

Global Health Report



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Hanin, born prematurely at 30 weeks weighing 1.1kgs is now inside an incubator provided to Gaza's Al-Shifa hospital by UNICEF-SoP

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UNICEF - State of Palestine

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TABLE OF CONTENTS

ABBREVIATIONS AND ACRONYMS	3
1. SUMMARY	4
2. STRATEGIC CONTEXT IN 2018	5
3. RESULTS IN THE OUTCOME AREA.....	6
4. CONSTRAINTS AND LESSONS LEARNT	8
5. RESOURCES	10
6. FINANCIAL IMPLEMENTATION	10
7. FUTURE WORK PLAN.....	12
EXPRESSION OF THANKS.....	13
ANNEX: DONOR VISIBILITY	13

ABBREVIATIONS AND ACRONYMS

CCA	Common Country Analysis
CEDAW	Committee on the Elimination of Discrimination against Women
CO	Country Office
COGAT	Coordinator of Government Activities in the Territories
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CWD	Children with disabilities
ECD	Early Childhood Development
ECI	Early Childhood Interventions
GMR	Great March of Return
HQ	Headquarters
MCH	Maternal and Child Health
MoH	Ministry of Health
NGO	Non-Governmental Organizations
NICU	Neonatal intensive care units
ORE	Other Regular Emergency
ORR	Other Regular Resources
PNHV	Post Natal Home Visit
RO	Regional Office
RR	Regular Resources
SD	Supply Division
SoP	State of Palestine
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees
USD	United States Dollar
WHO	World Health Organization

1. SUMMARY

This progress report presents results attained by the intervention “Reducing Neonatal Mortality in Gaza” over the period from 1 January to 31 December 2018. The support was possible through the generous contribution from the Global Health Thematic, for a total amount of USD 193,399.38 (USD 152,545.26 was utilized during the reporting period).

This Global Health Thematic funding has supported improved access to healthcare for the most vulnerable pregnant, lactating women and young children. The Global Health Thematic funding has enabled UNICEF to strengthen maternal and child health care provision in North Gaza and Gaza City, particularly for at-risk pregnant women, lactating mothers and young children with a focus on reinforcing linkages between humanitarian and development health interventions.

During the reporting period, UNICEF in partnership with a local Non-Governmental Organisation (NGO) has been providing support to deliver facility based Maternal and Child Health (MCH) and postnatal home visiting (PNHV) services. These interventions targeted 2,000 high-risk pregnant and lactating women and 2,000 babies in North Gaza and Gaza City.

Currently, harmonization of the protocol for PNHV services across service providers is underway, and UNICEF is playing a key technical and coordination role in facilitating joint efforts of the Ministry of Health (MoH), the World Health Organisation (WHO), UNRWA and Non-Governmental Organisations (NGOs) in updating the PNHV protocol and checklist for home visitors. Following up on the update of the PNHV protocol, the local partner will commence PNHV services to the selected 2,000 high risk pregnant and lactating women and 2,000 children in May 2019.

During this implementation period, UNICEF played a significant technical and coordination role in facilitating the engagement of the Ministry of Health, UNWRA and the other health cluster partners including the implementing partner NGO in finalizing the list of required essential life-saving medical supplies. In coordination with partners, UNICEF initiated procurement of medical supplies including essential drugs, medical consumables and equipment for four NGO health facilities including Al Awda maternal hospital, and three primary health care centres (Al-Quds, Al-Luhidan and Al-Awda Specialised Health Centre) that are providing maternal and child health care services in the most vulnerable area of North Gaza and Gaza City.

2. STRATEGIC CONTEXT IN 2018

Reactions to a series of demonstrations in the Gaza Strip from 30 March 2018 in the context of the “Great March of Return” (GMR), resulted in several casualties and increased pressures on health care provision. During these demonstrations a total of 59 children were killed and 31,706 Palestinians injured. The World Health Organization reflected that 122 amputations have taken place since the start of the GMR demonstrations, including 21 paediatric amputations.

Approximately 14,580 people (54%) required and received hospitalization at Ministry of Health (MoH) and Non-Governmental Organization (NGO) hospitals in Gaza, included 6,000 cases that required hospitalization due to live ammunition injuries. Of the number of people that required hospitalization, 2,333 were children (16%), 875 (6%) were female and 13,705 (94%) were male¹. The casualty figures to date indicate that males were the most vulnerable group affected by the violence. Against this background it is also important to note that women, girls and boys participated in the demonstrations but were less affected than men. According to data provided by the MoH, and the Palestinian NGOs operating in Gaza, from the 30th March to 10th June 2018, at least 620 health workers were injured, and 45 ambulances were damaged during attacks on health care staff and assets.

Casualties resulting from events at the perimeter fence between Israel and Gaza, have exacerbated long standing pressures on the health system in Gaza. Over the course of 2018, there was an increase in needs for health care in the Gaza Strip occurring against a backdrop of an unfavorable humanitarian situation and a deteriorating health system. Gaza’s collapsing health sector stems from the 11-year blockade, the deepening intra-Palestinian political divide, an energy crisis, inconsistent payment of salaries for public sector medical personnel, and growing shortages in medicines and medical disposables.

In Gaza, neonates and children under the age of five are vulnerable and in need of essential health, nutrition and development services. Every year, 10,000 neonates in Gaza need transfers to neonatal intensive care units (NICU) for specialized immediate newborn health care and early intervention treatment. Furthermore, an estimated 140,000 children under five years old in Gaza are acutely vulnerable and suffer from malnutrition and anemia. Almost one third (31 per cent) of

¹ MoH-WHO Situation report, January 2019, Health Cluster

children aged between 6 and 59 months are estimated to suffer from anemia². Furthermore 38 per cent of pregnant women and 28 percent of lactating women are estimated to suffer from anemia.

Due to the inconsistent supply of medical items from the MoH and the number and gravity of injuries in Gaza, resulting from the current crisis, stocks have been depleted and access to health services for non-trauma patients is significantly compromised. It is expected that the increased burden on the health sector caused by the casualties has resulted in another approximately 22,500 health cases not being able to access (fully or at all) essential healthcare services, particularly pregnant and lactating women and children. As such the potential impact of the current crisis on the people and on the already fragile health system, particularly on vulnerable women and children, should not be underestimated. Hence, there is an urgent need to continue to provide support to the population in Gaza to avoid a further degradation in essential quality health care services, particularly for high-risk pregnant and lactating women and young children.

In 2019, UNICEF's Health Programme will continue to work, with partners, to ensure that more vulnerable children and mothers have access to quality comprehensive health, nutritional and developmental systems and are better able to survive and thrive to reach their optimal development. The above points to the urgent need to reinforce maternal and child health care services in Gaza, particularly for the most vulnerable pregnant, lactating women and young children to avoid further degradation of the health system, and a rise in morbidity and mortality amongst young children.

3. RESULTS IN THE OUTCOME AREA

The UNICEF State of Palestine Health programme 2018-2022 is aligned to the National Health Strategy within the Palestinian Authority's National Development Plan and the National Policy Agenda 2017-2022, including the Palestinian Government's Recovery and Reconstruction Plan for Gaza.

UNICEF's Health Programme focused on the following:

Outcome: By 2022, more vulnerable children and mothers have access to quality comprehensive health and nutritional systems and better able to survive and reach their optimal development.

Output 1: MoH and other institutions have increased capacity to develop and implement evidence-based health, nutrition and early child development policies.

² MICS 2014

Output 2: Health professionals and other relevant service providers have increased capacity to deliver quality comprehensive and systems-based health, nutrition and early childhood development services

Output 3: Families and communities are more aware of the needs of young children and mothers on health, nutrition, WASH and development, and are more engaged in demanding for Early Childhood Development and Early Childhood Intervention services for children with disabilities

During the course of the first year (2018) of UNICEF's programme cycle (2018-2022), post-natal care services in the State of Palestine have improved through support from partners and in close coordination with the Ministry of Health. Targeted postnatal home visiting services for high-risk pregnancies have been strengthened through the harmonization of the PNHV protocol and enhanced network of community health workers from the MoH and implementing partners, targeting hard-to-reach locations and vulnerable communities.

Through the financial support from the Global Health Thematic, UNICEF entered into an agreement with a local NGO to support the delivery of quality postnatal home visiting services targeting high risk, pregnant and lactating mothers and their babies in the most vulnerable areas of Gaza. UNICEF is playing a technical and coordination role in facilitating engagement of the MoH, WHO, UNRWA and NGOs in harmonising PNHV services through revision of the protocol and checklist for health service providers and updating PNHV services in alignment with WHO recommendations.

In addition, the preparation of community-based awareness-raising sessions on maternal, neonatal, and child health (MNCH), nutrition, and development is in progress owing to the availability of these funds. Communication materials with key messages on anti-natal, natal, post-natal, risky pregnancies, safe delivery, and child nutrition and development are being developed for dissemination and use in the organisation of awareness sessions for mothers and families in targeted communities by the end of July 2019. Some 2,000 women and men will benefit from these community mobilization and awareness sessions.

Upon the endorsement of the updated PNHV protocol in July 2019, provision of the PNHV services will commence, and selected high risk, pregnant and lactating mothers and their babies from North Gaza and Gaza City will start benefiting from targeted home visits delivered within 24 hours after delivery; followed by second and third visits conducted 72 hours and after the first week. The third PNHV follow-up visits are conducted as per the mothers' and babies' needs assessed during the first PNHV.

UNICEF, through its Supply and Logistics section, initiated offshore procurement of essential drugs comprised of 1,481 boxes of a combination of drugs including Amoxicillin, Ciprofloxacin, Metronidazole, Benzylpenicillin injection, Sodium Chlorine compound injection, Sodium Lactate compound injection, and Gentamicin injection. Shipment of the drugs is pending approval from the MoH and the Israeli customs office for their entry into Gaza. Once approval is obtained (expected by end of July 2019), the shipping process of drugs will commence in August 2019 and once the drugs are received they will be distributed to the four targeted health facilities comprised of one hospital and three primary health clinics in North Gaza and Gaza city.

In addition to the offshore procurement arrangement, local procurement is in progress for additional medical supplies including six medical kits for home visitors, cardiotocography for foetal heartbeat and consumables such as: vicryl 2 round needles, syringe 5ml, postnatal visit bags, ultrasound gel, elastic bandage 12 cm and alcohol 70%. The bidding process is in progress with the UNICEF supply section having received offers which will be reviewed and evaluated. Contracts with suppliers will be finalised the end of April 2019. Once the medical supplies are received, distribution to the four health facilities will be conducted in August 2019. It is estimated, that around 2,000 pregnant and lactating mothers and 2,000 young children will benefit from the provision of these medical supplies.

4. CONSTRAINTS AND LESSONS LEARNT

Constraints

Palestine continues to face a myriad of constraints and challenges associated with the occupation, the Gaza blockade, intra-Palestinian divisions and continuous, economic and social upheavals. The territorial fragmentation and geographical disconnect between Gaza and the West Bank, and within the West Bank along the administrative geographical divisions in areas A, B and C, restrict the movement of people and goods, affecting people's daily lives, including the healthcare system.

Often, the limited availability of qualified personnel and the restriction of staff movement hinder programme implementation. For instance, restrictions on permits for health personnel to move in and out of Gaza pose additional constraints on quality health service provision and exacerbate already elevated levels of vulnerabilities. More specifically, this limits opportunities for health professionals in Gaza to attend trainings outside and become familiar with new medical techniques including developing health care services in Gaza.

In 2018, Gaza's health care system and delivery of services for mothers and babies has been further affected by the insufficient and intermittent supply of electricity. Access to immediate newborn care and postnatal maternal health care for high-risk mothers and babies has been particularly undermined.

Additional obstacles experienced during project implementation so far emanate from the length of time needed for the completion of the procurement process, including obtaining approvals for shipment into Gaza. Offshore procurement delays were caused by late approval of donation requests by the Israeli customs offices. The UNICEF Country Office is following closely with COGAT and Customs Offices to ensure that the process is finalized early. Furthermore, bids for local procurement were extended due to the low number of responses from local vendors in the first round of bids, to ensure the best value for money and availability of drugs for consistent supply.

Lessons learnt

The operationalisation of the postnatal home visiting protocol including the harmonisation of postnatal health care services in the State of Palestine is going to be achieved through a multi-sectoral approach, whereby the main stakeholders in Gaza, communities and NGOs work together to reinforce collaboration and promote harmonized approaches to reach the most vulnerable families. This multi-sectoral and system-strengthening approach ensures the sustainable scale up of the postnatal home visiting services throughout the Gaza Strip. Furthermore, improved coordination and active participation of various service providers including communities and NGOs, in programme implementation has been highly valuable in the review of the postnatal health care services protocols. Further, the need to improve the targeting and quality of home visiting services for the most vulnerable and high-risk women and their babies is shaping the nature programme implementation strategies.

Market research was conducted by the UNICEF Supply and Logistics section and offers from reliable suppliers were collected and considered to facilitate the procurement of medical consumables. Meetings with suppliers are envisaged for 2019 to ensure that more local companies understand UNICEF's terms and conditions of work to facilitate local procurement processes. As for the offshore procurement process, UNICEF continues to ensure close coordination with the Israeli authorities to accelerate the entry of the items procured offshore for Gaza.

In the current context, it has become essential to:

- Improve the quality of services for the most disadvantaged groups through systems strengthening and service delivery;

- Continuously foster cross-sectoral and multi-sectoral programming;
- Engage the community in planning, designing and real time monitoring of maternal and child health, nutrition and development services;

5. RESOURCES

The 2018 planned amount for the Health Programme Component Result was \$4,722,900. Funds were mostly received against the Humanitarian Response Plan and related appeal.

Table 1: 2018 Health Programme: Planned Budget vs Received			
Outputs	Funding Type	Planned Budget US\$	Received Budget US\$
1: MoH and other institutions have increased capacity to develop and implement evidence-based health, nutrition and early child development policies	RR	88,000	50,176
	ORR	400,000	246,514
	ORE	553,980	0
2: Health professionals and other relevant service providers have increased capacity to deliver quality comprehensive and systems-based health, nutrition and early childhood development and services	RR	194,000	239,563
	ORR	1,000,000	158,281
	ORE	1,661,940	1,095,320
3: Families and communities are more aware of the needs of young children and mothers on health, nutrition, WASH and development, and are more engaged in demanding ECD and ECI services for CWD	RR	71,000	150,452
	ORR	200,000	292,580
	ORE	553,980	275,711
Total Budget		4,722,900	2,508,597

6. FINANCIAL IMPLEMENTATION

In 2018, UNICEF State of Palestine utilized approximately \$ 4,522,918 for programme activities and interventions related to the Health programme, which included \$2,508,597 in addition to \$2,014,321 carried forward from 2017. Tables 2, 3 and 4 provide further details of utilization against several categories of expenditures.

Table 2: Expenses by Result Area	
Type of funding	Expense
Other Resources - Emergency	2,429,424
21-01 Maternal and newborn health	292,408
21-02 Immunization	28,233
21-03 Child Health	798,928
21-04 Prevention of stunting and other forms of malnutrition	5,233
21-08 Early childhood development	1,304,622
Other Resources - Regular	931,389
21-01 Maternal and newborn health	173,084
21-02 Immunization	4,877
21-03 Child Health	122,939
21-04 Prevention of stunting and other forms of malnutrition	553
21-08 Early childhood development	629,936
Regular Resources	1,162,105
21-01 Maternal and newborn health	149,816
21-02 Immunization	37,223
21-03 Child Health	298,421
21-04 Prevention of stunting and other forms of malnutrition	20
21-08 Early childhood development	676,627
Grand Total	4,522,918

Table 3: Thematic Expenses by Result Area	
Type of funding	Expense
Other Resources - Emergency	271,462
21-01 Maternal and newborn health	33,563
21-02 Immunization	28,211
21-03 Child Health	98,907
21-08 Early childhood development	110,782
Other Resources - Regular	237,924
21-01 Maternal and newborn health	6,793
21-02 Immunization	74
21-03 Child Health	13,801
21-04 Prevention of stunting and other forms of malnutrition	8
21-08 Early childhood development	217,248
Grand Total	509,386

Table 4: Expenses by Specific Intervention Codes	
Type of health intervention	Expenses
26-01-01 Country programme process (including UNDAF planning and CCA)	39,106
26-02-08 Programme monitoring	450
26-03-03 Children, adolescent and youth engagement and participation	16,706
26-03-04 Community engagement, participation and accountability	19
26-04-01 CO/RO Supply - technical assistance and collaboration in supply chain, procurement of goods and services, and logistics	182,668
26-05-01 Building evaluation capacity in UNICEF and the UN system	12,317
26-06-09 CRC, CEDAW or CRPD - reporting	-24
26-07-01 Operations support to programme delivery	466,828

Table 4: Expenses by Specific Intervention Codes	
Type of health intervention	Expenses
27-01-06 HQ and RO technical support to multiple Goal Areas	30,609
27-01-15 CO programme coordination	20,909
28-07-03 Country office leadership and direction	89
28-07-04 Management and Operations support at CO	348,785
21-01-01 Community and home based maternal and newborn care	334,171
21-01-05 Maternal and newborn care policy advocacy, evidence generation, national / subnational capacity development	104,272
21-01-99 Technical assistance - Maternal and newborn health	27,978
21-02-02 Immunization supply chain, including cold chain	23,555
21-02-05 Immunization operations	7,798
21-02-99 Technical assistance - Immunization (excluding Polio technical assistance)	13,286
21-03-11 HSS - Health sector policy, planning and governance at national or sub-national levels	1,014,241
21-04-01 Breastfeeding protection, promotion and support (including work on Code)	3,147
21-04-02 Diet diversity in early childhood (children under 5), includes complementary feeding and MNPs	1,912
21-08-01 Capacity development of ECD frontline workers	148,667
21-08-02 Community based child care	1,048,333
21-08-03 ECD advocacy and communication including campaigns	864
21-08-04 ECD data, evidence, and knowledge generation and dissemination	2,241
21-08-06 Parenting Programme to promote nurturing care and early stimulation	54,294
21-08-09 Social and behavioural change communication for ECD	561
21-08-99 Technical assistance - Early childhood development	619,136
Grand Total	4,522,918

7. FUTURE WORK PLAN

Under the 2018-2022 programme of cooperation for Palestinian children and women in the Area Programme Document, the UNICEF State of Palestine Health and Nutrition Programme aims to ensure that by 2022, more vulnerable children and mothers have access to quality comprehensive health and nutritional systems and are better able to survive and reach their optimal development.

There are three major interlinked pillars: addressing inequities in health, nutrition and development outcomes of children and mothers; strengthening health systems including humanitarian response and resilience; and promoting integrated, multi-sectoral Early Childhood Development and Interventions policies and programmes. Embedded throughout these three pillars is a focus on healthy child development and early detection of children with developmental delays and disabilities and intervention, which will serve as an entry point for the health system-strengthening effort. This approach will tackle the need for intensified efforts in addressing growing inequities in health

outcomes of Palestinian children and women. The implementation of the PNHV project is expected to be completed by the end of 2019. By that time all targeted beneficiaries will be reached.

UNICEF will closely follow-up with COGAT on obtaining the custom clearances to finalize the procurement of medical supplies through both offshore and local processes. Distribution for both medical drugs and medical consumables will commence in August 2019. Procurement will take into consideration, the quality of items, best value for money and the timely delivery.

EXPRESSION OF THANKS

UNICEF State of Palestine expresses its sincere appreciation to the donors that have supported critical work in the Health focus area and have made possible the results described in this report. Thematic funding provides greater flexibility and allows longer term planning and sustainability of programmes to achieve planned results. UNICEF also expresses its gratitude to all its partners including the Ministry of Health, civil society organizations, and UN Agencies which contributed to the successful results achieved in 2018.

ANNEX 1: DONOR VISIBILITY

As part of the UNICEF State of Palestine (SoP) efforts to raise awareness on the importance of mother and child health, and the work is done on the ground, UNICEF's digital platforms have been utilized. The following is a snapshot of Facebook and Twitter posts, and publications.

In 2018, UNICEF published the "Children in the state of Palestine" aiming to provide up-to-date information about the situation of children; including health and nutrition issues. The publication can be found on [UNICEF-SoP Website](#) in both English and Arabic.



The following section provides an example of social media posts concerning UNICEF-SoP communication and advocacy work done related to neonatal issues in both English and Arabic.

<https://twitter.com/UNICEFpalestine/status/1073549062744489985>

<https://twitter.com/UNICEFpalestine/status/1063059826647928833>

<https://twitter.com/UNICEFpalestine/status/1073549062744489985>

<https://twitter.com/UNICEFpalestine/status/1053254072516657152>



<https://www.facebook.com/unicefpalestine/photos/a.593063597397244/1947891795247744/?type=3&theater>

<https://www.facebook.com/unicefpalestine/photos/a.593063597397244/1947890351914555/?type=3&theater>

<https://www.facebook.com/unicefpalestine/photos/a.593063597397244/1909590415744549/?type=3&theater>

<https://www.facebook.com/unicefpalestine/photos/a.593063597397244/1872684039435187/?type=3&theater>

<https://www.facebook.com/unicefpalestine/photos/a.593063597397244/1872685989434992/?type=3&theater>