Terms of Reference (ToR)

Evaluation of the Project "Promote Wellbeing and Mental Health for Vulnerable Groups in Palestine"

1. Background

The project "Promote Wellbeing and Mental Health for Vulnerable Groups in Palestine" is implemented and locally managed by RED NOSES Palestine (RNPS).

RNPS was officially registered as a subsidiary artistic organisation of RED NOSES International (RNI) in 2012.

The office in Palestine has been active since 2005 when a pilot project was initiated in cooperation with the Al-Kasaba Theatre and the Cinematheque in Ramallah. From 2010-2012 RED NOSES Palestine received funds from the European Union Culture Programme and the Arab Fund for Economic and Social Development to support the project in the West Bank.

The objective of RNPS is *"Empowerment of pediatric patients and other vulnerable groups through artistic and humorous interventions. The clowndoctor visits provide psychosocial support by alleviating emotions of anxiety, tension and psychosocial strain and improve the atmosphere in medical and social facilities in a sustainable way.[1]"*

By bringing humour and laughter into Palestinian hospitals, the team of clowndoctors boost the resistance and willpower of their patients. As clowndoctors take their patients' individual needs and interests into consideration, the result is a special connection between the patient and the artist. The patient's response is an elevation of mood coupled with enchantment and laughter (RNPS Website).

An array of laughter studies shows that laughter releases endorphins and therefore has a positive effect on the general well-being, strengthening the immune system and the psyche, easing pain and tightening social bonds (RNPS Website).

RNPS programmes are defined by their target groups such as paediatric patients, senior citizens, children with disabilities, refugee children and staff and volunteers of partners. Several formats are applied within these programmes:

1. Bed-side visits in the hospitals (regular interventions in the hospital for children, going from room to room, bedside to bedside)
2. Intensive Smile (visits to paediatric patients during treatments, before and after surgeries)
3. Circus Smile (workshops with refugees)
4. Regular visits for senior citizens

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[1] See RNPS Website: https://www.rednoses.eu/red-noses-organisations/palestine/ (dated 04.12.2018)

5. Regular visits to rehabilitation patients
6. Humour Workshops for staff of partners

The names of medical facilities are listed in Annex A.

The Austrian Development Cooperation (ADC) has been supporting RNPS since 2014 with three projects:

Project 1: 1.1.2014 - 31.12.2015, Contract Number: 2319-05/2014. The project contained the establishment of an independent and sustainable organisation in Palestine. The project identified ten expected results (job advertisements, audition system, hospital cooperations, different trainings & workshops, healthcare clown visits, reporting systems, PR work, etc.).

Project 2: 1.1.2016 – 31.12.2017, Contract Nr. 2319/2016. The project consolidated the established local structures, expanded activities on the ground and strengthened the knowledge exchange between RED NOSES Palestine and other partners' organisations of the RED NOSES group. Project 2 consisted of five expected results (auditions, trainings, healthcare clown visits, new cooperation agreements, PR work, etc.).

The major results of project 1 and 2 were:

4 auditions for healthcare clowns held.
46 healthcare clowns (23 male/23. female) participated in auditions
13 healthcare clowns (9 male/4 female) selected in auditions.
24 trainings for healthcare clowns organised,
19 healthcare clowns (14 male/5 female) participated in these trainings.1.505 visits of healthcare clowns in 9 hospitals for the children's programme.
54.932 no. of children visited/reached.
39 visits of healthcare clowns in 1 hospital and 1 geriatric facility for the geriatric programme.
807 number of adults visited/reached.[2]

Project 3: 1.1.2018 – 31.12.2019, Contract Nr. 2319-13/2018 is based on previous achievements and learnings.

The **goal of project 3** is *"… to support and complement the PA government efforts to, inter alia, improve the social services available to the Palestinian population, to support cultural innovation and production, to encourage the participation of women and youth in the labour market and to provide quality healthcare for all in the Palestinian Territories. The project objective and activities are equally linked to the efforts of the Palestinian government to preserve the identity and cultural heritage of Palestinians and strengthen the resilience of the Palestinian society."* (Project Document, Project 3: p. 15).

The **Overall Objective** of project 3 summarizes the above as following:

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[2] Source: ADA final report project 1 and 2 and record of local office. Data for participants to auditions only refers to project 2.

"Contribute to the mental health and thus emotional well-being of patients and other vulnerable groups in all Palestinian social and healthcare facilities by delivering RED NOSES social services throughout the entire territories" (Project Document, Project 3: Logframe Matrix).

The **Specific Objective(s)** of the project are: **"**Expansion of the activities on the ground reaching new vulnerable groups that do not yet have access to professional artistic clown interventions and deepening of the interactions with existing direct and indirect beneficiaries. (Increase from 12.320 in 2017 to 27.370 in 2019, increase by 15.050)" (Project Document, Project 3: Logframe Matrix).

The direct beneficiaries of the project are ill and hospitalised children in paediatric wards, children in refugee centres and elderly people in facilities for senior citizens as well as young Palestinian artists, doctors and nurses (Project Document, Project 3, p. 9, p. 22-24).

"A conservative indication would be that 30.000 people will be reached indirectly during the project, this is counting the patients' parents and medical staff working in the wards and social care facilities. Additionally, 21 freelance artists will benefit from the project by receiving a regular remuneration and expert training." (Project Document, Project 3, p. 24).

Project 3 identified eight expected results:

Result 1: Increased resilience and emotional well-being of senior citizens in geriatric facilities. *R1/Target: In 2018 and 2019 a total of 186 interventions for senior citizens are conducted in 7 facilities, resulting in approx. 520 visited senior citizens. Feedback talks with the caretakers, beneficiaries and their family members.*

Result 2: Increased resilience and emotional well-being of refugees in the West Bank. *R2/Target: 750 children in refugee camps in the West Bank receive psychosocial support through 15 clowndoctor visits. Feedback talks with UNRWA staff, the beneficiaries, family members.*

Result 3: All hospitals with major paediatric wards in the West Bank and East Jerusalem receive regular clowndoctor interventions. *R3/Target: 11 major paediatric wards in the West Bank and East Jerusalem receive visits, the new hospitals receive 36 visits, resulting in an additional 1152 beneficiaries.*

Result 4: Deepened cooperation with medical staff during stressful medical procedures and treatments in four hospitals. *R4/Target: Approx. 8.550 children in these hospitals will benefit from continued regular clowndoctor visits per year. Approx. 72 paediatric patients will benefit from intensified support during the course of the project.*

Result 5: Increased empathy of medical staff and knowledge about the benefits of humour in their daily work to sustainably better the atmosphere in medical facilities. *Result 5/Target: 20 humour in healthcare workshops conducted throughout the project, resulting in approx. 300 trained medical professionals. Feedback by medical staff.*

Result 6: Encouraged and more hopeful paediatric patients in the newly-build oncological ward of Rantisi hospital in Gaza city and reinforced cooperation with the Palestine Children's Relief Fund (PCRF) that is leading the project. *R6/Target: In the framework of a pilot project 5 visits are conducted in one hospital ward in Gaza resulting in approx. 20 visited patients. Feedback talks with the medical staff and the PCRF.*

Result 7: On-going training of existing and new artists (male and female) through the Red Noses Curriculum and strengthened managerial capacity of male and female Red Noses Palestine staff. *R 7/Target: Relevant staff participate in annual meetings, trainings, workshops, etc.*

Result 8: The project contributes to increase the visibility and awareness for the benefits of humour and cultural activities for healthier, more resilient, free and peaceful societies. *Result 8/Target. Increased number of followers on Social Media; Brochure in English and Arabic; Poster sessions and/ or panel at the Healthcare Clowning International Meeting 2018; Annual participation at the Bet Lahem Live Festival; Active participation in think tank of the Ministry of Culture to design the activities for the "Betlehem Arab City of Culture 2020".*

Besides these results stated in the Project Document and the logframe matrix there are other "results and changes" which the project tries to achieve over time:

- In addition to the benefits for the Palestinian health sector, the action will have direct positive spillovers to the cultural sector
- Job creation for Red Noses clown artists (men and women)
- Involvement of women in the performing arts which is still seen with scepticism.
- Official recognition of the "Humour in Healthcare" training for medical staff by the Ministry of Health which should result in the issuing of guidelines/standards for hospitals (Project Document, Project 3: p. 17-19, p. 39.

For the number of hospitals, geriatric facilities and refugee camps supported under the ADC projects 1, 2 and 3, see Annex A.

2. Purpose

The purpose of this evaluation is to contribute to accountability towards stakeholder as well as to provide evidence for institutional learning. Learning and lessons learnt will be beneficial for the remaining project period as well as for the next development phase of RNPS and the preparation of future projects.

No evaluation was yet conducted but it is included in Project 3. The evaluation combines formative and summative aspects since the project has been supported for three project cycles.

RNPS, RNI and ADA are interested in looking at possible effects and impacts. But it has to be noted, that this is not a rigorous impact evaluation since the methodological prerequisites do not exist for such an evaluation[3].

The primary users of this evaluation will be RED NOSES Palestine, RED NOSES International and the Austrian Development Agency.

3. Objectives

The objectives of this evaluation are:

a) to develop a joint understanding between different project stakeholders about different objectives, results and assumptions (hypotheses).

b) to analyse the relevance, effectiveness, impact and sustainability of the project.

c) to analyse cross-cutting issues (gender, environment, social standards).

d) to identify lessons learnt from the project implementation and draw conclusions for further adaptions.

Based on the three project documents and the logframe matrix of project 3 a project model was developed in the preparatory phase of this evaluation. It is expected that the project model will be analysed and further developed as part of this evaluation.

4. Focus and Scope

The evaluation will mainly focus on the expected results of project 3. But analysing the project model, it will be necessary to assess certain assumptions / prerequisites (hypotheses) from project 1 and project 2 in order to see whether or not the project is "functioning properly".

Two out of the eight project results of project 3 are currently not perceived as a priority for the evaluation since result 6 "the newly-build oncological ward of Rantisi hospital in Gaza city" will start operating from the beginning of 2019 and result 8 relates to "social media, brochures" etc.

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[3] For a rigorous impact analysis, base-line data/information is available, which combines the "before and after" comparison with comparison groups "with" and "without the project" for both time lines.

The evaluation will try to establish changes induced by the clowndoctor visits for different groups such as children in refugee camps, children in hospitals, senior citizens in geriatric facilities, healthcare clowns, medical staff (doctors, nurses), other staff, and institutions.

5. Evaluation Questions

Relevance

5.1 To what extent is the current project with all its objectives and expected results still relevant for Palestine today? Is it still valid for national priorities, people and partner organisations?

5.2 To what extent are the project model, the logframe matrix and the current assumptions (see Project Document) still feasible and comprehensible?

Effectiveness

5.3 Were all target groups, beneficiaries (children, senior citizens, healthcare clowns, doctors, nurses, family members and institutions reached by the project as originally planned? If not, why not? Is there a clear understanding about direct and indirect beneficiaries?

5.4 To what extent has the project increased the "resilience and emotional well-being[4]" of senior citizens in geriatric facilities (result 1), children in refugee camps (result 2) and children in hospitals (result 3, 4) as stated in the logframe matrix?

5.5 To what extent has the behaviour of medical staff already changed (result 5, increase of empathy, knowledge about humour)?

5.6 Did all the trainings for the healthcare clowns take place as planned? How effective were these trainings?

5.7 To what extent were gender and environmental mainstreaming and the social standards considered in the planning and implementation of the project? Are there particular gender issues in the project, if so, which ones?

5.8 To what extent is the current monitoring and evaluation system sufficient?

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[4] Definitions of "resilience and emotional well-being" are available.

Impact

5.9   What differences has the project generally made for children in hospitals, children in refugee camps, senior citizens in geriatric facilities and for staff in hospitals and geriatric facilities?

5.10 To what extent has the psychosocial support provided by healthcare clowns already become part of the regular healthcare system? Is the collaboration between healthcare clowns and staff from different hospitals and geriatric facilities functioning as planned?

5.11 To what extent has the project contributed to job creation, income generation and the reduction of "brain drain"among Palestinian artists (see goal statement)? How do healthcare clowns see their current engagement and future perspectives in their own country? If the project would not exist, what would the healthcare clowns have done otherwise?

5.12 What is the perception of the healthcare clown's profession? Are healthcare clowns perceived as professionals, "useful", "indispensable"or just "funny people with balloons"?

5.13 Has the project influenced the "cultural scene"or any other groups/institutions in Palestine? If so, to what extent and what exactly has changed for whom?

Sustainability

5.14 To what extent is the project "sustainable"in the sense that it will become less or not dependent on international donors? What could be the potential of institutionalizing project interventions into local structures? If funding remains important, what are the plans for the next three to five years and beyond?

6. Approach and Methods

The evaluation will use a theory-based approach, starting with the analysis of the programme model the logframe matrix and the project assumptions (hypotheses)[5].

It is expected that the evaluation will apply a mixed-method approach using quantitative and qualitative data for data collection, analysis and interpretation. Further, it should use existing information and data sources.

-   A desk study/literature review: It is necessary to analyse different strategic national documents, project documents, feedback notes, minutes, clown reports and other

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[5] Also see Sue C. Funnell and Patrcia J. Rogers, Purposeful Program Theory. Effective Use of Theories of Change and Logic Models, John Wiley & Sons, San Francisco, 2011.

reports in order to review evaluative evidence. Other existing data also needs to be analysed and interpreted. See Annex B for the literature.

- Key informant/expert interviews: Key information interviews with RNPS staff, RNI staff and relevant ADA staff.

- Semi-structured interviews with doctors and nurses from hospitals; staff from geriatric facilities; staff of refugee camps; healthcare clowns (also female clowns); Government officials (Ministry of Health, Ministry of Culture); other partners (e.g. Palestinian Children Relief Fund, theatre directors, Dar Al-Kalima College).

- Electronic Survey with all 20 healthcare clowns and / or two focus group discussions (FDGs) with 8 healthcare clowns each.

- Group discussions/informal discussions with children in hospitals and refugee camps and senior citizens (if possible).

Available Reports for the ADC project:

Available Information (Location of information)	Language	Project 1	Project 2	Project 3	Total
Number of healthcare clown reports from hospital visits (RNPS office)	Arabic	1192	1684	Approx. until Sept 2018 722	3598
Number of healthcare clown reports from visits of geriatric facilities (RNPS office)	Arabic	NA	114	Approx. until Sept 2018 118	232
Number of feedback forms filled in by healthcare clowns after clown trainings	English	1	5	2	8
Number of reports from healthcare clowns after Circus Smile Workshops for refugees				2-4 until February 2019	2-4
Number of minutes from feedback talks between RNPS and Hospitals since 2018	English			7	7
Number of minutes of meetings with RNPS staff		NA	10	3	13
Mid Term Report for ADA (Project 3 Feb. 2019)	German/English	1	1	1	3
Final Report for ADA	German/English	1	1	0	2
Field visit project manager	English	0	0	1	1

7. Evaluation Process

The evaluation consists of three phases: a) Inception Phase, b) Field Phase and c) Submission of Final Draft and Final Report

a) Inception Phase

Kick-Off meeting (end-January 2019, tbc.): Once the contract is signed a first discussion (via skype or in person in Vienna) will be organized by RNI in order to discuss the ToR and the intervention. First documents, reports, including available data need to be provided to the evaluation team as well as a list of people and partner institutions / organisations who are involved in the project. First interviews with key information may take place.

Desk Study: The evaluation team studies all necessary project documents, analyses the intervention logic and the project model and its assumptions.

Draft inception report (end-February 2019, tbc.): The draft inception report will be prepared by the evaluation team and will include:

- A presentation / discussion of the project model and assumptions (hypotheses).
- The design and the methodology of the evaluation. The use of an evaluation matrix (data collection planning worksheet) is required showing how each evaluation question will be answered.
- An overview of number of people to be interviewed/contacted in the evaluation.
- The location and number of site visits need to be decided as well as the people to be interviewed.
- The evaluation team will decide when additional interviews and the online-survey will be conducted. Data triangulation and quality control are very important and need to be discussed.

The inception report will be submitted and discussed with the contractor and the Managing and Artistic Director of RNPS.

b) Field Phase (February/March 2019, tbc.)

The field phase can only start after the inception report was officially approved by the contractor. The field phase consists of:

- Project site visits
- Data collection through interviews
- Data collection through Focus Group Discussions
- Survey data analysis
- Further analysis of reports/data
- Triangulation measures

It is estimated that the field trip will take approximately seven working days.

c) Submission of the Final Draft and Final Report (April 2019, tbc.)

A final draft report will be submitted and discussed with the contractor and the Managing and Artistic Director of RNPS. A powerpoint presentation of the findings and recommendations will be presented by the evaluation team leader in the RNI office in Vienna or via skype.

All feedback comments to the draft evaluation report need to be incorporated into one feedback matrix by the contractor and submitted to the evaluation team leader.

The evaluation team leader will incorporate these comments into the final evaluation report and submits the report to the contractor. Also see chapter 9, "deliverables".

8. Timetable

Activity	Date, all tbc.
Contract signed, provision of first documents	End-January 2019
Kick-off meeting (physical or skype meeting with contractor and evaluation team)	End-January 2019
Start of evaluation and desk study	End-January 2019
Submission of draft inception report	End-February 2019
Provision of comments and discussion between contractor and evaluation team.	End-February/Mid-March 2019
Submission of final inception by evaluation team and approval by contractor	End-February/Mid-March 2019
Field visit by evaluation team	End-February/March 2019
Submission of draft evaluation report by evaluation team to contractor	April 2019
Provision of comments and discussion between contractor and evaluation team.	April 2019
Submission of final evaluation report by evaluation team and approval by contractor	April 2019

About 25 working days are currently scheduled for this assignment.

9. Deliverables

The evaluation team leader is expected to provide the following deliverables:

- Inception report as described in chapter 7, (10-15 pages)
- Draft evaluation report (25-30 pages without annexes) including a draft executive summary and the ADA results-assessment form
- Powerpoint presentation of findings and recommendations
- Final evaluation report including a final executive summary in English and the ADA results-assessment form

All reports as well as executive summaries need to be written in English. The executive summary should summarize key findings and recommendations.

The quality of the final draft and final report will be assessed by the contractor according to the following criteria:

- Is the results-matrix format part of the report?
- Does the report contain a comprehensive and clear executive summary?
- Were the Terms of Reference fulfilled and is this reflected in the report?
- Is the report structured according to the OECD/DAC criteria?
- Are all evaluation questions answered?
- Are the methods and processes of the evaluation sufficiently documented in the evaluation report?
- Does the report describe and assess the programme model the logframe matrix and the project assumptions?
- Are cross-cutting issues analysed in the report?
- Are the conclusions and recommendations based on findings and are they clearly stated in the report?
- Does the report clearly differentiate between conclusions, lessons learnt and recommendations?
- Are the recommendations realistic and is it clearly expressed to whom the recommendations are addressed to?
- Were the most significant stakeholders involved consulted?
- Does the report present the information contained in a presentable and clearly arranged form?
- Is the report free from spelling mistakes and unclear linguistic formulations?
- Can the report be distributed in the delivered form?

10. Evaluation Team

It is suggested that the evaluation will be conducted by two independent evaluators (one international and one national) with the required qualifications and experience. Members of the evaluation team **must not have been** involved in the design, planning, monitoring or implementation of the project.

The qualifications and experiences of the evaluators need to be evident from the CV and a reference list. The evaluation team members must meet the following criteria:

International evaluator (team leader):

- Master's Degree in Social Science
- Experience in managing and/or conducting evaluation/reviews in development programmes in general (at least five references)
- Experience in evaluating/reviewing programmes/projects in the health or water & sanitation or education sector (at least two references)
- Experience in analysing and developing Theories of Change / Programme Models
- Experience in development cooperation (at least 10 years)
- Experience in capacity building/development
- Experience in cross cutting issues (gender & environment)
- Experience in quantitative and qualitative data collection and analysis (at least four years)
- Knowledge about Palestine
- Excellent oral and written English skills, German is an asset
- Sound MS Office and IT skills

National evaluator/consultant:

- Master's Degree in Social Science
- Experience in managing and/or conducting evaluation/reviews in development programmes (at least three references)
- Experience in development cooperation, ideally in the health sector (at least five years)
- Experience in quantitative and qualitative data collection and analysis / social science methods (at last two years)
- Experience in cross cutting issues (gender & environment)
- Excellent oral and written skills in English and Arabic
- Experience in translating from Arabic into English
- Excellent organisational skills e.g. organizing travel arrangements
- Excellent knowledge about Palestine
- Sound MS Office and IT skills

11.   Management of the Evaluation

The evaluation will be managed by Ms. Carmen Valero, RED NOSES Clowndoctors International, International Development & Institutional Partnerships.

Contact: carmen.valero@rednoses.eu

12. ANNEX A: List of Hospitals, Geriatric Facilities and Refugee Camps Visited until End of 2018

Children's Programme RNPS in total: List of 11 Medical and Social Institutions

1. Queen Alia Hospital in Hebron
2. Beit Jala Government Hospital Beit Jala/The Huda Al Masri Cancer Pediatric Department
3. Augusta Victoria Hospital in Jerusalem
4. Al Makasid in Jerusalem
5. Palestine Medical Center in Ramallah
6. Rafidia Hospital in Nablus
7. Al Najah National University in Nablus
8. Tulkarem Government Hospital in Tulkarem
9. Jenin Government Hospital in Jenin
10. Jericho Government Hospital in Jericho
11. Darwish Nazzal Hospital in Qalqilya

The Geriatric Programme RNPS in total: in hospitals and geriatric facilities as listed in the RNPS leaflet in English, Arabic

1. Augusta Victoria Hospital, Jerusalem
2. St. Nicholas House for the Elderly in Beit Jala
3. Beit Al-Ajdad for Elderly Care in Jericho

The Rehabilitation Programme RNPS in total: as listed in the RNPS leaflet in English, Arabic

The Jerusalem Princess Basma Center in Jerusalem

The crisis Affected Children's Programme

Aida Refugee camp in Bethlehem

Children's Programme ADC supported only: List of hospitals taken from Project Document, page 9

Name of Institution	City and Area	Project 1	Project 2	Project 3
		yes /no	yes /no	yes / no
(1) Beit Jala Governmental Hospital´s Huda al Masri Pediatric Cancer Department	Beit Jala/ Bethlehem	YES	YES	YES
(2) Palestine Medical Complex	Ramallah/ Ramallah and al-Bireh	YES	YES	YES
(3) Augusta Viktoria Hospital	Jerusalem**/** East Jerusalem,	YES	YES	YES
(4) Hebron Governmental Hospital	Hebron / Hebron	YES	YES	YES
(5) An Najah National University Hospital	Nablus / Nablus	YES	YES	
(6) Rafidia Hospital	Nablus / Nablus		YES	
(7) Al-Maqassed General Hospital	Jerusalem **/** East Jerusalem	Outreach	YES	
(8) Jenin Governmental Hospital	Jenin / Jenin		YES	
(9) Tulkarem hospital	Tulkarem / Tulkarem		YES	
(10) Jericho Governmental Hospital	Jericho			YES
(11) Darwish Nazzal Hospital	Qalqilya			YES

The Geriatric Programme ADC supported only:

Name of Institution	City and Area	Project 1	Project 2	Project 3
		yes /no	yes /no	yes / no
Augusta Viktoria hospital	East Jerusalem		YES	YES
St. Nicolas House	Beit Jala		YES	YES
Beit Al Ajdad Elderly house	Jericho			YES
In 2019 more institutions will follow				

The Rehabilitation Programme ADC supported only:

Visits to Princess Basma during project 2

The Emergency Smile programme ADC supported only

Only in project 3, by the end of project 3, RED NOSES workshops will have been implemented in 3-4 refugee camps.

13.   ANNEX B: List of Documents

Rote Nasen Clowndoctors International, Promote Wellbeing and Mental Health for Vulnerable Groups in Palestine (Project. 2319-13/2018) Project Document 2018-2019, November 2017.

Rote Nasen Clowndoctors International, Psychosoziale Unterstützung durch Clowndoctor Interventionen in Palästina (Project 2319-03/2016), 2014-2015, September 2015

Rote Nasen Clowndoctors International, Psychosoziale Unterstützung durch Clowndoctor Interventionen in Palästina (Project 2319-03/2016), Interim report, February 2017

Rote Nasen Clowndoctors International, Psychosoziale Unterstützung durch Clowndoctor Interventionen in Palästina (Project 2319-03/2016), Final report, March 2018

Rote Nasen Clowndoctors International, ROTE NASEN Palästina Organisation Entwicklung (Project 2319-05/2014), Project Document, 2016-2017, September 2013

Rote Nasen Clowndoctors International, ROTE NASEN Palästina Organisation Entwicklung (Project 2319-05/2014), Interim report, Februar 2015

Rote Nasen Clowndoctors International, ROTE NASEN Palästina Organisation Entwicklung (Project 2319-05/2014), Final report, September 2016

Red Noses Palestine: Healthcare clown reports from hospital visits, geriatric facilities, Circus Smile Workshops with refugees

Red Noses Palestine: Feedback forms filled in by healthcare clowns after clown trainings

Other Documents

European Union, A Global Strategy for the European Union's Foreign And Security Policy, 2016, available at: https://europa.eu/globalstrategy/en/shared-vision-common-action-stronger-europe

Human Development Index 2016, Table 1: Human Development Index and its components, Human Development Reports, United Nations Development Programme: http://hdr.undp.org/en/composite/HDI

Palestinian Bureau of Statistics: http://www.pcbs.gov.ps/site/512/default.aspx?tabID=512&lang=en&ItemID=1854&mid=3171&wversion=Staging http://www.pcbs.gov.ps/portals/_pcbs/PressRelease/Press_En_WElderlyD2015E.pdf

State of Palestine, National Policy Agenda 2017-2022, December 2016: http://eeas.europa.eu/sites/eeas/files/npa_english_final_approved_20_2_2017_printed.pdf

The World Bank:

http://www.worldbank.org/en/country/westbankandgaza/overview#1

http://documents.worldbank.org/curated/en/878481496148097124/pdf/May-2017-AHLC-World-Bank-Report-May-for-ACS.pdf

UNESCO, Florence declaration on "Culture, Creativity and Sustainable Development.", 2014: www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/CLT/pdf/FINAL_FlorenceDeclaration_1December_EN.pdf

United Nations. United Nations Convention on the Rights of the Child, Article 31; New York, NY, USA, 1989:"Ageing, older persons and the 2030 Agenda for Sustainable Development", United Nations, available at: https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2017/07/UNDP_AARP_HelpAge_International_AgeingOlderpersons-and-2030-Agenda-2.pdf