

Final Project Report

Operation of the Cardiac and Specialized Surgery Hospital in the Gaza Strip

Implementing Organization

FAJR Global

Implementing Partner

Public Aid Hospital

Implementation Period

19 January 2026 – 18 April 2026

Project Location

Gaza Strip – State of Palestine

Project Type

Emergency Humanitarian Response

Operation of Hospitals and Specialized Healthcare Services

Sector

Health

Specialized Surgical Services and Secondary & Tertiary Healthcare

Project Value

USD 578,280.68

Report Prepared by

Projects Management Department

FAJR Global

Item	Details
Implementing Organization	FAJR Global
Implementing Partner	Public Aid Hospital
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Sector	Health – Specialized Surgical Services and Secondary & Advanced Healthcare
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Second: Project Information

Project Overview

The **Cardiac and Specialized Surgery Hospital Operations Project** represents one of the most significant humanitarian health interventions implemented by **FAJR Global** during 2026 to restore specialized healthcare services in the Gaza Strip amid the severe collapse of the healthcare system caused by the war and the prolonged humanitarian crisis.

The project was designed to operate a fully functional specialized hospital capable of providing a continuous continuum of healthcare services, beginning with patient reception, medical examination

and diagnosis, outpatient consultations, laboratory investigations, and diagnostic imaging, followed by specialized surgical interventions, inpatient care, and concluding with follow-up and post-operative care services, all in accordance with internationally recognized standards for quality of care and patient safety.

The project adopted an integrated operational model focused on optimizing available resources, strengthening the capacity of healthcare professionals, and ensuring uninterrupted service delivery despite the highly challenging operational environment.

Project Profile

Item	Details
Project Title	Cardiac and Specialized Surgery Hospital Operations Project
Sector	Health
Intervention Area	Hospital Operations and Specialized Healthcare Services
Location	Gaza Strip – Palestine
Implementation Period	19 January – 18 April 2026
Implementing Organization	FAJR Global
Implementing Partner	Public Aid Hospital
Intervention Type	Integrated Specialized Hospital Operations
Target Beneficiaries	Patients requiring specialized surgical interventions, referred cases, outpatient clinic patients, and the most vulnerable population groups
Number of Medical & Surgical Specialties	12 Specialties
Specialized Surgical Procedures Performed	1,581 Surgeries

Outpatient Consultations	6,007 Visits
Inpatient Admissions	154 Cases
Project Budget	USD 578,280.68

Humanitarian Background and Context

Prior to the implementation of the project, the Gaza Strip experienced a severe collapse of its healthcare system due to the extensive damage sustained by hospitals and healthcare facilities, the acute shortage of qualified medical personnel, repeated disruptions in the supply of medicines and medical consumables, and the limited operational capacity of the remaining health facilities.

This situation resulted in:

- A substantial increase in surgical waiting lists.
- A significant reduction in hospital service capacity.
- Delays in the treatment of thousands of patients.
- Increased rates of medical complications.
- Higher mortality risks associated with delayed medical and surgical interventions.
- Overwhelming pressure on the remaining operational hospitals.

Under these circumstances, there was an urgent need to restore the operation of a specialized hospital capable of managing complex surgical cases and providing continuous specialized healthcare services.

Project Description

The project aimed to restore the full operational capacity of the Cardiac and Specialized Surgery Hospital through the provision of qualified human resources, medicines, medical consumables,

logistics support, and administrative systems to ensure the delivery of high-quality specialized healthcare services to the most vulnerable population groups.

The project included the operation of:

- Outpatient Clinics
- Operating Theatres
- Inpatient Departments
- Medical Laboratories
- Diagnostic Imaging Services
- Pharmacy Services
- Physiotherapy Services
- Infection Prevention and Control Services
- Central Sterilization Services
- Medical Records Department
- Medical Administration
- Engineering and Maintenance Services
- Support Services

The project also focused on establishing a resilient operational environment capable of responding rapidly to emergency cases while ensuring uninterrupted healthcare services in accordance with internationally recognized quality and patient safety standards.

Section Three: Executive Summary

The **Cardiac and Specialized Surgery Hospital Operations Project** represents an advanced model of humanitarian health interventions aimed at restoring essential and specialized healthcare services in conflict-affected settings.

The project was implemented at a time when the healthcare system in the Gaza Strip was facing unprecedented challenges resulting from the extensive damage to health infrastructure, the severe shortage of specialized healthcare professionals, restrictions on the entry of medicines and medical supplies, and the substantial increase in the number of patients requiring advanced surgical care.

The project was built upon a strategic vision recognizing that the integrated operation of a specialized hospital constitutes a direct investment in strengthening the resilience of the healthcare system, rather than merely providing temporary medical services. Accordingly, the intervention focused on operating all hospital components as one integrated system, including medical administration, outpatient clinics, operating theatres, diagnostic services, inpatient care, and support services.

During the implementation period, the project achieved significant operational results, including:

- Performing **1,581 specialized surgical procedures** across multiple medical specialties.
- Providing **6,007 outpatient medical consultations**.
- Delivering inpatient care to **154 hospitalized patients**.
- Operating **12 medical and surgical specialties** simultaneously.
- Maintaining uninterrupted healthcare services throughout the entire implementation period.
- Supporting approximately **170–180 medical, technical, and administrative personnel**.

The project also succeeded in strengthening the hospital's institutional capacity through:

- Improving governance systems.
- Enhancing quality assurance procedures.
- Implementing patient safety standards.
- Strengthening monitoring and evaluation systems.
- Improving medical records management.
- Increasing operational efficiency.

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- Supporting planning and management systems.

From a financial perspective, the project demonstrated a high level of efficiency in resource utilization. The majority of project funding was strategically allocated to supporting specialized healthcare personnel, recognizing them as the most critical factor in ensuring the continuity of healthcare services, while maintaining prudent management of operational resources and maximizing the health impact of every dollar invested.

Furthermore, the project directly contributed to:

- Reducing surgical waiting times.
- Improving access to specialized healthcare services.
- Saving the lives of hundreds of patients.
- Reducing medical complications associated with delayed treatment.
- Strengthening community confidence in healthcare institutions.
- Enhancing the resilience of the Palestinian healthcare system.

The successful implementation of this project demonstrates that investing in the operation of specialized hospitals is among the most effective and impactful humanitarian health interventions. It generates sustainable health and institutional outcomes that extend well beyond the project's funding period, while strengthening the long-term capacity of the healthcare system to respond to current and future health challenges.

Section Four: Theory of Change

4.1 Introduction

The Theory of Change underpinning this project is based on the premise that the healthcare crisis in the Gaza Strip is not solely the result of shortages in medicines or medical equipment, but rather stems

from the disruption of the entire operational system of specialized hospitals. Consequently, restoring the comprehensive operation of a specialized hospital enables the re-establishment of the full continuum of healthcare services, leading to improved health outcomes and strengthening the resilience of the healthcare system.

The Theory of Change illustrates the logical relationship between the resources invested, the activities implemented, the immediate outputs achieved, the intermediate outcomes realized, and the long-term impact generated by the project.

4.2 Problem Statement

The healthcare system in the Gaza Strip experienced a severe collapse due to the repeated destruction of healthcare facilities, the shortage of qualified healthcare professionals, the disruption of medical supply chains, and the sharp increase in injuries and chronic diseases. These factors significantly reduced the operational capacity of specialized hospitals and widened the gap between the growing demand for healthcare services and the actual capacity to provide them.

This situation resulted in:

- A dramatic increase in surgical waiting lists.
- Delays in the delivery of medical treatment.
- Increased rates of medical complications.
- Higher mortality associated with delayed surgical interventions.
- Deterioration in the quality of healthcare services.
- Declining public confidence in healthcare institutions.

4.3 Core Assumption

The project assumes that the provision of adequate financial resources, qualified healthcare professionals, reliable medical supplies, and an effective operational infrastructure within an institutional framework based on good governance and quality management will enable the efficient restoration of hospital operations, increase access to specialized healthcare services, improve the quality of patient care, reduce mortality and medical complications, and strengthen the resilience of the healthcare system in responding to current and future crises.

4.4 Inputs

A comprehensive package of resources was mobilized to ensure the successful implementation of the project. These resources included:

Financial Resources

- Funding for hospital operations.
- Coverage of staff salaries and personnel costs.
- Financing of operational services.
- Procurement of medicines and medical supplies.
- Financing of support services.

Human Resources

- Consultant Physicians.
- Surgeons.
- Anesthesiologists.
- Resident Physicians.
- Nursing Staff.
- Medical Technicians.

- Pharmacists.
- Laboratory Personnel.
- Radiology Personnel.
- Physiotherapists.
- Administrative Staff.
- Finance Personnel.
- Procurement Staff.
- Logistics Personnel.
- Maintenance Staff.
- Support Service Personnel.

Technical Resources

- Clinical treatment protocols.
- Quality management policies.
- Infection prevention and control procedures.
- Medical records management systems.
- Monitoring and evaluation systems.

Operational Resources

- Medicines.
- Medical consumables.
- Medical equipment.
- Sterilization services.
- Energy supply.
- Maintenance services.

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- Logistics services.

4.5 Activities

A series of integrated operational activities was implemented, including:

- Re-operating all hospital departments.
- Operating outpatient clinics.
- Operating surgical theatres.
- Delivering specialized surgical procedures.
- Providing inpatient care services.
- Operating medical laboratories.
- Operating diagnostic imaging services.
- Operating pharmacy services.
- Providing physiotherapy services.
- Implementing infection prevention and control measures.
- Operating central sterilization services.
- Conducting preventive and corrective maintenance.
- Managing the medical supply chain.
- Monitoring healthcare quality.
- Managing human resources.
- Conducting monitoring and evaluation activities.
- Preparing periodic technical and operational reports.
- Coordinating with partners and health authorities.

4.6 Outputs

The implementation of the above activities resulted in the following key outputs:

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- A fully operational specialized hospital.
 - Continuous delivery of specialized healthcare services.
 - Functioning outpatient clinics and surgical theatres.
 - Availability of qualified multidisciplinary medical teams.
 - Reliable availability of medicines and medical supplies.
 - Strengthened operational and administrative systems.
 - Improved infection prevention and control practices.
 - Functional monitoring, evaluation, and reporting systems.
 - Enhanced hospital governance and institutional management.

4.7 Outcomes

The project achieved the following medium-term outcomes:

- Improved access to specialized healthcare services.
- Increased hospital operational capacity.
- Reduced waiting time for specialized surgical procedures.
- Improved quality and safety of patient care.
- Enhanced efficiency of hospital management.
- Increased institutional resilience and operational continuity.
- Strengthened confidence in local healthcare services.

4.8 Impact

In the long term, the project is expected to contribute to:

- Saving lives through timely access to specialized surgical care.
- Reducing mortality and preventable medical complications.

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- Strengthening the resilience of the Palestinian healthcare system.
 - Improving overall health outcomes for vulnerable populations.
 - Supporting the recovery of specialized healthcare services in the Gaza Strip.
 - Enhancing institutional sustainability and preparedness for future humanitarian emergencies.

4.9 Theory of Change Logical Framework

Inputs

→ Financial resources, qualified human resources, technical systems, medical supplies, operational infrastructure.



Activities

→ Hospital operation, outpatient services, surgeries, inpatient care, diagnostics, logistics, maintenance, quality assurance, monitoring and evaluation.



Outputs

→ Fully functioning specialized hospital, uninterrupted healthcare services, strengthened institutional systems, qualified workforce, available medical supplies.



Outcomes

→ Improved access to specialized healthcare, enhanced quality of care, increased operational efficiency, strengthened health system resilience.



Impact

→ Reduced mortality and complications, restored specialized healthcare services, improved population health, and a more resilient Palestinian healthcare system.

Section Five: Project Context and Rationale for Intervention

5.1 Humanitarian Context

The implementation of the **Cardiac and Specialized Surgery Hospital Operations Project** took place within one of the most severe humanitarian crises experienced by the Gaza Strip. The prolonged conflict resulted in extensive destruction of healthcare infrastructure, significant disruption of essential health services, and a substantial decline in the operational capacity of hospitals and primary healthcare facilities.

The healthcare system faced unprecedented challenges, including severe shortages of qualified medical personnel, repeated interruptions in the supply of medicines and medical consumables, damage to medical equipment and infrastructure, and a dramatic increase in the number of critically ill and injured patients requiring specialized healthcare services.

Under these circumstances, restoring the operation of specialized hospitals became an urgent humanitarian priority to ensure the continuity of life-saving medical services and reduce preventable mortality and disability.

5.2 Problem Analysis

First: Disruption of Specialized Surgical Services

The prolonged crisis resulted in the suspension or significant reduction of specialized surgical services across the Gaza Strip due to the destruction of healthcare facilities, shortages of qualified surgeons, lack of medical supplies, and operational constraints.

As a result, thousands of patients requiring specialized surgical interventions were unable to receive timely treatment.

Second: Significant Increase in Surgical Waiting Lists

The interruption of hospital services and the limited availability of operating theatres led to an unprecedented increase in surgical waiting lists.

Many patients experienced prolonged delays before receiving surgical treatment, increasing the risk of disease progression, permanent disability, and preventable mortality.

Third: Limited Access to Advanced Diagnostic and Therapeutic Services

Access to specialized diagnostic and therapeutic services became severely restricted due to:

- Damage to diagnostic equipment.
- Limited availability of laboratory services.
- Shortages of imaging services.
- Interrupted medical supply chains.
- Reduced operational capacity of healthcare facilities.

Consequently, patients encountered substantial barriers to obtaining comprehensive specialized healthcare.

Fourth: Acute Shortage of Specialized Healthcare Professionals

The healthcare sector experienced a severe shortage of qualified healthcare professionals, including surgeons, anesthesiologists, nurses, and specialized technicians.

This shortage significantly affected the capacity of healthcare facilities to provide continuous, high-quality specialized services.

Fifth: Weak Healthcare Infrastructure and Medical Equipment

Many hospitals suffered extensive damage to buildings, medical equipment, operating theatres, and support infrastructure.

In addition, preventive and corrective maintenance activities were severely limited, further reducing the operational readiness of healthcare facilities.

Sixth: Disruption of Medical Supply Chains and Logistics Systems

The humanitarian crisis caused repeated disruptions in procurement processes and medical supply chains, resulting in shortages of:

- Medicines.
- Medical consumables.
- Surgical supplies.
- Diagnostic materials.
- Essential operational resources.

These shortages threatened the continuity of healthcare services and increased operational risks.

Seventh: Limited Integration Between Medical and Operational Systems

Healthcare service delivery was further challenged by weak coordination between medical, administrative, operational, logistics, and support functions.

The absence of an integrated operational model reduced efficiency, delayed decision-making, and negatively affected the quality and continuity of healthcare services.

5.3 Rationale for Intervention

First: Saving Lives

The project was designed to restore life-saving specialized surgical services for patients who would otherwise face significant risks of death or permanent disability due to delayed treatment.

Second: Restoring the Operational Capacity of the Healthcare System

The project aimed to re-establish the operational capacity of a specialized hospital capable of delivering integrated healthcare services while strengthening the resilience of the broader healthcare system.

Third: Reducing the Gap in Access to Specialized Healthcare

By restoring hospital operations, the project sought to reduce disparities in access to specialized healthcare services and ensure that vulnerable populations could receive timely medical care.

Fourth: Strengthening Health System Resilience

The intervention contributed to strengthening institutional capacity, improving operational efficiency, and enhancing preparedness for future humanitarian emergencies.

Fifth: Supporting the Multi-Sector Humanitarian Response

Beyond healthcare delivery, the project supported broader humanitarian objectives through integrated management of medical services, logistics, procurement, infrastructure, maintenance, governance, and institutional coordination, thereby contributing to a comprehensive humanitarian response.

5.4 Project Added Value

The project generated significant added value by introducing an integrated operational model that combined specialized healthcare delivery with effective hospital management, logistics, governance, quality assurance, patient safety, and institutional capacity development.

Key added values included:

- Restoration of comprehensive specialized healthcare services.
- Continuous operation of a specialized hospital throughout the implementation period.
- Strengthening institutional governance and operational management.
- Improving healthcare quality and patient safety.
- Enhancing the efficiency of medical supply chain management.
- Strengthening coordination among medical, administrative, and operational teams.
- Optimizing the utilization of financial and operational resources.
- Supporting the long-term resilience of the Palestinian healthcare system.

The project demonstrated that investing in the integrated operation of specialized hospitals represents one of the most effective humanitarian interventions for restoring healthcare services in emergency

settings, while generating sustainable institutional and public health benefits that extend beyond the implementation period.

Section Six: Project Objectives

6.1 Overall Objective

To restore and strengthen the delivery of specialized surgical and secondary healthcare services in the Gaza Strip through the integrated operation of the Cardiac and Specialized Surgery Hospital, ensuring continuous access to high-quality, safe, and life-saving healthcare services for the most vulnerable populations during the humanitarian emergency.

6.2 Medical Objectives

The project sought to achieve the following medical objectives:

- Restore the provision of specialized surgical services across multiple medical specialties.
- Improve access to comprehensive specialized healthcare services for patients requiring advanced medical and surgical interventions.
- Reduce surgical waiting times and ensure timely access to treatment.
- Deliver high-quality healthcare services in accordance with internationally recognized clinical standards and patient safety protocols.
- Strengthen diagnostic, surgical, inpatient, and post-operative care services.
- Improve patient outcomes through integrated and multidisciplinary medical care.
- Reduce preventable mortality and medical complications associated with delayed treatment.

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- Ensure continuity of healthcare services throughout the project implementation period.

6.3 Operational Objectives

The operational objectives of the project included:

- Restore the full operational capacity of the Cardiac and Specialized Surgery Hospital.
- Ensure uninterrupted operation of all hospital departments and support services.
- Strengthen hospital operational systems, including logistics, procurement, maintenance, and facility management.
- Ensure the continuous availability of medicines, medical consumables, and essential operational supplies.
- Improve operational efficiency through integrated planning and resource management.
- Strengthen maintenance systems for medical and non-medical equipment.
- Enhance coordination among medical, administrative, and operational departments.
- Optimize the utilization of available financial, technical, and human resources.

6.4 Institutional Objectives

The project also aimed to strengthen the institutional capacity of both the implementing organization and the partner hospital by:

- Strengthening institutional governance and accountability.
- Enhancing quality management systems.
- Establishing effective monitoring, evaluation, accountability, and learning (MEAL) mechanisms.
- Strengthening patient safety and infection prevention and control systems.
- Improving financial and administrative management practices.

- Enhancing evidence-based decision-making through systematic reporting and performance monitoring.
- Strengthening institutional resilience to future humanitarian emergencies.
- Promoting sustainable partnerships among humanitarian and healthcare stakeholders.

6.5 Alignment Between Project Objectives and Expected Results

The project objectives were designed to directly contribute to the achievement of measurable operational, medical, and institutional results through a logical results framework.

Project Objective	Expected Result
Restore specialized healthcare services	Continuous delivery of specialized surgical and medical services
Improve access to healthcare	Increased number of patients receiving timely specialized treatment
Reduce surgical waiting times	Shorter waiting periods and improved patient outcomes
Strengthen hospital operations	Fully functioning hospital departments and support systems
Ensure uninterrupted service delivery	Continuous availability of healthcare services throughout the implementation period
Strengthen institutional governance	Improved management systems, accountability, and coordination
Improve healthcare quality	Enhanced quality assurance and patient safety standards
Strengthen logistics and procurement systems	Reliable availability of medicines, medical supplies, and operational resources
Optimize resource utilization	Efficient and accountable use of financial, technical, and human resources

Strengthen health system resilience	Improved institutional preparedness and long-term sustainability
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The integration of these objectives provided a comprehensive framework for restoring specialized healthcare services, strengthening institutional performance, and enhancing the resilience of the healthcare system in the Gaza Strip. This integrated approach ensured that project activities translated into tangible improvements in healthcare access, service quality, operational efficiency, and long-term institutional capacity.

Section Seven: Target Beneficiaries

7.1 Introduction

The Cardiac and Specialized Surgery Hospital Operations Project was designed to serve the most vulnerable population groups in the Gaza Strip by ensuring equitable access to specialized healthcare services. Beneficiary selection was based exclusively on medical needs, urgency of intervention, and clinical referral criteria, without discrimination on the basis of gender, age, geographic location, religion, or social status.

The project targeted both direct beneficiaries receiving healthcare services and indirect beneficiaries who benefited from improved hospital capacity and strengthened healthcare service delivery.

7.2 Direct Beneficiaries

The project directly served patients requiring specialized medical and surgical care through comprehensive diagnostic, therapeutic, surgical, inpatient, and follow-up services.

Direct beneficiaries included:

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- Patients requiring specialized surgical procedures.
 - Emergency surgical cases.
 - Patients requiring cardiac and vascular interventions.
 - Orthopedic surgery patients.
 - General surgery patients.
 - Neurosurgery patients.
 - Urology patients.
 - Ear, Nose, and Throat (ENT) patients.
 - Ophthalmology patients.
 - Plastic and reconstructive surgery patients.
 - Pediatric surgery patients.
 - Patients requiring postoperative follow-up and rehabilitation services.

7.3 Indirect Beneficiaries

The project also generated substantial indirect benefits for a wide range of stakeholders, including:

- Patients' families and caregivers.
- Healthcare professionals working within the hospital.
- The local healthcare system.
- Referral hospitals.
- Humanitarian health partners.
- The wider population benefiting from increased hospital capacity and improved availability of specialized healthcare services.

7.4 Geographic Coverage

Healthcare services were provided to patients from all governorates of the Gaza Strip, including:

- North Gaza Governorate
- Gaza Governorate
- Deir Al-Balah (Middle Area) Governorate
- Khan Younis Governorate
- Rafah Governorate

Patient admissions were based on clinical referral pathways and medical priorities, ensuring equitable access to specialized healthcare regardless of place of residence.

7.5 Beneficiary Selection Criteria

Beneficiary selection was guided by transparent medical and humanitarian criteria, including:

- Clinical urgency.
- Medical necessity.
- Referral by authorized healthcare providers.
- Availability of specialized services.
- Surgical priority.
- Patient safety considerations.
- Compliance with hospital admission protocols.

These criteria ensured fairness, transparency, and efficient utilization of available healthcare resources.

7.6 Beneficiary Profile

The project served a diverse patient population representing various demographic groups, including:

- Children.
- Women.
- Men.
- Older persons.
- Persons with disabilities.
- Patients with chronic illnesses.
- Patients affected by conflict-related injuries.
- Patients requiring complex specialized surgical care.

The diversity of beneficiaries reflected the hospital's role as a comprehensive referral center for specialized healthcare services.

7.7 Beneficiary Protection and Accountability

The project ensured that all beneficiaries received healthcare services in accordance with internationally recognized humanitarian principles and medical ethics through:

- Respect for patient dignity.
- Confidentiality of medical information.
- Non-discrimination.
- Informed consent procedures.
- Patient safety standards.
- Complaint and feedback mechanisms.
- Protection from abuse, exploitation, and harassment.

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- Respect for humanitarian principles throughout service delivery.

These measures strengthened accountability and reinforced public confidence in the healthcare services provided by the project.

Section Eight: Project Implementation Strategy

8.1 Introduction

The implementation strategy for the Cardiac and Specialized Surgery Hospital Operations Project was developed to ensure the continuous delivery of specialized healthcare services through an integrated operational model combining medical excellence, efficient management, robust logistics systems, quality assurance, and effective institutional governance.

The strategy emphasized continuity of services, optimal utilization of available resources, coordinated decision-making, and operational flexibility to respond to the rapidly evolving humanitarian context in the Gaza Strip.

8.2 Implementation Approach

The project adopted an integrated hospital operations approach based on the following principles:

- Comprehensive operation of all hospital departments.
- Patient-centered healthcare delivery.
- Multidisciplinary medical teamwork.
- Integrated management of medical and support services.
- Evidence-based decision-making.
- Efficient resource utilization.
- Continuous monitoring and performance improvement.

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- Compliance with humanitarian and healthcare quality standards.

8.3 Operational Components

The implementation strategy covered all essential hospital functions, including:

Clinical Services

- Outpatient clinics.
- Operating theatres.
- Inpatient departments.
- Intensive care support.
- Emergency consultations.
- Specialized surgical services.

Diagnostic Services

- Medical laboratories.
- Diagnostic imaging.
- Radiology services.

Pharmaceutical Services

- Pharmacy management.
- Medicines management.
- Medical consumables management.

Support Services

- Sterilization services.

- Infection prevention and control.
- Biomedical maintenance.
- Facility maintenance.
- Housekeeping.
- Waste management.
- Utilities management.

Administrative Services

- Hospital management.
- Human resources.
- Finance.
- Procurement.
- Logistics.
- Medical records.
- Monitoring and evaluation.
- Reporting.

8.4 Human Resources Strategy

The project ensured the deployment of qualified multidisciplinary teams capable of delivering continuous specialized healthcare services.

Human resources included:

- Specialist physicians.
- Surgeons.
- Anesthesiologists.

- Resident physicians.
- Nurses.
- Pharmacists.
- Laboratory technicians.
- Radiology technicians.
- Physiotherapists.
- Biomedical engineers.
- Administrative personnel.
- Finance personnel.
- Procurement officers.
- Logistics officers.
- Maintenance personnel.
- Support staff.

Clear roles and responsibilities were established to promote accountability, coordination, and operational efficiency.

8.5 Procurement and Logistics Strategy

An integrated procurement and logistics system was implemented to ensure uninterrupted hospital operations through:

- Timely procurement planning.
- Transparent procurement procedures.
- Supplier management.
- Inventory control.
- Warehouse management.

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- Distribution of medicines and medical supplies.
 - Asset management.
 - Preventive maintenance.
 - Transportation and logistics coordination.
 - Continuous monitoring of stock availability.

These systems ensured the reliable availability of medicines, medical supplies, and operational resources throughout the project period.

8.6 Quality Assurance Strategy

Quality assurance measures included:

- Standard Operating Procedures (SOPs).
- Clinical treatment protocols.
- Patient safety standards.
- Infection prevention and control measures.
- Continuous supervision.
- Internal quality audits.
- Performance monitoring.
- Corrective action plans.
- Continuous quality improvement initiatives.

8.7 Monitoring and Reporting

Project implementation was continuously monitored through:

- Operational performance indicators.
 - Medical service indicators.
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- Financial monitoring.
 - Procurement and logistics monitoring.
 - Human resources monitoring.
 - Routine field supervision.
 - Periodic progress reports.
 - Lessons learned documentation.
 - Management review meetings.

This comprehensive monitoring framework enabled timely identification of operational challenges and supported evidence-based decision-making.

8.8 Coordination Mechanisms

Successful implementation relied on close coordination among:

- FAJR Global.
- Public Aid Hospital.
- Medical teams.
- Administrative departments.
- Procurement and logistics teams.
- Ministry of Health.
- Humanitarian partners.
- Local stakeholders.

Regular coordination meetings facilitated effective communication, timely problem-solving, and efficient project implementation.

8.9 Implementation Summary

The integrated implementation strategy enabled the successful operation of the Cardiac and Specialized Surgery Hospital despite the complex humanitarian context. By combining specialized healthcare delivery with strong governance, effective logistics, quality assurance, and institutional management, the project achieved uninterrupted service delivery and significantly strengthened the operational resilience of the hospital and its capacity to provide high-quality specialized healthcare services throughout the implementation period.

Section Nine: Key Outputs and Achievements

9.1 Introduction

During the implementation period, the project successfully achieved a significant set of medical, operational, and institutional outputs that directly contributed to the successful operation of the Cardiac and Specialized Surgery Hospital and the restoration of a broad range of specialized healthcare services across the Gaza Strip.

These achievements were realized within an exceptionally challenging humanitarian context characterized by limited resources, disrupted medical supply chains, restrictions on movement, and overwhelming pressure on the remaining functional healthcare facilities. This underscores both the significance of the project's achievements and the adaptability of the integrated operational model implemented throughout the intervention.

Furthermore, the project exceeded several of its initial operational expectations, not only in terms of the volume of healthcare services delivered, but also with respect to service continuity, operational efficiency, and the diversity of specialized medical disciplines provided. These achievements reflect the effectiveness of project management, coordination, and the strong integration between medical, operational, administrative, and logistical functions.

9.2 Medical Achievements

The project achieved outstanding medical results through the delivery of a large volume of specialized healthcare services within a relatively short implementation period.

Completion of 1,581 Specialized Surgical Procedures

The hospital successfully performed **1,581 specialized surgical procedures** across multiple medical specialties, demonstrating the high operational capacity of the operating theatres and the professionalism of the medical and technical teams.

These surgical interventions contributed to:

- Treating a substantial backlog of surgical cases.
- Reducing surgical waiting lists.
- Preventing the deterioration of numerous medical conditions.
- Reducing the risk of complications and preventable deaths.
- Providing advanced specialized surgical care within the Gaza Strip.

Provision of 6,007 Outpatient Medical Consultations

The outpatient clinics delivered **6,007 medical consultations**, including patient assessment, diagnosis, follow-up care, and determination of the need for surgical intervention or conservative medical treatment.

These consultations highlighted the essential role of outpatient services in managing patient pathways, facilitating early diagnosis, and ensuring appropriate referral and treatment planning.

Management of 154 Inpatient Admissions

The project provided inpatient care for **154 patients** who required hospitalization before and/or after surgical procedures.

Inpatient services included:

- Continuous medical supervision.
- Comprehensive nursing care.
- Pain management.
- Medication administration.
- Wound care.
- Monitoring of recovery and postoperative progress.

Operation of Twelve Integrated Medical and Surgical Specialties

The hospital successfully operated **twelve specialized medical and surgical departments**, including:

1. General Surgery
2. Pediatric Surgery
3. Ear, Nose and Throat (ENT) Surgery
4. Urology Surgery
5. Ophthalmic Surgery
6. Neurosurgery
7. Orthopedic Surgery
8. Plastic and Reconstructive Surgery
9. Vascular Surgery
10. Interventional Radiology
11. Gastroenterology and Endoscopy
12. Oral and Maxillofacial Surgery

The availability of this wide range of specialties enabled the hospital to provide comprehensive multidisciplinary care for diverse patient groups while significantly reducing the need for referrals to external healthcare facilities.

9.3 Operational Achievements

In addition to its medical accomplishments, the project achieved several key operational milestones that ensured uninterrupted healthcare service delivery and strengthened the hospital's operational performance.

100% Continuity of Hospital Operations

The project maintained uninterrupted hospital operations throughout the entire implementation period, despite the extremely challenging humanitarian and operational environment.

This achievement demonstrates the effectiveness of operational planning, continuous monitoring, resource management, and risk mitigation measures.

Continuous Availability of Medical Supplies

Medical supplies and inventory were managed efficiently, ensuring the uninterrupted availability of essential medicines, medical consumables, and surgical materials required for ongoing healthcare service delivery.

Maintaining Operational Readiness of Hospital Facilities

Operating theatres, outpatient clinics, inpatient wards, and all supporting departments remained fully functional and operational throughout the project implementation period.

Implementation of Regular Maintenance Activities

Preventive and corrective maintenance activities were carried out regularly to ensure the continuous functionality of medical equipment, infrastructure, and hospital facilities while minimizing service interruptions.

Stability of Logistics Services

Effective management of transportation, warehousing, medical supplies, and administrative support ensured the continuous flow of materials and services across all hospital departments.

Improvement of Hospital Infrastructure

Several hospital facilities and supporting services were upgraded to enhance the safety, efficiency, and suitability of the operational environment for both patients and healthcare personnel.

Uninterrupted Delivery of Healthcare Services

The project maintained a high level of operational stability, with **no complete interruption of healthcare services** resulting from administrative failures, logistical constraints, or shortages of operational supplies throughout the implementation period.

9.4 Institutional Achievements

Beyond its medical and operational accomplishments, the project generated significant institutional outcomes that strengthened management systems, enhanced organizational performance, and improved the hospital's capacity to deliver sustainable, high-quality healthcare services.

Strengthening Institutional Governance

The project reinforced institutional governance by clearly defining roles and responsibilities, establishing effective coordination and supervision mechanisms, and promoting transparent decision-

making processes. These measures contributed to improved project management, enhanced accountability, and more efficient organizational performance.

Improving the Quality of Healthcare Services

The project strengthened the implementation of quality assurance systems and patient safety standards through the regular review of clinical and operational performance, continuous monitoring of service quality, and the adoption of quality improvement measures across hospital departments.

Developing the Monitoring and Evaluation System

A comprehensive monitoring and evaluation (M&E) framework was established to systematically document project activities, outputs, outcomes, and key performance indicators. This enabled continuous performance monitoring, timely assessment of implementation progress, and evidence-based decision-making through the identification of operational challenges and implementation of corrective actions where necessary.

Strengthening Infection Prevention and Control Measures

The project reinforced Infection Prevention and Control (IPC) practices by continuously monitoring environmental cleanliness, sterilization procedures, healthcare waste management, and the appropriate use of personal protective equipment (PPE). These measures contributed to maintaining a safer clinical environment for both patients and healthcare personnel.

Enhancing Coordination Between Medical and Administrative Teams

Regular coordination meetings and continuous communication between medical, administrative, technical, and support departments helped reduce operational gaps, improve information sharing, accelerate decision-making processes, and strengthen the overall efficiency of hospital operations.

Improving Resource Management Efficiency

The project enhanced the management of human, financial, and material resources by directing available capacities toward priority medical and operational needs, optimizing resource utilization, and improving overall operational efficiency while ensuring accountability and transparency in resource allocation.

These institutional achievements significantly strengthened the hospital's organizational capacity, improved governance systems, enhanced operational coordination, and established a stronger foundation for the sustainable delivery of specialized healthcare services beyond the project's implementation period.

9.5 Key Performance Indicators (KPIs)

The project's key performance indicators demonstrate its success in achieving its intended objectives and delivering measurable medical, operational, and institutional outcomes. The most significant indicators include:

Rapid Operationalization of a Specialized Hospital

The project successfully restored and operationalized a specialized hospital within a relatively short implementation period, despite the complexity of the humanitarian and operational environment. This achievement reflects the effectiveness of planning, coordination, resource mobilization, and operational management.

Supporting Approximately 170–180 Personnel

The project contributed to sustaining the employment of approximately **170–180 healthcare professionals and support staff**, including physicians, surgeons, nurses, technicians, administrative personnel, and service staff.

This support played a vital role in:

- Preserving critical local medical expertise.
- Maintaining employment opportunities for specialized healthcare workers.
- Strengthening the hospital's capacity to deliver continuous specialized healthcare services.

Maintaining Very Low Rates of Complications and Healthcare-Associated Infections

The consistently low incidence of postoperative complications and healthcare-associated infections reflects the high quality of clinical care delivered throughout the project. It also demonstrates the hospital's strong adherence to patient safety standards, infection prevention and control (IPC) protocols, sterilization procedures, and continuous clinical monitoring.

Achieving Full Operational Continuity

The hospital maintained uninterrupted operations throughout the entire project implementation period, demonstrating the effectiveness of its supply chain management, maintenance systems, operational planning, governance framework, and administrative coordination.

Expanding the Scope of Specialized Healthcare Services

By successfully operating **twelve specialized medical and surgical departments**, the project significantly expanded both the availability and diversity of specialized healthcare services within the Gaza Strip. This strengthened the local health system's capacity to manage complex medical and surgical cases while reducing dependence on external referrals.

Collectively, these key performance indicators demonstrate that the project not only achieved its immediate operational targets but also strengthened institutional capacity, improved service quality, enhanced healthcare accessibility, and contributed to the resilience of the healthcare system in the Gaza Strip.

Section Ten: Project Outcomes and Humanitarian Impact

10.1 Introduction

The impact of the project extended well beyond the implementation of activities and the achievement of quantitative outputs, generating a tangible transformation in the capacity of the local health system to deliver specialized surgical and advanced healthcare services.

Through this intervention, the project successfully restored the operation of a specialized healthcare facility capable of receiving patients, conducting accurate diagnoses, providing specialized treatment, and ensuring continuous follow-up through an integrated continuum of care. This provided a practical and timely response to one of the most critical healthcare gaps in the Gaza Strip.

The project's impact extended beyond individual patients to benefit their families, healthcare professionals, the partner healthcare institution, the broader health system, and the surrounding community.

Furthermore, the project carried exceptional humanitarian significance because all services were provided **free of charge** to patients living under extremely difficult economic and health conditions, many of whom had no alternative means of accessing life-saving specialized medical care.

10.2 Outcomes at the Beneficiary Level

Improved Access to Specialized Healthcare Services

The project significantly improved patients' access to advanced surgical and diagnostic services within the Gaza Strip, reducing the need for prolonged waiting periods or dependence on limited external medical referrals.

Reduction in Surgical Waiting Times



By successfully performing **1,581 specialized surgical procedures**, the project addressed a substantial proportion of accumulated surgical cases and significantly reduced the time between clinical assessment and surgical intervention.

Increased Survival Opportunities for Critically Ill Patients

The timely availability of specialized surgical interventions enabled the treatment of patients who were at high risk of rapid clinical deterioration or life-threatening complications, thereby substantially improving their chances of survival.

Improved Quality of Healthcare Services

Patients benefited from a comprehensive continuum of care that included:

- Accurate diagnosis.
- Specialized surgical intervention.
- Inpatient hospitalization.
- Pharmaceutical care.
- Post-operative follow-up.
- Rehabilitation services.

This integrated model enhanced both the quality and effectiveness of healthcare delivery.

Reduced Financial Burden on Families

Providing healthcare services free of charge protected vulnerable households from catastrophic medical expenses and reduced the need for borrowing money or selling personal assets to finance treatment.

Reduced Dependence on External Medical Referrals

The project provided a reliable local alternative for many specialized medical services that previously required referral outside the Gaza Strip.

This achievement was particularly important given the severe restrictions on travel and access to external referral mechanisms.

10.3 Outcomes at the Health System Level

Restoration of the Operational Capacity of a Specialized Hospital

The project successfully restored a specialized hospital to full operational functionality, recovering a significant portion of the healthcare system's lost capacity and expanding access to specialized medical services.

Expansion of Capacity for Specialized Surgical Services

By operating multiple surgical theatres, outpatient clinics, and inpatient departments across various medical specialties, the project substantially increased the health system's capacity to provide specialized surgical care.

Strengthening the Integration Between Medical and Operational Functions

The project clearly demonstrated that high-quality healthcare services depend not only on clinical expertise but also on efficient supply chain management, maintenance systems, logistics, quality assurance mechanisms, and effective administrative support.

Improved Hospital Management Efficiency

Through structured planning, continuous monitoring, and coordinated management mechanisms, the project enhanced workflow organization, optimized resource allocation, and strengthened the hospital's ability to respond effectively to operational challenges.

Enhanced Emergency Preparedness and Response Capacity

The availability of operational infrastructure, qualified healthcare personnel, essential medical supplies, and supporting management systems significantly improved the hospital's readiness to respond rapidly and effectively to emergency healthcare needs and future humanitarian crises

10.4 Humanitarian Impact

Saving the Lives of Hundreds of Patients

The surgical interventions and specialized medical services provided through the project enabled life-saving treatment for hundreds of patients who had been awaiting essential or urgent surgical procedures. By ensuring timely access to specialized care, the project significantly reduced the risk of preventable deaths and improved survival outcomes among critically ill patients.

Reducing Complications Resulting from Delayed Treatment

Timely medical and surgical interventions helped prevent the progression of numerous medical conditions, reducing long-term disabilities, postoperative complications, and chronic health consequences that commonly arise from delays in receiving appropriate treatment.

Promoting Patient Dignity

The project enabled patients to receive organized, safe, and free-of-charge healthcare services without the need to seek financial assistance or leave the Gaza Strip in search of treatment. This safeguarded

patients' dignity and ensured equitable access to quality healthcare regardless of their socioeconomic circumstances.

Restoring Confidence in Local Healthcare Services

The hospital's success in delivering continuous specialized healthcare services strengthened public confidence in the capacity of local healthcare institutions to provide advanced medical care and respond effectively to complex health needs, even within a highly challenging humanitarian context.

Improving the Quality of Life of Patients and Their Families

Access to timely diagnosis, specialized treatment, surgery, rehabilitation, and follow-up care significantly improved patients' health status and functional recovery while reducing the psychological, social, and economic burden experienced by their families.

Strengthening the Resilience of Palestinian Communities

The continued availability of specialized healthcare services represented a critical factor in strengthening community resilience by mitigating the health, social, and economic consequences of the ongoing humanitarian crisis and enabling affected populations to better withstand prolonged emergencies.

Collectively, these humanitarian outcomes demonstrate that the project extended far beyond the provision of medical services. It restored hope, protected lives, strengthened community resilience, and reinforced the right of vulnerable populations to access safe, equitable, and high-quality healthcare.

10.5 Long-Term Institutional Impact

The project represents a successful model for restoring the operation of specialized hospitals in complex humanitarian settings. It demonstrated that financing healthcare services alone is insufficient unless accompanied by strategic investment in operational systems, institutional capacity, and organizational infrastructure.

The project contributed to strengthening several institutional capacities whose benefits are expected to continue well beyond the project implementation period, including:

- **Enhancing administrative and operational expertise.**
- **Strengthening the capacity of medical and technical personnel.**
- **Improving monitoring, evaluation, and quality management systems.**
- **Developing medical supply chain and inventory management systems.**
- **Strengthening infection prevention and control (IPC) procedures.**
- **Improving coordination and collaboration among hospital departments.**
- **Promoting a culture of evidence-based management and data-driven decision-making.**
- **Enhancing governance, transparency, and accountability.**

Furthermore, the project demonstrated that investing in human resources, operational systems, maintenance, and logistics generates outcomes that extend well beyond the number of surgical procedures performed. Such investments establish a resilient institutional foundation capable of sustaining, adapting, and expanding healthcare services over time.

Accordingly, the project can be regarded as a scalable and replicable model for restoring hospital operations in other hospitals and healthcare facilities within the Gaza Strip and in similar humanitarian settings, provided that sustainable financing, effective partnerships, and operational plans based on identified needs and measurable results are available.

The project's long-term impact lies in its ability to transform humanitarian assistance from a temporary emergency response into a sustainable institutional investment that strengthens the capacity of the local health system to deliver safe, high-quality specialized healthcare services, preserves national medical expertise, reduces dependence on external medical referrals, and enhances community resilience in the face of protracted humanitarian crises.

Section Eleven: Quality of Services and Patient Safety

11.1 Introduction

Quality of services and patient safety constituted one of the project's core pillars throughout the planning, implementation, and monitoring phases. The project was founded on the principle that the success of a healthcare intervention should not be measured solely by the number of services delivered or surgical procedures performed, but also by the safety, effectiveness, and appropriateness of those services, as well as their ability to achieve positive clinical outcomes for patients.

The project adopted a comprehensive quality management approach based on the delivery of healthcare that is **safe, effective, timely, and patient-centered**, while ensuring respect for each patient's dignity, privacy, and rights throughout the entire continuum of care.

Quality was also regarded as a **shared institutional responsibility**, involving medical, nursing, technical, administrative, and logistics personnel, rather than a standalone function limited to a specific department or quality team.

Accordingly, the principles of quality and patient safety were integrated into every component of the project—from patient admission and clinical assessment, through diagnosis, surgical intervention, pharmacological treatment, and inpatient care, to discharge planning and post-treatment follow-up. Quality assurance measures also encompassed non-clinical aspects, including equipment maintenance,

sterilization, inventory management, environmental hygiene, medical records management, healthcare waste management, and communication with patients and their families.

This comprehensive approach contributed to minimizing healthcare-related risks, improving service efficiency, strengthening patients' confidence in the healthcare institution, and ensuring the delivery of care within a safe, well-organized, and high-quality environment despite the exceptionally challenging humanitarian and operational conditions.

11.2 Quality Assurance of Healthcare Services

The project adopted a comprehensive set of integrated measures and standards to ensure the quality of healthcare services delivered, covering all stages of the patient journey as well as the supporting operational processes.

First: Adherence to Approved Clinical Protocols and Medical Guidelines

Healthcare services were delivered in accordance with established clinical and surgical protocols, including patient assessment, preoperative preparation, anesthesia, surgical intervention, postoperative follow-up, and the management of potential complications.

Adherence to these protocols contributed to standardizing clinical practice, reducing variations in service delivery, and supporting evidence-based clinical decision-making in accordance with recognized professional standards and medical guidelines.

Second: Deployment of Qualified and Specialized Medical Teams

The project relied on qualified medical, nursing, and technical personnel with the expertise and competencies required to deliver specialized healthcare services. Roles and responsibilities were assigned according to professional disciplines and areas of specialization.

The multidisciplinary workforce included physicians, surgeons, anesthesiologists, nurses, laboratory technicians, radiology technicians, pharmacists, physiotherapists, as well as administrative and support personnel.

The availability of multidisciplinary teams enhanced clinical coordination, enabled the delivery of comprehensive care for complex cases, and minimized gaps across different stages of the treatment process.

Third: Standardized Diagnostic and Treatment Procedures

The project established standardized procedures for patient admission, data documentation, diagnostic investigations, case prioritization, surgical scheduling, and inpatient follow-up.

Standardizing these procedures helped reduce errors, expedite service delivery, improve the documentation of clinical decisions, and ensure that all patients received care based on consistent, equitable, and standardized practices.

Fourth: Provision of a Safe Healthcare Environment

The project ensured that hospital facilities provided a safe and appropriate environment for healthcare delivery by maintaining high standards of cleanliness, sterilization, ventilation, corridor safety, operating theatre readiness, and the continuous availability of electricity, water supply, and medical waste management systems.

Technical faults and environmental hazards that could affect the safety of patients or healthcare personnel were also addressed promptly and systematically.

Fifth: Ensuring the Continuous Availability of Medicines and Medical Consumables

Medical inventory was monitored regularly to ensure the uninterrupted availability of medicines and essential medical consumables required for surgical procedures, treatment, and inpatient care.

Monitoring activities included tracking consumption rates, reorder points, critical items, and inventory levels in order to minimize the risk of service delays or cancellations resulting from shortages of essential supplies.

Sixth: Regular Performance Monitoring

Data relating to the number of services delivered, surgical procedures performed, inpatient admissions, complications, healthcare-associated infections, and resource utilization were systematically collected and reviewed to evaluate performance and identify opportunities for improvement.

This continuous monitoring provided a clear overview of operational performance, enabled the early identification of challenges, and supported timely corrective decision-making.

Seventh: Continuous Review of Operational Processes

Quality assurance extended beyond clinical services to include the continuous review of administrative, logistics, and technical processes, such as medical supply procurement, warehouse management, maintenance, cleaning services, records management, and interdepartmental coordination.

These regular reviews contributed to improving workflow efficiency, reducing operational delays, and addressing weaknesses that could indirectly affect the quality of healthcare services delivered.

11.3 Patient Safety

The project adopted a comprehensive set of preventive and organizational measures aimed at minimizing the risks that patients might encounter while receiving healthcare services.

First: Patient Identification Verification

Patients' identities were verified before conducting diagnostic investigations, administering medications, or performing any medical or surgical intervention through the review of patient identification details, medical records, and treatment plans.

This procedure served as a fundamental safeguard against errors related to patients with similar names or performing procedures on the wrong patient.

Second: Safety Procedures in Operating Theatres

Comprehensive surgical safety procedures were implemented before, during, and after every operation. These included verification of the patient's identity, the planned surgical procedure, the surgical site, and the readiness of the surgical team, equipment, instruments, and medical supplies.

The procedures also included confirming the completion of pre-anesthesia assessments, reviewing laboratory and diagnostic test results, documenting the surgical procedure, and closely monitoring patients throughout the post-anesthesia recovery period.

Third: Implementation of Infection Prevention and Control Protocols

Strict infection prevention and control (IPC) measures were implemented, including proper hand hygiene, the use of personal protective equipment (PPE), sterilization of medical instruments and

environmental surfaces, safe healthcare waste management, and the regulation of patient and visitor movement, thereby minimizing the risk of healthcare-associated infections within the hospital.

Fourth: Safe Medication Management

Medicines were managed through standardized procedures designed to ensure the correct medication, dosage, route of administration, and timing of administration. All medications provided were appropriately documented, and patients' therapeutic responses were continuously monitored.

Particular attention was given to high-alert medications, anesthetic agents, antibiotics, and medicines requiring special storage conditions.

Fifth: Postoperative Clinical Monitoring

Patients were closely monitored following surgical procedures through continuous assessment of vital signs, level of consciousness, pain, wound condition, response to medications, and any clinical indicators that could suggest the development of postoperative complications.

This continuous monitoring enabled the early detection of abnormal clinical changes and facilitated timely medical intervention.

Sixth: Reporting and Analysis of Adverse Events

The project adopted a systematic approach to documenting and reporting medical errors, adverse events, and near-miss incidents in order to identify their root causes and prevent recurrence.

These events were addressed from a systems improvement perspective rather than solely focusing on individual accountability, thereby promoting a culture of organizational learning and continuous quality improvement.

Seventh: Reducing Risks Associated with Medical Procedures

Clinical risks associated with each patient and medical procedure were carefully assessed, taking into consideration the patient's age, overall health status, comorbidities, procedural complexity, anesthesia requirements, and postoperative care needs.

Appropriate preventive measures were implemented to reduce the risks of falls, medication-related incidents, bleeding, infections, and surgical complications.

Eighth: Respect for Patients' Rights and Privacy

Patient safety also encompassed ethical and humanitarian principles, including safeguarding the confidentiality of medical information, respecting patients' privacy, providing patients and their families with clear and understandable information, and obtaining the necessary informed consent before medical procedures whenever feasible

11.4 Infection Prevention and Control (IPC)

The project considered **Infection Prevention and Control (IPC)** to be a fundamental pillar of safe healthcare delivery, particularly within a specialized surgical hospital operating in a complex humanitarian setting. Accordingly, comprehensive IPC measures were integrated into all clinical, operational, and support services to minimize the risk of healthcare-associated infections (HAIs) and protect patients, healthcare workers, and visitors.

First: Implementation of Standard Infection Prevention Protocols

The hospital implemented standardized infection prevention and control protocols covering all departments and service areas. These protocols included hand hygiene, the appropriate use of personal protective equipment (PPE), environmental cleaning and disinfection, safe injection practices, aseptic techniques, and the prevention of cross-contamination.

Compliance with these protocols contributed to reducing infection risks and promoting consistent, high-quality clinical practice.

Second: Sterilization and Disinfection

Strict sterilization and disinfection procedures were applied to surgical instruments, medical equipment, operating theatres, patient care areas, and reusable medical devices in accordance with approved sterilization standards and procedures.

Routine monitoring ensured the effectiveness of sterilization processes and the continuous availability of sterile instruments required for surgical services.

Third: Environmental Cleaning and Sanitation

Comprehensive environmental cleaning programs were implemented throughout the hospital, including operating theatres, inpatient wards, outpatient clinics, laboratories, corridors, offices, waiting areas, and other shared spaces.

Cleaning schedules were performed regularly using approved disinfectants and appropriate cleaning procedures to maintain a safe healthcare environment.

Fourth: Safe Medical Waste Management

Medical waste was segregated, collected, transported, stored, and disposed of in accordance with recognized infection prevention and environmental safety standards.

Special attention was given to the safe handling of infectious waste, sharps, and hazardous medical materials in order to minimize risks to healthcare personnel, patients, and the surrounding environment.

Fifth: Continuous Availability of Infection Prevention Supplies

The project ensured the uninterrupted availability of essential IPC supplies, including disinfectants, sterilization materials, gloves, gowns, masks, hand sanitizers, and other personal protective equipment required to support safe healthcare practices.

Continuous monitoring of inventory levels helped prevent shortages that could compromise infection prevention measures.

Sixth: Staff Awareness and Compliance

Healthcare personnel were encouraged to adhere consistently to infection prevention policies through continuous supervision, routine monitoring, and reinforcement of good infection control practices during daily clinical operations.

This contributed to strengthening a culture of safety and accountability throughout the hospital.

Seventh: Monitoring and Continuous Improvement

The implementation of infection prevention measures was continuously monitored through routine supervision, performance reviews, and the analysis of infection-related indicators.

Findings from these monitoring activities were used to identify areas requiring improvement, implement corrective actions, and strengthen the hospital's overall infection prevention and patient safety systems.

Through these integrated measures, the project maintained a safe clinical environment, reduced the risk of healthcare-associated infections, enhanced patient safety, and supported the delivery of high-quality specialized healthcare services despite the exceptionally challenging humanitarian and operational conditions.

11.5 Continuous Quality Improvement (CQI)

The project adopted the principle of **Continuous Quality Improvement (CQI)** as an ongoing institutional process aimed at continuously enhancing performance, rather than as a temporary activity focused solely on correcting errors after they occur.

First: Regular Performance Reviews

The quality of services and the overall level of project performance were reviewed on a regular basis, with actual achievements compared against planned targets and identified operational needs.

Second: Quality Performance Analysis

A comprehensive set of quality indicators was continuously monitored, including the number of surgical procedures performed, inpatient admissions, complication rates, healthcare-associated

infection rates, continuity of medical supply availability, facility readiness, and service delivery timelines.

These indicators provided objective evidence for assessing performance and identifying opportunities for improvement.

Third: Rapid Response to Operational Challenges

The project established mechanisms for the prompt identification and resolution of operational issues that could affect service delivery, including technical failures, shortages of medical supplies, increased patient caseloads, and the need to reallocate available resources.

This proactive approach helped maintain service continuity and minimize operational disruptions.

Fourth: Continuous Improvement Based on Lessons Learned

Policies, procedures, and operational practices were periodically reviewed and refined in light of implementation experiences, operational challenges, observations, and performance results.

Applying lessons learned contributed to improving operational efficiency, strengthening service quality, and preventing the recurrence of identified problems.

Fifth: Promoting a Culture of Quality

The project encouraged all staff members to regard quality as an integral part of their daily responsibilities. Personnel were encouraged to report risks, observations, and improvement suggestions, while actively participating in the continuous enhancement of operational and clinical procedures.

This culture of continuous improvement fostered shared accountability for quality and strengthened organizational learning across the hospital.

Through this systematic approach to Continuous Quality Improvement, the project enhanced service efficiency, strengthened coordination among departments, improved patient safety, and enriched the overall patient experience throughout the continuum of care.

Section Twelve: Human Interest Stories and Success Stories

12.1 Introduction

While quantitative figures and performance indicators demonstrate the scale of services delivered through the project, the project's true humanitarian impact is most clearly reflected in the experiences of patients and their families, and in the positive transformations that occurred in their lives after receiving treatment.

Every surgical procedure performed under the project represents a human story—an individual facing pain, fear, or the risk of worsening health conditions. Likewise, every medical consultation and inpatient admission reflects a genuine humanitarian need that was addressed under exceptionally difficult healthcare and living conditions.

Success stories are particularly valuable because they demonstrate how the project's resources and operational activities were transformed into tangible improvements in people's lives. They also highlight the social, psychological, and economic dimensions of the intervention, which cannot be fully captured through quantitative indicators alone.

The project demonstrated that providing free specialized surgical care not only treated medical conditions but also restored hope to patients, alleviated the suffering of their families, and enabled many beneficiaries to regain their mobility, return to work, care for their children, and resume their normal daily lives.

12.2 Representative Success Story: Restoring Life Through Complex Surgery

One patient arrived at the Cardiac and Specialized Surgery Hospital suffering from a complex surgical condition that required urgent medical intervention. The patient had spent a prolonged period waiting for appropriate treatment due to the limited availability of specialized healthcare services, the disruption of numerous healthcare facilities, and the difficulty of obtaining medical referrals outside the Gaza Strip.

The delay in receiving treatment had a significant impact on both the patient's physical and psychological condition. Symptoms progressively worsened, daily functioning became increasingly limited, and the patient's family endured persistent anxiety because no clear treatment alternative was available.

Upon arrival at the hospital, the patient was received, registered, and underwent a comprehensive medical assessment. The evaluation included the necessary clinical examinations, laboratory investigations, and diagnostic tests before the specialized medical team reviewed the findings and developed an appropriate treatment plan.

After the case was classified as a priority, the patient was scheduled for surgery and appropriately prepared for the procedure. The operation was successfully performed by a specialized

multidisciplinary surgical team in full compliance with surgical safety standards, sterilization protocols, and infection prevention and control measures.

Following surgery, the patient was transferred to the inpatient ward, where comprehensive medical and nursing care was provided. This included continuous monitoring of vital signs, pain management, wound care, medication administration, and close observation for any signs of postoperative complications.

As the patient's condition improved and stabilized, the patient was discharged with a comprehensive follow-up plan and detailed medical instructions. Follow-up care continued over the subsequent weeks to ensure successful recovery and to confirm that no postoperative complications had developed.

Upon completion of the recovery period, the patient regained a substantial degree of mobility, resumed normal daily activities, and experienced significant improvements in psychological well-being, confidence, and overall sense of security.

This success story illustrates the project's value in several important ways:

- Providing timely access to life-changing surgical intervention.
- Preventing further deterioration of the patient's medical condition.
- Delivering comprehensive, patient-centered care from diagnosis through full recovery.
- Reducing the psychological and financial burden on the patient's family.
- Strengthening patients' confidence in local healthcare institutions.
- Enabling the patient to regain the ability to live an active and independent life.

12.3 Community Impact

The project's impact extended far beyond the patients who directly received healthcare services, reaching their families, caregivers, and the wider community.

First: Reducing the Burden on Families

Complex surgical illness affects the entire family, imposing significant psychological and financial pressures while often requiring family members to dedicate substantial time to caring for the patient.

By providing timely treatment, the project reduced anxiety, shortened waiting periods, and improved overall family stability.

Second: Strengthening Confidence in Local Healthcare Institutions

The hospital's continued ability to deliver specialized healthcare services strengthened community confidence in the capacity of local healthcare institutions to continue operating and responding effectively despite the challenging humanitarian circumstances.

This also encouraged patients to seek medical attention promptly rather than delaying treatment due to concerns about the availability of healthcare services.

Third: Reducing Financial Hardship

Providing healthcare services free of charge protected families from the substantial costs associated with surgical procedures, diagnostic investigations, medications, and inpatient hospitalization—expenses that most households could not afford amid the ongoing economic crisis.

The project also reduced the need for families to borrow money, sell personal assets, or seek external financial assistance to finance medical treatment.

Fourth: Enhancing the Community's Sense of Health Security

The continued operation of a specialized healthcare facility provided the community with a greater sense of health security, particularly for families with members suffering from chronic illnesses or conditions that might require specialized surgical intervention.

Fifth: Strengthening Community Resilience

The project enhanced the community's ability to cope with the ongoing humanitarian crisis by maintaining access to essential healthcare services, reducing mortality, disabilities, and medical complications, and supporting the continued functioning of local healthcare professionals and institutions.

Section Thirteen: Governance, Partnership Management, and Decision-Making Mechanisms

13.1 Institutional Framework

Project implementation was guided by a well-defined institutional framework that clearly established the relationship between **FAJR Global** and **Public Aid Hospital**, while delineating responsibilities across the various administrative, medical, financial, and logistics levels.

This framework was designed to ensure clear lines of supervision, coordination, and accountability, thereby minimizing duplication of roles, preventing overlaps in authority, and facilitating the timely resolution of operational issues.

The partnership was founded on the principle of complementarity between the capacities of both parties. **FAJR Global** provided institutional oversight, financial support, operational and logistics assistance, and continuous monitoring, while the hospital contributed its medical and technical

expertise, qualified healthcare personnel, operational infrastructure, and in-depth understanding of the local context and patients' needs.

This complementary approach enabled financial resources to be translated into tangible healthcare services while ensuring that administrative decisions remained closely aligned with the hospital's actual clinical and operational requirements.

The institutional framework also reinforced a number of key governance principles, including:

- Clear definition of roles and responsibilities.
- Appropriate separation between implementation and oversight functions.
- Participatory planning and decision-making.
- Proper documentation of decisions and operational procedures.
- Alignment of resources with healthcare priorities.
- Accountability for both results and expenditure.
- Rapid response to operational risks and emerging challenges.

13.2 Governance Structure

The project adopted a **multi-level governance structure** that ensured the active participation of all relevant stakeholders in project management, implementation, and monitoring.

First: FAJR Global

FAJR Global assumed overall responsibility for project oversight and funding, managing the partnership with the implementing partner, monitoring project performance, mobilizing resources, and ensuring compliance with approved plans, operational procedures, and institutional policies.

Its key responsibilities included:

- Overall project planning.
- Oversight of project implementation.
- Monitoring performance indicators and project results.
- Reviewing technical and financial reports.
- Supervising procurement and supply chain operations.
- Monitoring operational challenges and project risks.
- Coordinating with relevant stakeholders.
- Ensuring compliance with donor requirements.

Second: Hospital Executive Management

The hospital's Executive Management was responsible for overseeing daily hospital operations, coordinating activities among departments, allocating available resources, monitoring staff attendance, identifying operational needs, and addressing day-to-day operational challenges.

It also submitted reports and observations to **FAJR Global** and followed up on the implementation of jointly agreed decisions.

Third: Medical Administration

The Medical Administration was responsible for all clinical and technical aspects of service delivery, including:

- Establishing medical priorities.
 - Supervising medical teams.
 - Reviewing treatment plans.
 - Scheduling surgical procedures.
 - Monitoring the quality of healthcare services.
-

- Reviewing complications and complex clinical cases.
- Ensuring compliance with approved medical protocols.

Fourth: Financial Management

The Finance Department was responsible for monitoring expenditures, reviewing financial documentation, maintaining financial records, preparing financial reports, and ensuring that project funds were utilized exclusively for their approved purposes.

It also contributed to preparing financial analyses to support decision-making and effective resource management.

13.3 Partnership Management

The project's partnership management approach was built upon continuous communication, joint planning, information sharing, and collaborative problem-solving, ensuring effective coordination between **FAJR Global** and **Public Aid Hospital** throughout the implementation period.

Regular Coordination Meetings

Regular coordination meetings were conducted between **FAJR Global** and the hospital's management to review implementation progress, discuss operational needs, analyze performance, and follow up on previously agreed decisions.

These meetings contributed to establishing a shared understanding of priorities and operational challenges while ensuring continuous communication and coordination between both parties.

Data and Report Sharing

Project data relating to healthcare services, surgical procedures, patients, resources, and operational needs were exchanged on a regular basis to promote transparency and support informed decision-making.

Joint Operational Planning

Operational plans, resource requirements, and implementation activities were jointly developed and coordinated by both parties to ensure that they accurately reflected the hospital's medical and operational realities.

Collaborative Resolution of Operational Challenges

Whenever challenges related to medical supplies, maintenance, human resources, or healthcare services emerged, they were jointly analyzed, and appropriate corrective actions were identified together with the responsible entity for implementation.

Alignment of Priorities

Both partners worked to harmonize medical and operational priorities to ensure that available resources were directed toward the most critical cases and essential healthcare services, while taking existing operational constraints into consideration.

Managing Differences in Perspectives

Differences in opinions were addressed through professional dialogue and by referring to available data, identified needs, and approved operational plans. This approach preserved the strength of the partnership and prevented disagreements from affecting the continuity of healthcare service delivery.

Fifth: Logistics Management

The Logistics Department was responsible for procurement, supply chain management, warehousing, transportation, maintenance, supporting the movement of resources, and ensuring the continuous availability of the supplies required to maintain uninterrupted healthcare services.

Sixth: Monitoring and Evaluation (M&E) Teams

The Monitoring and Evaluation teams were responsible for collecting project data, reviewing performance indicators, analyzing results, documenting achievements and operational challenges, and supporting the preparation of periodic project reports.

Seventh: Quality and Patient Safety Teams

The Quality and Patient Safety teams monitored compliance with clinical standards, infection prevention and control protocols, surgical safety procedures, and quality of care requirements, while addressing observations related to both clinical and operational practices.

This governance structure clearly defined lines of authority and accountability, strengthened coordination across all organizational levels, and ensured that administrative decisions remained closely aligned with the hospital's medical and operational needs.

13.4 Decision-Making Mechanisms

The project adopted clear decision-making mechanisms to ensure that all decisions were **evidence-based, responsive to identified needs, and aligned with the organization's established authority and governance framework.**

First: Evidence- and Data-Driven Decision-Making

Data related to patient volumes, surgical procedures, inventory levels, operational costs, clinical complications, and hospital operational capacity were systematically utilized to assess needs and support informed decision-making.

Second: Assessment of Humanitarian Needs

Humanitarian needs were continuously reviewed, with priority given to services and cases that posed the greatest risk to patients' lives or health.

Third: Medical Prioritization

Medical priority served as a key criterion in scheduling surgical procedures and allocating resources. Cases were classified according to the level of urgency, clinical severity, and the expected benefit from the proposed intervention.

Fourth: Review of Operational Risks

Before major decisions were made, potential operational risks were carefully assessed, including shortages of medical supplies, equipment failures, limited availability of qualified personnel, and the potential impact of decisions on the continuity of healthcare services.

Fifth: Coordination Between Medical and Executive Management

Decisions with significant medical or operational implications were jointly reviewed by the Medical Administration and the Executive Management to ensure an appropriate balance between clinical requirements and operational and financial constraints.

Sixth: Decision Approval According to Delegated Authority Levels

Decisions were approved in accordance with the established delegation of authority framework. Routine operational decisions were handled at the operational level, while financial, strategic, or high-risk decisions were escalated to higher management levels for review and approval.

Seventh: Documentation of Decisions

Key decisions, meeting minutes, and agreed actions were formally documented to define responsibilities, establish implementation timelines, and facilitate effective follow-up and accountability.

Eighth: Follow-up on Decision Implementation

The decision-making process did not end with the approval of a decision. Implementation was continuously monitored, outcomes were evaluated, and corrective actions were taken as necessary to ensure that the identified issue had been effectively addressed and that the intended objectives had been achieved.

13.5 Accountability and Transparency

The project placed strong emphasis on promoting **accountability and transparency** throughout all aspects of management and implementation, recognizing them as fundamental principles for safeguarding resources, ensuring institutional integrity, and maintaining trust among all stakeholders.

Documentation of Operational Processes

All healthcare services, operational activities, procurement processes, inventory records, maintenance activities, management decisions, and project reports were systematically documented to establish a comprehensive institutional record that could be referenced whenever required.

Technical and Financial Reporting

Regular technical and financial reports were prepared to present implementation progress, key achievements, operational challenges, and resource utilization. These reports enabled management and donors to effectively monitor project implementation and assess overall performance.

Monitoring Compliance with Procedures

Continuous monitoring was conducted to ensure that all project teams adhered to approved medical, administrative, financial, and logistics policies and procedures. Any instances of non-compliance were identified, documented, and addressed through appropriate corrective measures.

Efficient and Responsible Use of Resources

Project resources were allocated according to approved priorities. Operational needs were carefully reviewed before procurement or expenditure, and all expenditures were assessed against planned activities and achieved results to ensure efficiency, value for money, and responsible resource management.

Compliance with Institutional Policies

The project was implemented in full compliance with the approved policies and procedures of **FAJR Global** and **Public Aid Hospital**, while also adhering to donor requirements and internationally recognized professional standards.

Clear Definition of Roles and Responsibilities

Clearly defined roles and responsibilities ensured that accountability for every activity, decision, and resource was assigned to the appropriate individual or department, thereby strengthening institutional accountability and facilitating effective implementation monitoring.

Management of Findings and Operational Challenges

Financial, operational, and clinical observations were systematically documented and addressed through clearly defined corrective actions, with continuous follow-up to ensure their timely and effective implementation.

Protection of Institutional Integrity

The project's governance framework reinforced the principles of integrity, impartiality, prevention of conflicts of interest, equitable resource allocation, and objective decision-making throughout all stages of project implementation.

The implementation of this comprehensive accountability and transparency framework strengthened trust between project partners, enhanced institutional credibility, promoted efficient and responsible resource utilization, and contributed significantly to achieving the project's objectives in accordance with the principles of **good governance, institutional accountability, and sound management practices**.

Section Fourteen: Monitoring, Evaluation, Accountability, and Learning (MEAL) System

14.1 Overview of the MEAL System

The project adopted a comprehensive **Monitoring, Evaluation, Accountability, and Learning (MEAL)** system to measure implementation progress, verify the quality of healthcare services and patient safety, monitor medical and operational performance, respond to beneficiary feedback and complaints, and utilize findings and lessons learned to continuously improve project implementation and future interventions.

MEAL Component	Objective	Implementation Mechanism	Primary Use
Monitoring	To systematically track the implementation of project activities and healthcare services.	Daily, weekly, and monthly reports, together with real-time monitoring of operational incidents.	Early identification of deviations and timely resolution of operational challenges.
Evaluation	To assess effectiveness, quality, and achievement of planned objectives and targets.	Comparison of actual results against indicators and targets, combined with analysis of clinical and operational performance.	Measuring overall project success and identifying opportunities for improvement.
Accountability	To ensure that the project remains responsive to the views, concerns, and needs of patients and their caregivers.	Complaints and feedback mechanisms, direct communication, and beneficiary satisfaction surveys.	Protecting beneficiaries' rights and improving the quality of healthcare services.
Learning	To utilize project data, experience, and lessons learned for continuous organizational improvement.	Review meetings, gap analysis, and systematic documentation of lessons learned.	Revising procedures and strengthening current and future interventions.

14.2 Monitoring and Reporting Framework

Monitoring Level	Frequency	Areas Monitored	Resulting Action
Daily Monitoring	Daily	Patients, surgical procedures, inpatient admissions, bed occupancy, medicines, medical consumables, staff attendance, equipment failures, and patient safety.	Immediate response to urgent needs and reallocation of resources where necessary.

Weekly Monitoring	Weekly	Progress against targets, surgical schedules, postponed cases, inventory consumption, maintenance activities, and beneficiary complaints.	Preparation of the following week's operational plan and implementation of corrective actions to address identified gaps.
Monthly Monitoring	Monthly	Cumulative achievements, distribution of surgical procedures, infection rates, clinical complications, resource utilization, procurement activities, and beneficiary satisfaction.	Comprehensive performance review and submission of management reports.
Real-Time Monitoring	Whenever an incident occurs	Shortages of critical supplies, equipment failures, operating theatre disruptions, serious clinical complications, healthcare-associated infections, and major complaints.	Immediate intervention and implementation of urgent corrective measures.

14.3 Key Monitoring Areas

Monitoring Area	Indicators Monitored	Data Source	Responsible Unit
Outpatient Clinics	Number of patients and consultations by specialty.	Outpatient clinic records.	Medical Administration and Registration Staff.
Surgical Services	Number and type of surgical procedures, medical specialty, and postponed cases.	Operating theatre records.	Medical Administration and Surgical Teams.
Inpatient Care	Number of admissions, length of stay, patient discharges, and clinical complications.	Inpatient ward records.	Physicians and Nursing Staff.

Patient Safety	Clinical complications and adverse events.	Medical records and incident reports.	Medical Administration and Quality Team.
Infection Prevention and Control	Surgical site infections and compliance with sterilization procedures.	Infection Prevention and Control records.	Infection Prevention and Control Team.
Medical Supplies	Inventory availability, critical stock items, and consumption rates.	Warehouse and pharmacy records.	Logistics Department and Pharmacy.
Maintenance	Equipment failures, response times, and equipment downtime.	Maintenance records.	Technical Team and Operations Management.
Logistics Services	Movement of supplies, transportation, distribution, and departmental support.	Logistics records.	Logistics Department.
Beneficiary Satisfaction	Satisfaction levels, quality of patient experience, and accessibility of healthcare services.	Satisfaction surveys and interviews.	MEAL Team and Hospital Management.
Complaints Management	Number, type, and status of complaints, together with actions taken.	Complaints Register.	Hospital Management and Accountability Team.

14.4 Performance Indicator Matrix

Project Output	Indicator	Baseline	Target	Achieved	Achievement Status
Continuity of Hospital Operations	Continuity of healthcare services	Services suspended or severely limited	100% continuity	100%	Fully Achieved
Provision of Surgical Services	Number of surgical procedures performed	Limited-service capacity	More than 1,500 procedures	1,581 procedures	Target Exceeded

Outpatient Services	Number of outpatient consultations	Limited-service capacity	More than 6,000 consultations	6,007 consultations	Achieved
Inpatient Care Services	Number of inpatient admissions	Limited-service capacity	More than 150 admissions	154 admissions	Target Exceeded
Availability of Essential Supplies	Availability of essential medical supplies	Frequent shortages	100% availability	Full coverage achieved	Fully Achieved
Facility Readiness	Operational readiness of hospital departments and facilities	Limited operational readiness	100% readiness	Full operational readiness	Fully Achieved
Service Continuity	Number of complete service interruptions	Not applicable	Zero	Zero	Fully Achieved
Operational Medical Specialties	Number of operational medical and surgical specialties	Limited specialist services	12 specialties	12 specialties	Fully Achieved

14.5 Quality and Patient Safety Indicators

Indicator	Result	Assessment
Number of Surgical Procedures	1,581 procedures	High level of service delivery and achievement.
Postoperative Complications	One case	Very low complication rate.
Surgical Site Infections (SSI)	Fewer than ten cases	Low infection rate, with all identified cases appropriately managed.
Cases with Successfully Managed Complications	100%	Effective clinical response and patient management.
Operating Theatre Readiness	100%	Full operational readiness maintained throughout the project.

Service Interruptions Due to Equipment Failures	Zero	Complete operational continuity achieved.
Service Interruptions Due to Supply Shortages	Zero	Effective supply chain and inventory management ensured uninterrupted service delivery.

14.6 Project Performance Evaluation

Evaluation Criterion	Evaluation Question	Assessment
Relevance	Did the project address the priority healthcare needs?	Yes. The project responded effectively by restoring essential surgical and specialized healthcare services.
Effectiveness	Were the project objectives and targets achieved?	Yes. All core targets were achieved or exceeded.
Efficiency	Were available resources converted into services efficiently?	Yes. The project delivered 7,742 direct healthcare service interactions while maintaining uninterrupted hospital operations throughout the implementation period.
Quality	Were healthcare services delivered in accordance with appropriate quality standards?	Yes. Performance results demonstrated low complication and infection rates together with high levels of patient satisfaction.
Continuity	Were healthcare services maintained without interruption?	Yes. Hospital operations continued at 100% operational continuity , with no complete service interruptions.
Equity	Were healthcare services accessible to patients without financial barriers?	Yes. All services were provided free of charge , based solely on patients' medical needs and clinical priorities.
Impact	Did the project contribute to strengthening the healthcare system?	Yes. The project successfully restored the operational capacity of a specialized hospital and significantly expanded the availability of specialized healthcare services within the Gaza Strip.

14.7 Accountability and Complaints Management System

Complaints Handling Process

Stage	Procedure	Responsible Entity	Expected Output
Complaint Receipt	Receive complaints directly, in writing, or verbally.	Hospital Management or Accountability Team	Complaint formally received and documented.

Registration	Record the date, subject, communication channel, and follow-up details.	Complaints Registry Officer	Complaint assigned a unique reference number.
Classification	Classify the complaint according to its nature and level of severity.	Hospital Management and Quality Team	Priority level determined.
Referral	Refer the complaint to the relevant department for action.	Hospital Management	Responsible department identified.
Investigation	Review the facts, relevant records, and involved parties.	Hospital Management and Technical Team	Root causes identified.
Corrective Action	Implement the appropriate corrective measures.	Responsible Department	Issue resolved.
Response to the Complainant	Provide clarification or communicate the outcome when contact information is available.	Accountability Team	Feedback loop completed.
Closure and Learning	Document the resolution and utilize lessons learned to prevent recurrence.	Hospital Management and MEAL Team	Complaint officially closed and lesson learned documented.

Complaints and Feedback Channels

Channel	Method of Use
Direct Communication	Beneficiaries may submit comments or concerns directly to hospital management or departmental supervisors.
Complaints Boxes	Written complaints or suggestions may be submitted anonymously if preferred.
Verbal Reporting	Patients and caregivers may communicate observations directly to medical or administrative staff.
Feedback During Care	Patient experiences are discussed while healthcare services are being provided.
Exit Interviews	Feedback is collected from patients upon discharge from the hospital.
Satisfaction Surveys	Structured surveys are conducted to assess patients' perceptions of service quality, professionalism, and the healthcare environment.

14.8 Beneficiary Satisfaction

Satisfaction Indicator	Result	Interpretation
Overall Satisfaction Rate	92%	High overall level of satisfaction with healthcare services.

Patients Reporting a Positive Experience	95%	The vast majority of patients reported a positive treatment experience.
Satisfaction with the Professionalism of Medical Staff	97%	Very high level of confidence in the competence and professionalism of healthcare personnel.
Satisfaction with Access to Healthcare Services	90%	Good accessibility, with opportunities to further improve patient flow and waiting times.
Satisfaction with Cleanliness and Healthcare Environment	94%	High ratings for cleanliness, hygiene, and infection prevention practices.
Complaints Successfully Resolved	100%	All recorded complaints were fully addressed and resolved.
Unresolved Serious Complaints	Zero	No serious unresolved complaints remained at project completion.

14.9 Learning and Continuous Improvement

Source of Learning	Key Lesson Learned	Improvement Action
Surgical Services Data	Surgical scheduling should be prioritized according to clinical urgency and operational readiness.	Update surgical schedules based on established clinical priorities.
Inventory Management Data	Continuous availability of medical supplies is essential to maintain uninterrupted surgical services.	Define critical stock items and establish inventory reorder points.
Equipment Failures and Maintenance	Preventive maintenance significantly reduces equipment downtime and service interruptions.	Implement a structured preventive maintenance schedule.
Complaints and Beneficiary Feedback	Patient feedback reveals operational issues that may not be reflected in routine reports.	Integrate beneficiary feedback into regular performance reviews and quality improvement processes.
Interdepartmental Coordination	Timely sharing of information among departments reduces delays and operational errors.	Conduct regular coordination meetings between medical and operational teams.
Changing Operational Context	Static implementation plans are not suitable for rapidly changing humanitarian environments.	Adopt adaptive planning approaches and develop operational contingency measures.
Data Quality	Sound management decisions depend on accurate and reliable information.	Conduct regular reviews of records and periodic data verification to ensure data quality and integrity.

14.10 MEAL System Improvement Plan

Area for Improvement	Proposed Action	Responsible Entity	Timeline
Data Quality	Conduct regular data verification and reconcile reports with medical records.	MEAL Officer and Medical Administration	Monthly
Beneficiary Classification	Disaggregate data by sex, age, geographic location, and disability status.	MEAL Team and Registration Unit	Continuous
Impact Measurement	Conduct follow-up assessments with a sample of patients after discharge.	Medical Administration and MEAL Team	30 and 90 days after discharge
Financial Efficiency	Develop indicators to measure the cost per surgical procedure, outpatient consultation, and inpatient admission.	Finance Department and MEAL Team	Quarterly
Benchmarking	Compare project performance with similar hospitals and healthcare projects.	Project Management and MEAL Team	Semi-annually
Lessons Learned	Establish an institutional register to document lessons learned and recommendations.	Project Team	Monthly and at project closure
Performance Dashboard	Integrate medical, operational, and financial data into a unified performance dashboard.	MEAL, Finance, and Logistics Departments	Throughout the project
Complaints Management	Establish a unified complaints management system with defined timelines for response and case closure.	Accountability Team	Immediate and ongoing

14.11 Institutional Responsibilities for the MEAL System

Entity / Department	Primary Responsibilities
Project Management	Overall oversight of the MEAL system, approval of performance indicators, and implementation of corrective decisions.
MEAL Team	Data collection, analysis, reporting, quality assurance, and data verification.
Medical Administration	Provision of clinical data and review of treatment outcomes and medical complications.
Nursing Department	Documentation of inpatient admissions, nursing care, and clinical follow-up.
Logistics Department	Monitoring inventory, medical supplies, maintenance activities, and operational readiness.
Finance Department	Provision of expenditure data and analysis of project costs, efficiency, and financial performance.
Quality Team	Monitoring patient safety, infection prevention and control, and adverse events.
Hospital Management	Management of complaints and coordination among hospital departments.

Registration Staff	Accurate registration of patient information and healthcare services provided.
Patients and Caregivers	Providing feedback, submitting complaints, and participating in beneficiary satisfaction assessments.

14.12 Overall Summary of the MEAL System

MEAL Component	Overall Outcome
Monitoring	A comprehensive daily, weekly, and monthly reporting system ensured continuous monitoring of project implementation and operational performance.
Evaluation	The evaluation demonstrated that the project's core objectives and performance targets were achieved or exceeded.
Quality	Healthcare services maintained high quality, with very low rates of clinical complications and healthcare-associated infections.
Accountability	100% of recorded complaints were successfully addressed, with no outstanding serious complaints at project completion.
Beneficiary Satisfaction	Overall beneficiary satisfaction reached 92% , while 95% of patients reported a positive healthcare experience.
Learning	Project data and lessons learned were systematically utilized to improve scheduling, operational procedures, coordination mechanisms, and overall project performance.
Challenges	Continued efforts are needed to further strengthen data quality, enhance financial cost indicators, and improve long-term impact measurement.
Overall Assessment	The MEAL system proved to be an effective management framework that supported uninterrupted hospital operations, strengthened service quality, facilitated evidence-based decision-making, and promoted continuous organizational learning and improvement throughout the project implementation period.

Section Fifteen: Financial Performance and Resource-Use Efficiency

15.1 Introduction

The project's total expenditure amounted to **USD 578,280.68**, with the majority of financial resources allocated to ensuring the continuous operation of the hospital and maintaining the medical, technical, administrative, and support personnel required to deliver specialized surgical and healthcare services.

The expenditure structure reflects the nature of the project as an **operational healthcare intervention that is highly dependent on human resources**, rather than an infrastructure project or an intervention primarily focused on procuring equipment or medical supplies.

The successful operation of a specialized hospital relies directly on the continuous availability of a broad range of qualified personnel, including:

- Surgeons and specialist physicians.
- Anesthesiologists.
- Resident physicians.
- Nurses.
- Operating theatre and sterilization technicians.
- Laboratory and radiology technicians.
- Pharmacists.
- Physiotherapists.
- Administrative and finance staff.
- Maintenance and logistics teams.
- Cleaning and support service personnel.

Accordingly, the high proportion of expenditure allocated to salaries should **not** be interpreted as an inflation of administrative costs. Rather, it reflects the labor-intensive nature of the intervention, where qualified human resources constitute the primary input required for the delivery of specialized healthcare services.

The project budget also covered other essential operational costs necessary to sustain hospital services, including maintenance and facility improvements, cleaning services, medical supplies, administrative support, and intermediary service fees.

15.2 Expenditure Summary

Budget Line	Amount (USD)
Salaries	511,230.00
Medical Supplies	6,253.96
Mobile Phones	95.73
Stationery and Printing	6,498.50
Maintenance and Repairs	7,179.18
Transportation and Mobility	23.12
Events and Activities	693.00
Media and Advertising	63.00
Hospitality	1,094.07
Cleaning Services	4,505.17
Miscellaneous Expenses	74.15
Development and Facility Improvements	19,214.20
Intermediary Service Fees	21,356.60
Total Expenditure	578,280.68

The expenditure summary demonstrates that project spending was **primarily concentrated on personnel costs**, reflecting the operational requirements of maintaining uninterrupted specialized healthcare services. The largest expenditure category was **salaries**, followed by **intermediary service fees, development and facility improvements, maintenance and repairs, medical supplies, and stationery and printing**. This distribution is consistent with the project's objective of sustaining hospital operations through investment in skilled human resources while ensuring the availability of the

infrastructure, supplies, and operational support necessary for the continuous delivery of high-quality healthcare services.

Section Sixteen: Risk Management and Mitigation Measures

16.1 Risk Management Methodology

The project adopted a **proactive risk management approach** designed to identify, assess, monitor, and respond to risks that could affect project implementation, service continuity, patient safety, and resource utilization. The methodology included systematic risk identification, assessment of likelihood and impact, risk classification, implementation of mitigation measures, continuous monitoring, escalation where necessary, and documentation of lessons learned.

Stage	Action
Risk Identification	Identify risks that may affect healthcare services, patients, project resources, and overall operations.
Risk Assessment	Evaluate the likelihood of occurrence and the potential impact of each identified risk.
Risk Classification	Categorize risks as Low, Moderate, High, or Critical based on the overall level of risk.
Mitigation Measures	Define preventive and corrective actions to reduce the likelihood or impact of identified risks.
Monitoring	Monitor early warning indicators and regularly update the status of identified risks.
Response	Activate contingency measures and escalate risks according to their severity.
Documentation and Learning	Record actions taken, outcomes achieved, and lessons learned to strengthen future risk management practices.

16.2 Risk Matrix and Mitigation Measures

Risk Category	Potential Risk Description	Likelihood	Impact	Risk Level	Key Mitigation Measures	Monitoring Mechanism	Responsible Entity
Security Situation	Security developments	High	High	Critical	Continuous security	Daily security and	Project Management

	and movement restrictions affecting access for patients, staff, and medical supplies.				monitoring, emergency response plans, alternative communication channels, coordinated staff movement, prioritization of essential healthcare services.	operational monitoring with immediate reporting.	and Hospital Administration
Interruption of Healthcare Services	Suspension or disruption of outpatient services or surgical activities due to operational conditions or resource shortages.	High	High	Critical	Business continuity plans, operational contingencies, flexible workforce allocation, and prioritization of cases according to medical urgency.	Daily monitoring of departmental readiness and postponed procedures.	Medical Administration and Hospital Management
Supply Chain Disruption	Delays or interruptions in the procurement of medicines, medical consumables, and surgical supplies.	High	High	Critical	Supplier diversification, buffer stock, reorder points, technical alternatives, and early procurement of critical items.	Weekly inventory reports and procurement tracking.	Procurement, Logistics, and Pharmacy Departments
Shortage of Medicines and Medical Supplies	Inventory levels falling to a point that could delay surgical procedures or healthcare services.	High	High	Critical	Identification of critical items, consumption monitoring, safety stock maintenance, and inventory redistribution.	Regular inventory reviews and consumption analysis.	Pharmacy, Warehouse, and Medical Administration

Financial Risks	Misallocation of resources, expenditures outside the approved budget, or insufficient supporting documentation.	Moderate	High	High	Segregation of duties, dual approval processes, budget reconciliation, expenditure documentation, and variance analysis.	Monthly financial reports, internal reviews, and external audits.	Finance Department and Project Management
Procurement Non-Compliance	Failure to comply with procurement procedures, competition requirements, delegated authority, or documentation standards.	Moderate	High	High	Standardized procurement procedures, supplier due diligence, segregation of procurement responsibilities, and complete procurement documentation.	Review of purchase requests, quotations, evaluations, receipts, and payments.	Procurement and Finance Departments
Conflict of Interest or Fraud	Improper influence over supplier selection or misuse of project resources.	Low	High	Moderate	Conflict of interest declarations, segregation of duties, evaluation committees, compliance reviews, and whistleblowing mechanisms.	Periodic compliance reviews and audits.	Management, Compliance, and Finance
Data and Reporting Quality	Errors, omissions, or duplication in patient records, service statistics, or performance indicators.	Moderate	Moderate	Moderate	Standardized data collection tools, staff training, indicator definitions, data verification, and backup procedures.	Monthly reconciliation between medical records and project reports.	MEAL Team and Medical Administration

Patient Data Confidentiality	Unauthorized access to or disclosure of confidential patient information.	Low	High	Moderate	Controlled access permissions, secure record storage, information system protection, and staff training on confidentiality.	Regular review of user access permissions and data security incidents.	Medical Administration and Information Technology
Human Resource Shortages	Insufficient specialized personnel due to movement restrictions or excessive workload.	High	Moderate	High	Staff redistribution, backup staffing arrangements, optimized shift scheduling, and recruitment of additional support when required.	Attendance monitoring and workload assessments.	Human Resources and Medical Administration
Staff Fatigue and Burnout	Physical and psychological fatigue resulting from long working hours and high patient volume.	High	Moderate	High	Balanced shift schedules, adequate rest periods, overtime monitoring, and psychosocial and managerial support.	Review of workload, absenteeism, and staff performance.	Human Resources and Department Heads
Medical Equipment Failure	Failure of surgical, anesthesia, sterilization, or diagnostic equipment.	Moderate	High	High	Preventive maintenance, backup equipment, spare parts availability, rapid-response technicians, and user training.	Maintenance records, equipment failure logs, and response time monitoring.	Maintenance Department and Operations Management

Power and Water Interruptions	Disruption of essential utilities required for operating theatres and hospital departments.	High	High	Critical	Alternative power and water sources, fuel monitoring, contingency plans for critical services, and maintenance of backup systems.	Daily inspection of power supplies, water systems, and fuel reserves.	Operations Management and Maintenance Department
Patient Safety Risks	Medical errors or adverse events occurring during healthcare delivery.	Moderate	High	High	Patient identification verification, surgical safety checklists, patient monitoring, incident reporting, and root cause analysis.	Review of medical records, incident reports, and complication reports.	Medical Administration and Quality Team
Healthcare-Associated Infections	Surgical site infections or other healthcare-associated infections occurring within the hospital.	Moderate	High	High	Sterilization procedures, personal protective equipment, hand hygiene, healthcare waste management, infection surveillance, and staff training.	Infection surveillance reports and inspections of hygiene and sterilization practices.	Infection Prevention and Control Team and Medical Administration
Postponement of Surgical Procedures	Delays in surgical procedures due to shortages of staff, supplies, or facility readiness.	Moderate	High	High	Prioritization of surgical schedules, advance verification of resource availability, contingency scheduling, and patient	Daily review of scheduled and postponed procedures.	Medical Administration and Operating Theatre Management

					communication.		
Weak Internal Coordination	Delayed decisions or conflicting responsibilities among medical and administrative departments.	Moderate	Moderate	Moderate	Regular coordination meetings, clearly defined responsibilities, information sharing, and formal escalation procedures.	Weekly coordination meetings and implementation follow-up.	Project Management and Hospital Administration
Institutional and Reputational Risks	Weak transparency, inadequate documentation, or ineffective complaint management affecting stakeholder confidence.	Low	High	Moderate	Accurate reporting, documentation of decisions, transparent communication of challenges, effective complaint management, and compliance with institutional policies.	Donor reporting, compliance reviews, and complaint monitoring.	Senior Management and Compliance Unit
Beneficiary Complaints	Failure to respond to patient feedback or delays in complaint resolution.	Low	Moderate	Low	Multiple complaint channels, complaint documentation, defined response timelines, and corrective actions.	Complaints register and case closure reports.	Hospital Management and Accountability Team
Use of Images and Personal Information	Publication of patient photographs or personal stories without informed consent or	Low	High	Moderate	Informed consent procedures, anonymization of personal information, review of communication.		

	adequate privacy protection.				n materials before publication, and authorization controls.		
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16.3 Early Warning Indicators

Risk Category	Early Warning Indicator	Required Action
Service Continuity	Increase in postponed surgical procedures or partial suspension of a hospital department.	Activate contingency plans and reprioritize service delivery.
Supply Chain	Critical stock items reaching their established reorder points.	Initiate urgent procurement or replenishment procedures.
Suppliers	Delayed deliveries or repeated supply of non-compliant materials.	Engage an alternative supplier and conduct a supplier performance review.
Human Resources	Increased staff absenteeism or excessive overtime hours.	Redistribute workloads and arrange additional staffing support.
Medical Equipment	Repeated equipment failures or delays in maintenance activities.	Remove equipment from service if necessary and activate backup equipment.
Power and Water Supply	Declining fuel reserves or recurring utility interruptions.	Activate backup systems and secure additional emergency reserves.
Financial Risks	Expenditures exceeding implementation progress or budget allocations.	Review budget variances and suspend non-essential commitments.
Procurement	Missing procurement documentation or incomplete approval processes.	Suspend the procurement process until all required documentation and approvals are completed.
Data Quality	Discrepancies between medical records and project reports.	Verify and correct data before official reporting and approval.
Patient Safety	Increase in clinical complications or adverse events.	Conduct a clinical investigation and perform root cause analysis.
Infection Prevention and Control	Increase in surgical site infection rates.	Review sterilization procedures and implement immediate corrective measures.
Institutional Reputation	Increase in beneficiary complaints or conflicting public information.	Investigate the issue, provide an official response, and implement corrective actions.

16.4 Escalation and Response Mechanism

Risk Level	Response Mechanism	Escalation Level	Response Time
Low	Address the issue through routine operational procedures while continuing to monitor the risk.	Department Head	Within normal operational timelines.
Moderate	Develop and implement mitigation measures with regular follow-up.	Department Manager and Project Management	Within a timeframe appropriate to the nature of the risk.
High	Prepare and implement an urgent corrective action plan and allocate the required resources.	Project Management and Executive Management	Immediate priority.
Critical	Activate the emergency response plan and operational contingency measures, and notify all relevant authorities.	Senior Management and Hospital Administration	Immediate response.

16.5 Response Procedures Following Risk Occurrence

Step	Action
1	Verify that the risk has occurred and determine its scope and potential impact.
2	Protect patients and staff while preventing further escalation of harm.
3	Notify responsible managers and relevant stakeholders.
4	Activate the emergency response plan or operational contingency measures.
5	Mobilize the required human, financial, and material resources.
6	Document the incident and all actions taken in response.
7	Monitor the restoration of healthcare services until normal operations are fully resumed.
8	Conduct a root cause analysis and evaluate the outcomes of the response.
9	Update the project risk register and revise mitigation measures where necessary.

10	Document lessons learned to strengthen future preparedness and prevent recurrence.
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16.6 Evaluation of Risk Management Effectiveness

Performance Indicator	Result	Interpretation
Continuity of Healthcare Services	100%	Business continuity measures were successfully implemented.
Complete Service Interruptions	Zero	Risks did not result in any total disruption of healthcare services.
Operational Readiness of Hospital Facilities and Departments	Full Readiness	Preventive maintenance and operational monitoring proved highly effective.
Availability of Essential Medical Supplies	Full Coverage	Inventory planning and supply chain management were successfully maintained.
Surgical Procedures Performed	1,581	The project successfully maintained its surgical service capacity throughout implementation.
Postoperative Complications	One Successfully Managed Case	Demonstrates a high level of patient safety and effective clinical management.
Surgical Site Infections	Fewer than Ten Successfully Managed Cases	Infection prevention and control measures were effective in minimizing healthcare-associated infections.
Complaints Successfully Resolved	100%	Accountability and complaints management mechanisms functioned effectively.
Unresolved Serious Complaints	Zero	No outstanding critical issues remained at project completion.

16.7 Conclusion

The project results demonstrate the effectiveness of the implemented **risk management framework**, which enabled the hospital to maintain **100% continuity of healthcare services** without experiencing any complete operational shutdowns. Throughout the implementation period, hospital facilities remained fully operational, and essential medical supplies were consistently available to support uninterrupted service delivery.

The project's proactive approach to risk management—including **advance planning, preventive maintenance, continuous inventory monitoring, effective human resource management, and close coordination among medical, operational, and administrative departments**—significantly reduced the impact of security, operational, clinical, financial, and institutional risks.

Overall, the project's integrated risk management system strengthened organizational resilience, enhanced operational preparedness, safeguarded patient safety, protected critical healthcare resources, and ensured the sustained delivery of high-quality specialized healthcare services despite the highly challenging humanitarian and operational context in the Gaza Strip.

Section Seventeen: Sustainability and Future Vision

17.1 Introduction

The project was originally designed as an **emergency healthcare intervention** aimed at ensuring the continuity of specialized surgical and medical services in the Gaza Strip during a period characterized by severe humanitarian, security, and operational challenges. However, the project's impact extended well beyond addressing immediate healthcare needs. It contributed significantly to restoring local capacity for specialized healthcare delivery, strengthening the hospital's operational readiness, and enhancing several of its medical, administrative, and operational systems.

In this context, **sustainability** refers to the hospital's ability to maintain the services, capacities, and achievements realized through the project after the completion of external funding. This depends on ensuring the continued availability of qualified personnel, essential medical supplies and equipment, efficient administrative and financial systems, and sustained maintenance, quality assurance, and performance monitoring mechanisms.

Sustainability does **not** necessarily imply continuing the project under the same operational model or budget. Rather, it focuses on preserving the core capacities established during the project and developing appropriate mechanisms and funding arrangements that safeguard key achievements and prevent the interruption of essential healthcare services.

17.2 Institutional Sustainability

Institutional sustainability refers to the hospital's ability to continue managing healthcare services through **well-established, standardized institutional systems**, rather than relying on temporary arrangements linked solely to the project implementation period.

The project contributed to strengthening several key institutional capacities, including:

- Enhancing governance, administrative oversight, and operational management systems.
- Clearly defining responsibilities among medical, financial, and logistics departments.
- Improving coordination across hospital departments.
- Strengthening monitoring, reporting, and performance management systems.
- Supporting Quality Improvement and Patient Safety Committees.
- Improving documentation and institutional record management systems.
- Expanding the use of Electronic Medical Records (EMRs).
- Strengthening infection prevention and control measures and organizational risk management systems.

The project also reinforced the hospital's administrative and information management infrastructure by upgrading the **Electronic Medical Records (EMR) system**, providing **seven laptop computers**, establishing a **Quality Assurance Committee**, and strengthening laboratory and diagnostic service capacities.

The significance of these investments lies in their long-term value. They remain available for continued use beyond the project period, enabling hospital management to improve planning, evidence-based decision-making, operational oversight, and overall institutional performance.

17.3 Human Resources Sustainability

Human resources represent the cornerstone of hospital sustainability, as the continuity and quality of healthcare services depend directly on the availability of qualified physicians, nurses, technicians, administrators, and support staff.

The project supported approximately **170–180 personnel**, contributing significantly to workforce stability, the reopening of hospital departments, the performance of surgical procedures, and the uninterrupted provision of outpatient, diagnostic, and support services.

To sustain these achievements, future efforts should focus on:

- Retaining highly qualified medical and technical professionals, particularly those with scarce specialties.
- Developing clear staff retention strategies to reduce employee turnover.
- Reviewing work schedules and shift rotations to minimize staff fatigue and burnout.
- Expanding opportunities for professional development and Continuing Medical Education (CME).
- Promoting knowledge transfer and mentoring for additional healthcare personnel.
- Developing succession plans for critical positions.
- Building a strong second tier of medical and administrative leadership.
- Training staff in emergency preparedness and business continuity management.
- Providing psychosocial support and staff well-being programs.

Maintaining an experienced and qualified workforce is considerably more efficient than replacing lost personnel, particularly given the limited availability of specialized healthcare professionals and the movement restrictions affecting recruitment and deployment within the Gaza Strip.

17.4 Financial Sustainability

Financial sustainability represents one of the greatest challenges to maintaining hospital operations due to the high operational costs associated with specialized surgical healthcare, particularly expenditures related to **personnel, medical supplies, pharmaceuticals, maintenance, utilities, cleaning services, and other operational support services.**

Accordingly, the hospital should avoid dependence on a single funding source and instead develop a **diversified financing model** incorporating multiple funding streams, including:

- Institutional funding from **FAJR Global**.
- Grants from humanitarian and international organizations.
- Support agreements with healthcare institutions.
- Partnerships with governmental authorities.
- In-kind contributions of medicines, medical equipment, and healthcare consumables.
- Targeted funding for priority healthcare services and specialized medical programs.
- Cost-sharing agreements with healthcare partners.
- Fundraising campaigns dedicated to life-saving healthcare services.

In addition, an **annual operational budget** should be prepared to clearly identify:

- The actual operating cost of each hospital department and healthcare service.
- Monthly financial requirements.
- Fixed operational commitments.

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- Expected funding sources.

Recommended Financial Planning Scenarios

Scenario	Description
Full Funding	Continuation of all healthcare services and medical specialties at the planned operational capacity.
Partial Funding	Prioritization of essential healthcare services while reducing selected non-critical activities.
Minimum Funding	Maintenance of life-saving services and only the core operational functions required to sustain hospital operations.

Developing these financial scenarios enables hospital management to make timely strategic decisions in response to funding fluctuations, minimizes operational uncertainty, and helps prevent the sudden interruption of critical healthcare services.

17.5 Supply Chain Sustainability

The continuity of specialized surgical services depends on a reliable supply chain that ensures the uninterrupted availability of medicines, medical consumables, surgical instruments, spare parts, and other essential operational materials.

Given the volatility of markets and the challenges associated with procurement and transportation, long-term sustainability requires the implementation of a comprehensive supply chain planning and monitoring system that includes:

- Developing an annual procurement plan aligned with the hospital's medical service plan.
- Identifying critical medical items.
- Regularly calculating consumption rates.
- Establishing minimum and maximum inventory levels.
- Defining reorder points for each inventory item.
- Maintaining safety stock for life-saving supplies.
- Diversifying suppliers and procurement sources.
- Identifying backup suppliers and alternative sourcing options.
- Establishing framework agreements for frequently procured items.
- Approving technically equivalent substitute products for items at risk of stock-out.
- Monitoring expiration dates and inventory movement.
- Developing contingency plans for transportation and warehousing.

These measures help reduce the likelihood of postponed surgical procedures or service interruptions resulting from supply shortages. They also minimize emergency procurement, improve supply chain resilience, and enhance the efficient utilization of available resources.

17.6 Sustainability of Infrastructure and Equipment

The project achieved **full operational readiness** of hospital facilities and departments, with **no complete interruption of healthcare services** recorded throughout the implementation period. Sustaining this achievement, however, requires a transition from reactive maintenance to a structured and preventive maintenance system.

Future priorities include:

- Developing a preventive maintenance plan for all medical equipment and hospital facilities.
- Classifying equipment according to its operational importance and the impact of potential failure.
- Establishing an electronic asset and maintenance management system.
- Documenting equipment failures, repairs, and associated maintenance costs.
- Ensuring the availability of essential spare parts.
- Establishing maintenance contracts with specialized technical service providers.
- Training staff on the proper operation and handling of medical equipment.
- Providing alternative sources of electricity, water, and communications.
- Conducting regular electrical and mechanical safety inspections.
- Allocating a dedicated financial reserve for emergency maintenance.

Particular priority should be given to equipment supporting **operating theatres, anesthesia services, sterilization units, laboratory services, and power systems**, as failure of these critical assets could result in the immediate disruption of essential healthcare services.

17.7 Integration with the Health System

The project was designed to **strengthen the existing healthcare system rather than establish a parallel service delivery structure**. This approach is fundamental to ensuring long-term sustainability and reinforcing local ownership of project outcomes.

Future integration with the **Ministry of Health** and local healthcare institutions should focus on:

- Establishing a formal referral mechanism for surgical cases.
- Coordinating the prioritization of medical specialties and healthcare services.

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- Regularly sharing healthcare data and performance indicators.
 - Harmonizing clinical and treatment protocols.
 - Coordinating the distribution of medicines and medical equipment.
 - Participating in national health emergency preparedness and response plans.
 - Integrating the hospital into broader health sector recovery and reconstruction initiatives.
 - Coordinating postoperative follow-up services and patient referrals between healthcare facilities.

This integrated approach will help prevent duplication of services, improve the utilization of available resources, and ensure that patients are referred to the most appropriate healthcare facility according to their clinical needs.

17.8 Scalability and Replicability

The project demonstrated that a **hospital operational model integrating clinical services, administration, financial management, logistics, maintenance, and quality management** can be successfully implemented in complex humanitarian settings.

The model can be expanded in the future through:

- Increasing the number of operating theatres.
- Expanding medical and surgical specialties.
- Establishing additional specialized clinical units.
- Strengthening diagnostic and rehabilitation services.
- Deploying mobile surgical teams.
- Establishing a referral network among hospitals.
- Providing technical and operational support to other healthcare facilities.
- Replicating the operational model in hospitals affected by conflict or with limited service capacity.

Future expansion should be implemented gradually and should be based on comprehensive needs assessments, the availability of qualified personnel, financial sustainability, infrastructure readiness, and supply chain capacity.

17.9 Future Vision

The long-term vision is to transform the hospital from an **emergency healthcare intervention** into a **sustainable and fully integrated specialized medical center** that delivers high-quality surgical and diagnostic services while serving as a center for medical education, professional development, and support to the local healthcare system.

This vision is built upon the following strategic pillars:

Strategic Pillar	Future Direction
Continuity	Sustain uninterrupted delivery of essential surgical and specialized healthcare services.
Expansion	Increase service capacity and introduce additional medical specialties and healthcare services.
Quality	Strengthen accreditation systems, patient safety, and infection prevention and control programs.
Digital Transformation	Complete the implementation of electronic medical records and integrated administrative information systems.
Training	Develop the hospital into a center for continuing medical education and professional healthcare training.
Partnerships	Expand collaboration with healthcare institutions, universities, and international donors.

Resilience	Enhance the hospital's capacity to respond effectively to emergencies, crises, and service disruptions.
Financing	Diversify funding sources and align financial support with operational plans and measurable performance indicators.

Section Eighteen: Recommendations and Priorities for the Next Phase

18.1 Introduction

Based on the project's results, overall achievements, and lessons learned, the next phase should focus on preserving the healthcare services and institutional capacities established during implementation, addressing remaining gaps, improving efficiency and quality, and pursuing realistic and evidence-based expansion.

The recommendations have been prioritized according to **implementation timeframe and level of urgency**, encompassing immediate actions, short- and medium-term priorities, and long-term strategic directions.

18.2 Immediate Priorities

The immediate priorities represent actions that should be implemented without delay to prevent operational gaps or deterioration in the quality and continuity of healthcare services.

Priority One: Ensuring Continuity of Funding and Hospital Operations

Transitional financing should be secured to cover the period following project completion, with particular emphasis on sustaining **core staff salaries, essential medical supplies, maintenance activities, and critical operational services.**

The following actions are recommended:

- Determine the minimum level of funding required to maintain hospital operations.
- Prepare a monthly cash flow plan.
- Identify all fixed operational commitments.
- Prioritize life-saving healthcare services.
- Clearly identify services that must not be suspended under any circumstances.
- Develop an alternative operational plan to be implemented in the event of partial funding.

Priority Two: Ensuring the Availability of Essential Medical Supplies

A comprehensive inventory assessment should be conducted to identify critical items, high-consumption supplies, and the quantities required to support hospital operations during the upcoming implementation period.

The following actions are recommended:

- Develop a list of critical medical supplies.
- Analyze consumption rates.
- Establish reorder points for all essential items.
- Procure buffer stock to mitigate supply disruptions.
- Prepare a procurement and supply plan covering the next **three to six months.**
- Monitor expiration dates on a regular basis.
- Identify technically equivalent alternatives for items at risk of stock shortages.

Priority Three: Retaining Essential Human Resources

The next phase should prioritize retaining personnel with specialized and hard-to-replace skills while implementing practical measures to reduce staff fatigue and minimize workforce turnover.

Recommended actions include:

- Identify critical positions within the hospital.
- Develop staff retention strategies.
- Review work schedules and shift rotations.
- Establish contingency arrangements for essential positions.
- Provide appropriate financial and non-financial incentives.
- Offer psychosocial and well-being support to healthcare workers.

Priority Four: Updating Emergency Preparedness Plans

Business Continuity Plans (BCPs) and emergency response procedures should be reviewed and updated to ensure that the hospital remains fully prepared for potential security, operational, or humanitarian disruptions.

Recommended actions include:

- Update evacuation procedures and incident response plans.
- Identify alternative sources of electricity, water, and communications.
- Review emergency contact lists and organizational responsibilities.
- Identify alternative operating locations and contingency arrangements.
- Conduct regular emergency simulation exercises.
- Periodically review incident and crisis management plans.

18.3 Short-Term Priorities

Short-term priorities represent actions that should ideally be implemented during the first months of the next phase to strengthen institutional quality, efficiency, and organizational performance.

Strengthening the Monitoring, Evaluation, Accountability, and Learning (MEAL) System

The MEAL system should be further enhanced through:

- Development of an updated electronic performance dashboard.
- Disaggregation of beneficiary data by sex, age, location, and disability status.
- Linking healthcare services with health outcomes.
- Introducing cost-efficiency indicators.
- Conducting monthly data quality reviews.
- Documenting lessons learned and corrective actions.
- Establishing post-discharge patient follow-up mechanisms.

Strengthening Quality and Patient Safety

Quality management systems should be reinforced through:

- Adoption of standardized clinical protocols.
- Regular activation of the Quality Committee.
- Routine review of complications and healthcare-associated infections.
- Consistent implementation of surgical safety checklists.
- Development of a medical incident reporting system.
- Conducting root cause analyses for adverse events.
- Measuring patient experience following hospital discharge.

Strengthening Financial Management

Financial management should evolve beyond expenditure monitoring toward evaluating efficiency and value for money.

Recommended actions include:

- Comparing approved budgets with actual expenditures.
- Analyzing the cost of each healthcare service and medical specialty.
- Separating direct costs from indirect costs.
- Clearly defining intermediary service fees.
- Improving the allocation of transportation and shared service costs.
- Linking expenditures to healthcare outputs and outcomes.
- Developing value-for-money indicators.
- Establishing a benchmarking framework for financial performance.

18.4 Medium-Term Priorities

Medium-term priorities represent development and expansion initiatives requiring additional financial resources together with technical and operational planning.

Expansion of Healthcare Services

Hospital capacity may be expanded through:

- Increasing the number of surgical procedures performed.
- Expanding high-demand medical and surgical specialties.

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- Prioritizing pediatric surgery and general surgery services.
 - Strengthening Ear, Nose and Throat (ENT) and Urology services.
 - Expanding interventional radiology and endoscopy services.
 - Enhancing rehabilitation and physiotherapy services.
 - Establishing structured postoperative follow-up programs.

Service expansion should be based on referral data, demonstrated healthcare demand, the availability of qualified personnel and medical equipment, and long-term financial sustainability.

Infrastructure Development

Future infrastructure priorities include:

- Assessing operating theatres and hospital facilities.
- Upgrading priority medical equipment.
- Strengthening laboratory and diagnostic services.
- Improving sterilization systems.
- Enhancing electrical systems and backup power capacity.
- Upgrading pharmaceutical and medical consumable storage facilities.
- Improving occupational health, safety, and fire protection systems.

Digital Transformation and Information Management

Digital transformation should include:

- Completing implementation of the Electronic Medical Records (EMR) system.
 - Integrating all medical and administrative departments into the electronic system.
 - Establishing role-based access controls for healthcare information.
 - Providing staff training on digital systems.
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- Implementing robust data backup and disaster recovery procedures.
 - Automating management and performance reporting.
 - Strengthening the protection of patient privacy and confidentiality.

18.5 Long-Term Strategic Priorities

The long-term strategic priorities aim to transform the hospital into a stable, specialized healthcare institution capable of sustainable growth over the next **three to five years**.

Key strategic priorities include:

- Developing a comprehensive hospital strategic plan.
- Establishing a diversified and sustainable financial model.
- Pursuing appropriate healthcare accreditation.
- Establishing a Surgical Training and Continuing Medical Education (CME) Center.
- Expanding international academic and medical partnerships.
- Developing a phased plan for expanding medical specialties.
- Supporting clinical research and analysis of healthcare outcomes.
- Establishing an institutional knowledge management and lessons learned system.
- Integrating the hospital into national healthcare recovery and reconstruction strategies.
- Developing an operational model that can be replicated in other healthcare facilities.

18.6 Governance and Partnership Recommendations

The partnership between the implementing organizations should be governed by a clear governance framework defining authorities, responsibilities, and decision-making processes.

Key recommendations include:

- Updating the partnership agreement.
- Clearly defining roles and responsibilities.
- Adopting a formal delegation of authority matrix.
- Conducting regular Steering Committee meetings.
- Documenting decisions and monitoring their implementation.
- Establishing a formal dispute resolution mechanism.
- Standardizing financial and technical reporting templates.
- Strengthening data sharing and transparency.
- Conducting periodic partnership performance reviews.
- Linking funding to agreed performance indicators and measurable results.

These measures will reduce duplication of responsibilities, accelerate decision-making, and strengthen accountability among project partners.

18.7 Procurement and Logistics Recommendations

Procurement and logistics constitute one of the most critical components of hospital sustainability due to their direct impact on the continuous availability of medicines, medical consumables, equipment, and operational support services.

The following recommendations are proposed:

- Develop a unified annual procurement plan.
- Align procurement planning with the medical service plan and approved budget.
- Conduct regular market and supplier analyses.
- Implement supplier due diligence and integrity screening.
- Establish a centralized supplier database.
- Conclude framework agreements for frequently procured items.
- Monitor supplier performance in terms of quality, cost, and delivery.
- Implement an electronic procurement tracking system.
- Maintain segregation of duties between requisition, procurement, receipt, and payment processes.
- Conduct regular inventory counts and fixed asset verification.
- Strengthen transportation, distribution, and emergency logistics planning.
- Continuously monitor inventory levels and product expiration dates.
- Fully document emergency procurement processes and approved exceptions.

18.8 Implementation Framework for the Priorities

Priority Level	Timeframe	Key Areas
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Immediate	Immediate to 3 months	Funding, staff salaries, inventory, human resources, emergency preparedness plans
Short-Term	3–12 months	MEAL, quality improvement, patient safety, financial management
Medium-Term	1–2 years	Service expansion, infrastructure development, digital transformation
Strategic	3–5 years	Healthcare accreditation, financial sustainability, training, partnerships, and institutional expansion

18.9 Conclusion

The next phase should initially focus on safeguarding the continuity of healthcare services by protecting **human resources, maintaining uninterrupted medical supplies, and securing operational funding**. Once operational stability has been achieved, efforts should progressively shift toward enhancing quality, improving efficiency, and pursuing sustainable institutional growth.

The success of this phase will depend upon the implementation of a **clear operational and financing strategy**, well-defined institutional responsibilities, evidence-based decision-making supported by reliable performance indicators, and regular monitoring of implementation progress.

The achievements realized through this project provide a **strong foundation** for transforming the hospital into a **sustainable specialized healthcare center**. Achieving this vision, however, will require continued investment in qualified human resources, resilient supply chain systems, strengthened

governance and quality management, and the diversification of funding sources to ensure long-term operational sustainability.

