

State of Palestine Health Thematic Report

January - December 2016



Prepared by:
UNICEF State of Palestine
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ABBREVIATIONS AND ACRONYMS

BFH	Baby Friendly Hospital (BFH)
CERF	Central Emergency Response Fund
CMAM	Community Management of Acute Malnutrition
ECD	Early Childhood Development
ECI	Early Childhood Interventions
CWD	Children with disabilities
EPF	Emergency Programme Fund
EPI	Expanded Programme of Immunization
ERWs	Explosive Remnants of War
GoP	Government of Palestine
IYCF	Infant and Young Child Feeding practices
MAP	Medical Aid for Palestinians
SDGs	Sustainable Development Goals
MoH	Ministry of Health
MoSD	Ministry of Social Development
NECC	Near East Council of Churches
NGO	Non-governmental organisations
OCHA	Office for the Coordination of Humanitarian Affairs
PA	Palestinian Authority
PNHV	Post Natal Home Visit
PRCS	Palestinian Red Cross Society
SoP	State of Palestine
UHCW	Union of Health Workers Committee
UNFPA	United Nations Population Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees
WB	West Bank
WGGV	Working Group on Grave Violations
WFP	World Food Programme
WHO	World Health Organization

1. EXECUTIVE SUMMARY

In 2016, the State of Palestine continued to experience tensions and violence that spilt over from October 2015, leading to a high number of Palestinian casualties recorded in the first two quarters of the year, especially in the West Bank, including East Jerusalem. In Gaza, the ten-year blockade and impact of the 2014 conflict continues to affect people's psychological and physical wellbeing, healthcare and education systems, availability of clean, safe water, and livelihoods.

The territorial fragmentation and restrictions on Palestinians' movement negatively affected access to health and education services. Palestinians in the West Bank (WB) remained subject to a complex system of controls and bureaucratic barriers. The latter poses a major hindrance to Palestinians who are referred for treatment outside Gaza and the WB, as they are frequently denied permits to seek treatment in the East Jerusalem hospitals or in Israel.

While the healthcare system in the SoP is relatively well developed in terms of infrastructure and staff, healthcare systems in the West Bank and the Gaza Strip are run in parallel, as a result of the ongoing political division between the two regions. The three main healthcare providers are the Ministry of Health, UNRWA and a network of commercial and NGO healthcare providers. While the Ministry of Health is the main provider of primary health care, NGOs play a major role in the provision of secondary and tertiary healthcare. This adds an additional layer of complexity in planning, coordination and quality control across all actors.¹ Access to basic services across all sectors has deteriorated, and chronic shortages of essential lifesaving drugs and medication continued to compromise an already exhausted health system

Against this backdrop, UNICEF in coordination with the Palestinian Authority, UN and NGO partners, UNICEF continued to impact positively on children's development in Palestine and to respond to the population's humanitarian and development needs. The Health and Nutrition Programme of UNICEF's current programme cycle (2015-2017) focuses on: reducing maternal and child mortality; strengthening neonate health care services and post-natal home visiting; increasing the rate of exclusive breastfeeding; supporting the baby friendly hospital initiative, and promoting the adoption of an integrated early childhood development strategy with a focus on children with disabilities at the national level.

UNICEF extends its appreciation to all donors who have contributed to the Health & Nutrition Programme in Palestine, enabling UNICEF to meet the most critical health needs of children and women. Significant achievements in 2016 were the finalisation and endorsement of the integrated Early Childhood Development and Interventions Strategy at the national level, and the post-natal coverage in Gaza. The ECDI strategy was finalised and endorsed in December 2016. It provides a framework to strengthen early childhood development across sectors, including the early detection of children with developmental delays and disabilities through the increased capacities of caregivers, education and health staff. This cross sectoral strategy involves the Ministry of Health (MoH), the Ministry of Education and Higher Education (MoEHE) and the Ministry of Social Development (MoSD).

As a result of the latter's concerted efforts, UNICEF and partners supported capacity building of health professionals (320: 163 females, 157 males) on enhanced skills on screening and early detection of disabilities and development delays. Additionally, the percentage of children accessing ECD centres in 2016 rose to 56.1 per cent from 49 per cent in 2012.

In Gaza, UNICEF in coordination with the MoH, and its partners, the Near East Council of Churches (NECC) and the Union of Health Worker Committees (UHCW), implemented post-natal home visiting activities targeting hard-to-reach locations and vulnerable communities. As a result, the programme

¹ UNICEF, (2013). *Situation Analysis of Palestinian Children in the State of Palestine, 2013*. Palestine

reached 7,481 women with high risk pregnancies and 7,481 new-borns. During the visits, mothers benefited from infant and young child feeding practices counselling and curative care.

In 2016, UNICEF also supported the MoH in responding to the chronic shortage of pharmaceuticals, and poor general maintenance through the procurement of drugs and spare parts for medical equipment and cold chain, which have prevented further deterioration of quality of health services in Gaza. Furthermore, UNICEF supported a comprehensive effective vaccine management assessment and continues to support immunisation coverage, which remains high at 99 per cent.

UNICEF co-led the Nutrition Working Group under the Health Cluster, in cooperation with the Ministry of Health and the World Food Programme (WFP). The programme ensured the supply of much needed lifesaving drugs and medications in Gaza.

This report focuses on the key results achieved by the Health and Nutrition Programme in the SoP in 2016. It also provides a summary of planned interventions for the year 2017, including an overview of the funding requirements. A key challenge to the humanitarian imperative in the SoP is the shrinking funding, while at the same time the needs are increasing. It is important that the protracted humanitarian crisis in Palestine is not forgotten amidst competing regional priorities.

In 2017, UNICEF's Health Programme will continue to work, with partners, to ensure that "Women and Children under five, especially the most vulnerable increasingly use improved quality maternal, child health and nutrition services, and apply improved health and nutrition care practices". The estimated funding needs for 2017 are USD 3,489,500 out of which USD 692,496 are available², with 80% funding gap.

2. STRATEGIC CONTEXT IN 2016

The health indicators for Palestine show good progress towards achieving, and in some cases have achieved the Sustainable Development Goal 3: with maternal mortality at 24 per 100,000 live births; neonate mortality at 11 per 1,000 live births; and under 5 mortality rate at 22 per 1,000 per live births. However, the effects of the protracted occupation and the blockade of Gaza continue to undermine progress reached, and have led to a chronic humanitarian crisis in parts of the territory affecting the health, welfare and dignity of patients. The intra-Palestinian divisions and overall political context also aggravate and delay the effective delivery of services and treatment. The health sector in the SoP relies on a complex system in which the three main healthcare providers are the Ministry of Health, UNRWA and a network of commercial and NGO healthcare providers.

In the SoP, the majority of child deaths occur in the first year, particularly in the neonatal period of the first 28 days. Neonatal mortality (11.2 per 1000 live births) represent half of under 5 mortality (21.7 per 1000 live births) and two thirds of infant mortality (18.2 per 1000 live births) in the SoP.³ In Gaza, new-born deaths represent 68% of infant deaths, and the new-born period represents the highest risk for all infants with congenital abnormalities, as an immediate or contributing factor in almost half (46%) of new-born deaths.⁴

According to the 2014 MICs survey, the Under-Five Mortality rate in Palestine is 22 per 1,000 live births with 20 per 1,000 live births in the West Bank compared to 24 per 1,000 live births in the Gaza Strip. Despite progress made to reduce under five child mortality rate the MoH is under extreme pressure and strain to meet the health needs of the population. The capacity of the health system to provide specialized care and treatment for new-borns, infants and under-fives requires strengthening, while

² Figures as of 28 February 2017

³ MICS 2104

⁴ SitAn, UNICEF November 2016 edition

Maternal and Child Health care is accessible and utilized, ensuring a high quality and holistic service for young child health and development remains a challenge.

Breastfeeding practices are a concern, as only 39% of children between 0-6 months are exclusively breastfed (breast milk only, or with vitamins or medicine) which is considerably lower than the international standards.⁵ Results show that only 41 percent of infants are breastfed for the first time within the first hour of birth⁶, hence supporting mothers to initiate breastfeeding in the first hour after giving birth is essential to ensuring successful exclusive breastfeeding

Micronutrient deficiencies also remain a public health issue despite the concerted interventions to tackle the problem. In the case of anaemia, 26.5 per cent (30.8 per cent in Gaza, 21.6 per cent in WB) of children under-five have iron deficiency anaemia, and 20.9 per cent (32.4 per cent in Gaza, 8.9 per cent WB) of children are with depleted iron stores. There has been no significant difference for other micronutrients, where more than two thirds at 72.9 per cent are suffering vitamin A deficiency and 55.6 per cent (71 per cent in Gaza, 39.5 per cent in the WB) have zinc deficiency, and around 60 per cent suffer from low serum levels of vitamin D.

In relation to the humanitarian crisis, the most affected areas are the Gaza Strip, Area C and East Jerusalem. In Gaza, the healthcare system has been affected by the three conflicts over the last ten years, which have severely reduced the capacity of the health systems and infrastructures. The total recovery costs for the health sector were estimated to be USD 383 million.⁷ During the 2014 conflict, health services were severely impacted, and almost half of health facilities were unable to provide services. Seventy-seven health facilities were destroyed or damaged, and one of the only three paediatric hospitals was closed due to damage.⁸ Family planning services, antenatal and postnatal health care were also severely affected, causing an interruption in outreach home visits, health education and counselling.⁹ The situation negatively affected the access to health care services, particularly for families with young children, the most vulnerable, as well as families with children with developmental delays and disabilities.

Chronic power deficits disrupt basic services in Gaza, including health and nutrition services, and shortages of essential drugs continue to compromise an already exhausted health system. Humanitarian organizations and personnel faced limitations in accessing the neediest communities.

In the West Bank, the fragmentation of the territory into Areas A, B and C, and the construction of the “Barrier” have divided communities and separated them from their health centres and land. In Area C, which is over 60% of the WB, with an estimated 300,000 inhabitants, the challenge is to reach communities. The MoH healthcare providers’ movements are restricted by the Israeli Authorities as, according to the Oslo Accords, the Palestinian Authority (PA) has neither administrative control nor security control over Area C, even though it is expected to provide its inhabitants with social services. Inhabitants in Area C also face restrictions in reaching hospitals in East Jerusalem, Israel or abroad for complicated treatment.

With regard to long term strategies and policies, the MoH struggles to meet the increasing demands and reform requirements of the health care system in an environment of high poverty rates, budget constraints, limited capacity of health care personnel, as well as shortage of lifesaving drugs and medications as well as specialized equipment. As Palestinian children continue to live in poverty, they continue to face difficulties in accessing adequate health services, proper nutrition, early learning

⁵ MICS 2014, <http://www.pcbs.gov.ps/Downloads/book2175.pdf>

⁶ Ibid

⁷ Palestinian Ministerial Committee for Reconstruction (2015), Detailed Needs Assessment and Recovery Framework for Reconstruction, August 2015

⁸ Ibid

⁹ Joint Health Cluster (2015). Gaza Strip Joint Health Sector Assessment Report Gaza Sept 2014

opportunities, and a safe and protective environment, which in turn affects their ability to reach their full developmental potential in the first years of their lives.

Health sector financing is also a challenge. While total expenditure has been increasing (from US\$ 1,075 million in 2010 to US\$1,391 million in 2014), government spending on the health sector declined from 14 percent to 11 per cent of GDP in the same period.¹⁰ The total budget is not adequate to meet the needs of the population and the funding gap has led to severe shortages of essential medicines and medical disposables.¹¹ As a result, households are having to make up for the shortfall. This places a heavy financial burden on families, most of whom are not covered by comprehensive health insurance.

The Ministry of Health, in cooperation with partners, has been seeking to improve the provision of health care services for the general population, with a focus on women and children in marginalized areas. This will increase the number of beneficiaries to receive medical care, which will add to the existing caseload and may affect the quality of services, especially as additional staff has not been recruited, due to the limited resources available. Hence, the pre-conditions for executing such plan requires that more funds are available to sustain the already improved services

Despite these immense challenges faced in the health sector, the Ministry of Health, with the continued support of international partners, including UNICEF, was able to achieve positive results as described in the next section.

3. RESULTS IN THE OUTCOME AREA

In 2016, UNICEF continued to promote the linkage between humanitarian and development programming, as outlined in the UNICEF Palestine Country Programme Action Plan, building the continuum from life-saving support to resilience building. UNICEF's health response is aimed at avoiding further deterioration of the humanitarian crisis, while putting in place more sustainable solutions in the best interest of children, mothers and young adolescents. UNICEF's programme is aligned with the 2014–2016 National Health Strategy within the Palestinian Authority's National Development Plan 2014–2016, and the National Policy Agenda 2017-2022, including the Palestinian Government's Recovery and Reconstruction Plan for Gaza. In addition, UNICEF has been an active member of the Humanitarian Country Team-Advocacy Working Group and the Task Force on East Jerusalem, consisting of humanitarian and development actors coordinating policy and operational issues.

UNICEF's Health Programme focused on three Outputs as described below:

Output 1: Increased national capacity to plan, coordinate, monitor and provide inclusive nutrition services, and promote best feeding practices especially for children with disability, affected by humanitarian situation or in marginalized areas.

National capacity to provide nutrition services and promote best infant and young child feeding practices was strengthened. Nine hospitals (seven in the West Bank and two in Gaza) were certified as baby friendly since 2015. Another 17 hospitals in the West Bank and five in Gaza are involved in the Baby Friendly Hospital initiative implementation. The capacity to promote exclusive breast feeding was increased in 13 hospitals, and on-the-job training on breastfeeding was completed. As a result, over 530 (more than 60 per cent females)' health professionals gained new skills and knowledge. A Training of Trainers (ToT) was conducted, reaching 55 (30 males and 25 females) nurses and doctors. Some 55 health staff, mainly physicians and nurses (30 from Primary Health Care (PHC) facilities, and 25 from hospitals) gained new skills regarding the 10 steps of the BFHI.

¹⁰ PCBS, *Palestine in Figures, 2015*

¹¹ WHO (2016). *Report by the Secretariat: Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan*



Mothers benefitted from numerous awareness activities on infant and young child feeding practices. Further to the hospital initiative, 10 primary health care clinics in Gaza benefited from exclusive breastfeeding promotion and introduced counselling services to mothers with new-borns and infants. The programme reached 122,430 lactating mothers at health facilities and in communities. Out of 47,430 lactating mothers in maternity hospitals, 13,558 women were reached directly after delivery, and 14,971 women were reached in PHC centers. Additional 18,901 women were reached at the community level.

Breastfeeding leaflets and education materials were printed and disseminated at hospitals and clinics, reaching at least 55,000 pregnant and lactating mothers throughout the West Bank and Gaza. Twelve radio and TV spots on postnatal home visits and breastfeeding were broadcasted, reaching more than 2,500,000 people.

Around 129,129 children and 170,830 pregnant and lactating women received micronutrients supplements to improve their nutritional status. UNICEF provided a start-up micronutrient supply for several months (9-12), while the MoH takes responsibility to provide a regular supply through the Nutrition Programme. Some 31,081 children were screened for malnutrition, of which a total of 6,456 were treated through the home visiting and health centre based services, in partnership with NECC and Ard Elinsan.

UNICEF provided technical assistance to the MOH and UNRWA on micronutrient related protocols and interventions, aligned with WHO standards. The promotion of the Breast Milk Substitute (BMS) Code was established in Baby Friendly hospitals. However, challenges remained with the non-compliant hospitals in the NGO and private sectors. Although, in Gaza, health staff enhanced their knowledge on the promotion and protection of the BMS Code, more work is required to enforce implementation of BMS Code.

Output 2. Increased national capacity to plan, coordinate, monitor and provide inclusive early childhood care practices, with a focus on neonate and children with developmental delays and disabilities affected by humanitarian situation or in marginalized areas

In 2016, the inter-sectoral National ECD and ECI Strategy 2017-2022 was revised and finalised. The process was facilitated by an inter-ministerial National ECD committee established to oversee the revision of the Strategy, with good representation from the MoH, the MoEHE, the MoSD, UNICEF and UNRWA, including participants from Gaza.

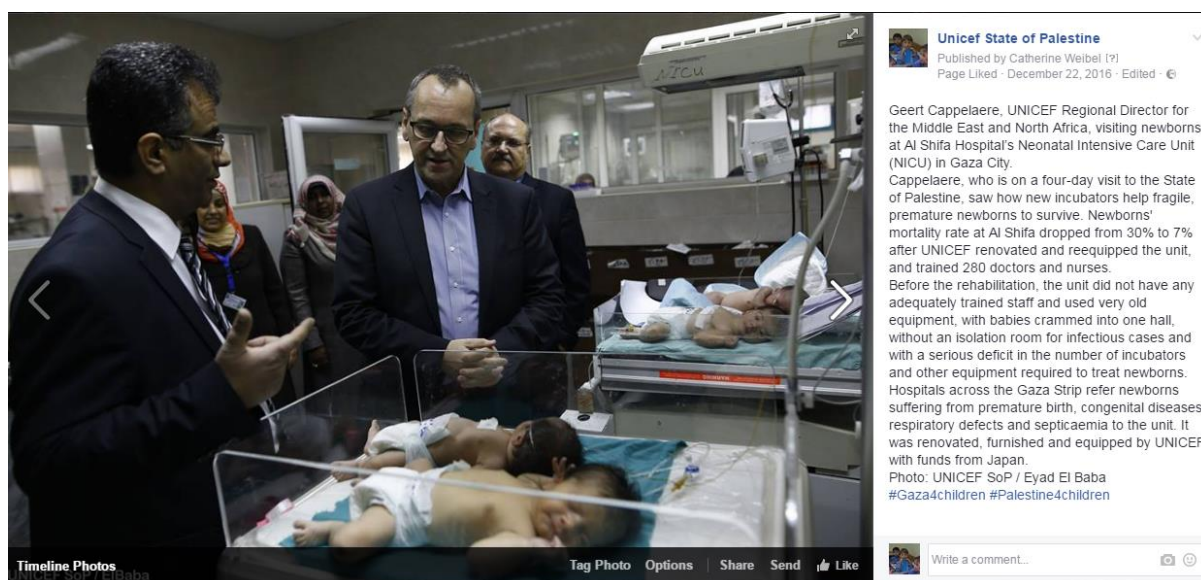
The National ECD and ECI strategy includes provisions from Health, Education, and Social Development institutions for children from age 0 to 8, focusing on the most vulnerable children with disabilities and developmental delays. UNICEF played a significant facilitation, coordination and leadership role in the revision of the Strategy, with the participation of sectoral ministries (health, education and social protection) and key partners. The National ECD and ECI Strategy was officially signed and launched on 16 January 2017, to coincide with the Global ECD Campaign.

The capacity of neonate units in the Salfeet and Yatta hospitals in the West Bank was increased through the provision of medical equipment (such as incubators, transport incubators, resuscitation units, ventilators, oxygen hoods, and laryngoscope sets). Considering the limited access to quality new born care services in Gaza, UNICEF and the MoH have constructed and equipped a new Neonatal Intensive Care Unit (NICU) at the Tal El Sultan Hospital in Rafah, and rehabilitated the Neonatal Intensive Care Unit of Khan-Younis Nasser Hospital.

Training was provided to strengthen healthcare staff capacity on life saving and quality neonatal health services. Some 605 doctors and nurses (290 females, 315 males) at NICUs benefited from an in-service training programme implemented by UNICEF and the UHWC, in close partnership with the MoH. UNICEF and NECC also ensured training of 320 (163 females, 157 males) doctors and nurses on enhanced skills on screening and early detection of disabilities and development delays. In addition, three female doctors from Gaza participated in a two-month fellowship training programme at the Al Makassed hospital to obtain advanced training on neonate care, and advanced protocols implementation.

Access to quality new born care services was improved by the MoH, UNICEF and partners through the continued Post Natal Home Visiting programme (PNHV). Over 60 trained midwives and nurses reached 7,481 women and their new-borns. In addition, 7,928 women gained new knowledge on Exclusive Breast Feeding and basic neonate care through 1,353 awareness raising sessions.

The MoH, WHO, UNICEF and UNFPA jointly finalised an Early New-born Action Plan, which is expected to be endorsed by the MOH and operationalized in 2017. In early December 2016, the MoH, UNICEF and WHO jointly organised a successful Paediatric Conference for 350 health professionals, paediatricians and nurses, to share experiences and lessons learned on effective neonatal and child health care and importance of first 1,000 days.



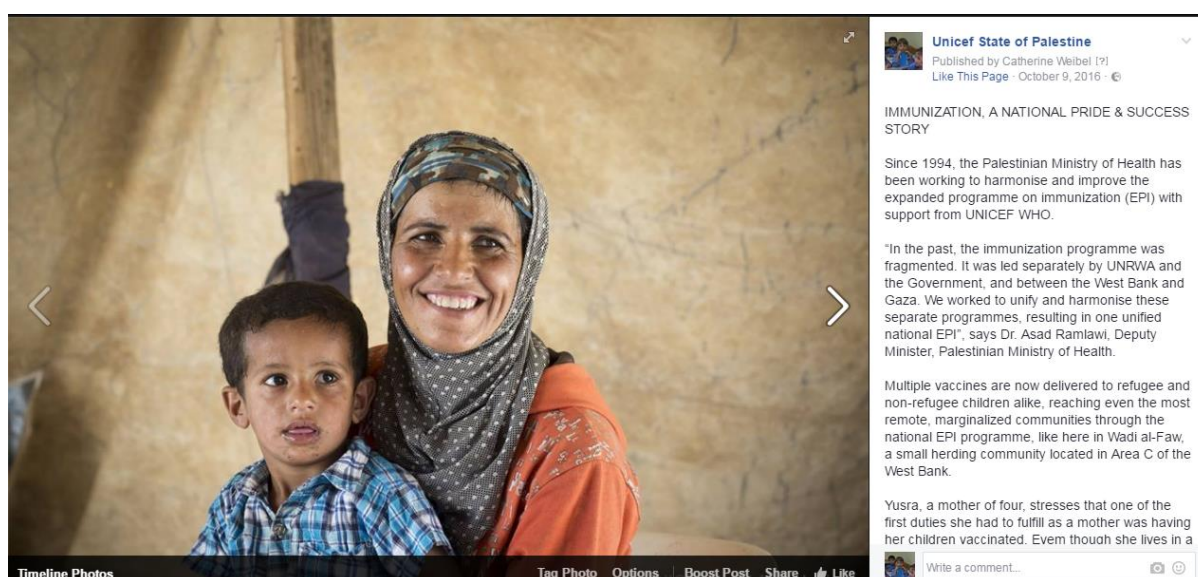
Output 3: Increased national capacity to plan, coordinate, monitor and provide inclusive maternal and child health care services and ensure effective immunization services, especially for children with disabilities, affected by humanitarian situation or in marginalized areas.

While the rate of immunization remains high at 99 per cent, challenges remain in vaccine management. In order to strengthen the national capacity for immunization services, a comprehensive effective vaccine management assessment was completed, and 30 nurses (11 males, 19 females) were trained. The final report, commissioned by UNICEF, was disseminated among key stakeholders including from the MoH, UNRWA and WHO. Two workshops were organised in Gaza and the West Bank to discuss the findings and recommendations, which are organised around nine criteria. An Action Plan, articulated around these recommendations was also developed and agreed upon.

The switch from tOPV to bOPV was successfully conducted on 17 April 2016 with support of UNICEF from the planning to the validation stage. The switch was facilitated through the training of 500 doctors and nurses from PHC facilities, as well as 20 independent monitors who validated the process. The switch on monitoring tools and rolling out plan were reviewed with the MoH-Preventive Medicine Unit and WHO.

The Ministry of Health, in coordination with UNICEF and UNRWA have maintained a 99% coverage of the regular Expanded Programme of Immunization (EPI) in 2016. UNICEF continued to provide technical and logistic support to the MoH to procure 12 antigens to maintain the high immunisation rate.

The World Immunisation Week was celebrated in both Gaza and West Bank to increase awareness of families and service providers. Some 65,660 child files were printed and a total of 96,160 MCH handbooks were produced with an amended EPI schedule to include the new Rota virus vaccine (administered in two doses as of April 2016 to children aged two and four months).



Emergency preparedness and response capacity in health and nutrition was strengthened, and a contingency plan was developed for Gaza and the West Bank. The plan provided a lists of items for prepositioning, contact information, and actions. In the West Bank, UNICEF and JUZOOR developed the capacity of 162 community members (75 per cent female). In Gaza, the MOH and UNICEF increased the awareness and skills of 500 community members, health professionals and teachers regarding first aid and basic life support.

The emergency response for vulnerable communities in Gaza continued in 2016, UNICEF delivered life-saving drugs and medical consumables to the MoH, benefiting 396,020 mothers and children. UNICEF released Ready to Use Therapeutic Food (RUTF) and Ready to Use Supplementary Food (RUSF) from the prepositioned stockpile, benefiting over 6,159 children suffering from moderate to severe acute malnutrition in Gaza. In addition, some 15 kits for neonate screening of Phenyl Keton Urea (PKU) and Thyroid Stimulating Hormone (TSH) kits were delivered, benefiting 36,000 neonates.

Constraints and lessons learnt

Constraints:

Palestine faces a myriad of constraints and challenges associated with the 50 years of occupation, the ten years of Gaza blockade, intra-Palestinian divisions, the overall political situation and protracted crisis. The territorial fragmentation and geographical disconnect between Gaza and the West Bank, and within the West Bank along the administrative geographical divisions between areas A, B and C, restrict the movement of people and goods, affecting people's daily lives, including the healthcare system.

The deficits in the availability of essential humanitarian materials and assets in Gaza, due to the blockade and introduction of the dual use list,¹² is a major constraint to addressing the recurrent humanitarian needs, causing delays in implementation and adversely impacting the most vulnerable families.

The lack of electricity frequently disrupts operations, treatment, training and workshop activities in Gaza, affecting all programmes. Frequent power cuts in health facilities affects the functioning of the cold chain equipment and maintenance of proper vaccines temperature in the refrigerators. This has been a serious threat, jeopardizing vaccines quality and efficacy.

Israeli security procedures negatively affect the referral system. Permit application for patients seeking treatment outside Gaza and the West Bank are frequently rejected leading to further suffering and medical consequences.

Often, the limited availability of qualified personnel and the restriction of staff movement hinder programme implementation and humanitarian action. For instance, the restrictions on permits for health personnel to move in and out of Gaza pose additional constraints on health services and exacerbate already high 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.

The decreasing funding in the Health sector due to the competing priorities in the region is of concern given that the humanitarian situation in the SoP is chronic and the protracted occupation limits the ability of the GoP to effectively manage its own economy, budget and policies. Hence, the achievement of planned results for UNICEF in Palestine continues to be heavily dependent on a high proportion of other resources in an environment where these are shrinking.

¹² The 'Dual Use' items are goods, raw materials, equipment and spare parts that have both civilian use, as well as 'potentially' other harmful uses. The list is used to determine what items can enter the Gaza Strip imposed by COGAT. <http://gaza.ochaopt.org/2015/09/import-restrictions-impede-delivery-of-services-and-humanitarian-assistance/>



Lessons learned:

There is limited availability of alternative power sources for vaccines cold chain equipment in the health centers in Gaza, the majority of health facilities were using electricity as their primary power source in a context where electricity shortages are very frequent. Therefore, the new technology and cold chain equipment with different power supply such as solar panels should be considered for future vaccines storage and cold chain in Gaza, in order to maintain the quality of vaccines and ensure the safety of the immunization program.

Although many of the health professionals involved in the immunization programme receive on-the-job training on cold chain management, there are huge needs for development and implementation of a training plan for refresher training and supervision, and for harmonization of Standard Operating Procedures for vaccine and cold chain management. These interventions should be initiated in order to sustain the provision of quality and continued vaccination of children.

Delays in the entry of vaccines to Gaza led to gaps in availability, and it is recommended that in future the procurement of vaccines commences as early as January of each year to avoid such delays.

In the current context, it is essential to:

- Advocate with policy makers for the realization of children rights to health, nutrition and ECD;
- Foster cross-sectoral and multi-sectoral programming;
- Engage the community in dialogue and behaviour change;
- Improve the quality of services for most disadvantaged groups through system strengthening and service delivery;
- Introduce and encourage innovative models for service provision;
- Promote behaviours, demand for services and social norms that contribute to the realization of child rights particularly of children with disabilities (CwD);
- Generate and promote the use of evidence and data about child wellbeing particularly focusing on the most disadvantaged children.

The achievement of planned results for UNICEF in the State of Palestine continued to be heavily dependent on a high proportion of 'Other Resources' in 2016. The office made strategic efforts in mobilizing funds using both humanitarian and development fundraising tools and mechanisms. UNICEF approached a range of funding partners, including traditional government donors, UNICEF National Committees and the private sector.

4. FINANCIAL ANALYSIS

The estimated 2016 planned amount for the Health Programme was USD 3,335,000 million as shown in table 1. Expenditure in this outcome area in 2016 totalled USD 4,866,710 as shown in table 2. Funds received for this thematic area were mostly against the Humanitarian Appeal. The country-level thematic contributions to health available in 2016 included contributions from the UK Committee for UNICEF (received in 2015) and Iceland (received in 2016). The following tables provide additional details.

Table 1: Planned budget by outcome area

Outcome Area 1: Health State of Palestine Planned and Funded for the Country Programme 2016 (in US Dollar)		
Output	Funding Type ¹³	Planned Budget
1. Increased national capacity to plan, coordinate, monitor and provide inclusive nutrition services, and promote breast feeding practices	RR	72,000
	ORR	164,000
	ORE	750,000
2. Increased national capacity to plan, coordinate, monitor and provide inclusive early childhood care practices, with a focus on neonate and children with developmental delays and disabilities	RR	53,000
	ORR	163,000
	ORE	1,900,000
3. Increased national capacity to plan, coordinate, monitor and provide inclusive maternal and child health care services and ensure effective immunization services, especially for children with disabilities, affected by humanitarian situation or in marginalized areas	RR	70,000
	ORR	163,000
	ORE	0
Total Budget		3,335,000

Table 2: Country-level thematic contributions to outcome area received in 2016

Outcome Area 1: Health Thematic contributions Received for Outcome Area 1 by UNICEF State of Palestine in 2016 (in US Dollars)			
Donors	Grant Number*	Contribution Amount	Programmable Amount
Iceland	SC1499010111	100,000	93,458
Total		100,000	93,458

¹³ RR: Regular Resources, ORR: Other Resources – Regular, ORE: Other Resources – Emergency.

Table 3: Expenditures in the Outcome Area**Outcome Area 1: Health****State of Palestine****2016 Expenditure by Key Result Areas (in US Dollars)**

Organizational Targets	Expenditure Amount			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
01-01 Immunization	4,028	35,745	54,065	93,838
01-03 Maternal and Newborn health	1,041,586	165,580	25,769	1,232,935
01-04 Child health	327,917	7,546	28,000	363,463
01-05 Health systems strengthening	1,839,505	61,178	539,117	2,439,800
01-07 Health # General	-5,877	-120	0	-5,997
04-01 Infant and Young child feeding	27,251	62,580	862	90,693
04-02 Micronutrients	15,474	-7,227	15,659	23,906
04-04 Community-based management of acute malnutrition	374,813	10,544	4,025	389,382
04-06 Nutrition # General	159,214	61,125	18,351	238,690
Total	3,783,911	396,951	685,848	4,866,710

Table 4: Thematic expenses by programme area

Programme Area	Other Resources - Emergency	Other Resources - Regular
01-01 Immunization	3,826	0
01-03 Maternal and Newborn health	-48,875	9,752
01-04 Child health	327,853	3,710
01-05 Health systems strengthening	117,052	0
01-07 Health # General	-5,876	0
04-01 Infant and Young child feeding	0	1,098
04-02 Micronutrients	4,168	0
04-06 Nutrition # General	0	44,891
Grant Total (US Dollars)	457,599	

Table 5: Expenses by Specific Intervention Codes

Intervention Code	Expense (USD)
01-01-09 Cold chain support	41,188
01-01-14 Immunization # General	18,996
01-03-03 Antenatal and Postnatal care	778,555
01-03-04 Maternal and newborn care including Emergency Obstetric care	87
01-03-08 Home visits, parent and community education for early childhood care and stimulation	304,131
01-04-13 Child health # General	251,288
01-05-05 Health systems strengthening # General	1,913,998
01-07-03 Health # General	-4,001

04-01-01 Infant and young child feeding implementation (including BFHI)	82,094
04-01-02 Breastfeeding	2,870
04-02-05 Micronutrient supplementation for children	-1,909
04-04-02 Treatment of Moderate Acute Malnutrition	351,102
04-06-01 Nutrition # General	211,876
08-02-03 MICS # General	156
08-02-07 Data dissemination	270
08-02-08 Monitoring # General	295,027
08-02-10 Humanitarian performance monitoring	1,131
08-03-01 Cross-sectoral Communication for Development	4,639
08-05-01 Supply # General	78,605
08-06-01 Building evaluation capacity in UNICEF and the UN system	4,657
08-09-01 Innovation activities	2,090
08-09-06 Other # non-classifiable cross-sectoral activities	379,930
08-09-09 Digital outreach	1,455
09-01-08 RO technical support to Cross-sectoral areas	3,512
1021 Micronutrient supplementation	25,109
6902 Operating costs to support multiple focus areas of the MTSP	0
7921 Operations # financial and administration	119,854
7931 Human resources and learning	0
Grand Total	4,866,710

5. FUTURE WORK PLAN

The 2015-2017 Country Programme Action Plan (CPAP) for Palestinian Children and Women in the SoP, signed by UNICEF and the Palestinian Government, provides a strategic framework of action. The goal of the country programme is to “improve access to basic services, the protective environment and social inclusion for Palestinian boys, girls and women”.

In 2017, the UNICEF Health Programme will continue to work together with the Ministry of Health, national and international partners to ensure that “Women and Children under five, especially the most vulnerable and marginalized, increasingly use improved quality maternal, child health and nutrition services, and apply improved health and nutrition care practices”. Planning will be organized around the three outputs herein described:

- Output 1. Increased national capacity to plan, coordinate, monitor and provide inclusive nutrition services, and promote breast feeding practices
- Output 2. Increased national capacity to plan, coordinate, monitor and provide inclusive early childhood care practices, with a focus on neonate and children with developmental delays and disabilities.
- Output 3. Increased national capacity to plan, coordinate, monitor and provide inclusive maternal and child health care services and ensure effective immunization services, especially for children with disabilities, affected by humanitarian situation or in marginalized areas.

The estimated funding needs for 2017 are at USD 3,489,500. A total of USD 692,496¹⁴ is available for programming in 2017, and the funding gap is around 80%.

Outputs	Funding Type	Planned Budget	Funded Budget	Shortfall
1. Increased national capacity to plan, coordinate, monitor and provide inclusive nutrition services, and promote breast feeding practices	RR	72,000	110,000	(38,000)
	ORR	164,000	0	164,000
	ORE	696,582	65,073	631,509
2. Increased national capacity to plan, coordinate, monitor and provide inclusive early childhood care practices, with a focus on neonate and children with developmental delays and disabilities	RR	53,000	83,954	(30,954)
	ORR	163,000	84,171	78,829
	ORE	1,962,545	0	1,962,545
3. Increased national capacity to plan, coordinate, monitor and provide inclusive maternal and child health care services and ensure effective immunization services, especially for children with disabilities, affected by humanitarian situation or in marginalized areas	RR	70,000	110,000	(40,000)
	ORR	163,000	39,300	123,700
	ORE	145,373	199,998	(54,625)
Total Budget		3,489,500	692,496	2,797,004

6. 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. Such generous support contributed to the Health Thematic Area through humanitarian funding. Thematic funding provides greater flexibility and allows longer term planning and sustainability of programmes in order 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 2016.

Several Human Interest Stories and social media products were produced in 2016, highlighting UNICEF work with partners, under the Health programme in the State of Palestine. These are provided in Annex2.

Annex 1: Case Study

The following case study describes UNICEF's support to postnatal home visiting and neonatal intensive health care services in 2016.

Top Level Results

- a) Over 6,177 children benefiting from quality life-saving neonate health care services through an expansion and improvement of services at the neonate intensive units in Gaza;

¹⁴ As of 28 February 2017

- b) Over 6,287 high risk women and their new-borns benefiting from the Postnatal Home Visiting Program

Issue/Background

In Gaza, the Ministry of Health (MoH) is overburdened and under-resourced with the consequences of several conflicts and the protracted humanitarian crisis, which have increased the maternal and neonatal mortality rates and the number of neonates that are at high risk of developmental delays and disabilities. The severe fuel shortages and prolonged electricity cuts lead to delays in treatment, which has a direct impact on the health of patients, particularly those in need of critical care in the Neonatal intensive Care Units (NICU) and postnatal health care services.

Rationale

The programme was initiated in Gaza, following the 2010 MICS, which provided data on the high neonate mortality rates. The programme was then piloted at Al Nasr hospital for one year. In 2011, some 121,150 babies were born in the SoP, with a population annual increase rate of 2.9%. With this high birth rate, the services related to pregnancy and childbirth represent a large proportion of the total demand for health care.



Such a programme is essential in order to address the following concerns:

- Most children's deaths are concentrated in the first month and first days of life;
- Available data on stillbirths in Gaza show a rate of at least 10/1000 births, almost a half are intra-partum related;
- The neonate mortality rate should be further reduced from 11 per 1000 live births, and it's composed of two thirds of the infant mortality rate and half of the under-five mortality rate;
- Significant gaps are in the quality of childbirth and neonatal services and on the access to postnatal care;
- The total fertility rate is still high, at 4.2 during 2005-2010, compared to 6 in 1997. A high number of pregnancies per woman and short birth spacing are two important factors associated with maternal deaths and complications;
- Maternal mortality in Gaza was estimated in 2015 to stand at 45 per 100,000 live births. In 2009, 60 per cent of total maternal deaths in both WB and Gaza Strip were associated to Caesarean Sections (CS);
- The routine discharge of mothers and babies from hospital after childbirth happens within 2-3 hours from the time of delivery. In most cases, mothers and babies are not systematically assessed, nor is the mother counselled on her and her baby's health, nutrition and care. The early discharge is due to the limited space/bed availability and the scarce number of staff, compared to the very high number of deliveries performed. Also, mothers are generally eager to limit their stay at hospital to the minimum, given the usual non-friendly environment in delivery wards and their willingness to join their protecting and supporting relatives;
- Post-natal care services provided through the Primary Health Care centres are unable to offer the continuum of quality care to mothers with new-borns. The average time when discharged mothers seek postnatal care at the health facility is beyond one week after birth, while most of neonatal maternal and new-born health problems occur during the first week.

Nurses visit a family as part of the post-natal home visit programme in Gaza.

Strategy and Implementation

UNICEF supported the implementation of the Postnatal Home Visiting Program (PNHV) for the most vulnerable mothers and new-borns in Gaza immediately after early discharge from the maternity ward. The PNHV programme was designed to respond primarily to the basic needs of high risk pregnancies according to the criteria such as pregnancy related diseases, caesarean section and prematurity. In addition, UNICEF provided support to improve the neonate health care services at facility level, with a focus on secondary care at hospitals.

The key UNICEF supported interventions of the postnatal home visiting and neonate care services improvement programme included the following inputs:

1. Capacity development of midwives and community health workers on postnatal health care and home-based essential child health care;
2. Support to the provision of home visiting services targeting high risk pregnant women and their new-borns 24 hours following the delivery; followed by second and third visits conducted 72 hours and first week intervals, and third PNH follow-up visits conducted according to the mothers and babies' needs assessed during the first PNHV;
3. Provision of advanced technology and hi-tech equipment such as Continuous Positive Airway Pressure (CPAP) units for infants with acute respiratory conditions, double-wall incubators, phototherapy units and transport incubators.
4. Provision of postnatal home visit kits, for midwives conducting the field visits; and
5. Support the rehabilitation of neonatal units at Shifa, Rafah and Khan Younis Hospitals, including the provision of needed medical and surgical equipment.



A mother receiving multivitamins procured by UNICEF for her infant at a hospital in the Gaza Strip.

Resources Required/Allocated

In order to respond to the critical needs of mothers and new-borns for post-natal health care services in Gaza, UNICEF supported the implementation and scale up of PNHV service through a partnership with the NGOs Near East Council of Churches (NECC) and Union of Health Worker Committee (UHCW). The programme also ensured the provision of improved neonatal health care and PNHV services for mothers and new-borns from the most deprived areas in Gaza.

Progress and Results

In 2016, UNICEF has been supporting interventions to improve neonatal and postnatal services in Gaza to reduce maternal and neonatal deaths and developmental complications. In close coordination with the NECC and UHCW UNICEF supported the targeted postnatal home visiting services for high risk pregnancies in Gaza. Families with neonates and infants, including hard to reach families benefited from the interventions; over 6,287 high risk women and their new-borns benefited from the PNHV services, which is about 60 per cent of the 2016 target.

Furthermore, through capacity development supported by UNICEF, medical teams comprised of doctors and nurses from Gaza NICUs received training on the latest advanced neonate health care, provided by trainers from the Al Makased Hospital training centre. In addition, UNICEF supported a two-month fellowships programme for health professionals from Gaza to the Al Makased Hospital, to improve the competencies of resident doctors and paediatricians in neonate units. A total of 320 doctors and nurses in Gaza hospitals were trained and improved their knowledge



and competencies on early essential new-born health care. The renovation of neonate units in hospitals increased the overall capacity of neonate services in Gaza. As a result, a total of 6,177 new-borns benefited from quality life-saving neonate health care services.

Lesson Learned

Informed by the project results and good practice, an integrated National Early Childhood Development and Early Intervention Strategy (2017-2022) was adopted by the Government in January 2017. This cross-sector Strategy envisages the scale up of targeted interventions for vulnerable families with young children, focusing on children under high risk of developmental delays and disabilities, through home visiting and the provision of improved quality services to mothers, neonates and infants.

Moving Forward

As the State of Palestine continues to face a major humanitarian protracted crisis, UNICEF will continue providing support in neonatal and postnatal services in Gaza, to reduce maternal and neonatal deaths and developmental complications focusing on those in need.

In 2017, UNICEF will also conduct an evaluation of supported interventions related to neonatal and postnatal health care services. The main purpose is to determine the relevance, efficiency, effectiveness and impact of the PNHV and Neonate Services Programme on reducing postnatal maternal and neonatal mortality. The evaluation is expected to identify good practices and areas for improvement, which will inform future programming and guide the scaling up of certain project components.

Annex 2: Human Interest Stories And Other Social Media Posts

1) Stories

Story 1: Postnatal home visits for the newborn child help improve survival in Gaza

https://www.unicef.org/oPt/real_lives_10840.html



Midwives are checking up on baby Suha in the presence of her mother, Jamila, and siblings

© UNICEF-SoP/2016/ Loulou d'Aki

By Catherine Weibel and Sajj Elmughanni

GAZA, State of Palestine, 2 February 2016 - For Jamila, trying to rebuild her life after the 2014 conflict in Gaza has been challenging.

At the peak of the hostilities, her family left their home in Shejaiya to seek shelter in a school. When they came back, there was nothing left.

Jamila's house was one of thousands reduced to rubble in airstrikes and shelling. With her husband and six children, she started living in a tent erected near the ruins. Soon this flimsy shelter was also

gone, having accidentally caught fire.

Thanks to a neighbor, the family moved to a small, dilapidated building, once the storage room of a gas station flattened during the hostilities. Lacking both windows and running water, the one-room apartment is stiflingly hot in summer and freezing in winter, but Jamila and her children have nowhere else to go.

One of the only pieces of furniture is a small baby cradle in which Suha, the latest addition to the family, faintly smiles. The baby girl, who is recovering from jaundice, has a fever. Her mother, who suffered from anemia after giving birth, worries about her children while trying to come to terms with the new lodging.

"Lots of insects and rats enter the room," Jamila tells. "Once a snake came close to the children. These animals come from the sewage pipes which flood the street, and sometimes the room. The smell is terrible."

Jamila's children are covered with rashes. "They keep being stung by insects, at night they cannot sleep. We have no running water, so they can wash only once a week," she says.

Seven-year-old Shahed, who tries to rock her little sister to sleep in the cradle, wishes she could go back in time.

"We used to have water and to take a shower every day," she tells. "I used to visit my friends and they would visit me at home. Now we don't have water and my friends no longer come. I want my life back. I wish we could go back home and start all over again."

Today the family has visitors – two midwives came to check on Jamila and baby Suha, who are among nearly 6,000 mothers and newborns living in conflict-stricken areas of Gaza who benefited from UNICEF-supported postnatal home visits in 2015.

After a thorough check, the midwives tell Jamila that her condition has improved since they gave her nutritional supplements, but that she needs to take more.

“It is more important than ever to be able to follow mothers after they delivered their babies,” says Awatef Rhayad, one of the midwives, as she hands Jamila the nutritional tablets she needs.

“After the war, we saw an increased number of cases of miscarriages during the first semester of the pregnancy, and of babies who died in the last month of the pregnancy. We need to be able to follow up with mothers after they gave birth, even when they live far from health centers.”

The postnatal home visit programme of which they are part helps improve newborns’ survival and deliver effective elements of care.



Baby Suha is being held and soothed by her father.
© UNICEF-SoP/2016/ Loulou d'Aki

Home visits help families in identifying newborn problems early, including signs of severe neonatal illness in the first week of life, and signs of anemia in mothers. They also help families in dealing with constraints to care seeking from appropriate providers.

The visits are useful to promote practices to keep the baby warm, promote exclusive breastfeeding and its early initiation, improve hygiene, increase awareness about the benefits of spacing pregnancies, and promote immunization of the newborns.

UNICEF works in partnership with the Ministry of Health and NGOS such as the Near East Council of Churches (NECC) and the Union of Health Work Committees (UHWC), in view of scaling up the programme and reach all at-risk mothers and their newborns across Gaza.

For little Suha, the visits proved useful. After conducting a physical check, the midwives tell Jamila the fever won’t last, and her baby daughter will soon be healthy.

Story 2: Reaching the most vulnerable children in the State of Palestine: an immunization success story

https://www.unicef.org/oPt/real_lives_11148.html



UNICEF SoP / Ahed Izhiman

Standing in front of her tent, Yusra a mother of four children is happy to share her story with her visitors, to tell them how the nearby filling point and the immunization programme helped protect her children from diseases.

Photo: UNICEF-SoP/Izhiman

By Monica Awad

Tubas, West Bank, 6 September 2016 – For 10-year old Beisan, who sits on a wheelchair, life in the herding community of Wadi al-Faw, in the northern part of Jordan Valley, is a daily challenge.

“Life is really tough in this part of the West Bank”, says, Beisan. “Going and coming back from school is difficult, and being on a wheelchair is a double burden, yet I am determined to learn”, she adds.

Wadi al-Faw, a small herding community, is located opposite the Israeli settlement of Maskiyyot in Area C of the West Bank, which

is under Israeli administrative and security control. It is home to some 50 people who originally migrated from Yatta village, an area south of the West Bank where Bedouin communities are common.

“Luckily, we are able to access health and education services in the nearest town of Tubas”, says Beisan’s mother Yusra.

The families living in Wadi al-Faw are among the most vulnerable communities in the West Bank, living in tents that are poorly equipped to protect them from the heat or the cold, placing them and their children at an increased risk of diseases.

Yet, recently, with funding from the Government and People of Japan, UNICEF and its partners supported Wadi al-Faw with safe drinking water through installation of a water filling point in Al Maleh, a nearby community. “The installation of a nearby filling point not only reduced the cost of water, but also reduced the time needed to transport it”, adds Yusra.

Reducing missed opportunities

Yusra has four children, the oldest of whom is 10-year old Beisan, and the youngest two-year old Adam. Beisan cannot walk due to a congenital defect of the spine, which may be linked to the fact that Yusra married her cousin. She tenderly loves her children and is keen not only on protecting them from diseases, but also on ensuring that they complete their education.

Showing the “Mother and Child” handbook she was given when her son Adam was born, Yusra stresses that one of the first duties she had to fulfill as a mother was having her children vaccinated. The book reminds parents of when they should have their children immunized, and provides them with simple educational tools on breast feeding and young child feeding practices. In past days, immunization was no simple matter. In another tent sits 80-year old Jabriyyeh and her 90-year old husband Ahmed, trying to protect themselves from the heat wave. Jabriyyeh does not recall that she was ever

vaccinated. “These days, mothers are able to vaccinate their children free of charge, while during our time, many children died because we did not have proper health services”.

Immunization, a national pride

Since 1994, the Palestinian Ministry of Health has been working to harmonise and improve the expanded programme on immunization (EPI) with support from the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO).

“In the past, the immunization programme was fragmented. It was led separately by UNRWA and the Government, and between the West Bank and Gaza. We worked to unify and harmonise these separate programmes, resulting in one unified national EPI”, says Dr. Asad Ramlawi, Deputy Minister, Ministry of Health.

Multiple vaccines are now delivered to refugee and non-refugee children alike, reaching even the most remote, marginalized communities, through the national EPI programme. This has turned the Palestinian EPI into one of the most prominent and successful programmes in the Middle East and North Africa.

“Together with the United Nations Relief and Works Agency (UNRWA), UNICEF, WHO and the private health sector, we developed an electronic data system for surveillance and monitoring, we refurbished the cold chain system and we trained our primary health care workers on improved immunization services,” Ramlawi adds with pride.

Thanks to efforts spanned over two decades, the State of Palestine has achieved historical milestones in the field of immunisation. According to Ministry of Health records, there have been no reported cases of rubella, neonatal tetanus, diphtheria and tuberculosis among children for years, and Palestine has been certified as a polio free country. The EPI programme has reduced infant and child mortality rates and closed the immunization gap through the provision of free of charge vaccines for all children, including those living in the most marginalized communities. Recently new vaccines were successfully introduced such as the Rotavirus vaccine to protect children from severe diarrhea, and the pentavalent vaccine to protect them from five potentially deadly diseases such as Haemophilus Influenza, whooping cough, tetanus, hepatitis B and diphtheria.

More importantly, the State of Palestine has been able to become self-reliant in its vaccine procurement. The vaccines are now purchased with funds allocated by the Palestinian Government, with UNICEF supporting the procurement and clearance processes. On average, immunizing each Palestinian child costs USD 72. “While this amount seems relatively high, it represents one of the Palestinian public health best buys and is the Government’s top priority for all children, refugee and non-refugee alike”, adds Ramlawi.

The programme has helped boost national development through direct medical savings and indirect economic benefits such as cognitive development, educational attainment, labour productivity, income, savings and investment. More importantly, it has helped save the lives of children so they can survive, thrive and reach their potential.

2) Links to Social Media

UNICEF Palestine has strong social media platforms on Facebook (84,000 followers), Instagram (66,000 followers) and Twitter (9,000 followers). Its posts are often shared on the social media platforms of the regional office and on UNICEF’s global social media platforms.

<https://www.facebook.com/unicefpalestine>

<https://www.instagram.com/unicefpalestine>
<https://twitter.com/UNICEFpalestine>

Visit of the Regional Director to a NICU in Gaza

<https://www.facebook.com/unicefpalestine/photos/pcb.1186832608020337/1186832454687019/?type=3>
<https://www.facebook.com/unicefpalestine/photos/pcb.1186832608020337/1186826844687580/?type=3&theater>
<https://twitter.com/UNICEFpalestine/status/811851506504925185>

Pediatric conference

<https://www.facebook.com/unicefpalestine/photos/a.593063597397244.1073741828.593049637398640/1170114663025465/?type=3>
<https://twitter.com/UNICEFpalestine/status/807514598341480449>

Pre-testing of the global ECD movie

<https://www.facebook.com/unicefpalestine/photos/pcb.1137251182978480/1137251072978491/?type=3&theater>
<https://www.facebook.com/unicefpalestine/photos/pcb.1137251182978480/1137250949645170/?type=3&theater>
<https://www.facebook.com/unicefpalestine/photos/pcb.1137251182978480/1137250996311832/?type=3&theater>

Immunization, a success story

<https://www.facebook.com/unicefpalestine/photos/a.593063597397244.1073741828.593049637398640/1109845742385691/?type=3&theater>
<https://twitter.com/UNICEFpalestine/status/785458495768391680>

Visit of Japanese MPs and MCH Handbook

<https://www.facebook.com/unicefpalestine/photos/pcb.1099845693385696/1099845083385757/?type=3&theater>
<https://www.facebook.com/unicefpalestine/photos/pcb.1099845693385696/1099845023385763/?type=3&theater>

Visit of Japanese MPs to NICU in Gaza

<https://www.facebook.com/unicefpalestine/photos/a.593063597397244.1073741828.593049637398640/1103532829683649/?type=3>
<https://www.facebook.com/unicefpalestine/photos/pcb.1105078506195748/1105076829529249/?type=3&theater>

NICU success story in Gaza

<https://www.facebook.com/unicefpalestine/photos/a.593063597397244.1073741828.593049637398640/958576404179293/?type=3&theater>
<https://twitter.com/UNICEFpalestine/status/695639357051576322>
<https://www.instagram.com/p/BBiR7qmzlkB/>

Postnatal home visit programme in Gaza

<https://www.facebook.com/unicefpalestine/photos/a.593063597397244.1073741828.593049637398640/957534710950129/?type=3&theater>
<https://www.facebook.com/unicefpalestine/photos/a.593063597397244.1073741828.593049637398640/957534654283468/?type=3&theater>
<https://www.facebook.com/unicefpalestine/photos/a.593063597397244.1073741828.593049637398640/957499320953668/?type=3&theater>

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<https://www.instagram.com/p/BBclF2jzlvQ/>
<https://www.instagram.com/p/BBclTSWTlvi/>
<https://www.instagram.com/p/BBclXvSzli3/>

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<https://twitter.com/UNICEFpalestine/status/695226768052060160>
<https://twitter.com/UNICEFpalestine/status/694874880479752192>
<https://twitter.com/UNICEFpalestine/status/694873169883222016>
<https://twitter.com/UNICEFpalestine/status/694872112109117441>

Annex 3: Report Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!
Please return the completed form back to UNICEF by email to:

Name: Lara Abu-Shilbayeh, Programme and Planning Specialist
UNICEF State of Palestine
Email: labushilbayeh@unicef.org

**SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”**

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

Thank you for filling this form.