as a whole, as the program aims to strengthen national coordination on ECD by the implementation of the Integrated National ECD Strategy (2017-2022).

2.4 EVALUATION AUDIENCE

Apart from informing the donor (The Government of Japan), the evaluation will be used by UNICEF and its partners within the multi-sectoral partnership on ECD, including the Ministries (MoH, MoE, MoSD) and local implementing partners. Furthermore, the World Bank, UN agencies, and other international partners may benefit from the lessons learned through this evaluation. The SoP authorities will use the evaluation to assess the past ECD strategy and cooperation, and use it to inform the planning of the future joint ECD programs.

3. EVALUATION METHODOLOGY

This chapter describes the evaluation criteria used, the methods for data collection, analysis, and the ethical considerations.

3.1 EVALUATION FRAMEWORK

The evaluation questions (see 2.2) were further operationalized in the evaluation framework, tabulated by indicators and information to be gathered, information sources, data collection methods, and the tools and means of reporting findings. These are all summarized in Annex 5.

3.2 METHODS

The evaluation was initially designed to follow a mixed-methods approach. For various reasons (see Table 5 Challenges faced and mitigations measures taken during the evaluation period) the initially planned approach had to be adapted resulting in a reduction of the variety of methods applied. The section below details the different methods, including desk review and qualitative data collection and analysis.

3.2.1 DESK REVIEW

As part of the desk review, documents were reviewed, including UNICEF guidance on evaluations, strategic plans, and all program documents made available by UNICEF. These included work plans, financial reporting, progress reports, and other pertinent program documentation and deliverables. Some key deliverables were received in Arabic and were reviewed by an Arabic speaking colleague of the evaluation team.

Additionally, a desk review of relevant literature on ECD and a review of existing evidence for successfully integrated ECD interventions was conducted. Where available, a review of national policy and planning documents was done in line with the evaluation framework.

3.2.2 QUALITATIVE DATA COLLECTION

Qualitative interviews were conducted with key informants, service providers in health facilities, schools/kindergartens and nurseries, and parents or caregivers of children targeted by the program. In-depth interviews (IDIs) with service providers and caregivers were conducted via phone after explaining the purpose and obtaining consent. Beneficiaries who agreed to participate were interviewed according to their convenience by one data collector. The average duration of each interview was around 60 minutes. Data collectors were instructed to conduct the interviews with the minimal interference of other family members to enable participants to freely express themselves and their views.

Key Informant Interviews (KIIs) were conducted in respondents' offices, by phone, or by virtual means such as Zoom, Skype, or MS Teams. All of them responded positively and agreed to participate and to the interview being recorded. The average interview duration was 60 minutes.

DATA COLLECTION TOOLS

The drafted topic guides for interviews were shared with the steering committee and endorsed by UNICEF. The guide was drafted based on the evaluation framework and questions were phrased in an open-ended manner in order to allow participants to express their views, with the possibility for additional probing by the data collectors. The topic guides can be found in Annex 6.

SAMPLING

Respondents for key informant interviews (KIIs) were purposively selected in consultation with UNICEF and other key stakeholders (Table 3). Respondents for in-depth interviews with other stakeholders were randomly selected from the following lists provided by UNICEF:

- A list of program locations (schools, health facilities, nurseries, neonatal units)
- Databases of children screened for developmental delays and children referred
- Lists of participants of trainings on ECD or ECD & ECI.

The respondents were selected to cover all geographic areas and type of facilities. In addition, with the high number of respondents, the evaluation team aimed to achieve saturation. Table 4 provides an overview of the type of interviews planned, respondents contacted, the number of interviews conducted and the response rate.

Table 3 Overview of Key Informant Interviews

	West Bank	Gaza
UNICEF	UNICEF staff (5)	UNICEF staff (2)
Ministries	MoH (2), MoE (1), MoSD (1)	MoH (2), MoE (1), MoSD (1)
Health sector	UNRWA (2), chief neonatologist	
NGOs	NGO 1 (1), NGO 2 (1)	NGO 3 (1), NGO 4 (1),
Universities	Al Quds (1), Al Najah/PCI (1)	
Trainer	Edus (1)	
Other key informants¹³	WHO (1), WB (1) Union of disabled people (1), Save the Children (1), ECD resource center (1)	
Total	21	8

Table 4 Overview of interviews conducted

Type of interview/ respondent	# planned ¹⁴		# contacted ¹⁵		# conducted ¹⁶		Response rate (%)	
	WB	Gaza	WB	Gaza	WB	Gaza	WB	Gaza
Key Informants	20	8	21	8	21	8	100%	100%
Service providers ¹⁷	17	13	16	20	9	20	56%	100%
Neonatal units	3	2	3	2	0	2	0%	100%
Trainees ¹⁹	4	4	9	4	7	4	78%	100%
Parents or caregivers of children targeted by the program	10	10	10	10	10	10	100%	100%
Total	51	35	56	42	47	42	84%	100%

13. No other key informants for Gaza were identified that should increase the level of saturation. The key informant schedule was agreed upon with UNICEF in the inception phase.

14. See "Addendum to inception report" dated 21st of April 2020

15. At least 2 separate attempts were made to contact respondent as per sampling schedule by email or telephone

16. Interviews conducted (after successfully scheduling meeting with respondent); transcripts analysed

17. Service providers working in facilities targeted under the project such as kindergartens, nurseries and health facilities as per inception report

18. Head nurses of neonatal or paediatric units of all three participating hospitals in West-Bank (Jericho, Alia and Rafidia hospital) were not able to report anything regarding receiving equipment.

19. Professionals trained under the program in ECD or ECI

QUALITY ASSURANCE

Key informants were interviewed by the core evaluation team, and other respondents were interviewed by a team of trained data collectors. For quality assurance, a member of the evaluation team listened in (in Arabic) on one interview for each data collector and provided feedback where necessary. This enhanced alignment and ensured all the relevant topics were sufficiently covered. Weekly check-in moments by email or virtual call were organized to check-in on the data collection process, ensure continuous feedback on conducted interviews and encourage reflection among the field team.

The audio of each interview was recorded, transcribed, and directly translated into English. After quality control on the content of the interviews, recordings were destroyed as per ethical guidelines. Data analysis

The transcripts of interviews and notes of conversations and observations during the inception visits were uploaded in NVIVO. The evaluation framework, including evaluation questions and the ToC, were used to inform the development of a coding framework that contains the categories and themes identified. The coding framework was further enriched with themes that emerged during the interviews. Interviews were coded and the data were subsequently analyzed, in triangulation with the findings from the desk review. Results were described based on emerging trends in the qualitative data and documents. Unless otherwise indicated, quotes in this report generally represent feelings, feedback, or stories from a wide range of respondents and not solely of the respondent quoted. A data validation meeting with the field team took place on August 27, 2020 where the data collectors endorsed the findings and further enriched them with direct observations from the field.

3.3 ETHICAL CONSIDERATIONS

Research ethics approval for this evaluation has been obtained from the HML Institutional Review Board in Washington, DC, the approval letter of which can be found in Annex 1.

All the data collectors had international research ethics certificates. In addition, they received intensive refresher training on how to respect ethical principles prior to the data collection. They were trained on how to take informed consent from the respondents and how to ensure that interviews take place in a comfortable and safe place for the respondent. The informed consent forms that have been developed for this evaluation, and have been translated into Arabic, and have been included in Annex 7.

Informed consent was discussed with the participants of each interview and oral consent was requested and recorded. All data collected were kept confidential by ensuring that transcripts were only typed up in password-protected computers, files were sent in password-protected folders and stored on secured servers. In addition, transcripts were anonymized and recordings of interviews were kept on secured devices and destroyed as soon as the transcripts have been developed and checked for quality and consistency with the evaluation questions. The transcripts will be destroyed once the evaluation has been completed.

3.4 LIMITATIONS

The evaluation team faced a number of limitations, not least the Covid-19 situation, and consequent lockdown. The evaluation team is grateful for the flexibility, cooperation, and support of UNICEF SoP in conducting this complex evaluation. Table 5 outlines the key challenges and how they were managed.

Table 5 Challenges faced and mitigations measures taken during the evaluation period

CHALLENGES FACED	MANAGEMENT AND MITIGATIONS
<p><i>Absence of ToC and intervention log</i></p> <p>A complex part of the evaluation was that the pathways of intended change were not clearly defined. While a 14-page program proposal authored by UNICEF and submitted to the funder was available, detailed information on the timeline of planned activities, responsible actors and budget were scarce. A results framework was available that provided insight into the intended results and the means of verification, but this framework was not clear regarding the planned activities and pathways that should lead to change.</p>	<p>Based on a desk review of the program proposal, progress reports, the M&E plan and the ToR, and data from interviews, a reconstructed intervention logic was made that provides an overview of the activities, intended outputs, and outcomes/objectives. This intervention logic was developed during the formative evaluation and has been used along the way to analyze the results, for example, in relation to effectiveness.</p>
<p><i>A low level of implementation to assess effects on the lives of beneficiaries or conduct, for example, a cost-effectiveness analysis</i></p> <p>The evaluation was initially designed to follow a mixed-methods approach, triangulating between desk research, qualitative interviews, and a quantitative survey among parents of children who received ECD services. On the advice of the evaluation steering committee, the application of a quantitative survey would not be feasible due to the low level of implementation among beneficiaries.</p>	<p>On the advice of the evaluation steering committee, the quantitative survey was omitted and initially replaced by focus group discussions with parents of children who received ECD services. Covid-19, however, (see below) forced the evaluation team to replace focus group discussions with qualitative interviews. The qualitative interviews focused on the experiences of parents with the services and lessons learned.</p>
<p><i>Covid-19</i></p> <p>Due to the Covid-19 pandemic and consecutive lockdown, the evaluation team in close consultation with UNICEF had to reorient its methods to account for the limited possibility of face-to-face interviews and FGDs.</p>	<p>Both UNICEF and the evaluation team had to apply major flexibility towards the approach and timeline. A no-extension contract for the conduct of the evaluation was signed two times. A Covid-19 addendum (Annex 9) was drafted and added to the initial proposal in which the methods were adjusted to relevant solutions that would enable the evaluation team to collect data and answer the evaluation questions as much as possible. In-depth interviews took place over the phone, focus groups were omitted and replaced for a higher number of in-depth (phone) interviews with caregivers of children that benefited from the program.</p>

CHALLENGES FACED	MANAGEMENT AND MITIGATIONS
<p><i>Lower diversity in data collection methods.</i></p> <p>Due to the methodological adaptations, the evaluation methods were less diverse and missed the richness of FGDs. In addition, due to the absence of field visits, observation, an important quality evaluation aspect, was missed. Evaluators were not able to witness with their own eyes what measures and changes are in place. Data from interviews could not be contextualized and lack a certain level of validation (which is usually done by observation).</p>	<p>With a high number of qualitative interviews, including a variety of informants, data revealed that a certain level of saturation was achieved. This increased the validity of data and clear thematic issues emerged throughout.</p> <p>To mitigate the lack of observation, all respondents were asked to have their cameras on during the interview. However, this was hardly ever done, with cultural inappropriateness provided as the main reason.</p> <p>The evaluation team is grateful that the inception visit with the majority of KIs and some site-visits were able to take place before the lockdown. This enriched the contextual understanding of the international evaluators. As the evaluation team was equally supported by strong experienced researchers from the context of the SoP, a continuous iterative approach could be applied.</p>
<p><i>The low response rate of service providers, especially in the West Bank.</i></p> <p>While the response rate in Gaza was 100%, in the West Bank the data collection team faced many challenges in recruiting respondents for the interviews. Contact details of program locations were not provided and hard to obtain. In addition, facilities (schools, nurseries, and kindergartens) were hard to reach, refused cooperation (without ministerial approval) or were not aware of the program. Out of two nurseries called, both were not be aware of the program. Out of four schools called, all had no awareness or participation in the program. Head nurses of neonatal or pediatric units of all three participating hospitals in the West Bank (Jericho, Alia and Rafidia hospital) were not able to report anything regarding receiving equipment.</p>	<p>The team obtained contact details of facilities through the Ministries. These were challenging processes, but at the end successful. Possible respondents were contacted at least twice and if not available, the next facility on the list with equal features was contacted.</p> <p>For those who refused participation ministerial approval was sought.</p> <p>For the hospitals that were not able to confirm receipt of neonatal equipment, we contacted the MoH general directorate of hospitals in the West Bank who was able to confirm receipt of equipment and placement in the hospitals.</p>

3.5 EVALUATION MANAGEMENT AND LOGISTICS

An Evaluation Steering Committee (ESC), with representation from members of the National ECD committee, got the opportunity to review and provide feedback on the evaluation design, approach, and findings. Through the ESC meetings that took place on January 20, 2020 (with distant online presence from the international consultants) and February 17 (during the inception visit) the evaluation team solicited input on the approach, preliminary ToC, as well as the scope of the program's activities. The UNICEF SoP team provided feedback on the inception report and draft evaluation report. The Covid-19 addendum was shared with the evaluation steering committee on June 9, 2020 and no objections were received. Two UNICEF M&E specialists (from Gaza and WB) provided additional quality assurance and technical guidance/direction where needed. The evaluation was carried out in three phases, namely the inception phase, data review and collection phase, and the analysis and report writing phase.²⁰

- Inception phase: November 1, 2019 – March 18, 2020
- Data review and collection phase: May 26, 2020 – August 26, 2020
- Data analysis and reporting phase: August 26, 2020 – January 7, 2021 (includes incorporating feedback from UNICEF).

In a stakeholder meeting on November 30, 2020 the ESC validated the findings and recommendations.

3.6 EVALUATION TEAM COMPOSITION AND ROLES

The independent evaluation was led by KIT Royal Tropical Institute in the Netherlands and conducted in collaboration with Juzoor for Health and Development in Palestine. The profiles, roles, and responsibilities of the complete evaluation team can be found in Annex 10.

20. Although the contract was signed in November 2019 it took until mid-February before the evaluation team was able to conduct its inception visit. Soon after, the Covid-19 pandemic became urgent, causing the delay before the data collection phase could start.

4. EVALUATION FINDINGS

The evaluation findings are structured in chapters related to the evaluated OECD criteria of relevance, effectiveness, efficiency, and sustainability. Cross-cutting issues of equity and human rights-based approach are separately addressed. Each chapter consists of sections that respond to the specific evaluation questions as outlined in the evaluation framework (Annex 4). At the start of each section a box can be found with the evaluation question and some of its key-findings.

4.1 RELEVANCE

The relevance section aims to answer the evaluation questions on whether the program responds to the needs of children with disabilities and developmental delay.

4.1.1 NEEDS OF CHILDREN WITH DISABILITIES AND DEVELOPMENTAL DELAYS

EVALUATION QUESTION AND KEY FINDING

To what extent does the program respond to the needs of children with disabilities and developmental delays in the State of Palestine?

The importance of ECD is recognized among all groups of stakeholders and the program design responds to a considerable amount of the needs of CWDs and developmental delays in Palestine, as identified in the 2016 situation analysis.

The stakeholders in the program, from implementing stakeholders to trained professionals and parents, leave no doubt about the need for this program. These two quotes resulting from in-depth interviews with a health provider and a parent echo perspectives that were frequently heard (see quotes 1 & 2).

The MoSD/UNICEF situational analysis, conducted by ODI in 2016, found that CWDs in the SoP are highly vulnerable. Based on a desk review comparing the needs identified in the situation analysis with the objectives of the program, it was found that the program design responds to most of the quick wins and some of the medium-term goals that were recommended by the report. [Annex 11](#) provides an overview of how the program aims to respond to the recommended needs, with a specific focus on early detection and intervention of delays. The overview does not provide insight into whether the objectives are met, this can be found in the [effectiveness chapter](#).

Quote 1:

"In the past, the ECD is believed to be follow up of the child, the anthropometric measurements of the child's body, we didn't focus on mental and cognitive development. Now we believe that both growth and development are very important, which cannot be separated. The child's body and mind development should be healthy. Secondly, if we will follow the child from the start in a correct way, whereby his body growth and development will be healthy, this will also ensure society as a whole will be healthy."
– IDI health provider, NGO, Gaza.

Quote 2:

"The program gives children with disabilities the opportunity to understand their problems and work towards making living with them better. When I found out that my son has a hearing problem I was relieved because he couldn't speak and I didn't know what was wrong, now he has a hearing aid and he takes speech therapy, so he has a better chance in life."
– IDI parent, WB.

4.1.2 ALIGNMENT WITH NATIONAL STRATEGIES

EVALUATION QUESTION AND KEY FINDING

To what extent is the program aligned with the national strategy for ECD?

The program is generally well aligned with the National Strategy for Childhood Development. However, further investments are needed to align understanding of ECD concepts, common objectives and roles within the ECD spectrum.

The development of the National Strategy for Early Childhood Development and Intervention (2017-2022) preceded the program design and has been the foundation of the program. Annex 12 provides an overview of the vision, mission, and objectives of the National Strategy, which are well aligned with the program objectives, including early detection and intervention and legislation. Furthermore, the program is aligned with the National Health Strategy for 2017-2020 and the Quality Standards Accreditation for Nurseries (2018).

While the national strategy and international guidance on ECD focus on 'all children', a desk review of UNICEF documents indicate the main purpose and objectives of the program focus on 'children with disabilities and developmental delays'. If ECD is seen as a continuum with healthy children (but still in need of nurturing care) on one side, moving towards children with developmental delays and CWD on the other, the UNICEF program design (and objectives) focuses primarily on the latter and less on children that need integrated nurturing care and stimulation.

Data from the KIIs also revealed discrepancies among stakeholders' perspectives about the programs focus. Perspectives were at times primarily focused on services for children with disabilities, congruent with the program's ultimate goal and some of its core activities, while others emphasized a more holistic perspective with a focus on prevention and nurturing care for all children, more congruent with the national ECD strategy.

Quote 3:

"You can see three Ministries who have their own understanding of the strategy; yet there is no unified understanding of the approach to ECD, this defeats the purpose in creating a harmonized and coherent program in ECD (...) The strategy failed to articulate the need for complementarity and holistic approach nor how to go about it."

- KII child development expert, WB.

Within the multi-sectoral approach this left ambiguity on the common objectives: holistic ECD or a primary focus on CWDs or delays. One of the key stakeholders reflected on a lack of common understanding of ECD within the national strategy and multi-sectoral collaboration (see quote 3)

GLOBAL EVIDENCE ON ECD

The desk review of global evidence^{1,2,3} reinforces the importance of ECD, especially for children in vulnerable contexts, such as the SoP. Nurturing care – defined as health, nutrition, security and safety, responsive caregiving, and early learning – are essential for children to reach their full developmental potential and achieve the Sustainable Development Goals. Global evidence emphasizes the application of these five domains of nurturing care throughout the life course (for a visualization see Annex 11). The UNICEF ECD program nor national ECD strategy explicitly addressed the five domains of nurturing care and lifecycle approach in the design. However, aspects of health, responsive care giving and early learning are all integrated, with a primary focus on newborns and early childhood.

1. Advancing Early Childhood Development: from science to scale. Lancet series (2016). The Lancet, Volume 389, No. 10064 <https://www.thelancet.com/series/ECD2016>

2. Improving Early Childhood Development: WHO guideline (2020). <https://www.who.int/publications/i/item/improving-early-childhood-development-who-guideline>

3. UNICEF's program guidance for Early Childhood Development. UNICEF Program Division 2017, New York. https://www.unicef.org/earlychildhood/files/FINAL_ECD_Program_Guidance_September_2017.pdf

4.1.3 CONSISTENCY OF PROGRAM DESIGN

EVALUATION QUESTION AND KEY FINDING

Are the outputs and activities of the program consistent with the overall goal?

While the activities will likely contribute to the overall objective, the rationale between the choice of interventions and objectives of the program is not always clear and not supported by evidence in the program documentation. A Theory of Change would improve the coherence of the program and ensure alignment with global guidance on Early Childhood Development, such as the life course approach and nurturing care framework.

The six program components, i.e., objectives, are directly related to the identified needs from the 2016 situation analysis (see Annex 11). This paragraph mainly focuses on the relevance of the activities to work towards these objectives. The program did not have a ToC nor intervention logic.

From the document review, the logical flow and consistency from activity to the overall goal are not immediately evident. While the activities will likely contribute to the overall objective, a review of the program plans does not clarify the rationale between the choice of activities and objectives of the program. For example, the focus on neonatal services seems relevant but could be extended to a focus on the life course approach that is outlined in most global guidance. There is a small focus on postnatal care through home visits in Gaza, but no focus on postnatal care in facilities or other areas. The reasons behind these choices remain unclear or are implicitly made. The program proposal could be strengthened by emphasizing the evidence base²¹ for the chosen interventions, and alignment with other interventions taking place to avoid overlap. A theory of change development could support this, starting with the desired change and then working backwards to identify all the conditions that must be in place and the type of evidence-based activities or interventions needed towards achieving the outcomes.

4.1.4 CONTEXT- CONSIDERATIONS IN DESIGN

EVALUATION QUESTION AND KEY FINDING

To what extent were the national and local context (knowledge, beliefs, gender and cultural differences) taken in account in the program design (include gender & equity lens)?

A thorough situation analysis and wide multi-sectoral stakeholder involvement ensured contextualization of the program within the national needs and systems. The Bosnian approach and tool were culturally modified and successfully adapted to the first validated Palestinian development assessment scale. However, the length of the scale remains challenging within the overburdened Palestinian system without appropriate human resources and time allocation. Stigma of children with disabilities and delays requires continued strong communication skills by the providers and emphasizes the importance of parent education and the C4D strategy.

A thorough situation analysis (see also Needs of children with disabilities and developmental delays) and wide multi-sectoral stakeholder involvement were applied to ensure contextualization of the program within the national needs and systems.

Though not explicitly addressed in the program documentation, conversations with UNICEF and other stakeholders revealed that many steps were taken to adopt the ECD approach, which was relatively new to Palestine, to the local context. The starting points were the experiences with ECD and the development behavior scale (DBS) in Bosnia-Herzegovina. An initial study trip to Bosnia was organized for Palestinian key-stakeholders. According to some of the implementing

21. e.g. ECD Lancet series, UNICEF and WHO guidance or other yet existing global evidence and evidence from the field on ECD for the selection of program interventions.

stakeholders, participants were amazed by the similar features of this former humanitarian setting. Following this, the Bosnia-Herzegovinian partner organization EDUS provided training in SoP on ECD and the DBS was translated with cultural modifications, such as Palestinian songs and words or sayings. Afterward, validation took place to produce the first Palestinian-adapted valid and reliable assessment scale. The use of the assessment tool will be applied within existing service delivery platforms, such as primary health clinics, nurseries, and kindergartens. However, some of the respondents argue that the Palestinian system was not prepared, as additional time and human resources were not reserved within the already overburdened system, especially the health sector (see also organization).

The stigmatizing of children with disabilities and developmental delays remains a big problem and was noticed by service providers interviewed as a reason for parents to not participate in the screening. The conducted KAP-survey and resulting C4D strategy, though in early implementation stages, are important steps to further address this stigma through targeted C4D messaging and interventions in underserved communities. The role of parent education may also positively contribute to this. ECD providers felt well trained in listening and communicating to parents to make them understand the importance of ECD. Respondents expressed the intention to adapt their communication to parents with different levels of education, and to both fathers and mothers. Some respondents mentioned that mothers end up providing the majority of caretaking, while fathers have the authority to decide whether a child is screened. There were also examples where fathers took a more active role in caretaking and participation in ECD information meetings stimulation of the child. Most of the interviewed caretakers felt they were treated respectfully.

4.2 EFFICIENCY

The efficiency section chapter aims to answer the following evaluation question: To what extent were the expected results (outputs) delivered within budget and timeline? In other words: were the outputs delivered in an economic and timely way? We operationalize “economic” as the extent to which program inputs (such as funds, expertise, natural resources, time, etc.) are converted into outputs. As such, the section will provide an overview of the achieved outputs and underlying activities related to budget and timeline (achievement) data.

4.2.1 ACTIVITIES AGAINST BUDGET AND TIMELINE

EVALUATION QUESTION AND KEY FINDING

Were the expected results (outputs) delivered within budget and timeline?

At the time of writing, as of the July 2020 update report and the updated 23-09-2020 indicators tracking sheet, 13 of 18 activities were achieved (72%) of all activities. Of these 13 activities, 10 overachieved on the set target and 3 were implemented on target. 5 activities (28%) of all activities were pending completion due to delays in implementation linked to COVID-19.

To answer the evaluation question regarding the extent to which program inputs (such as funds, expertise, natural resources, time, etc.) are converted into outputs in an efficient manner, the evaluation team drew from the most recent financial actuals (provided to the team on July 15, 2020) as well as the most recent implementation data from the ECD indicators tracking sheet (provided to the team on September 23, 2020). A summary of the full analysis can be found in Annex 16, which lists key outputs and results chain indicators extracted from program documents and the status of achievement in terms of timeline and budget.

The first key program output focused on improving the quality of service delivery in neonatal health care services in eight government hospitals through the provision of six fully functional incubators and two phototherapy units at Alia, Rafidia, and Jericho hospitals. This was reported to contribute to the reduced admission rates of neonates suffering from jaundice. In addition, program

documentation reports 108 children benefited from the improved quality neonatal services in these three hospitals. Implementation for this activity was achieved according to plan and on budget at the time of writing. It should be noted that government officials in the Ministry could confirm delivery of the machines, but staff in hospitals said they did not know about the program nor about having received equipment from UNICEF, suggesting room for improvement in terms of visibility of and communication regarding the program among stakeholders and their employees. All activities within this area were completed with overachievement on the set target prior to the program end date and within budget, indicating a highly efficient use of resources to achieve this output.

The second key program output concerned the development of capacity for early detection and interventions for disability and developmental delays. Key outcomes here were the development of a national instrument for the assessment of child development (Development Behavior Scales) which were validated and finalized. Based on the validation data 38% of children under five in the West Bank had developmental delays and 24% of children under 5 in Gaza. As part of the technical support for Early Childhood interventions, 90 professionals received training on ECI in the West Bank and Gaza. According to program documentation, parent education curricula including 13 short videos were developed for service providers. The evaluation team was not able to confirm the roll-out or use of these videos through beneficiary or service provider interviews. The manual for caregivers at nurseries and Kindergartens is being finalized. According to the most recent mid-year review (8th of July 2020), furnishing and equipping of different ECD corners was completed, including the provision of assistive devices. The UNICEF specialist in charge confirmed 15 WASH facilities were built in the West Bank and handed over to the school principals and Ministry of Education in early June 2020. Furthermore, five facilities in Gaza are being completed at the time of writing. Overall, at the time of writing six out of eight activities were implemented within time and budget, five of which with overachievement on the set target. The remaining two activities are still pending completion but are expected to be completed by the program end date, suggesting efficient use of resources.

The third key program output focused on improving national and local capacity to provide care and support services to children identified as having a disability or developmental delay. One activity was completed which centered around technical support for the MoSD to revise the Disability Law and further align it with international human rights treaties including the Convention on the Rights of Persons with Disabilities (CRPD). Two activities, the training of social workers for the development of individual case management plans, and the provision of services to children are still under implementation at the time of writing but expected to be delivered by the program end date, indicating efficient use of resources to achieve program outputs.

The fourth key program output sought to develop and implement a C4D strategy and plan to reduce the stigma surrounding disabilities. At the time of writing, three out of four activities were already implemented on budget and on time, two of which (outreach of C4D through media campaign to parents and caregivers, and development of C4D plans in a number of communities) overachieved on the set target. The last activity (conducting 2 KAP surveys) is partially completed, with one survey completed and one survey on track to be completed by the program end date. These findings indicate efficient use of budget and time for this output.

4.2.2 RESOURCE ALLOCATION TO IMPLEMENTING PARTNERS FOR TECHNICAL ASSISTANCE AND PROCUREMENT OF MATERIALS AT SUBNATIONAL LEVEL

EVALUATION QUESTION AND KEY FINDING

How were resources allocated to the different implementing partners, at national and subnational level?

Key informant and beneficiary interviews confirm resources were allocated to implementing partners for technical assistance and procurement of materials at subnational level per activity. Financial data provided did not allow for subnational analysis per activity, and stakeholders report little budget allocation at ministerial (national or subnational level).

The financial data provided by UNICEF provided an overview of implementation on program activities, but no data was available on the allocation of funds to implementing partners. Therefore, the evaluation team was not able to compile a budget matrix that provides an overview of funding allocation to the specific partners as initially intended. Interviews with key informants and some of the service providers however confirm the receipt of funds and complete implementation on budget.

It should be noted that key informants within Ministries raised an issue with transparency and information around the allocation of funds to partners and subcontractors. Respondents in Gaza from the Ministries recommended directly funding the ministerial offices there to implement activities in addition to local NGOs and subcontractors. Some respondents in the Ministries in the West Bank mentioned that they would have liked to have some contributions on their budget lines to implement activities. It should be noted that the evaluators are aware that major procurements go through the direct UNICEF procurement process and that it was reported that, for instance, the MoSD had requested that UNICEF take care of all procurements as the procurement law was under revision.

4.2.3 COST-EFFECTIVENESS

EVALUATION QUESTION AND KEY FINDING

Were the interventions approached in a cost-effective manner?

Findings on cost-effectiveness of the interventions remains inconclusive, as COVID-19 drastically reduced absorption capacity and provision of services, and financial data shared did not allow for cost-effectiveness analysis.

Due to the formative nature of this evaluation, the evaluation team had already cautioned UNICEF and the ESC in the inception phase of the evaluation on whether any claims could be made on cost effectiveness, as this largely is dependent on high-resolution financial data around implementation as well as a framework for comparison of for example cost per beneficiary reached in similar contexts. This was further complicated by the outbreak of COVID-19 which not only drastically reduced absorption capacity at national and subnational level, but also hampered or even halted the provision of services to beneficiaries. Moreover, data on what makes a cost-effective ECD intervention during the COVID-19 pandemic is only emerging and comparisons with other program data is therefore not possible. As a result, no conclusive numeric results were obtained on whether the interventions were approached in a cost-effective manner.

Quote 4:

"The value of the ECD program is priceless. The ECD program has lots of benefits as it is considered as an investment in the Early Childhood Development stages and this is the best investment the community could ever grant to the children and their parents, as well as to whom may be concerned in the childhood sector to adopt the ECD standards as they ensure the child a basically healthful life, additional to education, growth, development, emotional and social communication, motor skills, and cognitive development as well for KG children. Above all, I'd like to express my gratitude to UNICEF as they tried hard to examine those scales first, then developed them and after that they implemented them on pre-school children and [in the] Kindergarten. I'm longing for implementing the program on all children in Gaza." - Service provider, Community school, Gaza

What did emerge from the analysis of the qualitative interviews is that beneficiaries are generally very positive about the achievements of the program and its contributions to children and their communities, as illustrated by this quote from a service provider in Gaza (see quote 4)

4.2.4 BRINGING CURRENT RESOURCE ALLOCATIONS TO NATIONAL SCALE

EVALUATION QUESTION AND KEY FINDING

How could the current resource allocations be brought to scale nationally?

Findings indicate resource allocations for ECD are currently mostly donor dependent. Yet, the strengths of the program lie in its support for institutionalizing intersectoral working mechanisms through which donor funds can be leveraged. This has recently been done successfully with World Bank and European Union funds.

Both key informants and beneficiaries indicate that this program has, with its many forms of coordination, inter-sectoral collaboration and planning in different sectors made substantial contributions in the process of moving from ideation to scale with regards to intersectoral work on ECD in the State of Palestine. Yet, participants also recognize that working in a coordinated manner at subnational and national levels takes time and requires continuous effort. A key aspect in bringing current efforts to scale is related to the funds needed to implement at national scale, highlighting the importance of the ECD investment case and costed ECD plan that will allow for the Government of Palestine and its partners to go to national scale.

In order to bring current resource allocation to scale, beneficiaries continue to indicate more support is needed, to expand to all kindergartens in Gaza (see quote 5).

Key informants, service providers, parents, and caretakers all indicate the importance of continuing training sessions on ECD and ECI to further scale-up at the national level (see quotes 6 and 7).

In order for current resources leveraged from the World Bank, the EU and other donors to be successfully brought to scale, current capacities need to be further built through training sessions, the referral system should be strengthened, capacity building trainings for services providers should be continued, and work on institutionalizing ECD education through Universities are important and will be further elaborated in the recommendations.

Quote 5:

"[I would] ...like to stress the importance of involvement of more health and educational organizations to be engaged with our work. We have many kindergartens here in Gaza and it is quite difficult to reach them all, but with continuous support, we could definitely extend our activities to more groups of children. I should reach families who are living in the marginalized areas with poor health care services like northern areas and some southern areas."

– KII Ministry, Gaza

Quote 6:

"I believe that the program is very good, but the only problem was that the duration was short. [...] it needs an ongoing follow up."

– Caretaker of Child with Disability, Gaza

Quote 7:

"The program itself is new and we should concentrate more on implementing it widely."

– Service provider, Gaza

4.2.5 STAKEHOLDER INVOLVEMENT

EVALUATION QUESTION AND KEY FINDING

Have the right stakeholders been involved for implementation?

While a majority of stakeholders have been involved in implementation, some respondents indicate key stakeholders in the ECD space could be further engaged such as Save the Children and World Vision.

To the knowledge of the evaluation team, this was the first program in the State of Palestine engaging intersectoral collaboration and coordination across the three line Ministries. Moreover, the program required intersectoral collaboration between units within the UNICEF country office. The program effectively leveraged the adopted national ECD strategy and related coordination mechanisms, and Ministries, as well as beneficiaries, reported a level of working together they had not witnessed before, as illustrated by quote 8 from a service provider working in the West Bank.

Other stakeholders and beneficiaries indicated room for improvement still exists, for example regarding referral systems and further coordination and elaboration on the roles and tasks within ECD (see quote 9).

At the government and donor level, key stakeholders recognize the utility of the coordination mechanisms (see quote 10).

When asked about stakeholders that may need to be included in this ECD program and broader coordination mechanisms, some respondents mentioned a potential role for the further involvement of Save the Children and World Vision. Other respondents pointed out that these two agencies were indirectly engaged in the program implementation, since the Ministries were coordinating their support in the ECD area, and as a result the program coordinated trainings with World Vision as they worked in different geographical areas, and coordinated with Save the Children on educational activities.

Quote 8:

"We did not work together before the program. The program brought the Ministry of Health, Education and UNRWA closer together as we started taking trainings together, we got to know each other."

– Service provider, WB

Quote 9:

"For improvement, we need to know how to do more interventions and referral after detection. In our center we can do so by instructions to the mother, through follow up for some months and we notice improvement but in case there is need of intervention by other organizations, or specialists, we need to work on this gap for better results. So, the partner collaboration needs improvement and clarity, a clear agreed referral system."

– Service provider, Gaza

Quote 10:

"The National ECD Committee is where we have open dialog not only with Ministries but also with NGOs, the UN System, etc. ...[the] coordination mechanism helps with avoiding duplication"

– Key stakeholder, National ECD committee

4.2.6 UNDERSTANDING OF AND COMPETENCIES FOR ECD ACTIVITIES AMONG IMPLEMENTING STAKEHOLDERS

EVALUATION QUESTION AND KEY FINDING

Do all implementing stakeholders have a similar understanding and sufficient competencies to deliver the program?

ECD awareness has grown among implementing stakeholders, but a lack of clarity remains about who does what and where.

Stakeholders indicate existing capacity has been considerably strengthened, and also that awareness was raised of the complementarity between organizations. The different trainings were an important component in this, and Ministries, implementing organizations, and parents and caretakers of children clearly indicated their capacity was built in key areas of ECD.

General challenges regarding competencies and activities for ECD include rapid staff turnover. Service providers indicated that not all colleagues finished the training series or attended all trainings. In other cases, trained personnel left to another department or changed their job. In yet other instances, changes in the focal point for the program were reported, without informing the new focal point on the program. Another reason reported for inconsistent attendance of trainings is high workload and insufficient staffing, and the resulting tension between routine staff tasks and ECD-related activities, see quote 11.

This may indicate there is a need for a more rapid, generally applicable short form assessment that can be integrated into the continuum of care, which enables service providers to rapidly check whether a child may have a developmental delay, after which a child can be referred to specialized services for full screening.

In terms of a similar understanding of ECD some respondents still indicate room for improvement (see quote 12).

Quote 11:

"I believe it [ECD program] needs someone more specialized or we need more staff because of the workload at the clinics. We don't have enough staff, as a counsellor I should be able to conduct early detection, intervention and follow up, this is a lot more than the job description. One child may take three hours [which] means that I can barely see more than one. One person should be allocated for this job alone."

– Service provider, West Bank

Quote 12:

"You can see [the three] Ministries have their own understanding of the strategy, yet there is no unified understanding of the approach to ECD. This may defeat the purpose in creating a harmonized and coherent program in ECD. The multi-sectoral [collaboration] needs to be better conceptualized, clearly articulating who does what."

– ECD expert, West Bank

4.3 EFFECTIVENESS

The effectiveness section aims to provide answers on the evaluation questions in relation to achievement of program outputs, organization of the program and equity.

4.3.1 SERVICES PROVIDED PER ACTOR

EVALUATION QUESTION AND KEY FINDING

What were the different ECD services provided within the framework of this program, by whom, and what can be said about their quality?

Information on who does what was not part of program documentation such as the program proposal. The program plan was not actor-based, leaving ambiguity on who led some of the activities and who was targeted.

Annex 14 provides a reconstruction of the program organization resulting from a variety of documents, conversations, and interviews. For a description of the quality of services, see the next section on achievement of program objectives.

4.3.2 ACHIEVEMENT OF PROGRAM OBJECTIVES

This sub-chapter aims to provide insight on What progress has been made towards the achievement of expected outputs? And what were the major factors influencing (non)achievement?

As this is done separately for all outputs, this sub-section is further split into sections for each output. A summarized overview of the key findings can be found in Annex 15.

OUTPUT 1: IMPROVING THE QUALITY OF NEONATAL SERVICES IN GOVERNMENT HOSPITALS

Interviews confirmed equipment was delivered based on identified needs and priorities and received in Gaza with great satisfaction and appreciation for UNICEF (see quote 13).

Staff was well oriented and trained on the use of equipment, and a three-year guarantee for maintenance including a medical engineer was present in all hospitals. Some respondents indicated further steps could be taken to improve maintenance, sustainability, and coordination regarding equipment provided by donors (see quote 14). It should be noted that at the time of writing, UNICEF and stakeholders reported that initial steps to standardize equipment had already made.

According to the MoH general directorate of hospitals in the West Bank, six incubators and two phototherapy machines (three incubators for Rafidia, three incubators for Alia and two phototherapy for Jericho) were received in April 2019, which matches the numbers planned by the program. In the West Bank, the evaluation

Quote 13:

"Everyone witnessed the achievement of having new high level NICU, some people who visited us from outside too considered it to have very high standards related to the construction, the finish, electricity supply & the equipment. Even though some of the lacking equipment was completed through some other UNICEF-funded programs rather than ECD. (...) I mean nothing was lacking."

– IDI neonatologist (no. 1), Gaza

Quote 14:

"The problems that the program did not respond to are that they bring the equipment, which sometimes the local engineers do not have experience how to repair and to maintain the devices. Therefore, we still have devices that need maintenance and we are not able to complete our work using them."

– IDI neonatologist (no. 2), Gaza

team reports that head nurses of neonatal or pediatric units of all three participating hospitals in Jericho, Alia, and Rafidia were unable to confirm receiving equipment.

The development of a *national neonatal protocol*, including training for implementation and monitoring visits, was not planned for in the grant proposal. During interviews, UNICEF and neonatologists clarified it was identified as an additional activity based on identified needs. Respondents emphasized that protocol development was a multi-stakeholder process through a national quality improvement collaborative, based on international evidence and several rounds of reflection and feedback. The comprehensive 335-page document²² contains guidance on A. normal nursery and well newborn protocols, including early essential newborn and developmental care and breastfeeding practices; B. Labor ward and resuscitation guidelines; C. Neonatal Intensive Care Protocols, including developmental care for premature babies; and D. Nursing protocols (medical technical). The neonatal protocol is available in hard and soft copy, but not (yet) online. A revision is planned every 1-2 years. Some respondents indicated that evidence-based interventions for newborn care that link to ECD²³ such as support for breastfeeding or Kangaroo Mother Care (KMC) could be further integrated in the protocol. For example, there is attention for breastfeeding, but no guidance on pumping milk or what to do when milk flow does not start. KMC is not yet a common practice in the state of Palestine (see quote 15).

A unique feature of the protocol is that it came with an implementation plan. This is also greatly appreciated by respondents (see quote 16). Following the development of the protocol, three 2-day trainings were conducted (November 2020) in Gaza and West-Bank for a total of 243 trainees (staff members of each of the 38 neonatal units in Palestine). Following this, monitoring field visits took place to assess the quality of implementation, and identify needs to upgrade the NICU's to meet the evidence-based standards. A report on the field visits noted "acceptance and enthusiasm to follow the evidence-based standards" on behalf of trainees. Most of the units are currently integrating the protocol as a major resource for their daily practice in neonatal care, but some units are experiencing difficulty as they lack essential

Quote 15:

"We were hoping to boost KMC with the early essential newborn care. There are two obstacles: cultural issues and no acceptance of direct skin to skin contact in an open unit. We need an environment to protect the privacy. We also need to train people; I heard a nurse who told the mother it is not practical."

– KII neonatologist, WB

Quote 16:

"Previous protocols ended up in cupboards. Many doctors have different background in training and practice. We needed to unify the approach of neonatal care. People were working with old protocols and own expertise, did not update their knowledge. So with the protocol development we contribute to updated knowledge and a unified approach (...) The protocol is a milestone. Different from before is that this came with implementation plan."

– KII neonatologist, WB.

Quote 17:

"For neonatal services, if we start talking about resources and training of human resources, for sure, it has become a paradigm shift of quality, everyone in NICUs is working based on science and protocols. This has been reflected in the service to the patient and has improved the performance and health indicators as mortality rate over the past years. The equipment they provided has a positive impact on neonatal services, and decreased the mortality per admission. So yes, the program has positive effect on both the resources and equipment, its effects are very clear, and the expected results are certainly met."

– IDI head of NICU (2), Gaza.

22. National Neonatal Protocol; A manual of neonatal care in Palestine. Final version Jan 2020.

23. UNICEF's program guidance for Early Childhood Development. UNICEF Program Division 2017, New York. https://www.unicef.org/earlychildhood/files/FINAL_ECD_Program_Guidance_September_2017.pdf

equipment, disposables, and medications that are needed to meet the standards.²⁴ A checklist was developed to structurally assess neonatal units. Respondents underline that continuous training and monitoring and investments in staff and equipment will be needed to leverage and sustain the initial steps taken with the national protocol.

Overall the activities of equipping units and protocol development are seen as major steps towards improving the quality of neonatal care in hospitals (see quote 17).

Another activity that fell under this objective, however not entirely linked to 'quality of neonatal services in hospital' was the support to an NGO to conduct postnatal home visits, with attention for healthy early child development. As this program was evaluated before,²⁵ this program component was not specifically assessed.

OUTPUT 2: DEVELOPING NATIONAL CAPACITY FOR EARLY DETECTION AND INTERVENTIONS FOR CHILDREN WITH DISABILITIES AND DEVELOPMENTAL DELAYS

Respondents frequently mentioned early detection and intervention of disabilities and developmental delays as 'the main focus' of the program. As a first step towards the achievement of this objective a group of around 150 professionals in Gaza and WB including MoH, MoSH, MoE, UNRWA and NGO staff were trained on the principles of ECD and child assessment. Facilitation was conducted by a team from the Bosnian organization EDUS Education for all. In order to also build capacity enabling service providers to conduct interventions after diagnosis, another set of trainings was introduced which focused on ECI. This training was aimed at providing skills on how to stimulate and support children, especially for children with developmental delays.

A selected group of around 50 professionals participated in validation. They started conducting assessments using the child development behavioral assessment scale with children of ages 0-6 years in Gaza and the WB. The results of these assessments were used to validate the scale for the Palestinian context. Structural implementation of child assessments did not yet take place. The validated scales per age group were recently finalized, but not yet implemented as a consequence of the COVID-19 situation.

Respondents often qualified the trainings as excellent and highly effective in both WB and Gaza (see quotes 18 and 19). Some participants mentioned that the training could focus beyond providing skills to the participants, to transmit information and teach others using a Training of Trainers (TOT)

Quote 18:

"It was interesting, and we really enjoyed it [...] We could feel a change in our knowledge, our mentality, our way of thinking, and in our behavior as well."
– trained provider (1) for ECD, NGO PHC, Gaza.

Quote 19:

"The program was conducted by UNICEF 2 years ago. Honestly it was very comprehensive and an interesting topic, the trainers had very good skills and knowledge, both the local and international trainers were full of information. We gained new skills and new activities from the trainers. It was a comprehensive training, containing, movements, music, language, art, and math. You cannot say there was one thing missing."
– IDI trained provider for ECD, KG supervisor, Hebron (WB).

Quote 20:

"The Bosnian team used to conduct the training [...] there was nothing like Training of Trainers (TOT). The Bosnian team would get people from universities, NGOs sector, Ministries, social education, which was governmental, but the training didn't create TOT."
– KII key stakeholder MoH, Gaza.

24. Report Neonatal Protocol Review and Update. Technical Assessment Report Neonatal Units: current situation, observations, needs and recommendations. Field visits January-March 2020. Report by Juzoor, State of Palestine.

25. KIT (2018) SoP: Evaluation of a Postnatal Home Visiting Program for mothers, neonates and their families in Gaza, State of Palestine, over the period 2011 – 2016. https://www.unicef.org/evaldatabase/index_103313.html

approach (see quote 20). Yet, other respondents also mentioned their participation and ability to pass on knowledge to others see (quote 21).

Uptake and implementation following the trainings and validation exercise have varied. While in the West Bank most participants mentioned implementation of structural screening and intervention did not take off yet as they were waiting for the validated scales, some of the targeted trainees and facilities in Gaza did start integrating ECD in their daily work (see quote 22 and 23). While it is hard to make causal claims based on the timing of data collection as the program was still being implemented, and the formative nature of the evaluation, the evaluation team had the impression this had to do with the perception on the program status. In Gaza, stakeholders earlier finalized data collection for scale validation, and the infrastructure was in place such as ECD rooms, which may have led to some providers continuing with ECD activities. In the West Bank, it seems stakeholders had more of the perception that they were still in the validation phase, and not yet implementing. These different perceptions were also corroborated during ESC validation meeting.

Respondents also mentioned the effects of the Covid-19 pandemic and lockdown which were ongoing during data collection and interviews. Despite these type of challenges, a key success that was expressed by trained and implementing respondents was a change in mind-set and behaviour, something that we refer to as 'ECD awareness', as reflected by these examples (see quotes 24 & 25). They also noted changes in parents' behavior and in the clinic environment (see quotes 26 & 27).

Parents were educated during individual assessment sessions for their children, as well as during group sessions. A parent education curriculum and parent booklet were developed to support this activity. This comprehensive document deals with, amongst others, different aspects of child health and development for children 0-3 years, child protection, responsive care giving by both mothers and fathers, nutrition, mental health etc. Healthy pregnancy (as mentioned in the activity) is not part of the curriculum.

The parent group sessions mainly took place in health facilities, as that is where parents (mainly mothers) come together. Respondents did not mention parent education sessions in nurseries or

Quote 21:

"I also informed my colleagues about the program and the questionnaires. They all became aware and had information on how to implement it at home and in the clinic. They will now be able to notice any delay while the child is walking and to inform the mother to visit the ECD corner to fill the questionnaire and detect any delay in the child's development. So, there was awareness among the staff as well as in society."

– KII key stakeholder MoH, Gaza.

Quote 22:

"Even the supervisors of the programs were always telling us not to give any feedback to the parents. In this stage we only need to validate the scales first. But we have provided parents with information on skills that their children should have in their different age groups."

– IDI health worker MoH MCH-PHC, WB.

Quote 23:

"Me and my colleague provide services, screen, and evaluate the children through the questionnaire available for every age category. Each of us works in the ECD room 3 days per week."

– IDI health worker MoH PHC, Gaza

Quote 24:

"The program had affected us well, especially our personalities. Now we are aware of lots of information that we never knew before. Now, we apply what we've learned in the program in our daily life, on our children or our neighbors, or even any child we meet. Once I feel that there's something wrong with a child, I apply the evaluation I've learned. Now, I feel that I'm capable to direct the parents to what their children are expected to do at this certain age in order to grow healthy."

– IDI health worker MoH PHC, Gaza

kindergartens, places where children often come without their parents. Interviewed care givers were excited about the program and about what they and their children learned. They reported improvements in speech, in fine and gross motor skills and cognitive development and also showed improved 'ECD awareness' and better understanding of their role in ECD (quote 28 & 29).

Quote 25:

"First the changes were on ourselves, we built new skills in dealing with children, for me as a head staff nurse I was always dealing with children through their mothers. After the ECD training on the screening our way of thinking has changed, how to talk with the child see his reflections, response if he talks or not. In the past the only things we cared about were the milestones of weight and height and mainly talking to the mother. Even we have learnt about parenting education, how to make the parents understand what we do and how to deal with their children." – IDI, UNRWA PHC, WB.

Quote 27:

"Now mothers and children feel happy at the clinic, mothers because now they get further service other than taking measurements for children or vaccination, and children now love the room where the assessment is conducted. Now mothers when they hear about the program they call us asking for appointment, they are very happy with this program and they have gained new parenting skills. Many cases have got benefits from our feedback according to the development assessment. The best thing is the child friendly environment in the clinics, even children who are sick and come to visit the doctor used to play in this area which was not available before." – IDI health worker MoH PHC, Gaza

Quote 28:

"They taught him the colours, numbers and the geometric shapes. This program brought my attention to the necessity of teaching a child all these skills. Now he does excellent in responding to my requests, he understands everything I ask him to do: "Go bring some water" he understands everything." – IDI parent (8), WB

Quote 26:

"At the beginning the mother was suspicious to deal with me, saying nobody ever did that to us. But after the second session, the relationship between us was enhanced. Even the son- mother relation got enhanced, now the mother knows her son better. She takes better care of him. The child himself benefited. There's something called self-esteem. I asked the child can you do so or so, I'm sure he knows as nobody doesn't, but the problem here is parents who don't allow the child to try. Give him a chance, within certain limits, within your supervision, fine. Just let him try. Let him experience a space of freedom to try." – IDI KG supervisor (13), Gaza

Quote 29:

"We need to interact with the child from the day he is born, believing that he can understand, show and teach him things that surround him. The child should not be left in isolation, alone. We should include them in activities by making efforts along with the efforts of the organisations. They taught me when they interacted with her, to show more care and show her things, like the sun, toys, light. I wouldn't do that due to a lack of time and I wouldn't concentrate and talk to her the way the trainer did with her. It was a good approach and when I returned back home, we bought some toys for her and taught her the shapes of different animals, in the same manner as the trainer did [...] I also learnt that she needs to be treated as a personality at home as any other person at home and should be given more care and attention. No one should be ignored as everyone has his own needs and problems." – IDI health worker MoH PHC, Gaza

In order to support the activities of screening and early stimulation, UNICEF provided equipment and teaching materials to create 'ECD corners' or 'child friendly spaces' (see quote 30). According to UNICEF documentation around 112 health and education facilities (51 in Gaza, 61 in WB) were targeted by the program, receiving training and/or equipment. It must be noted that when the evaluation team randomly contacted facilities from a list with program locations provided by UNICEF, not all were aware of the program (see Limitations) (see quote 31).

OUTPUT 3: IMPROVING NATIONAL AND LOCAL CAPACITY TO PROVIDE CARE AND SUPPORT SERVICES TO CHILDREN IDENTIFIED AS HAVING A DISABILITY OR DEVELOPMENTAL DELAY

Specialized interventions or services for children with disabilities or developmental delays did not yet take place at the time of evaluation, apart from direct learning and stimulation within the ECD corners, as part of the assessments. Respondents indicated there is no clear referral system, and providers do not know where to refer children to. Moreover, respondents mention that parents and family may not have resources to get access to services in case they get referred. It should be mentioned that at the time of data collection, a referral pathway was being developed to enable health providers to give the right advice to parents and caretakers. Quotes 32-34 are some examples from interviews conducted that reflect comments from both providers and caregivers of children on the gap between detection and referral for services.

Quote 33:

"The nurse was shocked what's going on. My son couldn't sit on his own, couldn't stand or even grab something using both hands. The second time, he could stand but couldn't make a step. Again, the nurse stressed to continue training him to be able to use his second hand and walk. I applied all the instructions but useless. The third time I was informed that everything is fine and that's it. He continues with the same condition, there was no improvement at all, and he was discharged from the program." – IDI parent (6), Gaza.

Quote 30:

"At the beginning of the program, through the UNICEF support, we chose the center and created a corner, called the ECD corner. UNICEF provided furnishing, including a table, a cupboard, chairs for the children as well as a carpet, so that the place is suitable for the child and that he is in a proper environment which is nice and encouraging. They also provided us with toys. We have 10 forms that we fill and each one is filled according to the age group. Each age needs a specific kind of equipment which are toys mostly, e.g. a month-old child needs a toy that makes sounds, but the older one wants colours or wants to see pictures. UNICEF provided all these materials." – IDI health provider PHC, NGO, Gaza

Quote 31:

"I do not know about the program, I have never been told about it because I have bought the nursery recently, in October 2019." – IDI, nursery, WB.

Quote 32:

"What I really needed to learn more about in this program is what comes next after the early detection of the case? What should be done next? Ok, I managed to make the early detection of the developmental delay of a case, then what? What should I do next? As a health provider in this country, what's my role? I'm not well equipped or even qualified enough to deal with the case."
– IDI trained provider for ECD, NGO PHC, Gaza

Quote 34:

"They said that there will be interventions provided to the detected cases of speech and visual impairment, or the handicap cases but there wasn't any. We don't provide any intervention and it is too bad that we are able to detect a problem but aren't able to provide any treatment for it, both the NGOs and the Ministry are helpless. So, they have to pay for such treatments. We do refer the cases, but we cannot provide hearing aids or cochlear implant from Ministry. These things are provided through programs but not as essential service." – KII MoH PHC, Gaza.

Some respondents highlighted that they perceived the lack of referrals as a gap in the program, indicating opportunities for further scale up and support (quotes 35-36). It should be noted that at time of data analysis, the evaluation team was informed that RapidPro, a real-time information system was recently launched and will soon be functional to support and refer children with disabilities.

Regarding revision of the disability law, Birzet University was contracted to revise the current disability law and align it with international legal guidelines and human rights treaties. Consultative workshops took place, including UN organizations and unions of persons with disabilities. Currently the final draft is online, posted through Facebook,²⁶ and open for the population to comment on. However, it is unclear how and whether people are informed about this opportunity to provide input, as some key stakeholders seemed unaware of the opportunity to provide inputs in the process (see quote 37). Another concern raised by respondents was that articles of the previous law were not implemented. As an opportunity for further scale up and continuation of the program, an implementation plan could be developed for the current draft law as it does not yet have an implementation plan.

Quote 35:

"We still refer children to the child's health department on their own responsibility, without coordination with the other organization, and the financial cost is fully for the parents. UNICEF was planning to connect all concerned organizations together via referral system, but it didn't happen."
– IDI trained provider for ECD & ECI, Gaza.

Quote 36:

"Once the problem is comprehensive to include the full cycle of responding to a child I will then consider the program being responsive to the rights of children with disabilities or developmental delays. For now, it is giving hope and never responding."
– IDI health provider PHC, WB.

Quote 37:

"The fourth draft is now in the Ministry of social affairs, they sent it to the prime minister office without showing us what changes they made"
– KII representative for disabled people.

26. https://m.facebook.com/story.php?story_fbid=2621594931216856&id=339075549468817

OUTPUT 4: COMMUNICATION FOR DEVELOPMENT TO REDUCE STIGMA AND DISCRIMINATORY ATTITUDES TOWARDS FAMILIES WITH CHILDREN WITH DISABILITY

The baseline KAP study²⁷ and subsequently informed C4D strategy²⁸ were finalized in respectively September and October 2019. The C4D strategy comes with an extensive 5-year implementation plan and aligned M&E framework. The strategy proposed an “Every Child a Hero”²⁹ concept for effective branding, messaging, advocacy, and engagement around ECD and CWD and has six strategic approaches for delivery of advocacy and communication:

1. Capacity Strengthening, including skill building and training of parents, caregivers, and community members.
2. Media Engagement, including the development of entertainment-education (E-E) programs and other interactive programming that can spark communication among stakeholders.
3. Social Mobilization, including identifying and celebrating role models and mobilizers for promoting inclusion of children with developmental delays and disabilities and positive approaches to parenting.
4. Community Engagement, including dialogues with civic and religious leaders, and participation of parents, caregivers, extended families, and community members in message and activity design, storytelling, and engagement with policy and decision makers.
5. Advocacy, including regional, governorate, district and community activities targeting leaders, organizations, and decision makers.
6. Coordination and Management, including establishing coordinating mechanisms for the implementation, monitoring, and evaluation of advocacy and communication activities.

At the time of writing, implementation was still under way in this area and therefore, no further outcomes could be evaluated. It should also be noted that given the relatively short timeframe of the program, it may be too early to expect any results on stigma reduction. Implementation is currently under way through local NGOs in Gaza and the West Bank.

ADDITIONAL OUTPUT: IMPROVEMENT OF (PHYSICAL ACCESS TO) WASH FACILITIES IN SELECTED FACILITIES

Based on an assessment of WASH facilities in schools and clinics, disability sensitive WASH units were constructed or rehabilitated in 15 schools in West Bank (from this grant; in addition to 5 from another grant). The WASH units were finalized in February 2020. After assessment and clearance the WASH facilities were handed over to the school principals and MoE early June 2020. Due to short usage times and schools closure due to COVID-19 during data collection, evaluation on the use and effectiveness of the facilities was not possible.

In Gaza, the procurement process was finalized in March and the rehabilitation/construction works of WASH facilities in five ECD centers is almost finalized. Implementation of UNICEF WASH facilities is combined with a hygiene software component, involving community members, nurses and teachers. This includes ToT trainings, theatre shows for kids, and hygiene kits.

Additional output: Improved pre-primary education for children with developmental delays
While pre-primary education was not stated in the initial program proposal’s list of outputs, UNICEF requested it to be evaluated as per the ToR of this formative evaluation. The activities towards achieving this objective were confirmed through conversations with UNICEF and implementing partners. During a focus group discussion on site, it was confirmed that Al Quds University has worked on the integration of ECD in their training curricula for pre-school/kindergarten and primary education since 2016 and that they will start a new integrated track on Early Childhood Development in their curriculum from September 2020 onwards.

27. Andrew Carlson and Chola Lungu (2019). Report: Baseline Knowledge, Attitudes, Beliefs and Practices (KABP) Study. In support of: a C4D Strategy for Early Childhood Development and Children with Developmental Delays and Disabilities for Palestine. UNICEF state of Palestine.

28. Andrew Carlson and Chola Lungu (2019). A C4D Strategy for Early Childhood Development and Children with Developmental Delays and Disabilities for Palestine. UNICEF state of Palestine.

29. The evaluation team was later informed that after data collection, the every child is a hero was changed after consultations conducted with community members to the slogan (AMAL, which means hope in Arabic)

An ECD framework guidance for teachers was produced, finalized and endorsed by relevant government Ministries, UNRWA and the World Bank. During data collection, respondents did not mention the training curriculum to evaluation team.

Kindergartens were also included in the implementation of program objective 2 (developing national capacity for early detection and intervention), leading to improved pre-primary education at the level of kindergartens (see quote 38).

Quote 38:

"There were many changes, firstly in the child, the mother and the KG caregiver herself and the changes were positive, I am saying this as an expert of kindergartens. We specialize in this field. We reached out to the parents in different areas. They were not so knowledgeable or aware about childcare, behaviour, self-dependency etc. they had no idea about such things, but we met the parents and provided information on these issues. Their awareness increased on how to interact with a child and what the child should do at a particular age. There were great changes in the parents as well as the children. So, there was an impact on the child, parents and the KG caregiver too. Through the questionnaires, we detected many problems in the child which were not noticed by the parents."

– IDI teacher kindergarten, Gaza

4.3.3 ORGANIZATION

EVALUATION QUESTION AND KEY FINDING

Have stakeholders' organizational structure, managerial support and multi-sectoral coordination mechanisms effectively supported the delivery of the program activities?

There was great appreciation for the way UNICEF coordinated and supported the program. Some respondents suggested opportunities for further coordination: besides absence of referral mechanisms, these included further integration of ECD services into existing intervention and promotion packages.

A majority of the respondents expressed appreciation for the way UNICEF coordinated and supported the program. However, some opportunities to improve the organization and coordination of the ECD system were also observed. One of these was the absence of services for children identified with a disability or delay during validation of the screening tool (see quote 39).

Competing priorities in terms of task division and workload for service providers and fragmentation of services within the ECD system were also mentioned by respondents when discussing opportunities for further integrating ECD services into existing intervention and promotion packages. Although existing service delivery platforms such as kindergartens, nurseries, and vaccination clinics in health facilities were engaged, the current situation in many clinics does not allow for full integration of ECD within these services. For example, screening, education and stimulation were conducted separately and by different staff from services such as vaccination and growth monitoring (quote 28-30). Beneficiaries also raised logistical and time management issues with separately organized ECD education and awareness sessions (quote 40-44).

Quote 41:

"When there are not enough staff in the department, I leave the ECD corner to support the vaccination department. The corner will be vacant which means there is no follow up as there is no one specialized there this is the main gap [...] it isn't within the priorities. Our head nurse sorts out the duties within the schedule and one of my colleagues was put on duty for 3 days in a week. But she couldn't manage to work for even a single day in this corner, due to crowding and lack of staff for vaccination."
– health provider MoH PHC (3), Gaza.

Quote 39:

"At the beginning of the program, through the UNICEF support, we chose the center and created a corner, called the ECD corner. UNICEF provided furnishing, including a table, a cupboard, chairs for the children as well as a carpet, so that the place is suitable for the child and that he is in a proper environment which is nice and encouraging. They also provided us with toys. We have 10 forms that we fill and each one is filled according to the age group. Each age needs a specific kind of equipment which are toys mostly, e.g. a month-old child needs a toy that makes sounds, but the older one wants colours or wants to see pictures. UNICEF provided all these materials." – KII NGO PHC, Gaza

Quote 40:

"I work in the vaccination department for the whole week, where we vaccinate children who are 2, 4, 6 or 12 or 18 months old. I work in the clinic on Thursdays, when I don't have too much work load, I screen one or two children and fill the questionnaires, which takes about an hour."
– health provider MOH PHC (14), Gaza.

Quote 42:

"Timing was not sufficient, and we had some cases that needed to be rescreened a month after the first screening and during summer break, so we had to reach the parents' houses to continue with the case, this was a difficulty we encountered." – teacher KG, Gaza.

Quote 43:

"Last year we had planned to conduct health awareness sessions, 3 sessions for the mothers of the children who visit the center. We couldn't manage to gather them for the 3 sessions. They would attend the first session but not the second one, as some of them are not committed for follow up [...] In addition, the situation of people is very bad. In case they visit the center, we need to pay them money, but I cannot pay 4000 people to attend 3 sessions."

– IDI trained providers for ECD & ECI, NGO PHC, Gaza.

Quote 44:

"I am living in Beit Lahia, which is very far off. I need to be away for 2 hours from home when I have to visit the center. So, I cannot leave home for 3 to 4 hours and come for a weekly session."
– IDI parent (5), Gaza.

One of the reasons that ECD is currently not yet integrated within the existing child protection and education services, might be the fact that the program so far mainly focused on the validation exercise of the assessment tools. However, the three main emerging factors influencing the challenge to integrate ECD within existing services will likely remain to exist if not addressed: workload, shortage of staff and the respondent's perceptions that the screening tool is time consuming and competes with other priorities (quotes 45-46).

It should be noted that the time needed to conduct a screening may improve after practice. According to EDUS, in Bosnia screening takes on average 20 minutes per child. However, some respondents indicate 20 minutes is still relatively long given the overburdened system in Palestine. If all children are screened, vaccinated, and receive growth monitoring separately, this may affect opportunities for scale-up (quotes 47-48).

Quote 45:

"With the high load of work, when a child is to come in, we would ask who has time to evaluate the child, who has one hour to evaluate, there was no plan it was only that we were interested in learning and evaluating. No system was set in place."

– IDI health provider, UNRWA PHC, WB.

Quote 46:

"Personally, I liked the concept of ECD along with the measurements but if we have to implement it, we have to do it in a simple way. The questionnaire is too long, it contains 3-4 pages, and this needs time." – KII MoSD, Gaza.

Quote 48:

"We have a very large number of children, we have about 120 to 200 annually. So, we have screened about 300-400 cases in two years from 15,000 children. We need more manpower to cover all these numbers." – IDI health provider UNRWA PHC, Gaza.

Quote 47:

"Firstly, the whole team isn't trained, secondly the implementation of the tools is time consuming as the tool was too long. One can screen and implement the tool on 4 -5 children but it is impossible to do it for 100 children as there is no team, time, or well-trained staff. This was one of the obstacles faced by us [...] It is opportunistic and sporadic: we didn't screen every child that comes but the ones who have family history. It means that every child that comes to the PHC should undergo screening and not only the ones who have a complaint or problem, or whose mother will ask for screening due to some visible signs of delay."
– KII MoH PHC, Gaza.

4.3.4 EFFECTIVENESS OF MONITORING SYSTEMS

EVALUATION QUESTION AND KEY FINDING

What monitoring mechanisms are in place and how effective are these?

Monitoring field visits were conducted and reported to improve effective delivery of the program activities. An M&E plan, including indicators and an indicator tracking sheet, a logframe and reporting mechanisms are in place. The formulation of outputs could be improved upon.

Implementation of the program was monitored through field visits by UNICEF and EDUS. ECD providers that conducted assessments were observed and received immediate feedback on how to further improve their skills. During interviews conducted by the evaluation team, trained providers mentioned that they benefited from these monitoring field visits.

The program did not have an intervention logic describing the logical flow between activities towards intended results, but had a results framework with indicators at output level (for the reconstructed intervention logic and M&E indicators see Annex 4). The 'outputs' in the M&E plan however were formulated more like outcomes. For example: 'output 1: the quality of neonatal and postnatal health care services improved in selected locations of WB and Gaza' is not a direct result (output), but a medium-term effect that should likely follow from a number of outputs. Outputs are usually the products, capital goods and services which directly result from an intervention³⁰ (e.g. # of functionally equipped neonatal units, # of nurses demonstrating increased knowledge/competencies on), quality is an outcome and a function of structure and process.

The evaluation team also has identified an opportunity to strengthen the linkages between output indicators and outputs, for example it is not entirely clear how output indicators 1.4 "WASH units for educational facilities" or 1.5 "Number of social workers trained on assessing needs of children with disabilities to develop individual case management plans" link to 'output 1' (quality of care in neonatal services). Indicator 1.5 may have been better linked to outcome 2 whereas indicator 1.4 has to do with safe, respectful and sanitary conditions for children with disabilities or developmental delays, an outcome that could have been added to the M&E plan after defining a Theory of Change for the program.

In addition, some outputs and output indicators may benefit from further operationalization, for example 'the holistic approach' (output 2, which would benefit from further defining what is meant with this approach, 'persons' (output indicator 1.3), where it would be good to define who these persons are, 'quality lifesaving services' (output indicator 1.1), which could be further clarified by detailing what services exactly are meant here. Some activities could be more specifically articulated. For example activity 1 output 2 'conducting child development screening using the child development assessment scale' was in reality primarily 'validation of Child Development Assessment Scale through conducting screening on children from different age groups and geographical locations', done with the goal to develop a validated scale for the context of Palestine (output).

Regarding the types of indicators, and what has and has not been measured, a Theory of Change and/or logframe with a clear flow of activities, tracking the causal chain and logic of the intervention from activities to outputs to outcomes would support the M&E team to further operationalize and identify appropriate additional (output and outcome) indicators for each objective.

It should also be noted that following the recommendations above will improve coherence with implementing partners, as indicators reported on by implementing partners often differed from

30. See for example 'outputs, outcomes and impact' from Intrac: <https://www.intrac.org/wpcms/wp-content/uploads/2017/01/Outputs-outcomes-and-impact.pdf>

indicators in the overall M&E plan. In addition, and perhaps due to the formative nature of this evaluation, indicators did not seem to be systematically tracked (for example on a quarterly basis) in a central monitoring system and the evaluation team had to retrieve data from progress reports. These numbers often varied within and between reports, with no clarity on how data were monitored, what numerators and denominators were taken in account. A received list with program locations showed numbers of beneficiaries, but these are the overall target populations of the facilities, not the beneficiaries of the program. When consulted, some of the locations were not aware of the program (see methodology).

4.4 SUSTAINABILITY

The sustainability section aims to answer the following evaluation question: How successful has the program been in laying the grounds of institutional systems (including inter-sectoral collaboration), parental and community engagement for ECD?

4.4.1 ESTABLISHMENT OF INSTITUTIONAL SYSTEMS, INTERSECTORAL COLLABORATION, AND ENGAGEMENT FOR ECD

EVALUATION QUESTION AND KEY FINDING

How successful has the program been in laying the grounds of institutional systems (including inter-sectoral collaboration), parental and community engagement for ECD

The program led to the establishment and institutionalization of new inter-sectoral ways of working that promoted synergies and helped reduce gaps in the screening and provision of services to children with disabilities and developmental delays. Moreover, parents and community members throughout implementation areas in Palestine indicate the program raised awareness on ECD and the importance of stimulation and support throughout the developmental stages of the child. Overall, the evaluation team observed the potential for and the practice of sustainable implementation of the National ECD strategy, but an absence of explicitly formulated sustainability strategies.

Key stakeholders and beneficiaries recognized that activities within the program contributed to ECD knowledge and awareness, inter-sectoral collaboration and community engagement. Service providers are engaged and motivated to continue working on ECD in a holistic manner, and are requesting more support and resources to continue and expand the different areas of work, as indicated by this quote from a service provider in West Bank on staffing their ECD corner (Quote 49).

Respondents also indicated the importance of continuity and dedication to sustain the efforts of the ECD program (Quote 50).

As previously noted under section 4.2.5 on Stakeholder involvement, key informants in the national and subnational coordination mechanisms indicate the program has supported intersectoral collaboration and helped to coordinate programmatic efforts in the national roll-out of the ECD strategy, effectively preventing duplication of activities and overlap in areas targeted by different organizations.

Quote 49:

"We consider it [the program] as institutionalized but we need someone to be assigned permanently for this, to be assigned to work in the ECD room."

– Service provider, Gaza

Quote 50:

"The most important thing is the follow-up, to follow-up with the same trainers and not to change the staff. if you to work hard on a program and want it to continue you have to continue with the same trainers, during the training session we used to see new faces, newcomers used to ask questions already covered in the first sessions, continuity is the most important part. Also funding is essential so that the program does not stop, discontinuing a program like this could waste a big opportunity for many children. Also, you need full time staff dedicated to this program only."

– Service provider, West Bank

In terms of parental and community engagement, respondents mentioned they have initiated awareness sessions and actively tried to include parents and community members including fathers through parental groups. However, parental as well as paternal involvement remains a challenge (Quote 51).

A key informant working in one of the Ministries in Gaza identified integration of ECD into University curricula as a way forward to foster awareness in the community and among service providers (Quote 52).

Overall, the evaluation team observed the potential for and the practice of sustainable implementation of the National ECD strategy, but an absence of explicitly formulated sustainability strategies.

Quote 51:

"I would say that there was some participation [from the community], as we have also tried to involve fathers in the program but only one father attended. We tried to involve the parents in parents groups and raise awareness of the community but not all parents were attending regularly to the meetings."
– Service Provider, West Bank

Quote 52:

"We want ECD to be included in university curriculum, schoolteachers and community members should have this knowledge so that anyone can contribute to awareness sessions for ECD."
– Key informant in a Ministry, Gaza

4.4.2 CONTRIBUTIONS OF PROGRAM ACTIVITIES TO ACHIEVE AND SUSTAIN ANTICIPATED RESULTS

EVALUATION QUESTION AND KEY FINDING

How well are the activities helping to achieve and sustain the anticipated results?

Beneficiaries recognize the contribution of the program to lasting ECD awareness and the institutionalization of intersectoral collaboration. A key mechanism through which activities are contributing to sustained results is the inclusion of "Plan Do Check Act" cycles in the program's implementation. Beneficiaries indicate some gaps remain that may challenge sustained results such as issues with consistent funding sources, staff capacity and the need for more training and capacity building.

For effectiveness of the implementation of separate activities in the activity plan, see the Effectiveness chapter of this report. With regards to sustainability and sustaining anticipated results, the trainings, activities, and planning under this program contributed to ECD awareness. Moreover, the intersectoral collaboration on the activities under the ECD program led to a shared agenda and the inclusion of ECD as a key technical topic at the top of the national political agenda. This has led to sustained engagement of actors at national, local and facility level, who are now engaged in new, more coordinated ways of working.

The evaluation team observed that a key mechanism through which the program's activities contributed to sustained results were the planning cycles that follow from intersectoral implementation. In this method, which is called "Plan Do Check Act" (PDCA) or "Plan Do Study Act" (PSDA) in program management literature, stakeholders rally around a program and cycle through the different stages of implementation. The involvement of the technical steering committee and wider intersectoral implementation community in these cycles has led to a continuous quality improvement cycle and contributed to building the capacity of government to sustainably implement within and between relevant sectors.

While participants acknowledge the contributions of the program's activities to sustained results, they also recognize some challenges remain. These include challenges with finding financial support to continue sustaining activities, and issues with staff turnover which affected attendance at the trainings and may affect the continuity of knowledge sharing in the future. Respondents also expressed the need for more training to sustain learning within the program through Plan Do Check Act (PDCA) cycles and to support the quality of services implementation.

4.4.3 PROGRAM OWNERSHIP BY GOVERNMENT PARTNERS

EVALUATION QUESTION AND KEY FINDING

To what extent is the program owned by government partners (including activities, priorities, strategic development and budget allocation)?

National ownership is emerging at all levels, including in terms of the program's activities, setting priorities, strategic development and mobilization of funds. Respondents indicate more funding could further strengthen national adaptation, ownership and scaling by the government. Limited financial ownership of Ministries remains a challenge to sustainability resulting in potential donor dependency.

Respondents expressed strong commitment across the board from government actors, leading to the presence of ECD on the national agenda in an intersectoral manner. This includes the leveraging of additional donor resources to program ECD activities including a novel multi-million dollar World Bank program on ECD. The ability of government to not only oversee implementation of UNICEF's ECD program but also to raise funds for additional needs in ECD is indicative of strong ownership of the ECD agenda as a whole.

Regarding ownership, findings from national to subnational and community level, key informant and in-depth interviews underline the participatory, intersectoral and inclusive nature of the program. Key informants from two Ministries in Gaza, highlighted this (Quotes 53-54).

At service provision level, a similar observation was made. This service provider, when asked about whether they felt ownership of the program (Quote 55).

A service provider in Gaza reflected on the sustainability of engagement with the program (Quote 56).

Quote 53:

"I strongly feel ownership of the program."
– Key informant in a Ministry, Gaza

Quote 54:

"Yes, we feel 100% ownership"
– Key informant in a Ministry, Gaza

Quote 55:

"Yes definitely, I am actually sad that we haven't been doing a lot during this period [COVID-19 lockdown] ..." – Service provider, West Bank

Quote 56:

"As the program is already adopted by MoH, I think it'll continue working on it as part of its activities even if funds phase out. UNICEF usually provides us with tools and equipment which is the most important part and staff are already part of the MoH. Even when we face a shortage of tools, we provide them ourselves. The MoH is a partner in this program with UNICEF and others so the ECD program became one of the services the MoH offers and will continue to offer if funding phases out. If there are no funds the MoH may be able to provide the tools, and activities will continue." – Service provider, West Bank

In terms of strategic development and budget allocation, the evaluation team is so far unaware of any budget allocations by Ministries for ECD activities under this program, and recognizes this as a potential key opportunity to leverage the ECD investment case and costed national ECD plan to involve government commitment in terms of budget allocation in the near future in an effort to further ensure sustainability of ECD activities in Palestine. It should be noted that at the time of writing the Palestinian Authority is facing a financial crisis which may further hinder budget allocations to ECD in the near future.

4.4.4 POSSIBILITY FOR NATIONAL ADAPTATION, OWNERSHIP AND SCALING AND FACTORS AFFECTING SUSTAINABILITY

EVALUATION QUESTION AND KEY FINDING

Is there possibility for national adaptation, ownership and scaling? What are factors that affect sustainability when external funding phases out?

Respondents indicate an eagerness to further adopt the ECD agenda and program activities at national level. They also underline the importance of further scaling up of the program, and that scale up requires clear actions and roles per sector, budget lines per Ministry and integration of fist-line detection in nurturing care. Some respondents point out that overlap between membership of the National ECD committee and the technical committee, may hamper clarity in the division of roles.

According to respondents, national adaptation is already under way, and is illustrated by recent efforts for resource mobilization with the World Bank and EU, but also by the revisions in the disability law and the prominence of ECD as a key policy issue on the national political agenda. All respondents indicate an eagerness to further adopt the ECD agenda and program activities at national level. They also point out that scale up requires clear actions and roles per sector, budget lines per Ministry and integration of fist-line detection in nurturing care.

Some respondents shared that they observed quite some overlap between membership of the National ECD committee and the technical committee, which may hamper clarity of division of roles and lead to conflation between high-level strategic goals including resource mobilization which concerns the national ECD committee's mandate, and technical aspects of national ECD policy making and implementation, which should be handled in the technical committee. The evaluation team learned that a revision of the Terms of Reference of both committees is under way with an aim to further clarify this division of tasks.

4.4.5 HOW CAN THE PROGRAM BE BROUGHT TO SCALE?

EVALUATION QUESTION AND KEY FINDING

How can the program be brought to scale?

Participants suggested that professionalizing the National ECD committee and technical committee by inclusion of a secretariat that facilitates administrative tasks such as note taking and calling meetings. A clear division of roles and separation between the two key committees could be facilitated through refining the ToRs for the committees, with an aim to reduce the overlap between participants in the National committee and the technical committee. Lastly, respondents identified the costed national ECD workplan as well as the investment case as viable strategies for national scale up.

In terms of organization, participants praised the intersectoral work, but also identified the need to further professionalize the National ECD committee and technical committee, potentially with a secretariat. Another issue that came up was the opportunity to add a layer of leadership in the

form of a secretariat to the National ECD committee to create an equal relationship between the technical line Ministries and clearly delineate responsibilities between the different Ministries. Such a secretariat can be seated at the proper level, for example a (vice)president's office, or a national planning committee. On the financial side, the costed ECD national workplan as well as the ECD investment case will be key in making scaling effective and sustainable. This should also include some form of budgeting at national level, reserving budget lines in the different Ministries to undertake key ECD activities and functions that can be brought to scale without external donor funding. This may however prove challenging, as the Palestinian Authority is dealing with a financial crisis at the time of writing.

4.5 HRBA AND EQUITY

4.5.1 HUMAN RIGHTS BASED APPROACH PROGRAMMING

EVALUATION QUESTION AND KEY FINDING

How successful were the key principles of human rights based approach programming (HRBAP) applied in planning and implementing the program?

The program is grounded in child rights and had successes in all five HRBA guiding principles. Lessons for improvement include:

- Human rights-related CSOs, such as disabled persons' organizations, could be further engaged.
- Hard to reach children, especially those with disabilities, that do not reach the facility are at risk to remain invisible.
- Participatory roles of partners, especially at ministerial level could be improved; community (especially children and families, children with disabilities) could be stronger engaged in planning and program decision-making.
- Feedback loops on program learnings and results to the community and implementing partners could be strengthened.
- Absence of an actor-based theory of change, i.e. who does what, complicated partners awareness of and acting on their responsibilities within the program.

Human rights and equity are fully integrated in the scope of the program, focusing on the rights of children with disabilities and developmental delays to receive equitable Early Childhood Development and intervention services. To further evaluate the application of a Human Rights-Based Approach (HRBA) to programming in the design and implementation, documents and collected qualitative data were assessed against five HRBA guiding principles (Table 6).

Table 6 Summary of findings against five HRBA guiding principles

HRBA guiding principles	Findings	Supporting Quotes
Human Rights normativity	<ul style="list-style-type: none">– The program is developed on the basis of the promotion and protection of child rights and the rights of children and people with disabilities.– Appropriate partnerships are established, including relevant government Ministries, academia and CBOs.– Human rights-related CSOs could be further engaged.	<p><i>"Because again a child isn't aware of his rights, and if a child grows up with a disability, he will become only a consumer rather than an active producer in the society. And that is one of the rectifiers that make a well-developed and strong country."</i> – IDI trained provider, NGO PHC, Gaza</p> <p><i>"We have an idea of the program, we attended some meetings with the ministers, but we are not fully aware about the details. Our participation came because we are keen on representing children with disabilities, we intended to participate. If we don't raise the issue of the rights, no one will care."</i> – KII representative of disabled people, WB</p>

Non-discrimination	<ul style="list-style-type: none"> – Considerations of non-discrimination and equality for children with disabilities, girls and boys and marginalized groups are integrated. – For the selection of program locations (including health and education facilities and main hospital in each governorate) three governorates in WB (Nablus, Hebron, Jericho) and five in Gaza were chosen in agreement with the Ministry, based on indicators of the Multi Overlapping Deprivation Analysis, MICS and CENSUS: these were areas with, amongst others, highest poverty and school dropouts. Public hospitals are serving the highest numbers. – Hard to reach children, especially those with disabilities, that do not reach the facility are at risk to remain invisible. See also the paragraph on equity. 	<p><i>"They provided for the needs of a child in Gaza who is known to be vulnerable, in our culture the one who is visible gets his rights and the child with problems may be ignored due to social pressures, which is destructive, but the program takes everything into account."</i> – IDI care giver, Gaza</p> <p><i>"The response is not enough as children with disabilities don't come to our PHC. We do make screening and sometimes detection, but the case of children with disabilities is different."</i> – IDI trained provider, MoH PHC, Gaza</p>
Participation	<ul style="list-style-type: none"> – The needs of children with disabilities are clearly identified in the situation analysis. – Both providers and care givers report that families were engaged and counselled on the services and assessment results in a respectable manner. Some parents do not feel well informed, this happened more often when providers were overburdened and did not have time. – Partners, including Ministries, UNRWA and NGOs were all involved in the planning phase of the program, but did not have equal roles in implementation. Budget allocations were made for NGOs, not for government authorities. – Information and feedback sessions for parents took place at the start of the program. The community (especially children and families, children with disabilities) could even be stronger engaged in planning and program decision-making. 	<p><i>"We interact with them, respect their dignity, the emotions of a mother and the child."</i> – IDI, trained provider, NGO PHC, Gaza</p> <p><i>"No they did not tell me about it. I went suddenly for the evaluation and I didn't go back. They only evaluated my daughter their goal was to help my daughter. And they were busy with all the children so there was no time to talk."</i> – IDI care giver, WB</p> <p><i>"Unfortunately, they didn't involve us in preparation of the training material. The MoSD should have a role in that. (...)UNICEF had included the engagement of the people within its plan and they had teams assigned for that, these teams were paid monthly but we didn't get any financial support, staff or employees to implement this activity."</i> – KII MoSD, Gaza.</p> <p><i>"We conducted different focus groups with the community, employees in the MoH and others, before starting ECD implemented activities. We explained ECD, and took feedback from them, the results were very good so this ensures the importance of participation with people in such programs. But this area needs more improvement. We should engage people in larger scale. Even engagement of facilities is still a gap."</i> – KII NGO PHC, Gaza</p>

Transparency	<ul style="list-style-type: none"> – Tools and program materials were available for the program's participants. An online system for wide-spread rapid availability of the materials still has to be created. – Feedback loops on program learnings and results to the community and implementing partners could be strengthened. Especially in times of Covid-19 respondents mentioned to be in the blind about the ongoing status of the program. The evaluators acknowledge the complications and delays caused by Covid-19 and the ongoing nature of the program. 	<p><i>"We didn't see the validation at all even though I worked very hard and used to submit weekly reports about numbers, screening and results from the 5 Gaza joints. But there was no feedback at all."</i> – KII MoH PHC, Gaza</p>
Accountability	<ul style="list-style-type: none"> – UNICEF conducted regular field visits to observe the program and integrate feedback and lessons learned into the program. – Absence of an actor-based theory of change, i.e. who does what, complicated partner awareness of and acting on their responsibilities within the program. 	<p><i>"They did not go into proper mapping of actors on the ground in the way that we can articulate a national approach. They missed to recognize each partner, the role of other partners, missed to recognize how respective partners will complement."</i> – KII child development expert, WB.</p>

4.5.2 EQUITY

EVALUATION QUESTION AND KEY FINDING

Did the program equitably reach different groups, in terms of marginalization, geographic location, sex and type of disability?

The program addressed equity in terms of geographic location, marginalized groups and sex of the child, but children with disabilities were still left behind as a result of under-achievement of objective 3. In addition, as the interventions took place at facility level, the children that never reach a facility, including those with severe disabilities, remain invisible.

The document review, field visits and interviews confirmed that the program addressed equity in terms of geographic location, marginalized groups and sex of the child. This is evident from the outset of the program: areas with the most vulnerable population in WB and Gaza were selected for this pilot. Key marginalized groups in Palestine, such as Bedouins, were also included from the start of the pilot.

Gender equality was emphasized in all interviews, as both beneficiaries and implementing stakeholders mentioned equal treatment of girls and boys when receiving or providing ECD services. Accessibility of regular services, such as nurseries or kindergartens,

Quote 57:

"We only work with the normal children as those who have disabilities need a special place and specialists." – IDI nursery, Gaza

remains challenging for children with (severe) disabilities (Quotes 57-59).

An issue that was raised and remains in the Palestinian context are “invisible children”, these are children with a suspected developmental delay that are kept at home by parents and family to avoid stigma or discrimination of the child and its family in the school system or wider society. Whether there is a gender gap within the group of “hidden children” or children that remain invisible to the facilities could not be evaluated.

Quote 58:

“Children with cerebral palsy are left behind, or the ones who can’t reach the clinic and can’t go out of their houses because of severe health problems, where the mother can’t bring the child to the clinic.”
– IDI trained provider for ECD & ECI, NGO PHC, Gaza. Ministry, Gaza

Quote 59:

“We can say to some extent that the services for particular groups are not included like children with severe disability, as we cannot serve them in a proper way till now. We may detect the disability, but we cannot provide the service as this gap needs improvement and development” – IDI health provider, NGO PHC, Gaza.

5. CONCLUSIONS, LESSONS LEARNED AND RECOMMENDATIONS

5.1 CONCLUSIONS

This formative evaluation provided insight on the relevance, efficiency, effectiveness, and sustainability of the 'Improving early detection and interventions for Palestinian children with disabilities and developmental delays in the State of Palestine' (ECD) program. It focused on the lessons learned and achievements as well as on the multi-sectoral processes at the national and sub-national levels. This section first concludes with a synthesis of the four evaluation criteria (relevance, efficiency, effectiveness, and sustainability). Lastly, it will examine the overarching contributions of the program in the four areas of interest defined by UNICEF under purpose. These are the perceived use of the program, embedding of the program in policies and service delivery, direct, and indirect consequences of the program and gaps between policy and implementation. We also included a fifth section that highlights the innovations that were brought about by the program. Turning to the OECD-DAC criteria that guided this evaluation, the evaluators can conclude that the ECD program in Palestine is highly relevant in achieving its objective of responding to the needs of children with disabilities and developmental delays in the SoP. The evaluators conclude that the program outputs and activities were generally well aligned with the National Strategy for Early Childhood Development and Interventions and instrumental in supporting the National ECD Committee in its implementation.

Based on the data at the time of writing, the program was **efficient** in allocating and executing its budget on time to achieve the desired outputs: 72% (13 out of 18) of all activities were completed on time and prior to the program end date. The first output of the program aimed at improving the quality of neonatal and postnatal health care services in selected locations of the West Bank and Gaza Strip can be particularly concluded as **highly efficient**, as the resources used were within budget, delivered over half a year prior to the program end date, and overachieved on the targets set for each of the activities. The remaining program activities (5 out of 18) are on track to be completed in time and before the program end date of March 31, 2021.

The ECD program can be concluded as **largely effective** in delivering quality services and goods to respond to the needs of children with disabilities and developmental delays in the SoP. The activities under Output 1 in support of equipping neonatal units and protocol development were seen as major steps towards improving the quality of neonatal care in hospitals. Output 2, including the trainings on EDC and ECI, and scale validation activities were often qualified as excellent, while some differences in the perceived effectiveness of implementation remained between Gaza and the West Bank. The effectiveness of the activities under Output 3 remain inconclusive at the time of writing, as progress towards improving national and local capacity to provide care and support services to children identified as having a disability or developmental delay are hampered by COVID-19 related delays in training for the development of individual case management. In addition, although a referral pathway is under development, the evaluation revealed a gap in referral and provision of services for children once they are detected with a disability or developmental delays. The evaluators found that often services are not available, not accessible, or providers do not know how to refer children to appropriate services.

In terms of **sustainability**, the evaluation team found that the program led to the establishment and institutionalization of new inter-sectoral ways of working that promoted synergies and helped reduce gaps in the screening and provision of services to children with disabilities and developmental delays. While challenges related to sustainable funding remain, the evaluation team observed the potential for and the practice of sustainable implementation of the National ECD strategy, but an absence of explicitly formulated sustainability strategies.

Next, we turn to the **perceived use of the program and its effect on the lives of the beneficiaries** including issues of **equity**. We conclude with the overall impression that the program was valued by all stakeholders. The program design responds to a considerable amount of the needs of CWDs and developmental delays in Palestine, as identified in the 2016 situation analysis. A key success is the program's contribution to increased ECD awareness among all stakeholders. The program's focus on non-discrimination and equity is evident, yet some respondents report children with severe physical disabilities may still not have access to services. In several interviews, the issue of 'hidden children' with putative developmental delays or disabilities due to stigma was mentioned. This practice, which has been previously documented in Palestine remains a barrier to accessing services and some recommendations will be made in the next section on ways to build on the program's strengths and existing structures and capacities to increase community outreach and reach these children.

Regarding **how well the program is embedded within national and local policies and service delivery mechanisms**, this evaluation found the program contributed to paving the way for intersectoral collaboration at the national and sub-national levels. The program effectively positioned ECD as a national priority, contributing to minimizing duplication in the field. Key strengths at the national level included the support for the inter-sectoral coordination mechanisms, which not only supported implementation but also played a role in leveraging and coordinating donor support for ECD. At the field level, the training for service providers and caretakers was highly appreciated and contributed to ECD awareness. Respondents indicated there was still room for improvement in the referral system, including the supply of specialized services for children with disabilities or developmental delays, (financial) support for parents of children in need of referral.

The third component of this conclusion summarizes the **direct and indirect, intended and unintended consequences** of the program and conditions for success that can be capitalized on, including linkages between different sectoral interventions. Key intended successes of the program were the increased capacity on ECD at all levels (detection, referral, and interventions) and improvement of quality services in neonatal wards. A more indirect effect was the increase in ECD awareness beyond those that were trained. This effect was observed from the highest policy levels down to the community level. A key condition for success was the adoption of a continuous quality improvement cycle. For example, an implementation plan was created for the neonatal protocol, including regular assessment of facilities and identified actions for improvement. Another example is the training on ECD which was supported with mentoring field visits for immediate feedback and learning, which was highly appreciated by trainees. This led to the unintended effect of capacity building by implicitly adopting Plan Do Check Act (PDCA) cycles into the way the program implemented its different activities. Respondents found ownership, sustainability, and learning were greatly stimulated by this.

Next we summarize the **gaps between policy and implementation** that were found in this evaluation. ECD detection through the DBS is still perceived as in the piloting phase and is therefore not being taken up and used, particularly in the West Bank. Some respondents noted that the new disability law does not yet have an implementation plan, a gap between policy and practice that could be bridged by taking this along in the national scale-up of the program. While ECD detection has taken place as part of this program, it is not always followed up with the intervention component (ECI) due to the lack of clarity in the referral system and the lack of money to pay for treatment on behalf of caretakers of children with developmental delays. A related gap pertains to insurance and payments for children requiring ECD specialized services and assistive devices. While children should be covered under current laws, actual coverage still remains a challenge, and many parents and service providers reported on parent and caretakers' inability to pay for specialized services for their child. The Early Childhood Education component which is to be delivered in nurseries is still in development and is not yet rolled out.

A point of attention for the **scalability** of the current approach concerns overburdened service provision systems. The three main factors that are likely to remain a challenge to bridging the

divide from policy to practice, are the workload of current service provision staff, shortage and turnover of staff and the length of the specialized screening tool. All three factors pose a challenge to integrating ECD within the existing services if not addressed. While after practice, administering the DBS screening tool may take 20 minutes per child, respondents still consider this lengthy within an overburdened system, especially if all children must be screened, as well as vaccinated, and monitored for growth. This may affect opportunities for scale-up and hamper the program's objectives to reach more children and will be addressed in the recommendations section below. Some of the health centers expressed concern over the practicality of some of the equipment provided as it wasn't standard and therefore couldn't be repaired.

Lastly, we briefly turn to the program's **innovations**: it should be acknowledged that this program is the first of its kind to bring the many different sectors and technical dimensions of ECD together in Palestine, using an integrated, participatory, and well-coordinated national mechanism for a territory that is dispersed and geographically fragmented. Moreover, the program supported the development and validation of a national scale that is can support the screening of children for developmental delays, which can be seen as a major achievement.

5.2 LESSONS LEARNED

Key lessons learned from this evaluation related to the main evaluation questions are:

Relevance

- **The multi-sectoral effort to strengthen the ECD system as part of this ECD program is a first in Palestine and the region, and delivered results for children with disabilities and developmental delays and their parents and caretakers. Its institutional arrangement as well as strategy can serve as a lesson for the region.**

Efficiency

- **It is possible to develop, test and roll out an ECD assessment tool that is validated and contextualized for the Palestinian context.** The lessons learned from this effort can also be shared with and applied in other counties in the region.

Effectiveness

- **A Theory of Change that shows a clear division of roles (is actor based) and guides the translation from national strategy to program activities can improve program relevance during scale up.** For future iterations and scale up of ECD programs, it is necessary to formulate an actor-based Theory of Change that can serve as the link between the national strategy and program activities. This ToC can be used to inform the TOR and division of roles for the ECD committees and the logframe for program activities, outputs and outcomes.
- **The M&E Framework has room for improvement.** Further iterations of an M&E framework would benefit from more concise language and a clear distinction between direct program outputs and program outcome. In order to track this, indicators could be formulated at both output and outcome levels (this lesson learned is relevant to all evaluation questions but listed under effectiveness).

Sustainability

- **Multi-sectoral collaboration has many advantages, but it takes time to develop the skills needed to strengthen the ECD system.** Strengthening the ECD system and learning to work with different Ministries towards common national objectives in a coordinated way heavily relies on building capacities for a number of "soft" skills that include coordination and communication. It takes time before these skills are fully developed and used. The process is worth it, as ECD now prominently features on the national agenda and additional donor funds were leveraged from international donors as a result of the multi-sectoral coordination mechanism, and sustainability strategies should be explicitly formulated to continue the delivery of results.

5.3 RECOMMENDATIONS

The recommendations presented in Table 7 below cover this formative evaluation's main aim of providing recommendations for program strengthening and recommendations for sustainably scaling up activities at national level. The recommendations are firmly based on evaluative evidence and formulated in order to improve on the relevance, effectiveness, efficiency and sustainability of the program and to achieve the goal of scaling up to national level in the near future. Each recommendation includes the addressee (who should address the recommendation) and the priority given to the recommendation according the Evaluation Steering Committee (ESC). These recommendations were validated during the validation exercise of the authors of this report together with the ESC on November 30th 2020. The recommendations are ordered by priority level, with the recommendations with highest priority presented first.

Table 7 List of Recommendations

Recommendation	Addressee	Priority as assigned by ESC
<p>1. Explore opportunities to strengthen the referral system and consider further investment in referral systems as part of national scale-up</p> <p>Why? Respondents mention the need to develop one (shared) database for screening, diagnosis and referral for the whole system (including the three Ministries) to follow all children. Beneficiaries and stakeholders identified issues with referrals including lack of knowledge by the service providers and lack of ability to follow up by parents and caretakers, mostly due to financial constraints. In the current situation, parents are not able to afford paying for specific services for their children, preventing treatment and follow up.</p> <p>How? UNICEF and the national ECD committee should commission a mapping of services within the next 6 months for CwD and DD to strengthen referral system and identify gaps within the system. The mapping should be the first step in support for service providers to find their way in the referral system</p> <p>UNICEF and the national ECD committee should explore opportunities for fiscal space and donor support over the next 12 months for health insurance and other means to sustainably cover children with disabilities' health needs and children with developmental delays' costs of referral to specialized services.</p> <p>Over the next 12 months, UNICEF and the national ECD committee should explore the option for the MoH to subsidize fees for referrals and ensure minimum quality standards are established and met in private institutions, as all specialized services take place outside the MoH.</p> <p>Over the next 12 months, UNICEF and the national ECD committee should explore the opportunity to link services to outreach services in order to find hard to reach children, especially those with disabilities. This could be done by integrating ECD outreach in the MoSD home visits, and exploring opportunities for educating a corps of community health workers with ECD awareness.</p>	<p>ECD committee / UNICEF SoP</p>	<p>Very High</p>

<p>2. Further institutionalize DBS screening in all three Ministries and UNRWA with a clear plan of implementation</p> <p>Why? This evaluation found that beneficiaries, service providers and key stakeholders responded positively to the validation exercise of the DBS, but that it was perceived by some (mostly in the West Bank) as only a pilot exercise. In order to maintain momentum and build on the capacities built, UNICEF and the national ECD steering committee should explore opportunities to further institutionalize DBS screening across all three Ministries.</p> <p>How? UNICEF and ECD committee should draft a clear plan of implementation for institutionalizing the DBS with a clear division of roles and responsibilities (for recommendations on further clarifying roles and responsibilities, see also recommendation 3).</p>	<p>ECD committee / UNICEF SoP</p>	<p>High</p>
<p>3. Develop a coherent actor-based Theory of Change for the ECD program that steers the intervention logic and as such guides the TOR for the National ECD Committee and Technical Working group</p> <p>Why? During the validation exercise, the ESC agreed on the importance of this. Stakeholders and key informants also indicated the importance of clarifying different roles between the National ECD committee and the Technical working group as they currently overlap. The formulation of a ToC will help improve the coherence and rationality of the program design, clarify roles and mandates and ensure the use of evidence-based interventions.</p> <p>How? Within the next 6 months, UNICEF and the national ECD committee should draft a coherent actor-based Theory of Change for the ECD program and finalize Terms of Reference (ToRs) for the National ECD committee and technical committee. Process facilitators for the drafting of the ToC should ensure a shared holistic view of ECD is adopted by all stakeholders and then work backwards from the envisaged change (impact) to define the conditions needed to be in place, then decide on aligning these with evidence-based interventions. Stakeholders can capitalize on the validation meeting of this formative evaluation with the Evaluation Steering Committee and its discussion of the draft Theory of Change to inform the roles and responsibilities of actors for both ToRs. This draft ToC which was reconstituted from program documents by the evaluation team (see annex 2), although not perfect or comprehensive could be a starting point. The actor based Theory of Change could be used to inform the finalization of the Terms of Reference for the National ECD committee and technical committee as well as the profile of the types of representation and expertise needed in the different committees. This will likely contribute to reduced overlap between the committees and a clearer division of roles.</p>	<p>ECD committee / UNICEF</p>	<p>High</p>

<p>4. Explore the full integration of ECD services within existing sectors, and intervention and promotion packages</p> <p>Why? Respondents in service delivery and key stakeholders highlighted the overburdened service delivery system and competing tasks as a key challenge to sustainable and effective implementation. Findings of this evaluation indicate that both formalization of tasks and further integration of services are a promising way forward.</p> <p>How? In the next 6 months, UNICEF and the national ECD committee should task the ECD technical working group to revise health providers' job descriptions to include ECD and ECI and to clarify roles and responsibilities of teams working in facilities that are targeted for screening and service delivery under the National ECD Strategy.</p> <p>In the next 6 months, UNICEF and the national ECD committee should task the technical working group to draft a plan to integrate screening into other running programs like vaccination, adding (rapid) screening to the checklist in the child file at clinics, and building on the red flags in the MCH handbook</p>	<p>ECD committee / UNICEF, technical working group</p>	<p>High</p>
<p>5. Increase community involvement in the next phase of the program</p> <p>Why? Stakeholders and beneficiaries indicated limited levels of stakeholder engagement due to limited interest from beneficiaries and communities. In order to improve community-level engagement and outreach, including the identification of "hidden children", human rights-related CSOs (disabled persons' organizations) and communities (especially children and families, children with disabilities) could be further engaged in planning and program decision-making, for example through an advisory committee with community representatives that advises the National ECD committee.</p> <p>How? In the next 6 months, UNICEF and the national ECD committee should draft the ToR and a shortlist of potential stakeholders that could participate in an advisory committee with community representatives that advises the National ECD committee. Ideally, the committee will be installed prior to the scale up of the program.</p>	<p>ECD committee / UNICEF</p>	<p>High</p>
<p>6. Further institutionalize the training of trainers (ToT) modality through the integration of ECD in teaching, nursing and medical curricula.</p> <p>Why? Stakeholders and service providers have indicated the ECD and ECI trainings could be further scaled up if a training of trainers modality would be implemented. This will enable those who follow the ToT to further train colleagues and others interested and further embed ECD-awareness and skills for rapid screening more widely into the system</p> <p>How? Within the next 6 months, UNICEF and the national ECD committee should task the technical working committee to draft a plan to integrate a ToT approach throughout the next phase of the ECD project</p>	<p>ECD committee / UNICEF</p>	<p>High</p>

<p>7. Capitalize on the current successes and share challenges in bringing ECD as a national priority to the National Policy agenda and positioning SoP as a pioneer in the region in ECD, and communicate widely the opportunity to provide input to the national disability law and finalize its implementation plan, integrating its activities into the costed National ECD plan</p> <p>Why? Stakeholders indicated the ECD program has important lessons learned and outcomes that can be leveraged for national policy making and regional learning. These should be communicated widely. As an example, the opportunity for disabled person's organizations to provide input into the revision of the national disability law was not known by all stakeholders.</p> <p>How? In the next 3 months, UNICEF should explore the opportunity to commission a brief with the aim to share the lessons learned with other UNICEF offices and implementing partners in the region and beyond and to support learning for other countries and UNICEF country offices and to support resource mobilization for national scale-up of ECD programs</p> <p>To the extent necessary, UNICEF should communicate the financial constraints faced by the Government to the donor community to secure external support for national scale up of ECD and ECI activities</p> <p>In the next 3 months, UNICEF is recommended to communicate widely the opportunity to provide input on the revised disability law</p> <p>In the next 6 months, UNICEF and the national ECD committee are recommended to bridge the gap between policy and practice by finalizing the disability law's implementation plan and integrating its activities into the costed National ECD plan</p>	<p>ECD committee / UNICEF</p>	<p>Moderate</p>
<p>8. While revising the ECD strategy, design a comprehensive national framework, including all components of Early Childhood Development</p> <p>Why? Besides including a holistic approach in the new strategy when it is due (2022), stakeholders also recommend revision of the strategy due to the COVID-19 outbreak.</p> <p>How? Over the next 6 months, UNICEF and the national ECD committee should revise the ECD strategy to include a comprehensive national framework, including all components of Early Childhood Development keeping in mind the COVID-19 outbreak. This framework should include an overview of all actors involved (conducting a mapping to include all relevant Ministries, multi- and bilaterals and community-based organizations) to get to a common holistic understanding. This process should also be used to identify any gaps and to explore improved coordination mechanisms, including a clear articulation of the linkages between activities conducted under the program area of nurturing care and activities conducted under the ECD program area that focus on children with disabilities</p>	<p>ECD committee / UNICEF SoP</p>	<p>Moderate</p>

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ANNEX 1 TERMS OF REFERENCE OF THE EVALUATION

EVALUATION TORS UNICEF STATE OF PALESTINE TERMS OF REFERENCE FOR INTERNATIONAL EVALUATION FIRMS.

Title	Formative evaluation of Early Childhood Development interventions on children living with developmental delays and disabilities in the West Bank and the Gaza Strip
Location	State of Palestine
Reporting to	Chief of Social Policy, Planning Monitoring and Evaluation in cooperation with Monitoring and Evaluation Specialist
Duration	6 months (working 50% to allow periods for UNICEF and partner review, and to allow periods for spacing of data collection) ³¹
Start and end Date	1 August 2019 to 31 January, 2020

I. PART ONE – EXTERNAL

1. BACKGROUND

For over 50 years, the State of Palestine has been characterized by violence, hostilities, and protracted displacement. As a result of the conflict in the State of Palestine, basic provision of services continues to remain a serious concern and Palestinian children continue to face severe challenges. These challenges limit the ability of children in reaching their full potential and eventually positively contributing to their communities. Children with disabilities are further marginalized as they require specialized care and services that are not easily accessible and/or provided in Palestine.

To better understand these challenges, a national disability survey was undertaken in 2011 and it was determined that 410,000 people in the State of Palestine suffer from some form of disability.³² Based on this there were an estimated 30,000 children living with disabilities. An international survey determined that 29% of boys and 24% of girls are at a high or moderate risk of developmental delays.³³ Research in this area suggests that approximately 30% of these children would require early stimulation and specialized interventions to progress positively through the various developmental stages. UNICEF commissioned a study in 2016,³⁴ focusing on understanding the needs and perspectives of children living with disabilities in the State of Palestine. Accordingly, UNICEF State of Palestine considered Early Childhood Development (ECD) as a multi-sectoral process aimed at promoting a child's health, nutrition, cognitive development, social development, and protection. ECD comprehensively covers the period from conception to age 8.

To improve early detection and interventions for Palestinian children with disabilities and developmental delays, UNICEF is implementing a 2-year program, in partnership with the Ministry of Health (MoH), Ministry of Education & Higher Education (MoEHE), Ministry of Social Development (MoSD), Japan's International Cooperation Agency (JICA), Japan Volunteer Center (JVC), World Bank, and UNRWA, among others. The Government of Palestine has made a strong commitment to both undertaking and supporting activities that address the specific needs of children with disabilities and developmental delays. As a result, the Government has made substantial progress in developing a national, cross-sectoral system of early detection and intervention, and an adequate continuum of care. This includes: launching the National Strategy for Early Childhood Development and Intervention for the years 2017-2022,

31. This period has been defined for the evaluation timeframe due to the funding available, and the current scope of the project.

32. PCBS, MOSD (2012). Disabled Individuals Survey 2011, Main Findings Report, December 2011

33. PCBS, MOSD (2012). Disabled Individuals Survey 2011, Main Findings Report, December 2011

34. UNICEF, ODI (2016). Every child counts: understanding the needs and perspectives of children with disabilities in the State of Palestine, December 2016.

developmental screening using the Child Development Assessment Scale,³⁵ development of ECD training curricula, and the establishment of ECD friendly spaces in health and pre-primary education facilities.

UNICEF's program builds on the Government's efforts focused on supporting inclusive service provision for children with disabilities or developmental delays towards making the national ECD strategy operational. UNICEF supports improving the quality of neonatal services; developing national capacity for detection and interventions for children with disabilities and developmental delays; strengthening capacity to provide care and support services to children with disabilities; and communication for development to reduce stigma and discriminatory attitudes towards disability.

The UNICEF ECD program is a key part of the State of Palestine Country Program for the years 2018-2022. The program focuses on ensuring that more vulnerable families with children with developmental delays and disabilities have access to a comprehensive package of inter-sectoral ECD and ECI services and are better able to reach their optimal development. The program is being piloted in 62 selected facilities in the West Bank and Gaza. The program will ensure that National Health Authorities develop evidence-based policies and strengthened coordination with relevant sectors to provide holistic, inclusive young child health, nutrition and development services. The program comprises the following components:

1. Improving the quality of neonatal service in government hospitals;
2. Developing national capacity for early detection and interventions for disabilities and developmental delays in children;
3. Improving national and local capacity to provide care and support services to children identified as having a disability or developmental delay;
4. Communication for development to reduce stigma and discriminatory attitudes towards disability;
5. Improvement of WASH facilities in selected facilities;
6. Improved pre-primary education for children with development delays.

Through program activities, UNICEF supports the National ECD Committee in implementing the recently launched National Strategy for Early Childhood Development and Interventions, with a particular focus on children with disabilities and developmental delays. The program builds on the knowledge and experience gained from the past year's efforts, especially in regard to the Child Development Assessment Tool, currently being piloted in a number of locations in the West Bank. UNICEF's support will complement the Government's efforts in developing a system of early detection and interventions for disabilities and developmental delays, focusing on vulnerable districts in the West Bank (Hebron, Jericho, and Nablus), and all districts in the Gaza Strip.

UNICEF has developed strong expertise in programming to support children with disabilities and developmental delays, both in the State of Palestine and internationally. It has been able to support the Government of Palestine and partners to draw on and tailor international best practice, especially the experience from Bosnia and Herzegovina, and to bring together key actors in building a shared vision and strategy. UNICEF has relationships with implementing partners working on the ground, and a track record of promoting local ownership and sustainability.

1.1 RESULTS TO DATE

The strengthening Early Childhood Development (ECD) and Early Childhood Intervention (ECI) program is a policy priority of the Palestinian Authority to ensure that Palestinian children survive and thrive. The ECD/ ECI program supports the inter-ministerial Integrated National ECD Strategy (2017-2022) led by MOH, MOEHE, and MOSD. Towards this strategy MoH, MoEHE and MoSD, with UNICEF and UNWRA developed and endorsed an integrated and multi-sectoral costed ECD Action Plan for 2018, launched in April 2018. The 2018 Action Plan supported budgeting for young children focusing on the most vulnerable children, including children with developmental delays and disabilities. In 2018 the program leveraged EU and World Bank resources for the scale-up of the ECD and ECI programs.

In 2018 the program enabled implementation of quality standards and accreditation of nurseries, building the capacities of caregivers in selected nurseries, the roll-out of training on development behavioral scales, and the early detection of developmental delays. In 2018, national capacity to implement the evidence-based Early Childhood Development policy increased, including through the engagement of the MoH, MoEHE, MoSD, UNWRA and the World

35. Comprehensive assessment tool to see the strong and weak sides of the child's skills to create an individualized intervention plan for the child.

Bank in regular monthly meetings of the national and sub-national ECD committees and technical working group. The building of a sustainable system for ECD and ECI includes the scale up of services with a focus on the most vulnerable families with children under the age of eight. This model was piloted in 62 health, pre-school, and nursery facilities of three selected districts of the West Bank (Hebron, Jericho, and Nablus), and across all five Gaza governorates. In addition, 8 government hospitals with neonatal intensive care units are targeted. All facilities were selected in targeted districts based on the needs of the most vulnerable families with young children and newborns. This was done under the oversight and supervision of the national and sub-national ECD committees.

As of January 2019, program stakeholders had conducted 7,814 child development screening³⁶ using the Child Development Assessment Scale, and approximately 14,450 parents were reached with education sessions on early childhood development, good nutrition and healthy pregnancy, with support from implementing partners in both the West Bank and the Gaza Strip.

In 2018, the ECD technical working group initiated the establishment of a national training mechanism. Two representatives from the MoH and MoSD were officially assigned to lead the scale up of ECD interventions in the West Bank including capacity development of the national ECD service providers. Additionally, the core team of ECD national experts was established to conduct trainings for ECD service providers in the West Bank. Partnerships with universities were under the process of development to ensure both pre-service and in-service ECD and ECI training opportunities for national service providers are available.

In 2018, a training curricula and child development assessment instruments were developed, which will be finalized by April 2019 following validation. Data collection, using these child development assessment instruments, started in the West Bank and Gaza in December 2018. In addition, the assessors' Rule Book, an instruction book for assessors that illustrates the development behavioral scales used, was completed and is currently being designed and printed. In 2018 MoSD supported a series of training sessions on basic early childhood development scales and on how to apply best practices, targeting 50 professionals from the health, social and education sectors.

Parental education and training materials on ECD and ECI have been developed. In the West Bank the Mother and Child Health Handbook was revised incorporating key messages for parents on early childhood development and red flags for early detection of developmental delays and disabilities. A total of 70,000 copies were printed and delivered to the MoH and UNRWA for use with service providers. An additional review of other infant and young child feeding material is underway to include early detection and early intervention, stimulation and responsive feeding. As of January 2019, 2 training sessions for parents were conducted on early childhood development, good nutrition and healthy pregnancy.

Assessments have been undertaken at 12 schools in compliance with safety measures prior to the installation of the playground equipment that will benefit 300 pre-school children with disability or development delays, and 1,730 primary level children in 2019. Furthermore, a needs assessment of physical access to WASH facilities was conducted.

Preparations to conduct a Knowledge, Attitudes and Practices (KAP) study have begun, with a communication for development strategy and an implementation plan to be developed subsequently and immediately shared with the Evaluation Consulting Firms/ evaluation consulting team.

A National ECD Committee is in place engaging the MoH, MoEHE, MoSD, UNRWA and the World Bank towards building a nationally owned and sustainable ECD and ECI system focusing on most vulnerable young children, including children with developmental delays and disabilities.

2. SCOPE OF EVALUATION

The evaluation will cover the period 2018 – 2019 of the ECD program implemented by UNICEF SoP as per the reference documents available. This evaluation is focused on the components of the early detection and intervention for children with disabilities and developmental delays.

36. Comprehensive assessment tool to see the strong and weak sides of the child's skills to create an individualized intervention plan for the child.

As program implementation is currently underway, program managers are seeking the necessary evidence for program scale-up, to strengthen the quality of activities, and further improve outcomes for beneficiaries. This formative evaluation will inform organizational decision-making, including on policies and to strengthen systems for early childhood development.

The evaluation scope will not be limited to the National ECD Strategy developed by the representatives from the Ministry of Health (MoH), the Ministry of Education and Higher Education (MoEHE), the Ministry of Social Development (MoSD), UNICEF and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). The evaluation will also confirm alignment with other sectoral plans and policies related with ECD, such as the National Health Strategy, and the Education and Child Protection Sectoral Policies.

There is no specific Theory of Change for this ECD programme yet as it is still under piloting, with the pilot also testing the cross-sectoral programming. The Theory of Change is therefore under the various sectors theories of change as laid out in the UNICEF State of Palestine Strategy Note for 2018-2022, under the Health and Nutrition, Education, WASH and Child Protection sections.

The evaluation will take a formative approach and should bring out best practices and gaps within and across the ECD program, with a specific focus on the early detection and intervention services for children with developmental delays and disabilities. The evaluation will cover the ECD work of key sections in each Ministry, UNICEF SoP, UNRWA, NGOs, the World Bank and other stakeholders.

The evaluation will cover all target groups of the program and will specifically include children in their early childhood including children with developmental delays and disabilities, caregivers, ECD center facilitators, management committees, NGOs, and Ministries.

Geographically, the evaluation will cover the selected locations in the West Bank and Gaza agreed under the program proposal. The program is under implementation in the West Bank (Hebron/ Yatta, Jericho, and Nablus), and all districts in the Gaza Strip. In Nablus on the program is currently only being implemented in two schools. In the West Bank the rationale for choosing Hebron/ Yatta was that this is where the highest rates of disability are found in Palestine; while Jericho was selected as it has high rates of unemployment and poverty.

The evaluation should adopt an approach that integrates the aspects of gender, human rights and equity.

Factors that are out of the scope of this evaluation include criteria for impact as it is too early to evaluate these in this early phase where the program remains a pilot. As the early intervention component of the ECD/ECI approach only began field level roll out in 2019 the evaluation may have limited data or evidence to be able to cover the impact of this component to date. Furthermore, the WASH infrastructure component of the ECD program will not be covered by this evaluation as this component will not have been implemented by the time of this evaluation. All of these factors can be considered for integration into a subsequent impact evaluation which can cover the range of the Early Childhood Development and Early Childhood Intervention program.

3. PURPOSE AND OBJECTIVES OF THE ASSIGNMENT

Purposes

The main purposes of this formative evaluation are to provide evidence and recommendations on:

- The immediate outcomes on the lives of beneficiaries (given that it is too early to yet measure impact);
- How well the program is embedded within national and local policies and service delivery mechanisms;
- Conditions for success in order for the government and UNICEF to sustainably replicate the program nationwide in the short to medium-term (at least up to 2022).³⁷

The secondary purposes of the evaluation are to:

- Identify direct or indirect, intended or unintended effects of the program and propose recommendations that will demonstrate the linkages between different sectoral interventions;

³⁷ 2022 is the end period for the National Policy Agenda, the National ECD Strategy, and the UNICEF Area Programme Document.

- Identify the gaps between policy and implementation;
- Support national and sub-national planning, policy making and budgeting;
- Serve an accountability and learning function for future interventions delivered in Palestine, including to contribute to future evidence generation activities on ECD such as an eventual summative evaluation.
- Contribute to a theory of change for the ECD interventions which will be generated following the completion of the KAP study.

Objectives

The specific objectives of the evaluation are to:

1. Provide an analytical review of the progress achieved in implementing the ECD program, identify key successes, good practices, lessons learned, gaps and constraints that need to be addressed. These should be summarized in recommendations in the evaluation report to improve programming and inform strategic policy planning.
2. Assess the program's performance using standard OECD evaluation criteria of efficiency, effectiveness, relevance and sustainability.³⁸
3. Examine allocation of resources for the benefit of the program, including how the current resource allocations could be brought to scale nationally.
4. Generate substantive evidence on how the program was successful in terms of laying the grounds of institutional systems, parental and community engagement for Early Childhood Development.

4. EVALUATION QUESTIONS:

The evaluation criteria are four of the five recommended by the Development Assistance Committee (DAC), of the Organization for Economic Co-operation and Development (OECD): efficiency, effectiveness, relevance and sustainability. Below are example questions per criteria which the evaluation team are recommended to elaborate in the inception report. The list of evaluation questions will be discussed and finalized with UNICEF and the technical committee during the inception phase. Note that ECD below is referring to the delivery for the programme for the early identification and intervention for children with disability or developmental delays.

The objective of this evaluation exercise will be to address the following questions:

- i) What expected outcome will the program have upon the target beneficiaries?
- ii) How relevant were the interventions delivered at the levels of the child, parent, community and facility levels?
- iii) How efficient was the allocation of resources at the national and sub-national levels?
- iv) What are the factors that may affect the long-term sustainability of the program?
- v) How successful was the engagement of stakeholders in the implementation of the program?
- vi) What lessons can be learned to inform the continued roll out of the ECD strategy?

1. Efficiency:

- Were the expected outputs delivered in a timely manner?
- Could the activities and outputs have been delivered with fewer resources without reducing their quality and quantity?
- What were the cost-effective intervention approaches through health facilities, community-based and pre-schools centers?
- Were there different costs/ benefits to the implementation of the program through government, UNRWA and NGO implementing partners?

2. Effectiveness:

- What progress has been made towards achievement of the expected outcomes and expected results?³⁹
- What were the major factors influencing the achievement or non-achievement of the outcomes and results?
- What were the different ECD services provided within the framework of this program (include mapping of ECD services and their quality)?
- Was the coordination model supportive in holistically delivering ECD program services?

³⁸ The project only began roll out in 2017, and therefore the impact criteria is not considered evaluable at this stage of project implementation. The relevance criteria incorporate appropriateness.

³⁹ The project is still in the primarily stages of implementation, thus results may still be limited.

- Have stakeholders' organizational structure, managerial support and coordination mechanisms effectively supported the delivery of program activities?
- To what extent were local bodies and other local actors (including parents, communities and target beneficiaries) involved in the planning and management of ECD services?
- To what extent has the program reached all the influencing stakeholders in the implemented activities?
- What have been the major constraints in the implementation? Has the program included strategies to mitigate the constraints identified?
- Do all program staff implementing the program have a similar understanding and sufficient competencies to deliver the services that are required of them?
- To what extent has the program equitably reached different groups including: the most marginalized; Gaza and the West Bank; girls and boys; and different categories of children with disability?
- Have the program's monitoring and evaluation mechanisms been effective?

3. Relevance:

- To what extent is the program aligned with the national strategy for ECD (2017-2022) and other sector strategies such as the national strategies for Education, Health and WASH?
- Are the outputs and activities of the program consistent with the overall goal?
- How successfully were the key principles of the human rights-based approach to programming (HRBAP) applied in planning and implementing the program?
- Do the activities address the problems identified? What is the community perception of the program?
- To what extent were the national and local context (knowledge, beliefs, gender and cultural differences) taken into account when the program was designed? This analysis should include a gender and equity lens.

4. Sustainability

- What are the factors that affect the sustainability of the ECD services once development partners or other funding support phases out?
- How well are the activities helping to achieve and sustain the anticipated results?
- Are there indicators that show ownership of the Government partners, including activities, priorities, strategic development and budget allocation?
- Can the program be brought to scale nationwide?
- What is the perception of local stakeholders on the sustainability of the program?

5. USE AND AUDIENCE OF EVALUATION:

The findings, recommendations and lessons learned from this evaluation will be used to identify and implement strategies for enhancing the relevance, efficiency, effectiveness, and sustainability of program. The evaluation's target audience will be concerned Ministries (MoH, MoE, MoSD), UNICEF State of Palestine, other key stakeholders, including local implementing partners, and various schools and health organizations, and the Japan International Cooperation Agency (donor).

The findings and lessons learned will be shared with local community members, health facilities, nurseries and schools to promote stronger implementation and integration of the program's activities. Lastly, the timing of the evaluation is scheduled to inform the UNICEF planning process, to share good practices with partners and to also perform any necessary corrective measures and make programmatic adjustments as needed.

6. METHODOLOGY

The evaluation will be conducted using a balanced mixed-method approach and in a participatory manner, involving the various program stakeholders. The data collection for this evaluation will employ a blended quantitative/qualitative methodology, with an emphasis on collecting a sufficient variety of types of data from a sufficient range of sources, rather than a prescriptive adherence to a given methodological design. This balanced and well-rounded approach allows for triangulation and drawing meaningful conclusions with respect to the program implementation and results achieved.

UNICEF's senior management and key staff from the Monitoring and Evaluation department will play a role throughout the evaluation process, including their participation throughout various phases of the evaluation (data collection, validating findings/recommendations). The Evaluation Consulting Firms will present a detailed inception report to UNICEF on the following mixed methods of information gathering:

- **Secondary data:** This will include desk review of documents which will provide empirical evidence as well as used in assessing the program across governorates in SoP
- **Primary data collection** through quantitative and qualitative methods. The evaluation consulting firm should propose the sequencing between quantitative and qualitative.

Quantitative methods may include:

- Survey (e.g. perception or satisfaction surveys with representative sample of the population taking into consideration total number of beneficiaries benefited from different types of ECD facilities on target districts).
- The evaluation will use available monitoring data from national monitoring systems such as MIS. Sex and age disaggregated data will be obtained from some health, nutrition and education available information management systems in relevant Ministries.

Qualitative data collection methods should be balanced based on type of information and evaluation questions, these could include:

- Focus group discussion with local partners, beneficiaries, parents/caretakers of children, relevant Ministries, other key stakeholders.
- Key informant interviews with key stakeholders' including national representativeness which will be a challenge during primary data collection. However, the sample design must include at least one district from each of the seven provinces.
- Structured and semi-structured interviews with relevant stakeholders Participant observation in field visits to health clinics, schools, nurseries, etc.

This list is not exhaustive, but rather a starting point and will be further refined in collaboration between the Evaluation Consulting Firms and UNICEF. The evaluation can use comparative approaches over an agreed fixed period of the evaluation scope where data is available.

The objective of the stakeholder interviews is to consolidate data; analyze factors contributing to the successes/ limitations of the program; identify ways in which the program could be improved upon; and propose and prioritize program design features that maximize positive outcomes, partnerships and how the local contexts affected outcomes in both the West Bank and Gaza.

This evaluation shall utilize a rights-based approach and be as participatory as possible. This will ensure that the beneficiaries, services providers, caregivers, children and youth are engaged and that findings are derived from a collective contribution. In line with the Standards for UN Evaluation in the UN System (developed by the UN Evaluation Group), all those engaged in designing, conducting and managing evaluation activities will aspire to conduct high quality and ethical work guided by professional standards and ethical and moral principles.

6.1 RESOURCES FOR DESK REVIEW:

UNICEF will work closely with the Evaluation Consulting Firms(s) in providing primary and secondary data. This will include (but not limited) the following resources:

- Conducting a desk review of UNICEF program documents and work plans, monitoring reports including three-monthly and yearly reports, workshop reports, strategies, etc.
- All relevant program related documents, disaggregated data and results from KAP surveys that should be finalized before starting the evaluation.
- UNICEF State of Palestine, Strategy Note 2018-2022
- Reviewing the programmatic records of Ministries MoEHE, MoH and MoSD as well as UNRWA and implementing partners.
- Reviewing training reports
- Reviewing teaching materials / ToT materials
- Reviewing UNICEF's relevant Work Plans
- Partners' monitoring data

- Reviewing The 1999 Disability Law, and the draft revised Disability Law
- Reviewing the National Strategy for Early Childhood Development and Intervention for the years 2017-2022 (and any other relevant national strategies).
- Reviewing the draft State Party Report on the Convention on the Rights of Persons with Disability
- Integrating any inputs from the Knowledge, Attitudes and Practices (KAP) study ongoing with UNICEF
- Developmental screening called the Child Development Assessment Scale
- Programme Cooperation Agreements and Programme Documents between UNICEF and local partners

6.2 EVALUABILITY AND POSSIBLE LIMITATIONS TO EVALUATION

There are several limitations to the evaluability of the ECD program.

- a. The ECD relevant data in the Multiple Indicator Cluster Survey (MICS) survey are not available yet and will only be expected by start 2020.
- b. There is no theory of change embedded within the National Strategy for Early Childhood Development and Intervention, however there is a clear log frame embedded within the strategy.
- c. There is no reference to the logical framework in the proposal, but the result frameworks of different components of the program have been included as part of the programs' agreements and draft M&E plan.
- d. The program remains in a pilot phase, and only began operational roll out in 2017 and therefore the observable and reported achievements remain for the pilot only. For this reason the impact evaluation criteria has been removed. Assessments have been conducted program implementation, i.e. WASH in health facilities and nurseries baseline data came as part of the implementation. This was the first time that UNICEF is targeting these activities as part of the program.
- e. Benefits and costs that can be covered are within a certain limited range; not capturing all possible social benefits and costs either numerically or qualitatively. This evaluation recognizes that there is a limit to the cost analysis that can be conducted on such an ECD program, particularly given the long-term impacts of disability on individuals, families and society.
- f. There is no reference to disaggregated baseline data, indicators, targets as well as M&E data on outcomes and outputs, including disaggregated data.
- g. There is no database of partners' monitoring data and each partner will have their own reports. To undertake this evaluation the firm should access monitoring data from the Ministries and partners, but this may not always be available.
- h. Sensitivity of talking directly to children who have benefited from the various centers' activities, including case management and psychosocial support services due to confidentiality principle. It is suggested that evaluation team overcome these challenges by signing non-disclosure agreements; and seeking the agreement of the parents/ caregivers.
- i. Finally, the action plan of the ECD strategy paper does not have a theory of change. However, it does have strong performance indicators which can be used in assessing the progress towards actions.
- j. Ad hoc problems caused due to difficult working conditions.

7. MAJOR TASKS TO BE ACCOMPLISHED:

This evaluation will be divided into 5 different phases for organizational purposes. A tentative timeline for the evaluation is provide below and is expected to be completed in three months.⁴⁰

Phase	Deliverable	Estimated Timeframe (including time for UNICEF review)
Inception (to be conducted remotely)	<p>Develop a report structure which includes methodological approach and work plan. Share with UNICEF for review, feedback and sign-off.</p> <p>The consultancy will submit an inception report that will include the following, among others:</p> <ol style="list-style-type: none"> 1. Evaluation plan including timelines and activities and people to meet. 2. Methodology including a matrix with a row for each question and columns for how judgement will be formed and methodology per question. 3. Data collection tools (quantitative and qualitative). The proposed tools should be cleared by UNICEF before the start of the data collection phase. 4. Ethical protocols aligned with principles outlined in ethical issues below. 5. Interview and workshop plan. 6. Plans for data analysis (quantitative and qualitative), report preparation and dissemination. 7. 7. Evaluation Consulting Firms adjusts based upon feedback from UNICEF SoP and shares the 2nd draft with UNICEF. 8. Evaluation Consulting Firms validate the inception report with the Steering Committee Members. 9. Evaluation Consulting Firms adjust the second draft of inception report based on the feedback of Regional Office and share the final version. 	10 days
Desk Review	<p>Conduct a comprehensive analysis of relevant primary and secondary resources, listed in section 6.1:</p> <ul style="list-style-type: none"> • Participate in the initial briefings with UNICEF and partners to ensure that the evaluation team is clear on the expectations of the evaluation. 	14 days
Data collection & Analysis	<p>Conduct field visits to collect data through a combination of data collection methods as per proposed methodology in section 6.</p> <p>Qualitative data will be collected from field visits of the implemented activities as well as consultative meetings with stakeholders in targeted areas of Gaza and the West Bank.</p> <p>It is expected that the team will incorporate gender and ensure representative involvement of beneficiaries and non-beneficiaries in the evaluation. This phase will include the following procedures:</p> <ul style="list-style-type: none"> • Adapting tools and field work including FGDs, KIIs etc. • Submit primary data (the collected data files are UNICEF property and cannot be used for other purposes without written agreement from UNICEF.) 	31 days (requires consideration of spacing of data collection over time, i.e. sequencing of quantitative and qualitative data collection should be considered in the inception report)

⁴⁰ This is however tentative and is subject to change given the situation on the ground.

Draft Report	<p>A presentation of the preliminary findings will be made to UNICEF.</p> <ul style="list-style-type: none"> • Data analysis and a written first draft of the report in English will be shared • Share draft report with UNICEF for feedback and review. A presentation should be organized to present findings. The final evaluation report should not exceed 40-60 pages (without annexes). The report shall be structured as per the UNICEF's Adapted UNEG Evaluation Reports Standards and will include at least the following: <ul style="list-style-type: none"> – Executive summary – Brief description of the program, its context, financial arrangements, areas of intervention, timing, implementation modalities and actors – Objectives, methodology, timing of evaluation and challenges / limitations of the analysis – Results in terms of relevance, efficiency, effectiveness, impact, sustainability considering the evaluation main questions above. – Analysis, including reflection on gender, human rights – Lessons learned, challenges, conclusions, recommendations, action plan – Annexes <p>More detailed information of the UNICEF's Adapted UNEG Evaluation Reports standard is provided in the UNICEF Global Evaluation Report Oversight System (GEROS) Review Template, which will be shared at the start of the consultancy. The report shall be written in line with the UNICEF style guide, to be shared at the start of the consultancy.</p> <p>Evaluation Consulting Firms adjusts feedback of UNICEF SoP and technical Steering Committee⁴¹ and shares the draft evaluation II with UNICEF.</p> <p>Evaluation Consulting Firms adjusts the second draft of evaluation report based on the feedback of Regional Office and share the final version</p> <p>Upon completion of the first draft of the report a feedback process should be undertaken with stakeholders providing comments using a comment matrix. The evaluators take all the comments received into consideration and the report is final when UNICEF is satisfied with its quality.</p>	
Report Finalization	<ul style="list-style-type: none"> • Validation workshop and final report • Preparation of the PowerPoint Presentation in English/ Arabic 	10 days
Total level of effort		65 days ⁴² in 6 month period

⁴¹ UNICEF SoP envisioned instituting an Evaluation Steering Committee to provide technical and logistic support and oversight to this evaluation exercise. The evaluation steering committee is composed of the following members involved in implementation of the ECD project: UNICEF, Ministry of Health, Ministry of Education and Higher education, Ministry of Social Development, NGO 1, NGO 2 and UNRWA External evaluation team (one member)

⁴² The review will include around 10 days are planned for UNICEF review.

8. ETHICAL PRINCIPLES AND PREMISES OF THE EVALUATION

The section below outlines the criteria for an ethical review checklist to indicate that this program should in fact go through an ethical review process through the Palestinian Health Research Council (Helsinki Committee). The evaluation process will adhere to the United Nations evaluation norms and standards available at: http://www.uneval.org/normsandstandards/index.jsp?doc_cat_source_id=4 and ethical guidelines for evaluation http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=102

The assignment is to be carried out according to the ethical principles, standards and norms established by the United Nations Evaluation Group (UNEG).

- **Anonymity and confidentiality.** The evaluation must respect the rights of individuals who provide information, ensuring their anonymity and confidentiality.
 - In all field visits and meetings, interviewees should be informed about the objectives of data collection and how findings will be used; they also should be informed that collected data and any statement about the program will be kept confidential and respondents will not be named or identified in the reports with regard to their statements. All interviewees should agree without coercion to take part in the monitoring and evaluation and be given the option to withdraw or not to participate at any time during the process. Interviews shall be carried out in line with interagency evaluation program interview good practice guidelines. All gathered data should be confidential, and names of individuals deleted from the data and replaced by codes in evaluation notes.
 - Ownership of all data/information/findings gathered, databases and analysis prepared for the evaluation lies with UNICEF. The use of the data/information/findings for publication or any other presentation or sharing can only be made after agreement with UNICEF.
- **Responsibility.** The report must mention any dispute or difference of opinion that may have arisen among the Evaluation Consulting Firm or between the Evaluation Consulting Firms and the commissioner of the evaluation in connection with the findings and/or recommendations. The team must corroborate all assertions, or disagreement with them noted.
- **Integrity.** The evaluator will be responsible for highlighting issues not specifically mentioned in the TOR, if this is needed to obtain a more complete analysis of the intervention. The evaluator is required to clearly identify any potential ethical issues and approaches, as well as the processes for ethical review and oversight of the evaluation process in their proposal.
- **Independence.** Evaluation in the United Nations systems should be demonstrably free of bias. To this end, evaluators are recruited for their ability to exercise independent judgement. Evaluators shall ensure that they are not unduly influenced by the views or statements of any party. Where the evaluator or the evaluation manager comes under pressure to adopt a particular position or to introduce bias into the evaluation findings, it is the responsibility of the evaluator to ensure that independence of judgement is maintained. Where such pressures may endanger the completion or integrity of the evaluation, the issue will be referred to the evaluation manager and, who will discuss the concerns of the relevant parties and decide on an approach which will ensure that evaluation findings and recommendations are consistent, verified and independently presented (see below Conflict of Interest).⁴³
- **Incidents.** If problems arise during the fieldwork, or at any other stage of the evaluation, they must be reported immediately to the evaluation manager. If this is not done, the existence of such problems may in no case be used to justify the failure to obtain the results stipulated in these terms of reference.
- **Validation of information.** The Evaluation Consulting Firms will be responsible for ensuring the accuracy of the information collected while preparing the reports and will be ultimately responsible for the information presented in the evaluation report.
- **Intellectual property.** In handling information sources, the Evaluation Consulting Firms shall respect the intellectual property rights of the institutions and communities that are under review. All materials generated in the conduct of the evaluation are the property of UNICEF and can only be used by written permission. Responsibility for distribution and publication of evaluation results rests with the Country Office. With the permission of the agency, Evaluation Consulting Firms may make briefings or unofficial summaries of the results of the evaluation outside the agency.

43 UNEG Ethical Guidelines for Evaluation

- **Delivery of reports.** If delivery of the reports is delayed, or in the event that the quality of the reports delivered is clearly lower than what was agreed, the penalties stipulated in these terms of reference will be applicable.

In line with the Standards for UN Evaluation in the UN System, all those engaged in designing, conducting and managing evaluation activities will aspire to conduct high quality and ethical work guided by professional standards and ethical and moral principles.

9. DELIVERABLES AND DEADLINE(S) FOR SUBMISSION:

	Expected Deliverable	Estimated Date
1.	Submission of desk review and quality inception report	15 August 2019
2.	First draft of the evaluation report shared with UNICEF together with accompanying PowerPoint presentation;	18 December 2019
3.	Final quality evaluation report integrating feedback including desk review, key findings, lessons learned and recommendations.	31 January 2020

Resources: UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if work/outputs is incomplete, not delivered or for failure to meet deadlines.

10. ESTIMATED DURATION OF CONTRACT AND TENTATIVE DATES

Duration: 6 months

Dates: 1 August 2019 – 31 January 2020

11. PROPOSED PAYMENT SCHEDULE:

By deliverables (as above):

- 20% upon completion of deliverable 1
- 40% upon completion of deliverable 2
- 40% upon completion of deliverable 3

12. DUTY STATION:

State of Palestine (West Bank and Gaza Strip). The inception report and the desk review can be conducted remotely.

13. OFFICIAL TRAVEL INVOLVED:

Official in-country travel will be involved, as required. All logistics and costs of in country travel should be factored into the bid/ budget and be covered by the evaluation firm.

14. EVALUATION MANAGEMENT (ROLES AND RESPONSIBILITIES)

- The Chief of the Social Policy, Planning, Monitoring and Evaluation (SPPM&E) Section in UNICEF SOP will provide overall guidance, coordinate and contribute directly to quality assurance activities.
- M&E Specialist is the evaluation manager and will provide the primary supervision in close cooperation with the relevant sections in the UNICEF State of Palestine office in Jerusalem and Gaza field Office. The evaluation manager will serve as a liaison with respect to correspondence between the evaluators and the Technical Committee. Any queries or challenges or request from the evaluation team will be channeled through UNICEF evaluation Manager
- UNICEF, and its implementing partners, will provide technical inputs and facilitate access to the program's locations and served population.
- The UNICEF sections will facilitate and manage operational requirements, which entails providing program documentation as needed for the evaluation.

- The evaluation team will make formal contacts with stakeholders as necessary as well as provide logistics and operational support in conducting interviews/focus group discussions and/or organizing the end-of-evaluation workshop.
- The SPPME section will support in ensuring quality and ethics in field data collection.

15. QUALITY ASSURANCE:

- The Technical Steering Committee,⁴⁴ the evaluation team and Evaluation Manager have major roles in ensuring that all the deliverables meet the quality assurance criteria. Quality assurance will take place at different stages of the evaluation process. The Committee will assess quality of key evaluation products, including methodology and evaluation instruments, inception and final reports. Given that it is a country led evaluation, the Evaluation Manager will also ensure that the evaluation meets UNICEF quality standards and follow UNICEF global quality assurance processes.
- The UNICEF Regional Office will provide technical assistance to the UNICEF Country Office in developing the TOR for the evaluation, review of inception and final reports.
- The Evaluation Consultancy Firm will be responsible for the timely production of evidence-based evaluation, including recommendations to quality standards.

16. GENERAL CONDITIONS (PROCEDURES AND LOGISTICS)

No contract may commence unless the contract is signed by both UNICEF and the evaluation team or Contractor.

1. The selection process for the consultancy firm will strictly follow UNICEF's internal procurement rules
2. UNICEF will provide assistance where possible for necessary access and permits required for the evaluation
3. The firm will provide fortnightly verbal or short email progress updates and have review meetings with UNICEF on monthly basis (face to face or phone meetings)
4. The firm will provide draft report for review and amend as requested before submitting the final report
5. UNICEF may request that the Consultancy firm submit original copies of all evaluation tools, discussion and interview guides, sampling procedures, field notes, completed questionnaires and any other material related to the implementation of the evaluation.

UNICEF will not provide office space to the team. All requirements including venues for workshops, transportation, visa, health insurance, secretariat services, interpreter, translator, etc., will not be covered by UNICEF unless agreed in writing between UNICEF and the Consultant. UNICEF office will provide any documentation, letters to government, etc., to make sure that the evaluation is conducted in good conditions.

17. QUALIFICATION OR SPECIALIZED KNOWLEDGE/EXPERIENCE REQUIRED:

The company should be able demonstrate a strong track record in producing evaluations, studies and flagship reports on Early Childhood Development (at least 1 report), Education (at least 1 report) and economic analysis. The reports can either be that of the institutions or the evaluation team members. Demonstrable capacity to engage in evidence-based policy dialogue with Governments and other key stakeholders based on previous evaluations, studies or program implemented. This should be a section in the technical proposal.

The evaluation team should comprise a gender balanced team of technical experts with expertise in quantitative and qualitative methods of data collection, and with the following specific qualifications. The team should be made up of international and national Evaluation consultants.

The team should be made up at least from three team members as below:

⁴⁴ ToR of Technical Steering Committee will be made available upon the start of the evaluation.

Team Leader

Education

The team leader should hold a Ph.D. or master's degree in Evaluation, Economics or similar field.

Work Experience and skills

- S/He should have at least 10 years of documented experience in research and evaluation in the fields of political science, international relations, disability studies, or of development programmes/programs.
- Minimum of 5 years of experience in early childhood education programmes/programs
- Good knowledge and experience in designing and implementing evaluation assessments
- Previous knowledge/ experience working with UNICEF
- Experience working on issues related to child rights, rights of persons with disabilities, reviewing ECD policies etc. would be a strong advantage.
- Proven ability to conceptualize, innovate, plan and execute ideas;

Languages

- Fluency in written and spoken English and Arabic are essential for interviews, transcription, translation. Knowledge of Arabic language skills is preferred (please note: budget must include hiring of local translator, if Evaluation Consulting Firms lacks Arabic language skills)

Competencies

- Good analytical, facilitation and communication skills;
- Demonstrated ability to work in a multi-cultural environment and establish harmonious and effective working relationships
- Ability to take initiative and work with minimum supervision;

Second team member should be a specialist in Education, Psychology or a Social Science discipline, with expertise in early childhood development programming and/or evaluation in the sector in developing or least developed countries. Their CV should demonstrate proven experience working on ECD and/or disabilities and developmental delays.

The third team should be a start statistician with at least 5 years of experience in evaluations. Between these team members they should have:

- Knowledge on gender equality, equity and human rights programming;
- Demonstrated ability to develop and maintain effective work relationships with counterparts and external partners;
- Knowledge of standard operation procedure in the UNICEF.

The Education background and work experience of each team member should be provided which should demonstrate the **Functional and Core Competencies** of Drive for Results; Communication; and Analysis.

The second and third team members should have strong English oral and writing skills, and one of the team members should be fluent in Arabic. The team should demonstrate a clear understanding of the context in the State of Palestine. The team should be gender balanced.

18. APPLICATION AND EVALUATION PROCESS:

Each proposal will be assessed first on its technical merits and subsequently on its price.

In making the final decision, UNICEF considers both technical and financial aspects. The Evaluation Team first reviews the technical aspects of the offer, followed by review of the financial offers of the technically compliant vendors. The proposal obtaining the highest overall score after adding the scores for the technical and financial proposals together, that offers the best value for money will be recommended for award of the contract.

The Technical Proposal should include but not be limited to the following:

- Methods and Approach: Details should be provided on the methods and approach that will be undertaken. This should include the design, sample size, representativeness, external validity and consideration of target beneficiaries. The details of the primary data collection methods used should be provided as per section 6 of this ToR.

- Detailed work plan: Provide a detailed work plan which takes into consideration the timeline for the work laid out in the ToR and incorporating time for UNICEF and stakeholder review; and the timeline to provide feedback to the elaboration of the new ECD Strategy.
- Team composition should be detailed which is in line with the profile of the evaluation team as outlined in section 15.
- Reference of previous work: Details of similar assignments (minimum 2) undertaken in last five years including the following information:
 - Title of Program
 - Year and duration of program
 - Scope of Program
 - Outcome of Program
 - Reference / Contact persons
- **CVs**
 - CV of each team member (including qualifications and experience)
 - Ensure to include information related to the qualifications and experience of each proposed team member as required and outlined in section 15 of this document.
- Company/Institutional Profile: Provide a company profile and/or reports (or links) that demonstrate the requirements as outlined in section 15 of this document. Include a copy of the company registration: Where the process is still ongoing please provide evidence that the process has begun.
- **The Financial Proposal should include but not be limited to the following: The evaluation team should submit a financial proposal which should include the following:**
- Resource costs: Daily rate multiplied by number of days of team members

Travel Costs - in country (from/to Jerusalem, Gaza and West Bank), visas and international travels (if applicable) All travel costs should be included as a lump sum fixed cost.

- For all travel costs, UNICEF will pay as per the lump sum fixed costs provided in the proposal. A breakdown of the lump sum travel costs should be provided in the financial proposal.
- Bidders are required to estimate travel costs in the Financial Proposal. Please note that if any international travel is involved this should be budgeted i) based on economy class fare regardless of the length of travel; and ii) costs for accommodation, meals and incidentals shall not exceed the applicable daily subsistence allowance (DSA) rates, as propagated by UNICEF.
- Data collection cost. This should include a detailed breakdown from the inception and main evaluation data collection and analysis.
- Key administrative cost
- Any other cost the institution finds important to include
- The budget should take into consideration the evaluation payment plan in line with the deliverables in this ToR.

In addition, the institution should include the following:

A)

A complete copy latest audited financial statements with comparative figures for the two most recent years; preferably signed by Company's accounting firm/certified external auditor.

The financial statements are to include, but not limited to, the following:

1. The Balance Sheet (mandatory)
2. The Income Statement/Profit and Loss Statement (mandatory)
3. Statement of cash flows
4. Statement of changes in shareholders' equity
5. The report from the external auditor, if available
6. Notes to the financial statements, if available

(Where possible, please provide an English translation of financial statements if the documentation is not in English. Note that any financial documentation received is treated with confidentiality and discretion.)

B) A copy of Company's certificate of legal registration.

C) Company's UN Global Marketplace (UNGM) registration number.

Your company is requested to register for, at the very least, Basic and Level 1 stages. For registration and instructions on how to, kindly refer to the UNGM site: www.ungm.org

19. EVALUATION WEIGHTING CRITERIA:

Cumulative Analysis will be used to evaluate and award proposals. The evaluation criteria associated with this TOR is split between technical and financial and it will be assessed on this basis: 70% technical and 30% financial as follows:

70 % Technical

30 % Financial

100 % Total

Below table provides a detailed breakdown of the technical evaluation criteria.

Main Criteria	Sub-Components	MAX score
Team profile relevance, and experience of key staff assigned [Score 45]	Team leader's expertise and qualifications as per the TOR	7
	Diversity of team's background/expertise	7
	Team command of English	4
	Team command of Arabic	3
	Team's experience in State of Palestine	7
	Team's previous experience with UNICEF and/or with ECD programs	4
	- The proposed structure and composition of the team for this assignment. The main disciplines of the assignment, the key expert responsible and proposed technical and support staff along with their curriculum vitae (CVs) provided. Team composition and tasks assigned	
	- Highlights about the company, how it is organized and a brief about its key personnel including CVs/resumes of lead resource persons and, if any, partnership arrangements	
	- Range and depth of experience with similar programs/contracts/client	
Proposed methodology and approach [Score 30]	Adequate, relevant and practical methodology proposed	10
	Quality Assurance (plan for the systematic monitoring and evaluation of the various aspects of the program to ensure that standards of quality are being met)	7
	Risk Assessment/ Mitigation measures proposed	4
	- Understanding of, and responsiveness to UNICEF State of Palestine evaluation requirements based on Terms of Reference; Understanding of scope, objectives and completeness of response; Overall concord between UNICEF requirements and the proposal; Understanding of Subject area	
	- Thoroughness in defining research methodology and protocol, selection of a scientifically valid sample and development of good, concise research tools/questionnaires	

Assessment Work Plan [Score 15]	Clarity of proposed workplan	4
	Adequate timeline for assessment workplan	3
	Adequate allocation of resources	4
	- A comprehensive work plan to deliver the overall requirement (ToR) including the main activities of the assignment, their content and duration, phasing and interrelations, milestones, key performance indicators (including interim approvals by the Client), and a list of deliverables (reports, products) within the estimated delivery timeframe and dates.	
	- Consistency of the proposed work plan with the technical approach and methodology, showing understanding of the ToR	
	- The level of effort for each team member articulated and staff input throughout various stages/components explicitly laid out	
	- The plan must identify and present specific steps and component activities in a chronological manner and must have attached, a flow chart/ critical path analysis, activity plans, personas etc.	
Capacity of the firm [Score 10]	Administrative capacity	3
	Demonstrated logistical capacity (including capacity for visas/ travel including to go to Gaza)	2
	Registration documents	1
Total Score		70

PART TWO – Internal (UNICEF)

20. Programme Area and specific Program involved:

Programme: Multi-sectorial (Health, WASH, Child Protection and Education)

Program and activity codes: Japan Grant

Work Plan Activity: Output 3.1: National health authorities have developed evidence-based policies and strengthened coordination with relevant sectors to provide holistic, inclusive young child health, nutrition and development services

Budget Code/PBA No : Japan Grant, # SC180185

Budget Ceiling USD 185,953 _____

21. Contract Supervisor: Shereen Obaid, M&E Specialist UNICEF

22. Modality for the selection process:

a) Dissemination of ToR n/a

Mode of dissemination:

Newspaper E-mail UNICEF Website Relief/External websites

UN Agencies

Other Please specify: Requesting names of evaluation persons with proven expertise from UNICEF Innocent Research Centre

b) Selection from Roster

c) Other Please specify:

d) Interviews planned: Yes

23. Estimated amount budgeted for this Activity:

Three months technical consultancy fees, including DSA and travel costs

24. Chargeable Budget Code for this Activity: Other resources, OR

Prepared by:

Name: Iain Murray, Chief of Social Policy, Planning Monitoring and Evaluation

Signature:

Date:

Endorsed by:

Name: Etona Ekole, Special Deputy Representative

Signature:

Date:

ANNEX 2 UNICEF IRB APPROVAL LETTER



Research Ethics Approval

18 March 2020

Pierre Pratley, DrPH, Team Leader
KIT - Health and Education Unit
Mauritskade 63
1092 AD Amsterdam

RE: Ethics Review Board findings for: *Formative Evaluation of Early Childhood Development interventions on children living with developmental delays and disabilities in the West Bank and the Gaza Strip – 2018-2019*

Dear Dr. Pratley,

Protocols for the protection of human subjects in the above study were assessed through a research ethics review by HML Institutional Review Board (IRB) on 30 January – 18 March 2020. This study's human subjects' protection protocols, as stated in the materials submitted, received **ethics review approval**.

You and your project staff remain responsible for ensuring compliance with HML IRB's determinations. Those responsibilities include, but are not limited to:

- ensuring prompt reporting to HML IRB of proposed changes in this study's design, risks, consent, or other human protection protocols and providing copies of any revised materials;
- conducting the research activity in accordance with the terms of the IRB approval until any proposed changes have been reviewed and approved by the IRB, except when necessary to mitigate hazards to subjects;
- promptly reporting any unanticipated problems involving risks to subjects or others in the course of this study;
- notifying HML IRB when your study is completed.

HML IRB is authorized by the U.S. Department of Health and Human Services, Office of Human Research Protections (IRB #1211, IORG #850), and has DHHS Federal-Wide Assurance approval (FWA #1102).

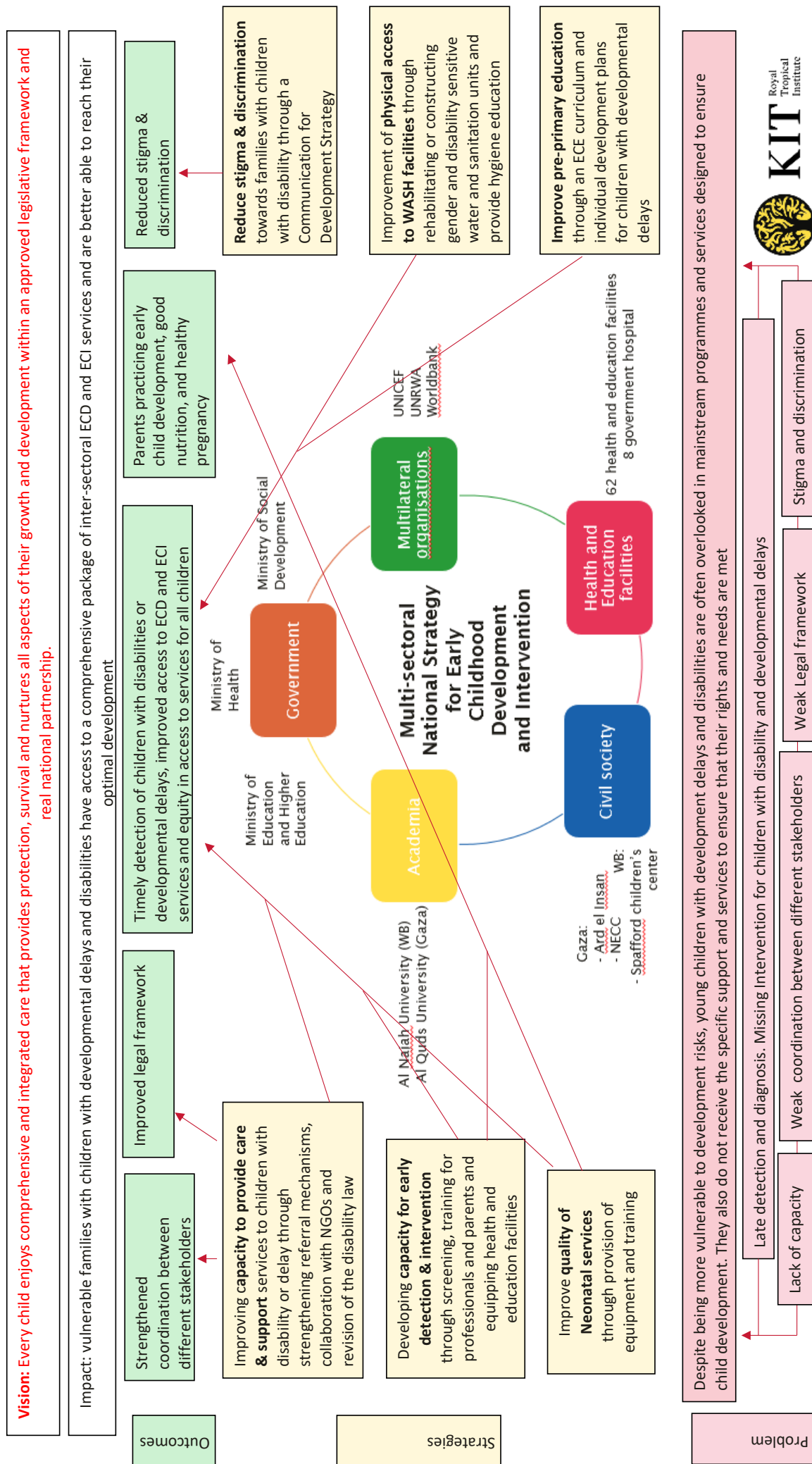
Sincerely,

D. Michael Anderson, Ph.D., MPH
Chair & Human Subjects Protections Director, HML IRB

cc: Valentina Prospero, Robert Stryk, Penelope Lantz, JD

HML Institutional Review Board
1101 Connecticut Avenue, NW Suite 450
Washington, DC 20036 USA
+1.202.246.8504
unicef@hmlirb.com www.hmlirb.com

ANNEX 3 PRELIMINARY THEORY OF CHANGE



<p>Justification of reconstructed intervention logic: The overall goal of the program is to ensure that vulnerable families with children with developmental delays and disabilities have access to a comprehensive package of inter-sectoral ECD and ECI services and are better able to reach their optimal development. This is translated into six specific objectives with their own activities. 'Outputs' were found in the programs M&E plan, but overall formulated like 'outcomes' (being the second level medium-term results). There were no outputs for each activity. The M&E plan contains some output indicators, but they were not always clearly linked to activities or outcomes (see also under Activity Extracted from program proposal, progress reports and interviews:</p>	<p>Outputs Formulated in ECD M&E plan as:</p>	<p>Outcomes/Objectives Extracted from program proposal and TOR:</p>	<p>Overall goal</p>
<p>1. Provide equipment for neonatal units in eight government hospitals serving neonates in Hebron, Jericho and Nablus in the West Bank and Gaza.</p> <p>2. Train nurses and other health professionals providing the Post-Natal Home Visiting Services in Gaza.</p> <p>3. Review, update and implementation of national neonatal protocol</p> <p>1. Conducting child development screening using the Child Development Assessment Scale</p> <p>2. Conducting training for ECD professionals on early detection of children and interventions</p> <p>3. Conducting training for parents on Early Childhood Development, good nutrition and healthy pregnancy</p> <p>4. Providing furniture and teaching materials and equipment in health centers and education facilities</p> <p>1. Providing technical support to MoSD to strengthen referral mechanisms and social welfare services to children with disabilities</p> <p>2. Providing training to social workers to strengthen capacity to assess the needs of children with disabilities and develop individual case management plans</p>			

3. Providing care and support services to children with disabilities in collaboration with NGOs providing services for children with disabilities			
4. Providing technical support for the revision of the Disability Law to be in line with international human rights treaties specially the CRPD			
1. Conducting a baseline knowledge, Attitudes and Practice (KAP) study	Output 4: Communication for Development (C4D) strategy implemented and stigma surrounding disability reduced in selected communities	4. Communication for development to reduce stigma and discriminatory attitudes towards families with children with disability.	
2. Developing a Communication for Development (C4D) strategy and implementation plan			
3. Producing and disseminating C4D materials			
4. Building capacity of partners to implement and support the strategy			
5. Developing a monitoring plan for implementing the strategy and conduct an end-line study to measure results			
6. Developing a community action plan to strengthen care and support for children with disabilities at community level			
1. Rehabilitating / constructing gender and disability sensitive water and sanitation units and provide hygiene education		5. Improvement of (physical access to) WASH facilities in selected facilities	6. Improved pre-primary education for children with developmental delays
1. Integration of ECD in primary school and KG teacher university curricula (Al Quds university)			
2. Roll-out of the ECD framework guidance for teachers			

Output 1: The quality of neonatal and postnatal health care services improved in selected locations of WB and Gaza	
Output indicator 1.1	# of neonates benefiting from quality lifesaving services in 8 supported neonatal health clinics
Output indicator 1.2	# of targeted mothers in Gaza (15-17 years and older) receiving postnatal care within 2 days
Output indicator 1.3	Number of persons trained on Early Childhood Development, good nutrition and healthy pregnancy
Output indicator 1.4	Number of gender-sensitive disabled-friendly WASH units rehabilitated/constructed in health and educational facilities
Output indicator 1.5	Number of social workers trained and capacity strengthened on assessing needs of children with disabilities to develop individual case management plans
Output 2: Service providers in identified facilities (health centers, nurseries and kindergarten) in two locations in the West Bank (namely Yatta and Jericho) and whole Gaza increasingly provide ECI services using the holistic approach	
Output indicator 2.1	# of UNICEF supported Primary Health Care centers, KGs and nurseries applying the Young Child Wellbeing approach in targeted districts and humanitarian settings
Output indicator 2.2	# of home-visiting nurses with adequate skills related to child health, nutrition and development, including on early detection and intervention for children with disabilities
Output indicator 2.3	Number of health or education centers receiving furniture and/or teaching materials
Output 3: Ministry of Social Development enable to create policy and legislation reforms and social welfare services according to the needs of children with disabilities	
Output indicator 3.1	The 1999 Disability Law revised
Output indicator 3.2	# of children with disabilities benefiting from services
Output 4: Communication for Development (C4D) strategy implemented and stigma surrounding disability reduced in selected communities	
Output indicator 4.1	C4D strategy developed and implemented according to the plan

ANNEX 4 CROSS-FUNCTIONAL FLOW-CHART TEMPLATE

This cross-functional flow-chart provides an overview of actors in the program, including their roles and responsibilities. Source: UNICEF SoP

National ECD Steering Committee	
Meets Quarterly and Ad Hoc	
Members	<p>Government (represented by General Directors (GDs) and technical focal points)</p> <ul style="list-style-type: none"> i) Ministry of Health (Lead) - GDs (2) for Public Health (lead); Primary Health Care ii) Ministry of Education - GDs (3) for School Health; General Education; Counselling and Special Education iii) Ministry of Social Development GD (1) for Family Affairs (in consultation with GDs for Disability; Legal; Poverty) <p>UN/ International Organisations</p> <ul style="list-style-type: none"> i) UNICEF (coordination) ii) UNRWA West Bank iii) World Bank <p>Academia</p> <ul style="list-style-type: none"> i) Al Najah University (Palestinian Child Institute; Faculty of Education) ii) Al Quds University (Faculty of Education; Faculty of Public Health and Medicine; Child Institute) <p>Civil Society</p> <ul style="list-style-type: none"> i) Spafford <p><i>All actors are based in the West Bank. Previously Gaza based actors used to be on skype. There is overlap between members of the Steering Committee and the National Technical ECD Committee.</i></p>
Roles and Responsibilities	<p>Focus: National Policy & Implementation in the West Bank.</p> <p>Tasks:</p> <ul style="list-style-type: none"> i) Develop strategy ii) Review materials and submit materials for Ministerial level endorsement iii) Oversee implementation in the West Bank iv) National level reporting (on both West Bank and Gaza)

National Technical ECD Committee	
Meetings:	
<ul style="list-style-type: none"> - Met Monthly until 2019 - From 2019 frequency has reduced due to implementation - Attendance at meetings depends on topic of discussion 	
Members	<p>All Actors are the same as those in the National ECD Steering Committee with the exception of the Universities who do not participate.</p> <p>Ministries are represented at the technical level and General Directors don't participate in the technical committee.</p> <p><i>All actors are based in the West Bank. Previously Gaza based actors used to be on skype.</i></p>
Roles and Responsibilities	<ul style="list-style-type: none"> i) Development of national multi-sectoral materials: Conceptualise; Contextualize; Pilot - Submit materials to the Steering Committee for endorsement ii) Implementation in the West Bank: <ul style="list-style-type: none"> - Operational - Monitoring iii) Support training <p>Organises meetings by topic across the ECD areas.</p> <p>National Core Team of Trainers (7-8): MoH + UNRWA. This team still requires endorsement, but is already delivering in the West Bank.</p>

Gaza Sub-National ECD Committee	
Meetings: tbc	
Membership	<p>De Facto Authorities (heads of department)</p> <ul style="list-style-type: none"> i) Ministry of Health: Child Health; Nutrition ii) Ministry of Education: School Health; Early Childhood iii) Ministry of Social Development: Mother and Child department <p>UN</p> <ul style="list-style-type: none"> i) UNICEF (coordination) ii) UNRWA Gaza <p>Civil Society</p> <ul style="list-style-type: none"> i) Ard el Insan ii) Near East Council of Churches (NECC) <p><i>Universities were invited but did not attend.</i></p>
Roles and Responsibilities	<ul style="list-style-type: none"> i) Developing operational plan for Gaza ii) Coordination of implementation iii) Review materials <p>Core Team of Trainers (8): Ard el Insan (4); MoH (2); NECC (2)</p>

Local Level

There is not official coordination entity formed at the local level, however this was hoped in the initial phases to bring together the multi-sectoral teams at the community level.

UNICEF is in the process of looking how to establish community level coordination for the Communication for Development particularly to overcome stigma against children with disabilities.

Field level coordination between actors is happening but is not formalised.

ANNEX 5 EVALUATION MATRIX

Q#	Questions & Sub-Questions	Indicators & Information to be Gathered	Information Sources	Data Collection Methods and Tools	How Findings Will be Reported
Relevance: question 1 and sub-questions					
1	To what extent does the program respond to the needs of children with disabilities and developmental delays in the State of Palestine?	Evidence on met and unmet needs of children with disabilities and developmental delays	KII's, national strategy for ECD, 'every child counts' and in the KAP-survey	Qualitative interviews with key stakeholders in the community, Assessment against national strategy for ECD, findings in the needs assessment of 'every child counts' and in the KAP-survey	Key emerging themes, matrix with met and unmet needs
1.1	To what extent is the program aligned with the national strategy for ECD	Evidence on program alignment with ECD and other strategies	Program documentation, reconstructed ToC, ECD and other strategies	Document analysis, gap analysis between program objectives and ECD and other strategies	Matrix mapping program objectives to ECD and other strategies
1.2	Are the outputs and activities of the program consistent with the overall goal?	Evidence on consistency of program activities and outputs with overall goal	Reconstructed ToC, KII's	Mapping activities and outputs to overall goal	Matrix mapping program activities and outputs to overall goal; key emerging themes
1.3	How successful were the key principles of human rights based approach programming (HRBAP) applied in planning and implementing the program?	Evidence on the application of HRBAP principles to program planning and implementation	Reconstructed ToC, KII's, program documentation	HRBAP self-report by UNICEF and follow-up key informant interviews, FGD among beneficiaries of ECD interventions	Matrix mapping program planning and implementation activities to key HRBAP principles
1.4	To what extent were the national and local context (knowledge, beliefs, gender and cultural differences) taken in account in the program design (include gender & equity lens)	Evidence on sensitivity to national and local context, including knowledge, beliefs, gender and cultural differences	KII's with stakeholders, beneficiary survey	Content analysis for emerging themes across key dimensions (knowledge, beliefs, gender, cultural differences)	Emerging themes reported across key dimensions (knowledge, beliefs, gender, cultural differences)

Effectiveness: question 2 and sub-questions					
2	To what extent were the objectives of the program for the first year(s) achieved?	Nr of objectives for the first year(s) achieved by total number of objectives planned for the first year(s); Reconstructed ToC data; data on nr objectives planned and achieved	Workplans and monitoring reports from UNICEF and implementing partners	Document reviews of secondary data (workplans and monitoring reports), key informant interviews topic guide	Key emerging themes; matrix with planned and achieved objectives
2.1	What progress has been made towards achievement of expected outcomes? And what were major factors influencing (non)achievement?	Evidence of progress towards expected outcomes per intervention; information on factors influencing (non) achievement	Workplans and monitoring reports from UNICEF and implementing partners; KII's	Key informant interviews topic guide	Key emerging themes
2.2	What were the different ECD services provided within the framework of this program, by whom, and what can be said about their quality?	Nr of ECD services provided; ToC, intervention log	ToC, intervention log, KII's, Qualitative interviews with key stakeholders in the community	Mapping tool for ECD services and their quality	Analysis against reconstructed ToC and intervention log; Matrix with ECD services, their providers and (perceived) quality; emerging themes
2.3	Have stakeholders' organizational structure, managerial support and multi-sectoral coordination mechanisms effectively supported the delivery of the program activities?	Evidence on stakeholders' organizational structure, managerial support and coordination mechanisms and their effectiveness in delivering program activities	KII's, Qualitative interviews with key stakeholders in the community	Key informant interviews topic guide	Key emerging themes
2.4	Did the program equitably reach different groups, in terms of marginalization, geographic location, sex and type of disability	Evidence of equity on programmatic reach: Nr. of beneficiaries disaggregated by key inequity dimensions (SDG 17 target 18) such as geographic location, sex, type of disability (if possible)	FGD with service providers and community members,	FGD guide, interview topic guides	Key emerging themes; list of indicators and findings from beneficiary survey

2.5	What monitoring mechanisms are in place and how effective are these?	Evidence of M&E mechanisms and their effectiveness	Workplans and monitoring reports, analysis against reconstructed ToC, qualitative interviews with key stakeholders	Document review of workplans and monitoring reports from UNICEF and implementing partners, Analysis against reconstructed ToC and intervention log, Qualitative interviews with key stakeholders	Key emerging themes, list of M&E mechanisms, including recommender M&E mechanisms for future monitoring activities
Efficiency: question 3 and sub-questions					
3	Were the expected results (outputs) delivered within budget and timeline?	Nr. of key activities contributing to output / outcomes identified in ToC that were achieved within budget and timeline divided by total nr. of activities; list of activities	Program documentation, M&E data, transcripts from qualitative interviews	Qualitative interviews (see topic guide), draft ToC, matrix with key activities extracted from ToC	Matrix with key activities extracted from ToC and status of achievement (timeline and budget)
3.1	How were resources allocated to the different implementing partners, at national and subnational level?	Distribution of total funding to different implementing partners (national and subnational); Budget allocations and funding streams	Budgets, budget allocations, overview of funding streams, list of funders, list of implementing partners	Budget matrix including partners, funders and allocation of funds between partners	Budget matrix
3.2	Were the interventions approached in a cost-effective manner?	Number of interventions that were approached in a cost effective manner divided by total number of interventions; budget allocation per intervention and information on approaches of implementing partners	Budgets, budget allocations, interview transcripts from IDI's with implementing partners	Qualitative interviews (see topic guide), budget matrix	CE analysis matrix with interventions, implementing partners and comparison of approaches
3.3	How could the current resource allocations be brought to scale nationally?	Review and analysis of results and findings 1.2-1.4, stakeholder data and IDI with implementing partners & Steering Committee (SC)	Budgets, budget allocations, interview transcripts from IDI's with implementing partners and SC	Qualitative interviews (see topic guide), budget matrix	Emerging themes

3.4	Have the right stakeholders been involved for implementation?	Review and analysis of results and findings 1.2-1.6, stakeholder data and IDI with implementing partners	IDI with implementing partners and SC	Qualitative interviews (see topic guide), budget matrix	Emerging themes and table of current stakeholders and potential stakeholders to be involved
3.5	Do all implementing stakeholders have a similar understanding and sufficient competencies to deliver the program?	Number of stakeholders that have necessary competencies divided by total number of stakeholders; data on stakeholders competencies	Data on stakeholders competencies; data on competencies needed to deliver the program	Qualitative interviews, matrix with stakeholders and competencies needed to deliver the program	Matrix with stakeholders and competencies needed to deliver the program; emerging themes
Sustainability: question 4 and sub-questions					
4	How successful has the program been in laying the grounds of institutional systems (including inter-sectoral collaboration), parental and community engagement for ECD	Evidence of institutionalization including multi-sectorality and inter-sectoral collaboration, and parental and community engagement for ECD	KII's, beneficiary surveys, program documentation	Content analysis of KII transcripts, beneficiary surveys for emerging themes in multi-sectorality and community engagement	Key emerging themes
4.1	How well are the activities helping to achieve and sustain the anticipated results?	Evidence on program activities' contribution to sustainable results	Reconstructed ToC, KII's	Interview topic guide; mapping activities to overall results	Narrative analysis with key emerging themes
4.2	To what extent is the program owned by government partners (including activities, priorities, strategic development and budget allocation)?	Evidence on program ownership by government partners	Reconstructed ToC, KII's	Content analysis of KII transcripts; mapping partners to ownership dimensions	Matrix mapping partners to ownership dimensions (involvement in activities, priority setting, strategic development and budget allocation); key emerging themes
4.3	Is there possibility for national adaptation, ownership and scaling? What are factors that affect sustainability when external funding phases out?	Evidence on national adaptation, ownership and scaling, factors affecting sustainability	Reconstructed ToC, KII's	Content analysis of KII transcripts	Key emerging themes
4.4	How can the program be brought to scale?	Evidence on feasibility of program scaline	KII's	Content analysis of KII transcripts	Key emerging themes

ANNEX 6 TOPIC GUIDES FOR IN-DEPTH INTERVIEWS

Topic guide key informants/implementing stakeholders

Please note, that this is a topic **GUIDE** and will be used as such, meaning that the questions proposed provide guidance only and that it will be important to adapt the questions during the interviews in such a way that they make sense to the respondents. In addition, the tools will be piloted immediately following the data collection training, and modified subsequently.

Further instruction for use: Prior to the interview, please ensure informed consent has been arranged by using the informed consent form (for interviews respectively). Then start the interview.

Area of inquiry	Link to questions in evaluation framework	Guiding Questions
Introduction		<ul style="list-style-type: none"> • Role within the organization • Organizational role within the program
Effectiveness (including some relevance)	<ul style="list-style-type: none"> – To what extent were the objectives of the program for the first year(s) achieved? – What progress has been made towards achievement of expected outcomes? And what were major factors influencing (non) achievement? – What were the different ECD services provided within the framework of this program, by whom, and what can be said about their quality? – What monitoring mechanisms are in place and how effective are these? – Were the expected results (outputs) delivered within budget and timeline? 	<ul style="list-style-type: none"> • Have you been able to conduct all the activities as planned for the years 2018-2019? Elaborate on type of activities, reasons for (non)achievement, quality of the activities. • What effects have you seen as a result of your activities? Do these meet the expected outcomes? Probe for type of outcomes • How do you report on these? • What are factors influencing (non) achievement? Clearly distinct on achievement of activities, outputs or outcomes
	<ul style="list-style-type: none"> – Have stakeholders' organizational structure, managerial support and coordination mechanisms effectively supported the delivery of the program activities? 	<ul style="list-style-type: none"> • How is the program managed within your organization? Probe for organizational structure, coordination and communication within and external • Which other partners do you work with? How would you rate inter-partner coordination and collaboration? Probe for successes, gaps and areas for improvement
	<ul style="list-style-type: none"> – How successful were the key principles of human rights based approach programming (HRBAP) applied in planning and implementing the program? – To what extent were the national and local context (knowledge, beliefs, gender and cultural differences) taken in account in the program design (include gender & equity lens) – How successful has the program been in laying the grounds of institutional systems (including inter-sectoral collaboration), parental and community engagement for ECD 	<ul style="list-style-type: none"> • Did you manage to engage people or facilities targeted within the program/beneficiaries in the design or planning? How? Did you also engage them in reflection and adaptation? How?

Effectiveness (including some relevance)	<ul style="list-style-type: none"> – Did the program equitably reach different groups, in terms of marginalization, geographic location, sex and type of disability – To what extent does the program respond to the needs of children with disabilities and developmental delays in the State of Palestine? – How successful were the key principles of human rights based approach programming (HRBAP) applied in planning and implementing the program? 	<ul style="list-style-type: none"> • How did you ensure to equitably reach different groups? Probe for marginalized groups, geographic location, sex and type of disability? Probe for gaps. Who are left behind?
Efficiency	<ul style="list-style-type: none"> – Were the expected results (outputs) delivered within budget and timeline? – Were the interventions approached in a cost-effective manner? 	<ul style="list-style-type: none"> • Have you been able to deliver your activities within the available budget?
	<ul style="list-style-type: none"> – To what extent did the coordination model support holistic delivery of ECD services? 	<ul style="list-style-type: none"> • How did you perceive UNICEF's support? Probe for UNICEF's contribution to holistic delivery of ECD services?
Relevance	<ul style="list-style-type: none"> – To what extent does the program respond to the needs of children with disabilities and developmental delays in the State of Palestine? – How successful were the key principles of human rights based approach programming (HRBAP) applied in planning and implementing the program? – Did the program equitably reach different groups, in terms of marginalization, geographic location, sex and type of disability 	<ul style="list-style-type: none"> • Which children are reached? Which are left behind? What are problems that the program has not yet responded to? • How does the programme respond to the rights of children with disabilities or developmental delays? • Did any changes in the legal framework got into effect?
	<ul style="list-style-type: none"> – To what extent is the program aligned with the national strategy for ECD - How successful has the program been in laying the grounds of institutional systems (including inter-sectoral collaboration), parental and community engagement for ECD 	<ul style="list-style-type: none"> • Especially for Ministries): how does the UNICEF supported programme contribute to the national strategy for ECD? Where are gaps?
	<ul style="list-style-type: none"> – To what extent were the national and local context (knowledge, beliefs, gender and cultural differences) taken in account in the program design (include gender & equity lens) 	

Sustainability	<ul style="list-style-type: none"> – How successful has the program been in laying the grounds of institutional systems (including inter-sectoral collaboration), parental and community engagement for ECD – How well are the activities helping to achieve and sustain the anticipated results? 	<ul style="list-style-type: none"> • How did the programme contribute to strengthening your institution? And in partner collaboration? What can be improved? • Do you expect to see a lasting change?
	<ul style="list-style-type: none"> – To what extent is the program owned by government partners (including activities, priorities, strategic development and budget allocation)? 	<ul style="list-style-type: none"> • Do you feel ownership of the programme?
	<ul style="list-style-type: none"> – Is there possibility for national adaptation, ownership and scaling? What are factors that affect sustainability when external funding phases out? 	<ul style="list-style-type: none"> • Have institutional budgets been allocated to sustain the activities? What would happen if funding phases out? To what extent are the elements of the program embedded and mainstreamed in national systems?
	How can the program be brought to scale?	<ul style="list-style-type: none"> • What should happen to scale the program to other areas? • What lessons from the current phase of the program can be learned and used for the future?

Topic guide ECD providers/health and education facilities

Please note, that this is a topic GUIDE and will be used as such, meaning that the questions proposed provide guidance only and that it will be important to adapt the questions during the interviews in such a way that they make sense to the respondents. In addition, the tools will be piloted immediately following the data collection training, and modified subsequently.

Further instruction for use: Prior to the interview, please ensure informed consent has been arranged by using the informed consent form (for interviews respectively). Then start the interview.

Area of inquiry	Link to questions in evaluation framework	Guiding Questions
Introduction		<ul style="list-style-type: none"> • Role within the organization • Organizational role within the program
Effectiveness	<ul style="list-style-type: none"> – To what extent were the objectives of the program for the first year(s) achieved? – What progress has been made towards achievement of expected outcomes? And what were major factors influencing (non) achievement? – What were the different ECD services provided within the framework of this program, by whom, and what can be said about their quality? – What monitoring mechanisms are in place and how effective are these? – Were the expected results (outputs) delivered within budget and timeline? 	<ul style="list-style-type: none"> • What activities happened in your facility/ community that could be subscribed to the programme? • What changes/effects have you seen as a result of the programme? Probe for different types of outcomes • Do you have to report on these? How? • Can you show the equipment/materials delivered to your institution? Are they currently in use? How? • How is staff introduced/trained on the equipment? How effective have these trainings been? What are training gaps? • How is maintenance secured? • Ask for implementation of protocols/ curricula (e.g. neonatal protocol, ECD/ECE curricula): how was this facilitated? Could these be considered as institutionalized? • What are gaps? How are elements of ECD/stimulation/breastfeeding/parent involvement currently addressed?
	<ul style="list-style-type: none"> – How successful were the key principles of human rights based approach programming (HRBAP) applied in planning and implementing the program? – To what extent were the national and local context (knowledge, beliefs, gender and cultural differences) taken in account in the program design (include gender & equity lens) – How successful has the program been in laying the grounds of institutional systems (including inter-sectoral collaboration), parental and community engagement for ECD 	<ul style="list-style-type: none"> • Are people in the community involved in the planning and reflection on the ECD activities? How?
	<ul style="list-style-type: none"> – Did the program equitably reach different groups, in terms of marginalization, geographic location, sex and type of disability – To what extent does the program respond to the needs of children with disabilities and developmental delays in the State of Palestine? – How successful were the key principles of human rights based approach programming (HRBAP) applied in planning and implementing the program? 	<ul style="list-style-type: none"> • How did you ensure to equitably reach different groups? Probe for marginalized groups, geographic location, sex and type of disability? Probe for gaps. Who are left behind?

Efficiency	To what extent did the coordination model support holistic delivery of ECD services?	<ul style="list-style-type: none"> How did you perceive UNICEF's support? Probe for UNICEF's contribution to holistic delivery of ECD services?
	<ul style="list-style-type: none"> To what extent does the program respond to the needs of children with disabilities and developmental delays in the State of Palestine? How successful were the key principles of human rights based approach programming (HRBAP) applied in planning and implementing the program? Did the program equitably reach different groups, in terms of marginalization, geographic location, sex and type of disability 	<ul style="list-style-type: none"> Which children are reached? Which are left behind? What are problems that the program has not yet responded to? How does the programme respond to the rights of children with disabilities or developmental delays?
Relevance	<ul style="list-style-type: none"> To what extent were the national and local context (knowledge, beliefs, gender and cultural differences) taken in account in the program design (include gender & equity lens) 	<ul style="list-style-type: none"> Does the programme take local knowledge, beliefs, gender and cultural differences into account? How? What are gaps? Or knowledge/beliefs/gender inequalities that should be further addressed?
Sustainability	<ul style="list-style-type: none"> How successful has the program been in laying the grounds of institutional systems (including inter-sectoral collaboration), parental and community engagement for ECD 	<ul style="list-style-type: none"> How did the programme contribute to strengthening your institution? And in partner collaboration? What can be improved?
	<ul style="list-style-type: none"> How well are the activities helping to achieve and sustain the anticipated results? 	<ul style="list-style-type: none"> Do you expect to see a lasting change?
	How can the program be brought to scale?	<ul style="list-style-type: none"> What lessons can be learned and used for the future or new facilities/communities?

Topic guide trained participants on scale validation and trained providers on ECD and ECI services.

Please note, that this is a topic **GUIDE** and will be used as such, meaning that the questions proposed provide guidance only and that it will be important to adapt the questions during the interviews in such a way that they make sense to the respondents. In addition, the tools will be piloted immediately following the data collection training, and modified subsequently.

Further instruction for use: Prior to the interview, please ensure informed consent has been arranged by using the informed consent form (for interviews respectively). Then start the interview.

Area of inquiry	Link to questions in evaluation framework	Guiding Questions
Introduction		<ul style="list-style-type: none"> • Background or trained provider • Information on training perceived
Effectiveness	<ul style="list-style-type: none"> – What progress has been made towards achievement of expected outcomes? And what were major factors influencing (non)achievement? – What were the different ECD services provided within the framework of this program, by whom, and what can be said about their quality? 	<ul style="list-style-type: none"> • How did you perceive the training? Did it cover your learning needs? • To what extent have you been able to apply gained skills and knowledge in your (daily) practice? • What changes/effects have you seen as a result of your training and implementation of the programme? Probe for different types of outcomes • What are challenges in applying ECD/ ECI in your (daily) practice?
	<ul style="list-style-type: none"> – Have stakeholders' organizational structure, managerial support and coordination mechanisms effectively supported the delivery of the program activities? 	<ul style="list-style-type: none"> • How is the program managed within your facility? Probe for organizational structure, coordination and communication within and external
	<ul style="list-style-type: none"> – To what extent did social accountability mechanisms take place, i.e. were beneficiaries involved in planning and reflection on the program? – How successful were the key principles of human rights based approach programming (HRBAP) applied in planning and implementing the program? – To what extent were the national and local context (knowledge, beliefs, gender and cultural differences) taken in account in the program design (include gender & equity lens) – How successful has the program been in laying the grounds of institutional systems (including inter-sectoral collaboration), parental and community engagement for ECD 	<ul style="list-style-type: none"> • Are people in the community involved in the planning and reflection on the ECD activities? How?
	<ul style="list-style-type: none"> – Did the program equitably reach different groups, in terms of marginalization, geographic location, sex and type of disability – To what extent does the program respond to the needs of children with disabilities and developmental delays in the State of Palestine? – How successful were the key principles of human rights based approach programming (HRBAP) applied in planning and implementing the program? 	<ul style="list-style-type: none"> • How did you ensure to equitably reach different groups? Probe for marginalized groups, geographic location, sex and type of disability? Probe for gaps. Who are left behind?

Efficiency	To what extent did the coordination model support holistic delivery of ECD services?	<ul style="list-style-type: none"> How did you perceive UNICEF's support? Probe for UNICEF's contribution to holistic delivery of ECD services?
Relevance	<ul style="list-style-type: none"> To what extent does the program respond to the needs of children with disabilities and developmental delays in the State of Palestine? How successful were the key principles of human rights based approach programming (HRBAP) applied in planning and implementing the program? Did the program equitably reach different groups, in terms of marginalization, geographic location, sex and type of disability 	<ul style="list-style-type: none"> Which children are reached? Which are left behind? What are problems that the program has not yet responded to? How does the programme respond to the rights of children with disabilities or developmental delays?
	<ul style="list-style-type: none"> To what extent were the national and local context (knowledge, beliefs, gender and cultural differences) taken in account in the program design (include gender & equity lens) 	<ul style="list-style-type: none"> Does the programme take local knowledge, beliefs, gender and cultural differences into account? How? What are gaps? Or knowledge/beliefs/gender inequalities that should be further addressed?
Sustainability	<ul style="list-style-type: none"> How successful has the program been in laying the grounds of institutional systems (including inter-sectoral collaboration), parental and community engagement for ECD How well are the activities helping to achieve and sustain the anticipated results? 	<ul style="list-style-type: none"> How did the programme contribute to strengthening your institution? And in partner collaboration? What can be improved? Do you expect to see a lasting change?
	<ul style="list-style-type: none"> Is there possibility for national adaptation, ownership and scaling? What are factors that affect sustainability when external funding phases out? 	<ul style="list-style-type: none"> Have institutional budgets been allocated to sustain the activities? What would happen if funding phases out?
	<ul style="list-style-type: none"> How can the program be brought to scale? 	<ul style="list-style-type: none"> What lessons can be learned and used for the future or new facilities/ communities?

Topic guide FGD's with parents or care-givers of children targeted by the program

Please note, that this is a topic GUIDE and will be used as such, meaning that the questions proposed provide guidance only and that it will be important to adapt the questions during the interviews in such a way that they make sense to the respondents. In addition, the tools will be piloted immediately following the data collection training, and modified subsequently.

Further instruction for use: Prior to the interview, please ensure informed consent has been arranged by using the informed consent form (for interviews respectively). Then start the interview.

Area of inquiry	Link to questions in evaluation framework	Guiding Questions
Introduction		<ul style="list-style-type: none"> • Role of caretaker • Services received
Effectiveness	<ul style="list-style-type: none"> – What progress has been made towards achievement of expected outcomes? And what were major factors influencing (non)achievement? 	<ul style="list-style-type: none"> • How did you hear of/got in contact with the program? • To what extent were the services/ information received new to you? • How did you experience the services? • How did this affect your child or family?
	<ul style="list-style-type: none"> – To what extent did social accountability mechanisms take place, i.e. were beneficiaries involved in planning and reflection on the program? How successful were the key principles of human rights based approach programming (HRBAP) applied in planning and implementing the program? – To what extent were the national and local context (knowledge, beliefs, gender and cultural differences) taken in account in the program design (include gender & equity lens) – How successful has the program been in laying the grounds of institutional systems (including inter-sectoral collaboration), parental and community engagement for ECD 	<ul style="list-style-type: none"> • Are people in the community involved in the planning and reflection on the ECD activities? How?
Relevance	<ul style="list-style-type: none"> – To what extent does the program respond to the needs of children with disabilities and developmental delays in the State of Palestine? – How successful were the key principles of human rights based approach programming (HRBAP) applied in planning and implementing the program? – Did the program equitably reach different groups, in terms of marginalization, geographic location, sex and type of disability 	<ul style="list-style-type: none"> • Which children are reached? Which are left behind? What are problems that the program has not yet responded to? • How does the programme respond to the rights of children with disabilities or developmental delays?
	<ul style="list-style-type: none"> – To what extent were the national and local context (knowledge, beliefs, gender and cultural differences) taken in account in the program design (include gender & equity lens) 	<ul style="list-style-type: none"> • Does the programme take local knowledge, beliefs, gender and cultural differences into account? How? What are gaps? Or knowledge/beliefs/gender inequalities that should be further addressed?
Sustainability	<ul style="list-style-type: none"> – How can the program be brought to scale? 	<ul style="list-style-type: none"> • What lessons can be learned and used for the future or new facilities/ communities?

ANNEX 7 DATA COLLECTION TRAINING WORKSHOP AGENDA

ECD Palestine UNICEF Data collection training 26-7-2020

Facilitators: KIT Royal Tropical Institute, Juzoor

10:00 Amsterdam time / 11:00 Palestine time (all further times in agenda indicated in Palestine time)

11:00 Opening, welcome (Dr. Pierre Pratley, Program Lead)

11:15 Objective of the program (short presentation based on inception report) (Pierre)

11:35 Ethical consent (Mahdi Abdelwahab, advisor KIT)

11:50 Topic Guides for interviews (25 mins per tool) (Dr. Irene de Vries, advisor KIT and Pierre with support from Dr. Yehia and Dr. Massad)

1. KII - Key stakeholders (Irene)
2. Service providers - Representatives of health facilities, education facilities and neonatal units (17 Gaza, 13 West Bank, plus 8 neonatal facilities (Hebron (1), Nablus (1), Jericho (1) and 1 in every governorate of Gaza (5))) (Irene)
3. Trainees who received ECD and ECI services (4 (ECD) and 4 (ECI)) (Pierre)
4. Beneficiaries (FGD now KII's 20) (Pierre)

12:40 Next steps (Pierre)

12:50 Questions, remarks and comments (Pierre)

13:00 Closing (Pierre)

ANNEX 8 CONSENT FORMS

(two copies needed per interviewee – one for evaluation team and one for interviewee)

Informed Consent form for Interviews evaluation ECD programme

Read out loud to the interviewee:

Introduction

Hello, we are (names). We are from the Royal Tropical Institute in the Netherlands and Juzoor Palestine. We are trying to learn more about the Early Childhood Development (ECD) programme which is supported by UNICEF. The Royal Tropical Institute (KIT) and Juzoor have been contracted by UNICEF State of Palestine to evaluate the ECD Programme. We would like to ask you to participate in an interview so that we can ask some questions related to this program.

Why is this evaluation conducted?

The ECD Programme in Palestine aims to ensure that vulnerable families with children with developmental delays and disabilities have access to a comprehensive package of inter-sectoral ECD and ECI services and are better able to reach their optimal development.

This evaluation is done in order to understand what the programme has been able to achieve, and the challenges faced since its beginning. The results of the evaluation will help UNICEF and its partners, including the Ministry of Health, the Ministry of Education and the Ministry of Social Development on how to further improve and scale-up the programme.

What will be done?

The evaluation team conducts interviews with a range of different people that are somehow related to the programme, either at national or local level. All respondents are asked to provide their perspectives on the successes and challenges of the programme, and why this is so.

Besides the interviews, the evaluation team will also review a number of documents and databases.

Can participation harm me?

Your participation is entirely on a voluntary basis and your information will be kept confidential. You are free to ask the interviewer to stop the interview at any point in time or not to answer a particular question. Withdrawing from the interview will not in any way affect your reputation, access to services or have any other consequence.

Can participation benefit me?

This evaluation does not help you directly but the results will help UNICEF and its partners, including the Ministry of Health, the Ministry of Education and the Ministry of Social Development to improve activities for children with disabilities or developmental delays.

Audio recordings?

If you agree, we would like to record the interview. The recording will be used to complement the notes taken during the interview. By taping the interview, we can thus better ensure that your perspective is appropriately reflected in the evaluation. Thereby we will ensure that your contribution remains anonymous. All information provided by you will be kept strictly confidential and your name will not be mentioned with any of the feedback you give. We may however quote you anonymously if your comments seem relevant to illustrate a finding related to the evaluation. The tape will be destroyed as soon as the evaluation has been completed.

Will the results of the evaluation be shared with me?

The evaluators will ask UNICEF to share the results of the evaluation with all those who participated in it and have indicated to be interested in receiving its results.

Procedures including confidentiality

An experienced researcher will interview you. The interview will last approximately one hour. What will be said and written down will not be linked to your name during analysis and in final products.

Consent

Do you have any questions that you would like to ask?

Are there any things you would like to be explained further?

If you do not want to take part in this interview you can refuse to give consent.

DECLARATION: TO BE GIVEN IN WRITING BY THE RESPONDENT

Agreement respondent

The purpose of the interview was explained to me and I agree to be interviewed and to be recorded:

Signature

Date:

If you have any questions or want to file a complaint about the consultancy you are welcome to contact:

Juzoor	Royal Tropical Institute (KIT)
For information (Juzoor): Umaiye Khammash Juzoor director ukhammash@juzoor.org T +970-2-2414488 Ramallah Al-Bireh/ Al-Arkan St. Islamic Palestinian Bank Building, 3rd Floor P.O.Box 4207 info@juzoor.org	For information (KIT): Pierre Pratley, Senior Advisor KIT Health p.pratley@kit.nl T +31 (0)20 568 8432 Mauritskade 63 [1092 AD] P.O. Box 95001, 1090 HA Amsterdam The Netherlands www.kit.nl
UNICEF SoP	UNICEF Gaza
For complaints: Selena Bajraktarevic, PhD Chief Health and Nutrition UNICEF State of Palestine, Jerusalem Tel: +972 (0)2 5840461 Cell: +972 (0)54 778 7623 email: sbajraktarevic@unicef.org	For complaints: Selena Bajraktarevic, PhD Chief Health and Nutrition UNICEF State of Palestine, Jerusalem Tel: +972 (0)2 5840461 Cell: +972 (0)54 778 7623 email: sbajraktarevic@unicef.org

ANNEX 9 COVID19 ADDENDUM TO THE INCEPTION REPORT

Addendum to inception report

“Formative Evaluation of Early Childhood Development interventions on children living with developmental delays and disabilities in the West Bank and the Gaza Strip” – for the period of 2018-2019

In light of the current global crisis and restrictions in movement as a result of the Covid-19 pandemic, it has become obvious that the evaluation of the Palestinian ECD program cannot take place as planned. This addendum provides an overview of the proposed changes, including their conditional factors and limitations. It builds on the discussions with and suggestions shared by UNICEF Palestine on conducting evaluations during the COVID-19 pandemic.

Methodological adaptations and logistics

1. The planned data-collection kick-off workshop, to train and familiarize the full team with the evaluation tools, ethical procedures etc., will be conducted virtually.
2. Interviews with key informants: a majority (22) of the planned key-informant interviews took place during the inception visit in February. Remaining key informant interviews (mainly for Gaza) will be conducted through phone, provided that the respondents are available. These will be conducted by KIT (English) and Juzoor (Arabic).
3. Field-visits to health and education facilities are currently not feasible. Instead phone interviews will take place with facility managers or ECD focal points within the facilities. The facilities that will primarily be approached are highlighted in yellow (n=17 for Gaza, n=13 for West Bank) in the UNICEF list of ECD program locations. Once UNICEF has provided contact details of the facilities, Juzoor will initiate first contacts to schedule an appointment for interviewing. Every facility will be attempted to be reached two times; in case of no response the next facility on the list with similar characteristics (in terms of services and location) will be approached. In addition interviews will take place with representatives from two neonatal units in Gaza and three in West-Bank for the evaluation on neonatal equipment and implementation of the neonatal protocol. Interviews will be conducted by KIT (English) and Juzoor (Arabic).
4. Focus Group Discussions (FGD) cannot take place due to the restrictions on meetings. In addition, conducting FGDs with caretakers through virtual means is considered too complex to guarantee data quality. Instead in-depth interviews (IDI) (n=20) will take place with care takers of children with delays that received services, and with trainees from the trainings on administrating and validating ECD scales (n=4) and on ECD and ECI services (n=4). Contacts of care-takers will be identified through the lists of children identified with developmental delays, contact of trainees from training participant lists. Interviews will be mainly conducted by Juzoor (Arabic).
5. If consent provided, interviews will be recorded. All interviews conducted by sub-contractors and of which recordings are available, will be transcribed. Otherwise, minutes will be made from all interviews.
6. The current crisis will have its effect on the ECD program. Interviews will incorporate a question on how the current situation affects the program and its services in terms of effectiveness and look into how these challenges can be overcome to increase sustainability of the interventions.

Conditions

The adapted approach may be a suitable alternative for the planned evaluation, provided the following conditions are in place:

- Key stakeholders are approachable and still willing and able to dedicate their time to interviews about the program, alongside the additional tasks they might have in relation to the Covid-19 epidemic.
- As schools and nurseries are closed we foresee challenges in contacting them on public phone numbers. The evaluation team will need a list of contact persons from the sampled facilities and ways to reach them.
- The list of children in Gaza needing referral can be used for sampling and reaching out to care-takers. Similar for West-Bank, if available.
- List of participants from trainings is available, including contact details.

Limitations

- Informed consent forms cannot be signed. Verbal consent must be considered to suffice.
- Due to the absence of field visits an important quality evaluation aspect will be missed, which is observation. Evaluators won't be able to see with their own eyes, what measures and changes are in place. Data from interviews will be more subjective, can't be contextualized and lack a certain level of validation (which is usually done by observation).

- With the absence of FGD's and field visits, the evaluation will be less diverse in methodology and only rely on interviews. The evaluation will miss the richness of FGD's, IDI's will include less total respondents.
- Interviews by phone can be more complex than face to face due to the lack of non-verbal communication. Where possible and consented for video calling will be preferred.

ANNEX 10 PROFILES OF CORE EVALUATION TEAM

Organization	Expert	Role	Tasks
KIT	Pierre Pratley	Team leader	Overall supervision, quality assurance, supervising qualitative data collection, (supervising) qualitative analysis and report writing, facilitating meetings
	Irene de Vries	Maternal and Child Health Expert	Desk review, (supervising) qualitative data collection, qualitative data analysis, report writing
	Mahdi Abdelwahab	Regional and language expert	Desk review (including for Arabic documents), quality assurance of data collection (in Arabic) and (translated) transcripts, qualitative data analysis
	Barend Gerretsen	Senior Health Systems expert	Quality Assurance
Juzoor	Salwa Massad	Education and Psychology expert (WB based)	Leading Juzoor team, supervising qualitative data collection, support report writing, facilitating multi stakeholder meetings in absence of KIT
	Yehia Abed	Children public health expert (Gaza based)	Leading on Gaza qualitative data collection and analysis, support report writing
	Mariam Habboub, Jennifer Dabis, Hadil Dalloul, Rania Abuaita, Mirvat Abdrabbou, Khulood Abu Alqaraya	Data collectors	Qualitative data collection Support data analysis, validation of findings
	Lubna Toman, Rana Abu Alrous	Transcribers	Transcription and translation. Support data analysis, validation of findings

KIT Royal Tropical Institute

Pierre Pratley (DrPH) – *team lead* – is a senior health systems adviser and global health expert with over a decade of experience in health financing and health policies, programme management, monitoring and evaluation. Before joining The Royal Tropical Institute Dr. Pratley served in WHO's Regional Office of the Americas as the Specialist, Sustainable Development and Health Policies, during which time he coordinated the national implementation of the Health in All Policies intersectoral mechanism, resulting in a national ECD policy, strategy and workplan. He has a doctorate in public health from the George Washington University Milken Institute of Public Health's Global Health Department. His dissertation studied the relationship between women's decision making and maternal and child health outcomes. He has conducted evaluations for WHO, the World Bank, UNICEF and the University of Oxford. He has published extensively on women's autonomy and empowerment and is the coauthor of the WHO HEN report on Community Empowerment. At KIT, he currently also leads an impact evaluation for the scaling up of a disability prevention and community rehabilitation program in Nepal and is a key team member of an impact evaluation that examines the outcomes of a child nutrition, ECD and RMNCH program in Bangladesh.

Irene de Vries – (*maternal and child health expert*) is a Medical Doctor (MD) in International Health & Tropical Medicine and a social scientist (MSC) with a master's degree in medical Anthropology and Sociology. After her degrees, she worked over seven years as a medical doctor in the Netherlands, Caribbean and Zambia, mainly in the fields of obstetrics and gynecology, neonatal care and pediatrics. She has ample experience with antenatal, perinatal and postnatal care services for both mothers and newborns. In 2017 she joined KIT as maternal newborn health

advisor where she combines her clinical background and her skills and perspectives as a medical anthropologist to develop and implement advisory work, evaluations and research programs related to SRHR in LMICs, with a focus on maternal, newborn and child health. Furthermore she is involved in educational, training and capacity building activities. Irene was involved as a technical expert in the evaluation of the Postnatal Home Visiting programme in Gaza.

Mahdi Abdelwahab (MD, MScIH) – *regional expert*: is a Medical Doctor and health care management specialist from Egypt with a Master of Science in International Health, currently, working as a Global Health advisor at KIT. Mahdi has expertise in health education, sexual and reproductive health and rights, migrant and refugee health, and qualitative research methods. He is currently coordinating the Master of Public Health at KIT while working simultaneously on several research programs. Mahdi has experience with UNICEF Egypt and other UN agencies. He was a trainer for different TOTs on FGM and HIV in Egypt and he was part of the Youth Advisory Panel for UNICEF and UNFPA.

Juzoor

Salwa Massad (MCPH, PhD) – *Education and Psychology expert*: Salwa George Massad received her PhD in Population Health Sciences from the University of Wisconsin-Madison in 2008, major Epidemiology minor Education Psychology. She works as a research manager at the Palestinian National Institute of Public Health- Ramallah/ West Bank and senior research advisor with Juzoor for Health and Social Development. She is an Adjunct Associate Research Scientist at the Institute of Human Nutrition, Columbia University/US. She worked as a local, regional and international consultant, in addition to her work as an assistant professor at Birzeit University. Salwa has won several fellowships and awards including: Fellowship from The Institute of Human Nutrition-Columbia University Medical Center/USA in qualitative data analysis from Mailman School of Public Health/Columbia University, Donn D'Alessio Student Award Winner for excellence in research and academics, UW Madison/USA, American Association of University Women International Doctoral Fellow [AAUW], and the Fulbright Fellowship. She is a member of Palestinian Policy Forum, MENA Policy Forum, Palestinian Population Forum Advisory Committee, and Palestinian Higher Council for Youth and Sport Advisory Committee. Research interests: Non-communicable diseases, health services research, nutrition, mental health, quality of life, children rights, gender studies, vital statistics, HIV research, and monitoring and evaluation.

Yehia Abed (MD, MPH, Dr PH) – *Children public health expert*: is a public health physician Educated at Johns Hopkins University - USA, and joined Al Quds University - Faculty of public health 1997-Gaza. He is a member of MENA Health Policy Forum. Chair of Helsinki Committee for Health Ethics and Deputy chairman of National Research council – Gaza. Research interests: research and programs addressing children's public health issues in Gaza, growth and nutrition, and health service research. He has more than 30 years teaching research methods and statistics and supervising masters and PhD students.

ANNEX 11 NEEDS OF PALESTINIAN CWD ADDRESSED IN DESIGN OF THE PROGRAM

In this overview recommendations to better address the needs of Palestinian CWDs⁴⁵ are set against the program design.

	Recommendations	Program aspects responding to the recommendation*
QUICK WINS	Raise policymakers and communities' awareness of disability by revising the disability law, which is both dated and pejoratively named.	Objective 3 Activity: Providing technical support for the revision of the Disability Law to be in line with international human rights treaties specially the CRPD.
	Involve PWDs and their families to ensure policies and programs are better centered around users' needs.	Objective 4 C4D component is developed and implemented jointly with participation of PWD. See furthermore HRBA.
	Operationalize the disability law by developing a national strategy for disability prevention, early detection and management.	The development of the National Strategy for Early Childhood Development and Intervention (2017-2022) preceded the program design and has been the foundation of the program.
	Invest in strengthened data collection related to CWDs—and minimize both gaps and duplication—by strengthening the registration of CWDs.	Not as part of this program.
	Strengthen the disability mandate within government by enhancing coordination.	Reflected by the multi-sectoral approach.
	Allocate consistent fiscal space for disability-related needs and make longer-term commitments to purchase services from NGOs and the private sector when they are not publicly available.	Little to none budget allocation at governmental level. No strategy to increase national budget allocation for ECD. Respondents report minimal budget available (see efficiency).
	Step up efforts to prevent disability.	Partly through Objective 1 focused on neonatal care
	Improve early detection and intervention.	Objective 2
	Educate parents on early detection and support for CWDs	Objective 2 Activity: Conducting training for parents on Early Childhood Development, good nutrition and healthy pregnancy.
	Implement community- and facility-based early intervention programs	Objective 2
	Support pre-primary and primary teachers to recognize signs of developmental delay and disability and build systems that facilitate their coordination with health care providers and social workers.	Objective 6
	Invest in community education to reduce stigma.	Objective 4

⁴⁵ Recommendations as proposed by MOSD/UNICEF's situation analysis: Jones, N., Abu Hamad, B., Odeh, K., Pereznieta, P., Abu Al Ghaib, O., Plank, G., ... & Shaheen, M. (2016). Every child counts: Understanding the needs and perspectives of children with disabilities in the State of Palestine. UNICEF-State of Palestine. Overseas Development Institute (https://www.unicef.org/oPt/ODI_Report_01-06-2017_FINAL.pdf).

MEDIUM-TERM GOALS	Map and align service providers.	Not as part of this program.
	Direct more human resources to disability to focus on the fact that CWDS are first and foremost children.	Not as part of this program.
	Improve and tailor social protection for CWDs.	Partly through Objective 3, activity : Providing training to social workers to strengthen capacity to assess the needs of children with disabilities and develop individual case management plans.
	Rethink the inclusive education approach.	Not as part of this program.
	Accelerate efforts to make inclusive education a positive experience.	Partly through Objective 5 (WASH facilities) and Objective 2, activity : providing furniture and teaching materials and equipment in health centers and education facilities.
	Expand health insurance to meet the real needs of CWDs.	Not as part of this program.
	Increase the capacity of OPDs to diagnose and treat CWDs by providing training and exposure to state-of-the-art practices (guidelines) and consistent financial support.	Partly through Objective 2
	Adapt physical and information infrastructure for better accessibility.	Partly through Objective 5 (WASH facilities)
	Provide support for the families of CWDs.	Not as part of this program.
	Strengthen the social work network to provide better outreach to CWDs and their families.	Not as part of this program.
	Address the gender dimensions of disability and disability-related care.	Not as part of this program.
	Strengthen the role of international NGOs as champions for CWDs.	Objective 3. Activity: Providing care and support services to children with disabilities in collaboration with NGOs providing services for children with disabilities.

* The objectives referred to are: 1. Improving the **quality of neonatal services** in government hospitals; 2. Developing national capacity for **early detection and interventions** for disabilities and developmental delays in children; 3. Improving national and local capacity to **provide care and support** services to children identified as having a disability or developmental delay; 4. Communication for development to **reduce stigma and discriminatory attitudes** towards disability; 5. Improvement of **(physical access to) WASH facilities** in selected facilities; 6. **Improved pre-primary education** for children with developmental delays.

ANNEX 12 KEY ELEMENTS OF NATIONAL STRATEGY FOR EARLY CHILDHOOD DEVELOPMENT AND INTERVENTION

Vision

Every child enjoys comprehensive and integrated care that provides protection, survival and nurtures all aspects of their growth and development within an approved legislative framework and real national partnership.

Mission

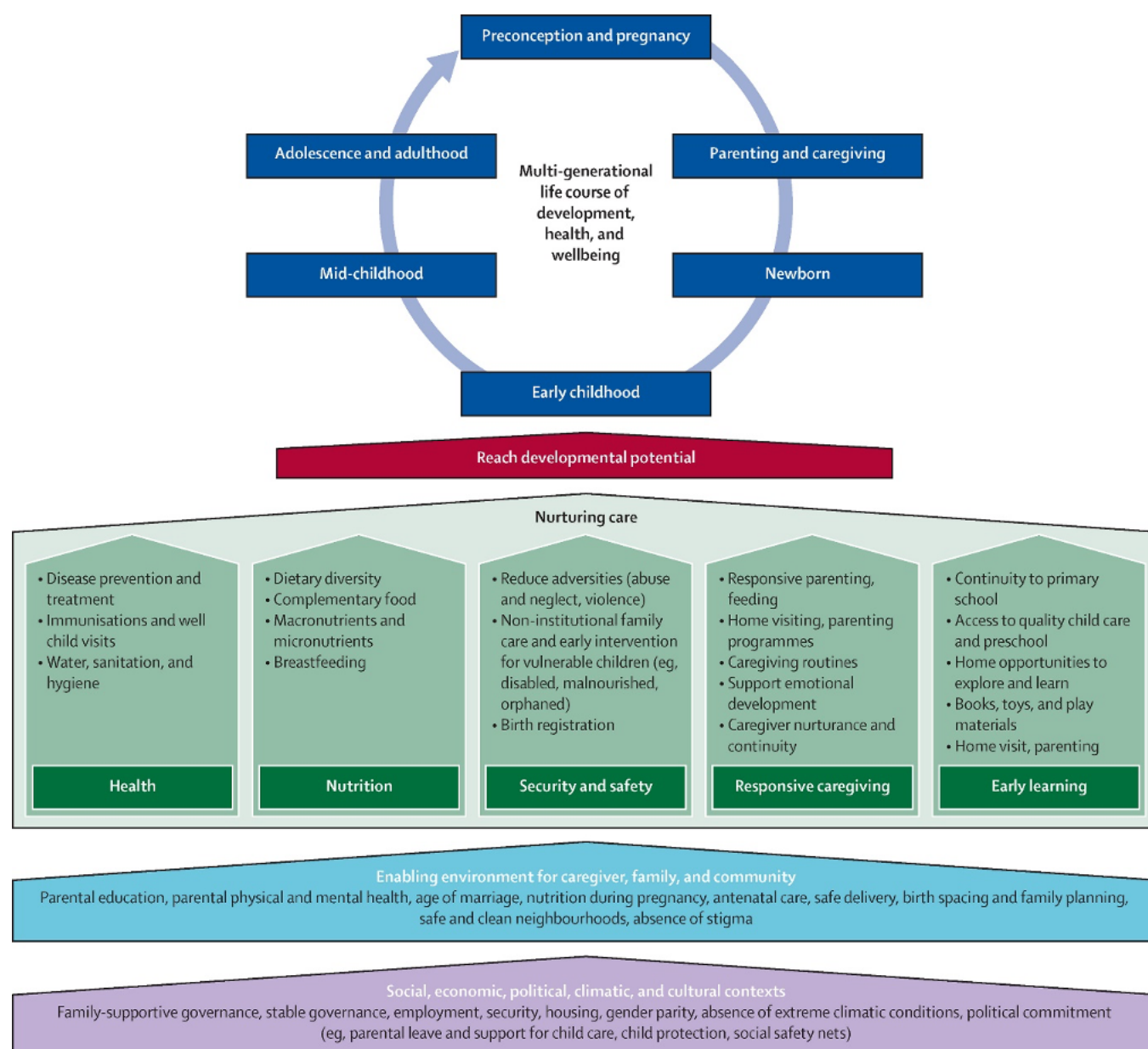
National efforts are unified and integrated between all government, private and NGO structures involved in supporting the Early Childhood Development and intervention programmes in partnership with the UN agencies and international organizations to invest in strengthening a system for early childhood health, nutrition, education and protection and responding to children's needs and rights in a safe, nurturing and protective environment, based on the State's compliance with the international conventions and treaties and the development and implementation of national laws, legislations and policies that ensure safety, wellbeing and health of all children in the State of Palestine. This system will provide proper nutrition, protection and the stimulation to vulnerable children and provide information, guidance and support so caregivers with support of service providers can help build better future for all children.

Strategic Objectives

1. **Access and equity:** Ensure that all children receive equitable Early Childhood Development and intervention services.
2. **Quality:** Offer high quality Early Childhood Development and intervention services.
3. **Sustainability:** Ensure sustainable delivery of quality comprehensive Early Childhood Development and intervention services through government's commitment and strengthened partnership with families and relevant services and institutions local, regional and international NGOs and UN agencies.
4. Support **capacity building** of service providers for families with children under age 8
5. **Legislation:** Develop policies and regulations to support introduction of innovative services for Early Childhood Development and interventions.
6. **Monitoring and evaluation:** Develop a monitoring and evaluation system for Early Childhood Development and intervention services.

ANNEX 13 VISUALIZATION OF THE FIVE DOMAINS OF NURTURING CARE THROUGHOUT THE LIFE COURSE

The effects of contexts, environments and the five domains of nurturing care through the multigenerational life course, adopted from Lancet Series Advancing Early Childhood Development: from science to Scale 1



ANNEX 14 SERVICES PROVIDED PER ACTOR, ORGANIZED ALONG THE LIFE COURSE

Life course											
	Pre-pregnancy	Pregnancy	Postnatal & Newborn			Infant & toddler (up to 3 years old)		Young Child (4-6 years old)	Cross-cutting		
What?	Not addressed in this program	Little addressed within parent education, but no explicit link with ANC services in this program	Received neonatal equipment	Development and implementation of neonatal protocol	Post-natal home visits (Gaza only)	Professionals trained on ECD & screening Conducting child development screenings Parent training on ECD Received furniture and teaching materials for ECD corners Referral of children identified with disabilities or delays to specialized services Develop individual case management plans Rehabilitating/constructing gender and disability sensitive WASH units		Integration of ECD in primary school and KG teacher university curricula	KAP-study and C4D-strategy	Revision of disability law	
Who? (Primary duty bearers)			MoH	Juzoor	NGO 3, NGO 4, MoH	MoH, UNRWA, NGOs	MoSD, NGO 2, Al Najah University, Islamic university, al Azhar, college of nursing	MoE, NGO 2	Al Quds University	International consultants, NGO	MoSD
Through? (Secondary duty bearers)			8 neonatal units	Expert consultant neonatologists		Primary health clinics, children's or community centers	Nurseries, Palestinian Child Institute (al Najah)	Kindergartens			Birzet University
For quality see:			Effectiveness objective 1			- Effectiveness objective 2 - Effectiveness objective 3 - Effectiveness objective 5		Effectiveness objective 6	Effectiveness objective 4	Effectiveness objective 3	

ANNEX 15 SUMMARY OF KEY FINDINGS ON EFFECTIVENESS

This annex provides an overview of key findings related to the evaluation question What progress has been made towards achievement of expected outcomes? And what were major factors influencing (non)achievement?

The key findings are presented for each program objective, i.e. expected outcome.

Improving the quality of neonatal services in government hospitals

- Equipment was delivered based on identified needs and priorities and in Gaza received with great satisfaction and appreciation for UNICEF. In WB facility clinical staff was not able to confirm receipt and use of equipment at time of writing.
- Staff was well oriented and trained to use the equipment, but there is room for improvement when it comes to maintenance and sustainability.
- Overall the activities of equipping units and neonatal protocol development and implementation were seen as major steps towards improving the quality of neonatal care in hospitals.

Developing national capacity for early detection and interventions for children with disabilities and developmental delays

- This is seen as the 'core component' of the program.
- The trainings on ECD & ECI were often qualified as 'excellent' and highly effective in both WB and Gaza.
- The training could entail more ToT aspects, but respondents still mentioned they passed on knowledge to colleagues.
- While in the West Bank most participants mentioned implementation of structural screening and intervention did not take off yet, as they were awaiting the validated scales, some of the targeted trainees and facilities in Gaza did start integrating ECD in their daily work, especially health facilities.
- The ECD services as delivered by the program (training, screenings, parent education) were received with great satisfaction. Both providers and beneficiaries reported a change in 'ECD awareness'.
- From the list of facilities that received interventions and/or equipment from the program according to UNICEF reporting, not all were aware of the program.

Improving national and local capacity to provide care and support services to children identified as having a disability or developmental delay

- Training to develop individual case management plans did not take place yet (training postponed due to Covid-19)
- Though a referral pathway is under development, the evaluation revealed a key gap in referral and provision of services for children detected with a disability or developmental delays: these are not available, not accessible and/or providers do not know their way in the system.
- The disability law is in its final draft and online available for the public to comment on. There is no implementation plan yet.

Communication for development to reduce stigma and discriminatory attitudes towards families with children with disability

- The baseline KAP study and subsequently C4D strategy were finalized in respectively September and October 2019.
- Implementation got delayed because of a change in approach of work. Focus is on working with local partners to strengthen their capacities on behaviour change, Implementation through local NGOs in Gaza and WB has now started.

Improvement of (physical access to) WASH facilities in selected facilities

- In 15 facilities in West Bank (from this grant; in addition to 5 from another grant) WASH units were finalized in February 2020 and handed over early June 2020.
- Rehabilitation/construction of WASH facilities in five ECD were finalized and handed over end of August 2020.

Improved pre-primary education for children with developmental delays

- Al Quds university is integrating ECD in primary school and KG teacher curricula
- Status of the roll-out of the developed teacher guide was unclear.

ANNEX 16 KEY AND SUB ACTIVITIES EXTRACTED FROM PROGRAM DOCUMENTS AND STATUS OF ACHIEVEMENT IN TERMS OF TIMELINE AND BUDGET

Key outputs and result chain indicators	Status of achievement (as per ECD indicators tracking sheet 23-09-2020)	Status of achievement against budget (as per financial actuals 15th of July 2020)	Target (as per M&E framework)	Achieved (as per 2020 Mid-year review July 2020)	% achieved
Output 1: The quality of neonatal and postnatal health care services is improved in selected locations of the West Bank and Gaza Strip	Achieved (over-achievement)	Achieved, achievement on budget for overall output not clear from data	n/a	n/a	n/a
<i>Results chain indicator 1.1: Number of neonates benefiting from quality lifesaving services in 8 supported neonatal health clinics</i>	Achieved (over-achievement)	Implemented on budget	5,000	6,272	125%
<i>Results chain indicator 1.2: Number of targeted mothers and neonates in Gaza (15-17 years and older) receiving postnatal care within 2 days</i>	Achieved (over-achievement)	Implemented on budget	5,000	6,260	125%
<i>Results chain indicator 1.3: Number of persons trained on early childhood development, good nutrition and healthy pregnancy</i>	Achieved (over-achievement)	Implemented on budget	720	750	104%
Output 2: National capacity for early detection and interventions for children with disabilities and developmental delays developed	Partially achieved	Partially implemented, achievement on budget for overall output not clear from data	n/a	n/a	n/a
<i>Results chain indicator 2.1: Number of caregivers trained on early childhood development, good nutrition and healthy pregnancy</i>	Achieved (over-achievement)	Implemented on budget	11,000	11,414	104%
<i>Results chain indicator 2.2: Number of caregivers received series of educational sessions</i>	Achieved (over-achievement)	Implemented on budget	1,000	1,912	191%

<i>Results chain indicator 2.3:</i> Number of UNICEF supported Primary Health Care centers, KGs and nurseries applying the Young Child Wellbeing approach in targeted districts and humanitarian settings	Achieved	Implemented on budget	62	62	100%
<i>Results chain indicator 2.4:</i> Number of trained health professionals (doctors, nurses, and midwives) on early detection of children and interventions	Achieved (over-achievement)	Implemented on budget	320	395	123%
<i>Results chain indicator 2.5:</i> Number of trained education professionals (nursery caregivers, kindergarten and first and second grade teachers)	Partially achieved (still under implementation at time of writing)	Ongoing, actuals under budget	400	162	41%
<i>Results chain indicator 2.6:</i> Number of 0-6 years children benefited from ECD screening services – technical support	Achieved (over-achievement)	Implemented on budget	7,000	7,943	113%
<i>Results chain indicator 2.7:</i> Number of health or education centers receiving furniture and/or teaching materials	Partially achieved (still under implementation at time of writing)	Ongoing, actuals under budget	40	38	95%
<i>Results chain indicator 2.8:</i> Number of gender-sensitive disabled-friendly WASH facilities rehabilitated/constructed in health and educational facilities	Achieved (over-achievement)	Implemented on budget	20	24	120%
Output 3: National and local capacity improved to create policy and legislation reforms and social welfare services according to the needs of children with disabilities	Partially achieved (still under implementation at time of writing)	Partially implemented, achievement on budget for overall output not clear from data	n/a	n/a	n/a
<i>Results chain indicator 3.1:</i> The 1999 Disability Law revised in line with international human rights treaties specially the CRPD	Achieved	Implemented on budget	1	1	100%

<i>Results chain indicator 3.2:</i> Number of social workers and parents trained, and capacity strengthened on assessing needs of children with disabilities to develop individual case management plans	Partially achieved (still under implementation at time of writing)	Ongoing, actuals under budget	400	210	53%
<i>Results chain indicator 3.3:</i> Number of children with disabilities benefiting from services	Partially achieved (still under implementation at time of writing)	Ongoing, actuals under budget	2000 children with disabilities benefiting from services	1039	52%
Output 4: Communication for Development (C4D) strategy implemented and stigma surrounding disability reduced in selected communities	Partially achieved (still under implementation at time of writing)	Partially implemented, achievement on budget for overall output not clear from data	n/a	n/a	n/a
<i>Results chain indicator 4.1:</i> C4D strategy developed and implemented according to the plan	Achieved	Implemented on budget	1	1	100%
<i>Results chain indicator 4.2:</i> Develop a Communication for Development (C4D) strategy and implementation plan	Achieved (over-achievement)	Implemented on budget	7	8	114%
<i>Results chain indicator 4.3:</i> Number of parents and community members benefited from Media campaigns target the general public	Achieved (over-achievement)	Implemented on budget	20,000	25,000	125%
<i>Results chain indicator 4.4:</i> KAP survey conducted	Partially achieved (still under implementation at time of writing)	Ongoing, actuals under budget	2	1	50%

KIT Royal Tropical Institute
P.O. Box 95001
1090 HA Amsterdam
The Netherlands

Visiting Address
Mauritskade 64
1092 AD Amsterdam
The Netherlands

www.kit.nl
info@kit.nl
T: +31 (0)20 56 88 711

Follow us on social media

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