

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
OCCUPIED PALESTINIAN TERRITORY
RAPID RESPONSE
DETERIORATION OF PROTECTION AND HUMAN
RIGHTS ENVIRONMENT
2018**

RESIDENT/HUMANITARIAN COORDINATOR

Jamie McGoldrick

REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

The AAR meeting was conducted on 22 November 2018, facilitated by the UN Office for the Coordination of Humanitarian Affairs (OCHA) in Jerusalem and Gaza (with VTC link), and was attended by the reporting and programming focal points of both grant recipient agencies: United Nations Children's Fund (UNICEF) and World Health Organization (WHO).

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

The draft report was shared with the Humanitarian Country Team (HCT), which includes UN agencies, international and national non-governmental organizations (NGOs), the International Committee of the Red Cross (as an observer), for their review before being finalized by the RC/HC. The draft report was shared with the CERF recipient agencies.

YES NO

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

The draft report was shared with the relevant in-country stakeholders, including CERF recipient agencies and cluster coordinators.

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

CERF funding enabled UNICEF and WHO to immediately respond to the critical humanitarian needs of the most vulnerable groups including trauma patients, high-risk women, and children stemming from the Great March of Return demonstrations in Gaza in 2018. The CERF funding implementation, and continuum of care contributed to the reduction of cases of deaths and medical complications for the high-risk women and children including newborns, trauma patients, those requiring emergency surgical care and other most vulnerable groups. CERF funding was not only used to prevent death and disabilities for those who were injured during demonstrations stemming from the Great March of Return, but it also contributed to emergency patients in need of essential emergency healthcare who would have been denied care by hospitals in order to save supplies and beds for those wounded during the demonstrations.

1. OVERVIEW

18-RR-PSE-30459 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	11,906,498
FUNDING RECEIVED BY SOURCE	
CERF	1,260,080
COUNTRY-BASED POOLED FUND <i>(if applicable)</i>	1,800,000
OTHER (bilateral/multilateral)	8,500,000
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	11,560,080

18-RR-PSE-30459 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)			
Allocation 1 – date of official submission: 03/05/2018			
Agency	Project code	Cluster/Sector	Amount
UNICEF	18-RR-CEF-051	Health - Health	614,919
WHO	18-RR-WHO-017	Health - Health	645,161
TOTAL			1,260,080

18-RR-PSE-30459 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	1,260,080
- Funds transferred to Government partners*	
- Funds transferred to International NGOs partners*	
- Funds transferred to National NGOs partners*	

- Funds transferred to Red Cross/Red Crescent partners*	
Total funds transferred to implementing partners (IP)*	
TOTAL	1,260,080

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

HUMANITARIAN NEEDS

Humanitarian Context: The protracted humanitarian crisis in the oPt is a direct result of Israel’s ongoing occupation, which has become increasingly fragile over the past 11 years in the context of Hamas’s control over the Gaza Strip, the enforcement of the blockade by Israel, recurrent hostilities and escalations in violence, as well as negative developments related to the internal Palestinian divide. This has resulted in needs for life-saving humanitarian responses mainly in the areas of food security, water and sanitation, health and protection. The situation is more acute in Gaza given the recurrent hostilities and the longstanding restrictions on the movement and access of people and goods which along with the severe aggravation of the electricity crisis since June 2017, have exacerbated pre-existing vulnerabilities and led to unprecedented levels of unemployment, poverty and hence food insecurity, and taken a toll on the availability and quality of basic essential services. Since 30 March 2018, the Gaza Strip witnessed a significant increase in Palestinian casualties in the context of mass demonstrations taking place along Israel’s perimeter fence with Gaza. The surge in humanitarian needs took place against a backdrop of an overall extremely precarious humanitarian situation in the Gaza Strip, expressed through a health system on the verge of collapse and increasing, widespread despair as conditions deteriorated and hope for political solutions diminished. Gaza’s collapsing health sector was undermined by the now 11-year blockade, the deepening intra-Palestinian political divide, an energy crisis, inconsistent payment of public sector medical personnel, and growing shortages in medicines and disposables.

Cause of the crisis: The demonstrations occurred as part of the “Great March of Return”, a series of mass protests, which were originally expected to continue up until 15 May. At the end of March 2018, 40 per cent of essential drugs had been completely depleted and 45 per cent were at less than one month’s supply at the Central Drug Store in Gaza. Health professionals, particularly some 500 that had recently returned to work after 10 years, had little to no access to formal training to update their skills and the remaining workforce struggled to get access to medical training. Options to refer patients for care outside Gaza remained extremely limited. As such, the potential impact of the current crisis on the people of Gaza – and on the already fragile health system – was not to be underestimated.

The health system was essentially unable to cope with the current high casualty rates from the demonstrations without additional support. Some support had been provided since the start of the crisis, largely through the use of prepositioned medicines and disposable medical supplies and the mobilization of a few emergency medical teams, but far more was urgently needed to ensure the wounded received emergency treatment. It was expected that the increased burden on the health sector caused by the casualties had resulted in another approximately 22,500 cases not being able to access (fully or at all) essential healthcare services, particularly women, children and the elderly. Over a four-month period, this total reached up to 90,000 patients affected directly as a result of the demonstrations and were unable to access essential emergency healthcare services.

The large number of casualties among unarmed demonstrators, including a high percentage of demonstrators hit by live ammunition, has raised concerns about excessive use of force, and has given rise to statements of the UN Secretary-General and the UN High Commissioner for Human Rights. Israeli authorities have stated that many of the fatalities were members of Hamas and other armed groups and have accused the MOH of inflating the number of wounded by live ammunition.

Affected population: At the time of writing the CERF proposal a cumulative total of 44 people had been killed, including 5 children, and 6,793 people, including at least 701 children, were injured by the response of Israeli forces, according to the Gaza Ministry of Health (MOH) since the mass demonstrations by Palestinians began in Gaza on 30 March 2018. From the total number of injured, approximately 59 per cent (4,003 people) had been hospitalized in Gaza at MOH hospitals and NGO hospitals, including 1,935 due to live ammunition injuries. While women, men, girls and boys had participated in the demonstrations and been affected by the violence, the casualty figures showed that the vulnerable group that had been predominantly affected by the violence was male adults. Of the total casualty figures, 95 per cent were male and 5 per cent female. In addition, at least 96 health personnel had been injured and 16 ambulances had been damaged by Israeli fire, according to data provided by the Palestinian Red Crescent Society, Palestinian Medical Relief Society and the MOH.

Humanitarian consequences and need for CERF funding: To respond to the emergency there was an urgent need to scale-up the trauma pathway to be effective to provide (a) medical supplies (b) human resources (such as doctors and nurses) and (c) the development of a patient information/ coordination and referral system. With CERF funding, the trauma pathway was scaled-up, specifically through the provision of the essential medical supplies, including lifesaving drugs and disposables. This enabled health staff working in the hospitals to provide the necessary medical care required to stabilize and treat injured patients and through the safe collection, storage and administration of blood so that essential life-saving surgeries could be conducted throughout the Gaza Strip.

Through the development of the trauma management pathway, CERF funding was not only used to prevent death and disabilities for those who were injured but it would also contribute to emergency patients in need of essential emergency healthcare who would have been denied care by hospitals in order to save supplies and beds for those wounded during the demonstrations. In fact, greater numbers of pregnant women, children under 5, and chronically ill patients, particularly the elderly, were being affected by the violence during demonstrations, not because they were being directly injured in large numbers, but because their treatment and healthcare for other urgent conditions was being interrupted as the wider health system was responding to the casualties from the fence. Through a joint application, WHO and UNICEF were able to collectively better ensure a timely delivery of priority pharmaceutical and supply items and of essential medical and surgical equipment, potentially benefitting from accelerating deployment of supplies already in the pipeline of both agencies, with a later replenishment through CERF. A joint proposal also allowed to quickly address some priority gaps through local procurement of selected items. Finally, WHO and UNICEF working collectively were able to effectively address the logistic challenges inherent in delivering any sort of goods to Gaza.

3. PRIORITIZATION PROCESS

Focus and prioritisation process: The overall objective of this CERF allocation was to specifically respond to the following components of the health sector emergency response; namely 1) the enhancement of the trauma pathway in order to decrease risk of death or disability amongst injured cases and 2) ensuring access to healthcare for emergency patients. The focused and prioritized key activities that were included in the CERF rapid response application were implemented as planned, by the partners UNICEF and WHO.

The Health Cluster developed an event specific emergency response plan. The plan was developed with all key emergency implementing agencies, including, UNICEF, ICRC, MSF, MAP-UK, MOH and other key players. The plan outlined the following key response components:

1. Enhance trauma pathway in order to decrease risk of death or disability amongst injured cases. This included access to frontline emergency care, adequate transportation of casualties, injury management at the hospital, and post-operative and multi-disciplinary rehabilitative care (such as physiotherapy and mental health support).
2. Support to emergency patients: there was a need to ensure that vulnerable groups, particularly women, children and the elderly continue had access to essential healthcare services.
3. Provide mental health support to injured patients suffering from acute severe mental health problems
4. Protection of healthcare: Monitor, verify and record attacks and violence against healthcare; and advocate for the protection of health under international humanitarian law and human rights laws.

Needs assessments and community engagement: In developing the Health Cluster event-specific emergency response plan, affected people were involved in the design of this response through the active involvement of local NGOs and key representative groups, including the local authorities and the Ministry of Health. As the health emergency response activities progressed, the health sector actively engaged with beneficiaries through field visits, workshops and the development of a complaints mechanism for Health Cluster partners. Throughout the plan, the sector aimed to ensure that needs of women, girls and boys, and men were met equally by using the injury severity index; put differently, the health status of the individual was vital in ensuring that the humanitarian community was responding to the most urgent emergency cases identified.

For the health sector, the sum total of people in need for a period of four months since the start of the crisis, was estimated at 100,500 people, i.e. including both the number of people sustaining injuries requiring hospitalization (10,500), as well as the number of patients directly affected by the crisis in terms of their access to essential emergency healthcare services (90,000). Since the start of the crisis, the Health Cluster conducted a weekly analysis of the situation and issued Health Cluster/ WHO Situational Reports (*see the narrative provided in the CERF funding proposal*).

Complementarity with CBPF allocations: At the time of writing the CERF funding proposal, the health sector had only been able to secure \$2.05 million in funding for the urgent health response to this crisis. A total of \$11.9 million was required for the first 6 months, of which \$7.1 million was the portion required by WHO and UNICEF. Of that, WHO and UNICEF most urgently and immediately required \$4.8 million. The Humanitarian Coordinator released \$1.8 million from the country-based pooled fund – the oPt Humanitarian Fund, or HF – via a reserve

allocation in order to respond to the emergency health needs. In addition, ECHO had pledged 1.5 million Euro to WHO and UNICEF had secured some \$250,000 from the UNICEF HQ. The CERF rapid response grant therefore aimed to complement the funding from other donors and enable the response to continue to scale up as funding came online.

4. CERF RESULTS

CERF allocated \$1.2 million to oPt from its window for rapid response emergencies to specifically respond to specific components of the health sector emergency response; 1) the enhancement of the trauma pathway in order to decrease risk of death or disability amongst injured cases and 2) ensuring access to healthcare for emergency patients. This funding enabled UN agencies to respond immediately to the critical humanitarian needs of the most vulnerable groups including trauma patients, high-risk women, and children. The numbers reached with the CERF reached exceeded the total planned. This was due to the fact that the incidence of injuries caused by the Gaza mass demonstrations increased over the intervention period; this meant that a higher number of people were treated at the emergency departments, which was the main target of the CERF intervention by UNICEF and WHO. At least 34,500 cases of high risk pregnant and lactating women and children including 4,500 newborns benefited from the access to emergency maternal and neonatal healthcare services. Over 1,800 patients had access to emergency surgical care and additional 1,142 people with limb injuries benefitted from assistive devices. Additional 40,000 patients attended by 13 public hospital-based laboratories benefited from test done by delivered medical supplies, allowing for proper diagnosis and treatment of wound infections. These were cases of those who were not able to access essential healthcare services due to the increased burden on the health sector by the casualties. The CERF funding implementation, and continuum of care contributed to the reduction of cases of deaths and medical complications for the high-risk women and children including new-borns, trauma patients, those requiring emergency surgical care and other most vulnerable groups.

Through this CERF grant, UNICEF supported the Ministry of Health (MOH) to provide much needed lifesaving health services to a total of 34,500 patients who had emergency-related cases. 22,000 high-risk women, 12,500 new-borns and children (6,970 males and 5,530 females). UNICEF distributed 583 pallets of essential and lifesaving drugs and medical consumables to 26 maternal health facilities, 6 neonatal intensive care units and paediatric hospital in Gaza. With this CERF grant WHO was able to provide much needed support to MOH to scale up the trauma pathway, specifically through the provision of the essential medical supplies, including lifesaving drugs, disposables and assistive devices. More than 1,800 of trauma patients in need of surgical care benefitted from 18 Trauma Kits A+B. Over 40,000 patients benefited from improved laboratory capacity in 13 major-hospital based laboratories across the Gaza and the central blood bank. A full-time international logistician supported the procurement and delivery of supplies.

5. PEOPLE REACHED

Both UNICEF and WHO used an evidence-based approach to estimate the number of beneficiaries from this intervention. Each activity was designed to meet a specific group of beneficiaries; for example, the procurement of assistive devices through WHO's procurement was an activity specifically designed to support those who are injured from the mass demonstrations. Hospitals records were used to verify the number of beneficiaries in addition to the Health Cluster independent monitoring system called HERAMS (health information resources availability mapping system). This independent system is accessible from: <http://healthclusteropt.org/pages/9/herams-hospitals>. Double counting was avoided as the agencies targeted different groups; WHO targeted trauma casualties and UNICEF targeted non-trauma casualties. The approach used to calculate the beneficiary numbers included: hospitals records, which were verified with the HERAMS (health resources availability mapping system), which is an independent hospital monitoring system established by the Health Cluster.

The numbers reached with the CERF reached exceeded the total planned. This was due to the fact that the incidence of injuries caused by the Gaza mass demonstrations increased over the intervention period; this meant that a higher number of people were treated at the emergency departments, which was the main target of the CERF intervention by UNICEF and WHO.

18-RR-PSE-30459 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR¹

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Health - Health	18,964	34,911	53,875	20,954	13,436	34,390	39,918	48,347	88,265

¹ Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

18-RR-PSE-30459 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING²

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	8,393	32,817	41,210	12,283	27,249	39,532	20,676	60,066	80,742
Reached	18,964	34,911	53,875	20,954	13,436	34,390	39,918	48,347	88,265

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

18-RR-PSE-30459 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY

Category	Number of people (Planned)	Number of people (Reached)
Refugees	54,905	61,785
IDPs		
Host population	25,837	26,480
Affected people (none of the above)		
Total (same as in table 5)	80,742	88,265

6. CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES

PARTIALLY

NO

Upon the receipt of the grant, UNICEF through its Supply and Logistics Section, initiated offshore procurement of essential drugs to ensure fast and timely delivery of assistance to beneficiaries. After a period of four months, UNICEF finalized the procurement of 583 pallets of essential and lifesaving drugs. This comprised of 10,000 boxes of a combination of drugs like diazepam, hydrocortisone, lidocaine, dexamethasone and metronidazole and 12,000 boxes combination of sodium chlorine and sodium lactate compound injection which were distributed to 32 maternal and child health care facilities. These health facilities comprised of 26 maternal and 6 neonatal Intensive Care Units and paediatric hospital with the most urgent needs in Gaza (Naser, Shifa, European Gaza, Indonesia, Al Aqsa, Najjar). As part of the fast delivery mechanism, the cluster identified a total of 34,500 emergency related cases of priority. This involved reaching out to 22,000 high-risk women and 12,500 children including 4,500 new-borns (6,970 males and 5,530 females).

In addition to the offshore procurement, local procurement arrangements were made for medical consumables such as syringes, chest tubes, carbon fibre rods were purchased for a total of 32 maternal and neonatal health facilities that were facing stock out of medical supplies. The distribution of the locally procured medical consumables commenced in the beginning of November 2018.

Immediately after the receipt of the CERF allocation, WHO initiated procurement and delivered life-saving medical supplies, drugs, disposables and laboratory equipment and assistive devices. More than 1,800 of trauma patients in need of surgical care benefitted from 18 Trauma Kits A+B delivered by WHO to the MOH Central Drug Store for emergency departments of six public hospitals in Gaza Strip. Patients suffering from a limb injury benefitted from 37 wheelchairs and 1,105 pairs of crutches provided by WHO through funding from CERF. Laboratory kits containing rapid diagnostic tests and laboratory reagents to cover the urgent needs of blood banks in Gaza were delivered to support 13 major-hospital based laboratories across the Gaza and the central blood bank immediately supporting over 200,000 tests or 40,000 patients as each patient gets an average of four tests in the emergency room. A total of 13 public hospital-based laboratories benefitted from medical supplies, allowing for proper diagnosis and treatment of wound infections.

b) Did CERF funds help respond to time-critical needs?

YES

PARTIALLY

NO

Despite the escalating violence in Gaza, funding constraints, movement restrictions of personnel and humanitarian supplies into and within Gaza, UNICEF and WHO could respond timely to the critical humanitarian needs of the most vulnerable groups including trauma patients, high-risk women, and children.

During the reporting period, at least 34,500 cases of high risk pregnant and lactating women and children including 4,500 newborns benefitted from the access to emergency maternal and neonatal healthcare services. Over 1,800 patients had access to emergency surgical care and additional 1,142 people with limb injuries benefitted from assistive devices. Additional 40,000 patients attended by 13 public hospital-based laboratories benefitted from test done by delivered medical supplies, allowing for proper diagnosis and treatment of wound infections. These were cases of those who were not able to access essential healthcare services due to the increased burden on the health sector by the casualties. The CERF funding implementation, and continuum of care contributed to the reduction of cases of deaths and medical complications for the high-risk women and children including new-borns, trauma patients, those requiring emergency surgical care and other most vulnerable groups.

c) Did CERF improve coordination amongst the humanitarian community?

YES

PARTIALLY

NO

The CERF project was implemented by UNICEF and WHO in close coordination with the MOH and other Health cluster partners. Coordination amongst the humanitarian community with Health cluster partners was evident during all phases of project implementation. There were close consultations and collaborations in the preparation of project proposals and Bill of Quantities for medical supplies and implementation to ensure delivery of services to the affected communities.

Coordination was maintained with all relevant stakeholders through the Health cluster meetings and bilateral discussion with MOH, UNFPA, UNRWA and health service providers. The coordination links between UNICEF and WHO helped to establish an effective management system to provide essential and lifesaving health interventions to acutely-vulnerable people, families and communities.

d) Did CERF funds help improve resource mobilization from other sources?

YES

PARTIALLY

NO

CERF was the example of successful joint interagency efforts between UNICEF and WHO which resulted in well-coordinated and harmonized resource mobilization and provision in humanitarian response. Some donors like the Humanitarian Pooled Fund (2nd Reserve) and Government of Canada appreciated the CERF joint resource mobilisation approach with assurance of additional support in future UNICEF programs aiming at the provision of a humanitarian response. Similarly, WHO was able to secure additional longer-term funding from the European Union (ECHO) and the Humanitarian Fund to support the MOH and other partners to implement life-saving pre-hospital and hospital management of trauma patients.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

Through CERF the sector has been able to do rapid procurement of essential medical supplies including drugs and disposables, equipment and provision of assistive devices for patients suffering from physical injury. CERF has also added value through the joint and coordinated effort by UNICEF, WHO and Health cluster in additional logistical support. The supply manager was promptly deployed from the standby Rapid Response Team for the six months period to ensure the provision of coordinated, timely and accountable emergency response through CERF. The Supply manager has ensured appropriate processes and provided efficient logistic operations of goods related to the CERF under the health cluster like customs clearance, transport requests, receipt, and dispatch. In addition, CERF was the model of good practice to other Health cluster agencies for the joint UNICEF and WHO intervention and provision of coordinated and harmonized humanitarian response.

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
Timely transfer of the CERF grant to agencies will ensure early procurement and delivery of life-saving supplies to the affected population.	The funds were transferred to agencies one month after the allocation. Keeping to an agreed 2-week period would improve the procurement lead times.

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The key obstacle during the project implementation were related to the procurement process of medical supplies.	Both UNICEF and WHO ensured coordination with the Israeli authorities to accelerate the entry of offshore-procured items into Gaza. With regards to the local procurement of medical disposables, market research was conducted by UNICEF's Supply Unit and offers from reliable suppliers were collected and considered.	Health Cluster agencies
Joint procurement of medical supplies and use of a common supply chain saves time and improves humanitarian response efficiency.	For future improvement to the health cluster implementation and response to the urgent humanitarian needs in Gaza, prepositioning of required essential drugs and medical supplies should be done jointly by the agencies to ensure they use a common drugs store and medical supplies warehouse in Gaza.	Health Cluster agencies
Further support is needed at the hospitals to ensure that injured patients are documented on an electronic system in order to estimate the burden of disease on the health system	Health Cluster partners need to invest in electronic health records to ensure access to essential, timely and life-saving information. This is critical during times of heightened conflict and/or disease outbreak.	Health Cluster partners

PART II

8. PROJECT REPORTS

8.1. Project Report 18-RR-CEF-051,18-RR-WHO-017 - UNICEF, WHO

1. Project information			
1. Agency:	UNICEF, WHO	2. Country:	occupied Palestinian territory
3. Cluster/Sector:	Health - Health	4. Project code (CERF):	18-RR-CEF-051; 18-RR-WHO-017
5. Project title:	Responding to the trauma injuries and emergency casualties in the Gaza Strip		
6.a Original Start date:	05/04/2018 (UNICEF) 05/04/2018 (WHO)	6.b Original End date	04/10/2018 (UNICEF) 04/10/2018 (WHO)
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
7. Funding	Total requirement for agency's sector response to current emergency:		US\$ 1,606,498 (UNICEF) US\$ 12,000,000 (WHO) ¹
	Total funding received for agency's sector response to current emergency:		US\$ 2,274,731.40 (UNICEF) US\$ 4,000,000 (WHO)
	Amount received from CERF:		US\$ 1,260,080
	Total CERF funds forwarded to implementing partners of which to:		US\$ 0
		<ul style="list-style-type: none"> ▪ <i>Government Partners</i> ▪ <i>International NGOs</i> ▪ <i>National NGOs</i> ▪ <i>Red Cross/Crescent</i> 	

2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF supported the Ministry of Health (MOH) to provide much needed lifesaving health services to a total of 34,500 patients who had emergency-related cases. 22,000 high-risk women, 12,500 new-borns and children (6,970 males and 5,530 females). UNICEF distributed 583 pallets of essential and lifesaving drugs and medical consumables to 26 maternal health facilities, 6 neonatal intensive care units and paediatric hospital in Gaza (Naser, Shifa, European Gaza, Indonesia, Al Aqsa, Najjar).

¹ WHO indicated an amount of 3,2 million in the project. However, this figure increased to 12 million following an update of their emergency health response strategy.

With this CERF grant, WHO was able to provide much needed support to the Ministry of Health to scale up the trauma pathway, specifically through the provision of the essential medical supplies, including lifesaving drugs, disposables and assistive devices. More than 1,800 of trauma patients in need of surgical care benefitted from 18 Trauma Kits A+B. Patients suffering from a limb injury benefitted from 37 wheelchairs and 1,105 pairs of crutches. Over 40,000 patients benefitted from improved laboratory capacity in 13 major-hospital based laboratories across the Gaza and the central blood bank. A full time international logistician supported the procurement and delivery of supplies.

3. Changes and Amendments

The continued deterioration of the Gaza situation did not affect the implementation of the plan. No modifications were made to the original plan of activities. Fund utilization was done in line with project proposal that was approved by CERF secretariat.

During the local tendering process, WHO found that two items used for blood collection were not available in a timely manner (“Reagent Pack- Noa 10” and “Snap Back AVL-9180”). WHO liaised with the MOH and agreed that these supplies could be provided from a different agency while WHO procured the remaining supplies. In order to make up for the cost difference, WHO increased the quantity of the items that are in more demand.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex (UNICEF)

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	8,393	32,817	41,210	12,283	27,249	39,532	20,676	60,066	80,742
Reached UNICEF	5,530	22,000	27,530	6,970		6,970	12,500	22,000	34,500
Reached WHO	13,434	12,911	26,345	13,984	13,436	27,420	24,195	29,571	53,766
Reached	18,964	34,911	53,875	20,954	13,436	34,390	39,918	48,347	88,265

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>	54,905	37,635 (UNICEF); 24,150 (WHO) 61,785
<i>IDPs</i>		
<i>Host population</i>	25,837	16,130 (UNICEF); 10,350 (WHO) 26,480
Total (same as in 4a)	80,742	88,265

5. CERF Result Framework

Project objective	Essential healthcare services are available for the injured patients and the emergency cases, particularly women, children and elderly during the emergency in Gaza.
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Output 1	46,000 trauma patients benefiting from access to improved trauma care delivered at the six MOH hospitals in Gaza (Naser, Shifa, European Gaza, Indonesia, Al Aqsa, Najjar)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of trauma casualties managed at the six MOH hospitals emergency departments	35,200	42,982	WHO-Health Cluster Situation Reports and HeRAMS report from 01 April to 30 September 2018
Indicator 1.2	# of life-saving trauma related surgeries at the six MOH hospitals emergency departments	10,800	10,784	HeRAMS report from 01 April to 30 Sep 2018
Activities	Description	Implemented by		
Activity 1.1	Procurement of essential and life-saving medical supplies	WHO		
Activity 1.2	Distributions of life-saving medical supplies	WHO		
Activity 1.3	Follow-up monitoring of the activities and the needs through field visits	WHO		

Output 2	34,500 emergency related cases benefiting from access to life-saving health care services at the six MOH hospitals in Gaza (Naser, Shifa, European Gaza, Indonesia, Al Aqsa, Najjar)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of emergency related cases managed at the MOH hospital facilities	34,500	34,500	List from the health facilities.
Activities	Description	Implemented by		
Activity 2.1	Procurement of essential and life-saving medical supplies	UNICEF		
Activity 2.2	Distributions of life-saving medical supplies	UNICEF		
Activity 2.3	Follow-up monitoring of the activities and the needs through field visits	UNICEF		

6. Accountability to Affected People

A) Project design and planning phase:

Before designing and planning the CERF project proposal, UNICEF, WHO and Health cluster partners and beneficiaries, conducted a reassessment of the needs of the most vulnerable affected population, including trauma patients, women and children and available resources of the health sector and its capacities to respond to the urgent humanitarian needs. In consultation with the partners, two detailed lists of essential drugs and medical disposables, for maternal and child health care, were developed and submitted as an annex to the CERF project proposal. This was done to ensure that planned interventions are aligned with the health issues of the most vulnerable pregnant and lactating women, new-borns and children, and to respond to the greatest needs of the maternal and child health care facilities.

Similarly, a final list of procurement to scale-up the trauma pathway, including drugs, disposables, lab equipment and assistive devices has been drafted and discussed at the Health Cluster Trauma Working Group and endorsed by the MoH to ensure that there is no duplication and procurement responds to the most acute needs in MoH hospitals.

B) Project implementation phase:

Based on UNICEF’s expertise and capacity in the procurement of drugs and medical disposables, the implementation was done through UNICEF’s Supply Division Copenhagen. Offshore and local procurement was done for medical supplies and medical disposables respectively. Medical supplies were ordered based on the submitted list of essential drugs and consumables that were developed jointly with the implementing partners during the project design phase and approved by CERF Secretariat.

Considering the urgency of procurement, WHO resorted to local procurement of laboratory supplies and assistive devices. A full-time international logistician supported the entire process to ensure that it complied with strict WHO rules and regulation on procurement of such items. Procurement of ready-to-ship Trauma Kits A and B was done through WHO Global Procurement System using the emergency procurement standard operating procedures to speed-up the process.

C) Project monitoring and evaluation:

Monitoring of project activities was done by UNICEF and its partners to ensure compliance to the project deliverables and timeframe. Beneficiaries were given the opportunity to give their feedback on the services provided and to raise issues of concern. UNICEF and WHO monitored the storage and distribution of the medical supplies in line with standard monitoring procedures of due diligence. The system for regular and thorough monitoring of supply distribution was established jointly between UNICEF and WHO to follow up on the delivery and utilization of medical goods to the health facilities and beneficiaries.

Project implementation was reviewed as part of the Annual Programme Review jointly conducted by UNICEF and implementing partners. Regular field visits to the project sites were conducted by UNICEF Health programme and Supply staff, and recommendations were followed-up and implemented as required. Partners submitted progress reports as a component of the project monitoring mechanism. UNICEF held regular meetings with the main stakeholders and implementing partners to discuss the findings of field monitoring and adopt solutions in cases of constraints.

After delivery of supplies, WHO staff conducted several monitoring visits to the emergency departments of the public hospital to verify the availability of supplies. WHO also monitored the project achievements using the HeRAMS – a health resource availability monitoring system supported by WHO and the Health Cluster. A regular WHO Health Emergency Meetings and Health cluster meetings were used to provide feedback. The Information Management Officer funded by the CERF grant served as a key focal point for collecting and preparing the overview of the HeRAMS.

7. Evaluation: Has this project been evaluated or is an evaluation pending?	
	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
CBPF	Country Based Pooled Fund
CERF	Central Emergency Response Fund
ECHO	European Commission Humanitarian Aid Operations
FTS	Financial Tracking Service
HCT	Humanitarian Country Team
HERAMS	Health Information Resources Availability Mapping System
HF	Humanitarian Fund
HQ	Head Quarters
HRP	Humanitarian Response Plan
ICRC	International Committee of the Red Cross
IP	Implementing Partner
MAP UK	Medical Aid for Palestinians
MOH	Ministry of Health (Gaza)
MSF	Medecins Sans Frontiers
NGO	Non Governmental Organisation
OCHA	Office for the Coordination of Humanitarian Affairs
oPt	Occupied Palestinian Territory
RC/HC	Resident Coordinator / Humanitarian Coordinator
UN	United Nations
UNICEF	United Nations Children Fund
UNRWA	United Nations Relief and Works Agency for Palestinian Refugees in the Near East
VTC	Video Telephone Conference
WHO	World Health Organisation