



Formative Mid-Term Evaluation of Strengthening Maternal, Neonatal and Young Children Health (MNCH) in Gaza

LRPS-2021-9170205

Draft Inception Report

Submitted to UNICEF Gaza, State of Palestine

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June 2022



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Acronyms

AFD	The French Development Agency
C4D	Communication For Development
CAAC	Children and Armed Conflict
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
DAC	Development Assistance Committee
ECD	Early Childhood Development
FGDs	Focus Group Discussions
GBV	Gender Based Violence
HIS	Health Information System
HRBA	Human rights-based approach
KAP	knowledge, attitudes and practices
KIIs	Key Informant Interviews
MHPSS	Mental Health and Psychosocial Support
MICS	Palestinian Multiple Indicator Survey
MIS	Management Information System
MNCH	Maternal, Neonatal and Young Children Health
MoH	Ministry of Health
NCUs	Neonatal Care Units
NGOs	Non-Governmental Organizations
OECD	Economic Co-operation and Development
PA	Palestinian Authority
PHC	Primary Health Care Facilities
QA	Quality Assurance
SDGs	Sustainable Development Goals
SRH	Sexual Reproductive Health
SRMNCH	Sexual, Reproductive, Maternal Neonate Child Health
TOC	Theory of Change
TOR	Terms of Reference
TWG	Technical Thematic Working Groups
UNEG	United Nations Evaluation Group
UNFPA	United Nation Population Fund
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization



1. Introduction

UNICEF State of Palestine commissioned a formative Mid-Term Evaluation of Strengthening Maternal, Neonatal and Young Children Health (MNCH) in Gaza to assess the current state of the project against the agreed Result Framework, identify gaps and issues along with areas of deviates of the project, withdraw good/best practices and provide strategic recommendations to inform the continuation of the project implementation.

Context. The Gaza strip of Palestine has experienced long protracted crisis and socio-economic decline over many years, caused by recurrent conflicts, sustained closure and blockade, compound by political divide between authorities in Gaza Strip and the West Bank of Palestine. Two million Palestinians have been living under intensified access restrictions since 2007 and are largely isolated from the external world¹. Infrastructure deterioration, restricted movement of people and resources, economic devastation, and crippling challenges to the social service provision system of Gaza Strip in general, and to health and nutrition services in particular, have put the health and wellbeing status² of the population in Gaza Strip at the brinks.

In these extremely difficult living circumstances, the neonates, children, mothers, women and girls, whose numbers collectively constitute majority of population of Gaza Strip, represent the most vulnerable group of it. According to the 2019 Palestinian Multiple Indicator Survey (MICS), the mortality rate among children under-five years in Gaza was 14 per 1000 live births; infant mortality rates reached 13 per 1000 live births, and the child mortality rate 15 children per 1000 live births. While these figures represent a decline compared to the previous MICS, under reporting of infant and neo-natal deaths likely takes place³, with as much as 35% of infant deaths not being registered. Analogously, improvements in child nutrition failed to realize in recent years, with increases in the percentage of children under five suffering from moderate and severe stunting (9% in 2019, compared to 7.4% in 2014) and underweight (2.1% in 2019, 1.4% in 2014).

The underlying factors to this situation include capacity gaps in health services, shortage of resources and socio-cultural perceptions and practices. On one side, a large majority of women in Gaza access neonatal care, but the quality of care is a pressing concern, with overstretched health facilities frequently interrupting services due to power cuts and/or by a wide-spectrum shortages of supplies, functional equipment, and consumables. On the other hand, sexual and reproductive health, including maternal health, is highly affected by socio-cultural norms. Issues such as family planning, when to seek maternal health care, SRH for adolescents and youth, responsive parenting, and early childhood development, are impacted by prevailing gender norms and have significant influence on health.

Within this context, the SRMNCH Project of UNICEF, WHO and UNFPA plays a critical role in addressing not only the structural issues in the provision of care, but also the social determinants of health, and hence implementing community awareness raising and behavioural change related activities in 5 governorates of Gaza Strip.

Project description. The object of evaluation is the project “Sexual, Reproductive, Maternal Neonate Child Health (SRMNCH) in Gaza” which aims to provide solutions for building comprehensive, gender responsive and sustainable SRMNCH systems based on generated data and evidence in partnership with France, UNICEF, WHO, UNFPA and other health actors

¹ OCHA (2020). Humanitarian response plan 2021.

² See UNRWA, <https://www.unrwa.org/activity/health-gaza-strip>

³ MOH & WHO (2016). Validation of UNRWA survey findings on Infant Mortality in Gaza: Summary of Main Findings.



will address identified gaps and to improve access to quality and sustainable sexual and reproductive health, child health, nutrition and early childhood development services in Gaza. The project is focused on the following sub-objectives:

- Contribute to the development of a comprehensive, sustainable, gender responsive system of the MNCH service delivery;
- Improve access to community and facility-based quality services to all population of Gaza particularly focusing on the most vulnerable women, men, boys and girls;
- Strengthen managerial and technical capacity of the local health authorities in managing a resilient and transformative system – including development and implementation of guidelines, protocols, HIS and standards of continuum of care;
- Contribute to emergency preparedness and response for MNCH, including prepositioning of needed stocks of medicines and medical supplies;
- Mitigate gender-based barriers to access to SRMNCH services; and contribute to gender equality agenda within the national cross sectoral gender strategy 2017-2022;
- Leveraging resources of other donor organisations and health partners to contribute to the scale up of this project; and
- Strengthen coordination among health sector partners for scaling up sexual, reproductive, child health and development and nutrition strategies.

To ensure achievement of the overall project goal, the project identified the three main outputs:

- **Output 1:** SRMNCH services are strengthened, sustainable and gender responsive: Women, new-borns and young children receive comprehensive, gender responsive package of quality sexual, reproductive, maternal and childcare services, including pre-natal and postnatal care, nutrition and early childhood development in Gaza targeted MoH facilities.
- **Output 2:** Gender –sensitive behaviour change related to SRMNCH, promoted at Community level.
- **Output 3:** Emergency Preparedness: Mechanisms for uninterrupted delivery of SRMNCH services in all targeted facilities of Gaza strengthened.

AFD (The French Development Agency) provides financial support to the project. The concept of the project is built on the previous experience of UNICEF in Khan Younis governorate and on the results of mapping and assessment of MNCH services in Gaza conducted by UNICEF and partners in 2019.

The overall combined project budget for all UN Partners amounted to USD 10.547.430,32, out of which USD 3.008.916,66 was reported as utilised by 28.02.2022. The amount of USD 899.697,64 within the project budget (8,53% of the total budget) is allocated as contingency fund which gives to UNICEF and partners a kind of freedom and ability to respond the emergency needs like COVID Pandemic with no major financial deviations in the other initially planned project budget lines.

The project is designed to last 36 months and is being implemented by joint efforts of UNICEF, WHO and UNFPA and supports scaling up of the above-mentioned gender responsive model of MNHC system in Khan Younis Governorate to 6 maternity hospitals, 7 neonatal intensive care units and 27 primary care centres in Gaza with direct investment in infrastructure, equipment, and capacity building.

UNICEF plays a coordinating role in implementation of the project and jointly with WHO and UNFPA puts efforts towards improving aid coordination in the health sector in West Bank and Gaza strip of Palestine and supports the development of one health system promoting greater improvements and sustainable changes within the healthcare system of the country. Working within the extremely complicated political context, it requires additional huge efforts of UNICEF



and the partners to get on board both MoHs of West Bank and Gaza Strip and build state ownership over the project and its achievements despite of the existing political issues.

2. Purpose of the inception report

The current inception report is prepared by the Evaluation Team after the initial review of relevant documentation and scoping interviews with UNICEF, WHO and UNFPA. The report sets the conceptual framework to be used in the evaluation and outlines the key evaluation questions and adopted methodology, including information on data sources and collection, tools to be used, sampling, and quality assurance. It also includes a timeline for the evaluation process and details the distribution of roles within the evaluation team.

In accordance with the ToR (Annex 9.1), the inception report should present the following aspects:

- Evaluation plan, including timeline of all activities;
- Evaluation methodology, including a matrix with a row for each question and columns for how the judgement will be formed and methodology per question;
- Data collection tools, to be cleared by UNICEF before the data collection phase;
- Ethical protocols, aligned with UNICEF principles outlined in ethical issues;
- Interview and workshop plan, detailing people and organizations to involve;
- Plans for data analysis, report development and dissemination.

Due to circumstances related to the team and to delays in organizing scoping interviews, the initially agreed deadline for submission of the inception report had to be postponed by two weeks to the 21st of April 2022. More details on the changes to the evaluation team are described in section 5.2.

3. Evaluation purpose and scope

The formative midterm evaluation of Strengthening Maternal, Neonatal and Young Children Health (MNCH) in Gaza covers the period of March 2020 - March 2022.

As outlined in the ToRs, the purpose of the evaluation is to:

- i. assess the current state of the project against the agreed Result Framework;
- ii. identifying gaps, issues and areas of deviation from the project;
- iii. withdraw and document the good/best practices and lessons learned;
- iv. provide strategic recommendations to inform the continuation of the project, as well as the broader MNCH sector.

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 and impact of the MNCH sector.

The evaluation is formative in nature, focusing on assessment of the progress achieved, learning and identification of points of improvement. In this sense, a crucial research goal of the evaluation is to identify the reasons affecting both progress and delay, in order to identify points of improvement and facilitate corrections or redesigns. Special attention will be paid to identifying good/best practices of the MNCH project, drawing lessons learned and determining the areas that can be scaled up.

The evaluation will also seek to identify any contribution of the project to promoting human rights, gender equality and women's empowerment and provide actionable, evidence-based recommendations and document lessons learned for future use by UNICEF in strategic planning and scaling up.



The project is also innovative in bridging humanitarian and development elements, a crucial aspect for the protracted crisis in Gaza. In this sense, the evaluation aims at providing insights on how the project can make the most of its nexus role.

Geographically, the evaluation will cover all locations covered by the project and will include all its target groups, and specifically direct or indirect beneficiaries of the project, including households, stakeholders, contractors, management committees, NGOs and Ministries.

The primary intended audiences of the evaluation include the MoH in Gaza Strip and West Bank of Palestine, AFD, UNICEF, WHO, UNFPA and other UN agencies, beneficiaries, and partners. The Regional Offices and HQ of UNICEF will also use the lessons learned and best practices of this evaluation for strategic thinking and planning around integrated approaches to MNCH in the region. The table below summarizes evaluation users and purposes:

Table 1 – Evaluation users and purposes

Users	Purposes
Project management at UNICEF, WHO and UNFPA	Assess current state of the project, identify gaps and issues, identify good/best practices and lessons learned, provide recommendations for correction or redesign.
Relevant Ministries/ MoH in Gaza Strip and West Bank of Palestine	Identify contribution, success and gaps in the support of the project to strengthen the system of healthcare, and the government multi-year planning and budgeting, point to potential correction measures.
AFD	Assess project progress, identify good/best practices and lessons learned.
HQ and Regional Offices of UNICEF, WHO, UNFPA	Identify good/best practices and lessons learned, fuel dialogue on MNCH in Palestine and other contexts of fragility or protracted crisis.

4. Evaluation framework

4.1. Preliminary results of desk review

During the inception phase, the evaluation team reviewed the following documents:

- Strengthening Maternal, Neonatal and Young Children Health (MNCH) in Gaza project proposal;
- Mapping and assessment Maternal, Neonatal and Young Children Health Care Services in Gaza Strip, State of Palestine, carried on in 2019;
- Knowledge, Attitudes and Practices Among Men in the Gaza Strip Related to Sexual and Reproductive Health and Rights and Child-Rearing (Summary Report);
- Project progress report, covering the period 01 March 2020 - 01 March 2021;
- Project progress report, covering the period 01 March 2021 - 01 March 2022;
- Interagency Operational Plan;
- Project Monitoring and Evaluation Plan, updated version September 2021.
- Health Information System (HIS) assessment for 8 hospitals
- National Health strategy 2017-2022 and 2021-2023
- UNICEF Gender action plan 2018-2021
- Humanitarian Needs Overview-oPt 2020, 2021
- Financial Report



In doing so, existing evidence was mapped and gaps were identified. Due to the amount, scope and diversity of material to be analysed, the desk research will continue in depth also during the data collection phase. Through additional snowballing and interactions with the project staff, additional documentation might be requested to UNICEF.

In this section, we summarize the main elements of analysed documents:

The project proposal – developed by UNICEF, WHO, and UNFPA - details a unique opportunity for the Agence Francaise de Development (AFD) to make an immediate and long lasting impact in improving the living conditions and opportunities for women and children in Gaza, by leveraging previous investments by the Government of France and linking humanitarian interventions with investments in infrastructure and human capital to prevent the collapse of - and further improve - the provision of sexual and reproductive health, including maternal and neonatal health care services in Gaza, and through this the overall health care system in Palestine as a whole.⁴

The project design shows clear signs of alignment with both global and national strategies, including the SDGs and the Global Strategy for Maternal, New-born, Child and Adolescent Health, as well as the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW). The design also shows that the project was designed in line with both the MoH strategy and the PA policy agenda.

Moreover, the proposal shows a logical connection between the proposed intervention and the mapping and assessment study carried out in 2019 in Gaza.

The Mapping and Assessment of Maternal, Neonatal and Young Children Health Care Services in Gaza Strip was conducted in three different types of health facilities: 5 Primary Health Care (PHC) Facilities, 7 Neonatal Care Units (NCUs) and 6 Maternity Hospitals, in addition to 23 clinics providing Maternal, Neonatal and Child Health (MNCH) services. The assessment identifies the key gaps of the MNCH system in Gaza, provides recommendations for improvement and budgets to fill the existing gaps. The main findings of the study show:

- There is a need for renovation of existing health care facilities and construction of additional space, to ensure higher standards in service delivery.
- The water sanitation and hygiene facilities are physically available in almost all visited NCUs and hospitals, but they are often not in adequate working conditions and require infrastructural renovation.
- PHC facilities and service delivery practices in Gaza are not gender-sensitive in terms of privacy and confidentiality in discussing gender sensitive issues such as sexual violence, family planning decisions, teenager pregnancies, parents' preference for sons, etc. In the remaining hospitals several patients are regularly served in the same room, violating privacy rule.
- Availability of essential pharmaceuticals and medical supplies remains a major challenge for all facilities delivering MNCH services, including vaccines, drugs, equipment to prevent and control infections, sterilization equipment, supplies, and contraceptives. A relatively high variability exists among surveyed health centres.
- Lack of human resources, both in terms of number and capacities/skills, in all types of health provision facilities.
- Gaps in collection of quality data from all facilities. The mapping evaluation document proposed various recommendations for improving maternal and child health, which UNICEF and partners took into account while designing the project document.

⁴ MNCH project document, page 3



Knowledge, Attitudes and Practices Among Men in the Gaza Strip Related to Sexual and Reproductive Health and Rights and Child-Rearing.

The KAP study, developed by the project, investigates knowledge, attitudes and practices (KAP) among Palestinian men and male youth on SRHR and child-rearing in order to inform future policies and programming. The study findings underlined the multiple and intersecting factors that impede Palestinian men’s active participation in SRHR and child-rearing activities, and point to the urgency of promoting men’s participation. It also emphasized the need for Multi-sectoral interventions to address the root causes of men’s low participation and aim to increase access to age- and gender-tailored SRHR services and information, progressively inducing social change towards more egalitarian norms and harnessing policy frameworks that promote men’s participation in SRHR and child-rearing activities. Also, the study indicates that priority should be given to economically disadvantaged, extended families and large-size families as well as less educated families, especially those in areas with a strong conservative tradition.

The Annual Reports (progress reports), covering the period from March 2020 to March 2021, and the annual report from March 2021-March 2022 contained useful information, which the evaluation team used to obtain answers to evaluation questions under relevance, efficiency, effectiveness, coverage, coherence and coordination.

According to the March 2021 MNCH Progress Report, the programme established five technical thematic working groups covering different health system building blocks. The thematic working group aimed to map out strategic action plan.

The Progress Report also indicated that MNCH conducted a mapping study and facilitated the development of a comprehensive plan for the renovation and rehabilitation of health facilities in Gaza. In addition to supporting the capacity building of service providers through partners, support inclusion and provision of 32 essential MNCH drugs, 56 Medical consumables and family planning items.

According to the MNCH performance indicator tracking table, first, 4 output level indicators are achieved; second, 11 output/activities indicators are on track; 3 output/activities indicators are highly delayed; 1 output/activity indicator is delayed, 9 output/activity indicators are not achieved yet and last 1 activity indicator is overachieved. In conclusion, the project implementation is effective in utilizing project time.

A preliminary summary of completed activities is available in Annex 9.3. The table below summarizes the key elements presented in it and how the evaluation team can use them.

Table 2 – Key evaluation elements

Elements covered in the annual report	Relevant evaluation criteria
List of achieved activities per output	Effectiveness
How activities and outputs contribute to achieve outcomes	Effectiveness
Coordination and partnership with UN agencies, MOH and other stakeholders works in humanitarian response and development assistance-	Coordination and coherence
The reports identified the potential risk and strategies to mitigate and manage the risks	Effectiveness and efficiency
MOUs: UNICEF signed MOUs with UN agencies WHO and UNFPA, based on their respective experience to manage different project components-	Efficiency/ relevance
The establishment of five Technical Thematic Working Groups (TWG) to map out strategic plans and provide strategic direction during the project period, backed up with evidence and quality data. Each UN agency leads a thematic group to coordinate implementation properly.	Efficiency



Elements covered in the annual report	Relevant evaluation criteria
Governance: Established steering committee and led in partnership with the MoH and partners, to oversee project implementation, including planning, monitoring and results measurement	Efficiency
The annual report covers the challenges, risk and mitigation	Relevance and efficiency
Future work-plan	Effectiveness, Sustainability

Interagency Operational Plan. The document describes the roles of implementing agencies, including MoH and other partners, as well as the monitoring, evaluation and reporting requirements that should be ensured during the implementation of the project. It details the governance structure of the project illustrating different committees and technical working groups responsible for providing overall direction for this project.

National Health Strategy. MNCH programme is relevant to the local Palestinian-Gazan context to a good extent. The programme adopted a multisectoral approach with participation from the Ministries of Health, Education and Social Development, responding to the 2017-2022 National Health Strategy. Also, this approach also aligns with OPT humanitarian response plan encouraging actors to accumulate their efforts across multisectoral for optimal interventions.

The MNCH project is highly relevant to the 2021-2023 National Health Strategy. The project aligns with the first objective, “Ensure the provision of comprehensive health care services for all citizens towards nationalization of health services in Palestine.” It also aligns with the third objective, “Institutionalize quality systems in all aspects of health service delivery.” Moreover, MNCH proposed indicators are in line with the following National Health Strategy indicators: 1.6 the percentage of pregnant women’s health coverage in MoH health centres; 3.1 the number of directorates applying the four stages (full standards); and 3.2 the number of hospitals participating in patient safety initiative standards.

Relevance to SDGs and international conventions. At the international level, MNCH project is relevant to SDG goals number three, five and six. Health and wellbeing depend on people having access to clean water and sanitation as a right for all. Moreover, the proposal aligns with international gender and women empowerment conventions, such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Global Strategy for Maternal, New-born, Child and Adolescent Health, Child Right Convention (CRC) and UNICEF Gender action plan 2018-2022.

Humanitarian Response Plan. MNCH respond to the Humanitarian Response Plan’s second strategic objective: “The basic needs of vulnerable Palestinians living under occupation are met through the provision of quality basic services and improved access to resources, in accordance with the rights of protected persons under International Humanitarian Law.” Under the specific health objective, “Ensure the availability of acceptable and quality essential healthcare services to vulnerable communities in oPt,” the responsive MNCH proposed activity is access to healthcare and nutrition that prevent excessive maternal and new-born morbidity and mortality by ensuring a clean and safe delivery, essential new-born care, and emergency obstetric and new-born care services are available at all times. Also, the project meets the third HRP strategic objective, “The capacity of vulnerable Palestinians to cope with and overcome the protracted crisis, including environmental threats, is supported, while solutions to violations and other root causes of threats and shocks are pursued.” This is under the specific objective, “Strengthen the healthcare system’s capacity to respond to emergencies and build community resilience to cope with the impact of current and future crises.” This objective is achieved through activities like providing medical supplies and enhancing preparedness in the health sector to respond to emergencies.



Relevance and alignment with UNICEF Strategies. The project aligns with UNICEF's third strategic outcome stating, *"By 2022, more Palestinian children and mothers, particularly the most vulnerable, access equitable and quality health and nutritional services that support children to survive and reach their optimal development."* Also, there are three outputs that are linked with MNCH, 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; Output 3.2: Health professionals have increased capacity to provide harmonized integrated and systems-based health, early childhood development and nutrition services; Output 3.3: Families and communities have the knowledge and care-seeking behaviours to promote young child health, nutrition and development, focusing on children with developmental delays and disabilities, and adopting improved WASH practices.

Cross sectoral issues. The MNCH project aligns with UNICEF's Gender Action Plan for 2018-2021, ensuring the delivery of quality maternal care and the community health system. It also directs one of the project outcomes to enhance women's access to an equitable health system. The project also worked with partners to strengthen national systems to implement the World Health Organization (WHO) maternal and neonatal health quality-of-care standards. These standards include treating women with respect and dignity; providing appropriate water, sanitation, energy and medical supplies in facilities; increasing knowledge and information of women and family members regarding antenatal and post-natal care, as well as breastfeeding options to empower women to make decisions that are manageable for their health and needs.

Moreover, MNCH promoted the professionalization of female and male frontline health workers—by collecting and utilizing data on their role and impact from a gender perspective. Advocate for gender-equitable national policies and financing for community health systems to train, pay and empower health workers adequately and ensure a gender balance in this critical professional category. The proposed project will work to strengthen sexual and reproductive health through health centres and community outreach for girls and adolescents.

Monitoring and Evaluation (M&E) Plan. The document helps UNICEF and partners to track and assess the results of the interventions throughout the life of a program. It includes two components addressing the target indicators in the project logframe:

- 1) M&E of Project Performance: Monitoring focuses on the management and supervision of ongoing project activities, seeking to improve efficiency and overall effectiveness of project implementation. Performance evaluation will assess the project's success in achieving its objectives.
- 2) The impact and outcomes of the project to be monitored continuously throughout the project. The impact and outcome level achievements of the project will be assessed using respective indicators at these two levels.

The document reports that the consortium members and steering committee will monitor the project through project review that will be conducted every six months or annually. In addition to arrange technical supervision missions field visits to steering committee for the purpose of improving the project outcomes. Related to this point, the evaluation team will assess the level of involvement of the steering committee in monitoring and evaluation and its' recommendations for any modification. Also, this will help the evaluation team to ask TOC-related questions in order to better reconstruct critique the existing TOC.

The document also indicates that the monitoring and evaluation system will involve all partners to achieve transparency and accountability. The evaluation team will assess this information, and use it to answer the questions related to coordination.

All in all, based on reviewed documentation, the reporting system of the project involves:



- Regular updates on the project activities to reflect on the key achievements of the deliverables, variations in achieved versus planned results during the reporting period.
- A donor progress report, produced to update on the project progress every six months.

The evaluation team will use these reports to understand the activities and outputs and results that have been achieved and which have not been achieved, and to get evidence for effectiveness criterion. Also, the evaluation team will assess the extent to which an effective feedback system is being used by UNICEF and its partners.

The evaluation team will include in its analysis the annual progress reports covering the period March 2020-March 2022. It will also meet with the evaluation manager to find out how data is collected, indicators are fed, and quality standards are applied.

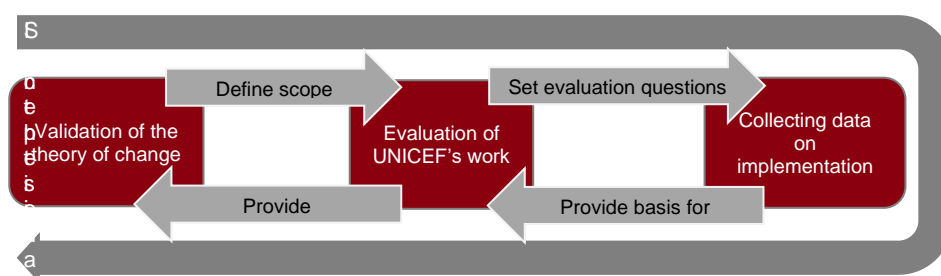
4.2. Reconstruction of the theory of change

This section attempts at presenting a preliminary reconstruction of the project theory of change. A theory of change can serve as a key benchmark in evaluation and provides the scope for asking the 'right questions' in an evaluation. With the 'right questions' at hand, data collection can directly inform evaluation judgement necessary to assess success of previous activities and draw important lessons for the future. In our evaluation approach, key evaluation findings are contrasted to the a priori reconstructed theory of change, which allows the development of theoretically meaningful and empirically informed policy recommendations.

In our understanding, validating the theory of change of the project should assess the logic behind UNICEF's interventions and the context in which it is implemented. This helps to clarify the intended causal links between outcomes and evaluated outputs and activities, while also solidifying the assumptions that underpin them.

In this evaluation, the validation of the theory of change and data collection design will mutually reinforce themselves in a circular process. At the same time, this process is tightly linked to the evaluation phases, foreseeing the restitution of deliverables at the end of inception, data collection and reporting phases to both evaluation management and steering committee.

Figure 1 – Evaluation approach to the Theory of Change



Problem statement.

Uneven access to affordable, high-quality health care and services impedes many countries from improving maternal and new-born survival and reducing stillbirths. A significant proportion of maternal and new-born deaths occurs in settings of conflict or displacement. Every day, some 6,500 babies die in the first month of life. In 2020, an estimated 2.4 million new-borns had died worldwide. Globally, about 810 women die each day from preventable complications related to pregnancy or childbirth.⁵ The main problem the project seeks to address is the insufficient access to MNCH services in Gaza. The lack of access to quality services is particularly problematic in light of the protracted crisis in Gaza: it constitutes an immediate humanitarian issue for mothers and new-borns, but also stems from chronic capacity gaps in Gaza's health system. The double nature of the problem (systemic and humanitarian) is captured in detail in the mapping study described above, with issues ranging from health to WASH infrastructures, from privacy and confidentiality to availability of drugs and supplies, from lack of human resources to gaps in data collection. Moreover, the Humanitarian Needs Overview (HNO) 2021 in oPT highlighted that since March 2020, the health care system has been experiencing added pressure from the COVID-19 outbreak. This pressure has resulted in reallocating the scarce resources to respond to the pandemic, which undermined people's access to healthcare. Consequently, there is an increasing level of morbidity, GBV, high rates of NCDs, high-risk pregnancies and micronutrition deficiencies amongst children under 5.

The HNO 2021 also estimated that 2.45 million Palestinians across oPT need of some form of humanitarian assistance of which 64% are in the Gaza strip⁶.

The immediate and root causes of the problem are mainly ascribable to the 15-year long blockade of the Gaza strip, in addition to the consequences of COVID-19 on the health system, which has led to both physical destructions of facilities, economic isolation and limited access

⁵ <https://www.unicef.org/health/maternal-and-newborn-health>

⁶ Humanitarian Needs Overview OPT, issued in December 2020, Humanitarian program cycle 2021.



to health services other than emergency rooms. However, desk review and scoping interviews allow to preliminarily identify other issues, such as the lack of harmonized policies and guidelines in delivering MNCH services. While this might be linked to the political disconnect between West Bank and Gaza authorities, it often translates into cumbersome administrative management and ultimately into a fragmentation of investment in the health system. On top of the political complications between West Bank and Gaza strip, the HNO 2021 also highlights a critical problem related to access to essential services, including health. This consequently resulted in an increasing levels of morbidity, GBV, high rates of NCDs, high-risk pregnancies and micronutrient deficiencies amongst children under 5, An increasing rate of maternal and infant mortality, Lack of acute care for emergency cases, and Patients suffering non-communicable diseases have no access or disrupted treatment and face a deterioration in their morbidity status and Postponed elective surgeries leading to complications and morbidity.⁷

On another front, conservative attitudes towards Sexual and Reproductive Health, both in communities and from the side of health providers, are also an obstacle to the provision of quality services.

Furthermore, an updated review of all maternal cases is still ongoing. Still, early results indicate that most of maternal deaths in Gaza are now antepartum (72%), indicating the vital need to strengthen the primary healthcare system. Furthermore, 54% of maternal deaths in 2018 in Gaza were in the age group of 20-29.⁸ The analysis of the problem, supported by evidence, showed how the context protracted deterioration, the crippling health system, and lack of quality of health services affect the health of mothers, new-borns and young children.

During the first 28 days of life, the neonatal period is the most vulnerable time for a child's survival. Children face the highest risk of dying in their first month of life at an average global rate of 18 deaths per 1,000 live births in 2018. Comparatively, the probability of dying after the first month but before reaching age 1 was 11 and after age 1 but before turning age 5 was 10.⁹ Continued stockouts of essential life-saving maternal and child health pharmaceuticals and disposables are significantly impacting services. They are increasingly placing pregnant women and new-borns at risk of disability and death. While this has been a longstanding issue in the Gaza Strip, the situation since 2018 has sharply deteriorated: the percentage of essential medicines with less than a month's supply increased from 38 per cent in 2017 to 46 per cent in 2018, reaching 50 per cent in August 2019. Maternal and child health pharmaceuticals are regularly the most affected by the stockouts. Moreover, so far in 2019, an average of 42 per cent of essential medicines were depleted entirely, with no stocks left in the Gaza Ministry of Health (MoH) Central Drugs Store.¹⁰

The project theory of change considered two critical preconditions to achieve the desired state: first there needs to be improved coverage of quality comprehensive health system, particularly for vulnerable children and mothers; Secondly, parents and caregivers need to nurture their children's healthy growth and development, apply good health, nutrition and hygiene practices and act to claim their right to quality services.

Goal and outcome. The project objective (*"Improve access to quality and sustainable sexual and reproductive health, child health, nutrition and early childhood development services in Gaza"*) clearly addresses these challenges. Success is clearly measurable through well-defined project indicators and well-defined health indicators. A single outcome (*"Women, men, boys and girls access quality, gender responsive and high impact sexual and reproductive*

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⁷ Humanitarian Needs Overview OPT, issued in December 2020, Humanitarian program cycle 2021

⁸ UNICEF, MNCH project proposal

⁹ UNICEF, 2019b as cited in Mapping Study 2019.

¹⁰ <https://www.ochaopt.org/content/mothers-risk-limited-access-medicine-and-family-planning-services-compromises-maternal>



health, child health, nutrition and early childhood development services in Gaza”) is foreseen as propaedeutically to the goal. It is noted that the formulation of the project goal and outcome is very similar. While more investigation is needed, its formulation might indicate a logical overlap between outcome and general objective.

Outcome and outputs are relevantly aligned with indicators at the overall goal level.

From problem statement to change process. The theory of change describes the change pathway to move from the current manifestation of the deprivation, where “mothers and children in the State of Palestine do not have their right to survive from preventable maternal, new-born and child deaths neither to reach their optimal development” to the desired state, where “by the end of the project 2023, more vulnerable children and mothers have access to quality comprehensive health and nutritional system and are better able to survive and reach their optimal development.” Therefore, interventions aiming to improve infrastructure and the quality of health services provided will reduce the mortality rate among pregnant women, mothers and new-borns.

The analytical work that supported the design of the project identified three specific problem drivers. These are addressed in the project and translated into three separate approaches (corresponding to three outputs in the result framework):

1. **Systemic strengthening of SRMNCH services.** The project addresses the issues identified in the mapping study, including infrastructural and WASH improvements, procurement of equipment, drugs and supplies, capacity building of human resources, technical assistance in updating protocols and guidelines for both WASH and health service provision, technical support in updating health information systems;
2. **Gender-sensitive behaviour change,** including C4D, conduction of the KAP study, and workshop supporting participation of women in M&E of MNCH services;
3. **Emergency preparedness,** contributing to MoH emergency preparedness plan, procuring medicines and medical consumables, establishing network of partners capable of providing immediate SRMNCH responses, introducing MNCH hotline services, and train healthcare workers to operate in emergencies.

Result chains are visualized in detail in Annex 9.2.

The underpinning theory that justifies the chosen change process is that satisfying results are both associated with direct provision of services and improvements (such as renovating infrastructures, providing much needed equipment and supplies, influencing behaviours) but also at systematically improving capacities within the health system to generate a virtuous, sustainable process. This approach can be assessed from the perspective of a number of theories, including models to assess systemic capacity building.

Change markers. To measure results, different milestones and indicators are adopted. For Output 1, cumulative indicators on the number of final beneficiaries reached are preferred; for Output 2, the existence of a SRMNCH C4D focusing on gender equity is chosen. For Output 3, results are reached when SRMNCH services are adequately responsive. More analysis will be needed on the definition and connections between the project indicators.

Implementation. The governance of the project relies on the collaboration of a range of partners. While UNICEF officially implements and manages all outputs, WHO and UNFPA manage different service packages based on their respective experience. As described in the project document, other UN agencies (UNRWA, UNDP, WHO, UNFPA, UN Women) are informed about the project and sometimes consulted. The Ministry of Health has been closely involved in both project design and implementation, with the aim of empowering Gaza authorities to manage the MNCH system on their own. From the few scoping interviews conducted, implementation relies on both NGOs and subcontractors.



Moreover, UNICEF and partners are supporting the MoH and coordinating the work of the five Technical Working Groups (TWG) focusing on the key health system building blocks and areas of interventions including policy, service delivery, health information system, emergency response and changing social norms and behaviours towards the gender-sensitive and responsive SRMNCH health care services. The Thematic Technical Working Teams meet on a quarterly basis to update each agency on the progress of the relevant thematic areas of the project and discuss the plans for the next quarter/project period. As confirmed by the scoping interviews and annual reports, this mechanism resulted in better participation of relevant partners, better coordination and improved engagement in delivering quality SRMNCH interventions across 53 health facilities (7 maternities hospitals, 6 NICUs and 40 PHCs) targeting the most vulnerable women and children in the Gaza Strip.

The 36 months project is funded by AFD for a total of EUR 9.3 million, or USD 10.5 million. A joint programme arrangement channels funds through UNICEF as Management Agent. Output 1 is the heaviest in terms of resources, with 77% of the total budget allocated to it. 59% of total budget is concentrated in infrastructure (12%), procurement of medical equipment (36%) and technical assistance (11%). Output 2 will be implemented with 4% of budget, of which 2.4% covering UNICEF technical assistance. 10% of the budget is allocated to Output 3, mostly on providing essential medical supplies (3%) and on UNICEF technical assistance (5.4%). 8.5% of the budget is allocated to contingencies, which were used to adapt to the changed conditions of the global pandemic.

Assumptions and risks. Success of the project relies on a series of assumptions on both internal and external factors. The project document identifies a number of them. The most relevant are listed here:

- Absence of military conflict, or rather on the absence of an escalation compared to current situation;
- Political commitment from Gaza and WB government;
- The absence of delays or objections by the Israeli Civil Administration authority to the procurement of equipment, building materials, and consumable medical supplies;
- Collaboration from health system staff;
- Openness to deconstruct harmful cultural norms and misconceptions.

Other minor risks are related to the energy crisis, the inconsistent payment of medical personnel in the public sector, restrictions on the import of medical supplies resulting in shortages, including equipment and spare parts, as well as the movement of patients and health staff.

5. Evaluation Methodology

5.1. Approach and roadmap

In light of the documents reviewed and the scoping interviews conducted during the inception phase, it is possible to present a few considerations that help inform the design of the evaluation methodology and contribute to concretize the approach to both data collection and analysis.

We proposed to discuss these considerations during the revision of the inception report:

- **The project as a proof of concept for the humanitarian- development nexus.** The project is innovative in the context of the protracted crisis of Gaza, as it is the first of its kind that both invests in the strengthening of the health system while providing humanitarian assistance. In this sense, the evaluation needs to “test” the solidity of the



project's concept, to inform future scale-ups in the future and possibly replication in other contexts;

- **Diversity of approaches.** To properly evaluate the project, the evaluation needs to adopt different criteria, that is, assess the project under both humanitarian and developmental perspectives;
- **Political contextualization.** The systemic investment that underpins the project implies that government officials from both Gaza and the West Bank are collaborating to the project. The evaluation needs to contextualize findings in this perspective, as well as looking at its potential unintended effects;
- **Participative, inclusive approaches and ethical considerations.** As part of evaluating public health for vulnerable categories, the evaluation design will inescapably need to adopt at least two related and crucial considerations. On one hand, it will need to design inclusive, participative data collection efforts that allow to gain meaningful insights about the examined issues. On the other hand, it will need to create a safe and inclusive channel of communication where the participants of data collection feel that they can freely voice their concerns.
- **COVID-19 considerations.** Judging from the evidence collected so far, it seems that both Gaza and the project suffered the consequences of the global pandemic. Restrictions of movement meant that additional challenges were posed to both provision of health services and to the activities of the project. The evaluation needs to contextualize its findings in this light too. During the data collection phase, the evaluation team will adhere to the procedures issued by the Palestinian Ministry of Health related to COVID-19 in Gaza and the West Bank. Looking at the stakeholders involved by the project, the evaluation will inescapably be a participatory approach, with the evaluation team working closely with UNICEF SoP, WHO, UNFPA, MOH, beneficiaries, relevant stakeholders, community and the Evaluation Steering Committee throughout all the evaluation processes. The participatory approach will nurture the formative nature of the evaluation by maximizing learning and improvement oriented.

Although qualitative methods will be preferred, the evaluation will employ a Mixed-Methods approach to data collection and data analysis, including both quantitative and qualitative methods and to improve the internal validity of results through data and method triangulation. As such, the evaluation will use a range of data sources and data collection methods to ensure the reliability of results, promote impartiality, reduce bias, and ensure that the findings are based on the most comprehensive and relevant information possible.

The roadmap for the evaluation is illustrated in the figure below.

Figure 2 – Evaluation roadmap



The evaluation will follow a clearly defined sequence of phases to ensure the highest quality of organization while allowing interaction with both UNICEF and the other members of the evaluation reference group. In the inception phase, the team conducted 5 scoping interviews, initiated the desk review, reviewed the existing theory of change of the project, finetuned the evaluation matrix, and designed all data collection tools. All of these elements are consolidated in this inception report.

During the whole duration of the evaluation, the team will keep a regular contact with the evaluation manager. The collected data and intermediary findings will also be regularly shared.

The following sections describe more in detail the evaluation framework (evaluation matrix), the data collection tools, sampling design and the deployed evaluation team, as well as the risks and limitations of the proposed methodology.



5.2. Evaluation matrix

The framework contains the key evaluation areas and questions that the evaluation will address. For each question the framework provides corresponding possible/potential information sources and methods/tools that are to be applied to gather the information and address evaluation questions. The evaluation framework was used to inform the evaluation methodology and data collection tools.

Table 3 – Evaluation matrix

Evaluation Criteria	Evaluation question	Sub-questions, if any	Indicator / judgement criterion	Source
1. Relevance	1.1 Does the MNCH project reach to the target groups and beneficiaries and meet their needs and priorities (including government, executing agencies, partner organizations, including other UN agencies, NGOs and beneficiaries)?	<ul style="list-style-type: none"> Were the target groups consulted during the design phase? How? Were views of women and marginalized groups included? What are the needs of the project target beneficiaries? Are they reflected in the design and implementation? 	Alignment to needs and priorities of target groups and beneficiaries	<ul style="list-style-type: none"> Desk review: needs assessment + project design and consultation meetings Interviews with UNICEF and partners FGDs
	1.2 Are the activities and outputs of the project consistent with the national and international guidelines and the overall goal and the attainment of its objectives?	<ul style="list-style-type: none"> What are the national and international policies and priorities related to MNCH? Does the design of project activities and outputs logically and coherently link to national and international policies and priorities es? 	Alignment to national and international policies and priorities	<ul style="list-style-type: none"> Desk review Interviews with UNICEF and partners
	1.3 Are the activities and outputs aligned with SDGs?	<ul style="list-style-type: none"> What SDGs does the project contribute to? How? 	Alignment with SDGs	<ul style="list-style-type: none"> Desk review Interviews with UNICEF and partners
	1.4 To what extent were the national and local context (security, political, health, social and economic, gender and cultural	<ul style="list-style-type: none"> Were security, political-health/ social / economy / conflict / gender analyses conducted? Were lessons learnt from previous projects included? Does the project design logically and coherently match the local context? 	Alignment with national and local context	<ul style="list-style-type: none"> Desk review KIIs FGD with beneficiaries

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I also see a statement on sharing data and preliminary findings regularly - this need to be clarified. page 15

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Data collection paragraphs mentioned under page 15 were omitted



Evaluation Criteria	Evaluation question	Sub-questions, if any	Indicator / judgement criterion	Source
	aspects) taken into account when the project was designed?	<ul style="list-style-type: none"> To what extent did project adapt to crises or major political changes including the ongoing COVID-19 pandemic? 		
	1.5 Are the state and non-state actors active in the project areas to support the target group?	<ul style="list-style-type: none"> What are the activities of state and non-state actors in relation to the project target groups? Is the project design aligned with these activities? 	Alignment with other interventions	<ul style="list-style-type: none"> Desk review – partnership established by project Interviews with UNICEF and partners
	1.6 Are the activities and immediate outputs of the programme consistent with that of the higher-level outcomes?	<ul style="list-style-type: none"> Extent to which the project Theory of Change is coherent and logical Were the project intervention timelines relevant and take into account the context in Gaza? 	Alignment with Toc	<ul style="list-style-type: none"> Project reports Interviews with UNICEF and partners
2. Efficiency	2.1 To what extent has the intervention been cost effective? To what extent are the costs of the intervention justified, given the changes/effects it has achieved?	<ul style="list-style-type: none"> What financial resources have been allocated to the project? What limitations (if any) were faced by procurement operations? Are financial resources sufficient and efficiently used to meet the project objectives? What are the areas where the project can improve its efficiency? Would it have been possible to achieve the same results at a lower cost? If yes, How? 	Cost effectiveness	<ul style="list-style-type: none"> Desk review – financial report KIIs: UNICEF and partners FGDs
	2.2 Was the intervention's process often timely for reporting and monitoring at inter-agency investment and government allocations?	<ul style="list-style-type: none"> Are there specific management issues that need to be considered in the future? What are the project reporting and monitoring system used? What factors either enabled or hindered timely delivery and how did it impact the results? 	Planning and management arrangements Reporting timeliness Monitoring	<ul style="list-style-type: none"> Desk review Analysis of management, monitoring, reporting system KIIs: UNICEF and Partners



Evaluation Criteria	Evaluation question	Sub-questions, if any	Indicator / judgement criterion	Source
	2.3 Were the personnel allocated to MNCH project adequately trained and in adequate number to efficiently reach the goals?	<ul style="list-style-type: none"> What human resources have been allocated to the project? Are there gaps or overlaps in distribution of responsibilities at all levels? 	Adequacy of allocated human resources	<ul style="list-style-type: none"> Desk reviews KIIs
3. Effectiveness	3.1 To what extent were the results (outcomes and outputs) achieved / are likely to be achieved against the objectives and indicators?	<ul style="list-style-type: none"> Have the outputs set in the logical framework been achieved? What factors have influenced result achievement? Are these taken into account in project design? 	Project effectiveness	<ul style="list-style-type: none"> Desk review – progress reports KIIs FGDs
	3.2 Are the activities implemented to reach the goal as planned and/or described in the Logframe/ project document? If deviations occur: why?	<ul style="list-style-type: none"> What changes have been made to the project design since its onset? Are activities being implemented as they were designed? If any, are these changes conducive to results achievement? 	Adherence of project implementation to design	<ul style="list-style-type: none"> Desk review KIIs FGDs
	3.3 Are all relevant stakeholders involved? Is local know-how considered?	<ul style="list-style-type: none"> What roles have the project stakeholders played in each of the project activities? What are the factors that influence their support to the project? 	Stakeholder involvement	<ul style="list-style-type: none"> Interviews with project partners FGDs
	3.4 Is the data collection adequate to follow up the program achievements? (Especially with respect to indicators). Are information and material up to date?	Is the available information adequate to timely and accurately feed indicators? If not, why not?	Monitoring and knowledge management	<ul style="list-style-type: none"> Desk review – logframe and progress report Interview with monitoring staff (UNICEF and partners)
4. Sustainability	4.1 To what extent are the benefits and achievements of the project likely to continue after it has ended through national Government or community ownership?	<ul style="list-style-type: none"> Does the project have a sustainability strategy or exit plan and how well has that been implemented? How are state and non-state service providers using the enhanced knowledge/skills/systems provided by the project to strengthen MNCH? 	Institutional and organizational sustainability	Interviews with UNICEF, government partners – decision makers and hospital workers



Evaluation Criteria	Evaluation question	Sub-questions, if any	Indicator / judgement criterion	Source
		<ul style="list-style-type: none"> To what extent are the benefits of the project likely to continue after its completion? 		
	4.2 What behavioural change approach should be adapted to improve community trust and ownership?	<ul style="list-style-type: none"> Are communities and involved individuals owning the adoption of good MNCH practices? What factors are conducive to long-term adoption and replication of behavioural change approaches? 	Behavioural sustainability	<ul style="list-style-type: none"> Interviews with stakeholders at health service level FGD with beneficiaries
	4.3 What measures are in place to reach sustainability of MNCH project particularly in following areas: <ul style="list-style-type: none"> Financial Sustainability Capacity building and behaviours change Environmental sustainability Technological sustainability 	<ul style="list-style-type: none"> Is the project ensuring that adequate financial capabilities are in place to manage its results after the end of the project? What are the long-term environmental risks related to the project, and how is the project addressing them? Has the project created or strengthened adequate local capacities to manage delivered technological innovations? 	Financial, capacity building, environmental, technological, and social sustainability	<ul style="list-style-type: none"> Desk review Interviews with UNCIEF/ government/ implementing partners. FGDs
5. Coverage	5.1 Did the MNCH project reach to the targeted population or communities and provided assistance as per the needs of the population or communities?	<ul style="list-style-type: none"> What categories (by geographical, socioeconomic, age, and ability criteria) have been selected as project beneficiaries? Why? What proportion of those in need was covered? What are the factors affecting the project coverage? 	Proportionality of aid	<ul style="list-style-type: none"> Desk review – needs assessment (mapping) + project design FGDs
	5.2 Did the MNCH project assistance considered duplication or gaps in the supported areas by other organizations?	<ul style="list-style-type: none"> What other interventions are active in the area of MNCH? How has the project ensured a coordinated coverage with these? 	Coordination with other interventions	<ul style="list-style-type: none"> Desk review Interview with UNICEF and partners
6. Coherence	6.1 To what extent were context factors (political stability/ instability, population movements etc.) considered in the design and delivery of the intervention?	N/A	Contextual consistency	<ul style="list-style-type: none"> Desk review – project design Interview with UNICEF/ and partners



Evaluation Criteria	Evaluation question	Sub-questions, if any	Indicator / judgement criterion	Source
	6.2 To what extent was the intervention design and delivery overall in line with humanitarian principles and standards?	N/A	Alignment with humanitarian principles	<ul style="list-style-type: none"> • Desk review – project design • Interviews with UNICEF and partners staff
7. Connectedness	7.1 What have been the linkages between the intervention and any other UNICEF interventions in relief/ recovery/ development?	<ul style="list-style-type: none"> • What are other UNICEF interventions linked to the project? • How has the project connected with other interventions? 	Internal coordination	<ul style="list-style-type: none"> • Desk review – project design against UNICEF strategies • Interview with UNICEF staff
	7.2 To what extent did the intervention link to any transition strategies in the context of development goals?	Are there any coordination with other un agencies/ donors' projects linked to MNCH?	Coordination with other interventions	<ul style="list-style-type: none"> • Desk review – • Interviews with partners staff
8. Cross-sectoral questions (HRBAP, gender and Equity)	8.1 Was the project aligned with UNICEF's equity agenda in addressing the needs of the target groups, ages, genders and differently abled people?	To what extent has the initiative reached or engaged different groups including the most marginalized)?	Alignment with UNICEF's equity agenda Alignment with UNICEF's equity agenda	<ul style="list-style-type: none"> • Desk review – project design • Interviews with UNICEF and partners • FGDs
	8.2 To what extent has UNICEF MNCH interventions reduced gender-based, geographical, disability-based or economic-based inequalities?	<ul style="list-style-type: none"> • How the inequalities on gender issues were identified during design phase? • Have these inequalities reduced during the implementation in the context of the project? How? 	Gender impact	<ul style="list-style-type: none"> • Desk review • Interview with stakeholders • FGDs
	8.3 What measures were put in place to incorporate cross-cutting themes like gender, children's rights, disability, and accountability?	N/A	Cross-cutting themes	<ul style="list-style-type: none"> • Desk review – project design, internal guidance • KIIs • FGDs



5.3. Data collection Phase

5.3.1 Data Collection Tools

The evaluation will adopt a range of data collection tools, described in detail in this section.

Desk Review: Started in the inception period, it includes examination of project-related documents and analysis of their content, implementation, management, monitoring, and evaluation. The consultants will review of project documents such as: project design, annual reports, work plans, monitoring and evaluation plan, UNICEF gender guidance documents, mapping study, assessment study, financial report, meetings minutes for technical and steering committees. Over the course of the evaluation, the evaluation team will identify and obtain other key documents with the support of the project, in addition to related documents by other stakeholders to inform the evaluation process. These will be referenced as appropriate in the report, to provide evidence-based feedback on the project performance.

Key Informant Interviews (KIIs): This entailed conducting interviews, face to face, with individuals or groups as key informants from a range of stakeholders, both at field and policy levels. The respondents will include key stakeholders of the project, including UNICEF, UNFPA, WHO, AFD, MoH, and other implementing partners, including both technicians working in health centres and health workers.

The team will adopt standard interview guidelines for the different type of stakeholder involved (UN partners, governmental partners, donor, managers of health centres). The guidelines are designed to capture gender and other disaggregated information and providing insights into the various needs across the project interventions. Most interviews will involve multiple participants, with the evaluator facilitating and moderating a discussion. While following the interview guidelines, if discrepancies among participants arise the evaluator will prompt inputs and moderate discussion to clarify each specific point. Whenever possible, the team will organize in-person interviews; however, online interviews are not excluded, especially for central-level stakeholders that have regular access to the internet.

Focus group discussion (FGDs) – The FGDs have been designed to gather information from relatively large groups of stakeholders among primary project beneficiaries, including those benefiting from project interventions such as: training, capacity building, communication for development, and other interventions in the period of coverage. The FGDs will specifically target health workers, nurses, midwives, engineers and technicians, as well as two categories of final beneficiaries: i) pregnant and lactating mothers; and ii) community members who benefitted from communication for development activities, with a particular focus on men.

The discussion guides were designed thematically to gather information regarding the extent to which the achieved its intended results, in addition to establishing some of the arising needs and identifying unintended results. This technique will be used based on its advantage of collecting data quickly and effectively from a relatively large number of project beneficiaries.

The team will aim at involving at least 8-10 participants in each FGD. While some FGDs might involve exclusively men or women, the team will aim at ensuring the overall number of participants is balanced in terms of sex, project area, and socioeconomic background. All FGDs will be conducted in Palestinian Arabic.

Considering the conservative nature of the context on discussions on sexuality, a female evaluator will be facilitating sessions with women and girls on sensitive topics, especially on sexuality and maternally issues.

Direct observation will be applied to observe and assess any reconstruction/ refurbishment/ equipment/ technical improvement/quality service improvement project activities, carried out by the project at the MNCH service providers/health facilities. As an evaluation method it will



be supported by a checklist and used only in combination with any of two above mentioned methods.

5.3.2 Sampling

Based on the desk review and the scoping interviews conducted, the evaluation team was able to draft a first sample of stakeholders to involve in the data collection process. At central level, these include:

- UNICEF, UNFPA, WHO staff in Palestine;
- UNICEF staff at regional and HQ level;
- Representatives of AFD in Palestine;
- Focal points of the technical thematic groups;
- Other members of the Health cluster in Palestine such as UN agencies;
- Representatives of MoH in Gaza and MoH in West Bank;
- Managers of health facilities
- Preliminarily, representatives of NGOs and implementing partners.

As for the community or field level, sampling is slightly more complicated. According to the project documents, 40 MNCH service providers in Gaza will benefit from the project. These include:

- 6 maternity hospitals;
- 7 neonatal intensive care units (NICU); and
- 27 primary care centres (PHCs).

As this formative evaluation covers only a portion of the project implementation period, the project has been able to engage only a part of the planned MNCH service providers. In this regard, the evaluation will focus its attention mainly on progress of the project achieved so far and on those MNCH service providers which have mostly benefited from the project.

Based on the project documents, the evaluation team considers the following groups of stakeholders/beneficiaries for primary data collection at the level of healthcare system:

- Workers at 26 MNCH service providers/health facilities. More in detail, these include
 - Managers;
 - Health workers(nurses and midwives)
 - Engineers, technicians and other technical staff;
- At the beneficiaries level:
 - Recipients of the MNCH services at the health facilities covered by the project, namely lactating mothers and pregnant women;
 - Target groups within the communities covered by C4D initiatives to promote SRMNCH practices, including shared responsibilities between men and women (with UNICEF: married couples and future parents, ECD positive parenting, Child health, nutrition, GBV; with UNFPA: SRHR, including family planning and GBV for men, adolescents and youth, religious leaders);

For selection of health facilities and communities the evaluation team will apply a random sampling method. The exact geographical locations of the supported MNCH service providers in the 5 governorates of Gaza Strip have to be further clarified with UNICEF and Partners. Based on this information, the evaluation team will detail the sampling to be applied, consider logistical issues, and finalize the plan for data collection. Regardless of the decision made on the type of sampling, the evaluation team will aim at ensuring that the selected sample is representative of the supported areas.



The evaluation team will carry out nine (9) focus groups with MNCH service providers: 2 with engineers, 2 with technicians, and 5 with health workers (ideally 3 with PHCs, 1 with hospitals, 1 with NICUs).

As such, the evaluation team plans to visit all governorates of Gaza covered by the project and assess minimum 26 MNCH service providers/health facilities, spending at least 1 working day for data collection in each health facility, conducting 1 semi-structured interview with its manager, 1 FGD with the health workers, 1 FGD with engineers and technical staff and 1 FGD with the lactating mothers and pregnant women, the users of the MNCH services at this health facility. Additionally, an observation of the conditions of visited health facilities (in terms of infrastructure and equipment) might be applied, depending on the details of project intervention in each particular facility.

The evaluation team will also organize a joint meeting with the 7 NGOs involved in the project.

The UNICEF evaluation manager is expected to support the evaluation team with the logistical activities, mainly by introducing or providing contacts of relevant health facilities, whether through introductory email or by facilitating the emission of presentation letters from the MoH. The evaluation team will also need some support to schedule site visits, interviews and key informant discussion groups. This support will be essential especially at the beginning of the fieldwork. The evaluation team will ensure that all data collection will take place during the working hours of the health facilities and its staff.

Recipients of the MNCH services for FGDs will be selected from the project beneficiary database and/or medical records, in agreement with MoH and UNICEF. The sampling from medical records is to ensure that the voices of all type of beneficiaries who benefited from the project are reflected and not the success stories only. Furthermore, attention will be given to ensure all geographic areas are covered and all type of inclusions for the project are represented, i.e., pregnant and lactating mothers.

Another sampling method will be used to select the sample for the focus groups with health workers, technicians, and engineers. The MoH, in coordination with UNICEF, will be requested to provide lists of staff who are involved in the project and the evaluation team can select diverse participants in term of profession and type of training received.

To select the sample for FDGs with community members who benefited from two C4D initiatives we will select participants based on the data reported on the first and second progress report. In any case, the selection of community members will be done in close coordination with UNFPA and UNICEF through sharing the list of community members who participated in both C4D initiatives.

The following draft research data collection tools have been developed

- Semi-structured interview guidelines for
 - UN partners (UNICEF, WHO, UNFPA) and health cluster representatives;
 - MoH representatives in Gaza and West Bank.;
 - Thematic technical groups;
 - AFD;
 - Managers of health centres;
- FGD guidelines for
 - Health workers;
 - Engineers and technicians;
 - Mothers;
 - Community members who benefited from two C4D initiatives;
- Observation checklist for health facilities.



The overall number of the semi – structured interviews and FGDs is presented in the table below.

Table 4 – Number of stakeholders involved with each data collection tool

Stakeholder group	Scoping interviews	Interviews	FGDs
Actors at central level	5	23	-
UNICEF, UNFPA, WHO staff in Palestine	5	10	-
UNICEF Regional office and HQ	-	1	-
Health cluster representatives (UNRWA)	-	1	-
Focal point of the thematic technical groups	-	5	-
AFD	-	1	-
Ministry of Health in West Bank	-	1	-
Ministry of Health in Gaza	-	4	-
Health facilities actors	-	26	9
PHC managers	-	13	-
PHC health workers, engineers, technicians	-	-	3
Maternity Hospitals managers	-	6	-
Maternity Hospitals health workers, engineers, technicians	-	-	3
NICU managers	-	7	-
NICU health workers, engineers, technicians	-	-	3
Other service providers	-	2	-
NGOs	-	1 (joint meeting)	-
Outreach services and community interventions	-	1	-
Beneficiaries	-	-	9
Pregnant and lactating mothers	-	-	5
Community members, including men	-	-	4
Total	~ 5	51	18

5.4 Data Analysis and Reporting

Quantitative Data Analysis: descriptive statistics such as averages, frequencies and percentages will be used to analyse to reflect the magnitude of the targeted beneficiaries' and stakeholders' opinions/perceptions about certain aspects of the intervention. All quantitative data will be collected from the project documents (secondary data) mainly pertinent to the project indicators.

Qualitative Data Analysis: Deductive coding will mainly be used in the analysis of the qualitative data where a predefined/preliminary coding structure based on key evaluation questions and sub-questions will be created. Then, the data collected from the desk/literature review, FGDs and KIIs will be assigned to these codes. The evaluation team will then input the data into the meaningful, organized thematic structure. During this data reduction process, the team will examine the prevalence of responses, identify key findings and themes related to the evaluation key questions, assess the UNICEF and project partners' contribution to the project results and draw conclusions. The evaluation team will use either NVIVO software in the analysis or manually using excel or word.

At the end of the data collection phase, evidence and findings collected from both secondary and primary sources will be triangulated, analysed and condensed into a preliminary findings report. The findings will be presented to both UNICEF staff and key stakeholders, both for validation and to identify any change needed before the report drafting.



In the final evaluation phase, the team will formulate conclusions and recommendations, clearly isolating relevant lessons learned and good/best practices aligned to the analytical framework designed in inception. The resulting draft full report will be shared with the reference group for feedback.

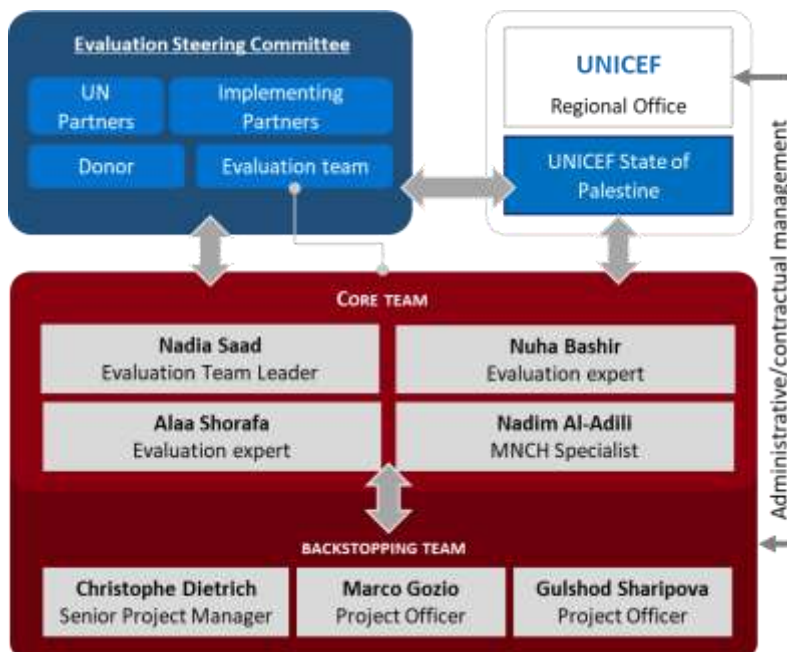
The final feedback and inputs will be integrated into the final report. After approval of the final report by UNICEF, a 10-page non-technical summary in Arabic will also be developed.

5.5 Evaluation team

The evaluation team consists of 4 Key Experts based in Palestine, supported by an international backstopping team. Compared to the original proposed team, the roles and composition of the team changed. After consultation with the UNICEF Evaluation Manager, the following changes were approved to the team:

- Due to personal reasons, the original Team Leader (Dr. Nadim Al-Adili) had to drastically reduce the scope of its involvement in the evaluation. As such, the role of Team Leader was reassigned to the second Key Expert (Nadia Saad). The original Team Leader will still be part of the evaluation team but limit its contribution to technical inputs in drafting the reports;
- To overcome the difficulties in obtaining a permit to access Gaza, a fourth expert resident in Gaza was added to the team. The fourth evaluator will contribute to both data collection and reporting.

Figure 3 – Team organigram



The table below illustrates qualifications and roles of the updated team.

Table 5 – Team composition

Name and Position	Qualifications	Responsibilities
Nadia Saad <i>Team Leader</i>	<ul style="list-style-type: none"> • Master's degree (M.A) in Planning, Social & Political Development; • Over 28 years of experience in the development aid field and humanitarian assistance in complex emergency settings; • Excellent experience in evaluation and social research, including in the area of rural water and sanitation in the State of Palestine, SSR, and GBV; • Excellent analysis skills with in-depth understanding of data collection methods and approaches, including both quantitative and qualitative research; • Excellent communication and reporting skills. 	<ul style="list-style-type: none"> • Overall coordination and steering of the evaluation; • Supervision of the evaluation team and coordination of activities according to the time and work schedule; • Refinement of evaluation methodology, data collection tools and compiling of findings; • Data collection design and implementation; • Main responsibility for the elaboration of deliverables/reports.
Nuha Bashir <i>Evaluation Expert</i>	<ul style="list-style-type: none"> • Master's Degree (M.A) in International Cooperation and Development; • Over 14 years of experience in monitoring and evaluation of humanitarian and development projects in the Gaza Strip, with a focus on GEWE; • Excellent expertise in gender mainstreaming research with mixed methods • Robust competences in gathering and analysing data from program partners, beneficiaries and other key stakeholders, including to ensure data quality • Good quantitative analysis skills, including knowledge of statistical packages SPSS and R. 	<ul style="list-style-type: none"> • Contribution to methodological design, with a focus on gender-sensitive data collection and logistics; • Contribution to desk review; • Data collection design and implementation; • Contribution to reporting.
Alaa Shorafa <i>Evaluation Expert</i>	<ul style="list-style-type: none"> • Master in Economic Development; • Over 12 years of professional work experience in the field of development, monitoring & evaluation; • 10 years of experience in engineering planning and construction management. • Good qualitative analysis skills 	<ul style="list-style-type: none"> • Contribution to methodological design, with a focus on WASH and infrastructure; • Data collection design and implementation; • Contribution to reporting.
Nadim Al-Adili <i>MNCH Specialist</i>	<ul style="list-style-type: none"> • PhD in International Health and Medical doctor; • Over 20 years of experience in the management and evaluation of Public Health Systems in fragile development and humanitarian contexts; • Excellent knowledge Maternal and Neonatal Health; • Robust knowledge of research and evaluation functions; • Good quantitative analysis skills, including knowledge of SPSS statistical package applied to vital registration systems; 	<ul style="list-style-type: none"> • Contribution to methodological design, with a focus on technical inputs on public health management; • Data collection design; • Contribution to reporting.
Marco Gozio, Gulshod Sharipova and Christophe Dietrich <i>Backstopping team</i>	<ul style="list-style-type: none"> ▪ Excellent experience in the management of evaluation projects in development cooperation, with a focus on social sector, gender, and statistics; ▪ Experience in implementing evaluation projects for various donors, including UNICEF; ▪ Fluent in French, English, Russian 	<ul style="list-style-type: none"> • Liaison with UNICEF Evaluation Manager • Support the expert team with regard to the methodological design, implementation of field visits, design and deployment of surveys, elaboration of reports; • Organisation of field trips and meetings, support to logistical organization of interviews. • Final quality check of deliverables

5.6 Risks and limitations of the methodology

The proposed methodology presents some risks and limitations. As not all issues can be anticipated, and given the possibility of changing conditions in Gaza, some of the methodological choices may need to be revised. If that case, any change will be documented and reported on in the final report.

Table 6 – Risks and limitations

Limitation, risk or challenge	Likelihood	Impact	Mitigation strategy
During data collection			
Unavailability of data and evidence to organize data collection due to unavailability of material, such as MoH databases and partners reporting/documentation.	Low	Medium	The team undertook a thorough desk review identifying main secondary sources and gaps in material availability. The team will triangulate information missing in secondary sources with other data collection methods.
Impossibility or difficulties in physically accessing the Gaza strip due to COVID-19 restrictions or complications related to the protracted crisis.	Low	Medium	The evaluation is designed to avoid limitations related to physical access to Gaza. Two of the four evaluators are Gaza residents and will be responsible for data collection <i>in situ</i> , increasing the efficiency with which interviews can be organized. During collecting data from all stakeholders, the evaluation team will adhere to the COVID-19 procedures issued by the Palestinian Ministry of Health in Gaza. The team will also follow the procedures when interviewing relevant people in the West Bank.
For other reasons, key UNICEF stakeholders may not be available for interviews or focus groups.	Medium	Medium	To avoid this, the team undertook a detailed preparation of data collection. At the same time, it will maintain clear communications with all interviewed stakeholders. All relevant sources will be approached on time to set appointments for interviews and meetings. Additional measures include: Building trust and involvement through transparent communication with key actors providing preliminary findings and seeking for their feedback; Leverage on participative approaches to increase their interest and personal involvement (e.g., briefings and follow-up discussions, short informal presentations, etc.).
Interview partners are reluctant to share their true standpoints with the interviewer or tend to provide socially accepted responses rather than critical ones.	Medium	High	During data collection, evaluators will sign non-disclosure agreements, and agree beforehand on the kind of questions and topic covered. The team will also ask interview partners to cross-check additional data sources. A non-attribution principle will be applied. Limitations concerning the reliability of data or data collection tools will be made explicit.
Analysis and reporting			
Contribution/attribution problems: the achievements that will be identified at are not only dependent on UNICEF's work, but depict an interplay of contributions of various	High	High	The analysis will combine qualitative and quantitative data to identify the role of contextual factors identified.



<p>donors/actors and contextual factors specific to the Gaza strip.</p>			<p>Data collected will be disaggregated as far as possible, analysed over time and linked to the ToC. Sound design and application of participatory evaluation methods based on direct interaction with target groups will help the team in analysing causal links and interpretation of findings.</p>
<p>Complexity and time lag: the scope of the project analysis inevitably does not capture the complexity of project and all potential costs and benefits, especially considering the time needed for the full realization of outcomes and impacts.</p>	<p>High</p>	<p>Medium</p>	<p>The team will incorporate the timeframe perspective into the assessment. Correct application of the Theory of Change approach, qualitative evaluation methods that can describe, explain and to some extent also anticipate the trajectory of change are also a mitigation measure.</p>



6 Evaluation operational work plan

Logistically, the evaluation will rely on a simple division of tasks based on the residence of the evaluators. While the Team Leader and the MNCH specialist will conduct interviews at central level, the evaluators based in Gaza will be responsible for data collection with stakeholders directly working in health centres and for facilitating FGDs with beneficiaries. In this way, the only assistance required from UNICEF will be to provide contacts and, whenever necessary, facilitate the organization of interviews with government partners. The chronogram below illustrates the tasks planned for the evaluation, indicating roles and commitment of each member as well as required inputs by UNICEF.

Tasks and Deliverables	Evaluation team activity																								UNICEF activity				Total WD per activity																				
	March																								April					May				June				July				August				Experts commitment			
	W1	W2	W3	W4	W5	W6	W7	W8	W9	W10	W11	W12	W13	W14	W15	W16	W17	W18	W19	W20	W21	W22	W23	W24	W25	W26	KE1	KE2		KE3	KE4																		
Inception																																									13	3,5	7	8,5	26				
Kick-off meeting																																									0,5	0,5	0,5	0	1,5				
Desk review																																									3,5	1	3	0	7,5				
Scoping interviews																																									1,5	0	1	0	2,5				
ToC validation / refinement																																									0,5	0	0,5	0	1				
Design of data collection tools																																									1,5	0	0,5	1	3				
Organization of field visits																																									0,5	0	0,5	3	4				
Development of draft inception report																																									1,5	1	0,5	2	5				
Initial briefing with UNICEF and partners																																									0,5	0	0,5	0,5	1,5				
Review of inception report by UNICEF																																									0	0	0	0	0				
Finalisation of inception report																																									3	1	0	2	6				
Deliverable 1: Final inception report																																																	
Data collection and analysis																																													6	0	17	13	36
Field visits (in-person data collection)																																													3	0	14	11	28
Triangulation, preliminary analysis and preliminary synthesis of findings																																													3	0	3	2	8
Deliverable 2: Preliminary findings																																																	
Analysis and reporting																																													10	1,5	5	3,5	20
Formulation of preliminary conclusions, recommendations, lesson learned, good practices																																													9	1,5	4	3	17,5
Deliverable 3: Draft evaluation report, inclusive of presentation																																																	
Revision of draft evaluation report from UNICEF																																													0	0	0	0	0
Incorporation of comments into final evaluation report																																													1	0	1	0,5	2,5
Deliverable 4: Final evaluation report, inclusive of summary report																																																	
Development of Lay Summaries and presentation of final report																																													0	0	0	0	0
Deliverable 5: Arabic lay summaries and presentation																																																	
TOTAL WD																																													29	5	29	25	88

7 Quality assurance

During the evaluation, the backstopping team will ensure the quality of both evaluation processes and deliverables. The quality assurance system put in place for the evaluation envisages three main areas:

1. **Clarity of communications** among involved actors, including team members, UNICEF staff and stakeholders involved in the evaluation. Since the launch of the evaluation, the backstopping team established weekly internal meetings with the team and regularly follows implementation of activities. The backstopping team will provide clear timeframes and deadlines and ensure they are respected. At the same time, it will ensure that regular, clear and concise information with regard to progress of the evaluation is shared with UNICEF;
2. **Harmonization of methodologies and quality of data collection activities.** Together with the Team Leader, the backstopping team is also responsible to supervise the quality of the evaluation design and methodologies, ensuring that all team members adopt the same formats and methods during data collection. In this perspective, the backstopping team will supervise the refinement of the evaluation design, check data collection formats and interview protocols, and regularly monitor the experts' work;
3. **Direct quality control on deliverables.** The backstopping team will be responsible for quality control of all the evaluation products during their production and before sharing them with UNICEF. This includes quality control on both intermediate and final deliverables, both content-wise and linguistically. In doing so, the backstopping team will make reference to UNICEF's guidelines, including:
 - a. UNICEF Guidance on Gender Integration in evaluation
 - b. UNICEF-adapted UNEG Evaluation reporting standards
 - c. UNICEF Inception Report Review Template
 - d. UNICEF evaluation Report template

Additionally, the backstopping team will also adopt its own internal QA framework to ensure quality of reporting. The framework is based on eight criteria.

1. Structure & clarity of reporting
2. Completeness and brevity of executive summary
3. Justification of the design & methodological approach
4. Reliability of data
5. Soundness of the analysis & credibility of the findings
6. Validity of the conclusions
7. Usefulness of the recommendations
8. Meeting the needs stated in the ToR

Further details are available in Annex 9.8. Should additional technical contributions be needed to ensure the quality of reports, external controllers might be involved in its revision.

8 Ethical aspects

This evaluation will be conducted in accordance with the principles outlined in the UNICEF Ethical Clearance Guidance notes and UNICEF Guidance on Gender Integration in Evaluations, as well as the Guidance Document for Protocols for the Protection of Data, Ethical Considerations on COVID¹¹ and the Guidance Document of the Protection of Human Subjects' Safety and identities.

The consultant team will uphold the following ethical safeguards for research: respect for dignity and diversity, right to self-determination (informed consent), fair representation, compliance with codes for vulnerable groups (in this case UNICEF Guidance on Gender Integration in Evaluations), confidentiality, and avoidance of harm.

Moreover, the consultant will ensure conducting a gender integrated evaluation including gender specific questions and lines of inquiry and data collection methods following UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis.

Also, the consultant team will ensure to carry out a gender responsive evaluation by adopting the following measures:

- Brief team on UNEG Handbook on Integrating Human Rights and Gender Equality in Evaluation;
- Apply Context analysis and reconstructing the Theory of Change to include a strong gender analysis;
- Ad hoc evaluation criteria and questions on whether gender equality is integrated into the design, planning and implementation of the project;
- Participatory and consultative approaches where women are encouraged to safely and transparently share their point of view;
- A gender balanced team composition.

Informed consent

Informed consent will be designed to meet the standards as set in the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis. Informed consent involves providing a potential subject with adequate information about the research to allow for an informed decision about the subject's voluntary participation in the research.

Informed consent for the beneficiary's participation in the evaluation will be obtained using a standardized written consent form in Arabic. The evaluation will include women, men and community members who - at the time of the interview – are 18 years or older, therewith there will be no need to obtain informed assent from minors.

Compliance with UNICEF procedures for ethical research involving children

While children will not be participating in direct data collection and thus it will not require a formal ethical review, However, the study will still adhere to the UNICEF's guidelines on ethical research with children, as addressed in this section.

Confidentiality (protection of human subject identities and protection of data)

Protection of human subject identities. The consultant team will safeguard the rights and confidentiality of information providers, interviewees, and stakeholders through measures to ensure compliance with legal and other relevant codes governing collection of data and reporting on data. The consultant will also ensure security of collected information before and

Commented [S05]: Please briefly discuss the protocol researchers will follow if a pregnant or lactating mother expresses or appears to be struggling with traumatic memories of a recent birth or other medical experience related to pregnancy.

Protocol guidance for this case was included under section 9.3, page 73-75

For FGDs you have a separate written consent form and some text at the start of the FGD guide that provides similar information. Please explain who will obtain signed consent from each FGD participant and when it will happen.

The consent form has been modified as listed in Section 9.3, also included in page 37

The consent form was also modified and standardized in the introduction to interviews and focus groups so that it included all the notes mentioned in the ethical protocol page

You tell KII subjects that: "We never quote anyone or provide other direct attribution in any report, presentation, or any other materials, without the prior written consent of the person(s) involved." If you do quote a subject, when and how will that be done?

Organizations and not people (e.g. a member of UNICEF staff ...) will be quoted. Correction was made under Consent Form at the Inception Report, page 73

Please include in ICs for FGDs for:

- health workers and
- engineers and technicians (9.6.1)
- for mothers (9.6.2)
- for community members (9.6.3).

Consent for participation at FGDs was amended

Will you record KIIs? If so, please ask for consent to record. **I deleted all statement related to recording, due to sensitivity of this issue in Gaza**

Why do we collect the names and positions of KIIs (9.5.1)? As you know, the names and positions of KIIs are known prior to interviews, but I omitted the name request in focus groups. During the documentation, no reference is made to the names or to information that may indicate the interviewees and thus endanger them

For the FGD comprised of beneficiaries, the first part appears to seek demographic and medical information from the participants. Are these questions about age, household composition, obstetric history, etc., appropriate in FGDs? **This section was amended**

Commented [NS6R5]: The ethical protocol procedures were amended based on UNICEF comments.

¹¹ During collecting data from all stakeholders, the evaluation team will adhere to the COVID-19 procedures issued by the Palestinian Ministry of Health in Gaza. The team will also follow these procedures when interviewing relevant people in the West Bank.

after the evaluation and protocols to ensure anonymity and confidentiality of sources of information where that is expected. The consultant team will ensure no photographs will be taken of who participates in the evaluation. If needed for the report, existing UNICEF images of the different study areas can be used. A list of informants will be annexed in the final evaluation report. Written consent will be obtained from KIIs participants to include their position but not their name in the event that it is necessary to use quotes.

Protection of data. The information knowledge and data gathered in the evaluation process will also be solely used for the evaluation and not for other uses with the express authorization of UNICEF, UNFPA, WHO and partners. The consultant will follow the United Nations Evaluation Group's Norms and Standards for Evaluation throughout the conduct of this evaluation, and will adhere to the five key evaluator obligations namely independence, impartiality, credibility, declaration of conflicts of interest, and accountability.

Furthermore, all data collected will be kept confidential by ensuring that transcripts will be only typed up in computers which are protected by login codes, and by not including the name of the participants in the transcripts. Recorded interviews and or tapes, if used, will be kept under lock and key and destroyed as soon as the transcripts have been developed and checked. Transcripts will also be destroyed once the evaluation has been completed. Informed consent forms (which contain the names of respondents) and notes are kept separately from each other. No audio or video recording will be made during the KII and FGDs meetings due to the sensitive social and political situation in Gaza for these recordings.

Avoidance of harm (protection of human subject safety). In coordination with UNICEF, UNFPA and WHO, the MoH is expected to provide a suitable venue for conducting interviews related to health facilities and FGDs with women, men and community members.

The unstable Gaza political context will be monitored by implementing agencies mainly UNICEF and where there are concerns appropriate action will be taken to ensure the safety of participants and/or the consultant team.

This evaluation will be participatory creating a learning exercise gaining insight and orientation on improvements and how to address any project gaps or weaknesses and build on project successes and strengths so as to improve the effectiveness, efficiency and impact of in the subsequent phases of the project. FGDs with women and men will be separated as the separation of males and females is better to collect feedback with more openness. This will ensure that cultural sensitivities are respected and the safety, especially of female participants upheld.

The Do No Harm principle will guide the consultant team at all stages to minimise the risk of doing physical, psychological and social harm to communities and individuals. The consultant team will maintain good ethical practices to involve considering a system of referral services, in case participants disclose they are at risk, or in cases when trauma is inadvertently triggered by evaluation.

Suppose a pregnant or lactating mother expresses or struggles with traumatic memories of a recent birth or other medical experience related to pregnancy. In that case, the protocol researchers will use the following:

- The FGD with lactating mothers or pregnant will be conducted at the health facility, so if anything happens, the researcher will try to stop the questions and focus on calming the woman.
- If symptoms of shock increase, the assessment expert will call the health facility team for intervention or refer the case to a psychiatrist. Also, the lady's family will be contacted to assure them of her health.



9 Annexes

9.1 Evaluation TOR

Evaluation TORs UNICEF State of Palestine

Terms of Reference

For Evaluation Consulting Firms

Title	Formative Mid-Term Evaluation of Strengthening Maternal, Neonatal and Young Children Health (MNCH) in Gaza
Location	State of Palestine
Reporting to	Monitoring and Evaluation Specialist
Duration	Six months (working 50% to allow periods for UNICEF and partner review, and to allow periods for spacing of data collection) ¹²
Expected Start and end Date	1 st December 2021 – 31 May 2022

I. PART ONE – External

1. BACKGROUND

The long-protracted crisis in Gaza caused by the closure, punctuated by peaks of extreme violence and exacerbated by the divide between authorities in the West Bank and Gaza is having a heavy toll on all Gazans and particularly on women and children. The worst acute emergencies such as epidemics and water-borne diseases have been so far avoided thanks to the resilience of the communities and the pre-existing quality of infrastructure and services. However, both of these are fast deteriorating. This proposal – developed by UNICEF, WHO, and UNFPA - details a unique opportunity for the Agence Francaise de Development (AFD) to make an immediate and [long-lasting](#) impact in improving the living conditions and opportunities for women and children in Gaza, by leveraging previous investments by the Government of France and linking humanitarian interventions with investments in infrastructure and human capital.

1.1 INTRODUCTION OF THE SECTOR

Increasing health needs resulting from the consequences of the demonstrations at the perimeter fence between Gaza and Israel since 30 March 2018, are occurring against the backdrop of an already precarious humanitarian situation in Gaza. The 12-year closure, intra-Palestinian political divide, an energy crisis, inconsistent payment of public sector medical personnel, restrictions on the importation of medical supplies leading to shortages, including of equipment and spare parts, as well as on the movement of patients and health staff are all pushing the health sector in Gaza to a state of near collapse.

Since 2000, the Gaza Strip has suffered a process of increasing economic and political isolation, which culminated in the imposition of a land, air and sea closure by Israel in 2006.

¹² This period has been defined for the evaluation timeframe as per the current scope of the evaluation.



This further intensified in 2007 in the immediate aftermath of Hamas' takeover of the Strip. The closure comprises stringent restrictions on the movement of people, goods and services in and out of Gaza, including the complete closure of border crossings for several days. Despite the partial lifting of import bans in 2010, together with other measures aimed at relaxing restrictions, the closure is still in force today, permeating every aspect of daily life for the entire population.

There are administrative, legislative and political divisions between the West Bank and the Gaza Strip, which are also separated physically; any passage between the two occurs through Israel. Palestinians living in the Gaza Strip are issued yet another type of Israeli-issued identity card and status. The different statuses accorded by Israel to Palestinians living in different areas of the occupied Palestinian territory permit them differential access to health services and different levels of free movement².

In Gaza, maternal and child health care is an integral component of the health services. The four major healthcare providers are the Ministry of Health (MoH), United Nations Relief and Work Agency (UNRWA), Non-Governmental Organizations (NGOs), and private for-profit institutions.

The MoH is responsible for a significant portion of primary, secondary, and some tertiary health care (providing more than 50% of services). It runs 49 Primary Health Care (PHC) centres (at 28 of them Maternal and Child Health (MCH) services are provided, and at 15 of them family planning services are provided) and 14 hospitals (5 maternity wards, 7 Neonate Intensive Care Units (NICUs) and paediatric hospital). The PA ministry procures tertiary services from other providers, locally and abroad. Around 70% of births (both vaginal and Cesarean) take place in public hospitals, while the rest are mostly out resourced by MoH and UNRWA. This reflects the heavy burden on MoH to offer advanced and secondary care for mother and new-born health.

According to the Palestinian Central Bureau of Statistics, total expenditure on health in 2017 reached 1,466 million USD (1³0.7% of GDP). Out of these expenditures, the government accounts to 42.4%, private insurance companies – 3.4%, households/out-of-pocket – 41.8% and NGOs -12.4%. The government health insurance covers primary services including sexual and reproductive health, including maternal, and child health services, secondary care, prescription medicines on the essential medicines list, and tertiary care services. Officially, the main health financing mechanism for the public health sector is the government health insurance scheme, which is compulsory for public sector workers and voluntary for the remaining population. Through a presidential decree, the Gaza population is covered free of charge. People can also enrol in the government health insurance if hospitalized, becoming immediately entitled to normal coverage. Governmental health insurance premiums represent less than 10% of the Ministry of Health budget. Therefore, most public health expenditure is funded by general taxes and revenues, which are heavily dependent on the prevailing political climate. This has forced the Ministry of Health to incur large debts, which substantially impacts on annual operational expenditure. International assistance to health cluster in 2019 was almost 14 million USD.



1.2 GOVERNMENT POLICIES TOWARDS THE SECTOR

In 2016, the Palestinian Ministry of Health designed and adopted a National Health Strategy for the period of 2017-2022. The key objectives of the strategy that MNCH project directed to supporting are :

1. Ensure the provision of comprehensive health services to all Palestinians, heading towards localization of health services in Palestine.
2. Promote the management of non-communicable diseases, preventive healthcare, community health awareness and gender related programs
3. Institutionalize quality assurance systems in all aspects of health services.
4. Promote and develop health workforce management system.

Furthermore, the National Sexual and Reproductive Health Strategy 2018-2022 outlines three main objectives:

5. To ensure availability and access to high quality SRH services
6. To promote SRH across different ages through community awareness and adopting healthy behaviours and preventive care
7. To promote sustainability and governance of the SRH sector

1.3 UNICEF STRATEGY IN THE SECTOR

In the State of Palestine, UNICEF supports the government in advancing the multi-year planning and budgeting for implementation of strategies and programmes for women, men, boys and girls, with a focus on mothers and young children (e.g. National Strategy for ECD and ECI 2017-2022, Immunization, National Early New-born Action Plan 2017-2022). The overall goal of the 2018-2022 Area Programme is to further the realization of children's rights and improve access to basic services, the protective environment and social inclusion for Palestinian children and women.

Six Area Programme outcomes towards which UNICEF will contribute have been identified for the programme cycle 2018 to 2022, and are detailed in the subsequent programme strategy chapters as stated in Outcome 3: By 2022, more vulnerable children and mothers have access to quality comprehensive health and nutritional systems and are better able to survive and reach their optimal development.

1.4 PROJECT OBJECTIVES

The "Sexual, Reproductive, Maternal Neonate Child Health (SRMNCH) in Gaza" project aims to provide solutions for building comprehensive, gender responsive and sustainable SRMNCH systems based on generated data and evidence. In partnership with France, UNICEF, WHO, UNFPA and other health actors will address identified gaps and to improve access to quality and sustainable sexual and reproductive health, child health, nutrition and early childhood development services in Gaza, focusing on the following sub-objectives:

1. Contribute to the development of a comprehensive, sustainable, gender responsive system of the MNCH service delivery;
2. Improve access to community and facility-based quality services to all population of Gaza particularly focusing on the most vulnerable women, men, boys and girls;
3. Strengthen managerial and technical capacity of the local health authorities in managing a resilient and transformative system – including development and implementation of guidelines, protocols, HIS and standards of continuum of care;
4. Contribute to emergency preparedness and response for MNCH, including



- repositioning of needed stocks of medicines and medical supplies;
- 5. Mitigate gender-based barriers to access to SRMNCH services; and contribute to gender equality agenda within the national cross sectoral gender strategy 2017-2022
- 6. Leveraging resources of other donor organizations and health partners to contribute to the scale up of this project; and
- 7. Strengthen coordination among health sector partners for scaling up sexual, reproductive, child health and development and nutrition strategies

1.5 Intervention areas and mode of operations

To build a gender responsive maternal and child health system in Gaza, UNICEF, WHO, and UNFPA have a strategic partnership with France, and key health partners, and scaled up the Khan Younis's model of MNHC services to 6 maternity hospitals, 7 neonatal intensive care units (NICU) and 27 primary care centres in Gaza with direct investment in their infrastructure and equipment, as well capacity building.

During the implementation of AFD project in Khan Younis, UNICEF with partners commenced the mapping of the maternal, neonatal and child health care services in Gaza targeting 40 selected facilities 5 Primary Health Care Facilities (PHC), 7 Neonatal Care Units (NCUs) and 6 Maternity hospitals. The key results produced over the course of the mapping study were used for defining the gaps in the main areas of the MNCH service and for designing interventions which will be implemented by UNICEF with partners to strengthen delivery of SRMNCH services to women, new-borns and young children in Gaza.

Beneficiaries

Benefits	Number of Beneficiaries
Improved access to lifesaving services in Gaza neonatal health clinic	30,000 high risk neonates
Access to quality sexual, reproductive and maternal health care services	45,000 high risk pregnant and lactating Mothers
Community-based interventions and outreach services, including men, women, and adolescents and youth.	5,000 community members
Improved skills and changed behaviours towards sexual, reproductive, maternal and child health, nutrition and early childhood development	2,000 care givers including men
Training sessions on sexual, reproductive, maternal and child health nutrition and development	500 health workers (80% female)
Training in system management	50 managers (hospital, PHC and MoH)
training and licensing to maintain equipment	50 engineers and technical personnel
360 thousand women, men (at least 5%) and boys and girls	180,000 women and 180,000 children

1.6 PROGRAM THEORY OF CHANGE

The Theory of Change for the UNICEF priority deprivation in mothers and children health and nutrition describes the change pathway to move from the current manifestation of the deprivation, where “Mothers and children in the State of Palestine are not having their right to survive from preventable maternal, new-born and child deaths neither to reach their optimal development” to the desired state, where “By 2022, more vulnerable children and mothers have access to quality comprehensive health and nutritional system and are better able to survive and reach their optimal development”

To achieve the desired state, two critical preconditions must be met:

- There will be Improved coverage of quality comprehensive health system, particularly for vulnerable children and mothers
- Parents and caregivers nurture their children’s healthy growth and development, apply good health, nutrition and hygiene practices and act to claim their right to quality services

Similarly, as per the Result Framework of the project, the Outcome of the Health and Nutrition Programme is to ensure that: By 2022, more vulnerable children and mothers have access to quality comprehensive health and nutritional system and better able to survive and reach their optimal development. Likewise, there are 3 outputs contributing towards the outcome listed as

- Output 1: MoH and other institutions have increased capacity to develop and implement evidence-based health, nutrition and early child development policies
- Output 2: Health professionals and other relevant service providers have increased capacity to deliver quality comprehensive and systems-based health, nutrition and early childhood development and services
- Output 3: Families and communities are more aware of the needs of young children and mothers on health, nutrition, WASH and development, and are more engaged in demanding ECD and ECI services for CWD.

2. RESULTS TO DATE

Under output 1, a new civil engineer has been on board who will supervise reconstructions in Gaza health facilities. Ongoing discuss with MoH to finalize the bills of quantities for the identified health facilities (including one maternity unit and 4 PHCs in the first year) for the reconstruction and rehabilitation. The needs are based on the mapping study results. These are aimed to support on gender-sensitive rehabilitation and refurbishment of health facilities in Gaza including improvement WASH infrastructure and energy efficiency. Similarly, a list of procurement of medical supplies including drugs and medical consumables developed and jointly finalized with WHO and UNFPA. MOUs with WHO and UNFPA developed. Interagency Project implementation work plan and indicators tracking sheet developed and finalized. These will be contributing to quality and gender responsive package of sexual, reproductive, maternal, new-born and child health care services including pre-natal and postnatal, nutrition and early childhood development delivered. In addition, ToR for steering committee and technical committees discussed with health authorities. Membership of committees discussed with MoH and members identified for each technical committee. Likewise, the ToR for consultancy to develop standards of WASH in Health facilities is finalized and is in process of recruitment. Through this intervention, technical assistance



will be provided to update protocols, guidelines, quality assurance standards for delivery of continuum of SRMNCH and nutrition care in hospitals and PHC.

Similarly, under output 2, UNICEF with WHO and UNFPA established communication and visibility committee to work on the C4D initiative which has been aimed to promote ARMNCH practices including shared responsibilities between men and women. Also, UNFPA finalized the TOR and consultancy advertised which will assess the KAP on social norms towards SRH and child rearing practices among men. Moreover, under the output 3, the procurement of medical supplies including drugs and medical consumables for preposition and contingency developed aligned to essential, life-saving medicines and medical consumables for ensuring full-scale delivery of gender sensitive SRMNCH services. Furthermore, free hotline has been established in MoH PHC to provide SRMNCH counselling contributing to 24-hour hotline services on MCNH in case of emergencies and scale up the utilization of the RapidPro Platform- Real Time Monitoring System of SRMNCH services.

With exception to this project as well, the global pandemic of COVID-19 significantly impacted this project too. The restriction in movements of people and goods impacted on reconstruction work and trainings. The global increased demand of medical supplies but the limited number of flights for delivery of goods resulted in delay in delivery. However, UNICEF maintained interagency collaboration despite the extreme challenges caused due to COVID-19 pandemic and global emergency.

Additionally, Annex A is a table outlining the project's operational plan which clearly describes the major roles of implementing agencies, including MoH and other partners, as well as the monitoring, evaluation and reporting requirements that should be ensured during the implementation of the project.

3. PURPOSE OF THE ASSIGNMENT

The main purpose of formative Mid-term evaluation is to assess the current state of the project against the agreed Result Framework, identify gaps and issues along with areas of deviation of the project, withdraw good/best practices and provide strategic recommendations to inform the continuation of the project implementation. As the evidence generated by this evaluation will be used for to inform strategic policy and planning of the project, the evaluation should also consider strategic recommendations to UNICEF, government and implementing partners. This evaluation will also inform the national, UN and UNICEF planning to feed into the strategic planning period of 2024-2028.

3.1 Specific Objectives:

1. Assess to what extent has UNICEF brought together the implementing agencies – WHO, UNFPA.
2. Determine to what level has UNICEF been effective at ensuring results across the different partners.
3. Assess to what extent has UNICEF supported coordination with the MOH in the West Bank and Gaza to support the development of one health system and to support lessons learnt to feed into the new Health Sector Strategic Plan 2023-2028.
4. Assess the project's performance using standard OECD evaluation criteria (relevance, effectiveness, efficiency, coherence and potential sustainability) and humanitarian action criteria (connectedness, coverage) in assessing the project objectives and how cross-cutting issues such as a human rights-based approach to



- programming (HRBAP), gender equality and equity has been addressed or recommendations of mainstreaming the cross-cutting issues
5. Assess the coordination and multi-sectoral integration approach of project targeted to achieve the project outputs and results.
 6. Identify key lessons learnt of the project, extrapolate the scalability, document the issues/challenges encountered by the project and provide recommendations to UNICEF, governments, and implementing partners.

3.2 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 and impact of the MNCH sector. The evaluation's target audience will be the relevant Ministries, donor, UNICEF, WHO, UNFPA and other UN agencies, donors, beneficiaries and partners.

The findings and lessons learned will be shared with local community members, actors involved in MNCH sector, stakeholders, implementing partners and relevant likeminded institutions. The actors and other stakeholders not directly involved or concerned with this evaluation will be the secondary audiences and users of the evaluation report such as UNICEF Regional Offices and UNICEF HQ as the lessons learnt, good/best practices would contribute to strategic thinking around integrated approaches to MNCH in the region.

4. SCOPE OF EVALUATION

This formative mid-term evaluation will contribute to draw out achievements of the Strengthening Maternal, Neonatal and Young Children Health (MNCH) in Gaza project so far obtained along with exploring the good/best practices, areas of improvements and future strategies to be incorporated in the remaining period of the time. The evaluation will cover all target groups of the project and specifically direct and indirect beneficiaries of the projects, including households, stakeholders, contractors, management committees, NGOs, and ministries. Given the formative nature of evaluation, scope of evaluation encompasses OECD evaluation principles along with generating evidence of good practices/best practices of MNCH project, lessons learnt of the project during the project implementation period and identifies areas that can be scaled up. Furthermore, the basis of the evaluation should be the Theory of Change of the project along with Results framework and findings should be aligned against the TOC and result framework as well as project indicators.

Geographically, the evaluation will cover the locations in Gaza Strip as agreed under the project proposal. In each stage of the evaluation, the organization for Economic Co-operation and Development (OECD)- Development Assistance Committee (DAC) criteria should be used (relevance, coherence, efficiency, effectiveness, sustainability, equity and human rights issues). As well, additional criteria for evaluating humanitarian action, including connectedness, and coverage will be utilized.

The evaluation will present lessons learned, best practices and recommendations for the remaining period of project, while also adopting an approach that integrates the aspects of gender, human rights and equity throughout the evaluation and applied across the analysis of the programmes. The evaluation further also should integrate the humanitarian and development nexus, which has been promoted by UNICEF in the region of conflict in SOP. The Mid-Term Formative Evaluation of the MNCH project in Gaza Strip has been requested

by the donor and included in the proposal. Additionally, a final evaluation has been planned at the end of the MNCH project.

The scope of this evaluation will also focus as much as relevant on assessing the project contributions to gender equality and women's empowerment and providing actionable, evidence-based recommendations and lessons learned to inform the future Gender Equality and Women's Empowerment (GEWE) in UNICEF SoP work.

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 stage as the implementation of the project will be completed by 2023. Therefore, the evaluation may have limited data or evidence to be able to cover the impact of this component to date.

5. EVALUATION QUESTIONS:

The evaluation criteria are all six recommended by the Development Assistance Committee (DAC), of the Organization for Economic Co-operation and Development (OECD) as specified in the question listed below. The evaluation questions should not include criteria for impact as it is too early to evaluate these in this early stage as the implementation of the project will be completed by 2023. Below are examples questions for each **criteria** but limited however these are indicative questions. The evaluation team for this evaluation are recommended to elaborate on the list of questions during the submission of their inception report. The list of evaluation questions will be discussed and finalized with UNICEF and the technical committee during the inception phase. Furthermore, the evaluation will include an additional criterion for evaluating humanitarian action, focusing on connectedness, and coverage.

a) Relevance

- Does the MNCH project reach to the target groups and meet their needs and priorities (including government, executing agencies, partner organizations, including other UN agencies, NGOs and beneficiaries)?
- Are the activities and outputs of the programme consistent with the national and international guidelines and the overall goal and the attainment of its objectives?
- To what extent were the national and local context (knowledge, beliefs, gender and cultural differences) taken into account when the project was designed?
- Are the state and non-state actors active in the program areas to support the target group?

b) Efficiency

- To what extent has the intervention been cost effective?
- To what extent are the costs of the intervention justified, given the changes/effects it has achieved?
- Was the intervention's process often timely for reporting and monitoring at inter-agency investment and government allocations?
- Were the personnel allocated to MNCH project to efficiently reach the goals?

c) Effectiveness

- To what extent were the objectives achieved / are likely to be achieved?
- Are the activities implemented to reach the goal as planned and/or described in the Logframe/project document? If deviations occur: why?



- Are all relevant stakeholders involved? Is local know-how considered?
- Is the data collection adequate to follow up the program achievements? (specially with respect to indicators) Are information and material up-to-date?

d) Sustainability:

- To what extent are the benefits and achievements of the project likely to continue after it has ended through national Government or community ownership?
- What behavioural change approach should be adapted to improve community trust and ownership?
- What measures are in place to reach sustainability of MNCH project particularly in following areas:
 - Financial Sustainability
 - Environmental sustainability
 - Technological sustainability
 - Social Sustainability

e) Coverage

- Did the MNCH project reach to the targeted population or communities and provided assistance as per the needs of the population or communities?
- Did the MNCH project assistance considered duplication or gaps in the supported areas by other organizations?

f) Coherence

- To what extent were context factors (political stability/instability, population movements etc.) considered in the design and delivery of the intervention?
- To what extent was the intervention design and delivery overall in line with humanitarian principles and standards?

g) Connectedness

- What have been the linkages between the intervention and any other UNICEF interventions in relief/recovery/development?
- To what extent did the intervention link to any transition strategies in the context or development goals?

h) Cross-sectoral questions (HRBAP and Equity):

- The evaluation team should approach its work and guided by human rights conventions, equity-based approach, human rights-based approach in programming (HRBAP), AAP, PSEA and gender equality focusing on the following questions which should be taken into consideration across the range of criteria above:
- Was the project aligned with UNICEF's equity agenda in addressing the needs of the target groups, ages, genders and differently-abled people (i.e. to what extent has the initiative reached or engaged different groups including the most marginalized)?
- To what extent has UNICEF MNCH interventions reduced gender-based, geographical, disability-based or economic-based inequalities?
- What measures were put in place to incorporate cross-cutting themes like gender, children's rights, disability, and accountability?

6. METHODOLOGICAL APPROACH

This evaluation intends to adopt a methodology that will deploy a participatory and interactive approach in nature; however, the evaluation team should consider the evaluation methodology considering the COVID-19 pandemic. The evaluation will deploy a mixed method (quantitative and qualitative methods) for the validity and reliability of the information collected. Both the data generated through qualitative and quantitative data will be disaggregated by gender in order to appropriately compare to baselines and targets values. The most relevant and appropriate probability sampling should be considered for the quantitative data collection that will enable statistical inferences while purposive sampling can be used for the qualitative data collection.

The evaluation questions cover all the OECD DAC criteria for evaluation of development assistance. Gender should be understood as a cross-cutting component of all aspects of the evaluation focusing on how gender mainstreaming and integrations during the response. Additionally, the analysis should be gender sensitive by disaggregating the evaluation data by sex, age and disability to determine the benefits of the program on different gender and social categories.

An indicative methodology that can be deployed for both the quantitative and qualitative data collections are detailed below, but not restricted only to this list:

- **Secondary data:** This will include a desk review of documents which will provide empirical evidence as well as to be used in assessing the project across governorates in SoP
- **Primary data collection** through quantitative and qualitative methods. A balance of quantitative and qualitative data collection should be used for the evaluation.
 - **Quantitative methods** may include:
 - Individual interview with lactating mothers or pregnant mothers, or their spouse.
 - The evaluation will use available routine monitoring data from the project database disaggregated by sex and age.
 - **Qualitative data collection methods** should be balanced based on the type of information and evaluation questions; these could include:
 - Focus group discussion (FGD) with local partners, beneficiaries, relevant Ministries, other key stakeholders.
 - Key informant interviews (KII) 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 facilities (hospitals, PHC, etc.).

This evaluation will also take into consideration a rights-based approach and participatory methodology to ensure children and youth are engaged and are part of the evaluation to enhance ownership of the findings. In line with the Standards for UN Evaluation in the UN System (developed by the UN Evaluation Group), all of those engaged in designing, conducting and managing evaluation activities must aspire to conduct high quality and ethical work guided by professional standards and ethical and moral principles. The

consultancy firm will follow the UNICEF Procedure for Ethical Standards in Research and Evaluation, Data Collection and Analysis. It must identify actual or potential ethical issues, as well as measures and methods adopted to mitigate these issues. The evaluation should also ensure adequate adherence to UNICEF evaluation's quality assurance criteria and processes and proper coverage of limitations.

The evaluation process will be guided by the 1989 Convention on the Rights of the Child (CRC) which spells out the rights to protection from all forms of child abuse, neglect, exploitation and cruelty, including the right to special protection in times of war and protection from abuse in the criminal justice system. In addition to the CRC, the evaluation process will be guided by other important treaties reinforcing rights that concern children. At the international level, these include the 1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which is particularly pertinent to the rights of girls, and the 2006 Convention on the Rights of Persons with Disabilities (CRPD), which the European Union ratified in 2010.

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 project documents and work plans, monitoring reports including three-monthly and yearly reports, workshop reports, strategies, etc.
- All relevant project related documents disaggregated data and results.
- Reviewing UNICEF's relevant Work Plans, strategy notes and Theory of Change of H&N programme
- Reviewing the MNCH, Health and Nutrition Strategy
- Knowledge, Attitudes and Practices (KAP) studies conducted by partners.
- Mapping Study of the Maternal, Neonatal and Young Children Health (MNCH) in Gaza.
- Programme Cooperation Agreements and Programme Documents between UNICEF and local partners
- Contribution Agreements extensions
- Mid-term reviews and relevant formative/ summative evaluations Results-Oriented Monitoring documentation done by independent consultants.
- Project progress reports in 2018, 2019 and 2020.

6.2 EVALUABILITY AND POSSIBLE LIMITATIONS TO EVALUATION

There are several limitations to the evaluability of this project.

- a) The COVID19 pandemic posing travel restrictions, restrictions on gathering and physical contact will greatly influence on evaluability of the MNCH related projects or approaches to be designed for the evaluation.
- b) The protracted crisis may constrain or restrict access during the data collection and might affect the evaluation exercise.
- c) 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 might be a limit to the cost analysis that can be conducted on such a WASH project, particularly given the long-term impacts of WASH projects on infrastructure, systems, and communities.
- d) The response rate may be low in certain areas owing to the fact that some



communities are conservative and may not openly participate in the evaluation questions.

- e) The sensitivity of talking directly to children and households who have benefited from the various activities, including hygiene promotion activities due to the confidentiality principle. It is suggested that the evaluation team overcome these challenges by signing non-disclosure agreements; and seeking the agreement of the implementing partners.
- f) 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.
- g) There is no reference to disaggregated baseline data.
- h) Availability of staff and partners for the evaluation exercise might lead to some limitations due to heavy workloads and commitments elsewhere. Ad hoc problems caused due to difficult working conditions.

Evaluability assessments will be conducted before undertaking an intensive evaluation to assess whether reliable and credible answers can be given to the initially prioritized evaluation questions based on an assessment of information requirements and available knowledge. To conduct the evaluability assessment, the consultant team will reference country's COVID-19 situation, government rules and regulations on travel, gathering and physical contact, the logical framework, assess the availability of disaggregated baseline data, indicator, targets, output and outcome data available through Monitoring and Evaluation (M&E) information. UNICEF SoP and the implementing partners will make available the relevant information to conduct an evaluability assessment to the consultant team members before the actual commencement of the evaluation. In the event evaluability will not be established in certain areas, the evaluator must take measures to address the problem, such as reconstructing the theory of change, readjusting the evaluation scope or timing or consulting the evaluation commissioner in order to revise the expectations.

7. DISSEMINATION STRATEGIES

The findings of this evaluation will be disseminated, made available and usable to various audiences through a wide variety of channels or formats to influence change in programs, policies, or practices. The dissemination strategies channels and formats should take into account the needs of different audiences, the type of information to be distributed and its purpose. UNICEF SoP is proposing the use of print formats, such as brochures, one-page descriptions, newsletters, executive summaries, or technical reports for the public, conference and workshop participants, or policymakers, other actors and the donor.

8. MAJOR TASKS TO BE ACCOMPLISHED:

This evaluation will be divided into 5 different phases for organizational purposes. A tentative timeline for the evaluation is provided below and is expected to be completed in three months⁴.

Phase	Deliverable	Estimated Timeframe (including time for UNICEF review)
Inception (to be conducted remotely)	<ul style="list-style-type: none"> • Develop a report structure which includes a methodological approach, and work plan for the UNICEF MNCH project. Share with UNICEF for review, feedback and sign-off. • The consultancy will submit an inception report that will include the following, among others: <ul style="list-style-type: none"> ○ Evaluation plan including timelines and activities and people to meet. ○ Methodology including a matrix with a row for each question and columns for how the judgement will be formed and methodology per question. ○ Data collection tools (quantitative and qualitative). The proposed tools should be cleared by UNICEF before the start of the data collection phase. ○ Ethical protocols aligned with principles outlined in ethical issues below. ○ Interview and workshop plan. ○ Plans for data analysis (quantitative and qualitative), report preparation and dissemination. ○ Evaluation Consulting Firms adjusts based upon feedback from UNICEF SoP and shares the 2nd draft with UNICEF. ○ Evaluation Consulting Firms validate the inception report with the Steering Committee Members. ○ Evaluation Consulting Firms adjust the second draft of the inception report based on the feedback of the Regional Office and share the final version. 	15 days
Desk Review	<ul style="list-style-type: none"> • Conduct a comprehensive analysis of relevant primary and secondary resources, • Participate in the initial briefings with UNICEF and partners to ensure that the evaluation team is clear on the expectations of the evaluation. 	10 days
Data collection & Analysis	Conduct field visits to collect data through a combination of data collection methods as per the	35 days (requires



	<p>proposed methodology in section 6. 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. 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 fieldwork 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.) 	<p>consideration of spacing of data collection overtime, i.e. sequencing of quantitative and qualitative data collection should be considered in the inception report)</p>
Findings Feedback process	<ul style="list-style-type: none"> • After the data collection period, a feedback process will be scheduled between the evaluator (s) and relevant UNICEF SoP staff and the key stakeholders to discuss findings and determine if any changes/recommendations need to be made prior to drafting the report. 	7 days
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 • Once the report is shared with UNICEF SoP and stakeholders, a comment matrix will be utilized to organize feedback on the report • Evaluator(s) shall onboard feedback/recommendations and ensure that UNICEF is satisfied with the accuracy of the information and overall quality of the report • 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, the timing of evaluation and challenges/limitations of the analysis • Results in terms of relevance, efficiency, effectiveness, impact, sustainability considering the evaluation main questions above & including humanitarian evaluation criteria. • Analysis, including reflection on gender, 	10 days



	<p>human rights</p> <ul style="list-style-type: none"> • 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 team adjusts feedback of UNICEF SoP and Steering Committee⁵ and shares the draft evaluation with UNICEF SoP. Evaluation team adjusts the second draft of evaluation report based on the feedback of Regional Office and share the second version in-cooperating feedback from UNICEF's SoP Special Representative</p>	
Summary Report	<p>Lay Summaries: This is a 10-pages maximum non-technical Executive Summary, to increases general interest in the results but does not overwhelm the reader with a long document. The summary should be in Arabic to reach groups for whom the report may not be accessible due to technical language, etc.</p> <p>PowerPoint Presentation: Develop a PowerPoint presentation of evaluation results to be presented at the evaluation dissemination workshops.</p>	10 days
		87 days ⁶ in six-month period

9. ETHICAL PRINCIPLES AND PREMISES OF THE EVALUATION

The section below outlines the criteria for an ethical review checklist to indicate that this evaluation should in fact either go through an ethical review process through the Palestinian Health Research Council(Helsinki Committee) or Institutional Ethical Review Board (IRB) in HQ. 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

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

The Evaluation team will follow the UNICEF Procedure for Ethical Standards in Research and Evaluation, Data Collection and Analysis and the United Nations evaluation norms and standards available at: <http://www.unevaluation.org/document/download/2787>

Additionally, the evaluation will be carried out according to the ethical principles, standards and norms established by the United Nations Evaluation Group (UNEG) outlined below.

- a) **Anonymity and confidentiality.** The evaluation must respect the rights of



individuals who provide information, ensuring their anonymity and confidentiality.

- b) **Responsibility.** The study report must mention any dispute or difference of opinion that may have arisen among the evaluation team or between the evaluation team and the commissioner of the

⁵ 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 MNCH projects: UNICEF, Implementing Partners, donor, and External evaluation team (one member)

⁶The review should include around 10 days for UNICEF review.

evaluation in connection with the findings and/or recommendations. The team must corroborate all assertions, or disagreement with them noted.

- c) **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.
- d) **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.
- e) **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.
- f) **Validation of information.** The evaluation team 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.
- g) **Intellectual property.** In handling information sources, the evaluation team 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.
- h) **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.

10. DELIVERABLES AND DEADLINE(S) FOR SUBMISSION:

	Expected Deliverable	Estimated Date
1.	Submission of desk review and quality inception report	15 th January, 2022
2.	First draft of the evaluation report shared with UNICEF together with accompanying PowerPoint presentation;	31 st March 2022
3.	Final quality evaluation report integrating feedback including desk review, key findings, lessons learned and recommendations.	15 th May 2022



4.	Arabic Lay Summaries and PowerPoint Presentation	31 st May 2022
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11. ESTIMATED DURATION OF CONTRACT, TENTATIVE DATES AND LOCATION

The evaluation is planned to commence by 01 December 2021 and to be completed by 31 May 2022. Specific level of effort for the consulting firm will be based on the agreed work plan/inception report that will be finalized with the contract.

The evaluation team will not be based at the UNICEF office. The duty station is State of Palestine, Gaza Strip. The inception report and the desk review can be conducted remotely. Official in-country travel will be involved, as required. In light of the COVID-19 pandemic travel may not take place depending on availability of transport links and in-country quarantine restrictions

12. TERMS OF PAYMENT

By deliverables (as above):

- 20% upon completion of deliverable 1
- 50% upon completion of deliverable 2
- 30% upon completion of deliverable 3 & 4

Recourse: 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.

13. 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 for the evaluation.
- The Monitoring and Evaluation (M&E) specialist in UNICEF Palestine is the evaluation manager and will contribute directly to quality assurance activities and primary supervision in close cooperation with the relevant section 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 channelled through UNICEF evaluation Manager.
- M&E focal person from WHO and UNFPA will review the inception report and provide technical feedback for improvement in the methodology, and support in ensuring the quality of evaluation.
- UNICEF, UNFPA, WHO and its implementing partners, will provide technical inputs and facilitate access to the project's locations and served population.
- The UNICEF, UNFPA and WHO M&E and the project team will facilitate and manage operational requirements, which entails providing project documentation as needed for the evaluation.
- The UNICEF, UNFPA and WHO M&E 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 evaluator is expected to undertake field trips to selected project locations in the target areas.



- The UNICEF with support from UNFPA and WHO M&E team will support in ensuring quality and ethics in field data collection.

14. QUALITY ASSURANCE:

- The Technical Steering Committee from UNICEF, UNFPA, WHO, other stakeholders and the evaluation team will have a major role 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 the quality of key evaluation products, including methodology and evaluation instruments, inception and final reports. Given that it is a country-led evaluation, the M&E specialist 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.

15. GENERAL CONDITIONS (PROCEDURES AND LOGISTICS)

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

- The selection process for the consultancy firm will strictly follow UNICEF's internal procurement rules
- UNICEF will provide assistance where possible for necessary access and permits required for the evaluation
- 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)
- The firm will provide a draft report for review and amend as requested before submitting the final report
- 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 the government, etc., to make sure that the evaluation is conducted in good conditions.

Other stakeholders, beneficiaries and the implementing partners will support in establishing the focus and direction of this evaluation. The opinions, interests, concerns and priorities of stakeholders will be solicited early in the evaluation process. Stakeholders might include internal staff, such as program managers and officers, but should also include external stakeholders such as policy-makers, researchers, community members, professional organizations and others who have interest, experience and expertise in the program or initiative being evaluated. Additionally, the stakeholders will provide the information, or the data required for this evaluation, mobilize the interview participants and as well provide logistical and other support required for the successful implementation of the evaluation process.



16. QUALIFICATION OR SPECIALIZED KNOWLEDGE/EXPERIENCE REQUIRED:

The consultancy firm should be able to demonstrate a strong track record in conducting evaluation in health and nutrition in fragile areas. The reports can either be that of the institution or the evaluation team members. The bid should show a demonstrable capacity to engage in evidence-based policy dialogue with Governments and other key stakeholders based on previous evaluations, studies or projects implemented. This should be a section in the technical proposal.

The evaluation team should comprise a gender balanced team of technical experts with an 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.

Essential: The evaluation team should be composed of at least three people, and have the following specific qualifications:

Team Leader- Evaluation Specialist

- PhD or Masters in evaluation or related area and/or equivalent experience/training in health and nutrition or related subject preferred. S/He should have at least 10 years of documented experience in research and evaluation of development programmes/projects or a minimum of 8 years' experience in MNCH areas including health and nutrition programmes/projects from developing or least developed countries.

Experience and Skills

- Working knowledge of MNCH, social work and health and nutrition programs
- Working knowledge of research and evaluation functions.
- Working skills in statistical analysis, system programming, database design and data security measures.
- Working skills in Excel and statistical programs such as SPSS, STATA and R.
- Working skills in analysis and consultation.
- Skills to communicate complex information clearly and concisely both verbally and in writing
- Ability to work effectively with a team and to engage external constituents.
- Experience working in large and complex projects in the humanitarian and development field.

Languages

- Excellent communication and report writing skills in English;
- Fluency in written and spoken English and Arabic are essential for interviews, transcription, and translation. Knowledge of Arabic language skills is preferred (please note: budget must include the 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-MNCH specialist

A second team member should be a specialist in Maternal, Neonatal and Child Health with at



least 7 years of experience in research and evaluations in developing or least developed countries.

- Master's degree required, with a strong preference for a degree relevant to Maternal, Neonatal and Child health and nutrition, public health, or another health and nutrition -related field.
- 7+ years of demonstrated experience conducting program evaluations or research, including evaluation or implementation experience specifically in the area of rural water and sanitation in the State of Palestine, or a similar context.
- Demonstrated experience in conducting quantitative and qualitative research

Third team member-Gender mainstreaming evaluation expert.

Third team member should be a gender evaluation expert with at least 7 years of experience conducting thematic gender evaluations at a programme level and engaging in gender-sensitive assessments.

The third team member should include a statistician with at least 7 years of experience in evaluations:

- 7+ years of demonstrated experience conducting program evaluations or research, including evaluation or implementation experience specifically in the area of rural water and sanitation in the State of Palestine, or a similar context.
- Master's degree or higher in the social sciences, humanities, public policy, international relations, natural sciences or other **fields** relevant to UNICEF, UNFPA and WHO work.
- Demonstrated experience in conducting quantitative and qualitative research

17. APPLICATION AND EVALUATION PROCESS:

Each proposal will be assessed on technical merits and the cost of the consultancy services which will inform UNICEF final decision for awarding the contract. The Evaluation Team will give primacy to the technical aspects of the proposal, and the soundness of the financial proposal and other technical compliance. The proposal that will score the highest overall score for both the technical and financial score will be recommended for award of the contract.

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

- **Methods and Approach:** Detailed approach to the methodology and the design of the evaluation This will include the design, sample size, representativeness, external validity and consideration of target beneficiaries.
- **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 feedback.
- **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 the last five years including the following information:
 - Title of Project
 - Year and duration of project
 - Scope of Project



- Outcome of Project
- Reference / Contact persons
- **CV's**
 - 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:

- The Balance Sheet (mandatory)
- The Income Statement/Profit and Loss Statement (mandatory)
- Statement of cash flows
- Statement of changes in shareholders' equity
- The report from the external auditor, if available
- 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

18. 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 25]	Team leader's expertise and qualifications as per the TOR / requested qualifications	7
	Diversity of team's background/expertise	4
	Team command of English	4
	Team command of Arabic	3
	Team's experience in State of Palestine (data collection)	3
	Team's previous experience with UNICEF and/or with HEALTH AND NUTRITION projects	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 projects/contracts/client	
Proposed methodology and approach [Score 25]	Adequate, relevant and practical methodology Proposed	10
	Quality Assurance (plan for the systematic monitoring and evaluation of the various aspects of the project to ensure that standards of quality are being met)	10
	Risk Assessment/ Mitigation measures proposed	5
	- 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 WorkPlan [Score 14]	Clarity of proposed workplan	5
	Adequate timeline for assessment workplan	5
	Adequate allocation of resources	4
	<ul style="list-style-type: none"> - 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 6]	Administrative capacity	3
	Demonstrated logistical capacity (including capacity for visas/ travel including to go to Gaza)	2
	Registration documents	1
Total Score		70

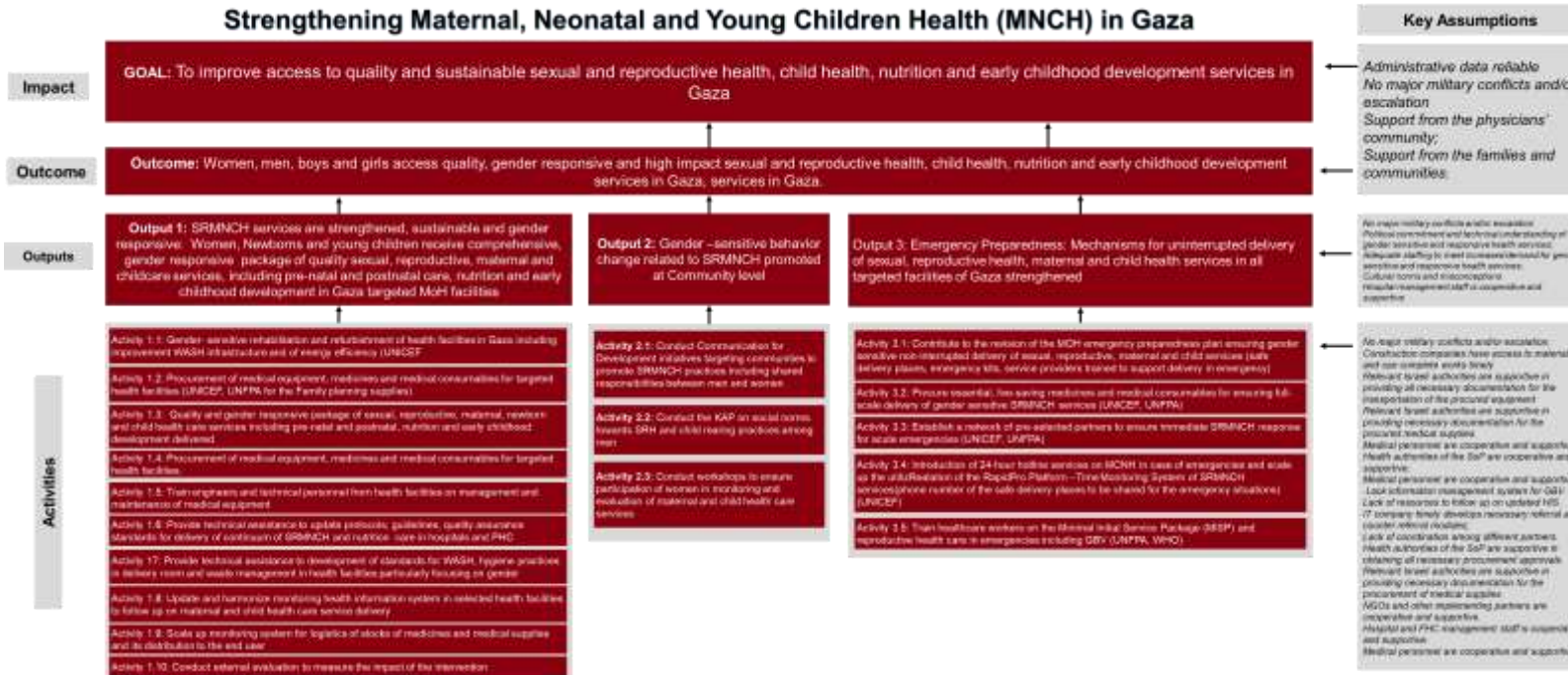
NOTE: MINIMUM POINTS – TECHNICAL THRESHOLD IS 49 POINTS

19. PRICE PROPOSAL SUMMARY:

	Payment summary per deliverable	Qty	Total Price in ILS
1.	Submission of desk review and quality inception report	Lumpsum	
2.	First draft of the evaluation report shared with UNICEF together with accompanying PowerPoint presentation;	Lumpsum	
3.	Final quality evaluation report integrating feedback including desk review, key findings, lessons learned and recommendations.	Lumpsum	
4.	Lay Summaries and PowerPoint Presentation	Lumpsum	
Total Value of the Proposal in NIS (New Israeli Shekel)/USD			



9.2 Results framework



9.2.1. Updated logical framework, including summary of completed activities in year 1 and 2

Results and activities	Completed activities		Responsibilities	Indicator	Target	Achieved
	By March 2021	By March 2022				
Goal: To improve access to quality and sustainable sexual and reproductive health, child health, nutrition and early childhood development services in Gaza			UNICEF, UNFPA, WHO	**% Reduction in maternal deaths in project implementation facilities **Reduction in neonatal deaths (boys and girls) in project implementation facilities **Number of women empowered through engagement in planning / monitoring the SRMNCH programme implementation		
Outcome: Women, men, boys and girls access quality, gender responsive and high impact sexual and reproductive health, child health, nutrition and early childhood development services in Gaza, services in Gaza.			UNICEF, UNFPA, WHO	**Number of women, men, boys and girls benefiting from improved access to quality, gender responsive and high impact sexual, reproductive, maternal, new-born and young child health services in Gaza. **Minimum standard criteria for gender responsive health facility developed and applied.		
Output1: SRMNCH services are strengthened, sustainable and gender responsive: Women, new-born and young children receive comprehensive, gender responsive package of quality sexual, reproductive, maternal and childcare services, including pre-natal and postnatal care, nutrition and early childhood development in Gaza targeted MoH facilities			UNICEF, UNFPA, WHO	**Number of high risk new born benefiting from improved access to comprehensive, gender responsive package of lifesaving health and nutrition service. **Number of women including high risk pregnant and lactating mothers benefiting from access to comprehensive, gender responsive package of quality maternal health services, including pre-natal and postnatal health care and nutrition **Number of young children (boys and girls) identified with malnutrition, developmental risk, delay or disabilities who received early intervention services through a targeted health facility		
1.1 - Gender- sensitive rehabilitation and refurbishment of health facilities in Gaza including	UNICEF contributed to additional rehabilitation work in Khan Younis maternity hospital to complete the construction of the operation room.	A quality assurance company was selected in agreement with MoH to supervise the quality assurance of the Gender-sensitive rehabilitation	UNICEF	*Number of health facilities rehabilitated and refurbished.	40	
				** Number of gender sensitive and responsive health facilities	40	0

Results and activities	Completed activities		Responsibilities	Indicator	Target	Achieved
	By March 2021	By March 2022				
improvement WASH infrastructure and of energy efficiency	Joint field (UNICEF & MoH) visits to assess proposed facilities for rehabilitation were conducted and the MoH engineering department are currently working on finalization of selected facilities. Together with the MoH engineering department and technical committee, UNICEF is preparing a comprehensive plan of action for the rehabilitation priorities for 40 health facilities. Currently, preparation of bills of quantities is underway and will be shared with MoH project committee for approval. Initially, MoH proposed the following facilities for the first-year plan, i.e. i) two NICU's (Imarati Hospital & EGH), ii) two maternity hospitals (Khan Younis Maternity unit & Imarati) and iii) four PHC's (two in Khan Younis, one in D El B and one in the Gaza).	and refurbishment of seven health facilities in the Gaza Strip. Joint field visits for the identified seven facilities were conducted to ensure that the proposed designs are according to the requirements. In agreement with MoH, bills of quantities for the rehabilitation of the identified seven health facilities were developed, reviewed, and completed. The bidding process for the implementation of the rehabilitation has started for the identified seven health facilities and is expected to be completed by August 2022				
1.2 - Procurement of medical equipment, medicines and medical consumables for targeted health facilities	Procurement Lists of medical supplies including drugs and medical consumables for immediate release were developed jointly with WHO, UNFPA and MoH in Gaza. Purchase orders have been issued and procurement is underway. Out of 56 Medical Consumables items, 35 items were delivered, and out of 32 drug items two items were delivered.	Procurement and delivery of four EENC items was completed. Development of the medical equipment and furniture list for 15 health facilities in the Gaza Strip, including maternal/neonatal units and primary health care clinics, is ongoing in coordination with MoH.	UNICEF, UNFPA: Family planning supplies	*Number of health facilities equipped and benefiting from procured medical equipment.	40	0
				*Number of health facilities receiving medical supplies including medicines and consumables.	40	40
1.3 - Quality and gender responsive package of sexual, reproductive, maternal, new-born and child health care services including pre-natal and postnatal, nutrition and early childhood development delivered	A first draft of a gender responsive package of sexual, reproductive, maternal, new-born and child health care services. This package compiles different protocols, guidelines and checklists covering topics such as preconception, antenatal, safe delivery, family planning, maternal and child nutrition, postnatal home visiting, Covid-19 and pregnancy, and	A harmonized sexual, reproductive, maternal, new-born and child health care services package is finalized. This package compiles different protocols, guidelines, and checklists covering: preconception care, antenatal, safe delivery, family planning, maternal and child nutrition, post-natal home visiting, COVID-19 and pregnancy, and MHPSS and GBV prevention.	UNICEF: NICUs, Post Natal Home Visiting, Nutrition and ECD, GBV and MHPSS including postpartum depression; UNFPA:	*Number of health facilities providing quality and gender responsive package of maternal, new-born and child health care services including prenatal and postnatal, nutrition and development	40	

Results and activities	Completed activities		Responsibilities	Indicator	Target	Achieved
	By March 2021	By March 2022				
	MHPSS and GBV prevention The package was shared with the MoH and UN agencies. Additional review and upgrading of the package are going on before handing to the MoH for endorsement and implementation by 40 health facilities.	Before handing to the MoH for endorsement and implementation by 40 health facilities, final review and upgrading of the package are currently going on.	Preconception care, FP, ANC, intrapartum, Post-natal care facility based, youth friendly health services; WHO: Essential Early New-born Care)			
1.4 - Train health professionals (males and females) on continuum of sexual, reproductive health, focusing on maternal and new-born health care including hygiene practices throughout the preconception, pregnancy, childbirth, neonatal and postnatal period.	Sensitization on preconception care (PCC) for 203 medical and nonmedical staff was completed. Training on PCC for 53 health professionals of two MoH PHC centres was completed (12 of these Health Professionals completed three days TOT). Additionally, 20 staff have been coached on quality of care around birth (EENC). A national committee comprising of experts from the local health authorities, UNRWA, UNICEF, UNFPA alongside the WHO technical focal person were formed to review and adapt PHC quality assessment tools. The review is at the final stages. An action plan for the midwifery-led care activity is under development; Three meetings and field visits were conducted with General Administration of Nursing and midwifery of MoH, primary health care clinic and the hospital to assess various aspects of the midwifery services and capacity building needs of future midwifery leaders. This will help establish coordination and collaboration with midwifery colleges. The total	PCC sensitization and training conducted. The PCC training targeted health practitioners from the Ministry of health: - 154 medical professionals trained since the beginning of 2021 represent approximately 30% of the total number of doctors, nurses, and legal midwives working in primary health care centres at MoH and 28 health professionals from different NGOs. - 2 health professionals from universities received the training. - 323 paramedical and health administrators participated in the sensitization workshop. 148 staff have (119 women and 29 men) coached on quality of care around the time of birth (EENC) in MoH and NGOs • An action plan for the midwifery-led care activity is developed. • Training professionals on a continuum of SRH – midwifery was conducted benefiting a total of 212 Midwives. This was implemented in the area of promotion of midwifery-	UNICEF: ECD, maternal and infant and child nutrition, postnatal care, IMCI; UNFPA: midwifery led care throughout the continuum, and youth friendly services; WHO: Health workers in maternities on EENC, and ANC in PHC in consultation with UNFPA	*Number of health professionals (males and females) trained to deliver gender sensitive and continuum of maternal and new-born health care.	500	685
				* Number of GBV survivors detected and referred through health system to GBV services	500	0

Results and activities	Completed activities		Responsibilities	Indicator	Target	Achieved
	By March 2021	By March 2022				
	number of trainees reached is 276 Health professionals.	led care activities on-job training on Mentorship and Preceptorship models. Total reached and trained health professionals is 839. Health professionals received SRMNCH care focusing on preconception care and Essential Early New-born care in 2021				
1.5 - Train engineers and technical personnel from health facilities on management and maintenance of medical equipment	Training of engineers will start in the second year of project implementation.	Training of engineers will start after the finalization of the procurement and delivery of medical equipment	(UNICEF)	Number of engineers and technical staff from health facilities trained on management and maintenance of medical equipment	50	no progress
1.6 - Provide technical assistance to update protocols, guidelines, quality assurance standards (e.g., minimum standards for gender responsive facilities) for delivery of continuum of SRMNCH and nutrition care in hospitals	Membership of steering committee and technical committees were finalized and endorsed by MoH. The PCC protocol was developed, finalized, and launched in 2020. A committee for revision of IMCI guidelines was formed and IMCI guidelines revised to include the management of sick young infants up to 2 months	Three protocols/strategies were revised and updated: 1. Preconception Care (PCC) protocol developed and implemented in 15 Primary Health Care centres in Gaza. 2. Neonate protocol, preparation to train 300 health care providers 3. National SRH strategies & emergency plans reviewed and aligned with the regional SRMNACH strategy Five protocols are currently under revision and update 1. Antenatal protocols 2. Perinatal protocols 3. Post-natal protocols 4. Youth-friendly health services strategy 5. IMCI (to include the management of sick young infants up to 2 months) and EENC guidelines	PHC (UNICEF, UN FPA, WHO)	Number of technical protocols, guidelines, quality assurance standards for delivery of continuum of MNCH care in hospitals and PHC updated with a special focus on gender	4	4
1.7 - Provide technical assistance to development of standards for WASH, hygiene practices in delivery room and waste	Recruitment of international consultant to support development of WASH standards in health facilities is underway (consultancy advertised). Programme	The WASH in Health standards guidelines' report is developed (waiting for final endorsement from the MOH)	(UNICEF) (design of facilities, privacy)	Number of standards for WASH, hygiene practices in delivery room and waste management in health facilities (maternity wards and	2	1



Results and activities	Completed activities		Responsibilities	Indicator	Target	Achieved
	By March 2021	By March 2022				
management in health facilities (maternity wards and NICU) particularly focusing on gender component	Cooperative Agreement (PCA) with experienced NGO to support field work is under review.			NICU) developed with a special focus on gender		
1.8 - Update and harmonize monitoring health information system in selected health facilities to follow up on maternal and child health care service delivery	Training for 3 IT staff from MoH completed on using EENC online quality assessment platform. Indicators were matched with central data of MoH. All 40 health facilities will have access to use the platform for decision making	<p>All 40 health facilities will have access to utilize the updated HIS.</p> <ul style="list-style-type: none"> • 3 IT staff from MoH have been trained on EENC using an online quality assessment platform. Indicators have been matched with the central data of MoH. • A review assessment of the MCH outcome indicators was collected through the e-hospital system. Including HIS hardware and software across the data pathway. • The plan is under development, focusing on harmonizing and unifying hospital reporting forms and digitalizing the data collection and entry process. 	(UNICEF;WHO)	Number of health facilities utilizing updated and harmonized HIS	40	on going
1.9 - Scale up monitoring system for logistics of stocks of medicines and medical supplies and its distribution to the end user	To further develop and promote a sustainable health supply chain system and to enhance uninterrupted data flows, information, and supplies for the improved provision of health care, UNICEF with partners launched the Logistics Management Information System (LMIS) assessment in both the Gaza Strip and the West Bank. Currently, UNICEF teams are coordinating with MoH and liaising with assigned companies to complete data collection.	To further develop and promote a sustainable health supply chain system and enhance uninterrupted data flows, information, and supplies for the improved provision of health care. UNICEF, with partners, finalized the LMIS assessment and report developed covering the Gaza Strip and the West Bank. Results shared with MOH and waiting for final revision to disseminate the results.	(UNICEF;WHO)	Monitoring system for logistics of stocks of medicines and medical supplies scaled up. Number of stockouts of essential medical items in the selected facilities	40	on going
1.10 - Conduct external evaluation to measure the impact of the intervention (UNICEF)	The external evaluation to measure the impact of the intervention is planned for the second year. TOR has been drafted by the UNICEF	The external evaluation to measure the impact of the intervention is ongoing. A consulting firm was selected to complete the Formative Mid-Term Evaluation of	UNICEF	Midterm and final evaluation conducted		on going

Results and activities	Completed activities		Responsibilities	Indicator	Target	Achieved
	By March 2021	By March 2022				
	M&E Specialist in coordination with H&N and SPPMNE section.	Strengthening Maternal, Neonatal and Young Children Health (MNCH) in the Gaza Strip. The work is expected to be finalized by end of 2022.				
Output2 - Gender –sensitive behaviour change related to SRMNCH promoted at Community level				**Number of SRMNCH C4D initiatives conducted to promote gender sensitive, responsive and transformative health care services **Number of caregivers including men with improved skills and changed behaviours toward sexual, reproductive, maternal and child health, nutrition and development	SRMNCH at 5 communities	2
2.1 - Conduct Communication for Development initiatives targeting communities to promote SRMNCH practices including shared responsibilities between men and women	UNICEF with partners established a communication and visibility committee. A project visibility guideline was developed to guide the work on the C4D initiatives Two C4D initiatives started: i) C4D youth friendly health service action plan finalized and agreed with the implementing partner & ii) the pre-marriage counselling program first phase)	Two C4D initiatives were conducted on two different topics the first on promoting SRMNCH and Youth-friendly health (YFH) initiative, and the other pre-marriage counselling sessions among married couples and future parents on ECD, positive parenting, child protection, health, nutrition and GBV. These sessions benefitted a total of 700 people men and women. The pre-marriage counselling session engaged a total of 30 couples (30 men, 30 women).	UNICEF: married couples and future parents, ECD positive parenting, Child health, nutrition, GBV; UNFPA: SRHR (including family planning and GBV) for men, adolescents and youth, religious leaders;	*Number of SRMNCH C4D initiatives conducted to promote gender sensitive, responsive and transformative health care services.	at least 6 C4D initiatives	2
		UNICEF with partners established Social norms and behaviours change Thematic Working Group (TWG) to lead the implementation of the C4D initiatives. Furthermore, a communication and visibility committee was developed to ensure that C4D initiatives are applying the visibility guideline.		* Number of caregivers including men with improved skills and changed behaviours toward sexual, reproductive, maternal and child health, nutrition and development.	2000 caregivers including men	700
2.2 - Conduct the KAP on social norms towards SRH and child rearing practices among men and women	TOR for the KAP study and the inception report, including methodology and study tools, was finalized. Data collection started.	knowledge, Attitudes, and Practices (KAP) study undertaken, focusing on understanding how better to engage men in SRH and	(UNICEF, UNFPA)	KAP survey conducted	1	1



Results and activities	Completed activities		Responsibilities	Indicator	Target	Achieved
	By March 2021	By March 2022				
		childrearing. https://palestine.unfpa.org/en/publications/knowledge-attitudes-and-practices-among-men-gaza-strip-related-srhr-and-child-rearing)				
2.3 - Conduct workshops to ensure participation of women in monitoring and evaluation of maternal and child health care services		This activity will be implemented before the end of 2022.	UNICEF	Number of women participating in monitoring and evaluation of maternal and child health care services	500	0
Output 3 - 3: Emergency Preparedness: Mechanisms for uninterrupted delivery of sexual, reproductive health, maternal and child health services in all targeted facilities of Gaza strengthened				SRMNCH services responsive in case of emergency.	Available	0
				MOH emergency preparedness plan is revised to ensure uninterrupted delivery of SRMNCH services	MOH emergency preparedness plan revised	1 in process
3.1 - Contribute to the revision of the MOH emergency preparedness plan ensuring gender sensitive non-interrupted delivery of maternal and child services (safe delivery places, emergency kits, service providers trained to support delivery in emergency) (WHO, UNICEF, UNFPA)	UNICEF with partners is working with MoH on an emergency preparedness plan and the SRH emergency plan.	UNICEF with partners are working on revising the National emergency plan to include the SRH emergency plan EPR TWG agreed on conducting a mapping exercise of SRMNCH services during emergencies.	(WHO, UNICEF, UNFPA)	MOH emergency preparedness plan is revised to ensure uninterrupted delivery of SRMNCH services		on going
3.2 - Procure essential, life-saving medicines and medical consumables for ensuring full-scale delivery of gender sensitive SRMNCH services	Procurement of 4 drug items for emergency prepositioning is underway	Following the May 2021 escalation in the Gaza Strip, UNICEF worked with partners to identify the critical prepositioning of SRMNCH medical items including Glucose in 5 per cent 500ml, Metronidazole in 500mg/100ml, and Sodium lactate compound (Ringers lactate) injection 500ml with giving set and Oral Rehydration Salt. The delivery and distribution for the prepositioned items is expected to	(UNICEF, UNFPA)	*Number of essential medicines and medical supplies procured and prepositioned for emergency response	TBC	1
				*Number of stock consumption monitored by the electronic stock management system	TBC	0



Results and activities	Completed activities		Responsibilities	Indicator	Target	Achieved
	By March 2021	By March 2022				
		be finalized in the coming period. The warehouse for the storage of emergency prepositioning items was identified and used by UN agencies.				
3.3 - Establish a network of pre-selected partners to ensure immediate SRMNCH response for acute emergencies	UNICEF with partners initiated 3 agreements with local partners to ensure provision of SRMNCH services.	UNICEF with partners continues implementing the activities under the agreements with three local partners to ensure the provision of SRMNCH services.	(UNICEF, UNFPA)	Number of MOUs signed with NGOs involved in delivery of SRMNCH emergency services	5	3
3.4 - Introduction of 24-hour hotline services on MCNH in case of emergencies and scale up the utilization of the RapidPro Platform – Real Time Monitoring System of SRMNCH services (phone number of the safe delivery places to be shared for the emergency situations)	Free hotline is established in MoH PHC to provide SRMNCH counselling for pregnant and lactating women. Free number shared with 50 PHC's to enable women from over all Gaza governorates to call and receive SRMNCH counselling.	UNICEF continues supporting the established free hotline in 50 MoH PHCs to provide SRMNCH counselling for pregnant and lactating women from governorates across the Gaza Strip.	UNICEF	Number of health facilities utilizing 24- hour hotline services on SRMCNH in case of emergencies and the Rapid Pro Platform	40	27
3.5 - Train healthcare workers on the Minimal Initial Service Package (MISP) on reproductive health care in emergencies including GBV (MISP comprises of 6 components related to the lifesaving interventions on sexual and reproductive health including family planning, GBV, maternal health services).	Three trainings on MISP are planned in 2021 for 40 health providers (at least 50 per cent women and girls). Currently work is in progress on finalizing the list of SRH staff at the MoH and with relevant NGOs to develop a plan for the training. The plan is to deliver the MISP training (preferably online) and possibly to conduct an acute emergency field drill on SRH services.	A TOT on the Minimal Initial Service Package (MISP) was conducted benefitting 25 health providers (22F/3M) health professionals. The plan is to deliver the MISP training (preferably online) and possibly conduct an acute emergency field drill on SRH services.	(UNFPA, WHO)	Number of healthcare workers trained on the Minimal Initial Service Package (MISP) and GGV for reproductive health in emergencies	100	25



9.3 Procedure and due diligence related to informed consent

General Guidance

- A consent form will be signed by participants from KIIs and FGD with 1) Health workers, engineers, and technicians; 2) pregnant mothers and lactating mothers; and 3) community members.
- Any participant who refuses to sign the consent form, she/he can withdraw from the meeting.
- The consent for participation has been translated into Arabic.
- Before commencing with KIIs and FGDs, the evaluator must distribute two copies of the consent form, one signed by the participant and handed over to the evaluator and another copy to be kept with the participants. The evaluator reads the consent form aloud. The signed consent forms will be collected by the evaluation expert and sent to ICON at the end of the evaluation mission.

Part 1: Introduction

Hi, my name is [first name]. I am an independent Evaluation Consultant hired by ICON Institute and I'm here to ask you some questions about the services you receive from X health facility. I am talking to you to help UNICEF, WHO, UNFPA and MOH, to learn about this project intervention and better design for the remaining phases of the project and or for any future programming. This evaluation will also help UNICEF, WHO, UNFPA and MOH, design future programs with your needs in mind. We would like to ask you to participate in KII/ focus group discussion so that we can ask some questions around this. My role as moderator is only to facilitate the discussion. At no time will I participate in the discussion or offer my personal opinion

Evaluation Purpose

The "Sexual, Reproductive, Maternal Neonate Child Health (SRMNCH) in Gaza" project aims to provide solutions for building comprehensive, gender responsive and sustainable SRMNCH systems based on generated data and evidence. In partnership with AFD-France, UNICEF, WHO, UNFPA, MOH and other health actors address identified gaps to improve access to quality and sustainable sexual and reproductive health, child health, nutrition and early childhood development services in Gaza.

The purpose of this meeting is to get your views as staff, managers, mothers, health workers, community members, engineers and technicians on the activities that you were involved in through the MNCH project and to what extent the project contributed to building your capabilities and thus improving the services provided to women and children. What difficulties or challenges do you face in your work? In order to understand what the project has been able to achieve, over the next 60-90 minutes, we will ask as series of questions. Please respond openly and honestly. We want to hear your different perspectives and opinions.

The results of the evaluation will help the UNICEF, Ministry of Health, , WHO, UNFPA and other stakeholders on how to further improve activities/services provided to pregnant mothers, children, lactating mothers and community members.

Your Participation

By participating in this discussion, you agree to keep anything shared by other participants private and confidential. Please do not share the content of today's discussion with people



outside this group. Finally, we would like to ask you to be respectful towards each other during the discussion. This includes listening to each other, letting the other person speak and not ridiculing or dismissing someone's experiences or views. The use of mobile phones during the discussion is strongly discouraged except in emergency cases.

The focus group discussion may bring back emotional memories related to the pregnancy and delivery. If needed referral can be made to a counsellor following the interview. Your participation will be in this Focus Group Discussion only. However, perhaps you may feel that some questions are sensitive or embarrassing. You are free to stop participating in the Focus Group Discussion at any time, or not to answer particular questions.

Your participation in this KII/FGD is completely voluntary. Not participating or stopping the Focus Group Discussion will not in any way affect your access to information and services or have any other consequence.

Your participation in this evaluation will not lead to any direct benefit or risk to you. Your participation will not directly give you greater access to services. However, we hope that the Ministry of Health will use the results from this evaluation to improve/ expand service provision in Gaza over the coming years.

Procedures including confidentiality

We assure you that we will treat all information you share with us with the utmost privacy and confidentiality. Names of participants at FGDs will not be requested, while name and position for KIIs will be taken. However, names will not be linked to anything that participants will share with us during KIIs. All notes from our conversation will be stored securely on a password-protected computer. No one except for our evaluation team will have access to these files. However, we must make you aware that we are legally obliged to report any case of abuse or exploitation that we hear about throughout this research.

We never quote anyone or provide other direct attribution in any report, presentation, or any other materials, without the prior written consent of the person(s) involved. We cannot guarantee confidentiality as one may draw correlations from the evaluation to different people. We are required to report any abuse or severe neglect. However, any quotes used in the draft/final report will refer to the answers but not to information that makes the project partners personally identifiable with the participant, which may cause him harm or embarrassment.

The interview will last about one hour, and the FGDs will last for one hour and a half. If at any point participant does not feel comfortable participating, or she/he would like to leave the conversation, that is completely fine. There are no right or wrong answers to any of our questions; we are only interested to hear your views and experiences. Furthermore, nothing the participant says will ever be published in any way that could identify he/she as the speaker.

How to act if a pregnant or lactating mother expresses or appears to be struggling with traumatic memories?

Suppose a pregnant or lactating mother expresses or struggles with traumatic memories of a recent birth or other medical experience related to pregnancy. In that case, the evaluation will do the following:

- Interviews with lactating women will be conducted in the health facility, so if anything happens, the researcher will try to stop the questions and focus on calming the woman.
- If the traumatic symptoms increase, the evaluation expert will call the health facility team to intervene or refer the case to a psychologist. Also, the evaluation expert will inform her family.



Recording and taking notes

Voice or/and video recording **will not be** used during KIIs and FGDs, instead, evaluators will take hand notes or write participants' answers and notes using their laptops.

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.

Questions

Do you have any questions you would like to ask before the evaluator will start the KII/FGD? We would be happy to answer them.

Are there any things you would like to know? If you do not want to take part in this interview, please feel free to tell us. If you agree, could you sign a copy of this consent form. You can also get a copy to take home as it has our contact details on it, and you can read again what this focus group discussion is about.

If you have any questions about the evaluation, please contact Shereen Obaid, UNICEF Evaluation Manager, at sobaid@unicef.org.

DECLARATION: TO BE GIVEN IN WRITING BY THE RESPONDENT

Agreement respondent: I understand why I am being interviewed and I agree with participating in the interview / Focus Group Discussion:

.....

Signature

Date:

Place:



9.4 Semi-structured interview guidelines

9.4.1. UN partners

Part 1: Introduction

Interview with:	
Interviewee role/position:	
Date and time:	

This guideline will be used to conduct interviews with UNICEF staff and staff of its partners, WHO and UNFPA.

1.1 The purpose of these interviews

The purpose of these interviews is to gain insights into how MNCH was designed and implemented in Gaza, the operational constraints and opportunities, examples of how the project contributed to more efficient and effective project in strengthen the health system, services and social and behavioural changes, and lessons and insights for how to maximise the project going forward.

The interview includes a set of questions at the outset that are based on the evaluation questions. These ask participants to rank each on a 1 – 4 scale. The purpose of this preliminary survey is to 'prime' the respondent for discussing the more substantive questions in the rest of the interview. In brief, it introduces the primary subjects and gets the respondent thinking about these prior to the more substantive discussion. It also provides a reference for these discussions, enabling the interviewer to ask about different rankings and what contributes to these. As such, the survey is not a discrete data set but instead a tool for engaging respondents during the semi-structured interviews.

Furthermore, the evaluation expert will use the evaluation questions to collect qualitative notes and data from the interviewees.

1.2 Informed Consent (to be read aloud by the evaluator and signed by the interviewee)

The overall purpose of this evaluation is to assess the current state of the project against the agreed Result Framework; identifying gaps, issues and areas of deviation from the project; document the good/best practices and lessons learned; and provide strategic recommendations to inform the continuation of the project, as well as the broader MNCH sector. While your participation will have no direct bearing on the provision of actual goods and services, your insights and comments are important for establishing what has worked, what could be different, and, combined with feedback from other respondents, for establishing trends across respondents from across different health facilities and organizations.

We assure you that we will treat all information you share with us with the utmost privacy and confidentiality. Names of participants at KIIs and positions will be taken. However, the names will not be linked to anything that participants will share with us during KIIs. All notes from our conversation will be stored securely on a password-protected computer. No one except for our evaluation team will have access to these files. However, we must make you aware that we are legally obliged to report any case of abuse or exploitation that we hear about throughout this research.

"We never quote anyone or provide other direct attribution in any report, presentation, or any other materials, without the prior written consent of the person(s) involved. We cannot absolutely guaranty confidentiality as one may draw correlations from the evaluation to



different people. However, any quotes used in the draft/final report will refer to the answers but not to information that makes the project partners personally identifiable with the participant, which may cause him harm or embarrassment.

We are required to report any abuse or severe neglect.

Your participation is voluntary, and you are welcome to respond or not respond to any question or to end the interview at any time. We accept any decision along these lines; it will have no penalty or loss for you. Your participation or non-participation will have no effect on current or future employment.

We expect the entire interview to take between one hour to one hour and 30 minutes.

Voice or/and video recording will not be used during KII and FGDs, but rather, evaluators will take hand notes or write participants' answers and notes using their laptops.

If you have any questions about the evaluation, please contact Shereen Obaid, UNICEF Evaluation Manager, at sobaid@unicef.org.

Respondent's Questions

Would you like to make any comments, or do you have any questions before we begin?



Part 2: Quantitative and Qualitative questions

2.1 Quantitative questions

We invite you to answer the following questions on a scale of 1 - 4. Before more detailed discussions, the questions are designed to get a “snapshot” of key issues. The evaluation expert will ask the question and fill in the answer as mentioned by the respondent.

1--Not at all 2-- Somewhat 3 --Significantly 4—Completely Do not Know (DK)

Evaluation Question	EQ#	Respondent's answer				
		1	2	3	4	DK
Relevance						
To what extent is MNCH project appropriate to the health sector gaps and needs in Gaza?	1.3					
How relevant were MNCH designs, approaches, and interventions in relation to beneficiaries needs?	1.1					
Efficiency						
Were available financial and human resources used efficiently by UNICEF?	2.1 and 2.3					
Were available financial and human resources used efficiently by UNFPA and WHO?	2.1 and 2.3					
Were available resources used efficiently by government actors, healthcare providers, and NGOs?	2.1 and 2.3					
Effectiveness						
To what extent were the results(outputs) achieved against the indicators?	3.1					
Are the activities implemented to reach the overall objective as planned and/or described in the Logframe/ project document?	3.2					
Sustainability						
To what extent are the benefits and achievements of the project likely to continue after it has ended through national Government or community ownership?	4.1					
Are the behavioural change approach adapted to be owned and sustained at community level?	4.2					
Coverage						
Did the MNCH project reach to the targeted population or communities and provided assistance as per the needs of the population or communities	5.1					
Coherence						
To what extent were context factors (political stability/ instability, population movements, economic situation etc.) considered in the design and delivery of the intervention?	6.1					
Connectedness						
What have been the linkages between the intervention and any other UNICEF interventions in relief/ recovery/ development?	7.1					
Cross cutting issues						
To what extent has UNICEF MNCH interventions reduced gender-based, geographical, disability-based or economic-based inequalities?	8.2					



2.2 Qualitative questions

As a primary means for collecting qualitative evidence, the evaluation team will ask standard questions of all respondents. We do this to examine patterns across different groups of respondents rather than being overly biased by the responses of any single respondent.

In practice, the interview will focus on 1 or 2 questions per evaluation criteria. These will be selected as based on the respondents' roles and responsibilities. Questions may be also tailored for specific respondents. Specific examples will be elicited as often as possible. References to specific evaluation questions are included. As noted in the evaluation matrix, some questions are meant to be exploratory and/or to solicit examples of best/emerging practices or challenges.

Please describe your role and the primary aspects of your work that relate MNCH project.

Evaluation question (Should be covered)	Sub-questions (if needed, you can integrate or follow up by asking sub questions)
Relevance	
1.1 Does the MNCH project reach to the target beneficiaries and meet their needs and priorities?	<ul style="list-style-type: none"> Were the beneficiaries consulted during the design phase? How? Are the beneficiaries needs reflected in the design and implementation?
1.2 Are the activities and outputs of the project consistent with the national and international policies and guidelines and the attainment of its objectives?	<ul style="list-style-type: none"> What are the national and international health policies related to MNCH? Are the project design relevant to UNICEF Strategy? How? Are the project reach UNICEF's partners priorities (UN agencies, MoH) in MNCH thematic areas? Does the design of project activities and outputs logically and coherently link to national policies and priorities?
1.3 Are the activities and outputs aligned with SDGs?	<ul style="list-style-type: none"> Identify which SDGs are relevant to the project? How you report against the progress against SDGs?
1.3 To what extent were the national and local context (security, political, health, social and economic, gender and cultural aspects) taken into account when the project was designed?	<ul style="list-style-type: none"> Were security, political-health/ social/ economy / conflict / analyses conducted during the design phase? How the inequalities on gender issues were identified during design phase? Does the project design logically and coherently match lessons learned from previous project? To what extent the project shifts caused by crisis or major political changes including the ongoing COVID-19 pandemic?
1.4 Are the non-state actors active in the project thematic areas to support the target group?	What are the activities of non-state actors in relation to the project target groups?
1.5 Are the activities and immediate outputs of the project consistent with that of the higher-level outcome?	<ul style="list-style-type: none"> Extent to which the project Theory of Change interventions (activities, outputs, outcome) is coherent and logical? Were the project intervention timelines relevant and to implement TOC- interventions
Efficiency	
2.1 To what extent has the intervention been cost effective? And to what extent are the costs of the intervention justified, given the changes/effects it has achieved?	<ul style="list-style-type: none"> What financial resources have been allocated to the project? Any limitation faced procurement operations? Are financial resources sufficient and efficiently used to meet the project objectives? How are financial costs allocated to results achieved? Are these costs justified? Why?



Evaluation question (Should be covered)	Sub-questions (if needed, you can integrate or follow up by asking sub questions)
	<ul style="list-style-type: none"> • Would it have been possible to achieve the same results at a lower cost? • What are the areas where the project can improve its efficiency?
2.2 Was the intervention's process often timely for reporting and monitoring at inter-agency investment and government allocations?	<ul style="list-style-type: none"> • Are there specific management issues that need to be considered in the future? • What are the project reporting and monitoring system used? • Did project achieve the expected results within timeframe? • What factors either enabled or hindered timely delivery and how did it impact the results?
2.3 Were the personnel allocated to MNCH project adequately trained and in adequate number to efficiently reach the goals?	<ul style="list-style-type: none"> • What human resources have been allocated to the project? • Are these sufficient and efficiently used to meet the project objectives? • Are there gaps or overlaps in distribution of personnel responsibilities at all levels?
Effectiveness	
3.1 To what extent were the results (outputs and outcomes) achieved against the indicators?	<ul style="list-style-type: none"> • Have the outputs set in the logical framework been achieved? • What factors have influenced result achievement?
3.2 Are the activities implemented to reach the overall objective as planned and/or described in the Logframe/ project document? If deviations occur: why?	<ul style="list-style-type: none"> • What changes have been made to the project design since its onset? • Are activities being implemented as they were designed?
3.3 Are all relevant project stakeholders involved? Is local know-how considered?	<ul style="list-style-type: none"> • What roles have the project stakeholders played in each of the project activities? • What are the factors that influence their support to the project?
3.4 Is the data collection adequate to follow up the project achievements? (Especially with respect to indicators). Are information and material up to date?	<ul style="list-style-type: none"> • What information is available to inform on project progress towards its results? • Is it adequate to timely and accurately feed indicators? Why?
Sustainability	
4.1 To what extent are the benefits and achievements of the project likely to continue after it has ended through national Government or community ownership?	<ul style="list-style-type: none"> • Does the project have a sustainability strategy or exit plan and how well has that been implemented? • To what extent are the benefits of the project likely to continue after its completion? • Are agreements with government to take over?
4.2 What behavioural change approach should be adapted to improve community trust and ownership?	<ul style="list-style-type: none"> • Are communities and involved individuals owning the adoption of good MNCH practices? • What factors are conducive to long-term adoption and replication of behavioural change approaches?
4.3 What measures are in place to reach sustainability of MNCH project particularly in following areas: • Financial Sustainability • Capacity building and behaviours change • Environmental sustainability • Technological sustainability	<ul style="list-style-type: none"> • Is the project ensuring that adequate financial capabilities are in place to manage its results after the end of the project? • Has the project created or strengthened adequate local capacities to manage delivered technological innovations? • Has the project created or strengthened adequate technological processes and structures to meet the needs of both its current and future members?



Evaluation question (Should be covered)	Sub-questions (if needed, you can integrate or follow up by asking sub questions)
	<ul style="list-style-type: none"> What are the long-term environmental risks related to the project, and how is the project addressing them?
Coverage	
5.1 Did the MNCH project reach to the targeted population or communities and provided assistance as per the needs of the population or communities?	<ul style="list-style-type: none"> What categories (by geographical, socioeconomic, age, and ability criteria) have been selected as project beneficiaries? Why? Has the project met the needs of these groups? What proportion of those in need was covered? What are the factors affecting the project coverage?
5.2 Did the MNCH project assistance considered duplication or gaps in the supported areas by other organizations?	<ul style="list-style-type: none"> What other interventions are active in the area of MNCH? How has the project ensured a coordinated coverage with these?
Coherence	
6.1 To what extent were context factors (political stability/ instability, population movements, economic situation etc.) considered in the design and delivery of the intervention?	<ul style="list-style-type: none"> What are context factors that are more likely to affect the design? Are these factors considered and integrated in project design and implementation?
6.2 To what extent was the intervention design and delivery overall in line with humanitarian principles and standards?	N/A
Connectedness	
7.1 What have been the linkages between the intervention and any other UNICEF interventions in relief/ recovery/ development?	<ul style="list-style-type: none"> What are other UNICEF interventions linked to the project? How has the project coordinated with this intervention?
7.2 To what extent did the intervention link to any transition strategies in the context of development goals?	<ul style="list-style-type: none"> Are the short-term activities of the project linked to longer-term strategies? What factors are likely to facilitate connection to future issues? Are there any coordination with other un agencies/ donors' projects linked to MNCH?
Cross-sectoral questions (HRBAP, gender and Equity)	
8.1 Was the project aligned with UNICEF's equity agenda in addressing the needs of the target groups, ages, genders and differently-abled people?	<ul style="list-style-type: none"> How was the most vulnerable groups reached by the project? To what extent has the project reached or engaged different groups including the most marginalized?
8.2 To what extent has UNICEF MNCH interventions reduced gender-based, geographical, disability-based or economic-based inequalities?	<ul style="list-style-type: none"> What inequalities does the project target? Have these inequalities reduced during the implementation in the context of the project? How?
8.3 What measures were put in place to incorporate cross-cutting themes like gender, children's rights, disability, and accountability?	N/A



9.4.2. MoH representatives

Part 1: Introduction

This guideline will be used to conduct interviews with MOH representatives.

1.1 Purpose of the KII:

The purpose of these interviews is to gain insights into how MNCH was designed and implemented in Gaza, the operational constraints and opportunities, examples of how the project contributed to more efficient and effective project in strengthen the health system, services and social and behavioural changes, and lessons and insights for how to maximise the project going forward.

Interview with:	
Interviewee role/position:	
Date and time:	

1.2 Informed Consent (To be read aloud by the evaluator and signed by the interviewee)

The overall purpose of this evaluation is to assess the current state of the project against the agreed Result Framework; identifying gaps, issues and areas of deviation from the project; document the good/best practices and lessons learned; and provide strategic recommendations to inform the continuation of the project, as well as the broader MNCH sector. While your participation will have no direct bearing on the provision of actual goods and services, your insights and comments are important for establishing what has worked, what could be different, and, combined with feedback from other respondents, for establishing trends across respondents from across different health facilities and organizations.

We assure you that we will treat all information you share with us with the utmost privacy and confidentiality. Names of participants at KIIs and positions will be taken. However, names will not be linked to anything that participants will share with us during KIIs. All notes from our conversation will be stored securely on a password-protected computer. No one except for our evaluation team will have access to these files. However, we must make you aware that we are legally obliged to report any case of abuse or exploitation that we hear about throughout this research.

"We never quote anyone or provide other direct attribution in any report, presentation, or other materials, without the prior written consent of the person(s) involved. We cannot guarantee confidentiality as one may draw correlations from the evaluation to different people. However, any quotes used in the draft/final report will refer to the answers but not to information that makes the project partners personally identifiable with the participant, which may cause him harm or embarrassment.

We are required to report any abuse or severe neglect.

Your participation is voluntary, and you are welcome to respond or not respond to any question or end the interview at any time. We accept any decision along these lines; it will have no penalty or loss for you. Your participation or non-participation will not affect on current or future employment.

We expect the entire interview to take between one hour to one hour and 30 minutes.



Voice or/and video recording will not be used during KIIs and FGDs, instead, evaluators will take hand notes or write participants' answers and notes using their laptops.

If you have any questions about the evaluation, please contact Shereen Obaid, UNICEF Evaluation Manager, at sobaid@unicef.org.

Respondent's Questions

Would you like to make any comments, or do you have any questions before we begin?



Part 2: Qualitative Evidence

As a primary means for collecting qualitative evidence, the evaluation team will ask standard questions of all respondents. We do this to examine patterns across different groups of respondents rather than being overly biased by the responses of any single respondent.

In practice, the interview will focus on 1 or 2 questions per evaluation criteria. These will be selected as based on the respondents' roles and responsibilities. Questions may be also tailored for specific respondents. Specific examples will be elicited as often as possible. References to specific evaluation questions are included. As noted in the evaluation matrix, some questions are meant to be exploratory and/or to solicit examples of best/emerging practices or challenges.

Please describe your role and the primary aspects of your work that relate MNCH project.

Evaluation question (Should be covered)	Sub-questions (if needed, you can integrate or follow up by asking sub questions)
Relevance	
1.1 Does the MNCH project reach to the target beneficiaries and meet their needs and priorities?	<ul style="list-style-type: none"> • What are the key needs of the endline beneficiaries as identified in assessment and mapping studies? • Are the beneficiaries needs reflected in the design and implementation?
1.2 Are the activities and outputs of the project consistent with the national and international policies and guidelines and the attainment of its objectives?	<ul style="list-style-type: none"> • What are the national health policies related to MNCH? • Does the design of project activities and outputs logically and coherently link to national policies and priorities? • Are the project design relevant to MOH Strategy? How?
1.4 Are the non-state actors active in the project thematic areas to support the target group?	<ul style="list-style-type: none"> • Were security, political-health/ social/ economy / conflict / analyses conducted during the design phase? • How the inequalities on gender issues were identified during design phase? • To what extent the project shifts caused by crisis or major political changes including the ongoing COVID-19 pandemic?
1.5 Are the activities and immediate outputs of the project consistent with that of the higher-level outcome?	<ul style="list-style-type: none"> • What are the activities of non-state actors in relation to the project target groups? • Is the project design aligned with these activities?
Efficiency	
2.1 To what extent has the intervention been cost effective? And to what extent are the costs of the intervention justified, given the changes/effects it has achieved?	<ul style="list-style-type: none"> • What financial resources have been allocated to the project? • Any limitation faced procurement operations? • Are financial resources sufficient and efficiently used to meet the project objectives? • How are financial costs allocated to results achieved? Are these costs justified? Why? • Would it have been possible to achieve the same results at a lower cost? • What are the areas where the project can improve its efficiency?
2.2 Was the intervention's process often timely for reporting and monitoring at inter-	<ul style="list-style-type: none"> • Are there specific management issues that need to be considered in the future?



Evaluation question (Should be covered)	Sub-questions (if needed, you can integrate or follow up by asking sub questions)
agency investment and government allocations?	<ul style="list-style-type: none"> • Did project achieve the expected results within timeframe? • What factors either enabled or hindered timely delivery and how did it impact the results?
2.3 Were the personnel allocated to MNCH project adequately trained and in adequate number to efficiently reach the goals?	<ul style="list-style-type: none"> • What human resources have been allocated to the project? • Are these sufficient and efficiently used to meet the project objectives? • Are there gaps or overlaps in distribution of personnel responsibilities at all levels?
Effectiveness	
3.1 To what extent were the results (outputs and outcomes) achieved against the indicators?	<ul style="list-style-type: none"> • Have the outputs set in the logical framework been achieved? • What factors have influenced result achievement?
3.4 Is the data collection adequate to follow up the project achievements? Are information and material up to date?	N/A
Sustainability	
4.1 To what extent are the benefits and achievements of the project likely to continue after it has ended through national Government or community ownership?	<ul style="list-style-type: none"> • Does the project have a sustainability strategy or exit plan and how well has that been implemented? • Is there an agreement with government to take over?
4.2 What behavioural change approach should be adapted to improve community trust and ownership?	<ul style="list-style-type: none"> • Are MOH and health facilities and involved individuals owning the adoption of good MNCH practices? • What factors are conducive to long-term adoption and replication of behavioural change approaches?
4.3 What measures are in place to reach sustainability of MNCH project particularly in following areas: <ul style="list-style-type: none"> • Financial Sustainability • Capacity building and behaviours change • Environmental sustainability • Technological sustainability 	<ul style="list-style-type: none"> • Is the project ensuring that adequate financial capabilities are in place to manage its results after the end of the project? • Has the project created or strengthened MoH capacities to manage delivered technological innovations? • Has the project created or strengthened adequate technological processes and structures to meet the needs of both its current and future members? • What are the long-term environmental risks related to the project, and how is MoH addressing them?
Coverage	
5.1 Did the MNCH project reach to the targeted population or communities and provided assistance as per the needs of the population or communities?	<ul style="list-style-type: none"> • Has the project met the needs of these groups? • What proportion of those in need was covered? • What are the factors affecting the project coverage?
5.2 Did the MNCH project assistance considered duplication or gaps in the supported areas by other organizations?	<ul style="list-style-type: none"> • What other interventions are active in the area of MNCH? • How has the project ensured a coordinated coverage with these?
Coherence	
6.1 To what extent were context factors (political stability/ instability, population movements, economic situation etc.)	<ul style="list-style-type: none"> • N/A



Evaluation question (Should be covered)	Sub-questions (if needed, you can integrate or follow up by asking sub questions)
considered in the design and delivery of the intervention?	
6.2 To what extent was the intervention design and delivery overall in line with humanitarian principles and standards?	N/A
Connectedness	
7.1 What have been the linkages between the intervention and any other UNICEF interventions in relief/ recovery/ development?	Are there any coordination with other un agencies/ donors' projects linked to MNCH?
Cross-sectoral questions (HRBAP, gender and Equity)	
8.1 Was the project aligned with UNICEF's equity agenda in addressing the needs of the target groups, ages, genders and differently-abled people?	N/A
8.2 To what extent has UNICEF MNCH interventions reduced gender-based, geographical, disability-based or economic-based inequalities?	<ul style="list-style-type: none"> • N/A



9.4.3. 9.4.3 AFD

Part 1: Introduction

Interview with:	
Interviewee role/position:	
Date and time:	

1.1 The purpose of these interviews

These evaluation questions are prepared to be answered by AFD focal person.

The purpose of these interviews is to gain insights into how MNCH was designed and implemented in Gaza, the operational constraints and opportunities, examples of how the project contributed to more efficient and effective project in strengthen the health system, services and social and behavioural changes, and lessons and insights for how to maximise the project going forward.

1.2 Informed Consent (To be read aloud)

"The overall purpose of this evaluation is to assess the current state of the project against the agreed Result Framework; identifying gaps, issues and areas of deviation from the project; document the good/best practices and lessons learned; and provide strategic recommendations to inform the continuation of the project, as well as the broader MNCH sector. While your participation will have no direct bearing on the provision of actual goods and services, your insights and comments are important for establishing what has worked, what could be different, and, combined with feedback from other respondents, for establishing trends across respondents from across different health facilities and organizations.

We never quote anyone or provide other direct attribution in any report, presentation, or any other materials, without the prior written consent of the person(s) involved. We cannot absolutely guaranty confidentiality as one may draw correlations from the evaluation to different people. We are required to report any abuse or severe neglect.

Your participation is voluntary, and you are welcome to respond or not respond to any question or to end the interview at any time. We accept any decision along these lines; it will have no penalty or loss for you. Your participation or non-participation will have no effect on current or future employment."

We expect the entire interview to take one hour

If you have any questions about the evaluation, please contact Shereen Obaid, UNICEF Evaluation Manager, at sobaid@unicef.org.

Part 2

2.1 Qualitative Evidence

As a primary means for collecting qualitative evidence, the evaluation team will ask standard questions of all respondents. We do this to examine patterns across different groups of respondents rather than being overly biased by the responses of any single respondent.

In practice, the interview will focus on mandatory evaluation questions per evaluation criteria and additional 1-2 sub questions. These will be selected as based on the respondents' roles and responsibilities. Questions may be also tailored for specific respondents. Specific examples will be elicited as often as possible. References to specific evaluation questions are included. As noted in the evaluation matrix, some questions are meant to be exploratory and/or to solicit examples of best/emerging practices or challenges.

Please describe your role and the primary aspects of your work that relate MNCH project.



Evaluation question (to be covered)	Sub-questions (if needed, you can integrate or follow up by asking sub questions)
Relevance	
1.1 How do you see the MNCH project relevant to AFD priorities in health sector?	N/A
1.4 To what extent were the national and local context (security, political, health, social and economic, gender and cultural aspects) taken into account when the project was designed?	To what extent the project shifts caused by crisis or major political changes including the ongoing COVID-19 pandemic?
Efficiency	
2.1 To what extent has the intervention been cost effective? And to what extent are the costs of the intervention justified, given the changes/effects it has achieved?	<ul style="list-style-type: none"> • Are financial resources sufficient and efficiently used to meet the project objectives? • What are the areas where the project can improve its efficiency?
2.2 Was the intervention's process often timely for reporting and monitoring at inter-agency investment and government allocations?	<ul style="list-style-type: none"> • Are there specific management issues that need to be considered in the future? • What factors either enabled or hindered timely delivery and how did it impact the results?
Effectiveness	
3.1 To what extent were the results (outcome, outputs and activities) achieved against the indicators?	What factors have influenced result achievement?
Sustainability	
4.1 To what extent are the benefits and achievements of the project likely to continue after it has ended through MOH?	Does the project have a sustainability strategy or exit plan and how well has that been implemented?
Coverage	
5.1 Did the MNCH project reach to the targeted population or communities and provided assistance as per the needs of the population or communities?	What are the factors affecting the project coverage?
5.2 Did the MNCH project assistance considered duplication or gaps in the supported areas by other organizations?	What other interventions are active in the area of MNCH and funded by other donors?
Coherence	
6.1 To what extent were context factors (political stability/ instability, population movements, economic situation etc.) considered in the design and delivery of the intervention?	N/A
6.2 To what extent was the intervention design and delivery overall in line with humanitarian principles and standards?	N/A
Connectedness	
7.2 To what extent did the intervention link to any transition strategies in the context of development goals?	N/A
Cross-sectoral questions (HRBAP , gender and Equity)	
8.1 Was the project aligned with AFD gender equity in addressing the needs of the target groups, ages, disability?	
8.2 To what extent has MNCH interventions reduced gender-based, geographical, disability-based or economic-based inequalities?	



9.4.4. 9.4.4 Health centres managers

Part 1: Introduction

Interview with:	
Interviewee role/position:	
Date and time:	

1.1 The purpose of these interviews

These evaluation questions will be conducted amongst Health facilities management team specifically: hospital managers, MNU managers and PHC managers.

The purpose of these interviews is to gain insights into how MNCH was designed and implemented in Gaza, the operational constraints and opportunities, examples of how the project contributed to more efficient and effective project in strengthen the health system, services and social and behavioural changes, and lessons and insights for how to maximise the project going forward.

Interview with:	
Interviewee role/position:	
Date and time:	

1.2 Informed Consent (To be read aloud by the evaluator and signed by the interviewee)

The overall purpose of this evaluation is to assess the current state of the project against the agreed Result Framework; identify gaps, issues and areas of deviation from the project; document the good/best practices and lessons learned; and provide strategic recommendations to inform the continuation of the project, as well as the broader MNCH sector. While your participation will have no direct bearing on the provision of actual goods and services, your insights and comments are important for establishing what has worked, what could be different, and, combined with feedback from other respondents, for establishing trends across respondents from across different health facilities and organizations.

We assure you that we will treat all information you share with us with the utmost privacy and confidentiality. Names of participants at KIIs and positions will be taken. However, names will not be linked to anything that participants will share with us during KIIs, and all notes from our conversation will be stored securely on a password-protected computer. No one except for our evaluation team will have access to these files. However, we must make you aware that we are legally obliged to report any case of abuse or exploitation that we hear about throughout this research

“We never quote anyone or provide other direct attribution in any report, presentation, or other materials, without the prior written consent of the person(s) involved. We cannot guarantee confidentiality as one may draw correlations from the evaluation to different people. However, any quotes used in the draft/final report will refer to the answers but not to information that makes the project partners personally identifiable with the participant, which may cause him harm or embarrassment.



We are required to report any abuse or severe neglect.

Your participation is voluntary, and you are welcome to respond or not respond to any question or end the interview at any time. We accept any decision along these lines; it will have no penalty or loss for you. Your participation or non-participation will not affect on current or future employment.

We expect the entire interview to take between one hour to one hour and 30 minutes.

Voice or/and video recording will not be used during KIIs and FGDs, but rather, evaluators will take hand notes or write participants' answers and notes using their laptops.

If you have any questions about the evaluation, please contact Shereen Obaid, UNICEF Evaluation Manager, at sobaid@unicef.org.

Respondent's Questions

Would you like to make any comments, or do you have any questions before we begin?



Part 2: Quantitative and Qualitative questions

2.1 Quantitative questions:

We invite you to answer the following questions on a scale of 1 - 4. The questions are designed to get a “snapshot” of key issues before more detailed discussions. (References to specific evaluation questions are included.) The evaluation expert will ask the question and fill in the answer as mentioned by the respondent.

1--Not at all 2-- Somewhat 3 --Significantly 4—Completely Do not Know (DK)

Evaluation Question	EQ#	Respondent's answer				
		1	2	3	4	DK
Relevance						
To what extent is MNCH project appropriate to the health sector gaps and needs in Gaza?	1.3					
How relevant were MNCH designs, approaches, and interventions in relation to beneficiaries needs?	1.1					
Efficiency						
Were available financial and human resources used efficiently by the project partners?	2.1 and 2.3					
Effectiveness						
To what extent were the planned activities achieved?	3.2					
Sustainability						
4.1 To what extent are the benefits and achievements of the project likely to continue after it has ended through health facilities?	4.1					
4.2 Are the behavioural change approach adapted to be owned and sustained at beneficiaries and community level?	4.2					
Coverage						
Did the MNCH project reach to the targeted population or communities and provided assistance as per the needs of the population or communities	5.1					
Coherence						
To what extent were context factors (political stability/ instability, population movements, economic situation etc.) considered in the design and delivery of the intervention?	6.1					
Connectedness						
What have been the linkages between the intervention and any other projects interventions in relief/ recovery/ development?	7.1					
Cross cutting issues						
To what extent has MNCH interventions reduced gender-based, geographical, disability-based or economic-based inequalities?	8.2					



2.2 Qualitative questions

As a primary means for collecting qualitative evidence, the evaluation team will ask standard questions of all respondents. We do this to examine patterns across different groups of respondents rather than being overly biased by the responses of any single respondent.

In practice, the interview will focus on the mandatory questions per evaluation criteria and additional 2-3 sub-questions. These will be selected as based on the respondents' roles and responsibilities. Questions may be also tailored for specific respondents. Specific examples will be elicited as often as possible. References to specific evaluation questions are included. As noted in the evaluation matrix, some questions are meant to be exploratory and/or to solicit examples of best/emerging practices or challenges.

Please describe your role and the primary aspects of your work that relate MNCH project.

Evaluation question (Should be covered)	Sub-questions (if needed, you can integrate or follow up by asking sub questions)
Relevance	
1.1 Does the MNCH project reach to the target beneficiaries and meet their needs and priorities?	<ul style="list-style-type: none"> • Are your organization consulted during the design phase? How? • Are the beneficiaries needs reflected in the design and implementation?
1.2 Are the activities and outputs of the project consistent with the national and international health polices and guidelines?	<ul style="list-style-type: none"> • What are the national/ international health polices related to MNCH? • Are the project design relevant to MOH Strategy? How?
1.4 To what extent were the national and local context (security, political, health, social and economic, gender and cultural aspects) taken into account when the project was designed?	To what extent the project shifts caused by crisis or major political changes including the ongoing COVID-19 pandemic?
Efficiency	
2.1 To what extent has the intervention been cost effective? And to what extent are the costs of the intervention justified, given the changes/effects it has achieved?	<ul style="list-style-type: none"> • What financial resources have been allocated to your facility from the project? • Are financial resources sufficient and efficiently used to meet the project objectives? • How are financial costs allocated to activities achieved? Are these costs justified? Why? • Would it have been possible to achieve the same activities at a lower cost? • What are the areas where the project can improve its efficiency?
2.2 Was the intervention's process often timely for reporting and monitoring at inter-agency investment and government allocations?	<ul style="list-style-type: none"> • Are there specific management issues that need to be considered in the future? • Did project achieve the expected activities within timeframe? • What factors either enabled or hindered timely delivery and how did it impact the results?
2.3 Were the personnel allocated to MNCH project adequately trained and in adequate number to efficiently reach the goals?	<ul style="list-style-type: none"> • What human resources have been allocated to the project? • What capacity building activities your organization receive through the project? • Are these sufficient and efficiently used to meet the project objectives?
Effectiveness	
3.1 To what extent were the results(outputs and activities) achieved against the indicators?	<ul style="list-style-type: none"> • Have the outputs set in cooperation with your organization been achieved? • What factors have influenced result achievement?
3.2 Are all relevant project stakeholders involved? Is local know-how considered?	<ul style="list-style-type: none"> • What roles have PHC, MNU, hospitals played in each of the project activities? • What are the factors that influence their support to the project?



Evaluation question (Should be covered)	Sub-questions (if needed, you can integrate or follow up by asking sub questions)
3.3 Is the data collection adequate to follow up the project achievements? Are information and material up to date?	<ul style="list-style-type: none"> • Explain more about the MIS, and how it was used by your facility • What is the important of establishing MIS?
Sustainability	
4.1 To what extent are the benefits and achievements of the project likely to continue after it has ended through MOH?	Does the project have an exit strategy plan and how well has that been implemented?
4.2 What behavioural change approach should be adapted to improve community trust and ownership?	<ul style="list-style-type: none"> • Are MOH and health facilities and involved individuals owning the adoption of good MNCH practices? • What factors are conducive to long-term adoption and replication of behavioural change approaches?
4.3 What measures are in place to reach sustainability of MNCH project particularly in following areas: <ul style="list-style-type: none"> • Financial Sustainability • Capacity building and behaviours change • Environmental sustainability • Technological sustainability 	<ul style="list-style-type: none"> • Is the project ensuring that adequate financial capabilities are in place to manage its results after the end of the project? • Has the project created or strengthened hospital, MNU and PHC capacities to manage delivered technological innovations? • and structures to meet the needs of both its current and future members? • What are the long-term environmental risks related to the project, and how is MoH addressing them?
Coverage	
5.1 Did the MNCH project reach to the targeted population or communities and provided assistance as per the needs of the population or communities?	<ul style="list-style-type: none"> • Has the project met the needs of these groups? • What proportion of those in need was covered? • What are the factors affecting the project coverage?
5.2 Did the MNCH project assistance considered duplication or gaps in the supported areas by other organizations?	<ul style="list-style-type: none"> • Do you have other interventions from other donor related to MNCH? • How has the project ensured a coordinated coverage with these?
Coherence	
6.1 To what extent were context factors (political stability/ instability, population movements, economic situation etc.) considered in the design and delivery of the intervention?	Are these factors considered and integrated in project design and implementation?
6.2 To what extent was the intervention design and delivery overall in line with humanitarian principles and standards?	N/A
Connectedness	
7.1 To what extent did the intervention link to any transition strategies in the context of development goals?	Are there any coordination with other un agencies/ donors' projects linked to MNCH?
Cross-sectoral questions (HRBAP, gender and Equity)	
8.1 Was the project aligned with PA national gender equity in addressing the needs of the target groups, ages, disability?	To what extent has the project reached or engaged different groups including the most marginalized?
8.2 To what extent has MNCH interventions reduced gender-based, geographical, disability-based or economic-based inequalities? How	N/A



9.5 FGD guidelines

9.4.5. FGD guidelines for health workers

Part 1: Introduction

1.1 Welcome the participants

1.2 Moderator introduces self and assistant

Hi, my name is [first name]. I am an independent evaluation consultant hired by ICON and I'm here to ask you some questions about the services you provide in this health facility. I am talking to you to help UNICEF, WHO, UNFPA and MOH, to learn about the project intervention and better design for the remaining phases of the project. This evaluation will also help UNICEF, WHO, UNFPA and MOH, design future programmes with your needs in mind. My role as moderator is only to facilitate the discussion. At no time will I participate in the discussion or offer my personal opinion

1.3 Consent for participation

Guidance

- The consent form for participation has been translated into Arabic.
- Before asking any questions, the evaluator will read the consent form aloud.
- Each focus group participant will be asked to sign the consent form; if they do not agree, they can withdraw from the meeting.
- The evaluation expert will collect the signed consent forms and send them to ICON at the end of the evaluation mission.

1.4 Informed Consent (To be read aloud by the evaluator and signed by the FGDs participants)

The overall purpose of this evaluation is to assess the current state of the project against the agreed Result Framework; identify gaps, issues and areas of deviation from the project; document the good/best practices and lessons learned; and provide strategic recommendations to inform the continuation of the project, as well as the broader MNCH sector.

The purpose of this meeting is to get your views as health workers on the activities that you were involved in through the MNCH project and to what extent the project contributed to building your capabilities and thus improving the services provided to women and children. What difficulties or challenges do you face in this health facility?

While your participation will have no direct bearing on the provision of actual goods and services, your insights and comments are important for establishing what has worked, what could be different, and, combined with feedback from other respondents, for establishing trends across respondents from across different health facilities and organizations.

We assure you that we will treat all information that you share with us with the utmost privacy and confidentiality. The names of the focus group participants will not be taken, and none of the information provided by the participants during the focus group will be linked in a



way that may lead to personal identification of the participants. All notes from our conversation will be securely stored on a password-protected computer. No one except for our evaluation team will have access to these files. However, we must make you aware that we are legally obliged to report any case of abuse or exploitation that we hear about over the course of this research

We never quote anyone or provide other direct attribution in any report, presentation, or any other materials, without the prior written consent of the person(s) involved. We cannot absolutely guaranty confidentiality as one may draw correlations from the evaluation to different people. However, any quote used in the draft/final report will refer to the answers, but not to information that makes the project partners personally identifiable with the participant, which may cause him harm or embarrassment.

Your participation is voluntary, and you are welcome to respond or not respond to any question or to end the interview at any time. We accept any decision along these lines; it will have no penalty or loss for you. Your participation or non-participation will have no effect on current or future employment.

The FGD will last about one hour and a half. If at any point you do not feel comfortable to participate or you would like to leave the conversation, that is completely fine. There are no right or wrong answers to any of our questions, we are only interested to hear your views and experiences. Furthermore, nothing you say will ever be published in any way that could identify you as the speaker. By participating in this discussion, you agree to keep anything that is shared by other participants private and confidential. Please do not share the content of today's discussion with people outside this group. Finally, we would like to ask you to be respectful towards each other during the discussion. This includes listening to each other, letting the other person speak and not ridiculing or dismissing someone's experiences or views. The use of mobile phones during the discussion is strongly discouraged except for cases of emergency. During the FGD, I will ask as series of questions. Please respond openly and honestly. We want to hear your different perspectives and opinions.

Voice/ or and video recording will not be used during KIIs and FGDs, but rather, evaluators will take hand notes, or write participants answers and notes using their laptops.

If you have any questions about the evaluation, please contact Shereen Obaid, UNICEF Evaluation Manager, at sobaid@unicef.org.

Respondent's Questions

Would you like to make any comments, or do you have any questions before we begin?

DECLARATION: TO BE GIVEN IN WRITING BY THE RESPONDENT

Agreement respondent: I understand why I am being interviewed, and I agree with participating in the interview:

.....

Signature

Date:

Place:



1.5. The evaluation expert will fill the following table by obtaining information from participants

Name of health facility	
Location	
FGD venue	
Date of FGD	
Time started	
Time ended	
Number of FGD participants	
Number of males	
Number of females	
Years of experience	

Part 2: Guiding questions

1. Please describe your role and the health services you have provided to women, girls, children and men.
2. The number of patients who visit the health facility daily?
3. Do you have a computerized registration system?
4. What are the challenges that women, girls, children and men face in accessing health facilities?
5. What are the challenges you face as a health worker in providing services to women, girls, children and men?
6. How did you find out about the MNCH project?
7. What kind of activities have you been involved in through the MNCH project?
8. Did the health facility receive any construction, renovation, furniture or medical equipment through the project?
8. Has the project identified the needs of the trainees? If yes, then how?
9. Are the trainings you attend relevant to health protocols and standards?
10. Is the training agenda, content and schedule appropriate to respond to training needs?
11. How have you applied the knowledge you gained in your work?
12. To what extent were context factors (political stability/instability, Covid-19, etc.) taken into account when designing and implementing the training?
13. What is the overall impact of the activities and training you are involved in?
16. To what extent are the benefits and achievements of the project likely to continue through your health facility after its completion?



9.4.6. FGD guidelines for engineers and technicians

Part 1: Introduction

1.1 Welcome the participants

1.2 Moderator introduces self and assistant

Hi, my name is [first name]. I am an independent evaluation consultant hired by ICON, and I'm here to ask you some questions about the services you provide in this health facility. I am talking to you to help UNICEF, WHO, UNFPA and MOH learn about the project intervention and better design for the remaining project. This evaluation will also help UNICEF, WHO, UNFPA and MOH design future programmes with your needs in mind. My role as moderator is only to facilitate the discussion. At no time will I participate in the discussion or offer my personal opinion

1.3 Consent for participation

Guidance

- The consent form for participation has been translated into Arabic.
- Before asking any questions, the evaluator will read the consent form aloud.
- Each focus group participant will be asked to sign the consent form, if they do not agree, they can withdraw from the meeting.
- The evaluation expert will collect the signed consent forms and send them to ICON at the end of the evaluation mission

1.4 Consent form

Informed Consent (To be read aloud by the evaluator and signed by the FGDs participants)

The overall purpose of this evaluation is to assess the current state of the project against the agreed Result Framework; identifying gaps, issues and areas of deviation from the project; document the good/best practices and lessons learned; and provide strategic recommendations to inform the continuation of the project, as well as the broader MNCH sector. Also, the purpose of this meeting is to get your views as engineers and technicians on the activities that you involved in through the MNCH project and to what extent the project contributed to building your capabilities and thus improving the services provided to women and children. What difficulties or challenges do you face in your work?

Your participation will have no direct bearing on the provision of actual goods and services, your insights and comments are important for establishing what has worked, what could be different, and, combined with feedback from other respondents, for establishing trends across respondents from across different health facilities and organizations.

We assure you that we will treat all information that you share with us with the utmost privacy and confidentiality. The names of the focus group participants will not be taken, and none of the information provided by the participants during the focus group will be linked in a way that may lead to personal identification of the participants. All notes from our conversation will be securely stored on a password-protected computer. No one except for our evaluation team will have access to these files. However, we must make you aware that



we are legally obliged to report any case of abuse or exploitation that we hear about over the course of this research

We never quote anyone or provide other direct attribution in any report, presentation, or any other materials, without the prior written consent of the person(s) involved. We cannot absolutely guaranty confidentiality as one may draw correlations from the evaluation to different people. However, any quote used in the draft/final report will refer to the answers, but not to information that makes the project partners personally identifiable with the participant, which may cause him harm or embarrassment.

Your participation is voluntary, and you are welcome to respond or not respond to any question or to end the interview at any time. We accept any decision along these lines; it will have no penalty or loss for you. Your participation or non-participation will have no effect on current or future employment.

The FGD will last about one hour and a half. If at any point you do not feel comfortable to participate or you would like to leave the conversation, that is completely fine. There are no right or wrong answers to any of our questions, we are only interested to hear your views and experiences. Furthermore, nothing you say will ever be published in any way that could identify you as the speaker. By participating in this discussion, you agree to keep anything that is shared by other participants private and confidential. Please do not share the content of today's discussion with people outside this group. Finally, we would like to ask you to be respectful towards each other during the discussion. This includes listening to each other, letting the other person speak and not ridiculing or dismissing someone's experiences or views. The use of mobile phones during the discussion is strongly discouraged except for cases of emergency. During the FGD, I will ask as series of questions. Please respond openly and honestly. We want to hear your different perspectives and opinions.

Voice or/and video recording will not be used during KIIs and FGDs, instead, evaluators will take hand notes, or write participants' answers and notes using their laptops. The use of mobile phones during the discussion is strongly discouraged except for emergency cases.

If you have any questions about the evaluation, please contact Shereen Obaid, UNICEF Evaluation Manager, at sobaid@unicef.org.

Respondent's Questions

Would you like to make any comments, or do you have any questions before we begin?

DECLARATION: TO BE GIVEN IN WRITING BY THE RESPONDENT

Agreement respondent: I understand why I am being interviewed, and I agree with participating in the interview:

.....

Signature

Date:

Place:



1.5. The evaluation expert will get information from the participants to fill the following table:

Name of health facility	
Location	
FGD venue	
Date of FGD	
Time started	
Time ended	
Number of FGD participants	
Number of males	
Number of females	
Years of experience	

Part 2: Guiding questions

1. How did you find out about the MNCH project?
2. List the activities (training, construction, rehabilitation, etc.) that you participated in through the MNCH project?
3. Has the project identified the needs of the trainees? If yes, please specify?
4. Are the trainings you attend relevant to engineering standards or health protocols and standards for technicians?
5. Is the training agenda, content and schedule appropriate to respond to training needs?
6. How have you applied the knowledge you gained in your work?
7. To what extent have context factors (political stability/instability, Covid-19, etc.) been taken into account when designing and implementing the training?
8. What is the overall impact of the activities and training you are involved in?
9. To what extent are the benefits and achievements of the project likely to continue through your health facility after its completion?
10. Did you face any challenges related to construction/ rehabilitation activities? If yes, please specify?
11. Any recommendations to improve the implementation of the activities?



9.4.7. FGD guidelines for pregnant and lactating mothers

Part 1: Introduction

1.1 Welcome the participants

1.2 Moderator introduces self and assistant

Hi, my name is [first name]. I am an independent evaluation consultant hired by ICON and I'm here to ask you some questions about the services you provide in this health facility. I am talking to you to help UNICEF, WHO, UNFPA and MOH, to learn about the project intervention and better design for the remaining phases of the project. This evaluation will also help UNICEF, WHO, UNFPA and MOH, design future programmes with your needs in mind. My role as moderator is only to facilitate the discussion. At no time will I participate in the discussion or offer my personal opinion

1.3 Guidance for participation

- The consent form for participation has been translated into Arabic.
- Before asking any questions, the evaluator will read the consent form aloud.
- Each focus group participant will be asked to sign the consent form, if they do not agree, they can withdraw from the meeting.
- The evaluation expert will collect the signed consent forms and send them to ICON at the end of the evaluation mission.

1.4 Informed Consent (To be read aloud by the evaluator and signed by the FGDs participants)

The overall purpose of this evaluation is to assess the current state of the project against the agreed Result Framework; identify gaps, issues and areas of deviation from the project; document the good/best practices and lessons learned; and provide strategic recommendations to inform the continuation of the project, as well as the broader MNCH sector.

The purpose of this FGD is to obtain the perspectives of pregnant and lactating mothers on the relevance and effectiveness of receiving the package of comprehensive quality sexual, reproductive, maternal and childcare services, including Post Natal Home Visiting, Nutrition and ECD, GBV and MHPSS including postpartum depression; UNFPA: Preconception care, FP, ANC, intra partum, Post-natal care facility based, youth friendly health services (WHO: Essential Early new-born Care):

- comprehensive, gender responsive package of quality sexual, reproductive, maternal and childcare services, including pre-natal and postnatal care, nutrition and early childhood development in Gaza targeted MoH facilities (UNICEF: NICUs, Post Natal Home Visiting, Nutrition and ECD, GBV and MHPSS including postpartum depression; UNFPA: Preconception care, FP, ANC, intra partum, post-natal care facility based, youth friendly health services; WHO: Essential Early new-born Care)
- Communication for Development initiatives targeting communities to promote SRMNCH practices including shared responsibilities between men and women (UNICEF: married couples and future parents, ECD positive parenting, Child health,



nutrition, GBV; UNFPA: SRHR (including family planning and GBV) for men, adolescents and youth, religious leaders;

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 FGDs in such a way that they make sense to the respondents.

Your participation will have no direct bearing on the provision of actual goods and services, your insights and comments are important for establishing what has worked, what could be different, and, combined with feedback from other respondents, for establishing trends across respondents from across different health facilities and organizations.

We assure you that we will treat all information that you share with us with the utmost privacy and confidentiality. The names of the focus group participants will not be taken, and none of the information provided by the participants during the focus group will be linked in a way that may lead to personal identification of the participants. All notes from our conversation will be securely stored on a password-protected computer. No one except for our evaluation team will have access to these files. However, we must make you aware that we are legally obliged to report any case of abuse or exploitation that we hear about over the course of this research

We never quote anyone or provide other direct attribution in any report, presentation, or any other materials, without the prior written consent of the person(s) involved. We cannot absolutely guaranty confidentiality as one may draw correlations from the evaluation to different people. However, any quote used in the draft/final report will refer to the answers, but not to information that makes the project partners personally identifiable with the participant, which may cause him harm or embarrassment.

Your participation is voluntary, and you are welcome to respond or not respond to any question or to end the interview at any time. We accept any decision along these lines; it will have no penalty or loss for you. Your participation or non-participation will have no effect on current or future employment.

The FGD will last about one hour and a half. If at any point you do not feel comfortable to participate or you would like to leave the conversation, that is completely fine. There are no right or wrong answers to any of our questions, we are only interested to hear your views and experiences. Furthermore, nothing you say will ever be published in any way that could identify you as the speaker. By participating in this discussion, you agree to keep anything that is shared by other participants private and confidential. Please do not share the content of today's discussion with people outside this group. Finally, we would like to ask you to be respectful towards each other during the discussion. This includes listening to each other, letting the other person speak and not ridiculing or dismissing someone's experiences or views. The use of mobile phones during the discussion is strongly discouraged except for cases of emergency. During the FGD, I will ask as series of questions. Please respond openly and honestly. We want to hear your different perspectives and opinions.

Voice/ or and video recording will not be used during KIIs and FGDs, but rather, evaluators will take hand notes, or write participants answers and notes using their laptops. The use of mobile phones during the discussion is strongly discouraged except for cases of emergency.

If you have any questions about the evaluation, please contact Shereen Obaid, UNICEF Evaluation Manager, at sobaid@unicef.org.



Respondent's Questions

Would you like to make any comments, or do you have any questions before we begin?

DECLARATION: TO BE GIVEN IN WRITING BY THE RESPONDENT

Agreement respondent: I understand why I am being interviewed, and I agree with participating in the interview:

.....

Signature

Date:

Place:



1.5 The evaluation expert will get information from the participants to fill the following table:

Name of health facility	
Location	
FGD venue	
Date of FGD	
Time started	
Time ended	
Number of FGD participants	
Number of females	
Employed/ unemployed	

Part 2: Guiding questions:

Please facilitate the discussion using the guiding questions listed in the table below.

Area of inquiry	Link to questions in evaluation framework	Guiding Questions
Relevance for women and their families	<p>1.1 Does the MNCH project reach to the target groups and meet their needs and priorities (including government, executing agencies, partner organizations, including other UN agencies, NGOs and beneficiaries)?</p> <p>To what extent were the national and local context (knowledge, beliefs, gender and cultural differences) taken into account when the project was designed?</p>	<ul style="list-style-type: none"> • What were the needs of the project target beneficiaries? Probe more on those needs and how the project addressed them? • Were the beneficiaries consulted during the design phase? How? • When was the first time you benefited from / received package of sexual, reproductive, maternal and childcare services, including pre-natal and postnatal care, nutrition and early childhood development (e.g. home visits following delivery)? • How often did you receive those services? Would you have been able to go to the clinic instead of haven gotten outreach services / or home visits? How useful where the outreach services /home visits for you? Why (not)? • Which type of women in Gaza are most in need of package of sexual, reproductive, maternal and childcare services? (please probe around different services provided through the package of sexual, reproductive, maternal and childcare services, including pre-natal and postnatal care, nutrition and early childhood development)



Area of inquiry	Link to questions in evaluation framework	Guiding Questions
Coverage	Did the MNCH project reach to the targeted population or communities and provided assistance as per the needs of the population or communities?	<ul style="list-style-type: none"> Has the project met the needs of targeted groups?
Effectiveness	To what extent were the results(outcomes) achieved / are likely to be achieved against the objectives and indicators?	<ul style="list-style-type: none"> Have the package of sexual, reproductive, maternal and childcare services, including pre-natal and postnatal care, nutrition and early childhood development helped to keep your baby and yourself healthy? How? (probe for breastfeeding; immunization; reduction of harmful traditional practices) Did the package of sexual, reproductive, maternal and childcare services, including pre-natal and postnatal care, nutrition and early childhood development help you with anything else? Were there any problems? (unintended effects)
Cross-sectoral questions (HRBAP and Equity)	To what extent has UNICEF MNCH interventions reduced gender-based, geographical, disability-based or economic-based inequalities?	<ul style="list-style-type: none"> From your point of view, What inequalities does the project target? Where there gender based cultural inequalities in intra-household food distribution that may put women and girls at higher risk of malnutrition? In what way do you think these inequalities reduced in the context of the project?
Recommendations and Thoughts		<ul style="list-style-type: none"> What would you like to recommend in terms of package of sexual, reproductive, maternal and childcare services, including pre-natal and postnatal care, nutrition and early childhood development? Why?



9.4.8. FGD guidelines for community members

Part 1: Introduction

1.1 Welcome the participants

1.2 Moderator introduces self and assistant

Hi, my name is [first name]. I am an independent evaluation consultant hired by ICON and I'm here to ask you some questions about the services you provide in this health facility. I am talking to you to help UNICEF, WHO, UNFPA and MOH, to learn about the project intervention and better design for the remaining phases of the project. This evaluation will also help UNICEF, WHO, UNFPA and MOH, design future programmes with your needs in mind. My role as moderator is only to facilitate the discussion. At no time will I participate in the discussion or offer my personal opinion

1.3 Consent for participation

Guidance

- The consent form for participation has been translated into Arabic.
- Before asking any questions, the evaluator will read the consent form aloud.
- Each focus group participant will be asked to sign the consent form, if they do not agree, they can withdraw from the meeting.
- The evaluation expert will collect the signed consent forms and send them to ICON at the end of the evaluation mission.

1.4 Consent form

Informed Consent (To be read aloud by the evaluator and signed by the FGDs participants)

The overall purpose of this evaluation is to assess the current state of the project against the agreed Result Framework; identify gaps, issues and areas of deviation from the project; document the good/best practices and lessons learned; and provide strategic recommendations to inform the continuation of the project, as well as the broader MNCH sector.

The purpose of this FGD is to get your views as community members on the activities that you involved in through the MNCH project and to what extent the project contributed to building your capabilities and thus improving the health services provided to women, girls, children and men.

Your participation will have no direct bearing on the provision of actual goods and services, your insights and comments are important for establishing what has worked, what could be different, and, combined with feedback from other respondents, for establishing trends across respondents from across different health facilities and organizations.

We assure you that we will treat all information that you share with us with the utmost privacy and confidentiality. The names of the focus group participants will not be taken, and none of the information provided by the participants during the focus group will be linked in a way that may lead to personal identification of the participants. All notes from our



conversation will be securely stored on a password-protected computer. No one except for our evaluation team will have access to these files. However, we must make you aware that we are legally obliged to report any case of abuse or exploitation that we hear about over the course of this research

We never quote anyone or provide other direct attribution in any report, presentation, or any other materials, without the prior written consent of the person(s) involved. We cannot absolutely guaranty confidentiality as one may draw correlations from the evaluation to different people. However, any quote used in the draft/final report will refer to the answers, but not to information that makes the project partners personally identifiable with the participant, which may cause him harm or embarrassment.

Your participation is voluntary, and you are welcome to respond or not respond to any question or to end the interview at any time. We accept any decision along these lines; it will have no penalty or loss for you. Your participation or non-participation will have no effect on current or future employment.

The FGD will last about one hour and a half. If at any point you do not feel comfortable to participate or you would like to leave the conversation, that is completely fine. There are no right or wrong answers to any of our questions, we are only interested to hear your views and experiences. Furthermore, nothing you say will ever be published in any way that could identify you as the speaker. By participating in this discussion, you agree to keep anything that is shared by other participants private and confidential. Please do not share the content of today's discussion with people outside this group. Finally, we would like to ask you to be respectful towards each other during the discussion. This includes listening to each other, letting the other person speak and not ridiculing or dismissing someone's experiences or views. The use of mobile phones during the discussion is strongly discouraged except for cases of emergency. During the FGD, I will ask as series of questions. Please respond openly and honestly. We want to hear your different perspectives and opinions.

Voice/ or and video recording will not be used during KIIs and FGDs, but rather, evaluators will take hand notes, or write participants answers and notes using their laptops. The use of mobile phones during the discussion is strongly discouraged except for cases of emergency.

If you have any questions about the evaluation, please contact Shereen Obaid, UNICEF Evaluation Manager, at sobaid@unicef.org.

Respondent's Questions

Would you like to make any comments, or do you have any questions before we begin?

DECLARATION: TO BE GIVEN IN WRITING BY THE RESPONDENT

Agreement respondent: I understand why I am being interviewed, and I agree with participating in the interview:

.....

Signature

Date:

Place:



1.5 The evaluation expert will fill the following table by obtaining information from participants

Name of health facility	
Location	
FGD venue	
Date of FGD	
Time started	
Time ended	
Number of FGD participants	
Number of females	
Employed/ unemployed	

Part 2: Guiding questions:

Please facilitate the discussion using the guiding questions listed in the table below.

Area of inquiry	Link to questions in evaluation framework	Guiding Questions
Relevance	Does the MNCH project reach to the target groups and meet their needs and priorities (including government, executing agencies, partner organizations, including other UN agencies, NGOs and beneficiaries)?	<ul style="list-style-type: none"> • What are the services available in your community for health care for children / women of reproductive age? • Who was with your wife when she visits the clinic for antenatal care, delivery, post-natal care ? • Were you yourself present during the visit? Why (not)? Would you like to have been more involved? Why? Probe on shared responsibilities between men and women, ECD positive parenting, Child health, nutrition. • What are the cultural attitudes and response in relation to GBV? Probe on acceptance of GBV and its associated climate of impunity and potential limited access to services for GBV survivors in conflict-affected regions.
Behavioural sustainability	What behavioural change approach should be adapted to improve community trust and ownership?	<ul style="list-style-type: none"> • Are Families and communities become more aware of the needs of young children and mothers on health, nutrition, WASH and development? are they become more engaged in demanding relevant services? • Are communities and involved individuals owning the adoption of good MNCH practices? what are they? probing on how they started to adopt good MNCH practices? • What factors are conducive to long-term adoption and replication of behavioural change approaches? probe: are there still some social barriers and gabs? what are they? please explain. • What is still missing? further suggestions and recommendations?



Area of inquiry	Link to questions in evaluation framework	Guiding Questions
Sustainability of C4D initiatives (Gained knowledge and practices)	<p>What behavioural change approach should be adapted to improve community trust and ownership?</p> <p>What measures are in place to reach sustainability of MNCH project?</p>	<ul style="list-style-type: none"> • What do you know about the C4D initiatives? Are communities and involved individuals owning the adoption of good MNCH practices? • What factors are conducive to long-term adoption and replication of behavioural change approaches? • What are things you learned from the home visiting services that you did not know or do before? (probe about hygiene; family planning; birth spacing; physical exercise; breastfeeding (including the demonstration of breastfeeding; and tips and tricks around that); responsible parenting; and nutrition). (Probe if these things were really new, or whether they already learned this during antenatal care) • Have you been able to change something following the gained knowledge and practices ? (probe about hygiene practices; family planning (what contraceptive do you currently use or intend to use; perspective on spacing); physical exercise; breastfeeding (exclusively until when? obstacles to breastfeeding); responsible parenting; nutrition). Why where you (not) able to change • Has the project created or strengthened adequate processes and structures to meet the needs of both its current and future members?



9.5 Observation checklist

OBSERVATION CHECKLIST

(Combined data collection tool for the Evaluators' direct observations of the project related interventions/improved object and short discussion of it with the representative of the health facility). The evaluation experts will utilize this tool in one hospital and one PHC.

Commented [NS7]: I deleted the questions that lead to long discussions, since this is not an interview tool

Commented [MG8R7]: Agreed

1. General information

Date:	
Location:	
Name of Observer(evaluation expert):	
Object of observation:	
Name of health facility	
Implementing project partner:	UNICEF _____, WHO _____; UNFPA _____ Other partner _____ specify: _____
Position of representative of the stakeholder:	
Photos of the object/ongoing activities:	Yes _____ No _____

2. What kind of project activity is being observed:

		Please describe/specify the details of the works being observed:
a) Reconstruction/refurbishment		
b) Equipment	Supply: Yes ___ No ___ Installation: Yes ___ No ___ Training of its use: Yes ___ No ___ Other: _____	
c) Medical Supplies:	Medicines Yes ___ No ___ Consumables Yes ___ No ___	
c) Monitoring system for logistics of stocks of medicines and medical supplies		
d) Electronic stock management system		
d) 24-hour hotline services on SRMCNH in case of emergencies and the Rapid Pro Platform	Health workers Yes ___ No ___ Caregivers Yes ___ No ___ Others Yes ___ No ___	



f) Visibility of the project (Project partners' names, logos)		
g) C4D educational materials or media productions		
h) Other project activity		

3. Have the works been already completed?

Yes ____ (→2.2.1.) No ____ (→2.2.2)

Note: The next part requires short discussion with the representative of the stakeholder.

4 The works have been completed:

State the period of works:	Started at (month/year) _____										
	Completed at(month/year) _____										
Were there any delays in implementation of the works? Why?	Yes____ No____ How long? _____ What were the reasons of delay? _____										
How would you assess the quality of works?	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Very poor</td> <td>Poor</td> <td>moderate</td> <td>good</td> <td>excellent</td> </tr> </table>	1	2	3	4	5	Very poor	Poor	moderate	good	excellent
1	2	3	4	5							
Very poor	Poor	moderate	good	excellent							
What would you do differently?											

5.The works have not been yet completed:

What is the expected date of completion?	
Are there any delays in implementation of the works?	Yes____ No____ How long? _____ What are the reasons of delay? _____
What would you do differently?	

9.6 Quality assurance framework for evaluation report

As mentioned above, in addition to UNICEF's quality assurance guidelines, the backstopping team will adopt a quality assurance framework based on eight criteria. The table below illustrates the framework in detail.

Quality assessment criteria	Assessment Levels – Does the report comply with the criteria? (Completely / Largely / Partially / Not)
<p>1. Structure and Clarity of Reporting To ensure report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards. Checklist of minimum content and sequence required for structure.</p>	<p>Insert <u>assessment level</u> followed by main <u>comments</u>.</p>
<p>2. Completeness and brevity of the executive summary To provide an overview of the study, written as a stand-alone section and presenting main results of the deliverable.</p> <p>3. Justification of the design and of the methodological approach To provide a clear explanation of the following elements/tools Minimum content and sequence:</p> <ul style="list-style-type: none"> • Explanation of background; • Techniques and tools for data collection provided in a detailed manner; • Analysis methods used; • Details of participatory stakeholders' consultation process are provided. 	
<p>4. Reliability of data To clarify data collection processes and data quality</p> <ul style="list-style-type: none"> • Sources of qualitative and quantitative data have been identified; • Credibility of primary (e.g., interviews and focus groups) and secondary (e.g., reports) data established and limitations made explicit; <p>5. Soundness of the analysis and credibility of the findings To ensure sound analysis and credible findings Findings</p> <ul style="list-style-type: none"> • Findings stem from rigorous data analysis; • Findings are substantiated by evidence; 	



Quality assessment criteria	Assessment Levels – Does the report comply with the criteria? (Completely / Largely / Partially / Not)
<ul style="list-style-type: none"> • Findings are presented in a clear manner <p>Analysis</p> <ul style="list-style-type: none"> • Interpretations are based on carefully described assumptions; • Contextual factors are identified. • Cause and effect links between a recommendation and its expected results (including unintended results) are explained. 	
<p>6. Validity of the conclusions</p> <p>To assess the validity of conclusions</p> <ul style="list-style-type: none"> • Conclusions are based on credible findings; • Conclusions must convey the authors' unbiased scientific judgment. 	
<p>7. Usefulness of the recommendations</p> <p>To assess the usefulness and clarity of recommendations</p> <ul style="list-style-type: none"> • Recommendations flow logically from conclusions; • Recommendations must be strategic, targeted and operationally-feasible; • Recommendations must take into account stakeholders' consultations whilst remaining impartial; • Recommendations should be presented in priority order 	
<p>8. Meeting Needs</p> <p>To ensure that deliverables responds to requirements stated in the ToR.</p>	

9.7 Proposed structure of the evaluation report

0. INTRODUCTION (Abstract & Acknowledgement, Table of Content, Acronyms, Executive Summary)
1. BACKGROUND
 - 1.1. Object of the evaluation
 - 1.2. Context of intervention
 - 1.3. Theory of change and result chain
2. EVALUATION PURPOSE, OBJECTIVES AND SCOPE
3. EVALUATION METHODOLOGY
 - 3.1. Evaluation framework
 - 3.2. Ethical issues and considerations
 - 3.3. Applied methods
 - 3.4. Challenges and limitations
4. FINDINGS
 - 4.1. Relevance
 - 4.2. Efficiency
 - 4.3. Effectiveness
 - 4.4. Sustainability
 - 4.5. Coverage
 - 4.6. Coherence
 - 4.7. Connectedness
 - 4.8. Cross-sectoral questions (HRBAP, gender and Equity)
5. CONCLUSIONS & LESSONS LEARNED
 - 5.1. Relevance
 - 5.2. Efficiency
 - 5.3. Effectiveness
 - 5.4. Sustainability
 - 5.5. Coverage
 - 5.6. Coherence
 - 5.7. Connectedness
 - 5.8. Cross-sectoral questions (HRBAP, gender and Equity)
6. RECOMMENDATIONS
7. Annexes



9.8 Bibliography

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