

IMPROVING COMMUNITY-BASED PSYCHOSOCIAL PROTECTION SERVICES FOR CHILDREN AND ADOLESCENTS IN EAST JERUSALEM



FINAL PROJECT EVALUATION REPORT

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Improving Community-based Psychosocial Protection Services for Children and Adolescents in East Jerusalem State of Palestine, 2015

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This evaluation report was made possible through valuable contribution of various groups and individuals, which facilitated its finalisation:

- Members of the steering committee consisting of the five representatives from the stakeholder organizations, namely: MA'AN Development Centre; the Palestinian Counselling Centre; the Young Men's Christian Association (YMCA); Palestinian Red Crescent Society, and the Centre for Continuing Education at Birzeit University.
- The project beneficiaries (children, adolescents and caregivers), community-based organization (CBO) staff and volunteers, the project steering community and organization members who participated in the interviews, meetings, and focus group discussions conducted as part of the evaluation.
- UNICEF, which provided financial and technical assistance facilitating the evaluation. The report was completed by an independent consultant, whose details are available from UNICEF.

This evaluation aimed at assessing the interventions that aimed at promoting a protective environment for children and adolescents living in East Jerusalem by strengthening community-based protection services, including psychosocial support. The main objective of this evaluation is to assess the extent to which the planned results were achieved; to review the relevance, effectiveness, efficiency, impact, coverage and sustainability of the interventions; and deduce lesson learned and best practices.

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ACRONYMS

CBO	Community-based organization
CCE	Centre for Continuing Education at Birzeit University
EU	European Union
FBO	Faith-based organization
FGD	Focus group discussion
MDC	MA'AN Development Centre
MSDP	Strategic Multi-Sector Development Plan for East Jerusalem
NGO	Non-governmental organization
PA	Palestinian Authority
PCC	Palestinian Counselling Centre
PHS	Psychosocial health survey
PRCS	Palestine Red Crescent Society
PSS	Psychosocial support
PSU	Primary sampling unit
SoP	State of Palestine
UN	United Nations
UNICEF	United Nations Children's Fund
YMCA	Young Men's Christian Association

EXECUTIVE SUMMARY

Background and Purpose

The protracted conflict and occupation in East Jerusalem impacts the wellbeing and protection of children who, as a result, routinely face night raids, arrests, detention, ill-treatment, harassment at checkpoints, attacks by settlers, unrest and violence. A need to protect children from harm was identified, and to provide psychosocial support through educational and recreational activities that will assist children in developing to their full capacities.

European Union funding in the amount of 1.5 million Euros supported a three year (January 2012 – December 2014) project to improve community-based psychosocial and protection services for children and adolescents in East Jerusalem. The project aimed to promote a protective environment for children and adolescents living in East Jerusalem by strengthening community-based protection services, including psychosocial support. Specifically the project aimed to:

- Strengthen the capacity of psychosocial workers and counsellors, community-based organization (CBO) staff and volunteers, caregivers, community members, and teachers to provide improved psychosocial, educational, recreational activities and referral services to affected girls and boys in East Jerusalem;
- Facilitate access for girls and boys in vulnerable neighbourhoods in East Jerusalem to regular psychosocial, educational and recreational activities and opportunities for constructive engagement in their communities through CBOs providing services to develop and protect children; and
- Map community-level child protection services in East Jerusalem to support improved referral systems and the development of integrated service provision.

Support for four implementing partner non-governmental organizations (NGOs) – the Palestinian Red Crescent Society, Palestinian Counselling Centre, Young Men’s Christian Association, and MA’AN Development Centre – and the Centre for Continuing Education at Birzeit University targeted 12 CBOs and five youth centres. The project supported 100 psychosocial professionals, and 300 CBO staff and volunteers, thereby targeting 18,900 beneficiaries.

Purpose of the Evaluation

The evaluation was conducted in order to:

- Ascertain the extent to which the planned results of the “Improving community-based psychosocial and protection services provided for children and adolescents project” were achieved;
- Examine the relevance, effectiveness, efficiency, impact, coverage, sustainability, and gender sensitivity of the project.
- Provide lessons learned, highlight good practices, and make recommendations for improving the protection of children, including adolescents in East Jerusalem in conformity with a human rights-based approach and with a specific focus on gender and equity.

Methodology

The evaluation used a mixed-method approach combining quantitative and qualitative methodologies. A desk review assessed project implementation and cost efficiency.

The quantitative analysis included 256 adolescents in an impact survey of the psychological health of adolescents using an assessment instrument developed by the Palestinian Central Bureau of Statistics. The qualitative analysis was comprised of 13 focus group discussions (FGDs) with randomly recruited participants from the various partner organizations. A convenience sampling procedure was employed to select focus group participants including adolescent beneficiaries and adolescent non-beneficiaries from a control group. The FGDs each consisted of 6-10 participants and were held for approximately 90 minutes. Discussion guides were developed.

Findings

In summary, the intervention had a positive impact on the strength of the protective environment for vulnerable and affected children in East Jerusalem.

Project Relevance:

The intervention design was relevant and appropriate, ensuring that the most vulnerable children, adolescents, their families and communities could utilise the psychosocial and protection services. The activities increased awareness about psychosocial wellbeing and child protection. Participants reflected that it taught them to learn more effective ways to deal with their emotions, and to resolve conflict, "If I had these workshops before...I wouldn't have gone through what I have gone through, I would have been better at protecting myself".

- ✓ The targeted beneficiaries were those identified as most in need, as the intervention group had higher percentages of reported family member arrests and demolition of homes by Israeli Security Forces than did non-beneficiaries on average, 47.5% and 6.7% respectively. This confirmed that the targeted beneficiaries were those most in need.
- ⊗ The project did not adequately address the individual psychosocial problems of beneficiaries. While the goals of the project provided general psychosocial support, there was limited opportunity for individualized follow-up in specific cases, as there was more focus on reaching targets, "*[W]e had to find 10-15 children for an activity but weren't concerned with working with the same children in other activities*".

Project Coverage:

- ✓ The project intervention almost doubled the planned target of beneficiaries of 18,900, reaching 36,793 reported beneficiaries (57% female).
 - 4,812 (60% female) children and adolescents benefited from group counselling;
 - 24,705 (55% female) children and adolescents benefited from remedial education and recreational activities;
 - 66 (31% female) were referred for specialist services;
 - 4,471 (63% female) caregivers participated in sensitization sessions, workshops and recreation activities, and
 - 2,737 (57% female) CBO staff and volunteers participated in psychosocial training

Project Sustainability:

- ⊗ Concerns were raised about the sustainability of interventions and support to affected children and caregivers in the face of the protracted conflict and occupation. The intervention is labour-intensive and follow-up and case management support is required.
- ⊗ The interventions targeted children and caregivers separately, thereby missing opportunities for longer-term sustainability. Caregivers can be parents or teachers in order to maintain impact and keep the program sustainable for longer periods.

Effectiveness:

- ✓ The capacity of psychosocial workers, counsellors, CBO staff and volunteers was improved to provide psychosocial support (PSS), educational and recreational support.
- ✓ A large number of children (double the target) benefited from the services. Challenges included the diffuse impact of a large-scale focus on high numbers of beneficiaries, thus resulting in lost opportunities to follow up on individual educational plans.
- ✓ The diverse range of psychosocial and child protection service providers in East Jerusalem was mapped by the UNICEF psychosocial project and a child protection service provider directory was developed and disseminated.

Project Efficiency:

- ✓ The intervention reached a high number of beneficiaries over the three years of implementation at average unit costs per beneficiary of USD 19.03.
- ⊗ Efficiency gains were affected by the dynamics between the CBO and NGO coordinators, and the high turnover of counsellors and CBO staff. Regular training took time and resources affecting the counsellor base for the project. CBO staff delivered their activities based on plans received from NGO coordinators, and this was affected by the turnover. CBOs felt that NGOs were not well organized and did not coordinate properly with them.

Project Impact:

- ✓ The activities had a positive impact on beneficiaries, particularly in helping participants improve their communication skills and moderate their behaviour and how their actions affect others. Participants learned to better express and communicate their feelings, *“My daughter used to draw, and I got angry at her. I didn’t know that she was expressing what was inside her through drawings. Now I understand and encourage her to practice her talent”*.
- ✓ Evidence-based measures of the project’s impact on psychosocial wellbeing and protection of children found impacts in the social domains of wellbeing but not on the psychological domains of wellbeing. Compared to non-beneficiaries, adolescent beneficiaries reporting lower levels of negative family relations (50.8%; n=62), higher levels of neighbourhood relations (62.1%; n=74) and lower levels of human insecurity (50.4%; n=61). The adolescent beneficiaries reported higher levels of positive family relations (44.6%; n=55) compared to the control group (41.4%; n=55).

Recommendations

For UNICEF and NGO partners:

1. In future projects, include the CBOs in the design and assessment of their needs with respect to psychosocial interventions. Involving the implementing partners (particularly CBOs) design of the interventions may enhance their sense of ownership of the program, a crucial element in the success of any intervention. CBO staff should be further involved in the follow up meetings and play an important role in developing the knowledge, skills and attitudes needed for the program. Selection of CBOs and Counsellors should be participatory and consultative to ensure the recruitment of implementing partners that are more committed to sustain a sense of stability in their workers.
2. Ensure coordinators from both the NGOs and CBOs are trained to create a sense of ownership of the project.
3. Ensure that in future projects, groups of participants benefit through a more holistic approach to sustain the impact on children's life and environment. The services to children and their parents and teachers should be connected, and less focus put on a high number of children and caregivers to be reached without connecting the two groups. Children and caregivers should be involved in similar activities, so that caregivers (parents or teachers) can contribute to the impact of the project.
4. Ensure focus on the practical application of the skills acquired through the intervention and move from an educational level to practical activities. This might increase the chances of the skills learned being embraced fully.
5. Mitigate high staff turnover by offering better incentives to counsellors and CBO staff involved in the project. Competitive salaries of the service providers are important given the high attrition rate of social service workers in East Jerusalem.
6. Share responsibility and create a sense of ownership with the CBOs as they would invest in sustaining the project's activities, and in return improve the psychosocial services to the population addressed in the project.
7. Ensure more flexibility in program design. The programs should be designed to adapt to dynamic practical framework and include less structured interventions and activities taking into consideration both micro and macro systems of program participants. The individuality of the participants and/or the macro environment, particularly the family environment should be factored into design of the interventions making room for individualized interventions as needed
8. Incorporate an out-reach program beyond schools and recreational settings. An out-reach program that goes beyond the community clubs and schools as the main location of activities. This will ensure that more needy and vulnerable children and adolescents could be reached in their homes. Such an out-reach program should

take into consideration the cultural and political context. Some families may not allow women to utilise recreational clubs due to culture while other families may refuse children to utilise recreational clubs based on political reasons. An out-reach program could reach the majority at home that cannot access clubs and/or schools.

For UNICEF:

9. Match NGO partners with their established service areas. Psychosocial projects include a wide spectrum of interventions, thus the effective matching of NGO partners to a specific project area or intervention that they have the capacity to deliver or implement is a crucial element of success of the overall project. NGO's without a working relationship with their implementing CBO experience a multitude of challenges in implementation that affected the effectiveness, efficiency, impact and sustainability of the project.

1. Background

The psychosocial wellbeing and protection of both boys and girls, including adolescents, in East Jerusalem are affected by the political, economic and social context, and the impact of the protracted occupation and conflict, including killings and injuries, military operations, night raids, arrests, detention, ill-treatment in detention, harassment at checkpoints, attacks by settlers and violence permeating homes and communities. While boys are more vulnerable to arrest and detention, girls are more affected by restricted mobility. Both girls and boys are in need of protection from harm and psychosocial support, including educational and recreational activities that help to ensure the full development of their capacities and future potential.

In East Jerusalem, home demolitions and forced evictions are frequent and commonplace. Communities are also challenged by a lack of adequate and affordable housing, and services. According to recent UN reports, an estimated 33 per cent of Palestinian homes in East Jerusalem have no Israeli building permits, leaving at least 93,100 residents at risk of demolition.

The UNICEF-SOP psychosocial project was a three-year action to improve the quality and reach of psychosocial and child protection services in East Jerusalem. It was designed to respond to the various issues highlighted above by enhancing the resources and capacity of existing CBOs in order to create spaces within the community, where children, including adolescents, can seek support and feel comfortable expressing themselves. The focus was primarily on linking the community with diverse stakeholders providing first-level emergency response in cases involving home demolition, evacuations and confiscation of property, as well as providing second-level response and services through the provision of psychosocial, psycho-educational, recreational and community activities. Children, both girls and boys, who require additional support are provided with counselling in small groups or on a one-on-one basis, when needed. The project was a partnership between UNICEF, a university institute, four NGOs and 17 CBOs, including five youth centres. The NGOs were the Palestine Red Crescent Society (PRCS), Palestinian Counselling Centre (PCC), Young Men's Christian Association (YMCA), and MA'AN Development Centre. The university institute was the Centre for Continuing Education at Birzeit University (CCE). Representatives of these agencies along with UNICEF comprised the Project Steering Committee. The duration of the project was three years from January 2012 to December 2014. The total budget was 1.5 million Euros.

The overall goal of the project was to promote a protective environment for children and adolescents living in East Jerusalem through the strengthening of community-based protection services including psychosocial support. The goal reflects the three main elements of the "Strategic Multi-Sector Development Plan (MSDP) for East Jerusalem", prepared by the Palestinian Authority (PA) President's Office in November 2010.

The objectives of the project included:

- Strengthening the capacity of psychosocial workers and counsellors, CBO staff and volunteers, caregivers, community members and teachers to provide improved psychosocial, educational, recreational activities and referral services to affected girls and boys in East Jerusalem;

- Facilitating access for girls and boys in vulnerable neighbourhoods in East Jerusalem to regular psychosocial, educational and recreational activities and opportunities for constructive engagement in their communities through CBOs providing services to develop and protect children; and
- Mapping community-level child protection services in East Jerusalem to support improved referral systems and the development of integrated service provision.

To accomplish the aforementioned results, the project targeted 12 local CBOs including women’s organizations, community committees, and five youth centres in East Jerusalem; 100 female and male psychosocial professionals; and 300 CBO staff and volunteers (both female and male).

The beneficiaries included:

- 15,000 children, including adolescents (at least 50% girls)
- 3,000 caregivers (female and male)
- 900 community members (female and male).

All of the above beneficiaries were in East Jerusalem.

Main elements of the Strategic Multi-Sector Development Plan (MSDP) for East Jerusalem include that:

1. Strategies are interrelated and complement each other,
2. Organizations interested and working in the clustered sectors are similar and/or already work closely with each other, and
3. Programs and activities can be jointly implemented and synergies created.

2. Evaluation purpose, scope and methodology

This evaluation is a summative assessment of the project. It covers the three years during which the interventions were implemented, from January 2012-December 2014 within the geographic area of East Jerusalem. The evaluation assessed the various components of the project to determine achievements and constraints related to the relevance, effectiveness, efficiency, impact, sustainability, coverage, and gender sensitivity of the interventions.

Purpose and scope

The purpose of this evaluation was to ascertain the extent to which the planned results of the “Improving community-based psychosocial and protection services provided for children and adolescents project” (hereafter referred to as the UNICEF-SoP psychosocial project) were achieved, as well as examine the relevance, effectiveness, efficiency, impact, coverage, sustainability, and gender sensitivity of the project. The evaluation also aims to provide lessons learned, highlight good practices, and make recommendations for improving the protection of children, including adolescents, in East Jerusalem in conformity with a human rights-based approach and with a specific focus on gender and equity. The geographical coverage of the evaluation was East Jerusalem and temporal scope, January 2012-December 2014.

Evaluation criteria and questions

The evaluation questions are set out in detail in Annex A. In summary, the evaluation assessed results, achievements and constraints related to the following main questions:

1. How relevant was the project?
2. How effective was the project?
3. How efficient was the project?
4. What was the impact of the project?
5. To what degree has sustainability been achieved by the project?
6. What was the coverage?

Evaluation framework

The evaluation methodology including the main evaluation question, indicator(s), data collection method(s), data source, sampling and limitations are summarized in an evaluation planning matrix shown in Annex C.

Evaluation design and overall approach

The evaluation employed a mixed-method approach, utilizing both quantitative and qualitative methodologies of data collection and analysis. These included an impact survey of the psychosocial wellbeing of adolescents and FDGs with beneficiaries (children, adolescents and caregivers) and NGO and CBO staff and volunteers. A desk review also assessed the implementation of the project including a review and analysis of annual work plans, annual reports, Programme Cooperation Agreements documentation and other relevant documents to assess the cost efficiency of the project.

The impact survey employed a *comparison group post-test-only descriptive design* that involved the inclusion of a comparison group of adolescents from secondary schools in East Jerusalem that did not benefit from the intervention. In the absence of baseline information, a comparison group controlled for internal validity related to history, testing, instrumentation and statistical regression was included¹. Those adolescents that benefitted from the project were categorized as the intervention group.

Data collection and sampling. The impact survey of the psychosocial wellbeing of adolescent participants utilized the psychosocial assessment instrument for Palestinian adolescents developed by the Palestinian Central Bureau of Statistics (PCBS). In addition to assessing *family security, safety and life satisfaction*, this instrument also consists of 10 scales that assess *human distress, human insecurity, wellbeing, positive family relations, negative family relations, aggressive behaviour, positive neighbourhood relations, positive feelings, negative feelings and positive school relations*. The scales in this instrument showed very good reliability/internal consistency in a national validation and pilot study with

¹ Gabor, P., Unrau, Y. A., & Grinnell, Jr. (1994). *Evaluation for social workers: A quality improvement approach for the social sciences* (2nd. Ed). Needham Heights, MA: Allyn & Bacon.

Palestinian adolescents (UNICEF, 2013)². In the current evaluation only the *human distress, human insecurity, wellbeing, aggressive behaviour, positive neighbourhood relations and negative family relations* showed acceptable internal consistencies among the sample of adolescents (Cronbach's alpha of 0.84, 0.82, 0.83, 0.72, 0.62, 0.62 respectively.),

A stratified sampling procedure was used to select 122 participants into the intervention group, which included randomly selected adolescents (aged 12 and above) that benefitted from the interventions from each of the four implementing partners, namely MAAN, YMCA, Palestinian Counselling Centre, and the Palestinian Red Crescent Society. First, a list of contactable adolescent beneficiaries was generated and this was used to randomly select and recruit adolescent beneficiaries to participate in the survey.

The sample of 134 comparison group participants (adolescent non-beneficiaries) was selected using a non-probability convenience sample procedure, by conveniently recruiting adolescents from high schools in various communities in East Jerusalem (these did not receive services from the four implementing partners and were available to participate in the survey). The survey was administered to both the intervention and comparison groups of adolescents.

A total of 256 adolescents participated in the impact survey including intervention and comparison groups. The survey questionnaires were self-administered by the participants. As shown in Table 1, the majority of the adolescent participants were female, aged 13-17 years and residing in the Al Thawri area of East Jerusalem.

TABLE 1: Sample Characteristics (Socio-demographic background)				
Variable	Intervention group N = 122		Comparison group (N = 134)	
	n	%	n	%
Area of residence				
Abu Tor	1	0.8	-	-
At Thuri	40	32.8	42	31.3
At Tur	1	0.8	1	0.7
Anata	1	0.8	2	1.5
Beit Hanina	3	2.5	1	0.7
Bethlehem	1	0.8	-	-
Al 'Isawiya	2	1.6	5	3.7
Ezariyya	2	1.6	1	0.7
Jabal Al Mukabbir	34	27.9	40	29.9
Jabal Zaitoun	2	1.6	-	-
Old City	11	9.0	24	17.9
Sheikh Jarrah	-	-	3	2.2
Silwan	17	13.9	10	7.5
Sur Bahir	1	0.8	0	-
Wadi al Joz	4	3.3	3	2.2
Wadi Basoul	0	0	1	0.7

² UNICEF (2013). *Psychosocial assessment instrument piloting and validation*. East Jerusalem: UNICEF: State of Palestine

Wadi Yahour	0	0	1	0.7
Missing	2	1.6	-	-
Sex				
Male	25	20.5	45	33.6
Female	97	79.5	89	66.4
Age				
10-12	41	33.6	53	39.6
13-17	78	63.9	78	58.2
18-21	3	2.5	3	2.2
Number of other children living in home				
None	3	2.5	8	6.0
1-5	93	78.2	98	73.7
6-10	22	18.5	21	15.8
11 and above	1	8	6	4.5
Current school attendance status				
Yes	119	99.3	129	96.3
No	2	1.7	5	3.7

Table 2 shows the characteristics of the sample related to family history of military violence and life satisfaction. Compared with non-beneficiaries, higher percentages of the project beneficiaries reported family member arrests and demolition of home by Israeli occupation forces, 47.5% and 6.7% respectively (see Table 2).

TABLE 2: Sample Characteristics (Family history of military violence and life satisfaction)

Variable	Intervention group (N = 12)2		Comparison group (N = 134)	
	n	%	n	%
Any family member ever arrested by Israeli occupation forces?				
YES	58	47.5	45	34.1
NO	51	41.8	82	62.1
DON'T KNOW	10	8.2	5	3.8
Any family member ever injured/wounded by Israeli occupation forces?				
YES	34	28.8	39	29.5
NO	78	66.1	79	59.8
DON'T KNOW	6	5.1	14	10.6
Any family member killed by Israeli occupation forces?				
YES	12	10.3	17	12.7
NO	96	82.1	104	77.6
DON'T KNOW	9	7.2	11	8.2
Home ever demolished/shelled by Israeli occupation forces?				
YES	8	6.7	7	5.3
NO	110	92.4	118	90.1
DON'T KNOW	1	0.8	6	4.6
Extent of satisfaction with life				
VERY SATISFIED	17	13.9	30	22.9
SATISFIED	63	51.6	50	38.2

UNSATISFIED	11	9.0	20	15.3
NOT SATISFIED AT ALL	17	13.9	18	13.7
DON'T KNOW	11	9.0	13	9.9

The qualitative component of the evaluation involved FGDs with implementing partners, stakeholders and beneficiaries of the project. A total of 13 FGDs were conducted with the category of participants randomly assigned to the various partner organizations and stakeholder non-governmental organization as shown in Table 1. Each FGD consisted of about 6-10 participants and lasted about 90 minutes. A purposive sampling procedure was employed to select participants for the focus group discussions.

Data analysis, management and verification

The quantitative data collected from the impact survey was analysed using the statistical packages for the social sciences (SPSS 22.0). The data was then coded and entered into SPSS, cleaned for errors and all negatively phrased questions reverse coded. All missing data were coded appropriately. Basic descriptive analysis was performed to describe the sample including the socio-demographic profiles of the two groups and tests for heterogeneity and normality. The reliabilities/internal consistencies of the scales in the survey instrument were assessed. The scores for the psychosocial scales were computed and participants were categorized into high or low levels of various psychosocial outcome variables using the median split.

The qualitative data collected was transcribed and analysed using an adaptation of Tesch's thematic analytical approach³ as outlined below:

- The consultant read through all the transcriptions in order to identify themes related to the evaluation questions.
- The consultant recorded notes related to the themes that capture participants' meaning/perceptions and labels will be assigned to themes and meanings. All transcriptions were subjected to the process of assigning labels.
- The labels were grouped into categories of the main themes in order to make sure that they encapsulate the data completely. All categories were also assigned sub-categories and revised to ensure that they are mutually exclusive.
- A coding framework was developed and the findings written using the coding framework as a guide. Actual quotes are used to illustrate the themes/categories and sub-categories. The findings were triangulated with the quantitative data, as well as with information from the desk review
- The data was verified using Guba's approach⁴ that involves validating and assessing the trustworthiness of the qualitative data using the four constructs of credibility, transferability, dependability and conformability of qualitative data.

³ Tesch, R (1990). In Creswell, J.W. 1994. *Research designs: Qualitative and quantitative approaches*:Thousand Oaks: Sage, 154-155

⁴ Lincoln and Guba cited in De Vos, 2001

TABLE 3: Focus group discussion matrix

FG category	NGO partners	FGS participants	# of FGDs
FGD with beneficiaries, CBO staff & volunteers	MAAN	-Adolescents (Boys 13-17 yrs.) -Adolescents (Girls 13-17 yrs.) -CBO staff & volunteers -Adolescents (Girls 18-20 yrs.) Adolescents (Boys 18-20 yrs.)	4
	YMCA	-Children (Boys 9-12 yrs.) -Children (Girls 9-12 yrs.) -CBO staff & volunteers -Caregivers	3
	PCC	-Children (Boys 9-12 yrs.) -CBO staff & volunteers -Caregivers	3
	PRCS	-Children (Girls 9-12 yrs.) -CBO staff & volunteers -Caregivers	2
FGD with NGO partners	MAAN YMCA PCC PRCS	-Steering committee members -Technical committee members	1
FGD Total			13

Gender and human rights

Gender was mainstreamed across all aspects of the evaluation, including the evaluation questions. All data gathered was gender-disaggregated. This evaluation has a human rights-based approach to programming and was as participatory as possible. All evaluation activities were conducted using the highest quality and ethical standards in line with the Standards for UN Evaluation in the UN System.

Limitations of the evaluation

- a) The post-test-only comparison group design of the impact survey is apt to be biased in relation to the lack of identification of an ideal comparison group. The proposed comparison group included adolescents that did not benefit from the intervention that may not necessarily possess the attributes or socio-demographic backgrounds of those adolescents that benefitted from the intervention.
- b) The intervention group participants were not representative of all adolescent beneficiaries as those adolescents that could not be contacted were excluded.
- c) The post-test-only evaluation design does not account for the fact that the two groups were not equivalent to begin with. Selection, mortality and the interaction of selection are all treats to internal validity.

Ethical considerations

All participants, including children, were informed about the objectives of the evaluation and how the findings would be used. They were further informed that the collected data and any statement about the program would be kept confidential and participants would not be named or identified in the reports with regard to their statements.

Participation in the evaluation was voluntary and participants consented without coercion to take part in the evaluation and were given the option to withdraw or not to participate at any time during the process. Data collection was conducted according to the interagency evaluation project interview good practice guidelines.

In addition, participants were assured that all data collected will be kept confidential and individual names will be deleted from the data and replaced with codes during data analysis. Ownership of all data, information, findings, databases and analysis prepared for the evaluation lies with UNICEF. The use of the data, information, and findings for publication or any other presentation or sharing can only be made after agreement with UNICEF.

3. FINDINGS

Relevance

This section presents findings related to the relevance and appropriateness of the UNICEF-SOP psychosocial project from a number of perspectives including the design of the interventions given the socio-political context of East Jerusalem, the needs of children, adolescents and their caregivers, and the extent of the validity of the objectives to the current context.

The project's implemented activities aimed at providing children and caregivers the opportunity to express their feelings by teaching skills such as communication, listening and conflict management. The design of the interventions was relevant and appropriate for ensuring that the most vulnerable children, adolescents, their families and communities utilized psychosocial and protection services. The skill- building interventions were practiced through workshops and art activities and were deemed relevant and meet the needs of children given the lack of such opportunities in the harsh living environment of East Jerusalem. The activities increased awareness about psychosocial wellbeing and child protection. In addition, the activities provided an educational and nurturing environment as well as a space for the children to express feelings such as fear and anxiety. Most caregivers reported on the relevance of the project to their life histories. They claimed that they learned effective ways to deal with their emotions and to build a better self-consciousness and to resolve conflict. For instance, one caregiver reflected that:

If I just took these workshops before in my life I wouldn't have gone through what I've been through, I would have been better at protecting myself (Caregiver, 36 yrs. old)

The project used the educational approach as the main framework. Although the educational approach is a relevant approach for this population, additional supportive and practice workshops are required including interventions at home to provide more holistic services.

Reporting on the relevance and appropriateness of the project, a 37-year-old caregiver asserted that:

[T]he activities and workshops were very relevant to our daily life issues. [I]t helped a lot but we need more practice.

The project did not address the individual psychosocial problems of the beneficiaries. The goals and objectives of the project were relevant and contributed to the children's wellbeing but this occurred generally and not through individualized plans taking into account the children's' different backgrounds. The project focus on reaching a large number of beneficiaries meant that individual plans could not be developed. It was important for each professional staff member from the different CBOs to work more independently to set and achieve specific goals targeting the children based on their backgrounds. This would have impacted the overall relevance of the project goals to the individualized educational plan of the participant.

There was a need for greater involvement of the CBOs in the project design through consultations with some of the NGOs and the CCE, after the needs assessment was conducted. However, the needs assessment did not take into consideration the CBOs' needs. Rather, a criterion was developed for selecting CBO partners that resulted in the selection of CBOs that may not necessarily have been ideal implementing partners. Some CBOs were not familiar with psychosocial interventions and the NGO coordinators faced challenges in explaining the project to managers of the CBOs. The latter were unfamiliar with the settings required, and the trainers were inexperienced with this kind of project. Some CBOs couldn't fit the psychosocial interventions into their existing programs (clubs, for example) leading to difficulties in implementing the project.

Not involving the CBOs in the design was one of the negatives that the CBOs shared that disconnected them from the main purpose, and created negative feelings about the needs assessment. An NGO manager said:

We came and implemented the project without asking them about their needs.

There was also a need to move quantitative monitoring to a qualitative and participatory approach. Reporting required a focus solely on the number of activities and number of participants from a quantitative perspective. There was, however, also a need to focus on the quality and sustainability of the activities and the CBO staff members' qualifications for implementing the project. One NGO member reported that:

[W]e had to find 10-15 children for an activity but weren't concerned with working with the same child in other activities. How can we make a change in their personality and sustain the change and impact on them...?

This concern was also shared during the focused group discussions with CBO staff, caregivers and children.

Effectiveness

The section presents results against the objectives of the Strategic Multi-Sector Development Plan (MSDP) for East Jerusalem that was prepared by the Palestinian Authority (PA) President's Office, in November 2010.

In line with the MSDP, the UNICEF psychosocial project established three results areas to promote a protective environment for children and adolescents living in East Jerusalem through the strengthening of community-based protection services including psychosocial support:

- 1) The capacity of psychosocial workers and counsellors, CBO staff and volunteers, caregivers, community members and teachers strengthened to provide improved psychosocial, educational, recreational activities and referral services to affected girls and boys in East Jerusalem;
- 2) Girls and boys in vulnerable neighbourhoods in East Jerusalem have access to regular psychosocial, educational and recreational activities and opportunities for constructive engagement in their communities through CBOs providing services to develop and protect children; and
- 3) Community-level child protection services in East Jerusalem are mapped to support improved referral systems and the development of integrated service provision.

Evidence of the achievement of the aforementioned results was derived from the desk review of project documents and monitoring reports and then triangulated with information from the FGDs.

Capacity of psychosocial workers and counsellors, CBO staff and volunteers, caregivers, community members and teachers strengthened. The UNICEF psychosocial project focused on building the individual capacities of a wide range of caregivers (both males and females) working and/or living in the selected neighbourhoods in East Jerusalem. The targeted caregivers included professional staff and volunteers working in the targeted community-based organizations and youth centres, along with teachers, and parents and guardians. The capacity building interventions of the project strengthened the knowledge and skills of the caregivers and responded to the psychosocial needs of their communities. CBO staff and volunteers developed child protection and psychosocial needs assessment skills of children within their communities as well as how to plan and implement psychosocial and child protection activities.

The knowledge and skills of psychosocial workers, counsellors, teachers and parents were also improved to protect children and provide appropriate support especially during emergency or/and crisis situations. The UNICEF psychosocial project benefited about 2,403 psychosocial professionals, CBO staff and volunteer community members of which 62 per cent were female.

The UNICEF psychosocial project also improved the skills of caregivers in managing their own stress, thus improving their coping mechanisms. A total number of 3,762 caregivers with females representing 82 per cent of the total benefited from the various capacity

building interventions. The sensitization sessions reached a total of 758 caregivers and a further 3,004 benefited from workshops and recreational activities.

The project also expanded the existing UNICEF-supported psychosocial team in East Jerusalem to ensure timely response and mobilization to emergencies within the affected neighbourhoods and communities. In addition, a referral and case management system based on the national referral protocol was strengthened and improved. The psychosocial and child protection competencies of staff members of the expanded psychosocial team were also improved through a number of training programs that aimed to build their capacities to respond to the unique nature of the emergency context in East Jerusalem.

Girls and boys in vulnerable neighbourhoods in East Jerusalem have access to regular psychosocial, educational and recreational activities and opportunities. The UNICEF psychosocial project supported 12 community-based organizations and five youth centres in East Jerusalem to provide psychosocial and child protection interventions to girls and boys in vulnerable neighbourhoods in East Jerusalem. The services provided included psychosocial counselling and referrals, educational and recreational activities, as well as opportunities for participation and real engagement in the local communities.

Children and adolescent beneficiaries participated in a range of interventions that improved their life skills and the ability to play a positive role within their communities. A total of 23,766 children and adolescents benefited from the project, with females accounting for 54 per cent of the number of beneficiaries.

In terms of access to specific interventions, about 4,013 children and adolescent beneficiaries received group counselling, with 60 per cent of the beneficiaries being female. An additional 19,724 children and adolescents benefited from remedial education and recreational activities with female beneficiaries accounting for 52 per cent of the total. Of the 29 children referred to specialized agencies, 58 per cent were female.

Community-level child protection services in East Jerusalem are mapped to support improved referral systems. The diverse range of psychosocial and child protection service providers in East Jerusalem was mapped by the UNICEF psychosocial project and a child protection service provider directory was developed and disseminated. This resulted in the promotion of networking opportunities and enhanced linkages among the various service providers. There was also an increase in awareness of the availability of psychosocial and child protection services, as well as referral mechanisms and systems within the target communities.

Various CBOs utilized this information to improve child protection services offered to children and adolescents as needed. The mapping and creation of the directory was also instrumental in expanding the psychosocial and child protection team in East Jerusalem, which ensured the involvement of the different clusters in initial emergency assessments and responses.

Overall findings from focus group discussions relating to effectiveness Overall, Children, adolescents and caregivers were satisfied with the content of the different activities they participated in. They expressed how these activities helped them effectively improve their communication skills, sense of self and ability to express their feelings. They reported that they were effectively using the skills gained from their participation in the project's activities

in their home environments. They also indicated that the skills gained enhanced their understanding of their own state of mind and those of others.

CBO staff thought that the content was very effective too. They mentioned how the project had provided important activities that gave the children much needed opportunities to express their feelings and also taught them skills such as effective communication, listening skills and conflict management. These skills were practiced through workshops and art activities and provided an avenue to meet the needs of children who may not have had access to such activities. The project provided the children with an educational and nurturing environment as well as a space to express feelings such as fear and anxiety.

We played with our mothers; we have a better bond now (Girl, 14 years old).

We learned how to understand the child's opinion, and we can understand things in education differently (Caregiver, 41 years old).

One issue identified by focus groups – children and caregivers – was the need to include parents in the program. Children who participated in the program were not accompanied by their parents, and conversely caregivers who participated in the program did not always participate with the children under their care. As such, children went back home to their regular environment with new skills but faced rigid parents, especially fathers. A more shared involvement between parents and children would improve interaction and both sides would share a common enhancement of their communication skills. This can better sustain the communication skills that were taught in the program.

One CBO succeeded in conducting a workshop with both children and their parents and the feedback received was positive, with one 13-year-old girl reporting that she shared a closer bond with her mother as a result.

Efficiency

The CBO staff delivered their activities based on a plan received from the NGO coordinators. Many of the CBO staff reported that they were concerned by the requirement to deliver the service to the required number of beneficiaries, which required a lot of effort on their part. This ensured that a substantial number of beneficiaries-children and caregivers were reached. However, the focus on the number of beneficiaries to be reached impacted implementation of the Individualized Educational Plans for each participant.

CBO staff members were also faced with challenges including having limited time and resources to implement the activities and achieve participants' objectives. The CBOs themselves had to grapple with a constant change in workers and coordinators, which added to the burden of accomplishing the activities set out by the project.

The dynamics between the CBOs and the NGO coordinators had an impact on how efficiently the project was implemented. The CBOs remained concerned about the project's implementation timeframe, which was perceived as being too short, and many questions were raised about this. This was further complicated by the impact on communication between the CBOs and NGO coordinators given the high turnover of coordinators. It took time before new coordinators were fully appraised of the project and this resulted in gaps in communication.

They changed the coordinator and he came with a plan not knowing much about the projects (CBO staff)

They were concerned with numbers of participants and I would prefer to work with fewer children but deeper and individually (CBO staff)

Other issues raised in the FGD was that team members did not participate in regular team conferences and joint goal setting, and that communication between team members was usually more vertical than lateral, conducted through the coordinator who then coordinated between the different team members. This took more time and resources, which had an impact on staff efficiency.

A participatory model (of service delivery is thereby recommended in the future, which allows CBO staff and NGO coordinators, including UNICEF and EU stakeholders, to work together to evaluate, establish, implement and accomplish mutually agreed upon goals.

Issues related to balancing the budget were also raised in the FGDs with the NGO and CBO partners. As a result of budget cuts, NGOs had to reduce the salaries for counsellors, which resulted in counsellors being hired on a part-time basis. The goals of the project required that counsellor services be provided on a full-time basis.

Additionally, the lower salary rates contributed to the high staff turnover as many workers in the employ of the NGOs and CBOs left as soon as better opportunities were found, for instance in government, which reportedly paid higher salaries for counsellors. This resulted in instability in the counsellor base for the project with a concomitant impact on sustaining a healthy and stable environment while working with children.

The need to regularly train new workers consumed time, energy and financial resources and had a negative impact on the project. The high turnover of workers and counsellors was pointed to as a one of the factors that had a huge impact on the implementation of the project. As a result, there was a reported sense of instability and discontent from both NGO and CBO staff.

One NGO staff member shared that:

We should have planned to also train CBO staff as coordinators as they would be familiar with the objectives. This would create ownership of the project.

Creating such ownership would have improved achievement of the objectives and created sustainability after the project as over. According to the NGO staff:

Many CBOs left the project due to the unstable staff situation in both the NGOs and the CBOs.

As mentioned before, the lack of coordination was a recurring theme in all FGDs. NGOs felt a lack of coordination with the EU and UNICEF and the CBOs felt that the NGOs were not well organized and did not coordinate properly with them with respect to time and meeting the objectives.

The project was very efficient in implementing the planned activities and distributing planned financial resources. As shown in Table 4, the total expenditures of the project were within the

budgeted estimate, with annual increments as scheduled. The financial resources were also proportionately disbursed among the partners corresponding to the load of beneficiaries served. The unit cost per beneficiary and annualized cost are shown on Table 6. Over its three years of implementation, the project recorded an average unit cost per beneficiary USD 19.03 (Table 4).

TABLE 4: UNIT COST, ANNUALISED AND TOTAL COSTS				
Partner	Year 1	Year 2	Year 3	Total
MAAN	\$ 66,467.83	\$ 147,327.27	\$ 53,185.96	\$ 266,981.06
CCE	\$ 109,947.60	\$ 38,397.80	\$ 34,988.05	\$ 183,333.45
YMCA	\$ 37,110.00	\$ 156,397.15	\$ 70,965.55	\$ 264,472.70
ACCE	\$ 35,768.60	\$ 190,786.39	\$ 70,747.85	\$ 297,302.84
PRCS	\$ 41,730.46	\$ 134,672.34	\$ 46,381.05	\$ 222,783.85
Total	\$ 291,024.29	\$ 667,577.95	\$ 276,268.46	\$1,234,873.90
Unit cost per beneficiary	\$ 65.76	\$ 26.51	\$ 42.76	\$ 33.39

Impact

The overall activities and interventions had a positive impact on participants, particularly in helping participants reach a better understanding of communication skills and being observant of their behaviour and how their actions affect others.

An enhanced coherent sense of self was expressed by most participants and attributed to the psychosocial project. Most of the participants reported that the project improved their sense of self by enhancing a coherent sense of self as Palestinians. They agreed that the project contents added to their sense of self and had an impact on their lives. They learned how to express their feelings and learned to communicate them to others around them.

My daughter used to draw, and I got angry at her, I didn't know that she was expressing what was inside her through drawing. Now I understand and I encourage her to practice her talent (Caregiver, 35 years old)

As a result of the project, children had a better understanding of how to express their thoughts and feelings to teachers; caregivers developed a better understanding of their reactions and feelings towards their children; and both caregivers and children were found to have a better sense of self, a deeper understanding of their reactions to others and enhanced understanding of the others feelings. One of the children expressed that:

Self-confidence is to be able to speak out loud your feelings and thoughts (Girl, 12 years old).

Children, adolescents and caregivers learned how to deal with emotions in order to build a better self-consciousness and also how to resolve conflict.

I have a daughter 14 years old. I always tried to control her and I used to get frustrated and angry, now I understand her better (Caregiver, 44 year old).

An *educational approach* that focuses on teaching basic life skills to children and adolescents was implemented as the main framework for the interventions. Although the educational approach is a relevant approach for this population, additional supportive and practice workshops are required including home intervention services to provide a more holistic and relevant intervention and cover specific problems.

The project was useful but we need to practice what we learned (Caregiver, 38 years old).

The programs solve very little of our problems; we need deeper and more individual help (Caregiver, 38 years old).

Children and adolescents as well as caregivers shared a common need. As much as the program opened their eyes to what they should change in their interaction with others and offered new skills for communication and expressing their inner world, participants reported that the project should move from an educational to a practical level, helping them with their own environments. Moving from the educational approach to a more practical level was argued as necessary in ensuring project impact sustainability. However, there was agreement that education was an important building block for future projects, insofar as the future projects target the same participants.

Recreational clubs are regarded as a very common meeting place for children and women away from the home setting. As described by one adolescent participant:

We are allowed to go out and come to clubs, but other children are not – it depends on the parents' decision.

A caregiver shared similar sentiments:

Our husbands didn't say "yes" at first – they are afraid that we will have our own opinions (Caregiver).

Many children and women were not allowed to leave their homes due to political conflicts in the old city of Jerusalem that threaten their safety but also for cultural reasons. Therefore, there is need to reach out to the population in need by creating a program that goes to those who are not able to attend the clubs. One 10 years old boy suggested:

Teach me how to help other children and I'll teach those in my neighbourhood.

A caregiver also lamented:

Why come to the club? We can choose one of the participants to come home with us to discuss our problems and we can help each other.

The impact survey sought evidence of the impact of the project on the psychosocial wellbeing and protection needs of the children and adolescents. Participants were assessed on the various dimensions of psychosocial wellbeing, safety and security. This evaluation

found that the impacts of the psychosocial interventions of the project were particularly evident in the social but not the psychological dimensions of wellbeing. When compared to non-beneficiaries, the percentages of adolescent beneficiaries reporting high levels of negative family relations (50.8%; n=62), high levels of neighbourhood relations (62.1%; n=74) and high levels of human insecurity (50.4%; n=61) were lower (see Table 5). The percentage of adolescents reporting low levels of positive family relations was also higher among the intervention group (44.6%; n=55) compared to 41.4% (n=55).

As mentioned under the Introduction, due to limitations in the survey design, it is difficult to make a causal inference based on the aforementioned findings alone. Notwithstanding, when triangulated with findings from the FDGs, it is reasonable to conclude that the UNICEF psychosocial project had a positive contribution to the psychosocial well-being of adolescent beneficiaries. However, the project could have had more impact if each child had an individualized plan and if the services provided to children and their caregivers were connected. This finding suggests that the focus of the program must shift from focusing on reach and educating a large number of participants to providing more holistic and individualized programmes for children and their caregivers.

TABLE 5: PSYCHOSOCIAL WELLBEING OF ADOLESCENT PARTICIPANTS

Variable	Intervention Group (N=123)		Comparison Group (N=134)	
	N	%	N	%
Low levels of human distress	46	39.0	78	58.6
High human insecurity	61	50.4	139	53.0
High levels of wellbeing	58	47.5	74	55.6
High levels of aggressive behaviour	79	66.4	83	61.9
High levels of neighbourhood relations	74	62.1	79	59.4
High levels of negative family relations	62	50.8	75	56.4
Low levels of positive family relations	55	44.6	55	41.4

Coverage

The project targeted a large number of participants and the staff was able to deliver the services to those participants. However, children who participated in the project were those whose parents allowed them to come to the club. Many families in East Jerusalem protect their children by refusing to let them leave their homes due to the political situation. The project team delivered some services at schools in an effort to reach such children. From the results, reaching out to this group of children and involving their families resulted in a

positive uptake of the services. This was also evidenced by the case of mothers whose husbands refused to allow them to participate in the project if it required them to leave their homes.

The targeting mechanisms of the project were effective in that the project consistently achieved its annual targets of beneficiaries as shown in Table 6. The total number of children and adolescent beneficiaries of all interventions increased exponentially in the second year of implementation, with more than half of all beneficiaries receiving services in all but one of the interventions being female (Table 6).

TABLE 6: TOTAL NUMBERS OF BENEFICIARIES REACHED BY INTERVENTION TYPE

Beneficiaries	Year 1	Year 2	Year 3	Total
Child and adolescent beneficiaries of group counselling	1,408	2,605	615	4,812 (60% F)
Child and adolescent beneficiaries of remedial education and recreational activities	2,857	16,867	4,981	24,705 (55% F)
Referral of children to specialized services	*	29	24	66 (31% F)
Total number of children and adolescents	4,265	19,501	5,620	29,583(56% F)
Sensitization sessions	190	568	395	1,167 (67% F)
Workshops and recreational activities	*	3,004	182	3,306 (59% F)
Total number of caregivers	190	3,572	577	4,473 (63% F)
Psychosocial professionals, CBO staff and volunteer community members	-	2,403	267	2,737 (57% F)
Total number of beneficiaries	4,455	25,476	6,464	36,793(57% F)

Sustainability

While a high number of participants were reached, concerns were raised about the sustainability of the project's impact. The staff invested their resources on groups of children and caregivers which left less time for practicing the skills. The children and caregivers thus returned to their environments not having had sufficient focus on the practical use of the skills acquired. According to 38 year old caregiver:

The project was useful but we need to practice what we learned.

Another key issue was that staff worked with children and caregivers of other children, meaning that there were no relationship between the child that participated and the caregiver. It may thus be difficult for the child to put the new skills to effective use as the child is going back to an environment facing the same parents who have not been exposed to the skills that the child has acquired. The child may thus resort to using the previous strategies he or she employed to get by. Working with the children jointly with their families is highly recommended to sustain the project's impact.

There was a strong feeling among all groups of beneficiaries that the content of the program was relevant, effective and left a great impact on the participants. While most would readily admit that there remains work to be done to ensure sustainability, they were open to participating in future projects, especially given that fact that the clubs generally lack professionals and educators that can sustain the same services for the same population. In

addition, families may not have the infrastructure, support or knowledge to embrace the skills acquired by the child or the caregiver. Regardless, there was fairly universal agreement among participants that the content of the project addressed their needs.

4. CONCLUSIONS

The focus groups that were held with all participant groups (children, adolescents, caregivers, CBO staff and technical committee) provided a wealth of information, not only on the questions under discussion, but on the future thinking and activity around building programs addressing psychosocial needs. Decision-makers and NGOs can benefit from the suggestions made by the participants. Although there was much appreciation expressed for the project content and relevancy as well as effectiveness and impact on the participants lives a number of clear messages were put forward that will inform the future direction of the project.

The strongest message, by far, to come out of this analysis, is that the focus of the program must shift from educating a large number of participants where the caregivers programs are disconnected from the ones for children' and adolescents, to a more holistic individualized support to a smaller groups of participants, children and caregivers. In addition, a focus away from the educational approach to a practical application of the newly acquired skills was recommended. Another important lesson is that the staff in the CBO should be involved in the project design and the follow up meetings and play an important role in developing the knowledge, skills and attitudes needed for the program.

The conclusions are set out across the following dimensions, guided by the evaluation objectives and questions:

Relevance of the project

- The design of the interventions were relevant and appropriate for ensuring the most vulnerable children, adolescents, their families and communities utilized psychosocial and protection services.
The skills building interventions were practiced through workshops and art activities and were deemed relevant and were found to meet the needs of children given the lack of such opportunities in harsh living environment of East Jerusalem.
- The activities and interventions increased awareness about psychosocial wellbeing and child protection.
The activities provided educational and nurturing environments as well as a space for the children to express feelings such as fear and anxiety. Most caregivers reported on the relevance of the project to their life histories.
- The project did not address the individual psychosocial problems of the beneficiaries. Although the goals and objectives of the project were relevant and contributed to the children's wellbeing, however it was in a more general manner and did not implement *individualized plans* that took into account the different backgrounds that the children and caregivers
- There was a need for greater involvement of the CBOs in the project design through consultations with some of the NGOs and the CCE, after the needs assessment was conducted.

The needs assessment did not take into consideration the specific needs of the CBOs as implementing partners. A criterion was developed for selecting CBOs partners that resulted in the selection of CBOs that were not necessarily the ideal implementing partners. Some of the CBO's selected were not familiar with psychosocial interventions, and as result the NGO Coordinators faced challenges in explaining the theory of change of the project to CBO managers as the latter were unfamiliar with psychosocial interventions.

- There was an apparent need to shift from quantitative monitoring to a qualitative and participatory approach during the implementation process
The theory of change required project monitoring to focus only on the number of activities and number of participants from a quantitative perspective. There was however a need to also focus on the quality and sustainability of the activities as well as the competencies of the CBO' staff that were implementing the project

Effectiveness and efficiency of the project

Results against the MSDP:

- The UNICEF-SOP psychosocial project strengthened the capacities of psychosocial workers and counsellors, CBO staff and volunteers, caregivers, community members and teachers in the targeted communities

The project built the individual capacities of a wide range of caregivers (both males and females) working and/or living in the selected neighbourhoods in East Jerusalem. It strengthened the knowledge and skills of the caregivers and responded to the psychosocial needs of their communities. CBO staff and volunteers developed the requisite skills for conducting child protection and psychosocial needs assessment within their communities as well as how to plan and implement psychosocial and child protection activities. The knowledge and skills of psychosocial workers, counsellors, teachers and parents were also improved to protect children and provide appropriate support especially during emergency or/and crisis situations.

- Access to regular psychosocial, educational and recreational activities and opportunities by children in vulnerable neighbourhoods in East Jerusalem improved

Children and adolescent beneficiaries in the targeted communities participated in a wide range of interventions that improved their life skills and the ability to play a positive role within their communities. A total 23, 766 number of children and adolescents accessed the interventions project, with females accounting for more than half of the number of beneficiaries

- Mapping of community-level child protection services in East Jerusalem to support improved referral systems was effective

The diverse range of psychosocial and child protection service providers in East Jerusalem was effectively mapped by the UNICEF psychosocial project and a child protection service provider directory was developed and disseminated. This resulted in the promotion of networking opportunities and enhanced linkages among the various service providers. There was also an increase in awareness of the availability

of psychosocial and child protection services as well as referral mechanisms and systems within the target communities.

- The UNICEF-SOP psychosocial project improved the communication skills of beneficiaries, their sense of self and ability to express their feelings.
Beneficiaries reported that they were effectively using the skills gained from their participation in the project's activities in their home environments. They also indicated that the skills gained enhanced their understanding of their own the state of mind and those of others. Most CBO staff reported that the project content was very effective too. They mentioned how the project had provided important activities that gave the children much needed opportunities to express their feelings and also taught them skills such as effective communication, listening skills and conflict management
- Most CBO staff were concerned about the requirement to deliver the service to the stipulated large number of beneficiaries and this demanded a lot of effort on their part. Although this requirement ensured that a substantial number of beneficiaries-children and caregivers were reached, however the focus on the large number of beneficiaries to be reached impacted on some implementation processes such as the need to provide Individualized Educational Plans for individual participant that needed such an intervention. Thus, the efficiency of the project was affected.
- The dynamics between the CBOs and the NGO coordinators had an impact on how efficiently the project was implemented.
The CBOs were concerned about the project's implementation timeframe which was perceived as being too short and many questions were raised about this. This was further complicated by gaps in communication between the CBOs and NGO coordinators as a result of the high turnover of coordinators. It took time before new Coordinators were fully appraised of the project and this resulted in gaps in communication and in turn communication on.
- The recurring project budget cuts during the implementation process impacted on the effectiveness and efficiency of the project
Issues related to the budget balance were also raised in the FGDs with the NGO and CBO Partners. As a result of budget cuts, NGOs had to reduce the salaries for counsellors which resulted in counsellors being hired on a part-time basis yet the goals of the project required that the counsellor services be provided on a full-time basis.
- The high turnover of workers and counsellors impacted on the effective and efficient implementation of the project.
There was a reported sense of instability and discontent as a result of frequent staff turnover from both the NGO and CBO staff and management. Creating a sense of ownership through staff retention would have improved the achievement of the objectives and create sustainability after the project.
- The project was very efficient in the implementation of activities as planned, using the budgeted financial resources.
The total expenditure of the project was within the budgeted estimate with annual increments as scheduled. The financial recourses were also proportionately disbursed among the partners corresponding to the load of beneficiaries reached. The project recoded an average unit cost per beneficiary USD 19.03 over a period of three years of implementation

Impacts of the project on beneficiaries:

- The overall activities, interventions had a good impact on beneficiaries and, particularly in helping participants improve their communication skills and paying attention to their behaviours and how their actions affect others.
Most of the participants reported that the project improved their sense of self by enhancing a coherent sense of self as Palestinians. They agreed that the project contents contributed to their sense of self and this impacted on their lives. In personal ways. They learned how to express their feelings and learned to communicate them to others around them.
- The UNICEF-SOP psychosocial project improved children's understanding of how to effectively express their thoughts and feelings to teachers. Caregivers developed a better understanding of their reactions and feelings towards their children; and both caregivers and children were found to have a better sense of self, a deeper understanding of their reactions to others and enhanced understanding of the feelings of others
- The measurable impacts of the psychosocial interventions of the project were particularly evident in the social domains of wellbeing and not on the psychological domains of wellbeing.
This could be attributed to the fact that the project design focussed on group interventions and not individual interventions. Compared to non-beneficiaries, a larger percentage of adolescent beneficiaries reported lower levels of negative family relations, higher levels of neighbourhood relations and lower levels of human insecurity. The percentage of adolescents reporting low levels of positive family relations was also higher among the intervention group

Coverage and sustainability of the project:

- The UNICEF-SOP psychosocial reached a high number of beneficiaries and the staff were able to deliver the services to those participants as planned.
However, children who participated in the project were those whose parents allowed them to come to the club. Many families in east Jerusalem protect their children by refusing to let them leave their homes due to the political situation. A total of 36793 beneficiaries were reached with female beneficiaries accounting for 57 per cent of the total number.
- Although a high number of participants were reached, there were genuine concerns raised about the sustainability of the project's impact. The staff spent their resources on groups of children and caregivers but less time on practice. The children and caregivers thus returned to their environments not having had sufficient focus on the practical use of the skills acquired. According to 38 year old caregiver, *the project was useful but we need to practice what we learned*
- There was no evidence of a sustainable relationship between most child beneficiaries and their caregivers.
This was due to the fact that child beneficiaries often did not participate in the same intervention as their caregivers. This resulted in difficulties for children to apply any

new skills learned in their home environments where the parent have not been exposed to the skills that the child has acquired.

- There are concerns about the sustainability and viability of the project's intervention beyond the termination of the project

While most would readily admit that there remains work to be done to ensure sustainability they were open to participating in future projects especially given that fact that the clubs generally lack professionals and educators that can sustain the same services for the same population.

1. The UNICEF psychosocial project resulted in an improved coherent sense of self of beneficiaries

The UNICEF psycho-social project impacted on the beneficiary's sense of self. Most participants reported that the program contents added to the sense of self of the participants. They learned how to express their feelings and how to effectively communicate to others around them. As a result of the project children understood and improved on how to speak out their thoughts and feelings to teachers. Caregivers learned effective ways to react and expressed feelings towards their children. Beneficiaries learned on how to deal with their emotions and build a better self-consciousness and better conflict resolution skills

2. Beneficiaries would have benefitted more from individualized intervention plans

Although the goals and objectives of the project were very relevant and contributed to improvements of the psychosocial wellbeing of the beneficiaries (including the caregivers), the benefits were mostly at the group level due to the original design of the project. The design was not responsive to the individual psychosocial needs and socio-economic and cultural backgrounds of individual beneficiaries and their families

3. Practicing the skills gained:

Moving from a theoretical level to a more practical one. Children and adolescents as well as caregivers shared a common need. As much as the program improved their knowledge and understanding of what they should change in their interaction with others and gained new skills for communication and expressing their inner world, most participants lamented that the program should move from an educational or theoretical level to more practical level, to help them adjust in their own environment. Moving from the educational approach to a more practical level is necessary to gain more sustainability of the project impact.

4. The importance of intervening beyond the Club setting

Recreational clubs can be a very common meeting setting for only those children and caregivers that are allowed to be away from the home setting. Many children and their caregivers are not allowed to leave home and many women are not too, due to political conflicts in the old city of Jerusalem that threaten their safety but also for cultural reasons. So reaching out to this population would be beneficial to the effectiveness and coverage of the project.

5. The benefits of involving both caregivers and children in the same intervention

It is beneficial to involve both caregivers and children in the same psychosocial and child protection interventions. This specific issue emerged in the focus groups with children and caregivers. There was a need for combining the participants in the various interventions so as to replicate the family setting. In most cases children would participate in an intervention without their caregivers and in other instances caregivers would participate without the children they care for. In interventions where participation was combined, shared involvement between caregivers and children was found to improve interaction and life skills in ways that were not observed otherwise.

5. Recommendations

For UNICEF and NGO partners:

10. In future projects, include the CBOs in the design and assessment of their needs with respect to psychosocial interventions. Involving the implementing partners (particularly CBOs) design of the interventions may enhance their sense of ownership of the program, a crucial element in the success of any intervention. CBO staff should be further involved in the follow up meetings and play an important role in developing the knowledge, skills and attitudes needed for the program. Selection of CBOs and Counsellors should be participatory and consultative to ensure the recruitment of implementing partners that are more committed to sustain a sense of stability in their workers.
11. Ensure coordinators from both the NGOs and CBOs are trained to create a sense of ownership of the project.
12. Ensure that in future projects, groups of participants benefit through a more holistic approach to sustain the impact on children's life and environment. The services to children and their parents and teachers should be connected, and less focus put on a high number of children and caregivers to be reached without connecting the two groups. Children and caregivers should be involved in similar activities, so that caregivers (parents or teachers) can contribute to the impact of the project.
13. Ensure focus on the practical application of the skills acquired through the intervention and move from an educational level to practical activities. This might increase the chances of the skills learned being embraced fully.
14. Mitigate high staff turnover by offering better incentives to counsellors and CBO staff involved in the project. Competitive salaries of the service providers are important given the high attrition rate of social service workers in East Jerusalem.
15. Share responsibility and create a sense of ownership with the CBOs as they would invest in sustaining the project's activities, and in return improve the psychosocial services to the population addressed in the project.
16. Ensure more flexibility in program design. The programs should be designed to adapt to dynamic practical framework and include less structured interventions and

activities taking into consideration both micro and macro systems of program participants. The individuality of the participants and/or the macro environment, particularly the family environment should be factored into design of the interventions making room for individualized interventions as needed

17. Incorporate an out-reach program beyond schools and recreational settings. An out-reach program that goes beyond the community clubs and schools as the main location of activities. This will ensure that more needy and vulnerable children and adolescents could be reached in their homes. Such an out-reach program should take into consideration the cultural and political context. Some families may not allow women to utilise recreational clubs due to culture while other families may refuse children to utilise recreational clubs based on political reasons. An out-reach program could reach the majority at home that cannot access clubs and/or schools.

For UNICEF:

18. Match NGO partners with their established service areas. Psychosocial projects include a wide spectrum of interventions, thus the effective matching of NGO partners to a specific project area or intervention that they have the capacity to deliver or implement is a crucial element of success of the overall project. NGO's without a working relationship with their implementing CBO experience a multitude of challenges in implementation that affected the effectiveness, efficiency, impact and sustainability of the project.

6. ANNEXES

ANNEX A: Evaluation terms of reference

Project Evaluation

Improving community-based psychosocial and protection services provided for children and adolescents in East Jerusalem

Funded by the European Commission

Contribution Agreement ENPI/2011/280-695

Summary

Purpose	Project Evaluation: Improving community-based psychosocial and protection services provided for children and adolescents in East Jerusalem
Expected fee	L4 level
Location	State of Palestine (East Jerusalem)
Duration	8 to 10 weeks
Start Date	December 2014
Reporting to	Monitoring and Evaluation Specialist
Budget Code/PBA No	SC110764
Project and activity codes	CP RWP 2013-14, IR 6.3 Activity 2.6

Background

The psychosocial wellbeing and protection of both boys and girls, including adolescents, in East Jerusalem are affected by the political, economic and social context, and the impact of the protracted occupation and conflict, including killings and injuries, military operations, night raids, arrests, detention, ill-treatment in detention, harassment at checkpoints, attacks by settlers and violence permeating homes and communities. While boys are more vulnerable to arrest and detention, girls are more affected by restricted mobility. Both girls and boys are in need of protection from harm and psychosocial support, including educational and recreational activities that help to ensure the full development of their capacities and future potential.

In East Jerusalem, home demolitions and forced evictions are frequent and commonplace. Communities are also challenged by a lack of adequate and affordable housing, and services. According to recent UN reports, an estimated 33 per cent of Palestinian homes in

East Jerusalem have no Israeli building permits, leaving at least 93,100 residents at risk of demolition.

“Improving community-based psychosocial and protection services provided for children and adolescents in East Jerusalem” (the Action) is a three-year initiative to improve the quality and reach of psychosocial and child protection services in East Jerusalem.

The Action was designed to respond to many of the issues highlighted above by enhancing the resources and capacity of existing CBOs in order to create spaces within the community, where children, including adolescents, can seek support and feel supported and comfortable to express themselves. The Action focuses on linking the community with diverse stakeholders providing first-level emergency response in cases involving home demolition, evacuations and confiscating of property; as well as providing second-level response and services through the provision of psychosocial, psycho-educational, recreational and community activities. Children, both girls and boys, who require additional support, are provided with counselling in small groups or on a one-on-one basis, when needed.

The Action

The Action is a partnership between UNICEF and five non-governmental organizations (NGO) and 17 community based organizations (CBO), including five youth centres. The NGOs are the Palestine Red Crescent Society (PRCS), Palestinian Counselling Centre (PCC), Young Men’s Christian Association (YMCA), Centre for Continuing Education at Birzeit University (CCE), and MA’AN Development Centre. These agencies along with UNICEF comprise the Action Steering Committee. The duration of the Action is three years from January 2012 to December 2014. The budget is Euro 1.5 million.

The overall objective of the Action is to promote a protective environment for children and adolescents living in East Jerusalem through the strengthening of community-based protection services, which include psychosocial support. This will contribute to mitigating the negative psychosocial implications of the political, social and economic climate in East Jerusalem.

The Action reflects the three main elements of the *Strategic Multi-Sector Development Plan (MSDP) for East Jerusalem*, prepared by the Palestinian Authority (PA) President’s Office, in November 2010:

- (1) Strategies are interrelated and complement each other
- (2) Organizations interested and working in the clustered sectors are similar and/or already work closely with each other, and
- (3) Possibility exists for joint implementation of programs and activities, and creating synergies.

In line with the MSDP “Social Welfare and Youth Sector Strategic Objectives”, the sub-objectives of this Action are to:

- Enhance the capacities, skills and knowledge of families and communities to support children’s resiliency and coping mechanisms

- Strengthen the capacity of community-based organizations to provide effective protection services, and
- Support community-level integrated protection services for children, including adolescents.

The Action is designed to deliver three results:

Result 1: Strengthening of capacity of psychosocial workers and counsellors, CBO staff and volunteers, caregivers, community members and teachers to provide improved psychosocial, educational, recreational activities and referral services to affected girls and boys in East Jerusalem

Result 2: Access for girls and boys in vulnerable neighbourhoods in East Jerusalem to regular psychosocial, educational and recreational activities and opportunities for constructive engagement in their communities through CBOs providing services to develop and protect children

Result 3: Mapping of community-level child protection services in East Jerusalem to support improved referral systems and the development of integrated service provision.

Target groups:

- 12 local CBOs including women’s organizations, community committees, and five youth centres in East Jerusalem
- 100 psychosocial professionals (female and male)
- 300 CBO staff and volunteers (female and male).

Final beneficiaries:

- 15,000 children, including adolescents (at least 50% girls)
- 3,000 caregivers (female and male)
- 900 community members (female and male).

Summary of beneficiaries reached in the first two years of the Action:

The matrix below provides a breakdown of children and caregivers reached in the first two years, by intervention type.

Beneficiaries	Year 1	Year 2	Total
Child and adolescent beneficiaries of group counselling	1,408	2,605	4,013 (60% F)
Child and adolescent beneficiaries of remedial education and recreational activities	2,857	16,867	19,724 (52% F)
Referral of children to specialized services	*	29	29 (58% F)
Total number of children and adolescents	4,265	19,501	23,766 (54% F)
Sensitization sessions	190	568	758
Workshops and recreational activities	*	3,004	3,004
Total number of caregivers	190	3,572	3,762 (82% F)

Psychosocial professionals CBO staff and volunteer community members	-	2,403	2,403 (62% F)
Total number of beneficiaries	4,455	25,476	29,931

*In the first year, these figures were not disaggregated per intervention type, hence the absence of data for that year.

Rationale

The Action is coming to an end in December 2014 and there is a need to evaluate the project to inform all stakeholders, including UNICEF, the donor and implementing partners of the achieved results of the project, document lessons learned and provide recommendation for any future programming. The evaluation will assess the various components of the Action and determine the overall relevance, effectiveness, efficiency, impact, sustainability, coverage and gender sensitivity of the Action.

Objectives

The objectives of the evaluation are to:

- Ascertain the extent to which the Action's planned results have been achieved
- Examine the relevance/appropriateness, effectiveness, efficiency, impact, coverage, sustainability, and gender sensitivity of the Action
- Provide lessons learned, highlight good practices, and make recommendations for improving the protection of children, including adolescents in East Jerusalem in conformity with a human rights-based approach and with a specific focus on gender and equity.

Scope

The geographical coverage is East Jerusalem.

Period covered: January 2012 - December 2014.

Evaluation Questions

The evaluation will identify and assess a number of elements to determine the Action's result achievements and constraints, effectiveness, efficiency, impact, relevance, sustainability, and coverage. The evaluation will seek to answer the following key questions. They are:

1. How relevant was the project?
 - i. Was the design of the project the most appropriate and relevant for ensuring that the most vulnerable girls and boys, including adolescents, families and communities received psychosocial and child protection support?
 - ii. How relevant was the design of the project within the socio-political context of East Jerusalem.
 - iii. Did the project respond to the needs of identified target groups/beneficiaries?
 - iv. To what extent are the objectives of the project still valid?

2. How effective was the project?

- i. Were the planned results achieved as originally envisaged and what gaps (if any) remain?
- ii. Of the different major intervention types (counselling, remedial education, etc.), what were the most effective and why?
- iii. What were the major factors influencing the achievement or non-achievement of the results?
- iv. What components of the project show the greatest promise for scalability and why?
- v. How has the project created change in services for girls and boys requiring psychosocial and child protection support?
- vi. To what degree have the psychosocial and child protection needs of girls and boys, caregivers and families been met?
- vii. From the perspective of girls, boys, adolescents and caregivers, how user friendly was the project and how effectively did it support programming at the community level particularly through partnerships with local civil society organizations?
- viii. Has the mapping of community-level child protection services in East Jerusalem led to improved referral systems and the development of integrated service provision?

3. How efficient was the project?

- i. What is the unit cost per child per intervention type and how could future projects be designed to create greater efficiencies?
- ii. To what extent were activities implemented as scheduled and with the planned financial resources?
- iii. Were changes made to the program design during the implementation? If yes, did they lead to measurable design improvements?

4. What was the impact of the project?

- i. What are the intended and unintended positive and negative impacts of the project? What led to the change and why?
- ii. How has the project changed the wellbeing of children?
- iii. How has the project impacted children's skills and knowledge?
- iv. From the perspective of stakeholders, including the beneficiaries of the project, what was most beneficial, what was least beneficial and why?
- v. How has the project influenced or strengthened child protection systems in East Jerusalem?

5. To what degree has sustainability been achieved by the project?

- i. Are the various systems that have been put in place by the project able to continue delivering services to the targeted communities?
- ii. What aspects of the project can be sustained in the absence of external donor support?
- iii. To what extent will the benefits of a program continue after activities have ceased?

6. What was the coverage?

- i. Were there any groups of children that should have been reached by the project but who were not reached? Who are these children and how could they have been reached?
- ii. How can future projects be designed to better reach out and include the most affected children, caregivers and communities along with the professionals providing services to them?

Methodology

To achieve the evaluation objectives and answer the evaluation questions, and as highlighted below, this evaluation should take into consideration a mixed approach of quantitative and qualitative methodology of data collection and analysis.

The Consultant will carry out a desk review of the Action through review and analysis of annual work plans, annual reports, PCA documentation and other relevant documents.

Data collection should include:

Individual interviews with key primary and secondary stakeholders

- Focus group discussion with beneficiaries, including girls and boys of various age groups, female and male caregivers, community members, and staff of NGO/CBO implementing partners
- Impact survey to analyse the impact on children's wellbeing using interagency evaluation survey instrument for child centred programs in the SoP developed in 2011.

Gender should be understood as a cross-cutting component of all aspects of the evaluation, including the evaluation questions and all data gathered should be gender disaggregated.

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

Specific Tasks

The Consultant will be responsible for completing the following tasks:

- Conduct a desk review of documents on the Action such as Rolling Work Plans, PCAs, Concept Notes, donor proposals, donor reports, and related material including existing studies, evaluations, assessment and other relevant documents on the Action
- Develop an inception report and presentation on methodologies for the evaluation, including impact survey questionnaires and outline of the final

evaluation report, based on the evaluation questions and UNICEF's prescribed structure (see under Deliverables page 10)

- Collect both quantitative and qualitative data from stakeholders
- Analyse the data collected
- Develop draft evaluation report
- Contribute to an end-of-evaluation validation workshop with stakeholders to present the preliminary findings and recommendation in order to obtain feedback and verification of overall findings
- Finalise the evaluation report with recommendation and submit it to UNICEF on time together with all primary data and information collected.

Expected Deliverables and Timeline

The consultancy is for 8 to 10 weeks

Work plan	Weeks
1. Inception report detailing the evaluation framework, including proposed tools/methodology.	Week 1
2. Data collection and analysis	Week 2-5
3. Brief Mid Term Progress report	Week 3-4
4. Presentation and discussion of preliminary findings with UNICEF.	Week 6
5. Draft evaluation report submitted for review including Interviews and focus group discussion transcripts.	Week 7
6. End-of-evaluation workshop	Week 7-8
7. Final Evaluation Report with Executive Summary.	Week 8-10

The **Inception Report** shall include:

- The overall approach. The methodology of the evaluation and resolve key methodological and practical issues. It should include the design of the methodology, plans for interviews and participation of primary stakeholders (children, caregivers, group of beneficiaries) and secondary stakeholders (psychosocial and child protection sector partners and other service providers), evaluation planning, evaluation team composition and role of each individual, and resources/logistics required.
- Finalized evaluation questions and methods for data collection for each question, preferably in a table.
- Data collection tools, questionnaires, FGD protocols, interview guides etc.
- Work plan with timeline

Expected deliverables

The major objective of the **Mid-Term Progress Report** is to provide a brief report on progress and observations.

Presentation and discussion of preliminary findings with UNICEF:

The Consultant will be required to contribute to a half day workshop to present the main findings and recommendations to UNICEF. During which UNICEF will provide inputs and feedback to be incorporated in the evaluation report.

The **draft evaluation report** will be based on the evidence generated from the data collected and UNICEF feedback. The Consultant will share with UNICEF the draft evaluation report for review and feedback. The report should be structured as per the UNICEF-Adapted UNEG Evaluation Reports Standards⁵:

1. Executive summary
2. Object of evaluation
3. Evaluation purpose, objectives and scope
4. Evaluation methodology
5. Findings – these should be organized by evaluation criteria.
6. Conclusions and lessons learned
7. Recommendations
8. Gender and human rights including child rights issues to be consolidated and clearly articulated from all report sections.

It should not exceed 40 pages, which should consist of four to five pages of executive summary outlining the evaluated object; purpose and objectives of the evaluation; intended audience; methodology; main findings and conclusions as well as recommendations. The layout should be reader-friendly with “essential to know” information in bold text and/or in the margin, for fast reading. Annexes are not limited and should contain TOR; list of persons consulted; questionnaires, interview guides, FGD protocols and all other relevant references that support finding from the core of the report. The final version of the report should include input from the end-of-evaluation workshop.

The end-of-evaluation workshop is a final presentation of the findings and recommendations to the key stakeholders of the evaluation and to incorporate feedback of participants.

Terms of Payment

The mode of payment will be as below:

1. First payment of 30 per cent will be made upon acceptance of the inception report
2. Second payment of 30 per cent will be paid upon the completion of the data collection

⁵ UNICEF, UNICEF-Adapted UNEG Evaluation Reports Standards, July 2010

3. Final payment of remaining 40 per cent will be paid upon the acceptance of the final report.

Expected Background and Experience

Education: University degree in social sciences, law, child protection, education or a related field

Work Experience: At least 10 years' experience in designing and conducting participatory, qualitative and quantitative researches, studies and solid experience in evaluation, evaluation methods and data-collection.

Specific competencies required:

- Sound understanding of child, women's rights and gender mainstreaming
- Sound understanding and knowledge of participatory and community-based approaches.
- Strong written and oral communication skills
- Drive for results
- Formulating strategies and concepts
- Analysing,
- Relating and networking
- Deciding and initiating action
- Persuading and influencing.

Languages: English. Knowledge of Arabic is an asset.

Roles and Responsibilities

Primary supervision will be provided by the M&E Specialist in the UNICEF State of Palestine office in Jerusalem, in close cooperation with the Child Protection Section. The Child Protection section will facilitate operational requirements which entails providing project documentation as needed for the evaluation. The Chief of Child Protection Section, together with the Child Protection Specialist and Child Protection Officer will provide technical inputs.

The Steering Committee, which is comprised of the project leaders from each of the five NGOs, for the Action will provide technical inputs and facilitate access to the Actions stakeholders and beneficiaries.

UNICEF Child Protection Section will make formal/informal contacts with counterparts as necessary as well as logistics and operational support in conducting interviews/focus group discussions and/or organizing the end-of-evaluation workshop. UNICEF will also be responsible for disseminating the findings to relevant stakeholders.

The Consultant will have the responsibility for the timely production of evidence-based findings, lessons and recommendations to quality standards.

Ethical Issues

All interviewees, including children, should be informed about the objectives of the evaluation and how findings will be used; they also should be informed that collected data and any statement about the program will be kept confidential and respondents will not be named or identified in the reports with regard to their statements.

All interviewees should agree without coercion to take part in the evaluation and be given the option to withdraw or not to participate at any time during the process. Interviews shall be carried out in line with interagency evaluation project interview good practice guidelines.

All gathered data should be confidential and names of individuals deleted from the data and replaced by codes in the evaluation notes.

Ownership of all data/information/findings gathered, databases and analysis prepared for the evaluation lies with UNICEF. The use of the data/information/findings for publication or any other presentation or sharing can only be made after agreement with UNICEF.

General Conditions (Procedures and Logistics)

1. The selection process for the recruitment of the Consultant will strictly follow UNICEF’s internal rules
2. UNICEF will facilitate necessary access and permits required for the evaluation
3. The Consultant will provide weekly progress updates and have review meetings with UNICEF on biweekly basis (face to face or phone meetings)
4. The Consultant will provide draft reports for review and amend as requested before submitting the final report
5. UNICEF may request that the Consultant 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 Consultant. Unless otherwise agreed in writing between UNICEF and the Consultant, all requirements including transportation, visa, health insurance, secretariat services, interpreter, translator, etc., will be covered by Consultant.

UNICEF office will provide any documentation, letters to government, etc., to make sure that the evaluation is conducted in good conditions.

Prepared by: Bruce Grant, Head of Child Protection	Finalized and forwarded by: Solrun Olafsdottir M&E Specialist	Approved by: Anne-Claire Dufay Deputy Special Representative
Signature: _____	Signature: _____	Signature: _____
Date: _____	Date: _____	Date: _____

ANNEX B: Sample size determination

The minimum sample size of participants was determined using the following formula⁶:

$$n = D [Z_{1-\alpha} \sqrt{2P(1-P)} + Z_{1-\beta} \sqrt{P_1(1-P_1) + P_2(1-P_2)}]^2 / (P_2 - P_1)^2$$

Where:

n= sample size

D = design effect;

P₁ = the estimated proportion at baseline;

P₂ = the proportion at some future date such that the quantity (P₂-P₁) is the size of the magnitude of change that one wishes to be able to reliably detect;

$$P = (P_1 + P_2) / 2;$$

Z_{1-α} = the z-score corresponding to the probability with which one can be certain that an observed change of size (P₂-P₁) did not occur by chance (that is, the level of significance);

Z_{1-β} = the z-score corresponding to the probability with which one wishes to be certain that a change of size (P₂-P₁) will be detected (that is, the power of the survey).

Therefore, in order to detect a change of 15 percentage points in the psychosocial health status of adolescents that received the intervention compared to those that did not received the intervention, levels of significance of 95 per cent and power of 80 per cent are desired. On the basis of an earlier nationally representative survey data (UNICEF 2013), it was reported that the appropriate "baseline" value was 10 per cent. Thus, P₁ = .10 and P₂ = .25, and using z-score values of Z_{1-α} = 1.645 (95% significance level for a one-sided test) and Z_{1-β} = 0.84 (corresponding to 80% power) would obtain:

$$n = 2[1.645 \sqrt{2(.175)(.825)} + 0.84 \sqrt{(.1(.9) + (.25(.75))}]^2 / (.25 - .10)^2$$

n = **156** adolescents

⁶ Kalton G. (1989). *Introduction to survey sampling*. Newbury Park:, CA) Sage Publications

ANNEX C: Evaluation planning matrix

MAIN EVALUATION QUESTIONS	INDICATORS	DATA SOURCES	DATA COLLECTION METHODS	SAMPLING	DATA ANALYSIS	LIMITATION/RISK
1. How relevant was the project?	1a. Evidence of the appropriateness of the project design to ensure children, families and target communities receive psychosocial and child protection support	Implementing partners (NGO and CBO staff)	Focus group discussions (FGD)	Purposive and convenience sampling	Qualitative analyses	<ul style="list-style-type: none"> - Risk of high attrition rate of relevant staff members at implementing agencies may limit the quality of the findings - Risk of inadequate participation of caregivers in FGDs may limit the quality of the findings
	1b. Evidence of the relevance of project design to the socio-political context of East Jerusalem	Implementing partners and caregiver beneficiaries	FGD	Purposive and convenience sampling	Qualitative analyses	
	1c. Evidence of the validity of the project objectives to meet the current psychosocial and child protection needs of communities in East Jerusalem	Implementing partners and caregiver beneficiaries	FGD	Purposive and convenience sampling	Qualitative analyses	
2. How effective was the project?	2a. Number of planned results achieved at the end of project	PCA reports	Desk review	Purposive and convenience sampling	Qualitative analyses	-Dearth in relevant information in project implementation documents

	<p>2b. Extent to which beneficiaries and implementing partners attribute the change in psychosocial and child protection service delivery in east Jerusalem to the project</p>	<p>Caregiver beneficiaries and implementing partners</p>	<p>FGD</p>	<p>Purposive and convenience sampling</p>	<p>Qualitative analyses</p>	<p>-Risk of high attrition rate of relevant staff members at implementing agencies may affect the quality of findings</p>
	<p>2c. Evidence of increased capacity of social service workers to provide psychosocial and child protection services in East Jerusalem</p>	<p>Implementing partners, PCA</p>	<p>FGD and desk review</p>	<p>Purposive and convenience sampling</p>	<p>Qualitative analyses</p>	<p>Risk of inadequate participation of caregivers in FGDs may limit the quality of the findings</p>
	<p>2d. Perceptions of improved referral systems and the development of integrated service delivery in East Jerusalem</p>	<p>Implementing partners and caregiver beneficiaries</p>	<p>FGD</p>	<p>Purposive and convenience sampling</p>	<p>Qualitative analysis</p>	
	<p>2e. At least 85 % of parents and other caregivers that attend parent or other caregiver sessions report that their children refer to them for support on resiliency and coping mechanisms</p>	<p>PCA documents</p>	<p>Desk review</p>			
	<p>2f. At least 95% of participating CBOs have better skills and knowledge in</p>	<p>PCA documents</p>	<p>Desk review</p>			

	<p>providing effective protection services for their communities</p> <p>2g. The capacity of the East Jerusalem Emergency Psychosocial Team is strengthened including a well-established coordination mechanism and referral protocol for children and adolescents</p> <p>2h. How inclusive and gender responsive were the services and products of the action?</p> <p>21. Number and percentage of targeted children reached by the project, disaggregated by age and sex</p> <p>2j.. Number and percentage of targeted children not reached by the project disaggregated by age and sex</p> <p>2k.. Number and percentage of targeted caregivers reached by the project disaggregated by sex</p> <p>2i.. Number and percentage of targeted social service workers reached by the</p>	<p>Implementing partners, PCA documents</p> <p>Beneficiaries & Implementing partners</p> <p>PCA Documents</p> <p>PCA Documents</p> <p>PCA Documents</p>	<p>FDG with beneficiaries and CBO staff</p> <p>Desk review</p> <p>Desk review</p> <p>Desk review</p> <p>Desk review</p>			<p>Dearth in relevant information in project implementation documents</p>
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	project disaggregated by sector					
3. What was the nature and extent of the coverage?	3a. Evidence of the reasons for not reaching targeted children and adolescent beneficiaries	PCA documents				-
	3b. Evidence of gender mainstreaming in project design and implementation	PCA documents				
	3c. Were there any groups of children that should have been reached by the action but who were not reached? Who are these children and how could they have been reached?	PCA documents	Desk review			Risk of high attrition rate of relevant staff members at implementing agencies may limit the quality of the findings
		PCA documents	FGD	Purposive and convenience sampling	Qualitative analysis	
	Implementing partners and	FGD and desk review		Purposive and	Qualitative analysis	- Inadequate participation of caregivers in FGDs may limit the

		caregiver beneficiaries Implementing partners, PCA Implementing partners and beneficiaries		convenience sampling		quality of the information collected
4. How efficient was the project?	<p>4a. Unit cost per child beneficiary disaggregated by intervention type</p> <p>4b. Evidence indicating that project activities were implemented as scheduled and with the planned financial resources</p> <p>4c. Evidence indicating that specific changes to the project design during implementation led to measurable design improvements</p>	<p>Project financial statements</p> <p>PCA and project financial statements, implementing partners</p> <p>PCA, implementing partners</p>	<p>Desk review</p> <p>Desk review</p> <p>Desk review and FGD</p>	<p>Purposive and convenience sampling</p>	<p>Quantitative analysis</p> <p>Quantitative & qualitative analysis</p>	<p>Dearth in relevant information in project implementation documents</p> <p>Risk of high attrition rate of relevant staff members at implementing agencies may limit the quality of the findings</p>

5. What is the impact of the project on beneficiaries?	5a. Number and percentage of adolescent beneficiaries with increased psychological health	Adolescent beneficiaries (intervention group) and adolescent non-beneficiaries (comparison group)	Psychosocial health survey (PHS)	Two-stage cluster sampling (intervention group); convenience sampling (comparison group)	Quantitative analyses	Limitations related to internal validity treats such as selection bias, mortality and interaction of selected participants
	5b. Number and percentage of child and adolescent beneficiaries reporting increased knowledge and skills about personal safety and security	Children and adolescent beneficiaries	PHS	Two-stage cluster sampling of (intervention group); convenience sampling (comparison group)	Quantitative analyses	Limitations of the “comparison group posttest only evaluation design” in explaining any change in the psychological health of the adolescent beneficiaries
	5c.. Evidence of strong child protection systems within targeted communities in East Jerusalem	Implementing partners and caregiver beneficiaries	FGD	Purposive and convenience sampling	Qualitative analyses	
	5d. Perceptions of increased community resilience in targeted communities in East Jerusalem	Implementing partners and	FGD	Purposive and	Qualitative analysis	-Risk of high attrition rate of relevant staff members at implementing agencies may limit

		caregiver beneficiaries		convenience sampling		the quality of the findings
6. To what degree has sustainability been achieved by the project?	6a. Evidence of sustainable service delivery systems established by the project in targeted communities	Implementing partners	FGD	Purposive and convenience sampling		Risk of high attrition rate of relevant staff members at implementing agencies may limit the quality of the findings
	6b. Evidence ascertaining project components that are sustainable in the absence of external donor support	Implementing partners	FGD	Purposive s and convenience sampling		

ANNEX D: Focus Group Discussion Guide (NGO Staff)

UNICEF-SOP: Project Evaluation

Improving community-based psychosocial and protection services provided for children and adolescents in East Jerusalem

FGD Guide (Steering and Technical committee members)

Region/Location: _____ Job title/Occupation: _____

Institution/Site: _____ Address: _____

Interviewer: _____ Time FGD started: _____

Comments:

INTRODUCTION

a) Thank you for participating in this discussion about the UNICEF adolescent psychosocial wellbeing project.

b) My name is _____, Project Evaluation Specialist with UNICEF-SOP. I would like to interview you about the project aimed at *improving community-based psychosocial and protection services provided for children and adolescents in East Jerusalem*". This project came to an end in December 2014 and there is a need to evaluate the project to inform all stakeholders, including UNICEF, the donor and implementing partners of the achieved results of the project, document lessons learned and provide recommendation for any future programming. The evaluation will assess the various components of the project and determine the overall relevance, effectiveness, efficiency, impact, sustainability, coverage, and gender sensitivity of the project.

c) Please feel free to talk openly. If you feel uncomfortable talking about any aspect of the project, or would rather not answer a particular question, please feel free to do so.

d) **Time:** The interview will take up to 90 minutes. If at any point you need to stop, please tell me and we can take a break.

e) **Confidentiality and anonymity:** Everything said in this discussion will be treated as confidential as possible. When we report on the findings, we would make sure that all your responses remain anonymous and ensure that your individual responses could not be linked to your name or organization.

f) **Recording:** Do you mind if I record this interview? It's only for evaluation purposes. That way I don't have to write down lots of notes while we talk. Nobody except the researchers will

listen to the recording. *[Wait for the participant's response.]* Please speak clearly so that we can hear what was said in the recording.

g) **Test recording:** Before we start, I would like to make sure that the tape recorder is working properly. (Interviewer: start recording: say your name and the date, and say something light-hearted – like an observation about the weather today.

DISCUSSION GUIDE

1. Tell me about your participation in the project?

Probes: For how long were each of you involved in this project? In what capacities were you involved? What were your roles in the implementation of the project? Were you involved in the design stage of the development of the interventions?; Were your views and inputs considered in the design of the interventions?]

2. How relevant was the project?

[Probes: Was the design of the project the most appropriate and relevant for ensuring that the most vulnerable girls and boys, including adolescents, families and communities received psychosocial and child protection support?; How relevant was the design of project within the socio-political context of East Jerusalem?; Did the project respond to the needs of identified target groups/ beneficiaries?; To what extent were the objectives of the project valid and relevance?]

3. How effective was the project?

[Probes: Were the planned results achieved as originally envisaged and what gaps (if any) remain?; Of the different major intervention types, what were the most effective and why? ; What were the major factors influencing the achievement or non-achievement of the results?; What components of the project show greatest promise for scalability and why?; How has the project created change in services for girls and boys requiring psychosocial and child protection support?; How user friendly was the project and how effectively did it support programming at the community level particularly through partnerships with local civil society organizations?; Has the mapping of community-level child protection services in East Jerusalem led to improved referral systems and the development of integrated service provision?]

4. How efficient was the project?

[Probes: To what extent were activities implemented as scheduled and with the planned financial resources? were changes made to the program design during the implementation? If yes, did they lead to measurable design improvements?]

5. What was the impact of the project?

[Probes: What were the intended and unintended positive and negative impacts of the project? what led to the change and why? How has the project changed the wellbeing of children?; How has the project impacted on children's skills and knowledge about safety and protection?; Which component of the project was most beneficial?; Which was least beneficial and why?; How has the project influenced or strengthened child protection systems in East Jerusalem?]

6. To what degree has sustainability been achieved by the project?

[Probes: Do you think the various systems established by the project will continue delivering services to the targeted communities? what aspects of the project can be sustained in the absence of external donor support? Do you think the benefits of the project will continue after activities have ended?]

7. How would you rate the extent of the coverage of the project?

[Probes: Were there any groups of children that should have been reached by the project but who were not reached? Who are these children and how could they have been reached?; How can future projects be designed to better reach out and include the most affected children, caregivers and communities along with the professionals providing services to them?]

8. Do you think this project adequately integrated gender and equity issues into the interventions?

[Probes: Did the project consider equity in providing support to children, including adolescents, at greatest risk of violence, abuse and exploitation?; Did the project consider the common root causes in child protection vulnerabilities and risks in the design of the interventions/activities?; Did the project adequately address gender issues?; Did the activities take into consideration the different risks and capacities of girls and boys, and female and male caregivers, requiring specific responses]

CONCLUSION

We have come to the end of the specific questions we planned to discuss with you all about the project. But before we conclude, are there any other challenges and/or successes about the implementation of the project that you would like to share/mention?

ANNEX E: Focus Group Discussion Guide (CBO Staff)

UNICEF-SOP: Project Evaluation

Improving community-based psychosocial and protection services provided for children and adolescents in East Jerusalem

FGD Guide (Community-based Organization Staff)

Region/Location: _____ Job title/Occupation: _____

Institution/Site: _____ Address: _____

Interviewer: _____ Time FGD started: _____

Comments: _____

INTRODUCTION

a) Thank you for participating in this discussion about the UNICEF adolescent psychosocial wellbeing project.

b) My name is _____, Project Evaluation Specialist with UNICEF-SOP. I would like to interview you about the project aimed at *improving community-based psychosocial and protection services provided for children and adolescents in East Jerusalem*. This project came to an end in December 2014 and there is a need to evaluate the project to inform all stakeholders, including UNICEF, the donor and implementing partners of the achieved results of the project, document lessons learned and provide recommendation for any future programming. The evaluation will assess the various components of the project and determine the overall relevance, effectiveness, efficiency, impact, sustainability, coverage, and gender sensitivity of the project.

c) Please feel free to talk openly. If you feel uncomfortable talking about any aspect of the project, or would rather not answer a particular question, please feel free to do so.

d) **Time:** The interview will take up to 90 minutes. If at any point you need to stop, please tell me and we can take a break.

e) **Confidentiality and anonymity:** Everything said in this discussion will be treated as confidential as possible. When we report on the findings, we would make sure that all your responses remain anonymous and ensure that your individual responses could not be linked to your name or organization.

f) **Recording:** Do you mind if I record this interview? It's only for evaluation purposes. That way I don't have to write down lots of notes while we talk. Nobody except the researchers will listen to the recording. [*Wait for the participant's response.*] Please speak clearly so that we can hear what was said in the recording.

g) **Test recording:** Before we start, I would like to make sure that the tape recorder is working properly. (Facilitator: start recording: say your name and the date, and say something light-hearted – like an observation about the weather today.)

DISCUSSION GUIDE

1. Tell me about your participation in this project?

[Probes: For how long were each of you involved in this project? In what capacities were you involved?; what were your roles in the implementation of the project?; Were you involved in the design stage of the development of the interventions?; Were your views and inputs considered in the design of the interventions?]

2. How relevant was the project?

[Probes: Was the design of the project the most appropriate and relevant for ensuring that the most vulnerable girls and boys, including adolescents, families and communities received psychosocial and child protection support?; How relevant was the design of project within the socio-political context of East Jerusalem?; Did the project respond to the needs of identified target groups/ beneficiaries?; To what extent were the objectives of the project valid and relevance?]

3. How effective was the project?

[Probes: Were the planned results achieved as originally envisaged and what gaps (if any) remain?; Of the different major intervention types, what were the most effective and why? ; What were the major factors influencing the achievement or non-achievement of the results?; What components of the project show greatest promise for scalability and why?; How has the project created change in services for girls and boys requiring psychosocial and child protection support?; How user friendly was the project and how effectively did it support programming at the community level particularly through partnerships with local civil society organizations?; Has the mapping of community-level child protection services in East Jerusalem led to improved referral systems and the development of integrated service provision?]

4. How efficient was the project?

[Probes: To what extent were activities implemented as scheduled and with the planned financial resources? Were changes made to the program design during the implementation? If yes, did they lead to measurable design improvements?]

5. What was the impact of the project?

[Probes: What were the intended and unintended positive and negative impacts of the project? What led to the change and why?; How has the project changed the wellbeing of children?; How has the project impacted on children's skills and knowledge about safety and protection?; Which component of the project was most beneficial,? Which was least beneficial and why? How has the project influenced or strengthened child protection systems in East Jerusalem?]

6. To what degree has sustainability been achieved by the project?

[Probes: Do you think the various systems established by the project will continue delivering services to the targeted communities? What aspects of the project can be sustained in the absence of external donor support?; Do you think the benefits of the project will continue after activities have ended?]

7. How would you rate the extent of the coverage of the project?

[Probes: Were there any groups of children that should have been reached by the project but who were not reached? Who are these children and how could they have been reached?; How can future projects be designed to better reach out and include the most affected children, caregivers and communities along with the professionals providing services to them?]

8. Do you think this project adequately integrated gender and equity issues into the interventions?

[Probes: Did the project consider equity in providing support to children, including adolescents, at greatest risk of violence, abuse and exploitation?; Did the project consider the common root causes in child protection vulnerabilities and risks in the design of the interventions/activities? ; Did the project adequately addressed gender issues?; Did the activities take into consideration the different risks and capacities of girls and boys, and female and male caregivers, requiring specific responses]

CONCLUSION

We have come to the end of the specific questions we planned to discuss with you all about the project. But before we conclude, are there any other challenges and/or successes about the implementation of the project that you would like to share/mention?

ANNEX F: Focus Group Discussion Guide (Adolescents)

UNICEF-SOP: Project Evaluation

Improving community-based psychosocial and protection services provided for children and adolescents in East Jerusalem

FGD Guide (Adolescents 13-20 years))

Region/Location: _____ Job title/Occupation: _____

Institution/Site: _____ Address: _____

Interviewer: _____ Time FGD started: _____

Comments:

INTRODUCTION

a) Thank you for participating in this discussion about the UNICEF adolescent psychosocial wellbeing project.

b) My name is _____, Project Evaluation Specialist with UNICEF-SOP. I would like to interview you about the project aimed at *improving community-based psychosocial and protection services provided for children and adolescents in East Jerusalem*". This project came to an end in December 2014 and there is a need to evaluate the project to inform all stakeholders, including UNICEF, the donor and implementing partners of the achieved results of the project, document lessons learned and provide recommendation for any future programming. The evaluation will assess the various components of the project and determine the overall relevance, effectiveness, efficiency, impact, sustainability, coverage, and gender sensitivity of the project.

c) Please feel free to talk openly. If you feel uncomfortable talking about any aspect of the project, or would rather not answer a particular question, please feel free to do so.

d) **Time:** The interview will take up to 90 minutes. If at any point you need to stop, please tell me and we can take a break.

e) **Confidentiality and anonymity:** Everything said in this discussion will be treated as confidential as possible. When we report on the findings, we would make sure that all your responses remain anonymous and ensure that your individual responses could not be linked to your name or organization.

f) **Recording:** Do you mind if I record this interview? It's only for evaluation purposes. That way I don't have to write down lots of notes while we talk. Nobody except the researchers will listen to the recording. [*Wait for the participant's response.*] Please speak clearly so that we can hear what was said in the recording.

g) **Test recording:** Before we start, I would like to make sure that the tape recorder is working properly. (Facilitator: start recording: say your name and the date, and say something light-hearted – like an observation about the weather today.)

1. Tell me your names, and I would like to hear about your participation in the project?

[Probes: I would like you to recall the activities that you participated in, For how long were each of you involved in this project?; what activity or intervention you recall most? What did you like about this activity?

2. Children in East Jerusalem face many challenges [the facilitator will mention few of them as an example], I wish if you can share with us your experience, how do you deal with this in your daily life? What part of the program was useful to learn something new about your experience? How the activities helped you? Explain to me please if you learned something new about these challenges, was it due to your participation in the program?

Thank you for sharing your experiences and opinions. Now, I would like us to talk in more depth about your experience and your participation in the project.

Effectiveness

3. You mentioned before about learning new things, I would like to hear more about how this program helped you learn those things.

[Probes: Of the major intervention types (counselling, remedial education, etc.), which one did you like attending the most?; How did you use what you learned or experienced in the program in dealing with your challenges?; Tell me more what do you think about child protection services?; Was it due to the program that you understood about child protection? Have you discussed this issue in other contexts (like school)?; What are the differences between girls and boys on this matter?; Do they face different challenges? Give me examples about the differences?; How the program helped you using the child protection services?; Is there a different needs for boys and girls in our society concerning protection? Should we consider different activities?; Which activities do you suggest and why?

4. Do you think the project improved your knowledge and understanding about your psychosocial wellbeing?

[Probes: Tell me more about how participating in this project or the interventions make you understand more your experience or feelings facing the challenges you mentioned before?

Do you think the project improved your skills about how to deal with your feelings and concerns about safety and security in East Jerusalem? Give me an example of dealing with a challenge, how different your skills before and after participating in this program?.

5. Do you all think there were any groups of children that needed the services provided by the project but did not receive services?

{Probe: If yes, who are these children? Can you give me an example? Why do you think they were not reached with the services? Do you how know could they could have been reached? }

CONCLUSION

We have come to the end of the specific questions we planned to discuss with you all about the project. But before we conclude, are there any other challenges and/or successes about the implementation of the project that you would like to share/mention?

ANNEX G: Focus Group Discussion Guide (Children)

UNICEF-SOP: Project Evaluation

Improving community-based psychosocial and protection services provided for children and adolescents in East Jerusalem

FGD Guide (Children 9-12 years)

Region/Location: _____ Job title/Occupation: _____

Institution/Site: _____ Address: _____

Interviewer: _____ Time FGD started: _____

Comments: _____

INTRODUCTION

a) Thank you for participating in this discussion about the UNICEF adolescent psychosocial wellbeing project.

b) My name is _____, Project Evaluation Specialist with UNICEF-SOP. I would like to interview you about the project aimed at *improving community-based psychosocial and protection services provided for children and adolescents in East Jerusalem*". This project came to an end in December 2014 and there is a need to evaluate the project to inform all stakeholders, including UNICEF, the donor and implementing partners of the achieved results of the project, document lessons learned and provide recommendation for any future programming. The evaluation will assess the various components of the project and determine the overall relevance, effectiveness, efficiency, impact, sustainability, coverage, and gender sensitivity of the project.

c) Please feel free to talk openly. If you feel uncomfortable talking about any aspect of the project, or would rather not answer a particular question, please feel free to do so.

d) **Time:** The interview will take up to 90 minutes. If at any point you need to stop, please tell me and we can take a break.

e) **Confidentiality and anonymity:** Everything said in this discussion will be treated as confidential as possible. When we report on the findings, we would make sure that all your responses remain anonymous and ensure that your individual responses could not be linked to your name or organization.

f) **Recording:** Do you mind if I record this interview? It's only for evaluation purposes. That way I don't have to write down lots of notes while we talk. Nobody except the researchers will listen to the recording. [*Wait for the participant's response.*] Please speak clearly so that we can hear what was said in the recording.

g) **Test recording:** Before we start, I would like to make sure that the tape recorder is working properly. (Facilitator: start recording: say your name and the date, and say something light-hearted – like an observation about the weather today.)

DISCUSSION GUIDE

1. Tell me your name, and I would like to hear about your participation in the project?

[Probes: I would like you to recall the activities that you participated in. For how long were each of you involved in this project?; What activity or intervention you recall most? What did you like about this activity?

2. **Children in east Jerusalem face many challenges [the facilitator will mention few of them as an example].** I wish if you would share with us your experience, how do you deal with this in your daily life? What part of the program was useful to learn something new about your experience? How did the activities help you? Explain to me please if you learned something new about these challenges and was it due to your participation in the program?

Thank you for sharing your experiences and opinions. Now, I would like us to talk in more depth about your experience and your participation in the project.

Effectiveness

3. You mentioned before about learning new things, I would like to hear more about how this program helped you learn those things.

[Probes: Of the major intervention types (counselling, remedial education, etc.), which one did you like attending the most?; How did you use what you learned or experienced in the program in dealing with your challenges? Tell me more what do you think about child protection services? Was it due to the program that you understood about child protection? Have you discussed this issue in other contexts (like school)? What are the differences between girls and boys on this matter? Do they face different challenges? Give me examples about the differences? How the program helped you using the child protection services? Is there a different needs for boys and girls in our society concerning protection? Should we consider different activities, which activities do you suggest and why?

4. Do you think the project improved your knowledge and understanding about your psychosocial wellbeing?

[Probes: Tell me more about how participating in this project or the interventions make you understand more your experience or feelings facing the challenges you mentioned before?

Do you think the project improved your skills about how to deal with your feelings and concerns about safety and security in East Jerusalem? Give me an example of dealing with a challenge, how different your skills before and after participating in this program?

5. Do you all think there were any groups of children that needed the services provided by the project but did not receive services?

[Probe: If yes, who are these children? Can you give me an example? Why do you think they were not reached with the services? Do you know how they could have been reached?]

CONCLUSION

We have come to the end of the specific questions we planned to discuss with you all about the project. But before we conclude, are there any other challenges and/or successes about the implementation of the project that you would like to share/mention?

ANNEX H: Focus Group Discussion Guide (Caregivers)

UNICEF-SOP: Project Evaluation

Improving community-based psychosocial and protection services provided for children and adolescents in East Jerusalem

FGD Guide (Caregivers)

Region/Location: _____ Job title/Occupation: _____

Institution/Site: _____ Address: _____

Interviewer: _____ Time FGD started: _____

Comments: _____

INTRODUCTION

a) Thank you for participating in this discussion about the UNICEF adolescent psychosocial wellbeing project.

b) My name is _____, Project Evaluation Specialist with UNICEF-SOP. I would like to interview you about the project aimed at *improving community-based psychosocial and protection services provided for children and adolescents in East Jerusalem*". This project came to an end in December 2014 and there is a need to evaluate the project to inform all stakeholders, including UNICEF, the donor and implementing partners of the achieved results of the project, document lessons learned and provide recommendation for any future programming. The evaluation will assess the various components of the project and determine the overall relevance, effectiveness, efficiency, impact, sustainability, coverage, and gender sensitivity of the project.

c) Please feel free to talk openly. If you feel uncomfortable talking about any aspect of the project, or would rather not answer a particular question, please feel free to do so.

d) **Time:** The interview will take up to 90 minutes. If at any point you need to stop, please tell me and we can take a break.

e) **Confidentiality and anonymity:** Everything said in this discussion will be treated as confidential as possible. When we report on the findings, we would make sure that all your responses remain anonymous and ensure that your individual responses could not be linked to your name or organization.

f) **Recording:** Do you mind if I record this interview? It's only for evaluation purposes. That way I don't have to write down lots of notes while we talk. Nobody except the researchers will listen to the recording. [*Wait for the participant's response.*] Please speak clearly so that we can hear what was said in the recording.

g) **Test recording:** Before we start, I would like to make sure that the tape recorder is working properly. (Facilitator: start recording: say your name and the date, and say something light-hearted – like an observation about the weather today.)

DISCUSSION GUIDE

1. Tell me about you and your child or children's participation in this project?

[Probes: For how long were you or your child involved in this project?; In which interventions/activities did they participate?; Did your children attend "corners"?; How often did your children attend the "corners" and which of the "corners" you most encouraged them to attend?

2. How relevant was the project to the psychosocial needs of adolescents in East Jerusalem?

[Probes: Do you think the project adequately addressed the psychological needs of the children and adolescents?; If so, how?; Were you consulted during the development of the interventions?; Do you think your views and inputs were considered in the design of the interventions?; Do you think the interventions were designed to specifically meet the needs of adolescents in East Jerusalem?]

3. Do you think the project was effective in addressing the psychosocial needs of adolescents in East Jerusalem?

[Probes: Of the major intervention types (counselling, remedial education, etc.), which one was most beneficial and which one was least beneficial? Which of the interventions do you think was the most effective in addressing the needs of children and adolescents?; Which of the interventions did the children liked attending the most? Which of the interventions did the adolescents like attending the most? Do you think the project created any change in the way girls and boys use psychosocial and child protection services? Do you think the project included all adolescents regardless of whether of their gender? What would you consider to be the real benefits of the project to the children and adolescents?]

4. Do you think, the project improved your knowledge and understanding about the psychosocial wellbeing and protection support needs of the children and adolescents?

[Probes: Do you think the project improved your skills about how to address the psychosocial and protection needs of the children under your care? Of all the interventions, which one in your opinion was the most beneficial and which was least beneficial? Since participating in the project, has your child or children become more socially active? Do you feel it is important for him to be more socially active?

5. Do you all think there were any groups of children and/or adolescents that needed the services provided by the project but did not receive services?

[Probe: If yes, who are they? Do you know how they could have been reached?] Do you have any recommendations about better ways of reaching all children and adolescents that are in need of psychosocial and protection support services?

6. Do you have any feedback about the sensitization groups and workshops?

[Probe: What was your most favourite topics discussed? Was this activity a good way to vent your frustrations about the situation of children in East Jerusalem?; Were there any changes on your daily routine after participating in the project? ; Do you feel that this activity allowed you to further understand your child?; Do you feel that after your participation in the project you are now better able to cope with daily struggles?; For those that were referred to individual counselling, did you find it effective? What do you hope to see in the future?

CONCLUSION

We have come to the end of the specific questions we planned to discuss with you all about the project. But before we conclude, are there any other challenges and/or successes about the implementation of the project that you would like to share/mention?

ANNEX I: Impact Survey Questionnaire for Adolescents

UNICEF-State of Palestine

Survey on adolescent psychosocial wellbeing

Questionnaire for persons 12-20 years old

All information in this questionnaire is for pure statistical purposes only. It is considered confidential in accordance with the Public Statistics Law of 2000.

SD00	Respondent's serial number in sample <input type="text"/> <input type="text"/> <input type="text"/>	SD04	How many other children live in your household?
SD01	What is the name of the area/neighbourhood you currently live? _____ _____	SD05	Are you currently attending school? Yes <input type="checkbox"/> No <input type="checkbox"/>
SD02	What was your age on your last birthday: _____ (Years)	SD 06	Have you ever received psychosocial services from any organization in East Jerusalem Yes <input type="checkbox"/> No <input type="checkbox"/>
SD03	What is your gender? Boy <input type="checkbox"/> Girl <input type="checkbox"/>	SD07	If Yes, what is the name of the organization where you received services?

A01	Record the response code that is closest to what you feel in general now 1. Never 2. Sometimes (A little)	A. You feel hopeful	<input type="checkbox"/>
		B. You feel concerned	<input type="checkbox"/>
		C. You feel lonely	<input type="checkbox"/>
		D. You feel strong fear	<input type="checkbox"/>
		E. You feel secure	<input type="checkbox"/>
		F. You feel being loved	<input type="checkbox"/>

	3. Often 4. Always 5. Don't know	G. You feel being able to solve your problems	<input type="checkbox"/>
		H. You know how to manage in times of danger	<input type="checkbox"/>
		I. You can solve problems without quarrels and fights	<input type="checkbox"/>
		J. You have a happy life at home	<input type="checkbox"/>
		K. You are satisfied with things you can do at home in your free time	<input type="checkbox"/>

A02	Record the response code that is closest to what you feel in general now (<u>within the family</u>) 1. Never 2. Sometimes (A little) 3. Often 4. Always 5. Don't know 6. Not applicable	A. Your father understands you	<input type="checkbox"/>
		B. Your mother understands you	<input type="checkbox"/>
		C. Your parents treat you equally as they treat your siblings	<input type="checkbox"/>
		D. Your parents listen to you	<input type="checkbox"/>
		E. Your parents help you solve difficult problems	<input type="checkbox"/>
		F. You talk to your parents on issues that are important for you	<input type="checkbox"/>
		G. You talk to your parents on issues that happen in your day	<input type="checkbox"/>
		H. Your father hits you	<input type="checkbox"/>
		I. Your mother hits you	<input type="checkbox"/>
		J. Your parents yell at you	<input type="checkbox"/>
		K. Your siblings hit you	<input type="checkbox"/>
		L. You fight with your siblings	<input type="checkbox"/>

A03	Record the response code that is closest to what you feel in general now (<u>in school, outside the family</u>) 1. Never 2. Sometimes (A little) 3. Often 4. Always 5. Don't know 6. Not applicable	A. You feel safe at school	<input type="checkbox"/>
		B. You take part in the classroom	<input type="checkbox"/>
		C. Your teacher respects your views	<input type="checkbox"/>
		D. Some school personnel hits you (teacher, principal, counsellor)	<input type="checkbox"/>
		E. Some school personnel insults you (teacher, principal, counsellor)	<input type="checkbox"/>
		F. You have friends at school to talk to on issues that are of interest to you	<input type="checkbox"/>
		G. You have friends at school with whom you can spend some nice and enjoyable time	<input type="checkbox"/>
		H. Other children in the school hit you	<input type="checkbox"/>
		I. Other children in the school insult you	<input type="checkbox"/>
		J. Persons outside the school (not at home) hit you	<input type="checkbox"/>
		J. Persons outside the school (not at home) insult you	<input type="checkbox"/>
		L. You have someone (other than your parents) who can help you when you need help	<input type="checkbox"/>
		M. You love your neighbourhood	<input type="checkbox"/>
		N. You feel safe in the area where you live	<input type="checkbox"/>
		O. You feel satisfied with your relations with people in your neighbourhood	<input type="checkbox"/>
		P. You help other people when they have problems	<input type="checkbox"/>

A04	Record the response code that is closest to what you have felt in general in the past week 1. Never 2. Sometimes (A little) 3. Often 4. Always	A. You have seen nightmares during the past week	<input type="checkbox"/>
		B. You have faced difficulty sleeping during the past week	<input type="checkbox"/>
		C. You could concentrate when you needed to during the past week	<input type="checkbox"/>
		D. You have behaved aggressively (pushed, hit, shoved someone) during the past week	<input type="checkbox"/>
		E. You used bad language (cursed, insulted someone) during the past week	<input type="checkbox"/>
		F. You have lost your temper during the past week	<input type="checkbox"/>
		G. You have been easily annoyed during the past week	<input type="checkbox"/>

A05	Record the response code that is closest to what you have felt in the past two weeks / outside your home 1. Never 2. Sometimes (A little) 3. Often 4. Always 5. Don't know	A. You have been feeling calm and relaxed during the past two weeks	<input type="checkbox"/>
		B. You have been feeling vigorous and energetic during the past two weeks	<input type="checkbox"/>
		C. You have been feeling vigorous and relaxed when you get up in the morning during the past two weeks	<input type="checkbox"/>
		D. You have been feeling lots of joyful things in your days during the past two weeks	<input type="checkbox"/>
		E. You have been feeling happy and in a good mood during the past two weeks	<input type="checkbox"/>

A06	Record the response code that is closest to what you feel in general now (human security) 1. Never 2. Sometimes (A little) 3. Often 4. Always 5. Don't know	A. How often do you feel fear for yourself in your daily life?	<input type="checkbox"/>
		B. How often do you feel fear for your family in your daily life?	<input type="checkbox"/>
		C. How often do you feel concerned/afraid that you will not be able to provide your family with their basic needs?	<input type="checkbox"/>
		D. How often do you feel concerned/afraid that you may lose the source of your or your family's income?	<input type="checkbox"/>
		E. How often do you feel concerned/afraid that you may lose your house?	<input type="checkbox"/>
		F. How often do you feel concerned/afraid of being displaced?	<input type="checkbox"/>
		G. How often do you feel concerned/afraid about your own and your family's future?	<input type="checkbox"/>

A07	Record the response code that is closest to what you	A. How often do you feel afraid about your personal security?	<input type="checkbox"/>
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	feel in general now (personal security) 1. Never 2. Sometimes (A little) 3. Often 4. Always 5. Don't know	B. How often do you feel afraid about your family's security?	<input type="checkbox"/>
		C. How often do your family members feel afraid about your personal security?	<input type="checkbox"/>
A08	Record the response code that is closest to what you feel in general now 1. Never 2. Sometimes (A little) 3. Often 4. Always 5. Don't know	A. How often have you felt unable to control important things in your life?	<input type="checkbox"/>
		B. How often have you found yourself unable to manage all things that you have to deal with?	<input type="checkbox"/>
		C. How often have you been feeling distressed?	<input type="checkbox"/>
		D. How often have you been feeling frustrated/disheartened?	<input type="checkbox"/>
		E. How often have you been feeling helpless?	<input type="checkbox"/>
		F. How often have you been feeling insult?	<input type="checkbox"/>
		G. How often have you been feeling lonely?	<input type="checkbox"/>
		H. How often have you been feeling worried?	<input type="checkbox"/>
		I. How often have you been feeling sad?	<input type="checkbox"/>
		J. How often have you been feeling angry?	<input type="checkbox"/>
		K. How often have you been feeling bored / tired of life?	<input type="checkbox"/>
		L. How often do you feel unable to perform your daily activities as usual?	<input type="checkbox"/>

A09	Has any member of your family been arrested by the Israeli occupation forces?	1. Yes 2. No (go to A11) 3. Don't know (go to A11)	<input type="checkbox"/>
A10	How many of them?		<input type="checkbox"/> <input type="checkbox"/>
A11	Has any member of your family been injured (wounded) by the Israeli occupation forces or settlers?	1. Yes 2. No (go to A13) 3. Don't know (go to A13)	<input type="checkbox"/>
A12	How many of them?		<input type="checkbox"/> <input type="checkbox"/>
A13	Has any member of your family been killed by the Israeli occupation forces?	1. Yes 2. No (go to A15) 3. Don't know (go to A15)	<input type="checkbox"/>
A14	How many of them?		<input type="checkbox"/> <input type="checkbox"/>
A15	Has your house been demolished or shelled by the Israeli occupation forces?	1. Yes 2. No 3. Don't know	<input type="checkbox"/>
A16	To what extent are you satisfied with your life?	1. Very satisfied 2. Satisfied 3. Unsatisfied 4. Not satisfied at all 5. Don't know	<input type="checkbox"/>

Interview record:

IR01	Date of Interview	Day	Month	
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 st visit
IR02	Total number of visits	<input type="text"/>		
IR03	Final outcome of the interview <input type="checkbox"/>	1	Completed	
		2	Partially completed	
		6	Refused to cooperate, reason: _____	
		9	Other / specify	

Interviewer's comments

Comments about certain questions:

Any other comments:

Interviewer's name: _____
/2015

Interviewer's number _____

Date: /