PROJECT APPRAISAL DOCUMENT
ON A PROPOSED GRANT
IN THE AMOUNT OF US$5 MILLION
FROM THE TRUST FUND FOR GAZA AND WEST BANK
TO THE
PALESTINE LIBERATION ORGANIZATION
(FOR THE BENEFIT OF THE PALESTINIAN AUTHORITY)
FOR THE
WEST BANK AND GAZA COVID-19 EMERGENCY RESPONSE
MARCH 27, 2020

Health Nutrition and Population Global Practice
Middle East and North Africa

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CURRENCY EQUIVALENTS

(Exchange Rate Effective March 15, 2020)

Currency Unit = NIS (New Israel Shekel)

NI S3.52  =  US$1
US$ 0.28  =  NIS 1

FISCAL YEAR
January 1 - December 31

Regional Vice President: Ferid Belhaj
Country Director: Kanthar Shankar
Regional Director: Keiko Miwa
Practice Manager: Rekha Menon
Task Team Leader(s): Fernando Montenegro Torres
### ABBREVIATIONS AND ACRONYMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMU</td>
<td>Country Management Unit</td>
</tr>
<tr>
<td>COVID-19</td>
<td>Coronavirus Disease 2019 - formerly known as 2019 Novel Coronavirus (2019-nCoV)</td>
</tr>
<tr>
<td>DA</td>
<td>Designated Account</td>
</tr>
<tr>
<td>ECD</td>
<td>Early Childhood Development</td>
</tr>
<tr>
<td>ESCP</td>
<td>Environmental and Social Commitment Plan</td>
</tr>
<tr>
<td>ESMF</td>
<td>Environmental and Social Management Framework</td>
</tr>
<tr>
<td>FCV</td>
<td>Fragility, Conflict and Violence</td>
</tr>
<tr>
<td>FM</td>
<td>Financial Management</td>
</tr>
<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
</tr>
<tr>
<td>GRS</td>
<td>Grievance Redress Service</td>
</tr>
<tr>
<td>HCI</td>
<td>Human Capital Index</td>
</tr>
<tr>
<td>HSRSP</td>
<td>Health System Resiliency Strengthening Project</td>
</tr>
<tr>
<td>IFR</td>
<td>Interim Financial Report</td>
</tr>
<tr>
<td>IHR</td>
<td>International Health Regulations</td>
</tr>
<tr>
<td>LMP</td>
<td>Labor Management Procedures</td>
</tr>
<tr>
<td>MENA</td>
<td>Middle East and North Africa Region</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MFD</td>
<td>Maximizing Finance for Development</td>
</tr>
<tr>
<td>MOF</td>
<td>Ministry of Finance</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MOH-PMU</td>
<td>Ministry of Health - Project Management Unit</td>
</tr>
<tr>
<td>OMR</td>
<td>Outside Medical Referral</td>
</tr>
<tr>
<td>PA</td>
<td>Palestinian Authority</td>
</tr>
<tr>
<td>PCBS</td>
<td>Palestinian Central Bureau of Statistics</td>
</tr>
<tr>
<td>PHC</td>
<td>Primary Healthcare Center</td>
</tr>
<tr>
<td>POM</td>
<td>Project Operational Manual</td>
</tr>
<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
</tr>
<tr>
<td>PPSD</td>
<td>Project Procurement Strategy for Development</td>
</tr>
<tr>
<td>QA</td>
<td>Quality Assurance</td>
</tr>
<tr>
<td>SEP</td>
<td>Stakeholder Engagement Plan</td>
</tr>
<tr>
<td>SOE</td>
<td>Statement of Expenditures</td>
</tr>
<tr>
<td>STEP</td>
<td>Systematic Tracking of Exchanges in Procurement</td>
</tr>
<tr>
<td>TOR</td>
<td>Terms of Reference</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>UNRWA</td>
<td>United Nations Relief and Works Agency for Palestinian Refugees in the Near East</td>
</tr>
<tr>
<td>WA</td>
<td>Withdrawal Application</td>
</tr>
<tr>
<td>WB</td>
<td>World Bank</td>
</tr>
<tr>
<td>WB&amp;G</td>
<td>West Bank and Gaza</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
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## BASIC INFORMATION

<table>
<thead>
<tr>
<th>Country(ies)</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Bank and Gaza</td>
<td>West Bank and Gaza COVID-19 Emergency Response</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project ID</th>
<th>Financing Instrument</th>
<th>Environmental and Social Risk Classification</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>P173800</td>
<td>Investment Project Financing</td>
<td>Substantial</td>
<td>Urgent Need or Capacity Constraints (FCC)</td>
</tr>
</tbody>
</table>

### Financing & Implementation Modalities

- [ ] Multiphase Programmatic Approach (MPA)
- [ ] Contingent Emergency Response Component (CERC)
- [ ] Series of Projects (SOP)
- [✓] Fragile State(s)
- [ ] Disbursement-linked Indicators (DLIs)
- [ ] Small State(s)
- [ ] Financial Intermediaries (FI)
- [ ] Fragile within a non-fragile Country
- [ ] Project-Based Guarantee
- [ ] Conflict
- [✓] Deferred Drawdown
- [✓] Responding to Natural or Man-made Disaster
- [✓] Alternate Procurement Arrangements (APA)

<table>
<thead>
<tr>
<th>Expected Approval Date</th>
<th>Expected Closing Date</th>
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<tbody>
<tr>
<td>02-Apr-2020</td>
<td>28-Feb-2024</td>
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</tbody>
</table>

Bank/IFC Collaboration

No

### Proposed Development Objective(s)

To prevent, detect and support immediate response to the threat posed by the COVID-19 pandemic and strengthen the West Bank and Gaza health system for public health preparedness.
### Components

<table>
<thead>
<tr>
<th>Component Name</th>
<th>Cost (US$, millions)</th>
</tr>
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<tbody>
<tr>
<td>Component 1: Emergency COVID-19 Response</td>
<td>2.10</td>
</tr>
<tr>
<td>Component 2: Strengthening Overall Healthcare Services and Clinical Capacity to Respond to COVID-19</td>
<td>2.10</td>
</tr>
<tr>
<td>Component 3: Project implementation and monitoring</td>
<td>0.80</td>
</tr>
</tbody>
</table>

### Organizations

**Borrower:** PALESTINE LIBERATION ORGANIZATION  
(FOR THE BENEFIT OF THE PALESTINIAN AUTHORITY)

**Implementing Agency:** Ministry of Health

### PROJECT FINANCING DATA (US$, Millions)

#### SUMMARY

<table>
<thead>
<tr>
<th></th>
<th>5.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Project Cost</td>
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</tr>
<tr>
<td>Total Financing</td>
<td>5.00</td>
</tr>
<tr>
<td>of which IBRD/IDA</td>
<td>0.00</td>
</tr>
<tr>
<td>Financing Gap</td>
<td>0.00</td>
</tr>
</tbody>
</table>

#### DETAILS

**Non-World Bank Group Financing**

<table>
<thead>
<tr>
<th>Category</th>
<th>5.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust Funds</td>
<td></td>
</tr>
<tr>
<td>Special Financing</td>
<td>5.00</td>
</tr>
</tbody>
</table>

**Expected Disbursements (in US$, Millions)**

<table>
<thead>
<tr>
<th>WB Fiscal Year</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>2024</th>
</tr>
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<tbody>
<tr>
<td>Annual</td>
<td>2.50</td>
<td>1.50</td>
<td>0.50</td>
<td>0.30</td>
<td>0.20</td>
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<tr>
<td>Cumulative</td>
<td>2.50</td>
<td>4.00</td>
<td>4.50</td>
<td>4.80</td>
<td>5.00</td>
</tr>
</tbody>
</table>
## INSTITUTIONAL DATA

**Practice Area (Lead)**

Other

**Contributing Practice Areas**

Education, Health, Nutrition & Population

**Climate Change and Disaster Screening**

This operation has not been screened for short and long-term climate change and disaster risks

## SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Political and Governance</td>
<td>Moderate</td>
</tr>
<tr>
<td>2. Macroeconomic</td>
<td>Moderate</td>
</tr>
<tr>
<td>3. Sector Strategies and Policies</td>
<td>Moderate</td>
</tr>
<tr>
<td>4. Technical Design of Project or Program</td>
<td>Substantial</td>
</tr>
<tr>
<td>5. Institutional Capacity for Implementation and Sustainability</td>
<td>Moderate</td>
</tr>
<tr>
<td>6. Fiduciary</td>
<td>Substantial</td>
</tr>
<tr>
<td>7. Environment and Social</td>
<td>Substantial</td>
</tr>
<tr>
<td>8. Stakeholders</td>
<td>Moderate</td>
</tr>
<tr>
<td>9. Other</td>
<td></td>
</tr>
<tr>
<td>10. Overall</td>
<td>Substantial</td>
</tr>
</tbody>
</table>

## COMPLIANCE

**Policy**

Does the project depart from the CPF in content or in other significant respects?

[ ] Yes    [✓] No

Does the project require any waivers of Bank policies?

[✓] Yes    [ ] No
Have these been approved by Bank management?

[✓] Yes  [ ] No

Is approval for any policy waiver sought from the Board?

[✓] Yes  [ ] No

Environmental and Social Standards Relevance Given its Context at the Time of Appraisal

<table>
<thead>
<tr>
<th>E &amp; S Standards</th>
<th>Relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment and Management of Environmental and Social Risks and Impacts</td>
<td>Relevant</td>
</tr>
<tr>
<td>Stakeholder Engagement and Information Disclosure</td>
<td>Relevant</td>
</tr>
<tr>
<td>Labor and Working Conditions</td>
<td>Relevant</td>
</tr>
<tr>
<td>Resource Efficiency and Pollution Prevention and Management</td>
<td>Relevant</td>
</tr>
<tr>
<td>Community Health and Safety</td>
<td>Relevant</td>
</tr>
<tr>
<td>Land Acquisition, Restrictions on Land Use and Involuntary Resettlement</td>
<td>Not Currently Relevant</td>
</tr>
<tr>
<td>Biodiversity Conservation and Sustainable Management of Living Natural Resources</td>
<td>Not Currently Relevant</td>
</tr>
<tr>
<td>Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities</td>
<td>Not Currently Relevant</td>
</tr>
<tr>
<td>Cultural Heritage</td>
<td>Not Currently Relevant</td>
</tr>
<tr>
<td>Financial Intermediaries</td>
<td>Not Currently Relevant</td>
</tr>
</tbody>
</table>

**NOTE**: For further information regarding the World Bank’s due diligence assessment of the Project’s potential environmental and social risks and impacts, please refer to the Project’s Appraisal Environmental and Social Review Summary (ESRS).

**Legal Covenants**

Sections and Description
Schedule 2, Section I.A.2.
The Project Unit Director shall hire a Health and Safety Specialist not later than 30 days after the Effective Date, and coordinate all technical, operational, M&E, financial management, procurement and environmental and social
safeguards aspects all in form and with terms of references, functions, composition, staffing, and adequate resources acceptable to the Bank, and as further described in the POM.

Sections and Description
Schedule 2, Section I.C.7.
The Recipient shall not later than 90 days after the Effective Date, shall, adopt the project operations manual (“Project Operational Manual” or “POM”), satisfactory to the Bank, which shall include the rules, methods, guidelines, standard documents and procedures for the carrying out of the Project.

Sections and Description
Schedule 2, Section I.G.1.
The Recipient shall no later than November 1st of each calendar year, submit to the Bank an annual work plan and budget for the Project (including Training and Operating Costs) for the subsequent calendar year of the Project.

Conditions

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectiveness</td>
<td>a) The execution and delivery of this Agreement on behalf of the Recipient has been duly authorized or ratified by all necessary governmental and corporate action</td>
</tr>
<tr>
<td></td>
<td>b) The Subsidiary Agreement referred to in Section I.B of Schedule 2 to the Grant Agreement has been executed on behalf of the Recipient.</td>
</tr>
<tr>
<td>Disbursement</td>
<td>As specified in Schedule 2, Section III.B.1 of the Grant Agreement, no withdrawal shall be made for payments made prior to the date of this Agreement, except withdrawals up to an aggregate amount not to exceed $2,000,000 may be made for payments made twelve months prior to the date of this Agreement, for Eligible Expenditures under Category (1) of the Project.</td>
</tr>
</tbody>
</table>
I. STRATEGIC CONTEXT

1. An outbreak of coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019. As of March 25, 2020, the outbreak has resulted in an estimated 441,187 cases and 19,784 deaths in 172 countries.¹

2. Over the coming months, the outbreak has the potential for greater loss of life, significant disruptions in global supply chains, lower commodity prices, and economic losses in both developed and developing countries. The COVID-19 outbreak is affecting supply chains and disrupting manufacturing operations around the world. Economic activity has fallen in the past two months and is expected to remain depressed for months. The outbreak is taking place at a time when global economic activity is facing uncertainty and governments have limited policy space to act. The length and severity of impacts of the COVID-19 outbreak will depend on the projected length and location(s) of the outbreak, as well as on whether there is a concerted, fast track response to support developing countries, where health systems are often weaker. With proactive containment measures, the loss of life and economic impact of the outbreak could be controlled. It is hence critical for the international community to work together on the underlying factors that are enabling the outbreak, on supporting policy responses, and on strengthening response capacity in developing countries – where health systems are weakest, and hence populations most vulnerable.

3. The World Bank Group (WBG) has streamlined and expedited preparation processes for emergency project preparation for all new projects designed to help countries rapidly respond to the COVID-19 pandemic emergency and its impacts. The WBG’s COVID-19 response is a globally-coordinated, country-based response to support health systems and emergency response capacity in developing countries, focused largely on health system response, complemented by support for economic and social disruption.

4. The WB’s support includes financing and technical assistance (TA). In terms of TA, to-date, the WB has contributed to the WHO-led development of a Strategic Preparedness and Response Plan outlining the public health measures for all countries to prepare for and respond to COVID-19. The strategic objectives of the Plan are to: limit human-to-human transmission; identify, isolate, and care for patients early; identify and reduce transmission from the animal source; address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options, and accelerate the development of diagnostics, therapeutics, and vaccines; communicate critical risk and event information to all communities, and counter misinformation; and minimize social and economic impact through multi-sectoral partnerships. To support these, the Plan relies on three pillars:

   a) rapidly establishing international coordination to deliver strategic, technical, and operational support through existing mechanisms and partnerships;
   b) scaling up country preparedness and response operations, and
   c) accelerating priority research and innovation.

¹ https://coronavirus.jhu.edu/map.html, Johns Hopkins Center for Systems Science and Engineering
A. Country Context

5. COVID-19 has already caused significant public health and economic impacts, both globally and in the Middle East and North Africa region, including West Bank and Gaza (WB&G). The pandemic response by the Palestinian Authorities (PA) has been swift and decisive engaging all key stakeholders and donors. A major response to protect the population has been launched and documented in the National Response Plan. The MOH has activated all the pandemic activities and interventions consistent with international good practices and WHO recommendations. Movement restrictions and containment efforts (due to the COVID-19 pandemic) within the WB&G as well as between the WB&G and Israel due to the COVID-19 pandemic are likely to cause a significant income shock to many households. The global economic slowdown from COVID-19 is likely to impact health services in the WB&G, both because of the limited fiscal resources to support health supplies and the overreliance on out of pocket expenditures at the point of care. Early intervention to strengthen the health system response has the potential to mitigate both the public health and economic impact of the pandemic.

6. With continuing restrictions on movement and access, and a severe liquidity crisis in 2019, economic momentum in the WB&G faces important challenges. The constraints imposed on movement and access in the West Bank, along with the blockade of Gaza, are eroding the productive sectors and have left the economy reliant on consumption-driven growth. A reduction in official transfers in recent years has exposed the fragility of this situation, which was compounded by the liquidity crisis that faced the PA in 2019 following a standoff over revenues collected by the Government of Israel on behalf of the PA. As a result, preliminary data by the Palestinian Central Bureau of Statistics (PCBS) shows that growth of real Gross Domestic Product (GDP) in the WB&G weakened in the first three quarters of 2019. Specifically, quarter-on-quarter growth was minus 3.3 percent in the first quarter of 2019, followed by negative growth of 2 percent in the second quarter before returning to positive growth of only 1 percent in the third quarter. Notably, the slowdown was driven by a decline in private and public consumption and in investment. Looking forward, growth was expected to slowly recover and average around 2.5 percent in the coming years; however, the outbreak of covid-19 has significantly heightened risks associated with this outlook and points to lower short term growth, a reduction in per capita income, and a rise in unemployment.

7. Driven by episodes of conflict, poverty rates in the WB&G have increased in recent years with nearly one in three persons living in poverty - even prior to the recent pandemic. Data from PCBS shows that the overall share of population below the poverty line has increased from 26 percent in 2011 to 29 percent in 2017. This, however, masks a substantial divergence in trends between Gaza and the West Bank. The poverty rate in the West Bank declined from 18 to 14 percent, while poverty in Gaza increased dramatically from 39 to 53 percent, leaving every second Gazan below the national poverty line. Given the negative impact that the COVID-19 pandemic is expected to have on economic activity and incomes, poverty rates may significantly rise in 2020, especially in Gaza - an already extremely fragile economy.

B. Sectoral and Institutional Context

8. Despite the solid launch of the response by the PA, the rapid evolution of the COVID-19 pandemic at a global, regional and local levels, the existing health sector challenges in WB&G are likely to be exacerbated
by the COVID-19 pandemic, and the WB&G are classified as a high-risk setting with limited response capacity. There is little fiscal space to increase public spending to allocate additional resources for the COVID-19 pandemic preparedness and response. Thus, the COVID-19 outbreak in the WB&G is likely to over-burden the health system capacities such as availability and access to health care services and availability of medical equipment, supplies and pharmaceuticals.

9. As of March 26, 2020, the WB&G had 84\(^2\) confirmed cases of COVID-19 (75 in the West Bank and 9 in Gaza) and the MOH has activated its preparedness plan. The MOH has led the development of a well-coordinated National Response Plan to be broadly disseminated in the first week of April. The MOH also established medical points at the ports of entry in Jericho and Rafah. Isolation facilities have been set up to test incoming arrivals from countries with infected cases. In addition, three health care facilities (Military Academy and Hugo Chavez Hospital in the West Bank and a field hospital in Gaza) are designated for treatment of symptomatic cases. The MOH has engaged UN and Health Cluster partner to coordinate the available resources to strengthen case management, infection prevention and control, essential laboratory supplies, procurement of Protective Personal Equipment (PPE), development of public communication materials, and multi-sectoral risk communication and community engagement strategy and plan. Under the ongoing Bank-financed Health System Resilience and Strengthening Project, US$800,000 have been reprogrammed to support eligible COVID-19 response activities. As the pandemic risks increase in the region and globally, financial assistance is urgently needed to respond to the potential surge of demand for diagnosis and clinical care management of severe and critical cases at designated MOH facilities as well as other containment measures.

C. Relevance to Higher Level Objectives

10. The proposed operation will be processed using condensed procedures as envisaged under Paragraph 12 (Projects in Situations of Urgent Need of Assistance or Capacity Constraints) of the WB Policy on Investment Project Financing (IPF) based on the following factors: (i) COVID-19 outbreak is a global disaster and public health emergency; (ii) WB&G face severe capacity constraints with fragile and under-resourced health systems that are unable to respond to the sudden and rapidly evolving pandemic; and (iii) the economic shock caused by the pandemic is expected to result in shrinking the GDP per capita and increasing poverty and unemployment.

11. The proposed emergency operation aligns with the National Multi-sectoral COVID-19 Response Plan. Specifically, the proposed operation supports the implementation of the plan with respect to case finding, surveillance, laboratory, equipment and other key inputs for COVID-19 case management, infection prevention and control, and operational support and logistics.

12. The proposed operation is aligned with the World Bank Group twin goals of ending extreme poverty and boosting shared prosperity in a sustainable manner. It contributes to the implementation of the World Bank Group’s FY18-21 Assistance Strategy for WB&G (Report No. 115201-GZ) and the twin goals. The proposed project falls under the Assistance Strategy’s objectives of pillar 3, “Addressing the needs of the vulnerable and strengthening institutions for improved citizen-centered service delivery”\(^3\). This pillar

---


\(^3\) The Assistance Strategy is centered around three pillars: (1) Setting the conditions for increased private sector investments and job
focuses on supporting the WB&G in putting citizens first. By helping to avert the negative social and economic impacts of the pandemic on the population the project is well aligned with the World Bank Group’s twin goals of eliminating extreme poverty and promoting shared prosperity in a sustainable manner.

13. The proposed project is also aligned with the World Bank Group’s enlarged Middle East and North Africa (MENA) Regional Strategy (March 2019), which emphasizes human capital development. The MENA Regional Strategy highlights human capital development as a core area of engagement. The Regional Strategy specifically calls for focusing on fundamentals through building resilience to shocks and strengthening health systems as part of the enlarged strategy.

II. PROJECT DESCRIPTION

14. The proposed emergency operation includes three components to support immediate response to the threat posed by the COVID-19 pandemic and strengthen West Bank and Gaza’s health systems for public health preparedness. This operation will provide funding also for streamlined and harmonized support to the MOH complementing and exploiting synergies with other development partners’ support. The activities to be funded under the Project will help to operationalize some elements that are part of the inter-agency plan, complementing, expanding and intensifying the responses rapidly. They will consist of a group of interventions based on the country’s epidemiological and institutional needs and assessed options for meeting them. Given the evolution of the pandemic and the changing landscape, the Bank will review the procurement plans to ensure efficiency and alignment with the National Response to the pandemic and support from other donors.

A. Project Development Objective

PDO Statement

15. To prevent, detect and support immediate response to the threat posed by the COVID-19 pandemic and strengthen the West Bank and Gaza health systems for public health preparedness.

PDO Level Indicators

- Percentage of suspected cases of COVID-19 cases reported and investigated based on national guidelines (target: 100%);
- Country has prepared a referral system to care for COVID-19 patients.
B. Project Components

Component 1: Emergency COVID-19 Response (US$2.1 million)

16. The aim of this component is to slow down and limit as much as possible the spread of COVID-19 in the WB&G. This will be achieved through providing immediate support to enhance case detection, confirmation, recording and reporting, contact tracing and risk assessment and mitigation. Specifically, this component will strengthen epidemiological surveillance systems, including indicator-based, community event-based, and sentinel surveillance. It will also develop guidelines and establish standardized sample collection methods, channeling and transportation, and determining sites in need for introduction of point of care diagnostics. Further, the component will support the procurement of essential equipment and consumables for laboratory and diagnostic systems, such as Polymerase Chain Reaction (PCR) machines, sample collection kits, test kits, and other equipment and supplies for COVID-19 testing and surveillance (including Personal Protective Equipment for surveillance workers) to ensure prompt case finding and local containment. The project will only finance inputs aligned with WHO guidelines and standards for combating COVID-19. In addition, the component will support strengthening of detection capacity through updated training of existing surveillance workers and improving reporting by frontline health workers using existing surveillance information.

17. Further, this component will support the design and implementation of effective public health measures to prevent contagion and will also support the development and implementation of associated communication and behavior change interventions to support key prevention behaviors. Community mobilization and participation in prevention and control measures will also take place through existing community institutions. Finally, the component will also support activities to enhance multisectoral response and action, including inter alia: the operations of command rooms at the central and regional levels; implementation of risk commutations and community engagement campaigns; implementation of containment strategies, including port-of-entry interventions and operation of rapid response teams.

Component 2: Strengthening Overall Healthcare Services and Clinical Capacity to Respond to COVID-19 (US$2.1 million)

18. The aim of this component is to strengthen essential healthcare service delivery to be able to provide the best care possible for people who become ill despite a surge in demand. The component will support the strengthening of selected health facilities and establishment and equipping of quarantine and treatment centers, so that they can manage COVID-19 cases. This would also include minor civil works and retrofitting of isolation rooms in such facilities and treatment centers. In addition, strengthened clinical care capacity will be achieved through development (as needed) and training of health personnel on treatment guidelines, and hospital infection control interventions. From another perspective, this component will support the procurement of essential additional inputs for treatment such as ventilators, pulse oximeters, laryngoscopes, oxygen generators, and other equipment/supplies for COVID-19 case management, as well as medicines (to avoid stock-outs particularly in Gaza) and vaccines (when they become available). The project will only finance inputs aligned with WHO guidelines and standards for combating COVID-19. It will also finance the procurement of disinfectants and other commodities for infection prevention and control. Furthermore, under this component, inputs and investments needed to ensure continuity of clinical care, including safe access to waste management, electricity, safe water and sanitation of hospitals will be provided. This component will also finance hiring medical and non-
medical short-term consultants to respond to a surge in demand for services due to the COVID-19 pandemic in selected hospitals. Finally, this component will ensure that investments will strengthen the overall health system readiness to respond to public health crisis following the recommendations of the International Health Regulations (IHR) analysis conducted by WHO and the Norwegian Institute of Public Health.

Component 3: Project Implementation and Monitoring (US$0.8 million)

19. This component will finance necessary human resources and running costs for the Project Management Unit (PMU) at the MOH (MOH PMU), including: (i) staffing, (ii) data collection, aggregation and periodic reporting on the project’s implementation progress; (iii) monitoring of the project’s key performance indicators and periodical evaluation; and (iv) overall project operating costs, audit costs and monitoring and compliance with Environmental and Social Commitment Plan (ESCP). Currently the MOH PMU has two full-time staff (Procurement Specialist, Financial Management Specialist) and a part-time Health Specialist. The PMU will be further strengthened by hiring a Health and Safety Specialist to oversee the project activities. In case additional staff is needed, particularly in the first months for speedy and effective project management, additional short-term consultants for the PMU may be hired under this component. In addition, this component will finance the financial and technical audits related to the project.

C. Project Beneficiaries

20. The project beneficiaries will be the entire population living in West Bank and Gaza, medical and emergency personnel, medical, laboratory and testing facilities, and health agencies across the WB&G. The population size of the WB&G is 4.78 million (2017). For immediate response to stop the transmission and allocate necessary resources for treatment of cases, the project specifically will prioritize interventions in governorates and communities that face local transmission\(^4\). The operation will also strengthen the MOH national response plan and capacity to mitigate any further outbreaks in other localities to tackle any outbreaks in other areas.

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D. Results Chain

E. Rationale for Bank Involvement and Role of Partners

21. The World Bank Group’s support to the PA will take full advantage of expertise available at the global and regional levels from the Fast Track COVID-19 Response Program that builds on the experience and credibility of the World Bank in responding to global crisis. This umbrella institutional response permits the Bank Group to move nimbly to support countries as they respond to the health and economic impacts of the spread of COVID-19, building in the experience and high standards that are needed so that the approaches work well in fast moving environments.

22. The WB&G are already experiencing the human and socio-economic impact of the fast evolving COVID-19 pandemic. The impact of the COVID-19 to people’s health and the socio-economic consequences are likely to be enormous if the spread is not urgently addressed. Given the infectious nature of the COVID-19, this pandemic needs to be confronted with close, well-coordinated joint efforts, and with the highest priority. Public and external financing is therefore justified to support the Public Good. The proposed operation aims to mitigate the spread of a deadly virus in the WB&G and minimize the socio-economic impact on people’s lives.

F. Lessons Learned and Reflected in the Project Design

23. The World Bank Group is well positioned to respond to this pandemic given its global expertise combined with understanding of country conditions and needs, prior experience in responding to crises (pandemics, natural disasters, economic shocks) while building resilience and improving future preparedness and
response capability, respect and trust of client countries, and global partnerships (UN agencies/WHO, other MDBs, IMF, etc.).

III. IMPLEMENTATION ARRANGEMENTS

A. Institutional and Implementation Arrangements

24. The MOH will be the implementing agency responsible for project implementation and will have the primary responsibility for all technical, operational and fiduciary aspects related to the project. Based on the Bank’s engagement with the MOH under the Health System Resilience and Strengthening Project (HSRSP, P150481) and the Early Childhood Development Project (P168295), MOH’s technical and implementation capacity was assessed and deemed satisfactory. The project may contract one or more UN agencies to procure urgently needed services that cannot be procured by the MOH with speed and efficiency required to respond to the COVID-19 pandemic.

25. The project will rely on the MOH’s existing organizational structure, including the involvement of the National High-Level Emergency Response Committee that has been established to manage the COVID-19 emergency response plan. The committee coordinates efforts among all development partners and facilitates linkages between the various units within MOH. Development partners engaged in the health sector will continue to play a prominent role in enhancing MOH’s preparedness and capacity to respond to the COVID-19 outbreak.

26. To address the recommendations of Institutional Integrity (INT) in the preparation of emergency aid, the project will include the following measures: (i) the project will be implemented by the MOH, an institution with an established Project Management Unit (PMU) whose fiduciary and safeguards aspects have been assessed recently and will be monitored on a regular basis; (ii) the MOH will look for any signs of weaknesses or alerts, follow up and report immediately as per the Bank guidelines; (iii) the MOH will prepare a Project Operational Manual (POM) and use the experience on contracts already conducted under the HSRSP and ensure that all recommendations of audits and fiduciary teams are adopted and implemented; (iv) the POM will explain how the project will use the Grievance Redress Mechanism (GRM) and other tools to improve responsiveness to complaints and community participation which will be critical to ensure that public health measures such as social distancing can contribute to pandemic response; and (v) the project will finance only medicines, equipment and other inputs approved by WHO as part of the global pandemic response guidelines. The Bank is also working with the WHO and other key stakeholders to ensure that countries (particularly those with less purchasing power) can obtain key inputs at reasonable prices in the global market with a large demand and constrained supply.

27. The PMU comprised of a Health Specialist, Procurement Specialist and Financial Management Specialist under the Health System Resiliency Strengthening Project, will provide the necessary support. An additional Health and Safety Specialist will be hired to strengthen the PMU capacity in overseeing project related activities. The PMU will be headed by a Director responsible for: (i) coordinating implementation and ensuring the overall technical coherence of the project activities in close cooperation with the MOH Director General for Public Health Department and the Director for Emergency Unit; and (ii) coordinate all technical, operational, monitoring and evaluation, financial
management, procurement and environmental and social safeguards aspects within the respective units and departments at the MOH. The PMU will be responsible for: i) management of the fiduciary aspects of the project including financial, procurement and disbursement, ii) preparation of periodical project progress reports (technical, financial and procurement) with inputs from the National High-Level Emergency Committee; iii) monitoring output, outcomes and impacts of the project and iv) preparation of the annual work plans and budgets. The PMU staff is familiar with the Bank fiduciary, environmental and social operational procedures.

Key Factors Affecting Design and Implementation of the Project

28. As the proposed project has been prepared under exceptional circumstances of the global COVID-19 pandemic, the emergency response in a fluid and volatile global and WB&G context focused on immediate measures supported by system enhancements that are necessary to help contain and address COVID-19 dire health impacts. In light of the emergency and the need for unprecedented speed to be able to address a range of circumstances in terms of needs, capacity, and financial eligibility, Board approval is being sought for the following partial waiver that would apply to this project, namely: partial waiver relating to application of World Bank Anti-Corruption Guidelines with respect to the enforcement of the Bank’s audit right with respect to unsuccessful bidders in the context of retroactive financing and existing Framework Agreements in place between the Recipient and Suppliers, financed under retroactive financing or advanced procurement.

B. Results Monitoring Arrangements

29. The MOH will ensure that the results of the interventions to contain the pandemic are reported accurately and following the best international standards. The PMU will collect the information validated by the different units within the MOH.

C. Sustainability

30. Part of the funds will be used to build capacity of local health care workers and officers to detect and manage COVID-19, which will enhance the sustainability of the project interventions. The project will also include investments to strengthen the health system medium-term capacity to respond to pandemics beyond this outbreak to ensure longer-term sustainability. Critical outputs and key outcomes of this project are expected to have a sustainable impact on the health systems capacity in the areas of disease surveillance, pandemic preparedness (informed by the COVID-19 immediate response). This would help the MOH to effectively respond to any future pandemics tapping on resources of both public and private providers and other key stakeholders.

IV. PROJECT APPRAISAL SUMMARY

31. As the pandemic became a regional issue and since the first cases of COVID-19 in the WB&G were confirmed the PA mobilized all the resources of the MOH and other line ministries and public sector entities to address the pandemic in a comprehensive way. On March 4, the PA declared a state of
emergency due to the COVID-19. There is a National Response Plan developed under the leadership of the Prime Minister who oversees the multisectoral response. There is also the humanitarian Health Cluster where all development partners, stakeholders and the MOH participate and will help coordinate the international support to avoid duplication of efforts and exploit synergies.

32. WHO coordinated the preparation of an inter-agency COVID-19 response plan for the WB&G with a list of priority actions for the next three months. The plan requires US$6.5 million to cover the immediate needs to contain the outbreak. Also, the Ministry of Health has developed a new COVID-19 dashboard (in Arabic) to track cases: https://www.corona.ps/; and, a central operations room has been established at the Prime Minister’s office to coordinate activities, including contacts with media

33. MOH will coordinate with WHO to ensure that all the procurable items and interventions are aligned with WHO’s COVID-19 response guidelines and the most recent prevention and clinical care best practices approved by this UN agency. As the MOH mobilizes all the resources the PMU along with the Directors of Public Health, Primary Health Care, Hospitals and Emergency Services are working to ensure that needs are identified, and quality of care follows international standards. WHO will continue to provide TA and the Health Cluster will review periodically the response plans to maximize resources and ensure efficiency.

34. The project will provide critical coordination and funding to respond to the crisis but also ensure that investments have a sustainable impact.

A. Technical, Economic and Financial Analysis

35. Similar to other countries, preliminary analysis of the impact of this pandemic suggests that COVID-19 could have substantial negative economic impact on the economy in the WB&G and the global economy. The expected negative outcomes include: (i) disruption to economic activity and human capital development; and (ii) closure of workplaces and ‘social distancing’ practices reducing opportunities for local businesses and fledging small business hence negatively impacting already limited production capacity and consumption among low income and other vulnerable groups. Overall, COVID-19 is likely to exacerbate constraints that the WB&G public and private sectors face regarding revenues and liquidity. The risks of major economic disruption, and further internal mobility restrictions on top of existing measures may increase the likelihood of social unrest.

36. Important economic benefits that are expected to result from project implementation include: protecting human capital by avoiding loss of life and negative impacts on productivity; reducing the scope and length of economic disruption; broader health system strengthening. In addition, positive long-run returns are expected from training of health sector workers; strengthening epidemiological surveillance and hospital medical equipment needed to manage complex cases of infectious and non-infectious diseases (i.e. cancer).

B. Fiduciary

(i) Financial Management

37. The existing Financial Management (FM) arrangements for the ongoing HSRSP will be used for the new
emergency operation. Financial management has consistently been rated Satisfactory for the current project. Based on the previous assessment and the current arrangements, the financial management residual risk is rated at Substantial. The risks for the project will be mitigated through strong management information systems, experienced FM staff that are working on a World Bank financed project, close supervision, as well as regular financial audits.

38. A new USD designated account will be opened for the project in a commercial bank based in Ramallah and managed by the recipient. As for the current project, payments will be made to suppliers - either directly from the World Bank or from the designated account. Interim Financial Reports (IFRs) should be submitted to the Bank semi-annually within 45 days after the end of the period. The Bank will regularly conduct its own semi-annual supervision review of FM arrangements. In addition, project financial statements and expenditure eligibility will be audited annually by independent auditors and TORs acceptable to the Bank. The external auditor, using relevant technical specialists as needed, will also conduct an annual technical audit which will include verification of goods procured, stock balances by storage locations, and distribution to end beneficiary users. The audited annual project financial statements will be publicly disclosed according to the WB disclosure policy.

Disbursements

39. The proposed project will support retroactive financing as governed by paragraph 12 of the Bank policy for IPF. The following provisions will guide the use of this procedure: (i) the total amount of retroactive financing is envisaged up to 40 percent of the grant amount in accordance with provisions for Projects in Situations of Urgent Need of Assistance or Capacity Constraints; (ii) funding will be made available for eligible payments made by the recipient up to one year prior to the date of signing of the Grant Agreement; (iii) to be eligible for retroactive financing, expenditures have to be for activities related to the Project Development Objective, as specified the Grant Agreement and the Project Appraisal Document; and (iv) when Recipient’s capacity to implement the needed activities is insufficient, the Bank may, at the request of the Recipient, enter into agreement with relevant international agencies, including UN (using its own procedures), national agencies, private entities, or other third parties. To this end, a list of eligible expenditures is being finalized along with clear instructions for the PA and participating international agencies to document the eligible expenditures for retroactive financing.

40. Disbursements from the WB will follow the transaction-based method, including Statement of Expenditures, Direct Payments, and Special Commitments. For certain payments, above the “Minimum Application Size” as specified in the Disbursement Letter, Withdrawal Applications (WAs) will be submitted to the Bank directly for payments to suppliers and consultants. All disbursements made directly by the Bank to individual contractors or entities are checked against the Bank’s Anti-Money Laundering and Combating the Financing of Terrorism (AML/CFT) lists, which are updated on a continuous basis. Retroactive financing is available for eligible expenditures incurred up to one year prior to the date of signing the agreement for expenses procured using procedures acceptable to the Bank and not exceeding US$2 million. Expenditures during the retroactive period will be claimed by the PMU through a separate withdrawal application and will be subject to audit.

(ii) Procurement
41. Procurement under the project will be carried out in accordance with the World Bank’s Procurement Regulations for IPF Borrowers, dated July 2016 and revised in November 2017 and August 2018. The “Guidelines on Preventing and Combating Fraud and Corruption in Projects Financed by IBRD loans and IDA Credits and Grants” dated October 15, 2006 and revised in January 2011 and as of July 1, 2016 shall apply to the project. Given the emergency nature of this project, simplified procurement procedures for works and goods and selection procedures for consultant services may apply in accordance with the Bank Guidance: Procurement in Situations of Urgent need of Assistance or Capacity Constraints, dated March 7, 2019. The project will use the Systematic tracking of Exchanges in Procurement (STEP) to plan, record and track procurement transactions.

42. The MOH will hold the overall responsibility for procurement and contract management under the project, through the PMU which also manages the ongoing Health System Resiliency Strengthening Project (HSRSP). The major planned procurement includes medical equipment and supplies for upgrading clinical and laboratory facilities to enable response to COVID-19, as well as construction or renovation works of emergency health facilities for isolation. The project will also include technical assistance and consultants’ services required to enhance the MOH’s capacities in addressing COVID-19. Moreover, additional PMU staff will be hired due to high demand anticipated from the proposed project activities in the first 12 months of the project.

43. Given the emergency situation, the MOH will prepare high level, simplified Project Procurement Strategy for Development (PPSD that specifies goods and services the envisaged project will finance. This PPSD is being finalized. It specifies procurement approaches and methods and provides the thresholds for selection methods as agreed with the Bank. An initial procurement plan for the first three months has been agreed with the MOH and will be updated during implementation. The main procurement packages envisaged in the first three months are essential laboratory equipment and supplies; procurement of personal protective equipment (PPE), and delivery of medical consumables.

44. The proposed procurement approach prioritizes fast track emergency procurement for the emergency required works, goods and services. Key measures to fast track procurement include i) direct contracting of UN Agencies to supply goods and services as specified in Section VI (Para 6.47 and 6.48) and Section VII (Para 7.27 and 7.28) of the applicable Procurement Regulations respectively, ii) direct contracting of firms as appropriate, and iii) Request for Quotations (RFQ) with no threshold limit for this method as appropriate. The engagement of specific UN agency (e.g. WHO, UNOPS, UNICEF, UNDP, etc.) will be further discussed and finalized. Standard Form of Agreements with UN agencies will be used.

45. If requested by MOH, the Bank will provide Bank Facilitated Procurement (BFP) to proactively assist the implementing agency(ies) in accessing existing supply chains for the agreed list of critical medical consumables and equipment needed under the project. Once the suppliers are identified, the Bank will proactively support MOH with negotiating prices and other contract conditions. The MOH will remain fully responsible for signing and entering into contracts and implementation, including assuring relevant logistics with suppliers such as arranging the necessary freight/shipment of the goods to their destination, receiving and inspecting the goods and paying the suppliers, with the direct payment by the Bank disbursement option available to them. If needed, the Bank may also provide hands-on support to the implementing agency (ies) in contracting to outsource logistics.
46. BFP to access available supplies may include aggregating demand across participating countries, whenever possible, extensive market engagement to identify suppliers from the private sector and UN Agencies. The Bank is coordinating closely with the WHO and other UN agencies (specifically WHO and UNICEF) that have established systems for procuring medical supplies and charge a fee which varies across agencies and type of service and can be negotiated (around 5% on average.)

47. Moreover, retroactive financing is allowed covering the expenditures incurred by MOH prior to the signing of the Grant Agreement as part of the financing flexibility outlined in the applicable Bank Guidance for Procurement in Situations of Urgent Need of Assistance or Capacity Constraints. The procurement procedures for the eventual contracts under the retroactive financing should be consistent with the Bank’s Procurement Regulations, as specified in Section V (Para 5.1 and 5.2) of the applicable Procurement Regulations.

48. The overall procurement risk for the project is considered Substantial. The major risks to procurement and the proposed mitigation measures are summarized below:

49. The key procurement risks:
   - Risk of increased prices due to high global demand; supply shortages/stockout; manufactures shutdown (e.g. quarantined factory workers/factory closure, etc.); transportation disruptions, export controls in countries due to domestic consumptions etc.
   - Inadequate procurement capacity in the MOH to handle the emergency nature of the COVID-19 crisis.
   - Lack of proper coordination and interaction of various stakeholders may cause procurement and project implementation delays.
   - The limited capacity of the market and supply chain to meet the demand.

50. The following key measures are included in the project design to mitigate the above procurement risks:
   - Given the emergency nature of the project and the supply chain constraints due to global pandemic crisis, MOH may leverage the existing arrangements by contracting directly UN agencies to supply major medical equipment and supplies. The Bank is also in discussions with all stakeholders including UN agencies to respond to the crisis. Further flexibilities such as Direct Selection and increased threshold for Request for Quotations will help in significant reduction in procurement processing time.
   - The Bank will provide enhanced implementation support, if needed, to facilitate MOH to enter into contracts with UN agencies. PMU and MOH procurement staff will also be trained on procurement and contract management under the emergency situation.
   - The Bank will maintain a close follow-up and quality control of procurement/contract management matters during project supervision to ensure the efficiency of procurement decisions.

C. Legal Operational Policies
D. Environmental and Social

51. **The Environmental and Social Framework (ESF) Standards and Instruments.** The ESF standards relevant to this operation are (1) ESS1 on environmental and social assessment, (2) ESS2 on labor and working conditions, (3) ESS3 on resource efficiency and pollution prevention, (4) ESS4 on community health and safety, (5) ESS10 on stakeholder engagement and disclosure of information. No land acquisition or restrictions on land use and involuntary resettlement, no impacts to biodiversity and living natural resources, no indigenous people, cultural heritage, nor financial intermediary were identified, thus, ESS5, ESS6, ESS7 and ESS9 are not relevant. Draft instruments have been prepared as per the relevant standards, (1) Environmental and Social Framework (ESMF) and (2) Labor Management Procedure (LMP), and (3) Stakeholder Engagement Plan (SEP). The ESMF includes the requirements for follow-up instruments, i.e., site specific ESMPs, which include medical waste management plans, and occupational health and safety plans (OHS).

52. **Environmental and Social Assessment.** The project will have positive impacts as it will improve COVID-19 surveillance, monitoring and containment. However, the project could also cause significant environment, health and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents and equipment to be used in the project-supported activities. These include risks associated to transportation and delivery of clinical supplies as well as laboratory- or health care facilities associated infections if occupational health and safety standards and specific infectious-control strategies, guidelines and requirements as suggested by WHO and CDC are not in place and implemented, leading to illness and death among laboratory workers and communities. Health care facilities which will treat COVID19 exposed patients and laboratories which will use COVID-19 diagnostic testing will generate biological waste, chemical waste, and other hazardous biproducts and represent pathways for exposure to the virus. Hence, laboratories or clinical facilities supported by the project will increase exposure to COVID-19 that can have the potential to cause serious illness or potentially lethal harm to patients, suppliers, laboratory staff and to the community that may be in contact with the virus. Therefore, effective administrative and infection controls should be put in place to minimize these risks.

53. Environmentally and socially sound laboratory operation will require adequate provisions for minimization of occupational health and safety risks, proper management and disposal of hazardous and bio-medical waste and sharps, use of appropriate disinfectants, proper quarantine procedure for COVID-19, appropriate chemical and infectious substance handling and transportation procedure, institutional/implementation arrangement for environmental and social risks, etc. The MOH will prepare an Environmental and Social Management Framework (ESMF) so that the activities supported by the project apply international best practices in COVID-19 diagnostic testing and other COVID-19 response required measures. The ESMF and Labor Management Plan (LMP) will be provided to the World Bank Group not later than 30 days after project effectiveness. Each medical facility, isolation unit or lab needs to implement an Infection Control and Waste Management Plan in line with the requirements of the
ESMF. The ESMF will adequately cover the procedures for the safe handling, transportation, storage, and processing of COVID-19 treatment and testing materials. It will also clearly outline the implementation arrangement to be put in place by the MOH for environmental and social risk management; training programs focused on COVID-19 laboratory biosafety as well as compliance monitoring and reporting requirements. The relevant part of COVID-19 Quarantine Guideline and WHO COVID-19 biosafety guidelines will be reviewed while preparing the ESMF so that all relevant risks and mitigation measures will be covered. In addition to the ESMF, the client will implement the activities set out in the Environmental and Social Commitment Plan (ESCP). It will also implement the SEP in the proposed timeline.

54. The project is not expected to involve any land acquisition or repurposing of land. The primary social risks emanating from disease identification, prevention and control efforts relate to the possibility of ineffective and inappropriate communication surrounding the disease and control efforts, inadvertently harming or excluding marginalized people and communities, or mistreatment of affected communities to enforce quarantine. In seeking to ensure regional and national efforts operate in accordance with international good practice, the project is actively seeking to manage these potential social risks. Specifically, the recipient will follow and propagate international best practice as outlined in the WHO “Operational Planning Guidelines To Support Country Preparedness And Response”, annexed to the WHO “COVID-19 Strategic Preparedness and Response Plan” (February 12, 2020).

55. Labor Management Procedures (LMP): The Project will involve the use of a range of workers including: (i) workers who will be engaged directly by the MOH to undertake technical assistance, training and capacity building. This will include up to 1250 temporary contracted healthcare professionals and other related services who will be deployed to assist the PA management systems, and (ii) contracted workers who will be hired to support implementation including training and capacity building, communications, testing procedures. Those include the 1250 temporary contracted labor, the PMU staff in addition to 100 medical staff of different specialties who will be trained on different clinical aspects of dealing with COVID-19.

56. Most of the direct workers will be civil servants and therefore subject to their existing contracts. Staff working for the MOH are likely to be subject to existing policies and procedures which are expected to be aligned with international good practice, this will be confirmed within the first 4 months of project implementation. Regardless, due to the hazardous nature of the work no children under the age of 18 should be employed on any aspect of the project. The use of forced labor to carry out any activities is also prohibited. Contracted workers are likely to be highly skilled individuals and their contracts should be in line with the requirements of ESS2 including details of hours of work, rest periods and compensation, health insurance, and access to PPE. It is anticipated that existing contract requirements will be aligned with the requirements of ESS2 and this will be confirmed within the first 4 months of project implementation. All workers on activities financed under this project will be covered by the provisions of ESS2, including volunteers. A grievance mechanism will be made available to all workers to report any issues associated with OHS and/or labor and working conditions. The grievance mechanism will be developed within one month of project effectiveness. The mechanism will include contact details for submission of grievances, timelines for responses and escalation procedures.

57. Laboratory- and or COVID-19 health care facilities associated infections may result from inadequate
adherence to occupational health and safety standards and can lead to illness and death among laboratory/healthcare workers. To minimize or avoid this risk for workers deployed to assist in a laboratory setting or medical waste disposal, the client will develop procedures which: (i) respond to the specific health and safety issues posed by COVID-19, and (ii) protect workers’ rights as set out in ESS2. Each beneficiary medical facility/laboratory will, therefore, develop a procedure for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering, develop a procedure for protection of workers in relation to infection control precautions and include these in the labor management procedures and in contracts, provide immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and PPE, develop a basic, responsive grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable overtime, ensure adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer) are available, ensure adequate OHS protections in accordance with General EHSGs and industry specific EHSGs and follow evolving international best practice in relation to protection from COVID-19.

58. Pollution Prevention: Medical wastes and chemical wastes from the COVID-19 supported activities (drugs, clinical supplies and medical equipment) can have significant impact on environment or human health. Wastes that may be generated from medical facilities/labs could include liquid contaminated waste, sharps, chemicals and other hazardous materials used in diagnosis and treatment. Each beneficiary medical facility/lab, following the requirements of the ESMF to be prepared for the Project, WHO COVID-19 guidance documents and other best international practices, will prepare an Infection Control and Medical Waste Management Plan to prevent or minimize such adverse impacts. The ESMF and site-specific instruments (ESMPs) will include guidance related to transportation and management or expired chemical products as well as sustainable ways to use environmental resources (water, air, other relevant solutions/reagents) as recommended in healthcare infections control practices.

59. Community Health and Safety: Medical wastes and exposure itself to COVID-19 have a high potential of carrying micro-organisms that can infect the community at large if not properly managed. There is a possibility for the infectious microorganism to be introduced into the environment if not sustainably contained within the clinical practice, supplies’ transportation and laboratory operation or due to accidents or emergencies. The infection control and waste management plan therefore describe: how Project activities involving the COVID-19 pathogen or waste generated in its identification and treatment will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (such as WHO guidelines), measures in place to prevent or minimize the spread of infectious diseases, emergency preparedness measures. In addition, the project will actively promote sound community health and safety practices in the management of COVID-19 through training the MOH on WHO guidelines for identification, prevention and control of COVID-19. If there is a need to deploy security personnel, this would be done in compliance with the requirements of ESS4 and an indicative procedure for this will be provided in the ESMF.

60. Stakeholder Engagement and Information Disclosure: A SEP was prepared and identified the following expected project beneficiaries: infected people, at-risk populations, medical and emergency personnel, medical, laboratory and testing facilities, and health agencies across WB&G. As noted in the project beneficiary section, the population size of WB&G is 4.78 million (2017). For immediate response to stop the transmission and allocate necessary resources for treatment of cases, the project specifically targets
governorates and communities that have seen local transmission, such as Bethlehem and Tulkarm in the West Bank. Other parties include MOH, PA officials, permitting and regulatory agencies at the national and local levels, and mass media and associated interest groups, including local and national printed and broadcasting media, digital/web-based entities, and their associations. In order to ensure disadvantaged or vulnerable needs are taken into consideration, and that they are reached, MOH will adopt several mechanisms; such as, publishing all information about the project in Arabic and reaching out to these groups. In addition, when designing the grievance mechanism, the MOH will take into account the availability of needed recourse for this group to give feedback, or send a complaint; for example, if internet option are not available to women at villages, the ministry will assign a mobile number and contact person to address to their concerns. Particular attention and efforts should also be given to the disadvantaged and vulnerable groups including the elderly and people with preexisting conditions that increase the risk of mortality, to ensure effective and efficient distribution of information and access of the goods and services and avoid capturing of the rich, powerful and privileged, particularly at this time of short supply.

61. The project instruments (ESMF, ESCP, LMP, SEP) will be disclosed by the client by May 30, 2020. The client is expected to furnish translations of all instruments in local language (Arabic) and have them disclosed by June 30, 2020.

62. **Assessment of Recipient Capacity:** The Ministry of Health (MOH) has a limited experience in implementation of Bank financed projects with significant Environmental and Social impacts. As such, the capacity of the MOH to deliver trainings, other capacity building activities as well as environment and social risk oversight is limited. The PA and the MOH are also resource-constrained when it comes to safe management of medical, chemical, and hazardous wastes. The environment and social capacity gaps will be assessed during implementation and gaps filled as required. All COVID-19 project-related activities including laboratory operations, quarantine facilities, and/or emergency operation centers’ activities, will need to follow an appropriate medical waste management system, infection protection protocols, and communication and awareness process during the implementation of the Project. Due to capacity constraints of the Recipient, the Bank may employ, at the request of the Recipient third parties for implementation of specific activities, including the UN agencies. The MOH may contract the private sector for implementation of some project activities, and as such all entities shall adhere to Good International Industrial Practice (GIIP) including the procedures established for COVID-19.

63. **The Environmental and Social Risk Classification (ESRC):** Based on the environmental and social risks identified above, and the capacity of the MOH, the ESRC for this operation is “Substantial”.

V. GRIEVANCE REDRESS SERVICES

64. Communities and individuals who believe that they are adversely affected by a WB supported operation may submit complaints to existing project-level grievance redress mechanisms or the WB’s Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB’s independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be
submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank’s corporate Grievance Redress Service (GRS), please visit http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

VI. KEY RISKS

65. **The overall risk rating for the project is substantial.** The environmental and social risks are described in Section D of Project Appraisal Summary above. Other key risks identified include:

66. **Technical design is rated as substantial.** Intervention activities may not achieve containment of COVID-19. Inadequate quantities of drugs and other medical equipment and inputs needed to address the health needs of the general population during a pandemic. To mitigate this risk, the project will support strengthening MOH capacity to coordinate project activities with efforts undertaken by other international organizations such as WHO, to facilitate access to laboratory and medical care supplies and through the BFP option.

67. **Fiduciary risks are substantial.** Financial resources may not become accessible in a timely manner and procurement may be constrained in the local and global market with demand higher than supply. To mitigate these risks, the project includes rapid disbursement procedures and simplified public sector procurement within projects in accordance with emergency operations norms and the use of UN agencies, and BFP for procurement, if needed. Also, restrictions on movement to Gaza due to the prevailing security conditions and the restrictions on entry of goods and services. MOH, with support from the Bank and UN agencies, will work on special arrangements to facilitate entry of medical equipment and services to Gaza.
## VII. RESULTS FRAMEWORK AND MONITORING

### Results Framework

**COUNTRY:** West Bank and Gaza  
**West Bank and Gaza COVID-19 Emergency Response**

### Project Development Objectives(s)

To prevent, detect and support immediate response to the threat posed by the COVID-19 pandemic and strengthen the West Bank and Gaza health system for public health preparedness.

### Project Development Objective Indicators

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>DLI</th>
<th>Baseline</th>
<th>End Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>To prevent, detect and support immediate response to the threat posed by the COVID-19 pandemic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of suspected COVID-19 cases investigated and treated as per guidelines (Percentage)</td>
<td>0.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>Country has prepared a referral system to care for COVID-19 patients (Text)</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

### Intermediate Results Indicators by Components

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>DLI</th>
<th>Baseline</th>
<th>End Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency COVID-19 Response</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator Name</td>
<td>DLI</td>
<td>Baseline</td>
<td>End Target</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>-----</td>
<td>----------</td>
<td>------------</td>
</tr>
<tr>
<td>Contextualized and implemented the risk communication and community engagement strategy (Text)</td>
<td>No</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Percentage of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents (Percentage)</td>
<td>0.00</td>
<td></td>
<td>100.00</td>
</tr>
<tr>
<td>Percentage of rapid response teams trained and equipped (Percentage)</td>
<td>0.00</td>
<td></td>
<td>100.00</td>
</tr>
</tbody>
</table>

**Strengthening Overall Healthcare Services and Clinical Capacity to Respond to COVID-19**

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>DLI</th>
<th>Baseline</th>
<th>End Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of designated health staff trained in infection prevention and control per MOH-approved protocols (Percentage)</td>
<td>0.00</td>
<td></td>
<td>100.00</td>
</tr>
<tr>
<td>Percentage of designated acute healthcare facilities for COVID-19 clinical care with isolation capacity (Percentage)</td>
<td>0.00</td>
<td></td>
<td>100.00</td>
</tr>
<tr>
<td>Percentage of designated hospitals/quarantine centers fully equipped with commodities (e.g. PPE, infection control products and supplies/ventilators) (Percentage)</td>
<td>0.00</td>
<td></td>
<td>100.00</td>
</tr>
</tbody>
</table>

**Monitoring & Evaluation Plan: PDO Indicators**

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>Definition/Description</th>
<th>Frequency</th>
<th>Datasource</th>
<th>Methodology for Data Collection</th>
<th>Responsibility for Data Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of suspected COVID-19 cases investigated and treated as per guidelines</td>
<td>Treatment guidelines and referral guidelines by different kinds of patients prepared and included</td>
<td>Six months</td>
<td>MOH Department of Public Health</td>
<td>whether referral system has been created or not</td>
<td>MOH Department of Public Health</td>
</tr>
<tr>
<td>Country has prepared a referral system to care for COVID-19 patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator Name</td>
<td>Definition/Description</td>
<td>Frequency</td>
<td>Datasource</td>
<td>Methodology for Data Collection</td>
<td>Responsibility for Data Collection</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
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<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Contextualized and implemented the risk communication and community engagement strategy</td>
<td>Whether MOH was able to contextualize and implement a risk communication and community engagement strategy</td>
<td>Six months</td>
<td>MOH administrative data</td>
<td>MOH report</td>
<td>MOH Department of Public Health</td>
</tr>
<tr>
<td>Percentage of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents</td>
<td>Numerator: Number of designated laboratories fully equipped with necessary equipments, reagents and commodities for COVID-19 testing. Denominator: total number of designated laboratories</td>
<td>Six months</td>
<td>MOH administrative data</td>
<td>To verify with site visits/administrative data</td>
<td>MOH Department of Public Health</td>
</tr>
<tr>
<td>Percentage of rapid response teams trained and equipped</td>
<td>Numerator: number of multidisciplinary rapid response teams trained and equipped as per guidelines; denominator: total number of multidisciplinary rapid response teams</td>
<td>Six months</td>
<td>MOH administrative data numbers</td>
<td>Administrative data and reports from the MOH</td>
<td>MOH Department of Public Health</td>
</tr>
<tr>
<td>Percentage of designated health staff trained in infection prevention and control per MOH-approved protocols</td>
<td>Number of health staff trained on appropriate infection prevention and control per MOH-approved protocols</td>
<td>Six months</td>
<td>MOH Department of Public</td>
<td>MOH administrative data</td>
<td>MOH Department of Public Health</td>
</tr>
<tr>
<td>Indicator</td>
<td>Description</td>
<td>Timeframe</td>
<td>Source</td>
<td>Verification Method</td>
<td>Data Source</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
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<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Percentage of designated acute healthcare facilities for COVID-19 clinical care with isolation capacity</td>
<td>Number of designated acute healthcare facilities which have isolation capacity constructed; denominator: total number of acute healthcare facilities</td>
<td>Six months</td>
<td>MOH administrative data</td>
<td>To verify with site visits and administrative data</td>
<td>MOH Department of Public Health</td>
</tr>
</tbody>
</table>
| Percentage of designated hospitals/quarantine centers fully equipped with commodities (e.g. PPE, infection control products and supplies/ventilators) | Numerator: Number of designated facilities that are fully equipped with commodities to allow for COVID-19 response  
Denominator: Total number of designated facilities | Six months | MOH administrative data | To verify with site visits/administrative data | MOH Department of Public Health |