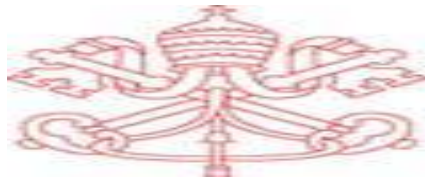


Evaluation of Emergency Project in Health and Basic needs in Gaza



Funded by:

Pontifical Mission for Palestine



Implemented by:

*Al-Ahli Arab Hospital
Near East Council of Churches*

Conducted by: Dr. Khitam Abu Hamad

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Table of Contents

Executive Summary	5
Project context	7
Project: Background, General, and Specific Objectives	8
Objectives of the Evaluation	11
Evaluation Methodology	11
Key Findings of the Evaluation	13
Project responses to a demonstrated need	13
The project is consistent with the mandate and principles of the organization	16
The project fits optimally in its environment	17
The objectives and results of the project are achieved (effectiveness)	19
The project uses the best possible means to achieve results (efficiency)	26
The project's impact is measured	29
The project respects the population	29
Lessons Learned	30
Recommendations	30
Annex	32

List of Abbreviations

Antenatal care	ANC
Coordinating Committee of the Catholic Aid Organizations	CCAO
DanChurchAid	DCA
Iron deficiency anaemia	IDA
International Nongovernmental Organizations	INGOs
Near East Council of Churches	NECC
Pontifical Mission for Palestine	PMP
United Nations Relief and Works Agency for Palestine Refugees	UNRWA
World Health Organization	WHO

List of Graphs

Number of pregnant women who received ANC by NECC family health care centers	20
Number of selected beneficiaries who have received services from NECC three family centers	21
Distribution of admitted cases by age groups	23
Distribution of out-patient cases by age groups	24
Distribution of project budget by areas of intervention, NECC	27
Distribution of project budget by areas of intervention, Al-Ahli Arab Hospital	28

Executive Summary

Since its establishment in 1949, the Pontifical Mission for Palestine (PMP) has been committed to support and improve the quality of the life of Palestinians. The Mission launched an emergency appeal to its donor partners in urgent response to the 51-day war on the Gaza Strip. The last 51-day war started on July 8, 2014. During the war, the Israeli military forces conducted thousands of airstrikes, naval, and artillery operations. According to the Palestinian Ministry of Health, a total of 2,133 Palestinians were killed, including 485 women (22.7%) and 584 children (27.4%). It is estimated that 11,222 Palestinians, including 3,435 children (30.6%) and 3,536 women (31.5%) were injured. Estimates indicate up to 500,000 people were internally displaced. The war has also had dramatic impact on the housing as some of 18,000 homes in the Gaza Strip have been destroyed or severely damaged. The impact of the war on health was devastating, as 17 hospitals and 56 Primary Health Care Centers were affected with damages ranging from totally destroyed to minor damage.

Through the Near East Council of Churches (NECC) and Al Ahli Arab Hospital, the PMP implemented a project that aimed to provide immediate relief including the procurement and delivery of emergency medical supplies, medicine and fuel for generators for healthcare institutions as well as covering healthcare costs for the poor and displaced people.

Specifically, the project aimed to deliver and restock essential medicine and medical supplies at Al-Ahli Arab Hospital and NECC family health care centers, to procure fuel for generators that will provide adequate power needed for surgeries, medical examinations and other healthcare needs, and to cover the costs of emergency medical treatment and care for poor and displaced people at Al-Ahli Arab Hospital and the NECC three family health care centers.

This evaluation aimed at assessing the appropriateness, relevance, and timelines of the project, the attainment of goals, outcomes, and the impact of the project. Also, the evaluation has considered assessing organizational issues such as organizational capacity, management, capacity building and transparency. This evaluation largely entailed collecting qualitative data; the qualitative data were collected through desk review, focus group discussions, and in-depth interviews with beneficiaries, including women, and health providers. In total, 21 in-depth interviews and 2 focus groups were conducted.

Generally speaking, the PMP response was very appropriate, relevant, and timely. PMP had shown a very high level of commitment to support and alleviate the suffering of Gaza's people. The work of PMP through Christian organizations such as NECC and Al-Ahli Arab hospital gives great feasibility and support to the general population in Gaza and by extension to the small Christian community in the Gaza Strip; the project is very responsive to the PMP capacities, and the project activities are consistent with the work themes, mission, and strategic goals of the PMP. With regard to project effectiveness, there was a consensus among the project's staff and beneficiaries that the project was very effective, efficient, and has achieved most of the desired outcomes including the three main objectives.

Concerning the immediate purchase of medicine and medical supplies, Al-Ahli Arab hospital and the NECC three family health care centers required steady access to medicine and medical supplies. During the war time, Al-Ahli Arab hospital had experienced severe shortages in medical supplies and essential medicine, in particular aesthetic drugs and antibiotics. The main reason for this shortage was the dramatic increase in the bed occupancy rate, high demand for outpatient health care services, and care of internally displaced people. With regard to NECC three family health care centers, during the ceasefires, the utilization rate of services was very high. There was also huge demand for the antibiotics, medicines for chronic diseases, skin diseases, urinary track diseases, and respiratory diseases. Thus, supplying Al-Ahli Arab hospital and the NECC three family health care centers with medicine and medical supplies was very

important and much needed. The procurement of medical supplies and medicine was smooth and flexible, with no delay.

With regard to supplying fuel, like all health facilities in the Gaza Strip, during the 51 days, the NECC family health care centers and Al-Ahli Arab hospital suffered severe shortages in electricity and fuel. The cost of purchasing fuel to operate the back-up generators and to run ambulances was very high; it exceeded the affordability of the NECC and Al-Ahli Arab Hospital. Thus, it was an appropriate and relevant response to seek external fund to purchase fuel.

The last specific intervention of the project was to cover the costs of emergency medical treatment and care for the poor. Displaced people, including beneficiaries of Al-Ahli Arab Hospital and NECC three family health care centers have no financial means to cover these costs. This component of the project was incredibly important as it eliminated financial barriers that might have hindered utilization of health services for the poor, internally displaced people. Generally speaking, the majority of the Gaza Strip people cannot afford purchasing private health services. This is attributed to the high unemployment rate, long-lasting household poverty and high cost of health care services. Additionally, most banks did not open during the war and thus, governmental employee did not receive their salaries and more than 25% of the Gaza Strip people have fled their home without having any cash.

With regard to the number of beneficiaries, a total of 27,222 clients received free of charge health services from the NECC centers. Thus, the NECC family health care centers have successfully achieved the project outcomes and outnumbered the desired outcomes. This obviously reflects the high demand for health services, affordability of the services and general satisfaction with the provided services. Additionally, the efficient use of this fund has enabled NECC to respond quickly through rehabilitating the three family health care centers and the Gaza vocational training center.

With regard to Al-Ahli Arab hospital, from July 1 to December 31, 2014, a total of 9,975 out-patients were examined. Of the total out-patient cases, there were 6,096 female cases and 3,879 male cases. The hospital has successfully achieved this outcome and outnumbered the desired number. This achievement rate is 178%. Additionally, the total number of injured cases that received treatment was 1,949 cases. Finally, a total of 5,728 internally displaced people, who sought refuge at shelters and with host families, have received free of charge medical services; of the total cases, 44.8% of cases were children, 30.8% of cases were women, and 24.4% were men.

In terms of organizational capacity, the good financial systems and flexibility of implementing partners and PMP lead to higher efficiency and best use of financial resources. Financial documents didn't reveal any inconsistency. All written financial systems and procedures are available. Concerning the procurement documents, the examined procurement documents revealed that all the steps were documented and performed according to the financial systems of the two organizations.

The relevancy of the PMP project is very high as it focused on promoting the overall health of Palestinians. Promoting health will have positive long-term impacts on the beneficiaries of the Al-Ahli Arab hospital and NECC family health care centers and the whole community as well. As the political situation in the Gaza Strip is very volatile, it is extremely important that adequate stock levels of medicines and medical supplies should be maintained and should take into account the local needs. NECC and Al-Ahli Arab Hospital should have a stock for at least 6 months. Also, as the power shortage is a chronic problem in the Gaza Strip, it is recommended that NECC and Al-Ahli Arab Hospital maintain adequate fuel reserves or establish solar-powered photovoltaic panels to produce energy. It is recommended that PMP expands its scope of work and fund more activities in the Gaza Strip; areas of expanding activities may include funding psychosocial activities, job creation projects, supplying Al-Ahli Arab Hospital with Medical equipment, and increasing the financial support to NECC health program.

1. Project context

Residents of the Gaza Strip have experienced periods of protracted closure imposed by the Israeli authorities since the uprising of the second Intifada in September 2000. These closures have had a deleterious impact on the economic situation manifested by the high level of unemployment and poverty. After years of Israeli closure, the dramatically weakened Gaza Strip economy was worsened by the embargo put into effect after Hamas won the election in January 2006 and formed the first Hamas-led government. The deterioration of the economy of the Gaza Strip was intensified after the Hamas takeover in June 2007 because all borders between the Gaza Strip and the external world were effectively sealed by Israel. The United Nations officials have described the situation as "grim", "deteriorating" and a "medieval siege." The on-going blockade has caused irreversible damage to the Gaza Strips' economy. As a consequence of the ongoing blockade, according to the Palestinian Central Bureau of Statistics, the unemployment rate in Gaza Strip has soared to 49.7%. Additionally, 56% of Gaza's people live below the poverty rate, 61% lack daily access to safe water and 75% of Gaza's population depend on food aid. With regard to health status, the current blockade on the Gaza Strip is causing a serious deterioration in the social, economic and environmental determinants of health and weakening the current healthcare system to a low level never previously experienced. Generally speaking, Gaza's health care system suffers from chronic devastating shortages in medicine, medical supplies and equipment. The energy crisis and the lack of financial support for the Ministry of Health had negatively affected the quality and the quantity of the provided services.

In the last 7 years, Gaza Strip was subjected to three horrifying wars. The last war started on July 8, 2014, and lasted for 51 days. During the war, the Israeli military forces conducted thousands of airstrikes, naval, and artillery operations. According to the Palestinian Ministry of Health, some of 2,133 Palestinians were killed, including 485 women (22.7%) and 584 children (27.4%)¹. It is estimated that 11,222 Palestinians, including 3,435 children (30.6%) and 3,536 women (31.5%) were injured. Estimates indicate up to 500,000 people were internally displaced and hosted at United Nations Relief and Works Agency for Palestine Refugees (UNRWA) schools designated as emergency shelters (293,000 people), government schools designated as emergency shelters (49,000 people), informal shelters such as empty buildings, mosques or churches, and with host families (170,000 people)². The war has also had dramatic impact on the housing as some of 18,000 homes in the Gaza Strip have been destroyed or severely damaged².

The impact of the war on health was devastating, as 17 hospitals and 56 Primary Health Care (PHC) Centers were affected with damages ranging from totally destroyed to minor damage. One hospital and 5 PHC centers have been completely destroyed. At the height of the war, about 46% (59 out of 129) of all public health facilities were unable to provide services, 35% (11 out of 31) of all hospitals were closed and 49.48% (48 out of 97) of all PHC centers. As a consequence of hospital damages during the war, hospital bed capacity reduced by 9.35%, thus,

¹ Palestinian Ministry of Health, (2015) .*Unpublished report on victims of 2014 war*. Gaza, Palestine

² United Nations-Office for the Coordination of Humanitarian Affairs, occupied Palestinian territory (2014). *Gaza Initial Rapid Assessment*. Accessed on March 30, 2015 from http://www.ochaopt.org/documents/gaza_mira_report_9september.pdf

some patients had to be discharged early or were deprived of timely appropriate health care service for their condition³.

Prior to the war, as a consequence of the ongoing Israeli embargo, health facilities in the Gaza Strip had been facing a serious shortage of drugs and medical supplies. During the war, the shortage of medical supplies including drugs and disposables reached unbearable level as 27% of essential medicines and 52% of medical disposables were at zero stock⁴. Replenishment of drug stocks, restocking of medical supply, and refilling fuel reserves were listed as top priority needs for the Ministry of Health and other health facilities. Thus, interventions that addressed any of these issues were extremely relevant and appropriate.

In the last decade, the Gaza Strip has been suffering from a chronic shortage in electricity and fuel; during the war, the Gaza Strip has witness unprecedented dramatic decline in energy, fuel and power supplies. Along with the chronic shortage in fuel and power supplies, on 28 July 2014, the Israeli forces bombarded the only power plant in the Gaza Strip. As a consequence, health facilities in the Gaza Strip suffered from a real crisis due to the destruction of the only power plant in the Gaza Strip and the lack of diesel needed to operate generators. Hospitals and PHC centers suffered from a crisis and some of the PHC centers suspended part of their activities due to the lack of electricity and ran out of diesel used for generators.

2. Project: Background, General, and Specific Objectives

The Pontifical Mission-Palestine (PMP) launched an emergency appeal to its donor partners in urgent response to the 51 days war on the Gaza Strip. The war had killed 2,133 people including 584 children, according to figures released by the Palestinian Ministry of Health. Some 11,222 people sustained injuries including 3,435 children, 3,536 women, and 415 elderly¹.

At some point during the war, over 500,000 people sought safety in makeshift shelters as a result of the bombing. By the time of the ceasefire on August 26th, there were approximately 110,000 internally displaced persons living in emergency shelters and with host families. The United Nations estimated that about 18,000 housing units were destroyed or severely destroyed² with an additional 37,650 units sustaining damages or deemed uninhabitable. Damage was also widespread destroying high rise buildings, entire neighborhoods, businesses and other institutions.

A total of 73 hospitals and PHC centers were damaged, including one hospital and 5 PHC centers totally destroyed, which increased the vulnerability of the injured and sick.

Additionally, Gaza's only power plant was bombarded at the end of July 2014 which damaged the main fuel storage warehouse, network and infrastructure as well as small power

³ Health Cluster in the occupied Palestinian territory (2014). Gaza Strip Joint Health Sector Assessment Report. World Health Organization. Accessed on April 5, 2015 from http://www.emro.who.int/images/stories/palestine/documents/Joint_Health_Sector_Assessment_Report_Gaza_Sept_2014-final.pdf

⁴ United Nations Office for the Coordination of Humanitarian Affairs: *Gaza Emergency Situation Report*. Accessed on April 12, 2015 from https://www.ochaopt.org/documents/ocha_opt_sitrep_14_08_2014.pdf

distribution stations. Water and sewage networks were disrupted leaving 450,000 without municipal water and electricity was only operating on less than 30% of the demand with power outages of 18 hours daily. The surmountable destruction had a significant psychological effect on people especially young children. The United Nations estimated after the war, 373,000 children were traumatized and in need of psychological support⁵.

Project's partners

Near East Council of Churches (NECC)

Well-known and highly reputable, the NECC in Gaza is strongly committed and dedicated to the improvement of the health status of Palestinian people. The NECC believes that good health is incredibly important to achieve social and economic development. Thus, to improve the health status of Palestinians and to improve the quality of health care services, the NECC launched Gaza Community Health Program in 1952. Currently, the NECC operates three family health care centers in the Gaza Strip. These three centers are located in El Daraj, Shajaia, and Rafah. The three centers serve a population of 80,000, 100,000, and 13,000 in Daraj, Shajaia, and Rafah, respectively. The NECC's health program offers a comprehensive package of health services, with a particular focus on primary health care services. The bundle of the provided services include essential maternal and child health services such as antenatal care (ANC), postnatal care, health education, family planning, well-baby care, psychosocial services, home visits, treatment for malnourished children, and dental services. Additionally, the NECC health program offers laboratory testing and medication⁶. To avoid duplication of services and to ensure best use of scarce resources, since launching the health program, the NECC enjoys high level of cooperation and coordination with other health providers including the Ministry of Health and other relevant organizations. The NECC health services are considered as the complementarily services for poor marginalized people. The overall objective of the Gaza Community Health Program is to improve and to promote the health of Palestinian people, in particular women and children. Additionally, the program has the following specific objectives:

- To reduce the prevalence of malnutrition and anaemia among children under 5 years through a targeted nutritional program.
- To contribute to promoting the psychosocial well-being of the Palestinian population through support to traumatized patients/persons particularly women and children.

Annually, the three clinics offer health services to about 28,000 beneficiaries, including 2,300 families in the three marginalized areas.

Al-Ahli Arab Hospital

Al Ahli Arab Hospital is located in Gaza City and occupies a beautiful campus in the city center. Ahli Arab Hospital in Gaza City was founded in 1882 by English missionaries. Al Ahli Arab Hospital is run by the Episcopal Church of Jerusalem. The current ongoing blockage and the lack of political and security stability increases the hospital struggle to provide the needed medical care for the Gaza Strip population. Additionally, the hospital strives to provide

⁵ Extracted from the Terms of Reference

⁶ NECC website

affordable health services to the people of the Gaza Strip giving the high unemployment and poverty rates, where most Palestinians in the Gaza Strip cannot afford purchasing health services.

In the last decades, Al Ahli Arab Hospital continues to provide some of the finest medical care available in the region. For example, Ahli runs completely free of charge a program for early detection of breast cancer among women above 40 years of age. Two programs deserve special mention: the center for elderly women and the mobile clinic program which twice weekly provides free medical care and food to people from surrounding towns and villages. In a land where hardship is commonplace, the conditions in Gaza stand out, but Al Ahli Arab Hospital generates a beacon of peace and hope for the people it serves⁷.

The vision of the Al Ahli Arab Hospital is: "To continue providing the finest medical care possible under the most adverse circumstances to the marginalized and vulnerable poor people whose livelihood are threatened by the effect of human-made disaster, with special attention to the refugee and the poorest of the poor. The hospital is committed to building people's capacity and competence alongside the development and maintenance of an adequate standard of and clinical services." The hospital has a capacity of 80 beds of which only 30 are in use⁸. The hospital is operating below capacity due to funding problems and low utilization rate of hospital beds.

The hospital provides general medical, surgical, and pediatric services, as well as several special programs: care for elderly women, with emphasis on cancer detection and prevention; mobile clinics that provide food and medical care for vulnerable children and women who lack the basic necessities and have no proper access to health services. The hospital also provides clinical education for medical students and special training courses for the new graduate nurses and medical doctors. All of these programs are threatened by the current circumstances. Ahli Arab Hospital provides services for Gaza's people, including, on monthly average, 3500 outpatient visits, 400 inpatients, 300 surgeries, 2800 lab test, and 608 radiology examinations

Although Al-Ahli Arab Hospital is experiencing severe shortages in medicine, fuel for electrical generators, it continues to provide health care services to refugees and residents of the Gaza Strip. It has responded to the needs of the people as they occur, and in particular during the last three wars.

⁷ The Episcopal Diocese of Jerusalem Website

⁸ The 30 beds includes: 12 beds for Obstetrics and Gynecology and 18 beds for Surgical and Internal Medicine department. Additionally, the hospital has 3 operation rooms-surgical theaters-, 3 recovery beds, and 8 beds in the emergency department.

Project background

General Objective: The immediate intervention includes the procurement and delivery of emergency medical supplies, medicine and fuel for generators for healthcare institutions as well as covering healthcare costs for the poor and displaced.

Specific Objective:

1. Deliver and restock essential medicine and medical supplies at Al-Ahli Arab Hospital and NECC family health care centers in order to provide urgent treatment for the injured and sick;
2. Procure fuel for generators that will provide adequate power needed for surgeries, medical examinations and other healthcare needs;
3. Cover the costs of emergency medical treatment and care for poor and displaced people at Al-Ahli Arab Hospital and NECC family health care centers as many have no financial means to cover these costs

Objectives of the Evaluation

This evaluation aimed to:

1. Assess the relevance and appropriateness of the program design and specific activities to meet the program's stated objectives
2. Assess the degree to which the objectives and effectiveness of the means employed
3. Assess the degree in which the program achieved its objectives and outcomes
4. Quantify and qualify the impact of the results in terms of the project
5. Formulate the "lessons learned" on the main areas of intervention / project constraints
6. Propose recommendations to improve the effectiveness and efficiency of potential future projects

3. Evaluation Methodology

Methods of Data Collection:

In order to develop a deep understanding of the programs, purposes, relevance, appropriateness, efficiency, adherence to standards and principles, and impact, this evaluation largely entailed collecting qualitative data. The qualitative data were collected through desk review of project documents, focus group discussions, and in-depth interviews with beneficiaries. Also, the evaluator team conducted a series of in-depth interviews with NECC and Al-Ahli Arab Hospital key informants, beneficiaries, and the PMP project's staff.

Qualitative Methods of Data Collection

The qualitative data were collected through desk review, site visits, in-depth interviews, and focus groups. The data collection started by desk review and field visit, as the Evaluator carefully reviewed and analyzed most of the project's documents including the original proposal, fields monitoring reports, and financial documents. Additionally, observations were used to assess the interaction between health providers.

Concerning in-depth interviews, the Evaluator conducted a series of in-depth interviews with the project's key informants from the NECC office, NECC centers, and Al-Ahli Arab Hospital. In addition, in-depth interviews conducted with key project staff. The Evaluator interviewed the executive director of the NECC-Gaza, NECC health field coordinator, senior accountant, two supervisors of the NECC family health care centers, a medical doctor specializing in family planning, and a registered nurse.



The Evaluator conducting qualitative data collection with health providers and clients, Rafah centre.



The Evaluator conducting qualitative data collection with health providers from Shajaia centre.

The Evaluator also interviewed Director of the hospital Al-Ahli Arab hospital, financial and administrative manager, a medical doctor, nursing supervisor, and a social worker- head of social unit. With regard to PMP, the Evaluator interviewed the project coordinator and the Regional Director of PMP. With regard to beneficiaries, the Evaluator interviewed 6 beneficiaries of Al-Ahli Arab hospital. In total, 21 in-depth interviews were conducted. Annex (1) shows the evaluation tools and the purpose of the data collection tools.

Finally, the evaluator conducted two focus groups with beneficiaries of NECC family health care centers. Each focus group was assembled of an average of five participants per group. Annex (1) shows the evaluation tools and the purpose of the data collection tools.

4. Key Findings of the Evaluation

a. Project responses to a demonstrated need

The project aimed to provide urgent treatment for the injured and sick people by supplying the NECC three family health care centers and Al-Ahli Arab hospital with the urgently needed essential medicine, medical supplies, and fuel to operate the back-up generators and ambulances. The demand on health services was very high due to the overwhelming number of injuries, the reduction in the number of operational hospitals and PHCs, limited available resources and difficulties in referring cases for treatment outside the Gaza Strip. Thus, maintaining supplies of fuel, medicine, and medical disposables were direly needed during the war.

The proactive approach of PMP has enabled Al-Ahli Arab hospital and NECC to continue to provide the needed emergency health services for the war-torn people in the Gaza Strip. The PMP response is very appropriate relevant, and on time. PMP had shown a very high level of commitment to support to alleviate the suffering of Gaza's people; as the Regional Director of PMP has contacted the Director of the Al-Ahli Arab hospital and Executive Director of NECC the second day of the war to identify the hospital and the three centers' needs. Both, NECC and Al-Ahli Arab hospital were in need for fuels to operate generators, medical supplies and medicine.

Like all hospitals in the Gaza Strip, during the 51 days, Al-Ahli Arab hospital suffered severe shortages in electricity and fuel. The Director of the hospital stated that, *"After shelling the only power plant, we did not have electricity for 10 consecutive days. This was a disaster. We operated the hospital through our generators. We used fuel to operate generators and to run ambulances. It was a must for us to reduce the consumption by turning the generators off for 4 hours per day, from 4pm to 7pm."* The cost of purchasing fuel to operate generators was very high; it exceeded the affordability of the hospital. Thus, it was an appropriate and relevant response to seek external fund to purchase fuel.

With regard to NECC, the fuel reserve was also used to operate back-up generators and to operate the three centers during ceasefire time and after the war. The shortage of fuel was intense as the three centers are located in marginalized and areas in Gaza city - Al Shajaia, Daraj and Rafah directly hit by the war. According to NECC people, refilling the fuel reserve was extremely needed given the fact that the power shortage has continued weeks after the permanent ceasefire due to the damages in the electricity network, in particular at Al Shajaia

neighborhood. On 20 July, 2014, the neighborhood witnessed the massacre of at least 90 Palestinians, total destruction of hundreds of houses, and total destruction of infrastructure, including electricity networks.

With regard to fuel, Al Al-Ahli Arab hospital was given the green light to immediately purchase fuel for generators and to refill the stock. The first fuel purchase request was made by July 15 and the last order was on 29 October 2014. The PMP response was exactly on time with no delay. Also, PMP transferred the required fund on 12 August 2014. Al-Ahli Arab hospital used an efficient way to purchase fuel, as they contacted a pre-identified supplier in order to promptly purchase the required fuel. PMP also showed a high level of flexibility. They did not ask for compliance with the internal procurement guidelines which could have taken longer time to complete. With regard to NECC, the fuel was purchased during and after the war and the procurement process was smooth and quick.

Concerning the immediate purchase of medicine and medical supplies, Al Al-Ahli Arab hospital and the NECC three family health care centers required steady access to medicine and medical supplies. During the war time, Al-Ahli Arab hospital had experienced severe shortages in medical supplies and essential medicine, in particular aesthetic drugs and antibiotics. The main reason for this shortage was the dramatic increase in the bed occupancy rate, high demand for outpatient health care services, and care of internally displaced people, as will be discussed later. With regard to NECC three family health care centers, during the ceasefire, the utilization rate of services was very high. There was huge demand for the antibiotics, medicines for chronic diseases, skin diseases, urinary track diseases, and respiratory diseases. After the war, the need for drugs was intensified as the utilization of services was very high, in particular services for children aged less than 6 years old, general clinics and pregnancy care.

Thus, supplying Al-Ahli Arab hospital and the NECC three family health care centers with medicine and medical supplies was very important and much needed. The procurement of medical supplies and medicine was smooth and flexible, with no delay. For instance, Al-Ahli Arab hospital managed to purchase the required drugs and medical supplies in the first week of August during an active war when other health care institutions were running low on medicine. PMP was also very committed and showed high level of coordination with NECC and Al-Ahli Arab hospital.

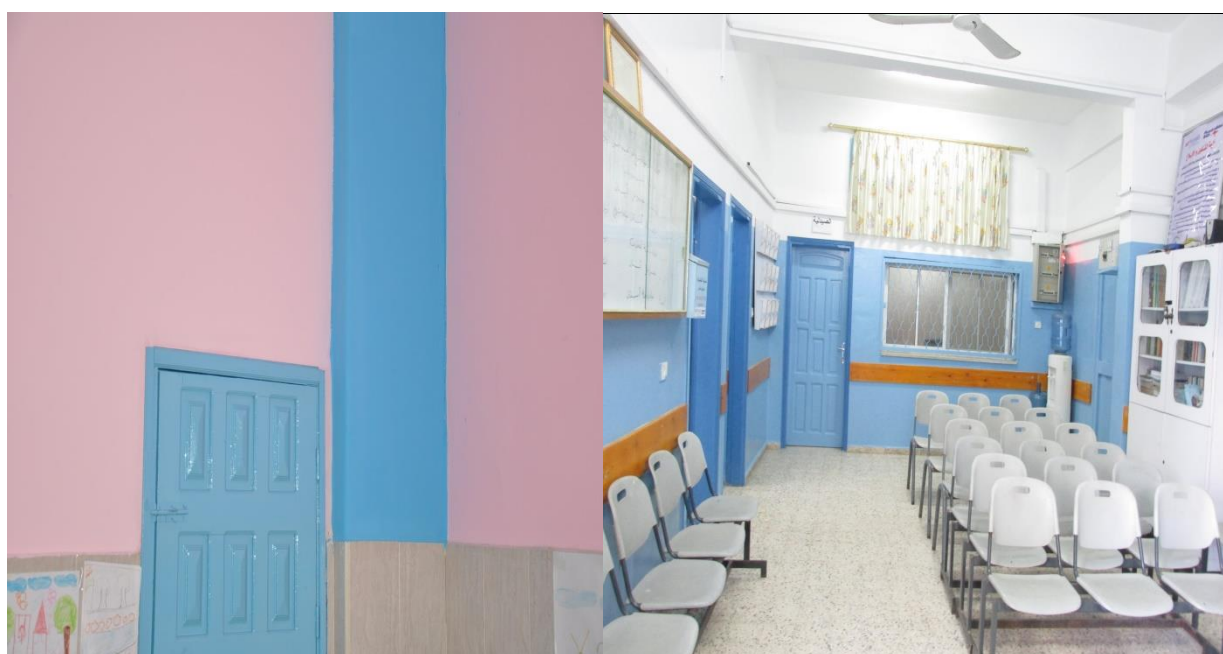
The last specific intervention of the project was to cover the costs of emergency medical treatment and care for poor. This component of the project was incredibly important as it eliminated financial barriers that might have hindered utilization of health services for the poor, internally displaced people. Generally speaking, the majority of the Gaza Strip people cannot afford purchasing health services. This is attributed to the high unemployment rate, long-lasting household poverty and high cost of health care services. Additionally, most banks did not open during the war and thus, governmental employee did not receive their salaries and more than 25% of the Gaza Strip people have fled their home without having any cash.

It is important to mention that both the NECC three family health care centers and NECC-Gaza vocational training center were partially damaged during the war. After the war, along with the medicine and medical supplies, rehabilitation of damaged health facilities and reconstruction of damaged health facilities are needed interventions according to the Ministry

of Health. The efficient use of this fund has enabled NECC to respond quickly through rehabilitating the three family health care centers and the vocational center.



Damages at NECC three family health care centers, pre-intervention



NECC three family health care centers- post-intervention

Al-Ahli Arab Hospital and NECC are committed to providing equal opportunities for both men and women to benefit from their health services with a focus on the health status of marginalized people regardless of gender, race, religion and other discriminatory factors.

The project has also identified and addressed other needs such as psychosocial support and financial support, however, the scope of these services are beyond this evaluation.

To conclude, the project has effectively enabled Al-Ahli Arab hospital and NECC to provide urgent medical treatment for the injured and sick people. This component of the project was relevant and appropriate as there were dire needs of such services.

B. The project is consistent with the mandate and principles of the organization

Since its establishment in 1949, the PMP has been committed to support and improve the quality of the life of Palestinians. This is clearly reflected on the mission of PMP and the strategic intervention. The strategic intervention incorporated Responding to Human Needs as a core component of the strategic intervention. Responding to Human Needs has four strategic areas. These areas are Emergency Relief, Health Care Programs, Care of Marginalized, and Child Care Initiative. This project is primarily categorized under the Emergency Relief. The Emergency Relief included conducting rapid needs assessment, designing the intervention based on the information obtained from people on ground, and fundraising on short notice.

This project is also in line with the vision of Health Care Program which is to provide health services to poor women, children, and elderly. The implemented activities of this project were consistent with strategic intervention under Emergency Relief and Health Care Programs. The two areas involve providing on time fuel, medical supply, medicine, and medical equipment to health facilities.

The organizational capacities supported implementing this program included the continuous follow up and supervision of PMP Regional Director, availability of PMP projects coordinator who is based in Gaza Strip, good financing and auditing capabilities.

The PMP Regional Director for Palestine monitored and supervised the implementation of the project activities closely; during the war, PMP Regional Director monitored and supervised the activities by frequent phone calls, emails, coordination with project coordinator in Gaza and visits with the two partner organizations. Immediately after the ceasefire, PMP Regional Director visited Gaza to follow up and supervised the work. Additionally, the PMP projects coordinator in Gaza enjoys good level of monitoring and supervision; he held regular meetings with the two implementing partners. To summarize, the Emergency Relief and Health Care Programs are very responsive to the PMP capacities, and they are consistent with the work themes, mission, and strategic goals of the PMP.

This project also helped to preserve the Christian presence in the Holy Land of Palestine, including the Gaza Strip. In the Gaza Strip, Muslims and Christians have a common culture and live in the same circumstances, same struggle and same economic hardship. PMP and its partner organizations have been committed to nurturing the Christian presence in the Gaza Strip. The work of PMP through other Christian organizations such as NECC and Al-Ahli Arab hospital in the Gaza Strip gives great feasibility and support to the general population in Gaza and by extension to the small Christian community in the Gaza Strip. Guided by Christianity teaching:

“Give justice to the weak and the fatherless; maintain the right of the afflicted and the destitute.” Psalms 82:3

It is worth mentioning that NECC and Al-Ahli Arab hospital provide services to all Palestinians without regard to their religion, socioeconomic status, place of residence or refugee status.

C. The project fits optimally in its environment

Coordination is extremely important as it improves the efficiency of operations by avoiding overlapping efforts and duplication of work. In particular, coordination is extremely important during wartime as the demand for services, including relief and health care is high and the resources are limited. Also, coordination among service providers increases the quality of services and prevents the waste of resources.

With regard to coordination with the other International Nongovernmental Organizations (INGOs), PMP, NECC and Al-Ahli Arab hospitals coordinated the activity of this project at different levels. The high level coordination with other organizations helped the implementing partners to deliver more services and to achieve the desired outcomes with good quality. In this project the Evaluator examined three levels of coordination: (1). coordination between PMP and other Christian actors and coordination with implementing partners, (2). coordination between NECC and other national and international organization, and (3). coordination between Al-Ahli Arab hospital and other national and international organizations.

1. Coordination between PMP and other Christian actors and coordination with implementing partners

- An in-depth interview with the PMP Regional Director for Palestine revealed that PMP is part of the Coordinating Committee of the Catholic Aid Organizations (CCAO). At the present time the Regional Director of the PMP is also the Chairperson of the CCAO. The CCAO includes 13 active Catholic Charities that are active and heavily engaged in providing support to Palestinians. Caritas Jerusalem, PMP, Catholic Relief Services and Franciscan Custody of the Holy Land are among the main Charities of CCAO. During the war, the CCAO held weekly meetings to coordinate its emergency activities. PMP took the leadership role and called for the weekly meetings. The coordination meetings were very effective and efficient. As will be discussed later, the Catholic Charities complemented each other's work and services, promoted efficient use of aid, avoided duplication and prompted quick delivery of services. NECC and Al-Ahli Arab hospital benefited, hence, the people of Gaza, from this high level of efficient coordination through obtaining different funds to cover different complimentary aids such as fuel, medicine, medical supply, food parcels, non-food items, home and institutional renovations, and psychosocial support among other services.

- With regard to coordination with the implementing partners, PMP coordinated with NECC and Al-Ahli Arab hospital. The continuous coordination resulted in reallocation of proposed budget across the budget lines. For instance, the original proposed budget for Al-Ahli Arab hospital allocated more funds for the budget line that covers fuel expenses. Then as the Hospital obtained additional funds for fuel from other donors, PMP responded to this in a dynamic way as they allocated more funds to cover the cost of medical supply and cost of clients health care, including admissions. The same scenario happened with the allocated fund for NECC. The changing in the allocated budget per budget lines reflected the complementary role of the services, the flexibility of PMP, and the efficient use of aid by both NECC and Al-Ahli Arab hospital.

2. Coordination between NECC and other national and international organizations

- Generally speaking, NECC fully coordinates with Ministry of Health at different levels including the decision-making level and the service provision level. The NECC health program coordinator regularly attends the health cluster meeting hosted by the World Health Organization (WHO). NECC also involves Ministry of Health in its strategic planning and determining the scope of its work and working areas.

- During wartime, the coordination between the Ministry of Health and NECC was limited. The NECC suspended the work of the three family health care centers except during the ceasefire. Expectedly, the coordination with the Ministry of Health was strengthened after the war when NECC services resumed. NECC health program coordinator regularly attended all the Health Nutrition cluster meetings and other relevant cluster meetings. The coordination with the Ministry of Health was incredibly important in Shajaia and Rafah areas. In Shajaia, the only PHC was totally demolished by the Israeli Forces. Thus, NECC family health care center was the only accessible place for Shajaia residents.

- During the war and after the war, NECC coordinated with national and international bodies efficiently. Through this coordination, NECC has obtained additional funds that were used to purchase fuel, medicine, and medical supplies. Additionally, through effective coordination, NECC managed to raise funds that used to provide emergency assistance to families affected by wars. Examples of this assistance are:

- Funded by ACT alliance, NECC distributed food and non-food items to internally displaced people in Churches, Mosques and historical houses in Gaza downtown.
- Funded by Catholic Relief Services, NECC distributed hygiene kits to beneficiaries of the three family health care centers.
- Funded by Save the Children, NECC distributed newborn clothing kits to selected beneficiaries of the three family health care centers.
- Funded by UNRWA, NECC distributed bottles of mineral water to all beneficiaries of the three family health care centers.
- Funded by Islamic Cooperation, NECC distributed flour to all families of the students of all Vocational Training Centers

3. Coordination between Al-Ahli Arab hospital and other national and international organizations

- Al-Ahli Arab hospital is an active member at the Palestinian National Health Emergency Committee. During wartime, the staff of Al-Ahli Arab hospital participated in the daily coordination meetings that were held during the war. These meetings were chaired by the Ministry of Health and with participation of other main actors including UNRWA, Palestinian Red Crescent Society and WHO. The meetings aimed to assess the health situations of Palestinians in the Gaza Strip, identified the urgent health needs, and avoided duplication in the provided services. It is known that Al Ahli Arab hospital backs the Ministry of Health during disaster and wars. According to Director of Al-Ahli Arab hospital, about 80% of treated cases were referred by the Ministry of Health. This definitely

reflects high and effective coordination between the Ministry of Health and Al-Ahli Arab hospital.

○ Al-Ahli Arab hospital also coordinated with INGOs effectively. This coordination has enabled the Hospital to obtain funds from different organizations; this fund enabled the Hospital to provide their beneficiaries with much needed humanitarian aid and support.

Examples of such effective coordination are:

- Funded by DanChurchAid (DCA) organization, Al-Ahli Arab hospital provided all the admitted clients and their families with food baskets.
- Funded by Save the Children, Al-Ahli Arab hospital provided all admitted clients with hygiene kits.
- Funded by Catholic Relief Services and DCA, Al-Ahli Arab hospital has received medicine, medical supplies, equipment and fuel, all of which was to compliment the funds received from PMP

D. The objectives and results of the project are achieved (effectiveness)

1. NECC activities: Providing Health Services for a total of 10,349 people

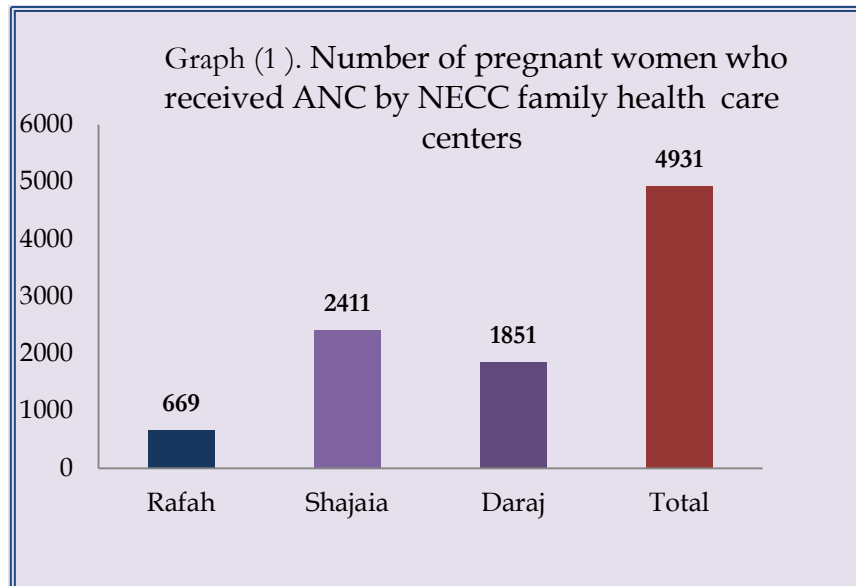
As reported in the project documents and PMP report to donors, this outcome will be achieved by providing health services for a total of 10,349 people. To successfully achieve this outcome, NECC should provide health services to at least of 890 pregnant women, 4,755 children aged 0-6 year old, 3,299 children, and 1,405 malnourished and anemic children.

The below sections show the achieved outcomes that the Evaluator reviewed and assessed.

Implemented activities and effectiveness: A total of 890 pregnant women in targeted localities received health care services

NECC provides comprehensive healthcare services to pregnant women. One of the main activities offered to pregnant women is the Antenatal Care (ANC). In general, NECC ANC care provides extremely important opportunities for pregnant women with a wide range of interventions including treatment, education, counseling, screening and promoting the well-being of the mother and fetus. The ANC care provided by the NECC health program is among the systematic, well-organized programs in the Gaza Strip.

From July first to December 31, 2014, in total, some of 4,931 pregnant women received health care services. Thus, the three centers have successfully achieved this outcome and outnumbered the desired number by 548 pregnant women. The achievement rate is 161.5%. Comparing the number of pregnant women who received health care services across the three centers shows that Shajaia center ranked number one with 2,411 pregnant women, followed by Daraj center with 1,851 pregnant women, and finally, Rafah center with 669 pregnant women, as shown in the below diagram. It is worth mentioning that some of 476 pregnant women have received health services during the war, at ceasefire times.



In the Gaza Strip, Iron Deficiency Anemia (IDA) is a prevalent health problem among pregnant women, lactating women and children. The current high unemployment rates, high poverty rates and food insecurity may explain the high prevalence rate of anemia among pregnant women in the Gaza Strip. In response to the high prevalence rate of IDA among pregnant women, NECC family health care centers provide free of charge iron supplementation to anemic women after completing 13 weeks of gestation. From July to December 2014, 1,563 pregnant women received iron and folic acid supplementation free of charge. Most of the cases were from Shajaia and Daraj areas.

Implemented activities and effectiveness: A total of 4,755 children aged 0-6 years old received health care services

From July 1 to December 31, 2014, in total, 13,814 children have received health care services. The three centers have successfully achieved this outcome and outnumbered the desired number by about three times. The achievement rate is 290.5%. Comparing the number of children aged 0 to 6 years who received health care services across the three centers shows that Shajaia center ranked number one with 6,089 children, followed by Daraj center with 5,120 children, and finally, Rafah center with 2,605 children. It is worth mentioning that some of 2,549 children aged 0 to 6 years have received health services during the war, at ceasefire times.

Implemented activities and effectiveness: A total of 3,299 children who were diagnosed and received medicine

From July 1 to December 31, 2014, a total of 1,651 children received health care services. This achievement rate is 50%. It is worth mentioning that 248 children have received health services during the war in times of ceasefire. The underachievement could be contributed to the fact that most children who utilize the three NECC family health care centers are young children aged less than 6 years.

Implemented activities and effectiveness: A total of 1,405 malnourished and anemic children diagnosed and received medicine

From July first to December 31, 2014, a total of 617 were diagnosed and received treatment either for anaemia or malnutrition. Of the 617 children, 457 children were diagnosed with anaemia and 160 were diagnosed with malnutrition problems, including stunting and wasting. This achievement rate is 44%. It is worth mentioning that some of 248 children have received health services during the war in times of ceasefire.

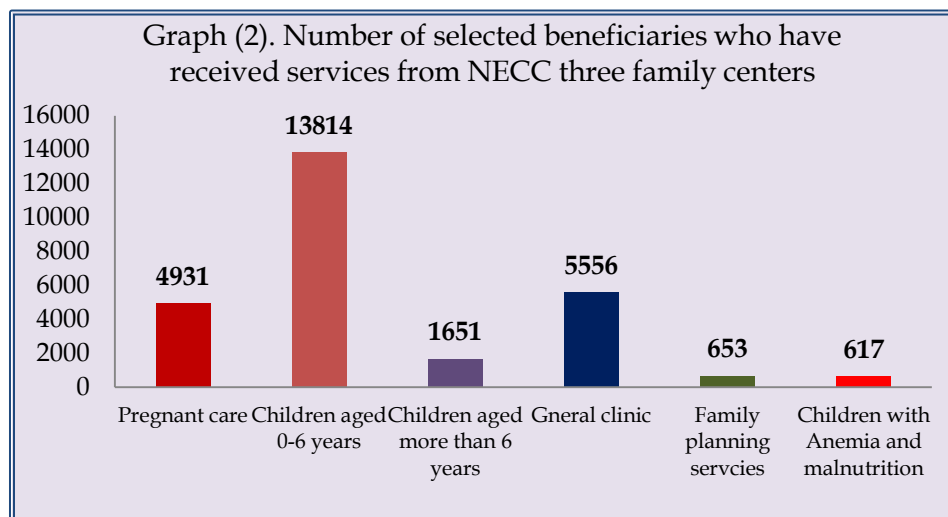
Other beneficiaries:

NECC health program offers health services to sick people through the general clinics. After war time and during the ceasefires, NECC family health care centers were open for all beneficiaries and provided health services free of charge. From July 1 to December 31, 2014, a total of 5,556 patients received health care services. Comparing the number of patients who received health care services cross the three centers shows that Shajaia center ranked number one with 2,271 patients, followed by Daraj center with 1,682 patients, and finally, Rafah center with 1,603 patients. It is worth mentioning that some of 476 pregnant women have received health services during the war during times of ceasefire. Most of the patients treated complained of skin diseases, respiratory infection, gastroenteritis, urinary tract infections and other minor health problems.

Additionally, during the project implementation period, a total of:

- 653 women have received family planning services;
- 2954 patients have received dental services;
- 9876 laboratory tests were conducted; and
- 20,510 visits to the general clinics were conducted.

To summarize, as shown in the below diagram, a total of 27,222 clients received free of charge health services from the NECC centers. Thus, the NECC family health care centers have successfully achieved the project outcomes and outnumbered the desired outcomes. This obviously reflects the high demand for health services, affordability of the services and general satisfaction with the provided services.



2. Al-Ahli Arab hospital activities: Providing Health Services for a total of 10,279 persons

As reported in the project documents and PMP report to donors, this outcome will be achieved by providing health services for a total of 10,279 people. To successfully achieve this outcome, a total of 181 surgeries should be conducted; a total of 1,516 persons with first to third degree burns should receive treatment, a total of 2,437 injured persons should be treated, a total of 242 cases should be admitted, and a total of 5,903 patients should receive services from out-patients clinics.

The below sections show the achieved outcomes that the Evaluator reviewed and assessed.

Implemented activities and effectiveness: A total of 181 surgeries were conducted

From July 1 to December 31, 2014, a total of 176 admitted cases had surgical operations free of charge. The hospital has successfully achieved this outcome. The achievement rate is 97.2%. According to hospital records, the most common types of surgical operations were hernias, haemorrhoids, anal fistulas, anal fissures, and fixing bone fractures.

Implemented activities and effectiveness: A total of 2,437 injured persons were treated and a total of 1,516 persons with first to third degree burns received treatment

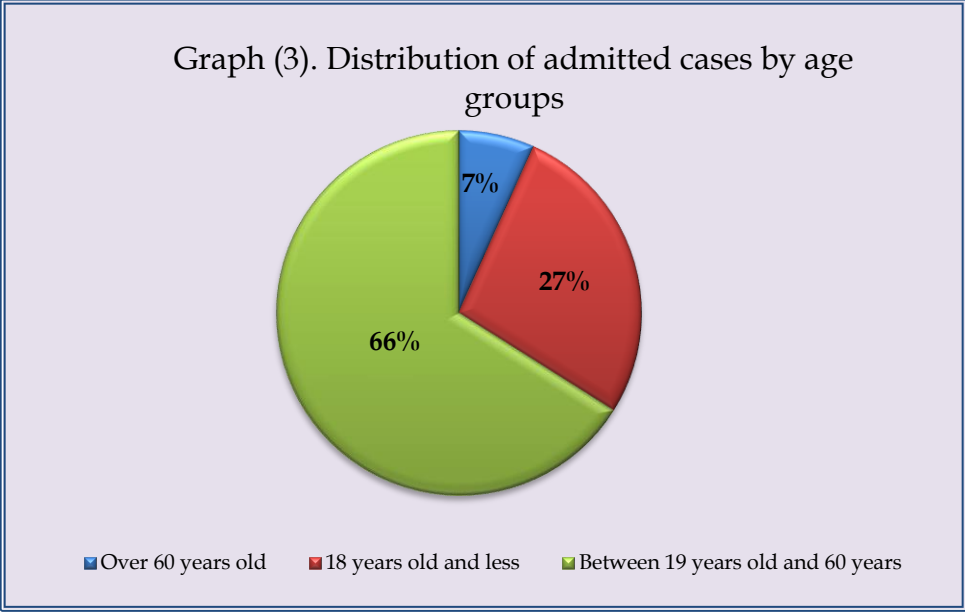
In-depth interview with the Director of Al-Ahli Arab hospital revealed that the total number of injured cases that received treatment in the hospital was 1,949 cases. The most common types of injuries were abdominal injuries, bone fractures, shrapnel, and burns. Most of the cases (80%) were referred by the governmental hospitals. In response to the high demand of hospital beds, Al-Ahli Arab hospital had increased the number of operating beds from 30 to 40 beds. This increase in the number of beds reflected a very high level of commitment from Al-Ahli Arab hospital toward the Gaza's people and it is consistent with the hospital mission of providing the finest medical care possible under the most adverse circumstances to the marginalized and vulnerable poor people whose livelihood are threatened by the effect of human-made disaster.

With regard to burns, in-depth interviews with the hospital staff revealed that 1,516 cases with first to third degree burns have received treatment at the hospital. After reviewing the hospital records, the evaluator noticed that the number of burn cases that received treatment was less than the reported number. As mentioned before, limited hospital capacity might explain the low achievement rate of this indicator.

Implemented activities and effectiveness: A total of 242 admissions

From July 1 to December 31, 2014, a total of 698 cases were admitted to Al-Ahli Arab hospital. Of the total admitted cases, there were 350 female cases and 348 male cases. Of the total admitted cases, 176 cases were injured during the war.

The hospital has successfully achieved this outcome and outnumbered the desired number by 456 admitted cases. This achievement rate is 288%. As shown in the below graph, distribution of admitted cases by age groups showed that about 7% of the cases were over 60 years old, about 27% aged 18 years old and less, and about 66% aged between 19 years old and 60 years old.



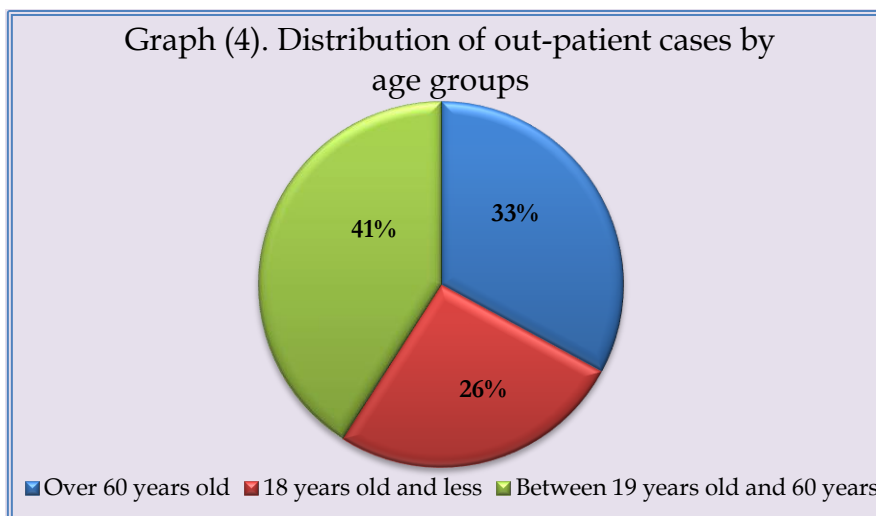
According to the hospital records and an in-depth interview with the Director of the hospital, the admitted cases received medical and/or surgical treatment. Examples of surgically treated cases are acute appendicitis, open wounds, fractures and injuries due to war operations involving other explosions and fragments. Examples of medically treated cases are respiratory tract infection, rheumatoid arthritis and thyroiditis. Additionally, the hospital offered obstetrics care for the pregnant in which 71 women gave birth through spontaneous vaginal delivery and 8 cases gave birth by caesarean section. The health care services were offered free of charge. The number of admitted cases has been reflected in the increase in the bed occupancy rate. As mentioned earlier, since early 2014, Al-Ahli Arab hospital operates only 30 beds out of the available bed capacity, 80 beds. Before the war in June 2014, the bed occupancy rate of the 30 beds was 10.67%. During the war in July and August, the bed occupancy rates have increased to 54.19% and 80.43% respectively⁹. The dramatic increase in the bed occupancy rates reflect the high utilization rate of Al-Ahli Arab hospital beds during the war and indicate accessibility and affordability of the health services.

Implemented activities and effectiveness: A total of 5,903 out-patients clinics were examined

From July first to December 31, 2014, a total of 9,975 out-patients were examined in Al-Ahli Arab hospital. Of the total out-patient cases, there were 6,096 female cases and 3,879 male cases. The hospital has successfully achieved this outcome and outnumbered the desired number. The achievement rate is 178%.

As shown in the below graph, distribution of out-patient cases by age groups showed that about 33% of the cases were over 60 years old, about 26% aged 18 years old and less, and about 41% aged between 19 years old and 60 years old.

⁹ The bed occupancy rate was calculated for the 30 beds in use.



The most common medical problems were skin diseases, gastroenteritis, upper respiratory tract infection and treatment of chronic diseases such as diabetes, mellitus and hypertension.

Other beneficiaries:

1. Providing shelter for families of the admitted cases

During the war, Al-Ahli Arab hospital was used as a shelter for families of the admitted cases. According to Director of the hospital, a total of 120 families of admitted cases sought refuge at Al-Ahli Arab hospital. Generously, along with providing the admitted cases with the needed medical services free of charge, the Hospital provided their families with shelter, food, water, hygiene materials and all other life necessities to ease their suffering. All of the services were provided free of charge and in a way as to restore their dignity. The 120 families were sheltered in the available spaces within the hospital main buildings, hospital rooms, and the out-patients clinics. The demand for shelter services was very high; however, the hospital could not afford shelter for internally displaced people, other than for the families of the admitted cases.

2. Providing medical care for internally displaced people who sought refuge at shelters

In-depth interview with the Director of the hospital revealed that some of 5,728 internally displaced people, who sought refuge at the UNRWA and governmental schools designated shelters and with host families, have received free of charge medical services. According to hospital records, of the total cases, 44.8% of cases were children, 30.8% of cases were women, and 24.4% were men.

Additionally, during the project implementation period, a total of:

- 850 dressing were conducted at the outpatient clinics;
- 1,208 laboratory tests were conducted; and
- 485 x-ray procedures were conducted

Beneficiaries’ Satisfaction- Al-Ahli Arab hospital

With regard to beneficiaries’ satisfaction with the provided services, the vast majority of the interviewed cases revealed that they have received high quality services. From the beneficiaries’ point of view, the main reasons of satisfaction are affordability of hospital services-free of charge, availability of qualified staff and appropriate time of the provided services.

Additionally, most interviewed cases indicated that Al-Ahli Arab hospital provided them with a relatively safe place during a time when they have no other places to go. One participant put it this way: "Al-Ahli Arab hospital staff treated us as human being, for us, during the war time, we could not believe that we will have some people who could treat us as gently as the staff of Al-Ahli Arab hospital." (30 year old female who stayed at the hospital for 5 days- she accompanied her sister who had appendectomy and hernia repair).

Another incredible reason for satisfaction that was mentioned by interviewed beneficiaries was the psychological comfort provided by the staff of Al-Ahli Arab hospital. None of the interviewed beneficiaries mentioned any negative experience during their stay at the hospital. One beneficiary put it this way, "We are one body; we are all Palestinians, there is no difference between a Muslim and a Christian, I never felt any kind of discrimination." A father of a 12 year old injured child admitted to the hospital for 4 days. The child was injured by a tank missile; he was admitted to the orthopedic ward suffering from bleeding and tendon injuries. He had a surgical operation. Another interviewed 22 years old female had to have minor surgery to clean and debride cut wounds in one of her legs as she was injured by a tank missile. Due to the high work volume at Al-Shifa hospital, she was sent back to the shelter without receiving proper health care. She expressed deep satisfaction of the provided services. From her point of view, the treatment she received at Al-Ahli Arab hospital was adequate and prompt.

Case study 1

A 32 year old man, [Ahmed] was admitted to Al-Ahli Arab hospital suffering from multiple fractures in the lower extremities and pelvis. His home was bombed by two F16 rockets. The family did not manage to escape before their home was targeted, as they did not receive any warning messages or calls. Unfairly, 8 members were killed, including Ahmed's mother, his son, brother-in-law and two nephews. Also, Ahmed's wife, 3 brothers and his father were injured. Ahmed was treated at Al-Shifa hospital for one day, then he was referred to Al-Ahli Arab hospital where he had three surgical operations during his 11 hospitalization days. Although Ahmed has passed through such traumatic experience, he expressed deep respect and gratitude to the staff of Al-Ahli Arab hospital. He closed the interview by stating: "the staff was supportive and treated me in a good way." The interviewer felt the heartbreak and bitterness in his voice. Ahmed is still recovering from his physical injuries and psychological trauma

Case study 2

A 38 year old man, [Omer] who was admitted to Al-Ahli Arab hospital suffered from multiple fractures in his pelvic area and femur. Omer also had impeded tank shrapnel and foreign bodies in his lower extremities. He was not alone at the hospital, as 8 members of his family were hospitalized at Al-Ahli Arab hospital. The other 8 family members suffered from varied degrees of burns and fractures. The 38 year old man was admitted to Al-Shifa hospital for two days, then, he was referred to Al-Ahli Arab hospital. The referral was done based on his request. He stated, "I requested to be transferred to Al-Ahli Arab hospital to be with my family members, I thank Allah [God] that I was referred to that hospital as the hospital was relatively quiet during the war time, the staff did their best to comfort us, and I got good care." The 38 year old man stayed at Al-Ahli Arab hospital for 19 days; he had two surgical operations to fix multiple fractures and to extract shrapnel and foreign bodies from his lower extremities. He also had a surgical procedure to fix a fracture in his femur.

Beneficiaries' Satisfaction- NECC

With regard to beneficiaries' satisfaction with the provided services, the vast majority of the interviewed cases expressed a high level of satisfaction. The main reasons of satisfaction were accessibility and affordability of services, availability of qualified staff, prompt attention and good interaction with staff. The work of NECC during the ceasefire was in particular highly appreciated by the beneficiaries. According to beneficiaries, during times of ceasefire, NECC staff responded to beneficiaries' health and non-health needs. For health needs, NECC family health care centers have offered health care services at the time when there was a desperate need for health care services, in particularly at Al-Shajaia and Rafah. In Al-Shajaia, the only governmental PHC center was totally demolished by the Israeli tanks. While in Rafah, access to health care services was very limited. One participant stated, *"We fled our homes to shelters in different areas in Gaza City, when we knew that NECC resumed work, we came to the center. The center offered us health services, bottled water, medicine."* (33 years old female participant from AL Shajaia). With regard to non-health needs, one beneficiary stated that, the work NECC gave them sense of hope and solidarity. One woman stated, *"When NECC opened the centers during the ceasefire, this gave us a sense that we have hope for life."* Female beneficiary 30 years old. Another participant stated that, *"the NECC family center was the only option available for us. The other governmental clinics did not have medicine. In this clinic, I treated my son three times during the war [three ceasefires], they gave us bottled water, and they gave us medicine for free."* 24 years old female participant.

E. The project uses the best possible means to achieve results (efficiency)

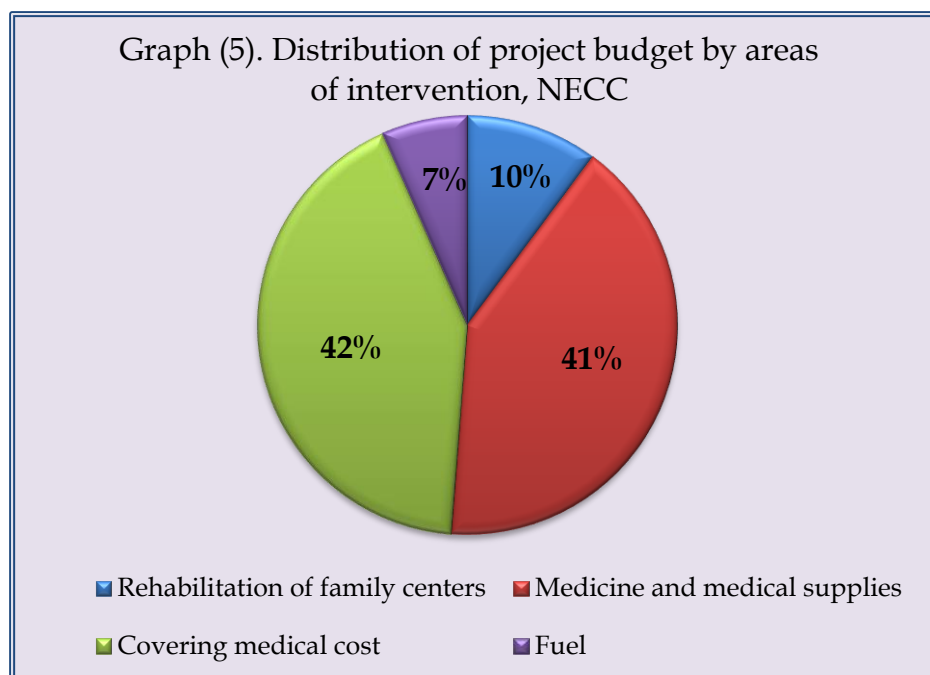
NECC and Al-Ahli Arab hospital enjoy a very committed, dedicated and effective management. For NECC, each center has a supervisor, and the three supervisors are well-trained and have good managerial skills. At the main office level, the NECC Executive Director and the Health Program Coordinator monitor and supervise the implementation of the health program closely. The three supervisors hold monthly meetings with centers' staff, and the Health Program Coordinator holds regular meetings with the center's supervisors and other employees. For Al-Ahli Arab hospital, the hospital enjoys very high level of effective management. The Director of the hospital in coordination with head of departments manages the hospital. There is no doubt that NECC and Al-Ahli Arab hospitals have the required human resources to handle such projects. With regard to financial capability, both NECC and Al-Ahli Arab hospital financial systems are well developed and work efficiently. Documents review showed that the financial reports of the two implementing partners are of high quality, accuracy and consistency. Financial documents didn't reveal any inconsistency. All written financial systems and procedures are available. Concerning the procurement documents, the examined procurement documents revealed that all the steps were documented and performed according to the financial systems of the two organizations. All the purchased material, including medical supplies and fuel are documented in the logistic/financial departments of the NECC and Al-Ahli Arab hospitals.

According to project final financial report, the total budget of the project was 542,894 USD. The breakdown of budget by implementing partners showed Al-Ahli Arab hospital obtained the largest portion of the budget and represented 73% of the total budget, followed by NECC with at 21% of the total budget. Finally, administrative cost of PMP represented 6%. This administrative cost is very reasonable.

1. Efficiency: NECC

The total allocated budget for NECC activities was 112,700 USD, however, the actual amount of funds spent was 121,000 USD. As in the graph, expenses that covered the cost of medical treatment of poor people constituted the largest portion of the total budget and represented 42% of the total budget, followed by the cost of medical supplies and medicine with a proportion of 41% of the total budget. Expenses of purchasing fuel and rehabilitating of three family centers and the vocational training center constituted 17% of the budget.

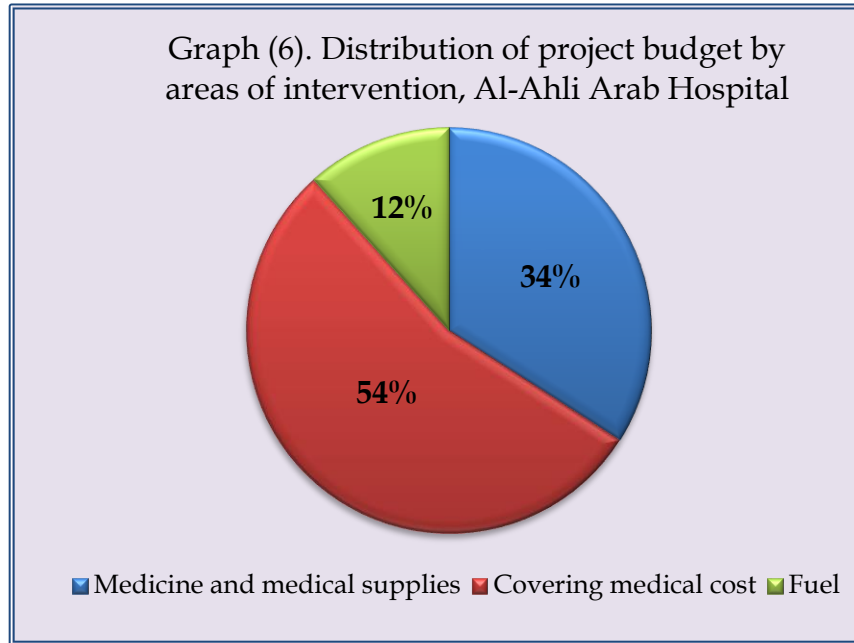
The allocated budget per activity has shown high level of efficiency, as cost of covering medical treatment of poor people and cost of medical supplies and medicine portion are appropriate as they covered the most needed services during and after the war. Interestingly, the original budget allocated more funds for fuel (12,000 USD), however, as NECC obtained additional funds for fuel from other donors, a decision was made to reduce the allocated budget for fuel to 8,000 USD. Using the positive balance of purchasing fuel and adding additional, about 8000 USD, has enabled NECC to rehabilitate and repair the damages in the three family centers and Gaza's vocational training center. The additional funding was also covered by the PMP. This flexibility from NECC and PMP lead to higher efficiency and best use of financial resources.



The level of transparency maintained throughout the project is very high. Financial documents didn't reveal any inconsistencies. Another aspect of transparency was demonstrated in the transparent auditable procurement procedure of rehabilitating the three family centers and Gaza's vocational training center. The examined procurement documents revealed that all the steps were documented and performed according to the financial system of the NECC.

2. Efficiency: Al-Ahli Arab hospital

The total allocated budget for Al-Ahli Arab hospital activities is 395,103 USD. However, the actual spent fund is 398,878 USD.



As in the graph, expenses that covered the cost of medical treatment of poor people constituted the largest portion of the total budget and represented 54% of the total spent budget, followed by the cost of medical supplies and medicine with a proportion of 34% of the total spent budget. Expenses of purchasing fuel constituted 18% of the budget.

The allocated budget per activity has shown high level of efficiency, as cost of covering medical treatment of poor people and cost of medical supplies and medicine are appropriate as they covered the most needed services during and after the war. Interestingly, Al-Ahli Arab hospital budget was revised several times as the original budget allocated more fund for fuel, but as Al-Ahli Arab hospital managed to obtain additional funds for fuel from other sources, reallocation of budget was done to include covering the cost of medical treatment of poor people. The level of transparency maintained throughout the project is very high. Financial documents didn't reveal any inconsistencies.

To conclude, the organizational capability, good financial systems and flexibility of implementing partners and PMP lead to higher efficiency and best use of financial resources.

G. The project's impact is measured

The project did not have any negative impacts on beneficiaries. The good reputation, deep-rootedness, and years of experience have enabled NECC and Al-Ahli Arab Hospital to avoid any negative impact of the project. The two implementing organizations provided services to Palestinians without regard to the refugee status, place of residence or religion.

Although this project is categorized as an emergency relief project, the short and long term impact of the project will have impact on the overall of development of the Gaza Strip. The short term impact of the project includes improving health status of beneficiaries, alleviating the suffering of injured people, promoting health in the whole community. With regard to the long term impact, the relationship between health and development is well known; improving health of a population is a means to the end of development. Al-Ahli Arab Hospital and NECC health program provide a wide range of services including maternal and child services, obstetric care, care of communicable diseases, care of non-communicable diseases and other preventive and curative services. The provided services will have positive long-term impacts on the beneficiaries of the NECC three family centers, Al-Ahli Arab Hospital, and the whole community as well. Areas that will have positive improvement include access to reproductive health, access to primary health care services, access to tertiary care, preventing the spread and control of many diseases and reducing the burden caused by nutritional problems.

With regard to human resources, this project has a very sustainable impact through strengthening the capacity of the NECC and Al-Ahli Arab Hospital staff. Currently, the NECC and Al-Ahli Arab Hospital staff members have important technical skills; they are capable and have the ability to offer high quality services during wars and immediately after wars. This component of the project will have positive long-term impacts on their performance. Additionally, the project has improved the psychological wellbeing of employees through giving them the chance to serve their people during the last horrible war; this view was constantly expressed by most of the interviewed staff. Finally, to some degree, the project helped NECC and Al-Ahli Arab Hospital to cover part of their running cost, thus, sustaining their operation.

H. The project respects the population

In general, NECC and Al-Ahli Arab Hospital involve community members constantly in identifying community needs, prioritizing the identified needs, and implementing activities. The project implementation took into account all the social and religious characteristic of the people. Most beneficiaries have expressed a very high level of satisfaction with the provided services.

5. Lessons Learned

The lessons learned are listed below as follows:

1. PMP's 'proactive approach' applied to the emergency program provided immediate delivery of donor aid directly to NECC and Al-Ahli Hospital which reduced the risk of delay in the delivery of medicine, medical supplies, and generator fuel and health coverage to local partners.
2. PMP's previous experience and long-term partnership with both partner institutions (NECC and Al-Ahli Arab Hospital) reduced the risk of delay in the delivery of medicine, medical supplies and generator fuel as both partners had pre-identified suppliers.
3. Immediate delivery of donor aid directly to NECC and Al-Ahli Arab Hospital ensured health coverage which eliminated all financial barriers that might have hindered utilization of these healthcare services for the poor during and after the war.
4. PMP's coordination efforts with 13 CCAO members during the active war resulted in a high level of efficient coordination that complimented emergency aid efforts in Gaza.
5. PMP's continuous project coordination with NECC and Al-Ahli Arab Hospital during project implementation resulted in a quick response as other donor aid was coming through. PMP's flexibility to reallocate the funds to other emergency services responded to emerging needs (number of sick and injured patients was increasing at the time) which complemented the high level of services offered by the local partners and reflected the efficient use of donor aid by both local partners.

5. Recommendations

Recommendations are listed below as follows:

1. Recommendations for PMP

1. The 'proactive approach' applied in the PMP's emergency program has proven to be a successful model and should be applied in future emergency programs in order to ensure proper delivery of donor aid.
2. PMP's long-term partnership with local partners was proven to be beneficial in an emergency situation, as the shared partnership ensured mutual transparency (as in the case with pre-identified suppliers or the case with health coverage) and resulted in an appropriate and relevant response that met the needs of beneficiaries. It is highly recommended that PMP maintains this understanding with the partners and is able to apply it to any future emergency program.
3. Coordination with CCAO members should be maintained especially during emergency situations in order to guarantee efficient use of donor aid, avoid duplication and ensure prompt delivery of services.

4. Proper project management and coordination between PMP and local partners should be maintained in order to effectively meet the changing dynamics within a project cycle.
5. It is recommended that PMP expands its scope of work and fund more programs in the Gaza Strip. General areas that require funding include:
 - a. Psychosocial programs
 - b. Job-creation programs
 - c. Medical equipment for Al-Ahli Arab Hospital
 - d. Funding for the cancer center at Al-Ahli Arab Hospital
 - e. Increasing financial support for NECC's health program.

2. Recommendations for NECC

1. As the political situation in the Gaza Strip is very volatile, it is extremely important that NECC reviews and maintains an adequate stock of medicine and medical supplies (for at least 6 months) and fuel reserves; NECC should take into account the healthcare needs and probable diseases that may arise, especially during emergencies.
2. NECC should also adopt a cost-effective, renewable energy resource such as solar-powered photovoltaic panels in order to maintain service support during electrical outages and lessen the reliance on donor aid to cover fuel costs.

3. Recommendations for Al-Ahli Arab Hospital

1. As the political situation in the Gaza Strip is very volatile, it is extremely important that Al-Ahli Arab Hospital reviews and maintains an adequate stock of medicine and medical supplies (for at least 6 months) and fuel reserves; Al-Ahli should take into account the healthcare needs and probable diseases that may arise, especially during emergencies.
2. Al-Ahli Arab Hospital should also adopt a cost-effective, renewable energy resource such as solar-powered photovoltaic panels in order to maintain service support during electrical outages and lessen the reliance on donor aid to cover fuel costs.
3. Providing free-of-charge healthcare services at Al-Ahli Arab Hospital enabled poor people to receive treatment and care they needed. Thus, covering a higher discounted rate (more than the current 20 percent) for healthcare costs is recommended. Al-Ahli Arab Hospital should continue to approach donors for this coverage, including PMP.
4. Al-Ahli Arab Hospital's electronic health record system is still not available in all hospital departments (such as the in-patients department, the emergency department, and the physical therapy department that are still utilizing paper-based health records.) It is recommended that the electronic system is expanded to include all hospital departments. The electronic health record system will provide all the information needed for proper diagnosis, treatment, and follow up.

Annex 1: Schedule and Tools of Qualitative Data Collection

No	Tasks	Purpose	Place
1. Desk Review and Field Visits			
1.	<p>Desk review of project documents, reports, and other relevant project data- NECC</p> <p>Desk review of project documents, reports, and other relevant project data- Al-Ahli Arab Hospital</p>	<p><u>General discussion</u></p> <ul style="list-style-type: none"> • To fully understand the components of the project • To review the project reports and compare the outcomes with the objective • To check financial and administrative records • To identify key informants and stakeholders and • To finalize the work plan 	<p>NECC- office Gaza and</p> <p>Al-Ahli Arab Hospital</p>
2. In-depth Interviews with Key Informants, and Key Program Staff			
1.	Executive Director of NECC- Gaza	<p><u>General discussion</u></p> <ul style="list-style-type: none"> • To review the project responses to the demonstrated need • To review the project consistency with the mandate and principles of the organization, MPM. • To identify the main objectives of the project • To assess the appropriateness of the project • To assess the relevance and appropriateness of the program • To assess the degree in which the project achieved its objectives and outcomes • To assess the project's outcomes at different levels, including beneficiaries, community members, and health providers • To assess the project efficiency in relation to the use of resources and outcomes achieved 	NECC- office Gaza
2.	Health Field Coordinator		NECC- office Gaza
3.	PMP project coordinator		Holy Family Latin Parish
4.	PMP Regional Director		Phone interview
5.	NECC Administrative and Financial Manager		NECC- office Gaza
6.	Executive Director of Al-Ahli Arab Hospital		Al-Ahli Arab Hospital
7.	Al-Ahli Arab Hospital Administrative and Financial Manager		Al-Ahli Arab Hospital
8.	Nursing Supervisor- Al-Ahli Arab Hospital		Phone

			interview
9.	Social worker-Head of social unit- Al-Ahli Arab Hospital		Phone interview
10.	Medical Doctor- Al-Ahli Arab Hospital		Al-Ahli Arab Hospital
11.	Director/ Manager of Shijaia center		Shijaia center
12.	Director/ Manager of Rafah center		Rafah center
13.	Medical Doctor- Shijaia center		Shijaia center
3. Focus groups with beneficiaries			
1.	Female beneficiaries of Shijaia center	<u>General discussion</u> <ul style="list-style-type: none"> To assess the relevance and appropriateness of the project in improving the health status of Palestinians To assess the quality of the provided services: NECC and Al-Ahli Arab Hospital To assess the quality of the provided services: NECC and Al-Ahli Arab Hospital 	Shijaia center
2.	Female beneficiaries of Rafah center		Rafah center
4. In-depth Interviews with			
1.	Beneficiary- Al-Ahli Arab Hospital-Gaza – Male	<u>General discussion</u> <ul style="list-style-type: none"> To assess the relevance and appropriateness of the project in improving the health status of Palestinians To assess the quality of the provided services: NECC and Al-Ahli Arab Hospital To assess the quality of the provided services: NECC and Al-Ahli Arab Hospital 	Phone interviews
2.	Beneficiary- Al-Ahli Arab Hospital-Gaza – Female		
3.	Beneficiary- Al-Ahli Arab Hospital-Gaza – Male		
4.	Beneficiary- Al-Ahli Arab Hospital-Gaza – Female		
5.	Beneficiary- Al-Ahli Arab Hospital-Gaza – Child		
6.	Beneficiary- Al-Ahli Arab Hospital-Gaza – Male-Shelter		