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Report No: ICR00696

IMPLEMENTATION COMPLETION AND RESULTS REPORT
(TF-C3411; TF-C3413)

ON A

GRANT

IN THE AMOUNT OF US$10 MILLION

TO THE

UNITED NATIONS CHILDREN'S FUND
AND THE
WORLD HEALTH ORGANIZATION
(*ON BEHALF OF THE PALESTINIAN LIBERATION ORGANIZATION)*

FOR A
GAZA HEALTH EMERGENCY RESPONSE PROJECT

June 29, 2026

Health, Nutrition & Population
Middle East, North Africa, Afghanistan, and Pakistan

Official Use Only

CURRENCY EQUIVALENTS

(Exchange Rate Effective December 3, 2025)

Currency Unit =	US Dollar (US$)
US$1 =	SDR 0.75

FISCAL YEAR
January 1 - December 31

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ABBREVIATIONS AND ACRONYMS

ADM	Accountability and Decision Making
ANC	Antenatal Care
APA	Alternative Procurement Arrangement
AWRAD	Arab World for Research and Development
CBA	Cost Benefit Analysis
CBO	Community-Based Organization
CERC	Contingent Emergency Response Component
E&S	Environmental and Social
ERR	Economic Rate of Return
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESIRT	Environmental and Social Incident Response Toolkit
ESMT	Environmental and Social Management Tool
ESS	Environmental and Social Standards
FCV	Fragility, Conflict, and Violence
FM	Financial Management
FMFA	Financial Management Framework Agreement
FRR	Financial Rate of Return
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GEMS	Geo-Enabling Initiative for Monitoring and Supervision
HEPR	Health Emergency Preparedness and Response
HMIS	Health Management Information System
HQ	Headquarters
HSERP	Health System Resilience and Emergency Preparedness Project
ICR	Implementation Completion and Results Report
ICRC	International Committee of the Red Cross
IMNCI	Integrated Management of Neonatal and Childhood Illness
IPC	Infection Prevention and Control
IPF	Investment Project Financing
IRI	Intermediate Results Indicator
ISR	Implementation Status and Results Report
M&E	Monitoring and Evaluation
MENA	Middle East and North Africa
MNA	Middle East and North Africa
MNCH	Maternal, Newborn, and Child Health
MOH	Ministry of Health
NCD	Non-Communicable Disease
NDC	Nationally Determined Contribution
NGO	Nongovernmental Organization
OPCS	Operations Policy and Country Services
PAD	Project Appraisal Document
PA	Palestinian Authority

PCC	Project Coordination Committee
PDO	Project Development Objective
PHC	Primary Health Care
PMOH	Palestinian Ministry of Health
RDNA	Rapid Damage and Needs Assessment
RF	Results Framework
RSA	Regional Safeguards Adviser
RUTF	Ready-to-Use Therapeutic Food
SDR	Special Drawing Rights
SEA/SH	Sexual Exploitation and Abuse/Sexual Harassment
TFGWB	Trust Fund for Gaza and West Bank
ToC	Theory of Change
TPM	Third-Party Monitoring
TPMA	Third-Party Monitoring Agent
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees
WASH	Water, Sanitation, and Hygiene
WB&G	West Bank and Gaza
WBG	World Bank Group
WHO	World Health Organization

TABLE OF CONTENTS

DATA SHEET i
I. PROJECT CONTEXT AND DEVELOPMENT OBJECTIVES 2
II. OUTCOME 6
III. KEY FACTORS AFFECTED IMPLEMENTATION AND OUTCOME 11
IV. BANK PERFORMANCE, COMPLIANCE ISSUES, AND RISK TO DEVELOPMENT OUTCOME 14
V. LESSONS AND RECOMMENDATIONS 18
ANNEX 1. RESULTS FRAMEWORK AND KEY OUTPUTS 21
ANNEX 2. BANK LENDING AND IMPLEMENTATION SUPPORT/SUPERVISION 27
ANNEX 3. PROJECT COST BY COMPONENT 29
ANNEX 4. EFFICIENCY ANALYSIS 30
ANNEX 5. BORROWER, CO-FINANCIER AND OTHER PARTNER/STAKEHOLDER COMMENTS 30
ANNEX 6. SUPPORTING DOCUMENTS (IF ANY) 31

DATA SHEET

BASIC DATA

Product Information

Operation ID	Operation Name
P503036	Gaza Health Emergency Response Project
Product	**Operation Short Name**
Investment Project Financing (IPF)	Gaza Response
Operation Status	**Approval Fiscal Year**
Closed	2024
Current ESRC	
Substantial	

CLIENTS

Borrower/Recipient	Implementing Agency
United Nations Children's Fund (UNICEF), World Health Organization (WHO)	World Health Organization (WHO), United Nations Children's Fund (UNICEF)

DEVELOPMENT OBJECTIVE

Original Development Objective (Approved as part of Decision Package on 06-Dec-2023)

To provide emergency support for provision of essential health services to the population of Gaza.

FINANCING

Financing Source	Original Amount (US$)	Revised Amount (US$)	Actual Disbursed (US$)

Official Use Only

World Bank Administered Financing	10,000,000.00	10,000,000.00	10,000,000.00
TF-C3411	5,050,000.00	5,050,000.00	5,050,000.00
TF-C3413	4,950,000.00	4,950,000.00	4,950,000.00
Total	**10,000,000.00**	**10,000,000.00**	**10,000,000.00**

RESTRUCTURING AND/OR ADDITIONAL FINANCING

Date(s)	Type	Amount Disbursed (US$M)	Key Revisions
11-Jun-2025	Portal	10.00	• Loan Closing Date Extension • Implementation Schedule

KEY DATES

Key Events	Planned Date	Actual Date
Decision Review	16-Nov-2023	16-Nov-2023
Authorize Negotiations	27-Nov-2023	24-Nov-2023
Approval	01-Dec-2023	06-Dec-2023
Signing	23-Jan-2024	23-Jan-2024
Effectiveness	23-Jan-2024	23-Jan-2024
Restructuring Sequence.01	Not Applicable	11-Jun-2025
Mid-Term Review No. 01	31-Jan-2024	07-Mar-2025
Operation Closing/Cancellation	31-Dec-2025	31-Dec-2025
ICR/NCO	30-Jun-2026	--

RATINGS SUMMARY

Outcome	Bank Performance	M&E Quality
Highly Satisfactory	Highly Satisfactory	Substantial

ISR RATINGS

No.	Date ISR Archived	DO Rating	IP Rating	Actual Disbursements (US$M)
01	26-Mar-2024	Satisfactory	Satisfactory	10.00
02	01-Nov-2024	Satisfactory	Satisfactory	10.00
03	07-Apr-2025	Satisfactory	Satisfactory	10.00
04	21-Oct-2025	Satisfactory	Satisfactory	10.00

SECTORS AND THEMES

Sectors

Major Sector	Sector	%	Adaptation Co-benefits (%)	Mitigation Co-benefits (%)
FY17 - Health	FY17 - Health Facilities and Construction	90	0	0
	FY17 - Public Administration - Health	10	0	0

Themes

Major Theme	Theme (Level 2)	Theme (Level 3)	%
FY17 - Human Development and Gender	FY17 - Disease Control	FY17 - Non-communicable diseases	55
	FY17 - Gender		55
	FY17 - Health Systems and Policies	FY17 - Child Health	55
		FY17 - Health Service Delivery	100
		FY17 - Health System Strengthening	100
		FY17 - Private Sector Delivery in Health	10
		FY17 - Reproductive and Maternal Health	45
	FY17 - Nutrition and Food Security	FY17 - Nutrition	55

ADM STAFF

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I. PROJECT CONTEXT AND DEVELOPMENT OBJECTIVES

A. CONTEXT AT APPRAISAL

Country Context

1. The conflict in the Middle East erupted in early October 2023 triggered a deep humanitarian crisis marked by extensive casualties, mass displacement, and severe destruction in Gaza, including damage to more than half of all housing units.[1] At the time of preparation (November 2023), essential supplies such as medicine, water, fuel, and food were dwindling, sharply constraining health service delivery, while tens of thousands of pregnant women and mental health patients—mostly children—struggled to access care amid collapsing neonatal and hospital services. Children under five faced major interruptions in essential health services, and overcrowded shelters combined with damaged infrastructure had already resulted in large outbreaks of diarrhea and respiratory infections, while over two-thirds of Gaza's health infrastructure was deemed dysfunctional.[2] The conflict also intensified violence in the West Bank, causing high casualties, stricter movement restrictions, and impeding patient referrals and supply transfers.

Sectoral and Institutional Context

2. The long-standing near-blockade of Gaza, compounded by the current conflict, had severely weakened the health system and restricted access to essential services by limiting the entry of medical personnel, spare parts, and funding. As a result, by 2021–2022 more than 40 percent of essential medicines were stocked out, most requests for medical equipment spare parts were denied, and patients with non-communicable diseases (NCDs) and cancer were frequently forced to seek care outside Gaza, with only 65 percent of permit applications approved on time — contributing to higher mortality and increased fiscal costs.[3,4] Mental health needs had also been substantial, with an estimated 200,000 adults and nearly 300,000 children affected by moderate to severe disorders as of October 2023, reflected in low life expectancy and high premature mortality from NCDs.[5]

3. The conflict that began in October 2023 triggered a humanitarian catastrophe of unprecedented scale, including in the health sector. The extensive damage to health facilities, documented by the joint World Bank, United Nations, and European Union's Rapid Damage and Needs Assessment (RDNA)[6], has rendered the health system not merely strained but structurally devastated across much of the territory. The conflict dramatically intensified demand for trauma care, communicable and NCD services, malnutrition treatment, and mental health support, while simultaneously causing critical foregone care for existing patients.[7] By late November 2023, 427 attacks on healthcare facilities — 203 in Gaza — had left 72 percent of hospitals and nearly two-thirds of primary care centers closed or dysfunctional, while health workers were killed or injured and remaining facilities faced evacuation orders and continued strikes.[8] Major

[1] Hostilities in the Gaza Strip and Israel | Flash Update #48, United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA). 2023a https://ochaopt.org/
[2] United Nations International Children's Emergency Fund (UNICEF). 2020. *Mapping and Assessment of Maternal, Neonatal and Young Children Health Care Services in Gaza Strip, State of Palestine.*
[3] https://reliefweb.int/report/occupied-palestinian-territory/15-years-blockade-and-health-gaza-july-2022
[4] World Health Organization, Regional Office for the Eastern Mediterranean (2023), Right to health: barriers to health and attacks on health care in the occupied Palestinian territory, 2019 to 2021. License: CC BY-NCSA 3.0 IGO.
[5] OCHA (21st October 2023), Hostilities in the Gaza Strip and Israel | Flash Update #15 [EN/AR/HE]
[6] The World Bank, the European Union (EU), and the United Nations (UN); Gaza and West Bank Interim Rapid Damage and Needs Assessment, April 2026. https://thedocs.worldbank.org/en/doc/e539cbf23b348c3d4fc69b8a7e9c9d7d-0280062026/original/Gaza-RDNA-2026-Final-April-19.pdf
[7] Gaza Internally Displaced Persons Working Group, 5 November 2023.
[8] Health Cluster, 30 November 2023.

hospitals such as al-Shifa and the Indonesian Hospital had become largely nonfunctional, and the shutdown of key facilities such as the Turkish-Palestinian cancer hospital jeopardized care for thousands of patients.[9] The sheer scale of infrastructure destruction — spanning water, sanitation, electricity, roads, and shelter, in addition to health — meant that the health system's collapse could not be understood in isolation but as part of a comprehensive disintegration of the conditions necessary for human survival. Hospitals were further overwhelmed by internally displaced people seeking shelter, and patient evacuations from northern to southern Gaza intensified pressure on the already strained southern health system.[10]

4. The conflict created major new health demands, and accurately predicting future needs was extremely difficult — complicated not only by active hostilities but by the chronic and deeply unpredictable nature of the conflict itself, with no reliable timeline for cessation. Compounding this was the equally volatile and unpredictable nature of entry and exit policies governing access to Gaza, which had already severely constrained health system functioning and humanitarian operations well before October 7, 2023. While preliminary assessments by United Nations (UN) agencies, the International Committee of the Red Cross (ICRC), and the Palestinian Ministry of Health (MoH) indicated severe funding gaps — including three-month emergency requirements of US$228 million with only US$34.2 million committed — the full extent of damage and future needs could only be determined once hostilities ceased. Despite this uncertainty, urgent financing was required for medicines, supplies, fuel, operating costs, and limited repairs, while the UN Children's Fund (UNICEF) and the World Health Organization (WHO) projected rapidly growing needs that far exceeded available resources. Humanitarian efforts had scaled up, yet insecurity, access restrictions, supply shortages, and limited visibility — especially in northern Gaza — continued to hinder planning and delivery. The combination of prolonged conflict, unpredictable access conditions, and chronic underfunding made forward planning not merely difficult but fundamentally constrained, underscoring the extent to which the situation defied conventional humanitarian response frameworks.

5. The World Bank Group has maintained over two decades of continuous health sector engagement in Gaza, spanning early primary health care development and health information systems, through successive emergency response and resilience-building operations following recurrent conflicts, with total financing exceeding US$100 million across multiple projects focused on strengthening service delivery, rationalizing referrals, and supporting recovery efforts. Early projects in the late 1990s and 2000s focused on strengthening primary health care and health information systems. The 2015–2022 Health System Resiliency Strengthening Project (US$8.5 million, closed May 2022) — triggered by the 2014 Gaza conflict — achieved significant results, including an estimated US$384 million in savings through rationalized medical referrals. The COVID-19 Emergency Response Project (US$8.75 million, closed December 2024) addressed pandemic-related health needs. The ongoing Health System Efficiency and Resilience Project (US$55 million, closing 2028) pivoted most of its financing toward emergency response following the October 2023 conflict, while also supporting mental health services in Gaza.

6. This project was financed by a US$10 million recipient-executed grant from the Health Emergency Preparedness and Response (HEPR) Multi-Donor Trust Fund to support the health emergency response in Gaza. The grant formed part of the World Bank's broader HEPR Program, an umbrella trust fund initiative approved by the Board in June 2020 to help countries strengthen their capacity to prepare for, prevent, respond to, and mitigate the impact of epidemics. The HEPR Trust Fund Program was established as a flexible mechanism to provide rapid, catalytic financing when other sources were not available and to address critical gaps in health emergency preparedness and response. Given the existing

[9] OCHA; Hostilities in the Gaza Strip and Israel I Flash Update #46; https://www.ochaopt.org/content/hostilities-gaza-strip-and-israel-flash-update-46.
[10] WHO EMRO, oPt Emergency Situation Update; https://www.emro.who.int/images/stories/palestine/WHO_Sitrep_13.pdf.

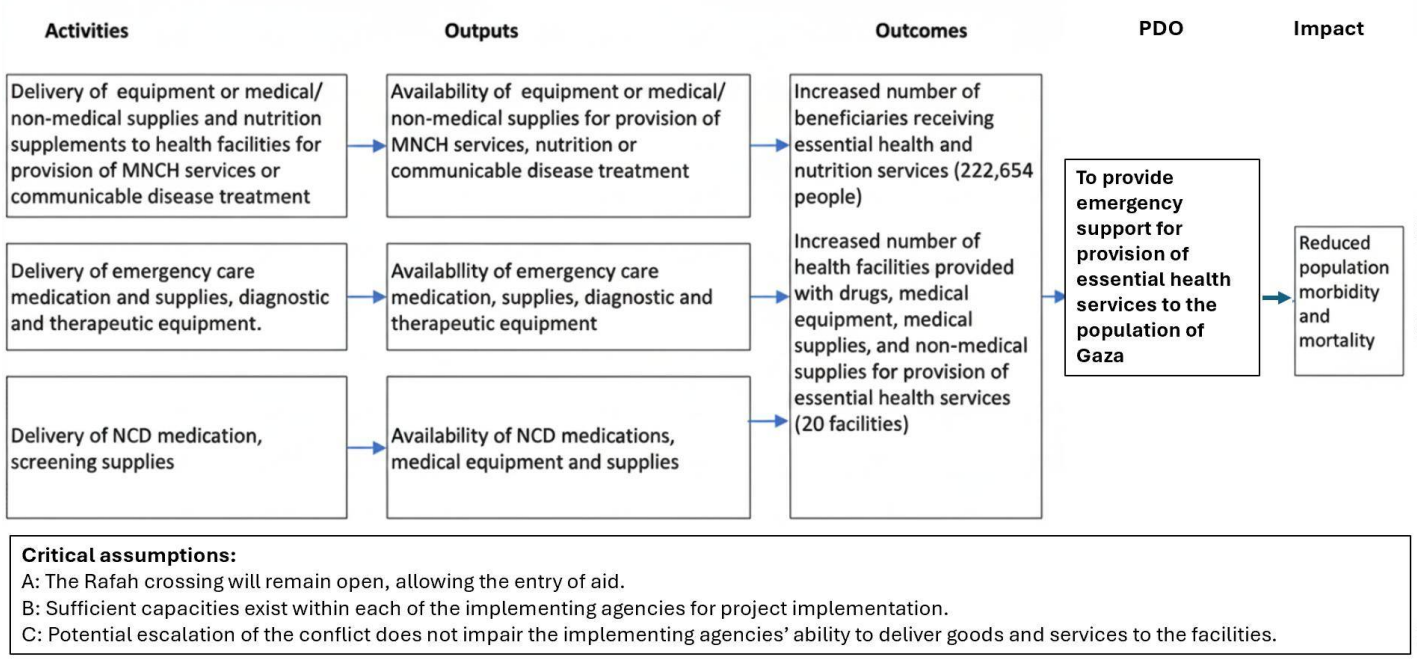
financial constraints, the project was designed to serve as a catalyst for progress, while acknowledging that the full scope of the crisis extends beyond what the current resources could address.

7. UNICEF and WHO were selected as the grant recipients and implementing entities for the project because of their established operational presence, existing implementation channels, and leadership roles within the health cluster in the West Bank and Gaza. Importantly, this marked the first time the World Bank directly contracted both WHO and UNICEF in the Palestinian territories — a significant institutional departure from the previous modality, under which both entities had implemented contracts executed by the Palestinian Ministry of Health (PMOH). This shift reflected the exceptional circumstances of the crisis, which necessitated a more direct financing channel given the governance constraints and the urgency of the response. Both organizations have networks of local providers, contractors, and international and local non -governmental organizations (NGOs) already delivering essential services on the ground, and have been actively scaling up their operational capacity since October 2023. Their existing institutional mechanisms — spanning the governorate, district, and community levels — make them uniquely positioned to maintain core health system functions amid the ongoing conflict. Under this arrangement, UNICEF oversaw Component 1, covering the delivery of essential maternal, newborn, and child health (MNCH), nutrition, and communicable disease services, while WHO managed Component 2, focused on the provision of emergency and non-communicable disease (NCD) services.

Theory of Change (Results Chain)

8. The Theory of Change (ToC) presented in the Project Appraisal Document (PAD)[11] clearly articulated the causal logic underpinning the project's design (see Figure 1).

Figure 1 – Theory of Change



Project Development Objectives (PDOs)

[11] World Bank (2023), *Gaza - Health Emergency Response Project (English)*, Report No. PAD00246, December 6, 2023; Washington, D.C.: World Bank Group. [http://documents.worldbank.org/curated/en/099120623164553495]

9. The PDO, as indicated in the Grant Agreement and in the PAD was to provide emergency support for provision of essential health services to the population of Gaza.

Key Expected Outcomes and Outcome Indicators

10. Achievement of the PDO was to be tracked by the two PDO-level indicators shown on Table1. In addition, the Results Framework (RF) included six Intermediate Results Indicators (IRIs) to track health services delivered under Components 1 and 2.

Table 1: Outcome indicators

PDO		
To provide emergency support for the provision of essential health services to the population of Gaza.		
PDO indicators	**Baseline**	**End-Target**
PDO indicator 1. Number of beneficiaries of essential health and nutrition services (disaggregated by gender and age)	0	222,265
PDO indicator 2. Number of health facilities provided with drugs, medical equipment, medical supplies, and non-medical supplies for provision of essential health services.	0	20

Components

11. **Component 1: Delivery of essential maternal, newborn, child health (MNCH) and nutrition services and communicable disease treatment** (US$4.5 million). This component, which was implemented by UNICEF, aimed to ensure the continuous delivery of essential MNCH and nutrition services in Gaza by providing financial support for the procurement of essential medical supplies and equipment, including procurement of essential drugs, routine vaccines, medical and lab supplies, and consumables. It also supported essential goods, such as water and fuel, generators, and body bags, to restore the functioning of facilities affected by the conflict. Minor civil works to restore and maintain the infrastructure of health facilities and provision of essential supplies and equipment were also eligible, together with utilities, such as water and electricity, to sustain operation of the facilities. This component also financed the provision of inputs for establishing mobile medical units, mobile medical teams and outreach services.

12. **Component 2: Supporting provision of emergency and non-communicable disease services** (US$4.5 million). This component, which was implemented by WHO, financed the provision of pharmaceuticals and equipment for emergency and trauma care to respond to the critical and urgent needs of the population affected by the conflict. Where feasible, diagnostic equipment (e.g., X-ray machines, ultrasound machines, and laboratory equipment), therapeutic equipment (e.g., ventilators, traction equipment, and assistive devices), surgical instruments, mobility aids, and oxygen concentrators were also eligible for procurement. This component also supported prefabricated health facilities to replace the destroyed facilities, including essential medication and equipment required to allow the provision of emergency and trauma care. It also funded minor civil works to ensure that damaged facilities were made operable.

13. **Component 3: Project coordination and monitoring** (US$1 million). This component financed the implementing agencies' implementation and coordination costs, as well as the expenses of a third-party monitoring (TPM) agency.

B. SIGNIFICANT CHANGES DURING IMPLEMENTATION

14. **The PDO, the RF, project components, the grant amount, and the allocation among components remained unchanged during project implementation.** A six-month extension to the original closing date — from June 30 to December 31, 2025 — was approved on June 11, 2025, to allow sufficient time for the distribution of the final batches of goods to end users. This extension did not impact the project's TOC. The extension was not, however, accompanied

by additional financing — despite funding being insufficient to the needs on the ground. This was primarily due to donor preferences and requirements, which made it impossible to mobilize or integrate supplementary resources into the operation. The absence of a scale-up is consistent with the access constraints that have characterized the broader operating environment. During the more than 1.5 years of project implementation, even the US$10 million in humanitarian commodities financed under this Project encountered severe impediments to entry into Gaza. The extension therefore served solely to complete the delivery of already-procured goods, rather than to expand the scope of the response.

II. OUTCOME

A. RELEVANCE OF PDO

Assessment of Relevance of PDOs and Rating

Rating: High

15. The project was aligned with the West Bank and Gaza Assistance Strategy (FY22–25)[12] by contributing to improved human development outcomes and resilience in the health system, and with the enlarged Middle East and North Africa (MENA) Regional Strategy, which emphasized human capital development and emergency service delivery in conflict-affected areas.[13] The project was also aligned with the RDNA, released on April, 2026, produced jointly by the World Bank Group, the United Nations, and the European Union, that identifies the health sector as the hardest hit in terms of economic losses and short-term recovery needs, reflecting both the physical destruction of facilities and the long-term systemic collapse of service delivery across Gaza and the West Bank.[14] The PDO continued to be aligned with the World Bank Group's global, regional, and country strategic objectives, as well as key cross-cutting strategies. It supports the twin goals of ending extreme poverty and boosting shared prosperity by restoring essential health services for the underserved populations in Gaza. It is consistent with the Strategy for Fragility, Conflict, and Violence (2020–2025), particularly the pillar on remaining engaged during crises to protect institutions and deliver critical services, thereby preserving human capital.[15]

16. The PDO supports the strategic priorities of the PA, as reflected in the National Program for Development and Reform, announced by the Prime Minister's Office in October 2024.[16] Support for the continuous provision of essential health care services in Gaza will facilitate the future implementation of the Localizing Health Services Initiative, which aims, among others, to enhance the public healthcare system and reinforce healthcare infrastructure and capabilities. The Project is also consistent with West Bank and Gaza's Nationally Determined Contributions (NDCs), which recognize health as a priority for disaster and emergency preparedness; health-related commitments were included in the updated NDCs submitted by the Ministry of Health (MOH) to the United Nations Framework Convention on Climate

[12] World Bank (2021), World Bank Group Assistance Strategy for the West Bank and Gaza for the Period FY22-25*),* Washington, D.C.: World Bank Group. (This Assistance Strategy remains active till December 2026.)
[https://documents1.worldbank.org/curated/en/627701619710823261/pdf/West-Bank-and-Gaza-Country-Assistance-Strategy-for-the- Period-FY22-25.pdf]
[13] World Bank Group (2019), *The Middle East and North Africa: From Transition to Transformation,* April 2019, Washington, DC.: World Bank.
[https://thedocs.worldbank.org/en/doc/581981554997154795-0280022019/original/menafromtransitiontotransformationbook.pdf]
[14] https://thedocs.worldbank.org/en/doc/133c3304e29086819c1119fe8e85366b-0280012025/original/Gaza-RDNA-final-med.pdf
[15] World Bank (2020), *World Bank Group Strategy for Fragility, Conflict, and Violence 2020–2025 (Vol. 1 of 2),* Washington, D.C. : World Bank Group.
[http://documents.worldbank.org/curated/en/844591582815510521]
[16] [https://pmo.pna.ps/en/Article/5473/Draft-of-the-First-Phase-of-the-'National-Program-for-Development-and-Reform']

Change. The project is aligned with the NDC implementation objectives of strengthening disease prevention awareness and capacity, and developing safety and monitoring systems for water, food, and sanitation.

B. ACHIEVEMENT OF PDOs (EFFICACY)

17. **Over the past more than two and a half years, Gaza's population has been displaced multiple times due to evacuation orders and continuous bombardment, with health facilities operating under extreme duress and the health information system rendered non-functional.** Compounding this, the operation was implemented under conditions of significantly restricted aid access, which have been unusually prolonged and extensive relative to most comparable World Bank operations. The severity of this obstruction fundamentally constrained what could be delivered, to whom, and when, in ways that no results framework designed in late 2023 could reasonably have anticipated. All figures and outcomes must therefore be interpreted within the context of an active conflict and an ongoing humanitarian catastrophe of exceptional magnitude, with the results reported here reflecting the best data available under extraordinary conditions.

18. **Data limitations and target-setting in an active conflict environment.** The relatively low target values of the project's indicators reflected the extraordinary constraints of the operating environment rather than an underestimation of the project's ambition. Gaza presented one of the most challenging contexts for results measurement in the World Bank's recent operational experience. At the preparation stage, data availability was severely limited, and the conflict had already begun disrupting the systems and baselines upon which target-setting ordinarily relies. In the absence of reliable current data, targets were anchored in the historical track record recorded through Gaza's routine Health Management Information System (HMIS), which represented the best available reference point at the time. However, the HMIS — along with much of the broader health infrastructure — ceased to function during project implementation as a direct consequence of the conflict. Health facilities were destroyed, staff were displaced, and the institutional systems that would normally capture service delivery data were no longer operational. Under these conditions, the project pivoted direct data collection from service delivery points, counting the number of services provided as an alternative and more resilient measurement approach. While this method had limitations, it represented the most credible and feasible solution available in an active conflict zone. Despite these constraints, the project's achievements are significant and should be interpreted in full context. The reported results demonstrated that essential health care services continued to be delivered to a population facing an unprecedented humanitarian catastrophe. The outcomes, when viewed against the backdrop of an active conflict, destruction of health infrastructure, and complete breakdown of routine data systems, reflect a meaningful contribution to sustaining life-saving services under conditions where most systems had collapsed entirely.

19. **Adjustments to target values were not made during the project's implementation period.** This was primarily because the exceptionally short implementation timeframe—approximately one and a half years—did not allow sufficient opportunity for a formal restructuring exercise. Under normal circumstances, restructuring would be the appropriate mechanism to revise target values in response to changed conditions on the ground. However, the task team was able to interpret reported service encounters using commonly adopted health-sector analytical methods, including assumptions on average repeat visits by service type per person, to estimate unique beneficiaries where needed. This approach is commonly used for health-sector planning and analysis when routine individual-level data are unavailable. As discussed further in the following paragraphs, the adjusted estimates continued to support the conclusion that the project exceeded its original targets, reducing the need for a formal adjustment of the Results Framework during implementation.

Assessment of PDO Achievement (Please refer ANNEX 1. RESULTS FRAMEWORK AND KEY OUTPUTS for detailed numbers and comments)

20. The project substantially exceeded both of its PDO indicators. Against a target of 222,265 beneficiaries of essential health and nutrition services (PDO1), the project reached 595,656 people — an achievement rate of 268 percent. Equally striking, the number of health facilities provided with essential drugs and supplies (PDO2) reached 76 facilities against a target of only 20, representing a 380 percent achievement. This achievement was possible as type of health facilities explicitly included Mobile units and temporary health establishments, as described in the Project Appraisal Document (PAD), considering that these types of facilities will play a central role in delivering essential health services[17]. These PDO-level results reflect the combined efforts of both UNICEF and WHO operating across a health system under extreme duress, and demonstrate that the project's reach far exceeded what was anticipated at appraisal — a testament to the operational capacity of the implementing agencies and the scale of unmet need that existed on the ground.

Assessment of Project Outputs (IRI achievement)

21. **Essential MNCH, Nutrition, and Communicable Disease Services (Component 1)**. UNICEF's components under IRIs 1 through 3, covering MNCH and communicable disease services, achieved extraordinary results relative to their targets. The number of health facilities provided with equipment and supplies for MNCH or communicable disease services (IRI1) reached 27 against a target of 10, a 270 percent achievement. Most remarkably, the number of pregnant women receiving health services (IRI2) reached 182,946 against an appraisal target of only 5,000 — an achievement rate of 3,659 percent — reflecting both the acute surge in maternal health needs and UNICEF's rapid expansion of service delivery capacity. Similarly, the number of children receiving Integrated Management of Neonatal and Childhood Illness (IMNCI) services (IRI3) reached 485,930 against a target of 33,700, an achievement of 1,442 percent.

22. **Emergency and NCD Services (Component 2)**. WHO's component under IRIs 4 through 6, covering emergency and trauma care and NCD services, also significantly exceeded their targets across all three indicators. The number of health facilities equipped for emergency, trauma, or NCD services (IRI4) reached 49 against a target of 10, a 490 percent achievement — the highest facility-level over-achievement across the entire RF. The number of people receiving NCD prevention and treatment services (IRI5) reached 40,206 against a target of 35,000, a 115 percent achievement — the indicator most closely aligned with its original planning assumptions, reflecting the more constrained delivery environment for NCD services under active conflict conditions. Finally, the number of people receiving treatment for emergency and trauma care (IRI6) reached 27,938 against a target of 10,000, an achievement of 279 percent, reflecting the dramatic and sustained surge in trauma care demand driven by ongoing hostilities.

23. **Project achieved significant outreach across health service categories despite humanitarian crisis.** WHO reported providing critical health care services to a total of 264,496 beneficiaries under the Project, encompassing a broad spectrum of interventions across multiple result areas. These included non-communicable disease (NCD) management under IRI4 (40,206 beneficiaries) and emergency and trauma care under IRI5 (27,938 beneficiaries). The reported figures also incorporated beneficiaries served across 49 health facilities that received essential medical equipment, medicines, and consumables procured under IRI4. Among the key supplies facilitated through WHO

[17] According to a PAD, a health facility refers to any establishment delivering the aforementioned services, including but not limited to public primary health care centers (PHCs), hospitals, UNRWA-managed facilities, facilities managed by NGOs or community-based organizations (CBOs), mobile units, and temporary health establishments that provide essential services to the population.

procurement were antibiotics — a foundational component of infection management protocols — widely deployed for surgical and wound care and the treatment of bacterial infections, including pneumonia. Beneficiaries reached through these 49 facilities were consolidated into WHO's aggregate reporting figures, reflecting the integrated nature of service delivery supported under the Project. It is noteworthy that WHO had originally targeted 20 health facilities for supply delivery; however, actual outreach exceeded this target, reaching 49 facilities. This expansion was largely attributable to the nature of infection prevention and control (IPC) supply deliveries, which permitted broader geographic coverage than initially planned, partially compensating for the logistical constraints posed by severely limited transportation capacity experienced during the delivery period. UNICEF reported providing essential health and nutrition services under PDO1 to a total of 331,160 beneficiaries. The service breakdown comprised: RUTF (13,431), immunization (123,459), NCD care (6,000), trauma care (5,324), and perinatal care (182,946). With respect to perinatal care, UNICEF confirmed that the average number of antenatal care (ANC) visits per pregnant woman in Gaza — even under prevailing conflict conditions — was four visits, which was applied as a deduplication factor. Adjusting the perinatal care figure accordingly yields an estimated 45,737 unique beneficiaries. This figure is particularly significant when contextualized against UNFPA's estimate of approximately 55,000 pregnant women in Gaza as of January 2025[18], indicating that the Project reached a substantial proportion of the total expected pregnant population during an acute humanitarian catastrophe. UNICEF further confirmed that immunization service beneficiaries were not subject to double counting across reporting categories. As noted in paragraph 18, and notwithstanding inherent data limitations in a conflict-affected operating environment, the results demonstrate that the Project supported the delivery of essential health care services at a scale considerably exceeding original projections, underscoring its critical role in sustaining health system functioning under exceptional circumstances.

Justification of Overall Efficacy Rating

Rating: High

C. EFFICIENCY

Assessment of Efficiency and Rating

Rating: Substantial

24. **Economic impact despite the absence of a formal economic analysis.** No Economic Rate of Return (ERR) or Financial Rate of Return (FRR) were calculated in the PAD, given the Project's emergency nature and severe data constraints. Instead, the economic rationale relied on established evidence that investments in PHC, essential medicines, nutrition, immunization, and surgical care generate high returns. For example, childhood immunization in Lower-middle-income countries yields an estimated US$44 for every US$1 spent; applied to the Project's US$1.86 million immunization investment, this implies an estimated return of US$81.7 million. More broadly, the provision of medicines, supplies, equipment, and trauma care helped save lives, reduce morbidity, and preserve human capital under extreme conditions.

25. **Design efficiency.** The project's design and technical components were simple and flexible to ensure responsiveness. They prioritized PHC alongside hospital strengthening to maximize access and efficiency; and addressed acute needs, ensuring service continuity, and building systemic capacity to prepare for, absorb, adapt to, and learn from shocks as mutually reinforcing priorities. This streamlined design remained valid during implementation.

[18] https://www.unfpa.org/news/famine-confirmed-gaza-%E2%80%93-pregnant-women-and-newborns-acute-risk

26. **Implementation efficiency.** Implementation was efficient, particularly because of the complex operating environment in which the project was implemented, including severe access constraints, shifting entry conditions, evolving approval requirements, and widespread displacement. The six-month extension of the closing date was unavoidable because of these factors. The grant to UNICEF and WHO were disbursed in full, with all procured goods entering Gaza and being distributed to end users within a two-year period. Losses that occurred due to the destruction of warehouses and incidents of looting, which amounted to approximately three percent of the overall grant value, are considered relatively minor in the prevailing context. All losses were identified, reported, and tracked in a timely manner, and the World Bank team worked closely with UN implementing partners to monitor the situation and implement mitigation measures—such as adjusting entry ports where feasible—to minimize further losses.

D. JUSTIFICATION OF OVERALL OUTCOME RATING

Rating: Highly Satisfactory

27. Based on the above discussion of Relevance, Efficacy, and Efficiency and their ratings, project Outcome is rated Highly Satisfactory.

E. OTHER OUTCOMES AND IMPACTS

Gender

28. The project addressed the heightened vulnerabilities faced by women in Gaza by safeguarding their access to essential health services. Component 1 financed the procurement and delivery of critical medical supplies, pharmaceuticals, nutrition commodities, and vaccines to sustain maternal and reproductive health services—including antenatal, delivery, and postnatal care—and enabled health facilities to continue operating during the crisis.

Institutional Strengthening

29. The project strengthened the institutional capacity of health facilities and implementing agencies to sustain the delivery of essential health services under extreme conditions, while reinforcing systems for coordination, service continuity, and operational responsiveness. Under Component 1, implemented by UNICEF, the project financed the procurement and delivery of critical medical supplies, pharmaceuticals, nutrition commodities, and vaccines to 27 health facilities — well exceeding the original target of 10 — enabling these facilities to maintain and expand their operational capacity for maternal and reproductive health services, including antenatal, delivery, and postnatal care. Beyond commodity supply, the project reinforced health facility systems by supporting the deployment of trained female health workers in safe and private service delivery spaces, strengthening the institutional responsiveness of facilities to gender-specific needs during the crisis. UNICEF and WHO established a joint Project Coordination Committee (PCC), which met monthly and served as a standing institutional mechanism for risk identification, safeguard oversight, and adaptive decision-making throughout implementation. WB task team members attended its monthly meetings. Both agencies also designated dedicated Environmental, Social, and Gender/GBV focal points within their organizational structures to embed accountability into day-to-day operations. The project further strengthened accountability systems by reinforcing existing grievance redress mechanisms and engaging a third-party monitoring agency across multiple rounds of verification, building a results-monitoring infrastructure that exceeded all intermediate targets under Component 1.

Poverty Reduction and Shared Prosperity

30. Every intervention supported by this project—from PHC and immunizations to trauma care, surgical services, and the provision of medicines and medical supplies—generated important economic as well as health benefits by reducing avoidable mortality and morbidity, preserving functional capacity, and lowering the risk that households would incur catastrophic coping costs in response to illness. In the context of widespread displacement, income loss, and asset

depletion, access to essential services helped protect already-fragile household welfare by reducing out-of-pocket spending on emergency care, medicines, and transport, while also limiting productivity losses associated with untreated illness, disability, and caregiving burdens. The project therefore contributed not only to immediate survival, but also to poverty mitigation and the preservation of human capital under extreme conditions.

Other Unintended Outcomes and Impacts

31. The partnership with UNICEF and WHO is assessed to have been successful and offers a useful model for future emergency operations. Its success derived from the agencies' complementary technical mandates, established operational presence in Gaza, and ability to operate through existing delivery systems despite severe access and security constraints. The arrangement also benefited from fiduciary and implementation frameworks that enabled rapid deployment of resources while maintaining accountability. Together, these features allowed the project to deliver essential inputs at scale, adapt implementation to rapidly changing conditions, and sustain service provision under extreme duress.

III. KEY FACTORS AFFECTED IMPLEMENTATION AND OUTCOME

A. KEY FACTORS DURING PREPARATION

32. When the crisis erupted in October 2023, the World Bank faced significant constraints in mobilizing a rapid financing response for Gaza. The Trust Fund for Gaza and West Bank (TFGWB)—the sole source of World Bank financing for West Bank and Gaza—responded by providing in-kind support for food parcels and by reprogramming existing interventions to finance fuel, water, and hygiene kits totaling US$44 million. However, these resources were not designed to address the severe disruption and destruction affecting the delivery of essential health services. In this context, the HEPR Multi-Donor Trust Fund proved to be the only instrument capable of providing rapid, catalytic financing outside of the TFGWB framework. One of key objectives of the HEPR TF Program was to provide upfront financing at moments when other funding sources are unavailable or already committed, and to fill critical gaps in health emergency response. Its authorized scope expressly permits financing to countries and territories that cannot access standard World Bank funding sources, a provision that made West Bank and Gaza an eligible recipient. The US$10 million HEPR grant — contributed by Japan and Germany — was thus the first and only new financing instrument the World Bank could deploy rapidly and exclusively for the Gaza health emergency in the immediate aftermath of October 2023, complementing the US$8.3 million Contingent Emergency Response Component (CERC) activation under the existing Health System Efficiency and Resilience Project (P180263), which was redirected from already-planned sectoral activities.

33. **Rapid project preparation**. The project was approved by the World Bank Board of Executive Directors on December 6, 2023—less than two months after the conflict in Gaza escalated in early October, demonstrating a rapid and timely response. This swift preparation was enabled by the World Bank's streamlined emergency procedures, pre-existing collaboration arrangements with UN agencies, and the World Bank's longstanding engagement in and knowledge of the West Bank and Gaza health sector.

34. **Partnership with UN agencies.** Designating UNICEF and WHO as both direct recipients and implementing agencies was a major strength of the project, as it built on the established roles both institutions already play in Gaza and effectively leveraged their complementary comparative advantages. Both agencies had a long-standing presence in Gaza, a strong track record in delivering health and nutrition programs, and demonstrated capacity to procure essential supplies and deliver services in close coordination with the PMOH and other partners. They operated through existing public and non-governmental delivery systems, enabling continued on-the-ground implementation despite the difficult and volatile conflict environment.

35. **The Health Cluster and strong coordination by WHO.** A further critical enabler was the effectiveness of the Health Cluster and WHO's leadership role within it. WHO's coordination of the Health Cluster provided an essential platform for aligning priorities, avoiding duplication, and ensuring that the project's interventions were systematically integrated into the broader humanitarian health response — a function that proved indispensable given the unprecedented scale and complexity of the crisis. Following October 2023, WHO and UNICEF further expanded their operational capacity to respond to rapidly evolving health needs across multiple levels of the health system. Both also brought robust and adaptable logistics infrastructure, as well as strong institutional familiarity with the procedural and operational requirements of engaging with government counterparts, enabling them to respond flexibly to rapidly changing conditions on the ground. This arrangement was further underpinned by their status as co-signatories to the Financial Management Framework Agreement with the World Bank, which provided a solid fiduciary foundation for the Project implementation.

36. **Focus on the procurement of essential inputs**. Alternative Procurement Arrangements (APA) were applied for both WHO and UNICEF, whose procurement procedures were assessed and found acceptable to the World Bank. The use of APA for that project was formally approved by the World Bank on November 22, 2023. By prioritizing the procurement and distribution of critical inputs for the delivery of essential health services, the project's support operated upstream in the service delivery chain, thereby multiplying the impact of all donors and implementing actors involved in basic health service provision in Gaza. By ensuring the availability of medicines, medical supplies, and equipment, the Project enabled the myriad of actors —such as NGOs supporting medical staffing and service delivery— to operate at scale and with greater effectiveness. In this way, the Project avoided duplicating frontline interventions and instead maximized their impact by addressing systemic supply constraints that would otherwise have limited service provision across facilities.

37. **Robust technical design**. The project's technical design benefited from the World Bank's understanding of Palestinian health sector as well as the implementation context resulting from its longstanding engagement in the West Bank and Gaza. The project reflected lessons from prior World Bank emergency operations both in Gaza and elsewhere that emphasized the need for simplicity, flexibility, and rapid responsiveness in emergency contexts. Experience from earlier projects underscored the importance of prioritizing primary health care and mobile clinics alongside hospitals to maximize access and efficiency; ensuring continuity of essential services while simultaneously addressing acute needs to strengthen system resilience. These lessons informed a streamlined, adaptable design focused on essential services and practical implementation arrangements suitable for crisis conditions.

B. KEY FACTORS DURING IMPLEMENTATION

Factors Under the Control of Implementing Agencies

38. **Third-Party Monitoring (TPM)**. AWRAD (the Arab World for Research and Development), a Ramallah-based polling, research, and consulting firm, was contracted as a TPM agent (TPMA) with UNICEF. In the context of Gaza, AWRAD has been widely known for conducting on-the-ground public opinion polls and leading critical humanitarian and infrastructure impact assessments alongside international organizations including UNICEF. UNICEF identified AWRAD as its TPMA considering their existing engagement as of November 2023 for a quick uptake of objectives and deliverables. In addition to routine project monitoring activities, UNICEF contracted AWRAD to conduct independent quarterly verification and field monitoring of project activities. The scope of the TPM was agreed jointly with the World Bank, and the TPMA was required to submit quarterly reports to the respective UN agency and the World Bank simultaneously. The TPMA reported on the performance of implementation agencies, achievement of results, and beneficiary experience as agreed for each component of the project. WHO and UNICEF carried out the required follow-up actions

or investigations in response to any implementation issues raised. WHO and UNICEF documented these, and other actions taken in response to TPM reports that were shared with the World Bank, and these are shared and discussed during monthly PCC meetings where the World Bank task team attended. A set up of the TPM contributed to the project's success. Consistent with the standard practice of both agencies in emergency and access-constrained settings, TPM provided independent verification that procured goods reached intended beneficiaries, enabled real-time identification of implementation bottlenecks, and strengthened transparency and accountability. The TPM effectively compensated for limited direct field access and supported agile course correction during implementation, thereby enhancing overall project performance. Notably, TPM operations were conducted under extremely adverse conditions, including repeated evacuation orders, severe movement and access restrictions, and the displacement of WHO and Ministry of Health staff, all of which disrupted field visits, complicated coordination, and required frequent adjustments to monitoring plans.

39. **Adaptive Management**. The two implementing agencies and the World Bank team responded swiftly and strategically to both unforeseen implementation challenges and emerging opportunities in a highly fluid and constrained environment. Embargo-related restrictions, shifting access at entry points, evolving approval requirements, and rapid changes in demand and service capacity due to population displacement required the implementing agencies to respond with exceptional agility. Continuous monitoring and flexible decision-making enabled agencies to seize limited windows of access and adjust procurement and distribution in real time, maximizing the impact of procured goods under highly unpredictable conditions.

Factors Under the Control of the World Bank

40. **Signaling to other donors**. The World Bank's early financial support to WHO and UNICEF sent a strong signal to other donors on the urgency and appropriateness of channeling resources through these partners. The explicit recognition of fuel for hospitals as an essential input for health service delivery was a particularly important step that was subsequently adopted by other donors. While unreliable electricity supply had posed challenges even prior to the conflict, it became a major constraint on the continuity and quality of health services during the conflict, underscoring the critical importance of sustained fuel support.

41. **Synergies with other ongoing health operations.** Although additional financing was not provided through the HEPR Trust Fund due to its restrictions, the project generated important synergies across the World Bank's health portfolio. Building on the implementation arrangements and partnerships established under this Project, the World Bank team was able to mobilize additional resources from other ongoing operations to address Gaza's urgent health needs, with procurement channeled through WHO and UNICEF. These complementary allocations reinforced the continuity and scale of essential service delivery, while demonstrating how the project helped catalyze broader resource mobilization and more coordinated use of financing across multiple operations[19]. These coordinated efforts reinforced the delivery of essential services and strengthened collaboration between the World Bank and the UN agencies. As the broader health portfolio, including the Health System Resilience and Emergency Preparedness Project (HSERP, P180263), was implemented by the Palestinian Authority Ministry of Health (PMOH), the mobilization of Gaza-focused emergency financing within the PMOH project also enabled the Ministry to maintain continued oversight, coordination, and engagement in Gaza during a period when direct operational involvement was otherwise highly constrained.

Factors Outside of Control of the World Bank and Implementing Agencies

[19] Specifically, a total of $6.3 million under the Health System Efficiency and Resilience Project (HSERP, P180263) was directed to emergency procurement of essential commodities via WHO ($4 million under CERC, and $2.3 million from the Pandemic Fund), while US$2 million from the health component of the Improving Early Childhood Development Project (P168295) was reallocated for medicines and medical supplies for pregnant women and children, with procurement through UNICEF.

42. **Procurement performance and challenges.** The project operated in an exceptionally challenging procurement environment shaped by active armed conflict, which significantly constrained implementation throughout the project's lifecycle. Multiple blockades of humanitarian aid repeatedly disrupted the delivery and distribution of procured commodities to end users, representing the most consequential procurement challenge faced by the project and ultimately necessitating a six-month extension of the project closing date through a Level 2 restructuring. Security incidents further compounded these difficulties as further described in E&S section. Against this backdrop, procurement performance was nonetheless rated Satisfactory throughout implementation, underpinned by continuous procurement plan monitoring and the use of Alternative Procurement Arrangements (APA), which enabled WHO and UNICEF to apply their own procurement procedures suited to the emergency context. For example, WHO and UNICEF changed a port of entries multiple times to address frequent and multiple closures. UN agencies were internally coordinated to avoid inefficiency and find alternatives to address challenges in timely manners. These experiences highlight that in active conflict settings, last-mile delivery constraints, asset destruction, and restricted access represent systemic procurement risks that must be explicitly anticipated in project design, with built-in timeline flexibility and robust third-party oversight mechanisms established from the outset.

43. **Access constraints.** Since October 2023, moving essential supplies into Gaza was severely constrained, with the Rafah corridor playing a central but highly restricted role. Periodic closures limited operating windows, and caps on the number and type of trucks permitted to cross significantly reduced aid flows compared to pre-conflict levels. The intermittent availability of Rafah crossing, combined with the limited functionality of other crossings, affected project supplies to Gaza.

44. **Operational and procedural challenges**. Complex approval processes, inspections, and administrative requirements created bottlenecks that delayed the movement of supplies. Restrictions on certain categories of goods—particularly fuel, medical equipment, and dual-use items—further complicated logistics. Moreover, these restrictions were also subject to change, becoming ever more stringent and creating further uncertainty. These challenges led to backlogs of aid staged outside Gaza, and reduced the ability of humanitarian actors to plan, prioritize, and deliver assistance at scale.

45. **Security and in-country distribution constraints**. Ongoing lack of security and damage to infrastructure inside Gaza limited onward distribution. Roads, warehouses, and health facilities were damaged or rendered inaccessible, while fuel shortages constrained transportation and cold-chain capacity.

46. **Mitigation Actions**. Mitigation measures adopted included: building flexibility in the project design by maintaining a budget reserve, avoiding rigid line-item allocation of every expenditure, and thereby preserving the capacity to make minor adjustments as circumstances required; and strategically orienting procurement priorities toward smaller, easily transportable items that offered low cost and high impact.

IV. BANK PERFORMANCE, COMPLIANCE ISSUES, AND RISK TO DEVELOPMENT OUTCOME

A. QUALITY OF MONITORING AND EVALUATION (M&E)

M&E Design

47. **M&E design quality in an extremely challenging context**. Despite an exceptionally uncertain and difficult operating environment, the Project's M&E framework was designed appropriately and in line with World Bank standards. The PDO statement, the two PDO-level indicators aligned to the Project's two main components, and the

six intermediate results indicators were clearly defined. Because the Project focused primarily on procuring and delivering essential humanitarian health supplies, the Results Framework deliberately emphasized a small set of simple, service-oriented indicators to reduce the reporting burden on already overstretched implementing partners while remaining closely aligned with the Project's objectives. This was a pragmatic design choice rather than a shortcoming. The M&E architecture was designed around remote supervision and triangulation of evidence: UNICEF and WHO collected routine operational data for their respective components and submitted semi-annual progress reports, while a monthly Project Coordination Committee, of which World Bank Task Team members were part of, reviewed progress and risks and support rapid course correction. The design also included semi-annual implementation support missions and, critically, TPM to verify the receipt and use of procured goods where direct access was constrained. Support from the Geo-Enabling initiative for Monitoring and Supervision (GEMS) was built in to strengthen the TPM approach—through the development and review of questionnaires and reporting tools and the use of data dashboards—so that verification findings could be consolidated and reviewed alongside routine agency reporting.

48. **Unit of measurement and indicator language in humanitarian contexts**. In humanitarian settings such as Gaza, service encounters are often a more meaningful unit of measurement than unique beneficiaries. Acute needs, disrupted referral pathways, and the clinical need for repeat visits—such as antenatal care and NCD treatment—mean that multiple contacts with the same patient are both expected and appropriate. Indicator definitions and reporting language should therefore specify whether results refer to encounters, visits, treatments, facilities reached, or unique individuals, and targets should be set accordingly. Early in implementation, the routine health information system that had been expected to generate unique beneficiary counts was disrupted, requiring UNICEF and WHO to rely on proxy measures, facility logs, and verification of commodity delivery and use. The project's design anticipated these constraints by combining routine UNICEF and WHO reporting with TPM verification, supported by GEMS tools and dashboards, to triangulate results. Where needed, reported service encounters could be converted into estimated unique beneficiaries using assumptions on average visits by service type, as elaborated in the Efficacy section in this ICR report. Given this feasible adjustment, the short implementation period, and the acute conflict context, the absence of routine system-generated beneficiary data did not warrant a formal restructuring. This distinction is particularly important because the current corporate scorecard indicator commonly used for health service delivery counts unique beneficiaries and is not always well-suited to emergency response operations; making the unit of measurement explicit helps interpret reported achievements and compare them meaningfully to targets.

M&E Implementation

49. Consistent with this design, implementation relied on routine agency reporting complemented by TPM verification, with GEMS support strengthening the quality, tools, and use of monitoring evidence throughout. During project implementation, the World Bank team worked in close collaboration with the GEMS team, leveraging their technical expertise to support the design and review of TPM questionnaires, reporting tools, and associated monitoring instruments. GEMS also provided structured technical feedback on TPM reports across each round, contributing to enhanced quality and rigor in reporting. WHO and UNICEF collected data, prepared, and submitted semi-annual progress reports. Both agencies participated in the monthly PCC meetings with the World Bank team and joint implementation support missions. The TPM agency was contracted by UNICEF to conduct quarterly independent verifications of the receipt of procured goods by end users, including site visits and field monitoring. Quarterly reports were submitted simultaneously to the UN agencies and the World Bank. The TPM agency completed five rounds of verification. TPM reporting could not be conducted in adherence to the established quarterly schedule when project activities were affected by the deteriorating conditions in Gaza.

M&E Utilization

50. M&E findings were systematically used to track progress toward indicator targets, identify implementation challenges, inform management decisions, and support discussions during implementation support and Mid-Term Review missions. TPM reports, dashboards, and routine monitoring outputs enabled adaptive implementation, helped address operational bottlenecks, and strengthened fiduciary, technical, and environmental and social performance throughout the Project. Implementing agencies reported that monthly coordination meetings improved alignment of activities, not only with the World Bank but also between the agencies themselves. WHO further reported adopting the project's M&E systems in operations financed by other sources. In addition, the TPM reports informed decision-making beyond the Project by highlighting the evolving essential needs on the ground, as service providers used interviews to articulate broader operational challenges beyond the specific scope of the project.

Justification of Overall Rating of Quality of M&E

Rating: Substantial

51. The Project's M&E quality is rated **Substantial**. The M&E arrangements were fit-for-purpose for an emergency operation implemented under extreme access, security, and data constraints. They combined routine reporting by UNICEF and WHO, monthly coordination through the PCC, semi-annual progress reporting, TPM verification, and GEMS-supported tools and dashboards to triangulate evidence and inform implementation decisions. These arrangements strengthened coordination among partners, enabled the early identification of implementation bottlenecks, supported adaptive management, and provided sufficient evidence to track progress against the Results Framework and assess achievement of outcomes. At the same time, the rating appropriately recognizes important limitations outside the control of the World Bank and implementing partners. The collapse of routine health information systems meant that some data reported by implementing agencies were based on service encounters or proxy measures rather than the unique-beneficiary unit originally envisaged for certain indicators, requiring careful interpretation and adjustment. In addition, TPM could not be carried out strictly on a quarterly schedule because of deteriorating security conditions, access restrictions, and repeated disruptions to field monitoring. Overall, while these constraints prevented the M&E system from fully operating as originally planned, the framework remained credible, adaptive, and sufficiently robust to support implementation oversight and results assessment in an exceptionally difficult operating environment.

B. ENVIRONMENTAL, SOCIAL, AND FIDUCIARY COMPLIANCE

52. **Environmental and Social.** The project was implemented under the World Bank's Environmental and Social Framework (ESF), with each UN agency responsible for implementing, monitoring, and reporting on project activities in accordance with the agreed Environmental and Social Commitment Plan (ESCP). The ESCP underwent extensive discussions and negotiations with UNICEF, focusing primarily on contractor reporting requirements, incident reporting procedures, and the notification and reporting arrangements for Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH).

53. During implementation, the project maintained a Substantial rating for environmental, social, and SEA/SH risks, reflecting the challenging operating environment in Gaza. Five Environmental and Social Standards (ESS1, ESS2, ESS3, ESS4, and ESS10) were applicable throughout implementation, while ESS5 through ESS9 were deemed not relevant given the project's exclusive focus on the provision of goods and services. To support risk management, a simplified and integrated Environmental and Social Management Tool (ESMT) was developed and used to assess and manage environmental and social risks associated with project activities.

54. **E&S monitoring**. The project was implemented in an exceptionally challenging context, where the conflict prevented the environmental and social (E&S) focal points from accessing Gaza. In addition, the UNICEF and WHO technical teams were not initially fully familiar with the project's E&S requirements. To monitor compliance and provide guidance, the World Bank E&S team participated in monthly technical meetings and reviewed Third-Party Monitoring reports. Oversight focused primarily on the principles of doing no harm, ensuring worker health and safety, maintaining grievance redress mechanisms, and, where feasible, promoting proportionate measures for occupational health and safety and healthcare waste management. Progress, compliance, and implementation challenges were documented through the Implementation Status and Results Reports (ISRs). Performance under all applicable ESSs was initially rated Satisfactory (ISR 1). However, ratings for ESS1 and ESS3 were downgraded to Moderately Satisfactory from ISR 2 onward. This reflected the inclusion of retroactive activities implemented by WHO—namely toilet installation, facility refurbishment, and fuel supply—before E&S risk assessments had been conducted and corresponding mitigation measures incorporated into contracts. To address these gaps, the World Bank E&S team recommended the preparation of simplified ex-post E&S evaluation reports, consistent with the ESMT. These reports were subsequently completed, submitted, and disclosed by October 2024. The project was also affected by conflict-related incidents that were not directly attributable to project activities. These included the destruction of a WHO warehouse in Deir Al-Balah during an IDF strike, resulting in losses estimated at approximately US$113,431, as well as two minor looting incidents. No casualties were reported in any of these events. All incidents were formally reported to the World Bank, and procedures for reporting similar incidents were agreed with the Environmental and Social Incident Response Toolkit (ESIRT) team. Following the resolution of the identified compliance issues, the ratings for ESS1 and ESS3 were upgraded to Satisfactory in ISR 4.

55. Community Feedback Mechanisms were operational through hotlines and email, with no project-related complaints received across any of the reporting periods.

56. **Financial Management (FM).** The project's FM arrangements were governed by the Financial Management Framework Agreement (FMFA) between the World Bank and the UN agencies, allowing the use of UN Financial Regulations and Rules. UNICEF and WHO maintained project-specific financial management systems and separate grant control accounts, and prepared semiannual interim unaudited financial reports periodically. Each agency issued a Final Financial Report, signed by an authorized official, within three months of project closing. All procured items were delivered and distributed before the project's closing date. Overall, FM performance was satisfactory throughout the Project's lifetime, in line with the FMFA and Grant Agreements.

57. A waiver of the World Bank's Anti-Corruption Guidelines for WHO and UNICEF was approved on November 22, 2023, to facilitate project implementation in Gaza. Under this waiver, while the Project adhered to the World Bank's Investment Project Financing policies, the two UN agencies were allowed to apply their own fraud and corruption procedures consistent with the Fiduciary Principles Accord, reflecting their unique implementation role. The World Bank did not exercise sanctioning jurisdiction over fraud and corruption cases, although its suspension and debarment list continued to apply for eligibility.

58. **Procurement.** Procurement responsibilities were allocated between WHO and UNICEF based on their comparative advantages. The Project applied Alternative Procurement Arrangements (APA) after WHO and UNICEF procurement systems were assessed and deemed acceptable under the World Bank Procurement Framework, with approval granted on November 22, 2023. The two agencies used their own procurement procedures for purchasing, storing, and distributing supplies. Overall, procurement was satisfactory throughout the Project's lifetime, in line with APA provisions.

C. BANK PERFORMANCE

Quality at Entry

59. Project preparation began immediately after the escalation of the conflict in October 2023, and the operation was approved by the Board in less than two months through the application of condensed preparation procedures and pre-established collaboration protocols with UN agencies. The technical design was strong and grounded in the World Bank's long-standing engagement in the West Bank and Gaza's health sector and the lessons learned in emergency response projects worldwide. The partnership with WHO and UNICEF was facilitated by ongoing collaboration under other operations, which further enhanced readiness for rapid implementation. Reflecting a whole-of-portfolio approach, the World Bank also sought to maximize impact by mobilizing additional resources beyond this project's US$10 million envelope, reallocating funds from other ongoing operations to be procured through WHO and UNICEF to address Gaza's urgent health needs in a coordinated manner.

Quality of Supervision

60. Given the project's sensitive context, the World Bank provided intensive supervision and coordinated closely with the implementing agencies. While direct supervision was not feasible due to the ongoing conflict, the World Bank relied on the project's robust M&E system, including quarterly TPM reports, and held monthly coordination meetings with WHO and UNICEF to closely track implementation progress and adjust activities as needed. Both UN agencies commended the World Bank for its flexibility, strong problem-solving approach, and in providing technical support and training needed to ensure compliance with environmental and social safeguards as well as fiduciary requirements.

Justification of Overall Rating of Bank Performance

61. The World Bank's overall performance is rated **Highly Satisfactory** based on its strong performance during both project preparation and supervision.

D. RISK TO DEVELOPMENT OUTCOME

62. The sustainability of project outcomes is impacted by the significant uncertainty surrounding the future reconstruction of Gaza, including the roles of key actors. This uncertainty has led many donors and development partners to place funding decisions on hold, despite the ongoing urgency of financing essential health care service delivery.

V. LESSONS AND RECOMMENDATIONS

63. **Financing must be commensurate with the scale of the crisis**. The US$10 million HEPR grant was the first and only new World Bank financing instrument deployed rapidly and exclusively for the Gaza health emergency in the immediate aftermath of October 2023. While the HEPR Multi-Donor Trust Fund was the only available instrument for rapid health sector financing at the time, with US$44 million from the TFGWB reallocated for other emergency support, the US$10 million allocation was insufficient relative to the scale of Gaza's acute humanitarian crisis. The gap between available financing and actual need was not marginal but structural: the Health Cluster estimated three-month emergency health sector needs alone at US$228 million, against which the total World Bank response — including the complementary US$8.3 million CERC activation under the Health System Efficiency and Resilience Project (P180263) — represented only a fraction. The explicit lesson is that the World Bank is not equipped with a function to rapidly respond to a humanitarian

crisis with scale. It is institutional choice whether it proactively ensure; establishing financing instruments deployed in acute humanitarian crises, adequately capitalizing in advance, or sufficiently being flexible to permit rapid scale-up.

64. **Leveraging established humanitarian actors enhances effectiveness, but requires fit-for-purpose partnership arrangements.** Channeling emergency financing through organizations such as UNICEF and WHO — with existing operational footprints and trusted partnerships on the ground — proved critical to scaling effective interventions, even under severe constraints. However, direct contracting arrangements between the World Bank and UN agencies introduced significant transaction costs during preparation, including protracted negotiations over indirect and direct cost structures and data reporting requirements, driven by inconsistencies between World Bank (OPCS/LEG/ES) and UN agency (WHO/UNICEF HQ) standards. In acute humanitarian emergencies, such delays carry a real human cost. This points to the need for simplified, standardized, and fit-for-purpose contracting frameworks that enable rapid response without compromising core risk-management principles. More broadly, in contexts of acute humanitarian emergency focused primarily on procurement rather than health system rebuilding, the World Bank should critically reconsider its role as a supervising intermediary and explore direct fund transfers to established humanitarian actors — acting solely as a financier — to reduce administrative burden and keep implementing partners focused on life-saving activities. Greater alignment of environmental and social safeguard frameworks among development partners, combined with predictable, coordinated donor financing and clear reconstruction pathways beyond the immediate emergency phase, remains equally essential to ensuring that well-designed emergency interventions do not collapse precisely when continuity matters most.

65. **Realistic design of results framework indicators is critical for humanitarian projects.** For short but operationally intensive humanitarian response projects, the results framework must reflect the realities of the operating environment. To accurately measure progress toward a PDO focused on the provision of essential health services during a crisis, the appropriate unit of measurement is service encounters rather than unique beneficiaries (people, children, women etc). The severe disruption of routine health information systems and the overwhelming prioritization demands on health service providers must be carefully considered when designing indicators, as they fundamentally affect what can be feasibly and reliably collected.

66. **Simple but robust M&E, TPM, and digital supervision tools enable remote oversight.** In FCV contexts where direct supervision is often not feasible, fit-for-purpose M&E systems, third-party monitoring, and Bank initiatives such as GEMS provide critical visibility into implementation progress, frontline challenges, fiduciary compliance, and delivery of results. These tools should be built into project design from the outset and used alongside routine partner reporting, dashboards, and implementation support to triangulate evidence and enable timely course correction.

67. **Flexibility is essential in active conflict settings.** Rapidly changing access conditions, approval requirements, and population movements require flexible planning, real-time decision-making, and adaptive procurement and distribution strategies to capitalize on limited operational windows.

68. **Logistics and energy availability are as critical as medical supplies an emergency health project in an FCV context.** Explicitly recognizing and financing enabling inputs — such as fuel for hospitals, cold-chain capacity, and transport — proved essential to maintaining service continuity in contexts where infrastructure and electricity systems are severely disrupted.

69. **E&S.** The negotiation of the Project's Environmental and Social Commitment Plan (ESCP) with UNICEF proved complex, requiring extensive engagement with OPCS and the MNA Region's Regional Safeguards Adviser (RSA) team.

Key points of discussion centered on contractor reporting obligations, incident reporting protocols, and SEA/SH notification and reporting requirements. Despite the protracted nature of these negotiations, agreement was ultimately reached, and it is not anticipated that similar operations would face equivalent delays given the precedent now established. The adoption of mainstreamed E&S instruments and streamlined reporting requirements — including the use of simplified reports in lieu of comprehensive documents that would be impractical to produce under active conflict conditions — proved instrumental in expediting E&S processing and maintaining compliance. Looking ahead, while UN agencies generally maintain capable regional E&S teams, the absence of staff on the ground presents a persistent operational gap. For future operations of a similar nature, designating E&S focal points within implementing agencies and systematically building the E&S capacity of technical teams — particularly in environmental health and safety — would strengthen early identification of risks and support the timely integration of proportionate management measures into activity planning.

ANNEX 1. RESULTS FRAMEWORK AND KEY OUTPUTS

A. RESULTS FRAMEWORK

PDO Indicators by Outcomes

Provision of essential health services to the population of Gaza								
Indicator Name	Baseline		Closing Period (Original)		Closing Period (Current)		Actual Achieved at Completion	
	Result	Month/Year	Result	Month/Year	Result	Month/Year	Result	Month/Year
Number of beneficiaries of essential health and nutrition services (disaggregated by gender and age) (Number)	0	Nov/2023	222,265	Jun/2025	222,265	Jun/2025	595,656	Jun/2026
	Comments on achieving targets		Updated based on the final reports submitted by UNICEF & WHO in January 2026. ------- In addition to the services listed below, achieved results include 294,238 individuals indirectly benefited through services provided at the five public hospitals supported with project-funded fuel. -------- Number of beneficiaries receiving at least one of the following services in health facilities supported by the project: • MNCH • Communicable diseases • NCDs • Mental health • Emergency and trauma care Health facility refers to any establishment delivering health services, including public PHCs, hospitals, UNRWA facilities, NGO and CBO run health facilities, and temporary health establishments.					
Number of health facilities provided with drugs, medical equipment, medical supplies, and non-medical supplies for provision of essential health services (Number)	0	Nov/2023	20	Jun/2025	20	Jun/2025	76	Jun/2026
	Comments on achieving targets		Updated based on the final reports submitted by UNICEF & WHO in January 2026. ------- Number of health facilities provided with drugs, medical equipment, medical supplies, and non-medical supplies through the project for one of the following domains: • MNCH • Communicable diseases • NCDs • Mental health • Emergency and trauma care Health facility refers to any public PHCs, hospitals, UNRWA facilities, NGO and CBO run health facilities, and temporary health establishments.					

Intermediate Indicators by Components

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Component 1: Delivery of essential MNCH and nutrition services and communicable disease treatment								
Indicator Name	Baseline		Closing Period (Original)		Closing Period (Current)		Actual Achieved at Completion	
	Result	Month/Year	Result	Month/Year	Result	Month/Year	Result	Month/Year
Number of health facilities provided with equipment or medical/non-medical supplies for provision of MNCH services or communicable disease treatment (Number)	0	Nov/2023	10	Jun/2025	10	Jun/2025	27	Jun/2026
	Comments on achieving targets		Updated based on the final reports submitted by UNICEF & WHO in January 2026. ------- Number of health facilities in Gaza receiving equipment and/or medical/non-medical supplies for the provision of MNCH, communicable disease treatment, and nutrition services.					
Pregnant women receiving health services during a visit to a health provider (Number)	0	Nov/2023	5,000	Jun/2025	5,000	Jun/2025	182,946	Jun/2026
	Comments on achieving targets		No change was made but confirmed that it is consistent with the final reports submitted by UNICEF and WHO in January 2026. ------ Number of pregnant women receiving health services (prenatal, postnatal, delivery and complications-related services in one of the health facilities supported through the project.					
Number of children receiving integrated management of newborn and childhood illnesses (IMNCI) services (Number)	0	Nov/2023	33,700	Jun/2025	33,700	Jun/2025	485,930	Jun/2026
	Comments on achieving targets		Updated based on the final reports submitted by UNICEF & WHO in January 2026. ------- Number of children below five years of age receiving integrated management of newborn and childhood illnesses (IMNCI) services. IMNCI includes services that prevent and manage the leading causes of serious illnesses and mortality in children below five years and includes immunization.					
Component 2: Supporting provision of emergency and non-communicable disease services								
Indicator Name	Baseline		Closing Period (Original)		Closing Period (Current)		Actual Achieved at Completion	
	Result	Month/Year	Result	Month/Year	Result	Month/Year	Result	Month/Year
Number of health facilities provided with equipment and supplies for emergency and trauma care or NCD services (Number)	0	Nov/2023	10	Jun/2025	10	Jun/2025	49	Jun/2026
	Comments on achieving targets		No change was made as it is aligned with what UNICEF and WHO reported in their final reports submitted in January 2026. ----- Number of health facilities in Gaza receiving equipment and/or medical/non-medical supplies for the provision of MNCH services through the project. Health facility refers to any establishment delivering aforementioned services, including but not limited to public PHCs, hospitals, UNRWA-managed facilities, NGOs or Community based organizations, mobile units, and temporary health establishments.					
Number of people receiving non-communicable disease prevention and treatment services (disaggregated by gender) (Number)	0	Nov/2023	35,000	Jun/2025	35,000	Jun/2025	49,206	Jun/2026
	Comments on achieving targets		No change was made as it is aligned with what UNICEF and WHO reported in their final reports submitted in January 2026. ----- A total of 144 NCD modules were procured under this grant, of which 59 modules were successfully received and distributed to the targeted facilities, while the remaining modules were unfortunately lost during the direct attack on WHO's main warehouse at the end of last July. In Gaza, with a population of 2.1 million, an estimated 350,000 people are living with NCDs, representing a prevalence of 16.7%. NCD kits are					

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			designed to cover a population of 10,000 people, which in Gaza translates to 1,670 NCD patients. The 59 modules received are expected to benefit a total of 49,206 persons. This figure includes approximately 5,000 mental health patients who will benefit from additional psychotropic medications, 1,000 kidney dialysis patients who have benefited from the NCD kit, and the support of 30 hemodialysis machines and chairs delivered.					
Number of people receiving treatment for emergency/trauma care (Number)	0	Nov/2023	10,000	Jun/2025	10,000	Jun/2025	27,938	Jun/2026
	Comments on achieving targets		No change was made as it is aligned with what UNICEF and WHO reported in their final reports submitted in January 2026. ----- Given the operational challenges in tracking individual treatment episodes during emergencies and mass-casualty responses, the number of people receiving treatment for emergency and trauma care was estimated using the number of urgent surgeries performed in operating rooms as a proxy indicator. This approach reflects the number of patients who received life-saving and urgent surgical interventions during the project period. During project implementation, WHO provided direct support to functional operating theatres within the Ministry of Health, supplying substantial quantities of emergency and anesthetic medications. According to available records, 27,938 urgent surgeries were performed till the end of June 2025, representing 52% of the total operations conducted during the project period.					

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B. KEY OUTPUTS

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PDO – To provide emergency support for provision of essential health services to the population of Gaza.	
PDO indicators	**PDO indicator 1.** A total of 657,417 beneficiaries received essential health and nutrition services. **PDO indicator 2.** A total of 66 health facilities provided with drugs, medical equipment, medical supplies, and non-medical supplies for provision of essential health services
Intermediate Results	**Component 1: Delivery of essential MNCH and nutrition services and communicable disease treatment** **IRI 1** - A total of 26 health facilities provided with equipment or medical/non-medical supplies for provision of MNCH services or communicable disease treatment **IRI 2 -** An estimated 182,946 pregnant women received health services during a visit to a health provider **IRI 3 -** An estimated 103,000 children below five years of age received integrated management of newborn and childhood illnesses services **Component 2: Supporting provision of emergency and non-communicable disease services** **IRI 4 –** A total of 49 health facilities were provided with equipment and supplies for emergency and trauma care or NCD services **IRI 5 -** An estimated 49,206 individuals received NCD prevention and treatment services **IRI 6 -** An estimated 27,938 patients received treatment for emergency/trauma care
Outputs	**Component 1: Delivery of essential MNCH and nutrition services and communicable disease treatment** This component, which was implemented by UNICEF, aimed to ensure the continuous delivery of essential maternal, newborn and child (MNCH) and nutrition services in Gaza by providing financial support for the procurement of essential medical supplies and equipment, including procurement of essential drugs, routine vaccines, medical and lab supplies, and consumables. It also supported essential goods, such as water and fuel, generators, and body bags, to restore the functioning of facilities affected by the conflict. Minor civil works to restore and maintain the infrastructure of health facilities and provision of essential supplies and equipment were also eligible, together with utilities, such as water and electricity, to sustain operation of the facilities. This component also financed the provision of inputs for establishing mobile medical units, mobile medical teams and outreach services. **Component 2: Supporting provision of emergency and non-communicable disease services** This component, which was implemented by WHO, financed the provision of pharmaceuticals and equipment for emergency and trauma care to respond to the critical and urgent needs of the population affected by the conflict. Where feasible, diagnostic equipment (e.g., X-ray machines, ultrasound machines, and laboratory equipment),

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	therapeutic equipment (e.g., ventilators, traction equipment, and assistive devices), surgical instruments, mobility aids, and oxygen concentrators were also eligible for procurement. This component also supported prefabricated health facilities to replace the destroyed facilities, including essential medication and equipment required to allow the provision of emergency and trauma care. It could also fund minor civil works to ensure that damaged facilities are made operable.

ANNEX 2. BANK LENDING AND IMPLEMENTATION SUPPORT/SUPERVISION

A. TASK TEAM MEMBERS

Name	Role
Ramin Ziwary	Team Leader
Mohammad Ali Mousa Jaber	Financial Management Specialist
Ala' Abd Minem Mohammad Turshan	Procurement Specialist
Manal M F Taha	Environmental Specialist
Takeaki Sato	Environmental Specialist
Najm-Ul-Sahr Ata-Ullah	Social Specialist
Mariana Margarita Montiel	Counsel
Manon Yvonne Haemmerli	Team Member
Sherin Varkey	Team Member
Ma Dessirie Kalinski	Team Member
Severin Rakic	Team Member
Zein Azzam Ibrahim Daqqaq	Team Member
Zeyad Abu-Hassanein	Team Member
Denizhan Duran	Team Member
Mariam William Guirguis	Team Member

B. STAFF TIME & COST

Stage of Project Cycle	Staff Time & Cost	
	No. of Staff Weeks	US$ (including travel and consultant costs)
Preparation		
FY24	1.700	15,425.52
Total	1.70	15,425.52
Supervision/ICR		

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FY24	6.257	62,815.70
FY25	29.338	166,046.96
FY26	2.895	24,191.81
Total	38.49	253,054.47

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ANNEX 3. PROJECT COST BY COMPONENT

Component	Amount at Approval (US$M)	Actual at Project Closing (US$M)
Component 1: Delivery of essential MNCH and nutrition services and communicable disease treatment	4.5	4.5
Component 2: Supporting provision of emergency and non-communicable disease services	4.5	4.5
Component 3: Project coordination and monitoring	1.0	1.0

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ANNEX 4. EFFICIENCY ANALYSIS

In the PAD, no formal Economic Rate of Return (ERR) or Financial Rate of Return (FRR) was calculated. This is due to the project's nature and acute humanitarian context where quantitative modeling of health service delivery interventions is methodologically difficult. Instead of a quantitative Cost Benefit Analysis (CBA), the Project's economic justification rested on well-established evidence linking investments in primary health care (PHC), essential medicines, nutrition, and surgical care to significant economic returns, even where precise quantification in emergency settings is constrained by data limitations. Childhood immunizations in Low- and Middle-Income Countries, for instance, yield an estimated return of US$44 for every US$1 spent[20]. Applied to this project, the US$1.86 million invested in immunization services translates to an estimated return of US$81.7 million. Beyond immunizations, the direct supply of medicines, medical supplies, and equipment — particularly for mothers and children — proved highly cost-effective, while investments in surgical and trauma care are expected to generate substantial health and economic impacts by saving lives and supporting long-term productivity.

ANNEX 5. BORROWER, CO-FINANCIER AND OTHER PARTNER/STAKEHOLDER COMMENTS

UNICEF

1. The project demonstrated that maintaining essential health and nutrition services in an active conflict setting is possible when there is strong operational flexibility, pre-positioned supplies, and sustained partner coordination. Despite severe restrictions on humanitarian access, frequent denials of movement, and disruptions at crossings, the project was able to deliver vaccines, nutrition commodities, and other essential medical supplies that supported women and children across Gaza. A key lesson is that emergency health responses in highly constrained environments require multiple supply routes, advance stockpiling, and rapid adaptation to changing access conditions.

2. Another important lesson was the value of robust monitoring and verification systems in insecure settings. UNICEF relied on a combination of supply tracking, third-party monitoring, field monitoring, and weekly partner reporting to follow implementation and improve decision-making. This helped compensate for limited direct access and enabled more responsive programme adjustments. The experience shows that in fragile contexts, layered monitoring approaches are critical not only for accountability, but also for identifying service gaps and improving operational effectiveness in real time.

3. The project also highlighted the importance of combining service delivery with strong advocacy and communication. Continued engagement with donors, partners, and the broader public helped maintain visibility of the humanitarian crisis and support for the entry of essential health supplies, including vaccines and cold-chain equipment. Overall, the report suggests that effective emergency health operations in conflict settings depend not only on financing and technical delivery, but also on persistent advocacy, flexible logistics, and strong partnerships to sustain lifesaving interventions under extreme constraints.

WHO

[20] Ozawa S, Clark S, Portnoy A, Grewal S, Brenzel L, Walker DG. Return on investment from childhood immunization in low- and middle-income countries, 2011–20. Health Affairs.

4. The project underscored the importance of **strong contingency planning** in highly insecure and volatile settings. Restricted access, forced evacuations, and the destruction of a warehouse demonstrated how quickly operations can be disrupted and how essential it is to have decentralized storage, alternative warehousing arrangements, and flexible logistics systems in place. The ability to rapidly reprogram procurement and distribution plans helped maintain some continuity of service delivery despite major losses.

5. A second key lesson was the value of **adaptive management and flexible resource allocation**. The project showed that in emergency contexts, implementation plans must be continuously adjusted in response to fuel shortages, infrastructure damage, supply losses, and access constraints. Quick reprioritization of essential items, early procurement to offset delays, and strong coordination with health authorities and humanitarian partners were critical to sustaining emergency, trauma, and NCD services during peak periods of need.

6. The report also highlights the importance of **community engagement and local coordination** to ensure that interventions remain relevant and responsive. Regular consultations with facility managers, partners, and communities helped identify urgent needs, refine implementation choices, and build trust and ownership around project activities. This was particularly important for non-medical interventions such as sanitation support and facility-level service adjustments.

7. Finally, the project revealed the need to strengthen **monitoring, surveillance, and data systems** in fragile settings. Disruptions to reporting and surveillance made it harder to assess needs and track results consistently, pointing to the importance of investing in resilient monitoring arrangements, third-party verification, and contingency data mechanisms. In crisis environments, maintaining reliable information flows is essential not only for accountability, but also for timely decision-making and effective service delivery.

ANNEX 6. SUPPORTING DOCUMENTS

UNICEF Final Report

The State of Palestine: Provide Emergency Support for the Provision of Essential Health Services to the Population of the Gaza Strip



Children receiving vaccinations at Al-Daraj Clinic in the northern Gaza Strip. ©UNICEF-SoP/2025/ Mohammed Nateel

Final Report

UNICEF–supported by the World Bank – Grant SH240001

Submission Date: 24 January 2026

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Table of Contents

DATA SHEET i

I. PROJECT CONTEXT AND DEVELOPMENT OBJECTIVES 2

II. OUTCOME 6

III. KEY FACTORS AFFECTED IMPLEMENTATION AND OUTCOME 11

IV. BANK PERFORMANCE, COMPLIANCE ISSUES, AND RISK TO DEVELOPMENT OUTCOME 14

V. LESSONS AND RECOMMENDATIONS 18

ANNEX 1. RESULTS FRAMEWORK AND KEY OUTPUTS 21

ANNEX 2. BANK LENDING AND IMPLEMENTATION SUPPORT/SUPERVISION 27

ANNEX 3. PROJECT COST BY COMPONENT 29

ANNEX 4. EFFICIENCY ANALYSIS 30

ANNEX 5. BORROWER, CO-FINANCIER AND OTHER PARTNER/STAKEHOLDER COMMENTS 30

ANNEX 6. SUPPORTING DOCUMENTS (IF ANY) 31

1. Project Summary 35

2. Situation Overview 36

3. Introduction 38

4. Overall Project Result 38

Sub-activity 1.2: Monitoring of activities 39

Sub-activity 1.3: Direct operational support and communication 40

5. Challenges and lessons learned 42

6. Financial Utilization 42

7. Expression of Thanks 45

I. EXECUTIVE SUMMARY 48

II. 1. PROJECT DESCRIPTION AND CONTEXT 49

III. 2. PROGRESS ON IMPLEMENTATION 49

2.1 EMERGENCY AND TRAUMA CARE 51
2.2 NONCOMMUNICABLE DISEASE (NCD) CARE 51
2.3 NON-MEDICAL SUPPLIES AND SERVICES 52
3. ENVIRONMENTAL AND SOCIAL COMPLIANCE 53
4. STAKEHOLDER ENGAGEMENT 53
5. GRIEVANCE REDRESS MECHANISM 53
6. GENDER EQUALITY 54
7. PROJECT SUPPORT, MANAGEMENT, AND EVALUATION 54
7.1 MONITORING AND EVALUATION 54
7.2 BENEFICIARY ESTIMATION 55
7.3 COMMUNICATIONS AND VISIBILITY: 55
8. CHALLENGES, MITIGATION MEASURES, AND LESSONS LEARNED 56
8.1 CHALLENGES 56
8.2 MITIGATION MEASURES 56
8.3 LESSONS LEARNED 57
ANNEX 1. RESULTS FRAMEWORK AND MONITORING 59
ANNEX 2. VISIBILITY PRODUCTS 59

1. Project Summary

Project Title	*Palestine: Provide Emergency Support for the Provision of Essential Health Services to the Population of the Gaza Strip*
Date of Submission	24 January 2026
Target Country	State of Palestine
Project Location	The Gaza Strip
Project Period	23 January 2024 – 31 December 2025
Goal and Objectives	To provide emergency support for the provision of essential health services to the population of Gaza.
Project Budget	Total World Bank funding: US$ 5,050,000.00 Expenditure Incurred: US$ 5,049,999.98 Balance: US$0.02 Commitments: US$0.00 Final Balance: US$ 0.02
Organizational Contact	UNICEF State of Palestine Ettie Higgins, Deputy Representative; ehiggins@unicef.org Nalinee Nippita, Partnerships Manager; nnippita@unicef.org

1. Situation Overview

In 2024, children across the State of Palestine continue to endure extreme hardship due to escalating violence, displacement, and a rapidly worsening humanitarian crisis. The health situation, particularly in the Gaza Strip, has reached catastrophic levels. More than 14,500 children have been reported killed since 7 October 2023, and at least 23,000 others have been injured, many of whom face long-term disabilities without access to necessary rehabilitation services. Thousands more children remain trapped under rubble, while around 17,000 are unaccompanied or separated from their caregivers, further exacerbating their vulnerability. Despite the ceasefire which began on 10 October 2025, violence has continued, with over 100 children reportedly killed to date.

In the Gaza Strip, the health care system is facing unprecedented challenges. Many children face life-altering injuries, untreated trauma, disease, and heightened risks from displacement, damaged health facilities, and limited humanitarian access. Attacks on civilian infrastructure, including health facilities, water networks, and other essential services, have left the population without access to vital resources. The closure of the Rafah crossing in May 2024 has severely limited medical evacuations for critical patients, reducing the capacity to treat the injured by 94 per cent. The loss of access to health care, clean water, and education, compounded by exposure to continuous traumatic events, has worsened the health and wellbeing of children.

Overcrowded, unsanitary living conditions, open sewage, and the lack of waste management in shelters for displaced families have led to a public health disaster. Waterborne diseases, including diarrhoea, Hepatitis A, and Polio, have emerged, posing a grave threat to children, particularly those under the age of two. The detection of Poliovirus type 2 (circulating Vaccine-Derived Poliovirus type 2) in the Gaza Strip in July 2024, after a 25-year absence, has further heightened the health risks.

The humanitarian situation in the Gaza Strip remains dire as the entry of essential humanitarian aid, commercial goods, and other critical supplies is severely restricted. As a result, acute food insecurity is widespread, with 335,000 children under the age of five at high risk of malnutrition. The compounded health challenges are further exacerbated by limited access to specialized care and inadequate medical resources to address both immediate and long-term health needs.

The prolonged conflict and violence, combined with the collapse of essential infrastructure and health services, have created a public health emergency in the Gaza Strip. As of 2024, more than 80.5 per cent of the territory is under active or previously issued displacement orders, and the impacts on children’s physical and mental health are profound. With the continued threat of violence and displacement, children's health remains at great risk, and the ability to provide adequate healthcare and rehabilitation services is severely limited.

In the West Bank, including East Jerusalem, escalating violence has further strained the health situation. Continued militarized operations, settler violence, and large-scale demolitions have resulted in increased injuries and violence, further impeding access to basic health services. Children in these areas face ongoing threats to their physical safety, and limited access to healthcare services exacerbates the challenges of ensuring proper medical care and rehabilitation.

The health crisis in the State of Palestine continued to be compounded in 2025 by a deep and prolonged economic collapse marked by sustained recession, exceptionally high unemployment, and a dramatic rise in poverty. While the Palestinian economy recorded a modest statistical rebound in 2025 compared to 2024, overall GDP remained approximately 24 per cent below its 2023 level, reflecting cumulative

economic damage and the continued erosion of productive capacity. Economic contraction was particularly severe in the Gaza Strip, where GDP declined by more than 80 per cent compared to pre-crisis levels, alongside persistently high unemployment estimated to exceed 70 per cent. In the West Bank, economic activity remained significantly constrained despite limited short-term improvements. Poverty levels continued to rise in 2025, with assessments indicating that a substantial majority of the population was living below national and international poverty thresholds. This sustained economic deterioration has further undermined the functioning of health systems, intensified pressure on already overstretched health-care resources in both the Gaza Strip and the West Bank, and is expected to have long-term and intergenerational consequences for children's health, nutrition, and overall well-being.[21]

[21] https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099100625091038574

2. Introduction

This is the final report covering the lifetime of the grant, starting from 23 January 2024 to 31 December 2025, for the project titled “Palestine: Provide Emergency Support for the Provision of Essential Health Services to the Population of the Gaza Strip.”

With World Bank funding, significant results have been achieved in supporting maternal and child health (MNCH) and nutrition services in the Gaza Strip amid a health crisis. Key accomplishments include the provision of essential medical supplies, including drugs, vaccines, and nutrition commodities, which addressed the urgent health care needs of women and children. Through this support, a comprehensive range of routine immunization vaccines was delivered, including Bacillus Calmette–Guérin (BCG), Diphtheria–Tetanus (DT), Diphtheria–Pertussis–Tetanus (DPT), Pentavalent (Penta), Inactivated Poliovirus Vaccine (IPV), Measles–Mumps–Rubella (MMR), Pneumococcal Conjugate Vaccine (PCV), Tetanus–Diphtheria (TD), and Rotavirus (Rota) vaccines. This enabled approximately 123,000 children under two years of age to be vaccinated, achieving an estimated 80 per cent coverage rate despite operational challenges. Additionally, there was a notable increase in malnutrition screening for children, with 108,000 children under five screened and enrolled in malnutrition management programs in 2024-2025, including 5,880 receiving Ready to Use Therapeutic Feeding (RUTF) supported by the World Bank. The initiative also provided essential medications and micronutrients to 182,946 pregnant and lactating women, thereby enhancing health and nutrition services in the Gaza Strip.

This report serves as an update to the submission from February 2025. The project timeline was extended due to delays in the arrival of medical supplies, primarily vaccines, in the Gaza Strip. Since the previous report, shipments of pneumococcal, DT, and rabies vaccines have been delivered to Gaza. The last consignment of vaccines arrived in July 2025.

3. Overall Project Result

Progress achieved during the reporting period (23 January 2024 – 31 December 2025) is summarized as follows:

Component 1: Delivery of Essential Maternal, Newborn, Child Health Services and Communicable Disease Treatment

Result:

UNICEF supported the first component of the project aimed at ensuring the continuous delivery of essential MNCH and nutrition services in the Gaza Strip. This was achieved by supporting the procurement of essential medical supplies and equipment, including essential drugs, routine vaccines, medical and laboratory supplies, and consumables.

These critical medical and nutrition supplies addressed the growing healthcare, and nutrition needs of women and children in the Gaza Strip amid the ongoing health crisis. The supplies played a key role in delivering an integrated package of maternal and child health services.

In particular, the World Bank funding was instrumental in procuring vaccines for routine

immunization, along with additional cold chain equipment. The following vaccines were delivered to the Gaza Strip with World Bank support: BCG, DT, DPT, Penta, IPV, MMR, Pneumococcal conjugate, TD, and Rota vaccines. In addition to these routine vaccines, seasonal influenza vaccines and rabies vaccines were also provided. Safety boxes and syringes were delivered as part of this effort. Cold chain capacity was strengthened to ensure that vaccines were stored and transported under optimal conditions, with the following equipment delivered: deep freezers, refrigerators, vaccine carriers, and a cold truck. World Bank funding was the sole source for all vaccines, including routine vaccines in 2024, within the Gaza Strip. As a result of this support, approximately 123,000 children under the age of two were vaccinated, with a reported coverage rate of 80 per cent for all routine vaccines. While this represents a decrease from the previous coverage rate of over 95 per cent prior to the 7 October escalation, it remains a remarkable achievement considering the challenging conditions in the Gaza Strip throughout the year.

In November 2025, UNICEF and its partners conducted an integrated catch-up campaign. During this campaign, around 14,288 children under three years old received one or more antigens. Of these children, 3,623 were defaulters who had missed scheduled vaccinations, and 87 were zero-dose children.

In addition to immunization efforts, focus was placed on the prevention, early detection, and treatment of wasting. Malnutrition screening coverage for children under five significantly increased in 2024-2025. Among those screened, 108,000 children were enrolled in malnutrition management programs, with 5,880 children (2,763 girls and 3,117 boys) receiving World Bank-supported RUTF. Essential drugs, including antibiotics, analgesics, and other medications, as well as micronutrient supplements for pregnant women, were also provided. With the World Bank support, a total of 182,946 pregnant women were reached with essential health and nutrition services and supplies.

For report on indicators, see Annex A.

Sub-activity 1.2: Monitoring of activities

In the State of Palestine, UNICEF applied a thorough monitoring strategy for emergency response efforts. This encompassed tracking supply chains from purchase to distribution, conducting field monitoring with UNICEF staff, and leveraging Third-Party Monitoring (TPM) via a consulting firm.

UNICEF has additionally deployed the field monitoring through the extenders who are dedicated to the education programme. Extenders are supervised by the Education section specifically for the programme's activity and supply distribution monitoring. The key differences of the monitoring by extenders compared to TPM is that extender modality enables the monitoring of technical aspects oriented by each programme section. Through the consultation with the education programme, mobilization of more extenders will be in place anticipating significant increase in population and shelter relocations during the ceasefire. The extenders will expand to use specific monitoring tools designed in (KOBO/Inform) that will be used to inform programme improvement and gaps.

To ensure the proper delivery and distribution of goods, UNICEF implemented various quality assurance mechanisms in line with agreements between the Ministry of Education (MoE) and UNICEF. These mechanisms involved monitoring by UNICEF's third-party monitoring partner, collaborating closely with UNICEF staff throughout the implementation process. The TPM service and extenders' monitoring played a pivotal role in broadening geographical coverage, reducing risks and complementing UNICEF's field monitoring endeavours. Rapid data collection and

analysis were prioritized to bolster effective decision-making. Key focuses for tracking and monitoring aid delivery included tracing supplies from purchase orders to distribution and conducting on-the-ground field monitoring, particularly in densely populated areas like Rafah.

Additionally, UNICEF mandated high-frequency partner reporting despite communication challenges, with partners required to submit weekly reports to facilitate tracking and reporting in the weekly humanitarian Situation Report. Communication channels with partners primarily relied on phone calls, SMS, and emails.

Sub-activity 1.3: Direct operational support and communication

During the reporting period UNICEF continued acknowledging the support of its donors and partners through its external communication and advocacy efforts focused on advocating for the protection of children from violence, calling on all parties to ensure that children are always safeguarded from harm.

Since the 7 October 2023, the Gaza Strip has experienced the most significant escalation of hostilities in many years, profoundly impacting the lives of children across the State of Palestine. UNICEF's external communication and advocacy efforts have played a crucial role in highlighting the terrible situation of children and their families and advocating for the safe and unimpeded delivery of assistance to those in need, and for a long-lasting humanitarian ceasefire.

The following communication assets document the humanitarian situation in the Gaza Strip and highlight UNICEF's programmatic response and advocacy efforts.

SITUATION REPORTS:

- **Humanitarian Situation Report 35**
- **Humanitarian Situation Report 34**
- **Humanitarian Situation Report 33**
- **Humanitarian Situation Report 32**
- **All the reports**

PRESS RELEASES:

November 25, 2025 | Round one of the Gaza Strip catch-up immunization campaign reaches more than 13,700 children
Led by UNICEF, UNRWA, WHO and partners, in collaboration with the Ministry of Health, and supported by Gavi, the Vaccine Alliance.

November 5, 2025 | Catch-up Immunization Campaign Launched in the Gaza Strip
The campaign will be implemented in three rounds to reach children with three doses of Pentavalent, Polio, Rota & Pneumococcal Conjugate Vaccine and two dose of Measles, Mumps, Rubella vaccine.

July 25, 2025 | No More Zero Dose: Routine Immunization Mobilizers Make a Difference in the Gaza Strip
While Misk was too young to understand the vaccine's significance, her mother, Fatima, watched on with appreciation after Azeeza, the community mobilizer, had explained the importance of RI.

HUMAN INTEREST STORIES:



May 27, 2024 | Children living in Gaza Strip at high risk of severe malnutrition
UNICEF and partners are delivering high nutrition biscuits and ready-to-use therapeutic food to more than 10,300 children in the Gaza Strip.

February 10, 2025 | UNICEF acts swiftly during ceasefire to address the huge needs of Gaza's children
After 15 months of war, and dramatically reduced access to food and medicine, Gaza's 2.1 million people have endured unimaginable suffering.

SOCIAL MEDIA:

- **May 31, 2025 | X:** https://x.com/UNICEF/status/1928798810555187410
- **April 28, 2025 | X:** https://x.com/UNICEF/status/1916863796338954266
- **July 4, 2024 | Facebook:** https://www.facebook.com/unicefpalestine/posts/pfbid027wVic3xktPxoiZxZhuKWuRPxpGkYtUHVsJvNc5JC32EWyUTrmhzY7NzNFG5Dpc5gl
- **July 4, 2024 | X:** https://x.com/UNICEFpalestine/status/1808782032886960409

NEWSLETTER:

- **UNICEF Sop | Newsletter 7**
- **UNICEF Sop | Newsletter 6**
- **UNICEF SoP | Newsletter n 5**
- **UNICEF SoP | Newsletter n 4**

PHOTOS:





- **Set of pictures |** Children receive vaccination at a UNICEF-supported clinic in Deir al-Balah, the Gaza Strip, June 2024

4. Challenges and lessons learned

Challenges faced in the Gaza Strip include a continued decrease in the number of trucks entering the Strip. Operations along the fence road were limited due to frequent mission denials. Transportation of goods within Gaza was restricted and required special approval to cross the Netzarim crossing, and existing coordination mechanisms were inadequate, hindering programme efficiency. There had been an increase in looting by armed gangs especially at the Kerem Shalom crossing, alongside irregular functioning of crossings in the north. While the entry of health and medical supplies were prioritized, severe restrictions on truck numbers remained throughout the two years of war.

UNICEF took every opportunity to advocate for essential health supplies such as vaccines and cold chain to enter the Gaza Strip. Strong communication on the dire situation of children and families was shared with donors and partners globally for support and collective voice. UNICEF also pre-positioned all supplies in Jordan, Ashdod and Egypt to make use of all available transport corridors at short notice.

5. Financial Utilization

A certified final financial statement will follow within three months after the Project Closing Date.

UNITED NATIONS CHILDREN'S FUND (UNICEF)

OTHER RESOURCES CONTRIBUTION RECEIVED FROM: WORLD BANK - WASHINGTON D.C.
DONOR STATEMENT BY ACTIVITY (UNCERTIFIED) FROM 23 JANUARY 2024 TO 31 DECEMBER 2025 IN US DOLLARS

Status of Contribution

External Reference:	P503036, TF0C3411	
Description:	Palestine: State ofPalestine: Gaza Health Emergency Project	
Contribution Reference:	SH240001	
Effective Date:	23.01.2024	
Expiry Date:	30.06.2025	
Recipient Office(s):	Palestine State of	
Agreement Currency:	USD	
Agreement Amount:	USD	5,050,000.00
Funds Received:	USD	5,050,000.00
Refunds:	USD	0.00
Funds Receivable:	USD	0.00

Summary of Expenditures (USD)

Description	Cumulative Expenditure
Programmable Expenditure:	4,809,523.79
Indirect support cost 5%	240,476.19
Total:	**5,049,999.98**
Funds Received in USD:	5,050,000.00
Unspent Balance:	**0.02**

Summary of Expenditures by Recipient Office (USD)

Country/Regional Office	Incurred Expense 2024	Incurred Expense 2025	Cash Advances and Prepayments	Cumulative Expenditure	Commitments*
Palestine, State of	3,579,708.30	1,470,291.68	0.00	5,049,999.98	0.00

* "Commitments" include undelivered purchase orders, payment commitments for implementing partners and travel advances approved but not yet paid. The amounts shown in this column represent the status and value of the commitment as at the date the report is produced. As goods are received and commitments in respect of implementing partners and travel advances are paid these amounts will be added to "incurred expense".

Amounts in this report are provisional. Official amounts are provided in the Certified Statement of Account.

Note: This report contains data as of refreshed date 18.01.2026

Report Generated On: 19.01.2026 9:30 AM

UNITED NATIONS CHILDREN'S FUND (UNICEF)

OTHER RESOURCES CONTRIBUTION RECEIVED FROM: WORLD BANK - WASHINGTON D.C.

DONOR STATEMENT BY ACTIVITY (UNCERTIFIED) FROM 23 JANUARY 2024 TO 31 DECEMBER 2025 IN US DOLLARS

Details of Expenditures by Activity - Office: **Palestine, State of**

Outcome / Output / Activity Description	Incurred Expense 2024	Incurred Expense 2025	Cash Advances and Prepayments	Cumulative Expenditure	Commitments*
Outcome 001 HEALTH AND NUTRITION	3,330,961.00	1,293,529.45	0.00	4,624,490.45	0.00
Output 001 MOH HAS THE CAPACITY FOR RESILIENT HEALTH SYSTEM TO ADDRESS PREVENTABLE DEATH CAU	1,362,003.49	353,315.78	0.00	1,715,319.27	0.00
Activity 001 STAFF COST	66,569.73	0.00	0.00	66,569.73	0.00
Staff and Other Personnel Costs	65,673.78	0.00	0.00	65,673.78	0.00
General Operating + Other Direct Costs	895.95	0.00	0.00	895.95	0.00
Activity 004 CAPACITY BUILDING OF SRMNCAH HEALTH SERV	0.00	3,409.36	0.00	3,409.36	0.00
Staff and Other Personnel Costs	0.00	1,153.82	0.00	1,153.82	0.00
General Operating + Other Direct Costs	0.00	2,255.54	0.00	2,255.54	0.00
Activity 005 SUPPORT THE MOH IN HUMANITARIAN PREPARE	1,295,433.76	349,906.42	0.00	1,645,340.18	0.00
Supplies and Commodities	1,216,624.69	350,293.10	0.00	1,566,917.79	0.00
General Operating + Other Direct Costs	78,809.07	(386.68)	0.00	78,422.39	0.00
Output 002 PHC SERVICES HAS THE CAPACITY FOR RESILIENT, CLIMATE AND GENDER RESPONSIVE SERVIC	1,136,923.74	940,213.63	0.00	2,077,137.37	0.00
Activity 004 PROVISION OF FACILITY BASED PRIMARY HEAL	1,136,923.74	940,213.63	0.00	2,077,137.37	0.00
Supplies and Commodities	1,086,967.99	940,270.71	0.00	2,027,238.70	0.00
Equipment, Vehicles and Furniture	50,000.00	0.00	0.00	50,000.00	0.00
General Operating + Other Direct Costs	(44.25)	(57.08)	0.00	(101.33)	0.00
Output 003 MOH AND STAKEHOLDERS STRENGTHEN NUTRITION POLICIES AND CAPACITY TO DELIVER ESSENT	832,033.77	0.04	0.00	832,033.81	0.00
Activity 005 PROVISION OF FACILITY BASED NUTRITON INT	832,033.77	0.04	0.00	832,033.81	0.00
Supplies and Commodities	838,530.95	0.04	0.00	838,530.99	0.00
General Operating + Other Direct Costs	(6,497.18)	0.00	0.00	(6,497.18)	0.00
Outcome 880 PROGRAMME EFFECTIVENESS	78,285.00	106,748.34	0.00	185,033.34	0.00
Output 003 PLANNING MONITORING & EVALUATION	67,535.00	32,455.00	0.00	99,990.00	0.00
Activity 004 PROGRAMME PLANNING	67,535.00	32,455.00	0.00	99,990.00	0.00
Contractual Services	67,535.00	32,455.00	0.00	99,990.00	0.00
Output 004 COMMUNICATION & ADVOCACY	750.00	0.00	0.00	750.00	0.00
Activity 005 PROGRAMME DONOR VISIBILITY	750.00	0.00	0.00	750.00	0.00
Contractual Services	750.00	0.00	0.00	750.00	0.00
Output 006 PREVENTION OF SEXUAL EXPLOITATION AND ABUSE (PSEA)	0.00	74,293.34	0.00	74,293.34	0.00
Activity 005 ASSISTANCE TO SURVIVORS	0.00	74,293.34	0.00	74,293.34	0.00
Supplies and Commodities	0.00	70,001.01	0.00	70,001.01	0.00

Amounts in this report are provisional. Official amounts are provided in the Certified Statement of Account.

Note: This report contains data as of refreshed date 18.01.2026

Report Generated On: 19.01.2026 9:30 AM

UNITED NATIONS CHILDREN'S FUND (UNICEF)

OTHER RESOURCES CONTRIBUTION RECEIVED FROM: WORLD BANK - WASHINGTON D.C.
DONOR STATEMENT BY ACTIVITY (UNCERTIFIED) FROM 23 JANUARY 2024 TO 31 DECEMBER 2025 IN US DOLLARS

Details of Expenditures by Activity - Office: **Palestine, State of**

Outcome / Output / Activity Description	Incurred Expense 2024	Incurred Expense 2025	Cash Advances and Prepayments	Cumulative Expenditure	Commitments*
General Operating + Other Direct Costs	0.00	4,292.33	0.00	4,292.33	0.00
Output 007 OPERATIONAL SUPPORT TO PROGRAM DELIVERY	**10,000.00**	**0.00**	**0.00**	**10,000.00**	**0.00**
Activity 004 FIELD OFFICES EXPENSES - (GAZA-EGYPT-JOR	**10,000.00**	**0.00**	**0.00**	**10,000.00**	**0.00**
General Operating + Other Direct Costs	10,000.00	0.00	0.00	10,000.00	0.00
Total Programmable Cost	**3,409,246.00**	**1,400,277.79**	**0.00**	**4,809,523.79**	**0.00**
Indirect support cost 5%	170,462.30	70,013.89	0.00	240,476.19	
Total	**3,579,708.30**	**1,470,291.68**	**0.00**	**5,049,999.98**	

1. Expression of Thanks

UNICEF sincerely thanks the World Bank for its invaluable support in addressing the dire health needs of children in the state of Palestine amid the ongoing crisis. The escalating violence and destruction in the Gaza Strip have severely impacted children's access to health care, with many suffering from life-threatening injuries, waterborne diseases, and malnutrition. Your timely assistance in providing medical supplies, healthcare services, and critical resources has been essential in alleviating the suffering of thousands of children. We are deeply grateful for your continued commitment to improving the health and well-being of children in the state of Palestine during this unprecedented crisis.

Annex A

UNICEF- WHO Update as of December 2025

PDO Indicators by PDO Outcomes

Baseline	Period 1	Progress August 2024	February 2025	June 2025	December 2025
	Provision of essential health services to the population of Gaza				
	Number of beneficiaries of essential health and nutrition services (disaggregated by gender and age) (Number)				
0	222,265	5,880 children (2763 female & 3117 male) under five treated with World Bank supported RUTF.	13,431 children (6332 female & 7119 male) under five treated with World Bank supported RUTF.	No change, all RUTF provided as of February	No change
		90,432 children under 2 reached with immunization services non-cumulative.	**103,659 children**	123,459	No change
		6,000 people reached with non-communicable disease prevention and treatment services.	No change	No change	No change
		5,324 people reached with treatment for emergency/trauma care.	No change	No change	No change
		182,946 pregnant and lactating women reached with health and nutrition services. (cumulative)	No change	No change	No change
	Number of health facilities provided with drugs, medical equipment, medical supplies, and non-medical supplies for provision of essential health services (Number)				
0	20	UNICEF 26 +WHO 17 = 43 health facilities supported with medical and non-medical supplies	20	27 (UNICEF)	No change

Intermediate Indicators by Components

Baseline	Period 1	Progress August 2024	February 2025	June 2025	January 2026
Component 1: Delivery of essential MNCH and nutrition services and communicable disease treatment - UNICEF					
Number of health facilities provided with equipment or medical/non-medical supplies for provision of MNCH services or communicable disease treatment (Number)					
Nov/2023	Dec/2024	Aug/2024	Jun/2025 (as of Feb 2025)		
0	10	26	10	27	No change
Pregnant women receiving health services during a visit to a health provider (Number)					
Nov/2023	Dec/2024	Aug/2024	Jun/2025 (as of Feb 2025)		
0	5000	182,946 (cumulative)	No change	182,946 (cumulative) pregnant and lactating women)	No change
Number of children receiving integrated management of newborn and childhood illnesses (IMNCI) services (Number)					
Nov/2023	Dec/2024	Aug/2024	Jun/2025 (as of Feb 2025)		
0	33,700	452,230 (cumulative)	485,930	485,930 (cumulative)	No change
Component 2: Supporting provision of emergency and non-communicable disease services - WHO					
Number of health facilities provided with equipment and supplies for emergency and trauma care or NCD services (Number)					
Nov/2023	Dec/2024	Aug/2024	Jun/2025 (as of Feb 2025)		
0	10	17			
Number of people receiving non-communicable disease prevention and treatment services (disaggregated by gender) (Number)					
Nov/2023	Dec/2024	Aug/2024	Jun/2025 (as of Feb 2025)		
0	35,000	6,000 (cumulative)			
Number of people receiving treatment for emergency/trauma care (Number)					
Nov/2023	Dec/2024	Aug/2024	Jun/2025 (as of Feb 2025)		
0	10,000	5,324			

WHO final report

Final Technical Report to the World Bank Group:

Gaza Health Emergency Project

Title of the Action	Gaza Health Emergency Project (HEPRTF TF0C3411)
Implementing Agency	WHO Country Officer for Occupied Palestinian territory (oPt)
Duration of the Action	30 Jan 2024 – 31 Dec 2025
Implementation Amount	USD 4,950,000

EXECUTIVE SUMMARY

Under Component 2 of the Gaza Health Emergency Response Project, WHO strengthened the delivery of life-saving emergency, trauma, and noncommunicable disease (NCD) services, while reinforcing infection prevention and control (IPC) systems across Gaza. Implemented in an environment marked by large-scale displacement, damaged infrastructure, and severe supply shortages, the project focused on sustaining essential health services amid unprecedented pressures on the health system. Through World Bank funding, WHO supported access to critical health services for 264,496 people, while 49 health facilities received essential medicines, medical equipment, supplies, and fuel to maintain functionality.

In emergency and trauma care, WHO expanded surgical and emergency care capacity, strengthened trauma case management, and ensured the availability of essential medications and supplies. This included the procurement and distribution of emergency and trauma kits, anaesthetic and antibiotic medicines, and equipment to sustain operating theatres and emergency units. WHO delivered 200 hospital beds to expand intensive care capacity and provided 12 external fixators to support post-orthopaedic surgery recovery. In addition, WHO supplied fuel to key public hospitals to maintain uninterrupted services. Collectively, these interventions supported the treatment of 27,938 people requiring emergency and trauma care.

WHO addressed critical gaps in NCD care by enhancing access to essential chronic-disease medications and expanding dialysis capacity. NCD kits were procured and distributed to facilities to support the delivery of vital services, and 30 haemodialysis machines, along with 30 chairs, were delivered to Nasser Medical Complex (NMC), Al-Shifa Hospital, Al-Zawaida Field Hospital, and the Indonesian Hospital. This strengthened dialysis service capacity and benefited 1,000 patients reliant on renal replacement therapy, including transplant patients facing life-threatening disruptions in care. Additional consumables, dialysis solutions, and buffer stocks were secured to support continuity of care despite ongoing supply chain challenges. By the end of the project, 49,206 people had benefited from the NCD prevention and treatment services.

WHO also advanced Infection Prevention and Control (IPC) and WASH interventions essential to maintaining safe healthcare delivery. Critical IPC supplies, including chlorine tablets, gloves, and hygiene commodities, were procured and distributed to 45 health facilities, and 21 portable toilets were installed to address urgent sanitation gaps and reduce infection risks in overcrowded settings.

Despite these achievements, implementation was consistently hindered by severe access restrictions, damage to infrastructure, fuel shortages, disrupted supply chains, and overwhelming patient loads.

The escalation of conflict further compounded these challenges, culminating in the destruction of one of WHO's warehouses in Gaza and the loss of some procured items, including tents, essential medicines, and IPC supplies intended to support the delivery of critical services. Although the overall impact on project outcomes was limited, the incident slowed and constrained some planned activities. In this context, World Bank funding was instrumental in sustaining essential health services and preventing further deterioration of Gaza's fragile health system.

1. PROJECT DESCRIPTION AND CONTEXT

The Gaza Health Emergency Response Project was designed to support the provision of lifesaving emergency health services in response to the extensive humanitarian and health needs caused by the ongoing conflict. It was implemented in an extremely challenging operational environment marked by large-scale displacement, severe damage to health infrastructure, disrupted supply chains, and limited humanitarian access. Health facilities faced critical shortages of medications, supplies, fuel, and staff, while the population in Gaza continued to experience growing needs due to mass casualties, increased trauma care requirements, rising NCD complications, and worsening maternal and child health conditions. During the project's implementation, two ceasefires, one from January to March 2025 and another in October 2025, provided limited opportunities for increased humanitarian access and the delivery of supplies. However, hostilities and movement restrictions persisted, hindering operations. Although the October ceasefire remains formally in effect, there has been no significant improvement in access conditions or service delivery, as most health facilities remain damaged or destroyed and supply shortages persist.

With a total budget of USD 10 million funded by the World Bank's Health Emergency Preparedness and Response (HEPR) Trust Fund, the project was jointly implemented by WHO and UNICEF. It was established to address critical financing gaps in Gaza's emergency health response and aimed to serve approximately 10 percent of the population by supporting operational health facilities throughout Gaza. Its design allowed for rapid expansion if additional funding became available.

The project comprises three components focusing on: (1) maternal, newborn, and child health services; (2) emergency care and NCD services; and (3) project coordination and monitoring. Given the scale of needs and the emergency context, most activities focused on procuring essential medical and non-medical supplies required to sustain essential health services, with minor civil works related to sanitation and functional restoration included as needed.

Component 2, with an allocated budget of US$4.95 million and implemented by WHO, supported the provision of emergencies, trauma, and NCD services by funding the medical supplies and equipment necessary to respond to acute injuries and urgent health issues. This included emergency and trauma medication, antibiotics, and other trauma care consumables, as well as essential chronic disease medications and screening equipment for NCDs. The component also supported the provision of fuel to public health facilities to maintain operations and the delivery of critical health services.

Activities under Component 2 complement broader WHO and UNICEF interventions and prioritize items directly related to emergency service provision, avoiding duplication with other funding streams.

2. PROGRESS ON IMPLEMENTATION

This report covers progress achieved under Component 2: Supporting provision of emergency and non-communicable disease services during the project period from January 30, 2024, to December 31, 2025.

A consolidated table summarizing procurement and distribution of medical and non-medical supplies is presented below to provide an overview of all items procured and delivered under Component 2 during the project period.

Table 1: Procurement and Distribution Status

Item	Delivery & distribution status
Procurement overview	A total of USD 3.8 million was committed to procurement from the project design and USD 700,000 for procurement associated Logistics cost. During implementation, USD 3.78 million were used for procurement (including cost-recovery for of fuel) and delivered to Gaza. Of these, USD 3.46 million worth of supplies were successfully distributed to health facilities, while supplies valued at approximately USD 0.31 million were lost due to warehouse destruction during the conflict.
Essential Medicines	WHO procured essential medicines, including emergency and anaesthetic medicines, antibiotics, and psychotropic medicines. All items entered Gaza and were fully distributed to health facilities, except for items (valued at USD 376) which were lost due to warehouse destruction.
WHO Emergency Health Modules (NCD, IEHK, TESK)	A total of 844 of 1,034 emergency modules were procured, including Noncommunicable Disease (NCD) kits, Interagency Emergency Health Kits (IEHKs), and Trauma and Emergency Surgical Kits (TESKs). All procured modules arrived in Gaza and were distributed, except for kits (valued at USD 67,768) which were lost due to warehouse destruction. In addition, 12 external fixators were procured and distributed to Al-Shifa Hospital, International Medical Corps (IMC) Field Hospital, and Al-Zawaydah Field Hospital to support post-orthopaedic surgery recovery.
Fuel Support	With the agreement with donor, USD 1.1 million were re-allocated to provision of fuel, enabling fuel procurement to sustain the operations of five public hospitals for three months, supporting continuity of critical services.
NCD Medicines, Consumables and Equipment	WHO procured 64 NCD modules, including insulin syringes, renewable NCD equipment, and glucometers to ensure continuity of chronic disease services at targeted facilities. All items were distributed to health facilities.
Dialysis Machines and Recliner Chairs	A total of 30 haemodialysis machines and 30 recliner chairs were procured and distributed to NMC, Al-Shifa Hospital, Al-Zawaydah Field Hospital, and the Indonesian Hospital to strengthen renal care capacity.
Intensive Care Unit (ICU) Beds	WHO procured 200 ICU beds to expand critical care capacity in priority health facilities across Gaza. Of these, 184 beds successfully entered Gaza through the WHO warehouse in Deir El Balah and were subsequently distributed based on urgent service needs and patient load. The beds were allocated as follows: • IMC: 20 beds to support Al-Aqsa Hospital evacuation operations and 10 additional beds for field hospital operations • NMC: 88 beds • Al-Zawayda Field Hospital: 30 beds • European Gaza Hospital: 34 beds • Nuseirat Primary Health Care Centre (PHCC): 2 beds

Tents for Increased Bed Capacity	WHO procured 27 tents to expand bed capacity in operating health facilities. The tents arrived in Gaza on 12 September 2024 but were subsequently destroyed due to the destruction of WHO's warehouse, resulting in their total loss ((valued at USD 162,896).
Infection Prevention and Control (IPC) Supplies	A total of 17 IPC consumables, including disinfectants, were procured to support infection prevention and reduce disease transmission in health facilities. While a portion of the items (valued at USD 42,258) were lost due to the destruction of WHO's warehouse, the remaining supplies were successfully distributed to targeted facilities.
Portable Toilet Units	21 portable toilet units were procured and delivered to four health facilities to address critical sanitation gaps. 3 toilets installed in Al Aqsa Hospital were looted during a security incident – 1 completely looted and 2 partially looted. 2 partially looted ones were repaired. The incident has been reported to the donor.
Minor WASH Works	Minor water, sanitation and hygiene (WASH) improvements were completed at Al-Aqsa Hospital to enhance facility functionality and safety.

2.1 EMERGENCY AND TRAUMA CARE

The scale of conflict-related injuries and the collapse of routine health services severely disrupted emergency and trauma care in Gaza, overwhelming health facilities. In response, WHO's support under this project strengthened the emergency and trauma care continuum by improving access to essential medicines, surgical supplies, and medical equipment, expanding critical care capacity, and addressing key gaps in supply chain management and facility readiness. Through these interventions, WHO supported the treatment of 27,938 people requiring emergency and trauma care.

- WHO strengthened emergency, surgical, and critical care services by implementing large-scale procurement and distribution of essential medicines, equipment, and emergency kits (see Table 1). While most of these supplies reached health facilities, kits valued at USD 67,768 were lost due to conflict-related warehouse destruction.
- To mitigate severe fuel shortages affecting hospital functionality, WHO provided fuel support to five public hospitals for a three-month period, helping sustain life-saving services during peak trauma caseloads.
- Twelve external fixators were procured and distributed to support patient recovery after orthopaedic surgery. These were distributed as follows: five to Al-Shifa Hospital, five to IMC Field Hospital, and two to Al-Zawayda Field Hospital.
- Bi-weekly coordination meetings with the central warehouse ensured the response remained reactive and adaptive, utilizing available stocks or initiating procurement processes as needed, despite prolonged procurement times.
- The fivefold rise in trauma cases from pre-crisis levels greatly strained hospital capacity, especially for emergency and trauma services. To ease this pressure, WHO helped increase critical care and inpatient capacity by providing 200 ICU beds to key facilities (see Table 1 for bed distribution). In addition, to expand bed capacity in operating health facilities, 27 tents (valued at USD 162,896) were procured. Although the tents arrived in Gaza, they were destroyed in the warehouse destruction.

2.2 NONCOMMUNICABLE DISEASE (NCD) CARE

The conflict has severely disrupted continuity of care for people living with NCDs, with an estimated 350,000 patients losing access to routine medications. Gaza is currently home to approximately 1,000

dialysis patients and 450 kidney transplant patients, many of whom face life-threatening interruptions in treatment, contributing to increased morbidity and mortality. Through this project, WHO has addressed critical gaps in NCD service delivery and access to essential medicines, reaching 49,206 people with NCD prevention and treatment services.

- WHO has supported the continuity of care for NCD patients by providing essential NCD medicines and critical consumables, and by expanding renal services for thousands of patients reliant on ongoing treatment. WHO procured and distributed 64 NCD modules, including Insulin syringes, NCD-renewable equipment, and glucometers, and deployed WHO-standard NCD kits, each designed to cover a 10,000-catchment area for three months, helping sustain a minimum level of chronic disease care amid system-wide health service disruption.
- WHO significantly strengthened dialysis capacity across Gaza by procuring and delivering 30 haemodialysis machines and 30 recliner chairs to priority facilities managing high patient caseloads requiring renal replacement therapy.
    - At Nasser Medical Complex (southern Gaza), WHO delivered 15 haemodialysis machines to replace equipment severely damaged during repeated hostilities. This intervention was critical to sustaining uninterrupted dialysis services for patients dependent on life-saving treatment.
    - At Al-Shifa Hospital, WHO installed five haemodialysis machines, supporting the partial restoration of outpatient dialysis services despite the destruction of the main dialysis ward. At the time of delivery, the new machines enabled treatment for approximately 55 patients, helping stabilize renal care services in northern Gaza.
    - At Al-Zawayda Field Hospital, WHO provided 10 haemodialysis machines and 25 recliner chairs to address the growing caseload and expand treatment capacity under emergency conditions.
    - Five haemodialysis chairs were delivered to the Indonesian Hospital to support the safe provision of dialysis services.
- In addition, to ensure uninterrupted dialysis services, WHO maintained a steady supply of dialysis consumables, including haemodialysis solutions, blood sets, bicarbonate components, and other critical items.

2.3 NON-MEDICAL SUPPLIES AND SERVICES

Widespread infrastructure damage, overcrowding, and disrupted water and sanitation systems significantly increased the risk of healthcare-associated infections across Gaza's health facilities. In response, WHO strengthened healthcare infrastructure and operational safety with a focused approach to infection prevention and control (IPC), combining large-scale IPC supply provision with sanitation support to mitigate infection risks and enhance facility readiness. These interventions supported safer service delivery across 45 health facilities during the reporting period.

- WHO procured 17 IPC consumables, including disinfectants, in large quantities to address IPC gaps at the facility level. Despite severe access constraints, all supplies reached Gaza and were distributed to more than 45 government and non-governmental health facilities, including PHCCs, with the exception of items (valued at USD 42,258) lost due to warehouse destruction. In addition, chlorine tablets, gloves, and hygiene products were provided to five hospitals. WHO also conducted baseline IPC assessments and technical follow-up in coordination with the Health and WASH Clusters.
- To address critical sanitation gaps, WHO installed 21 portable toilets across four health facilities. During a security incident at Al Aqsa Hospital, three of the installed toilets were looted, one completely and two partially. The two partially looted units were subsequently repaired. This

contributed to a broader effort to deploy 41 toilets across eight sites through complementary donor funding, improving sanitary conditions for patients and staff.

3. ENVIRONMENTAL AND SOCIAL COMPLIANCE

Environmental and social (E&S) considerations are essential requirements for all World Bank–funded projects to ensure that activities are carried out safely, responsibly, and with minimal adverse impact on people and the environment. These measures help manage risks, strengthen accountability, and promote inclusive, sustainable project implementation.

- EE&S considerations were progressively incorporated into the project in accordance with the World Bank's Environmental and Social Framework. Screening, assessment, monitoring, and reporting mechanisms were established, supported by ongoing coordination across offices to enhance E&S integration.
- Key compliance documents have been developed, including the Environmental and Social Commitment Plan, Environmental and Social Management Tools, Stakeholder Engagement Plan, and Labor Management Procedures.
- In addition, a post-evaluation of environmental and social aspects was conducted for the portable toilet installations and fuel procurement activities implemented under the Gaza Health Emergency Response Project. The post-evaluation retrospectively assessed E&S safeguards management in the absence of initial E&S guidelines during implementation and examined the application of mitigation measures against risks identified through E&S screening. The relevant screening reports were reviewed and discussed with the World Bank.
- E&S responsibilities were supported by designated project staff, with additional internal expertise mobilized to compensate for the absence of dedicated safeguarding personnel. Technical guidance was also drawn from other WHO offices. WHO oPt mobilized at least nine staff members who dedicated significant efforts to addressing environmental and social issues. This environmental and social task force was maintained throughout the project period to ensure that requirements were effectively implemented and that risks and impacts were properly identified and mitigated.
- Contractor and supplier agreements were updated to incorporate standardized E&S requirements, and contracts were implemented in line with these provisions.
- Where actual incidents occurred during implementation, such as the warehouse fire incident, incident reports were prepared and promptly shared with the World Bank, followed by the implementation of appropriate follow-up actions.

4. STAKEHOLDER ENGAGEMENT

Stakeholder engagement was incorporated throughout project implementation, ensuring that activities reflected community needs, promoted inclusivity, and addressed potential social impacts.

- WHO coordinated with facility officers and health authorities to confirm suitable installation sites for portable toilet units. Feedback on the social aspects of completed toilet installations was received and will inform further integration of social considerations, including consultation with women users and relevant NGOs.
- WHO closely coordinated with partners managing various health facilities to identify needs and guide the distribution of supplies and equipment funded through the grant, including medicines, dialysis machines, hospital beds, and IPC materials.

5. GRIEVANCE REDRESS MECHANISM

A Grievance Mechanism (GM) was established in accordance with the Stakeholder Engagement Plan (SEP) to provide beneficiaries and stakeholders with a safe, accessible, and confidential channel to submit feedback, concerns, and complaints related to project activities.

- Multiple communication channels were maintained throughout implementation to ensure accessibility. The GM was formally integrated into contractor and supplier agreements and operated through two dedicated streams: one for Prevention of Sexual Exploitation and Abuse and Sexual Harassment (PSEA/SH)–related reports, and one for general project-related grievances. Information on the mechanism was disseminated through targeted orientations and supporting materials to ensure stakeholders understood how to access and use it.
- No grievances were reported during the implementation period. The functionality and accessibility of the mechanism were periodically reviewed during monitoring visits to ensure it remained operational and fit for purpose.
- A designated focal point was responsible for receiving and documenting grievances, routing them to the relevant technical teams, and escalating matters to the World Bank where required. Complainants were to be informed promptly of the outcome and any follow-up actions taken.

6. GENDER EQUALITY

Throughout the project's implementation period, WHO has supported gender-sensitive programming, focusing on protecting women and children and enhancing the capacity of healthcare providers to address gender-based violence.

- WHO implemented targeted training programmes on Gender-Based Violence (GBV) to strengthen healthcare providers' capacity to identify, manage, and refer GBV cases. The sessions covered clinical management of rape (CMR), intimate partner violence, and psychosocial support, emphasizing survivor-centred care, confidentiality, and safety. More than 120 healthcare workers participated. The training also supported facility managers in establishing standardized GBV management protocols to ensure consistent care across facilities. Participants reported increased confidence and highlighted the importance of integrating GBV response into routine health services.
- Follow-up and refresher sessions were conducted to maintain quality standards. WHO also collaborated with local non-governmental organizations to strengthen referral pathways, ensuring survivors could access comprehensive health, legal, and social support services.

7. PROJECT SUPPORT, MANAGEMENT, AND EVALUATION

7.1 MONITORING AND EVALUATION

WHO closely monitored all activities funded through the World Bank grant to ensure effective implementation.

- Procurement was tracked through a dedicated system that followed each item from supplier release to receipt at the WHO warehouse, with continuous coordination across teams to address delays and verify quantities upon arrival in Gaza.
- A comprehensive distribution plan was developed to ensure equitable allocation of supplies across facilities, and WHO regularly shared updated monitoring documentation with the World Bank.
- Due to safety constraints, field visits to facilities were limited during the reporting period. WHO also worked closely with the TPM to conduct field monitoring visits, maintain communication with communities, and incorporate recommendations to strengthen programme implementation.

7.2 BENEFICIARY ESTIMATION

Beneficiary estimates were calculated based on standard kit coverage assumptions, known patient cohorts, equipment utilization capacity, and service-use data reported by health facilities. Estimates vary by item type, dosage form, and the availability and completeness of reporting data, particularly from MoH facilities. Where duplication across services or facilities could not be fully accounted for, beneficiary figures may reflect some degree of overestimation.

Medicines: WHO procured and fully distributed 11 types of essential medicines, including emergency, anaesthetic, antibiotic, and psychotropic medicines. Beneficiary estimates for medicines were derived from intended clinical use and service coverage, supporting the continuation of emergency, surgical, inpatient, and outpatient care across major hospitals rather than individual patient counts.

Emergency health kits: Beneficiary estimates for emergency health kits were calculated using WHO standard kit coverage assumptions, which define the number of people or patients each complete kit is designed to serve over a specified period. Based on these assumptions, WHO procured and distributed 844 of 1,034 emergency health modules, including:

- Interagency Emergency Health Kits (IEHKs): Each complete kit is designed to cover the essential primary healthcare needs of 10,000 people for three months.
- Noncommunicable Disease (NCD) kits: Each kit is designed to support the treatment needs of people living with NCDs in a catchment area of 10,000 population for three months, contributing to continuity of chronic disease care.
- Trauma and Emergency Surgical Kits (TESKs): Each complete kit supports approximately 50 trauma and surgical patients, based on standard surgical consumption rates.
- Additionally, 12 external fixators were procured and distributed to three major health facilities. Each fixator will be used by the patient for 3 to 4 months after orthopaedics surgery.

Critical care capacity: WHO procured and distributed approximately 200 ICU beds to priority facilities. Beneficiary estimates were derived from expected bed occupancy and patient turnover, rather than one-time counts.

Haemophilia care: Beneficiary estimates were based on the 178 patients diagnosed with haemophilia in Gaza, for whom WHO ensured continued access to Factor IX.

Renal care: Beneficiary estimates were based on the approximately 1,000 dialysis patients in Gaza, supported through the delivery of 30 haemodialysis machines and 30 chairs, alongside sustained consumable supplies.

Fuel support: WHO supplied fuel for three months to five public hospitals. Beneficiary estimates were calculated based on facility service utilization data. This indirectly benefited an estimated 294,238 people who accessed services during the support period (excluding facilities with missing data).

7.3 COMMUNICATIONS AND VISIBILITY:

To ensure stakeholders remained informed of progress and key achievements under the Gaza Health Emergency Response Project, WHO maintained regular communications and visibility efforts throughout implementation. These efforts highlighted WHO's World Bank–supported response to the humanitarian crisis in Gaza. A summary of communication and visibility products is provided in Annex 2.

8. CHALLENGES, MITIGATION MEASURES, AND LESSONS LEARNED

8.1 CHALLENGES

Throughout the project implementation, WHO faced significant operational challenges that affected service delivery and disrupted planned activities across all result areas. These challenges were as follows:

Operations:

- Restricted access and security risks, including forced evacuations and active hostilities, severely impacted operations, particularly in high-conflict areas. These disruptions hindered service delivery and posed challenges for monitoring environmental compliance, limiting WHO's ability to carry out essential activities in affected zones.
- The fuel supply for humanitarian operations remained critical, with health facilities receiving only daily fuel allocations to sustain services. This limited supply jeopardized the continuity of essential health services and placed additional pressure on health facilities.
- The conflict also significantly disrupted surveillance systems in Gaza and North Gaza, reducing their functionality to minimal levels. This breakdown affected health monitoring and reporting mechanisms, further complicating response efforts in already fragile healthcare settings.
- The destruction of a warehouse in Gaza due to ongoing hostilities led to the loss of medical supplies valued at USD 0.31 million, reducing available inventories and necessitating the reprogramming and reprioritization of procurement and distribution activities.

Trauma and Emergency Services:

- Trauma and emergency service delivery remained severely constrained by persistent shortages of essential medical supplies, medicines, laboratory consumables, medical equipment, and fuel, limiting health facilities' capacity to respond to overwhelming trauma needs.
- Logistical barriers and border restrictions continued to impede humanitarian access, resulting in significant delays, extensive screening procedures, and intermittent rejection or destruction of supplies, limiting the timely availability of emergency and trauma supplies.

NCD Services:

- While WHO interventions stabilized service delivery in several facilities, significant gaps persisted in securing a reliable supply of dialysis consumables, essential medicines, spare parts, and clean water, all of which are critical for continuity of NCD care.
- Extensive infrastructure damage, unpredictable access conditions, and ongoing supply route disruptions continued to threaten care for patients with chronic conditions. WHO remained closely engaged with the Ministry of Health to monitor needs and sustain life-saving NCD services under extremely challenging conditions.

Non-Medical Supplies and Services:

- IPC and WASH operations faced major constraints due to logistical barriers that delayed or prevented the entry of essential supplies, while chlorine shortages and fuel scarcity undermined water treatment, waste collection, laundry services, and sanitation operations.
- Overcrowded hospitals, limited space for new installations, and the loss of trained staff further constrained IPC implementation.

8.2 MITIGATION MEASURES

In response to these challenges, WHO implemented targeted mitigation measures to sustain service delivery and minimize disruptions.

- To address restricted access, warehouse destruction, and security-related disruptions, WHO decentralized storage by establishing temporary warehousing in Deir El Balah and Gaza City. Procurement and distribution plans were rapidly reprogrammed following supply losses, and coordination with partners was intensified to prioritize life-saving items and prevent prolonged service interruptions.
- In response to supply chain delays and border restrictions, WHO strengthened coordination with the MoH and humanitarian partners to improve pipeline visibility, prioritize high-impact items, and initiate early procurement cycles to offset extended lead times.
- To mitigate fuel shortages affecting hospital functionality, WHO reallocated budget lines to procure additional fuel and prioritized support to high-burden facilities, ensuring continuity of critical emergency, trauma, and dialysis services during peak demand periods.
- To address disruptions in surveillance and monitoring systems, WHO maintained remote coordination mechanisms, supported third-party monitoring, and reinforced facility-level reporting to sustain essential data flows under constrained conditions.
- In the context of infrastructure damage and IPC/WASH constraints, WHO supported minor sanitation works and prioritized the distribution of critical IPC supplies to facilities facing the highest infection risks.
- Close engagement with health authorities and partners was maintained throughout implementation to continuously reassess needs, adapt interventions, and ensure that services remained responsive to evolving operational realities.
- WHO continued to monitor and update the Environmental and Social Commitment Plan (ESCP), ensuring compliance through regular assessments.
- Community engagement remained a cornerstone of WHO's approach, with regular consultations conducted to ensure that social considerations were integrated into project planning and implementation. These efforts helped maintain open communication with stakeholders, ensuring that interventions remained responsive to the needs of affected communities.

8.3 LESSONS LEARNED

The Gaza Health Emergency Response Project highlighted several critical lessons that can inform future interventions. Key lessons learned are:

- The importance of robust contingency planning was evident in managing the operational challenges posed by restricted access, warehouse destruction, and forced evacuations. The loss of medical supplies due to the destruction of a warehouse underscored the need for decentralized storage, diversified warehousing arrangements, and strengthened risk mitigation strategies. Establishing temporary storage facilities at alternative locations and rapidly reprogramming procurement and distribution plans helped maintain service delivery continuity despite significant setbacks.
- The need for consistent monitoring and adaptive responses became clear in addressing fuel shortages, infrastructure disruptions, and sudden supply losses. Flexibility in resource allocation, rapid reprioritization of essential items, and strengthened coordination with local and international partners proved crucial in sustaining health services during the most critical periods.
- Community engagement emerged as a key factor in ensuring the relevance and sustainability of project interventions. Regular consultations with stakeholders helped identify local needs and refine activities, fostering greater community ownership and trust in the project. However, challenges in maintaining reliable data collection and surveillance systems underscored the need

for continued investment in monitoring and evaluation frameworks and improved contingency data mechanisms in high-risk settings.

ANNEX 1. RESULTS FRAMEWORK AND MONITORING

PDO Indicators by PDO Outcomes

Baseline	Period 1	Period 2	Closing period
Provision of essential health services to the population of Gaza			
Number of beneficiaries of essential health and nutrition services (disaggregated by gender and age) (Number)			
Nov/2023	Dec/2024	Jun/2025	Dec/2025
0	222,265	222,265	264,496
Number of health facilities provided with drugs, medical equipment, medical supplies, and non-medical supplies for provision of essential health services (Number)			
Nov/2023	Dec/2024	Jun/2025	Dec/2025
0	20	20	49

Intermediate Indicators by Components

Baseline	Period 1	Period 2	Closing Period
Component 2: Supporting provision of emergency and non-communicable disease services			
Number of health facilities provided with equipment and supplies for emergency and trauma care or NCD services (Number)			
Nov/2023	Dec/2024	Jun/2025	Dec/2025
0	10	10	49
Number of people receiving non-communicable disease prevention and treatment services (disaggregated by gender) (Number)			
Nov/2023	Dec/2024	Jun/2025	Dec/2025
0	35,000	35,000	49,206
Number of people receiving treatment for emergency/trauma care (Number)			
Nov/2023	Dec/2024	Jun/2025	Dec/2025
0	10,000	10,000	27,938

ANNEX 2. VISIBILITY PRODUCTS

Title	Link
IPC support	• https://twitter.com/WHOoPt/status/1826916564655829020 • https://www.facebook.com/WHOpse/posts/pfbid0rTbimi2cvb9VTEY7TbfFfktRs5D3FWwPDhb1U5fLGqw9aVRQpbkRGRaCP8fTkS3Bl
Critical care and inpatient capacity expansion	• https://x.com/WHOoPt/status/1827957546625196092 • https://www.facebook.com/WHOpse/posts/pfbid0377N1mv12pJ53aG6Ee4xUWgxWD6pRnXWiPkwvbqJsSER68G8yprbQrRKHsCWycs8xl
Provision of dialysis machines to NMC	• https://www.facebook.com/WHOpse/videos/790792799484963/ • https://x.com/WHOoPt/status/1801143756223090872
Delivery of essential medical supplies	• https://x.com/WHOoPt/status/1885218600325099921 • https://www.facebook.com/WHOpse/videos/1782039902584542