



THE WORLD BANK
IBRD • IDA | WORLD BANK GROUP

FOR OFFICIAL USE ONLY

Report No: PAD00246

INTERNATIONAL DEVELOPMENT ASSOCIATION
*(ACTING AS ADMINISTRATOR OF HEALTH EMERGENCY PREPAREDNESS
AND RESPONSE TRUST FUND)*

PROJECT APPRAISAL DOCUMENT
ON A
PROPOSED GRANT

IN THE AMOUNT OF US\$10 MILLION

TO THE

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

FOR A

GAZA HEALTH EMERGENCY RESPONSE PROJECT
(P503036)

DECEMBER 6, 2023

Health, Nutrition & Population
Middle East And North Africa

This document has a restricted distribution and may be used by recipients only in the performance of their official duties. Its contents may not otherwise be disclosed without World Bank authorization.

CURRENCY EQUIVALENTS

(Exchange Rate Effective Nov 28, 2023)

Currency Unit = USD

US\$1 = SDR 0.75

FISCAL YEAR

January 1 - December 31

Regional Vice President: Ferid Belhaj

Regional Director: Fadia M. Saadah

Country Director: Stefan W. Emblad

Practice Manager: Michele Gagnolati

Task Team Leader(s): Denizhan Duran

ABBREVIATIONS AND ACRONYMS

ACGs	Anti-Corruption Guidelines
AM	Accountability Mechanism
APA	Alternative Procurement Arrangement
AS	Assistance Strategy
CEQ	People-centered Health Services
DFIL	Disbursement and Financial Information Letters
E&S	Environmental and Social
EHS	Environmental, Health and Safety
ERC	Egyptian Red Crescent Society
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
FM	Financial Management
FMFA	Financial Management Framework Agreement
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GHG	Greenhouse Gas
GRM	Grievance Redress Mechanism
GRS	Grievance Redress System
HACT	Harmonized Approach to Cash Transfers
HEIS	Hands-on Expanded Implementation Support
HEPR	Health Emergency and Preparedness
HR	Human Resources
HSRSP	Health System Resiliency Strengthening Project
IDP	Internally Displaced Population
IFR	Interim Unaudited Financial Reports
IPF	Investment Project Financing
IPs	Implementing Partners
LMP	Labor Management Plan
M&E	Monitoring and Evaluation
MENA	Middle East and North Africa Region
MNCH	Maternal, Newborn and Child Health
MOH	Ministry of Health
NCD	Non-Communicable Disease
NDCs	Nationally Determined Contributions
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs

OHS	Occupational Health and Safety
PDO	Project Development Objectives
PEP	Post-Exposure Prophylaxis
PFA	Psychological First Aid
PHC	Primary Health Care
PMOH	Palestinian Ministry of Health
POM	Project Operations Manual
SD	Social Development
SEA/SH	Sexual Exploitation and Abuse/Sexual Harassment
SEP	Stakeholders Engagement Plan
TOR	Terms of Reference
TPM	Third-Party Monitoring
TPMA	Third-Party Monitoring Agent
UN	United Nations
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees
WB&G	West Bank and Gaza
WBG	World Bank Group
WHO	World Health Organization



TABLE OF CONTENTS

DATASHEET 3

I. STRATEGIC CONTEXT 8

A. Country Context 8

B. Sectoral and Institutional Context 8

C. Relevance to Higher Level Objectives 11

II. PROJECT DESCRIPTION..... 12

A. Project Development Objective (PDO) 12

B. Project Components 12

C. Project Beneficiaries 16

D. Results Chain..... 16

F. Lessons Learned and Reflected in the Project Design..... 17

III. IMPLEMENTATION ARRANGEMENTS 18

A. Institutional and Implementation Arrangements..... 18

B. Results Monitoring and Evaluation Arrangements 20

C. Sustainability 21

IV. PROJECT APPRAISAL SUMMARY 21

A. Technical, Economic and Financial Analysis (if applicable)..... 21

B. Fiduciary 23

C. Legal Operational Policies 24

D. Environmental and Social 24

V. GRIEVANCE REDRESS SERVICES 26

VI. KEY RISKS..... 27

VII. RESULTS FRAMEWORK AND MONITORING 29

ANNEX 1: Implementation Arrangements and Support Plan..... 33

DATASHEET



BASIC INFORMATION

Project Beneficiary(ies)	Operation Name		
West Bank and Gaza	Gaza Health Emergency Response Project		
Operation ID	Financing Instrument	Environmental and Social Risk Classification	Process
P503036	Investment Project Financing (IPF)	Substantial	

Financing & Implementation Modalities

<input type="checkbox"/> Multiphase Programmatic Approach (MPA)	<input type="checkbox"/> Contingent Emergency Response Component (CERC)
<input type="checkbox"/> Series of Projects (SOP)	<input checked="" type="checkbox"/> Fragile State(s)
<input type="checkbox"/> Performance-Based Conditions (PBCs)	<input type="checkbox"/> Small State(s)
<input type="checkbox"/> Financial Intermediaries (FI)	<input type="checkbox"/> Fragile within a non-fragile Country
<input type="checkbox"/> Project-Based Guarantee	<input checked="" type="checkbox"/> Conflict
<input type="checkbox"/> Deferred Drawdown	<input checked="" type="checkbox"/> Responding to Natural or Man-made Disaster
<input checked="" type="checkbox"/> Alternative Procurement Arrangements (APA)	<input type="checkbox"/> Hands-on Expanded Implementation Support (HEIS)

Expected Approval Date	Expected Closing Date
01-Dec-2023	30-Jun-2025
Bank/IFC Collaboration	
No	

Proposed Development Objective(s)

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

Components

Component Name	Cost (US\$)
Component 1: Delivery of essential MNCH and nutrition services and communicable disease treatment	4,500,000.00
Component 2: Supporting provision of emergency and non-communicable disease services	4,500,000.00



Component 3: Project coordination and monitoring

1,000,000.00

Organizations

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

PROJECT FINANCING DATA (US\$, Millions)

Maximizing Finance for Development

Is this an MFD-Enabling Project (MFD-EP)? No

Is this project Private Capital Enabling (PCE)? No

SUMMARY

Total Operation Cost	10.00
Total Financing	10.00
Financing Gap	0.00

DETAILS

Non-World Bank Group Financing

Trust Funds	10.00
Health Emergency Preparedness and Response Multi-Donor Trust	10.00

Expected Disbursements (US\$, Millions)

WB Fiscal Year	2024	2025
Annual	8.75	0.00
Cumulative	8.75	8.75

PRACTICE AREA(S)



Practice Area (Lead)

Health, Nutrition & Population

Contributing Practice Areas

SYSTEMATIC OPERATIONS RISK- RATING TOOL (SORT)

Risk Category	Rating
1. Political and Governance	● High
2. Macroeconomic	● Moderate
3. Sector Strategies and Policies	● High
4. Technical Design of Project or Program	● Substantial
5. Institutional Capacity for Implementation and Sustainability	● Substantial
6. Fiduciary	● Substantial
7. Environment and Social	● Substantial
8. Stakeholders	● Substantial
9. Other	● High
10. Overall	● Substantial

POLICY 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



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

E & S Standards	Relevance
ESS 1: Assessment and Management of Environmental and Social Risks and Impacts	Relevant
ESS 10: Stakeholder Engagement and Information Disclosure	Relevant
ESS 2: Labor and Working Conditions	Relevant
ESS 3: Resource Efficiency and Pollution Prevention and Management	Relevant
ESS 4: Community Health and Safety	Relevant
ESS 5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
ESS 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
ESS 7: Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
ESS 8: Cultural Heritage	Not Currently Relevant
ESS 9: Financial Intermediaries	Not Currently Relevant

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

Legal Covenants

Sections and Description

UNICEF and WHO, no later than 30 days after the Signature Date, shall prepare, and thereafter carry out its Respective Parts of the Project in accordance with, the Project Operations Manual (“POM”), in form and with substance acceptable to the Bank, which shall include the arrangements, procedures and guidelines for the carrying out of the Project.

UNICEF, no later than one (1) month after the Signature Date, shall hire and thereafter maintain throughout Project implementation, a Third-Party Monitoring Agent, with qualifications, experience and terms of reference satisfactory to the Bank, to be financed out of the proceeds of the Grant as set forth in the table under Section IV.A of Schedule 2 to the Grant Agreement, to carry out the Recipients’ Third-Party Monitoring of the Project implementation.

WHO, jointly with UNICEF, shall maintain throughout Project implementation, a Third-Party Monitoring Agent, with qualifications, experience and terms of reference satisfactory to the Bank, to be financed by UNICEF out of the proceeds of the Grant Agreement between UNICEF and the Bank.

Conditions

Type	Citation	Description	Financing Source
------	----------	-------------	------------------



I. STRATEGIC CONTEXT

A. Country Context

1. **The current Conflict in the Middle East erupted in early October 2023, resulting in a deep humanitarian crisis.**

In addition to a large number of fatalities and injuries imposing a substantial burden on the health system, the conflict has caused substantial internal displacement and damage in Gaza, including damage and destruction of over half of housing units.¹ The humanitarian needs in Gaza remain extremely dire, with supplies of medicine, water, fuel, and food dwindling and directly constraining the provision of essential health services. An estimated 50,000 pregnant women are struggling to access basic prenatal and maternity care², and 20,000 mental health patients, most of whom are children, are facing treatment interruptions. The availability of medical equipment and pharmaceuticals for neonatal care, already a challenge before the conflict³, has further decreased. With hospitals and healthcare facilities operating under these extreme conditions, the estimated 337,000 children in Gaza that are under the age of 5 (15.1 percent of the total population)⁴ are facing substantial interruptions in receiving essential health services needed to secure their health and wellbeing. Substantial infrastructure damage, as well as overcrowding, is further increasing the risk of communicable disease outbreaks, and has already resulted in over 40,000 cases of diarrhea and 70,000 cases of respiratory infections in shelters in Gaza.⁵ In addition to the substantial increased needs for communicable disease, nutrition, emergency and trauma care, the health system has also been substantially and directly impacted by the conflict, with over two-thirds of the health infrastructure in Gaza deemed dysfunctional.⁶

2. **The escalation of the conflict has further led to increased violence and volatility in the West Bank.** Since the start of the conflict, a very high number of fatalities and injuries has been reported in West Bank. Movement restrictions between major cities have substantially increased, impacting patient access to care, as well as transfer of drugs, supplies, and equipment from MOH warehouse in Nablus to other locations.⁷

3. **The conflict has severely impacted the Palestinian economy.** In 2024 and subject to extraordinarily high uncertainty, real Gross Domestic Product is projected to contract by 6.0 percent, following a 3.7 percent decline in 2023. For Gaza, it is assumed that the severity of the conflict will go down in 2024 but the Government of Israel will impose severe restrictions on movement and access, limiting economic activity and disrupting trade. In the West Bank, movement restrictions may gradually ease allowing for a limited increase in Palestinian workers' access to Israel. On the other hand, constrained government spending will likely persist due to limited financing negatively impacting growth, especially given large fiscal multipliers in the Palestinian economy.

B. Sectoral and Institutional Context

4. **The near-blockade of Gaza and the current conflict have substantially weakened the health system, hindering access to essential health services.** The near-blockade, which has been ongoing for over fifteen years, has limited the

¹ United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA). 2023a <https://ochaopt.org/>

² UN OCHA 2023b. *Hostilities in the Gaza Strip and Israel | Flash Update #12. October 18, 2023.*

³ United Nations International Children's Emergency Fund (UNICEF). 2020. *Mapping and Assessment of Maternal, Neonatal and Young Children Health Care Services in Gaza Strip, State of Palestine.*

⁴ PCBS

⁵ United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA). 2023a <https://ochaopt.org/>

⁶ World Health Organization and OCHA;

⁷ United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA). 2023a <https://ochaopt.org/>



entry of human resources and spare parts for medical equipment, and constrained fiscal space for health.⁸ This has resulted in over 40 percent of essential medicines being stocked out (including 63 percent of primary health and maternity medication and 43 percent of cancer drugs), and over 69 percent of medical equipment spare part entry requests being denied, in 2021-2022.⁹ Confronted with these limitations, the health system in Gaza has not been able to serve the health needs of the population for non-communicable diseases and cancers, requiring patients to seek referrals for services at hospitals outside of the territory. However, only 65 percent of patient permit applications have been approved on time between 2019 and 2021. This has been associated with a higher mortality rate of 1.5 times, as well as an increased fiscal burden due to the higher costs of service treatment at hospitals patients are referred to.¹⁰ Further, almost 200,000 adults (45 percent women and 55 percent men) were estimated to have moderate or severe mental health disorders, while almost 300,000 children were estimated to experience severe, moderate, or mild mental health disorders. This context is reflected in the low life expectancy of 74, and a high rate of non-communicable disease mortality between ages 30 and 70 (27 percent). The current conflict has further increased the demand for health services, especially for injuries, communicable diseases, non-communicable diseases, malnutrition, and mental health, against the backdrop of this already weak health system.¹¹

5. The current conflict has significantly impacted health facilities against a backdrop of increased needs. As of November 30, 2023, there have been 427 attacks on healthcare facilities (203 in Gaza), resulting in the closure or dysfunction of 72 percent of hospitals (26 of 36) and nearly two-thirds of primary healthcare centers (47 of 72) in Gaza, combined with lack of fuel and other essential inputs.¹² As of November 20, 2023, 16 health workers in duty were killed and 60 were injured.¹³ Of the functional hospitals, many have received evacuation orders and are experiencing regular attacks. This is against a backdrop of an increased level of needs at health facilities due to increased injuries and trauma, as well as an outbreak of communicable diseases. Largest hospitals in Gaza, such as al-Shifa Hospital and Indonesian Hospital, have been suffering from routine attacks, rendering them dysfunctional.¹⁴ Critical facilities like the Turkish-Palestinian hospital, the only cancer treatment center in Gaza, have been forced to shut down, jeopardizing care for over 2,000 cancer patients. Over 1,000 dialysis patients and 130 neonates on incubators are also at risk. Hospitals have also been further strained due to high number of internally displaced persons seeking shelter.¹⁵ Evacuation of patients from hospitals in northern Gaza to remaining functional facilities in southern Gaza has been resulting in substantial overwhelming of the existing health infrastructure in the south.

6. The conflict has also resulted in foregone critical care for patients with pre-existing illness prior to the start of the conflict. There are currently 350,000 patients with NCDs (diabetes, heart disease, cancer, and others) in need of medication, 1,000 patients in need for kidney dialysis (80 percent of dialysis machines are in the north of Gaza), 50,000 pregnant women, with an average of 183 births per day, 130 premature infants are dependent on incubators (61 percent are in the north) which require electricity to keep them alive.¹⁶

⁸ World Bank (2023). Overcoming the Obstacles on the Path to Universal Health Coverage: An Analysis of the Palestinian Health System. Health-Public Expenditure Review & Health Cluster, World Health Organization, 2022. "15 years of blockade and health in Gaza"

<https://reliefweb.int/report/occupied-palestinian-territory/15-years-blockade-and-health-gaza-july-2022>

⁹ ibid

¹⁰ World Health Organization, Regional Office for the Eastern Mediterranean, 2023. "Right to health: barriers to health and attacks on health care in the occupied Palestinian territory, 2019 to 2021". License: CC BY-NCSA 3.0 IGO.

¹¹ Health Cluster and World Health Organization, 2023. Public Health Situation Analysis (PHSA).

¹² Health Cluster, 30 November 2023

¹³ <https://www.ochaopt.org/content/hostilities-gaza-strip-and-israel-flash-update-46> ;

https://www.emro.who.int/images/stories/palestine/WHO_Sitrep_13.pdf

¹⁴ <https://www.ochaopt.org/content/hostilities-gaza-strip-and-israel-flash-update-46>

¹⁵ Gaza Internally Displaced Persons Working Group, 5 November 2023

¹⁶ Health Cluster and World Health Organization, 2023. Public Health Situation Analysis (PHSA)



7. **This has created a humanitarian crisis severely impacting the health sector's ability to respond.** Over 1.6 million people have been forced to flee their homes, leading to overcrowded shelters, and putting at strain available water and sanitation services. The crisis is exacerbated by a significant shortage of medical staff, with only 30 percent of the required personnel available, and further reductions in the availability of health personnel due to the direct impact of the conflict. In the West Bank, increased obstructions at checkpoints and the closure of several communities are preventing patients, healthcare personnel, medical supplies, and ambulances from entering or exiting the area. Acute shortages of essential resources such as fuel and electricity are further affecting critical functions in all hospitals, including the ability of ambulances to respond. The depletion of fuel puts the lives of injured patients, those in intensive care, and over 1,000 patients dependent on dialysis at risk. Additionally, restrictions on entry and exit from Gaza are impacting the supply of fuel, water, sanitation, food, nutrition, medicines, medical supplies, and healthcare equipment.

8. **The conflict has created substantial additional health needs, with the three-month emergency needs at US\$228 million.**¹⁷ Prior to the escalation of the conflict in the Middle East, the health sector faced unfunded humanitarian needs of US\$32 million, in addition to substantial systems strengthening needs. While the exact damage and future needs will become clearer following a ceasefire and the end of the conflict, preliminary situation analysis reported by different agencies such as the UN, ICRC and the MoH shows significant funding gaps to ensure essential service delivery. The health sector now faces an urgent need for funding, primarily for the procurement of drugs, medical supplies, and other essential items, as well as minor civil works, fuel, water, and operating costs.¹⁸ As of November 2023, the 3-month health sector emergency needs (excluding any reconstruction) are estimated at US\$228 million across WHO, UNICEF, and other partners, with only US\$34.2 million received in commitments, leaving an immediate funding gap of US\$194 million. The need is expected to increase substantially; UNICEF has an unfunded US\$154 million plan for the next three months while WHO's current operational plan for the next three months is at US\$110 million¹⁹. Emergency needs for both UNICEF and WHO are focused on the costs of emergency health service delivery and include: i) maximizing and supporting existing delivery capacity for emergency, injury and trauma care, as well as essential maternal, newborn and child health services and NCD services through supplies, 3 field hospitals, and emergency medical teams; ii) provision of fuel, prepositioned supplies to ensure service delivery; iii) supporting primary and secondary services for communicable and non-communicable diseases, reestablishing referral pathways, and strengthening surveillance capacity, as well as repair of partially damaged health facilities to maintain services; iv) provision of mental health and psychosocial support, including psychological first aid for health workers; and v) provision of emergency nutrition interventions for children under 5 and pregnant and lactating women.

9. **Humanitarian and emergency response efforts have been scaled up, but they face operational challenges.** Following the opening of the Rafah crossing for the entry of humanitarian aid in mid-October, essential supplies for health service delivery have been entering Gaza, primarily through UNICEF and WHO, though insufficiently. In addition to the aforementioned financing needs, partners are facing operational challenges related to safety and security due to ongoing conflict in the Middle East, limited availability of medical supplies on the ground, lack of access to location in northern Gaza, substantial presence of internally displaced people, as well as fuel shortages. Health Cluster in Gaza, led by WHO, has delivered US\$6.3 million worth of support through locally procured supplies in Gaza for essential health services, surge staff, remote counseling, fuel, and mobile clinics.

¹⁷ https://ochaopt.org/content/flash-appeal-occupied-palestinian-territory-2023?_gl=1*8f6cph*_ga*MTUxODU0NTgxMS4xNjk3NDcwOTAz*_ga_E602NX2F68*MTY5OTMyNDI0Ni40Mi4xLjE2OTkzMjU3NzYuNjAuMC4w



C. Relevance to Higher Level Objectives

10. **The project is aligned with the World Bank Group (WBG)’s strategic objectives at the global, regional and country levels as well as with other key cross-cutting strategies.** The project is aligned with the WBG twin goals of ending extreme poverty and boosting shared prosperity through restoring provision of essential health services (especially for people who are currently under-served in Gaza) and providing increased access to urgent areas of need. The project is also aligned with the Strategy for Fragility, Conflict, and Violence (2020-2025),²⁰ particularly Pillar II which emphasizes “Remaining engaged during conflicts and crisis situations” to build resilience, protect essential health sector institutions, and deliver critical health services. It also helps ensure the provision of essential health services, and, thus, preserves human capital gains. The project is aligned with the West Bank and Gaza Assistance Strategy (AS) for FY22-25 (Report No. 156451-GZ). The project directly contributes to the first focus area of the AS on achieving better human development outcomes by focusing on investments in health to promote human capital, particularly in a fragility, conflict and violence context and on achieving better human development outcomes and strengthening resilience across the health system²¹. It is also aligned with the WBG enlarged Middle East and North Africa (MENA) Regional Strategy (March 2019) which emphasizes human capital development, improving emergency services to conflict-affected poor and health service delivery to internally displaced affected areas.

11. **The project is consistent with WB&G Nationally Determined Contributions (NDCs).** Health is part of the NDCs framework and part of new efforts toward disaster and emergency preparedness.²² The Palestinian Ministry of Health (PMOH) is a member of the national committee for climate change that is headed by the Environment Quality Authority. The health sector was included as one of the sectors impacted by climate change, and health-related conditional commitments are part of the updated NDCs, submitted to the United Nations Framework Convention on Climate Change²³. Additionally, the PMOH is a member of the national climate change committee as well as the national committee for disaster risk management. The head of the newly established ‘Emergency Operation Center’ is representing the PMOH in the national committee for disaster risk management representing the PMOH. The project is consistent with the two objectives of WB&G NDCs’ implementation action plans: (i) increasing awareness and capacities for disease prevention; and (ii) developing safety and monitoring systems for water, food, and sanitation.

12. **Recognizing the global nature of health emergencies, in June 2020 the World Bank Board approved the creation of a new umbrella trust fund program, the Health Emergency Preparedness and Response (HEPR) Program.** The development objective of the Program is to support eligible countries and territories to improve their capacities to prepare for, prevent, respond and mitigate the impact of epidemics on populations. It was set up as a flexible mechanism to provide catalytic, upfront and rapid financing at times that other sources of funding are not available for health emergency preparedness and to fill specific gaps in terms of health emergency responses. The HEPR Multi-donor Trust Fund (MDTF) is the anchor Trust Fund of the HEPR Program. A recipient-executed trust fund grant has been allocated for the health emergency response in Gaza, to the value of US\$10 million.

²⁰ World Bank. 2020. World Bank Group Strategy for Fragility, Conflict, and Violence 2020–2025.

<http://documents.worldbank.org/curated/en/844591582815510521/World-Bank-Group-Strategy-for-Fragility-Conflict-and-Violence-2020-2025>. Washington, DC: World Bank.

²¹ <https://documents1.worldbank.org/curated/en/627701619710823261/pdf/West-Bank-and-Gaza-Country-Assistance-Strategy-for-the-Period-FY22-25.pdf>

²²

<http://www.palestinecabinet.gov.ps/WebSite/Upload/Documents/%D8%A7%D9%84%D8%A7%D8%B3%D8%AA%D8%B1%D8%A7%D8%AA%D9%8A%D8%AC%D9%8A%D8%A9%20%D8%A7%D9%84%D9%82%D8%B7%D8%A7%D8%B9%D9%8A%D8%A9%20%D9%84%D9%84%D8%B5%D8%AD%8%A9%202021-2023.pdf>

²³ https://unfccc.int/sites/default/files/NDC/2022-06/Updated%20NDC_%20State%20of%20Palestine_2021_FINAL.pdf



II. PROJECT DESCRIPTION

13. **Gaza Health Emergency Response Project is designed to support activities that provide lifesaving emergency health services.** Given the substantial needs and the funding gap, emergency financing is needed to ensure essential health services²⁴ can be delivered to the population of Gaza. The project will contribute to closing substantial financing gaps faced in emergency health response. The US\$10 million project is financed by a grant from the HEPR Trust Fund and will be implemented by WHO and UNICEF over 18 months; agencies selected on their ability to rapidly deliver emergency health services in Gaza. Paragraph 12 of Section III of the Investment Project Financing (IPF) Policy (*Projects in Situations of Urgent Need of Assistance or Capacity Constraints*) is being applied to the preparation of the project. The operation also follows Condensed Procedures provided for in paragraph 56 of Section III of the IPF Directive (*Exceptional Arrangements in Situations of Urgent Need of Assistance or Capacity Constraints*). In the context of substantially high and increasing needs, the project is estimated to be able to reach 10 percent of the population in Gaza through support to functional health facilities²⁵: project design through the two components ensures a scalable approach such that any additional funds can easily be utilized to scale up project activities through UNICEF and WHO. As detailed under implementation arrangements, the Project will only finance unfunded activities for both agencies through leveraging existing coordination mechanisms that have been effective, which will ensure avoiding duplication.

A. Project Development Objective (PDO)

PDO Statement

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

14. **Two PDO-level indicators will be utilized to track progress:** i) number of beneficiaries of essential health and nutrition services (disaggregated by gender and age); and ii) number of health facilities provided with drugs, medical equipment, medical supplies, and non-medical supplies for provision of essential health services.

B. Project Components

15. **The project consists of three components that include procurement of essential drugs, medical supplies and medical equipment, essential non-medical equipment to ensure delivery, as well as critical restoration activities of the facilities damaged due to the conflict.** Given the relatively small project size as a function of needs, as well as the current emergency context, majority of the activities in the scope of the project will focus on the procurement of supplies to ensure delivery of essential health services in Gaza. The first component will address the needs related to maternal, newborn and child (MNCH) health services, including essential medication and supplies needed throughout the pregnancy, labor and post-birth period for women as well as for acute and chronic conditions for more than one million children in Gaza. The second component focuses on emergency care needs of the population as well as critical services and medications for the patients with NCDs. Where needed, components 1 and 2 will finance minor civil work services, including sanitation, to allow operability of the damaged facilities in Gaza to ensure continuous delivery of essential services.²⁶ Component 3 will focus on project coordination and monitoring, including independent monitoring

²⁴ In this context, essential health services include maternal, newborn, and child health services; emergency and trauma services; prevention and treatment of communicable and non-communicable diseases; and mental health.

²⁵ Health facility refers to any establishment delivering aforementioned services, including but not limited to public PHCs, hospitals, UNRWA-managed facilities, facilities managed by NGOs or Community-Based Organizations (CBOs), mobile units, and temporary health establishments that provide essential services to the population.

²⁶ "Minor civil works" in this context are defined as repairs that improve the safety and accessibility of facilities that have had some damage. Given



arrangements to ensure accountability. Given their comparative advantages, component 1 will be implemented by UNICEF, whereas component 2 will be implemented by WHO. Due to the substantial capacity constraints faced by the public health system, both UNICEF and WHO will support service delivery provision not only in public health facilities, but also at non-governmental organization (NGO), civil society organizations, and UNRWA facilities, across all levels of care including mobile and temporary health infrastructure. Across both components, only items and services that are directly related to emergency delivery of essential health services will be procured, and additionality will be ensured through avoiding duplication with other financing sources for WHO and UNICEF. Due to the substantial uncertainty and the dynamic evolution of needs, components 1 and 2 are designed in a flexible way to respond to evolving needs on the ground, and to complement any additional funds that the two implementing agencies can receive.

Component 1: Delivery of essential maternal, newborn, child health (MNCH) and nutrition services and communicable disease treatment (US\$ 4.5 million)

16. **This component aims to ensure the continuous delivery of essential MNCH and nutrition services in Gaza.** To achieve this, the component will fund the procurement of essential medical supplies and equipment, including procurement of essential drugs, routine vaccines, medical and lab supplies, and consumables. These procured items will be crucial in addressing the heightened healthcare and nutrition needs of women and children in Gaza amidst the ongoing conflict and will follow UNICEF and WHO’s interagency and health cluster list of priority medical devices for essential interventions for RMNCH²⁷ as well as the UN commission list of life saving commodities.²⁸ The resources will support comprehensive reproductive and maternal care examinations, covering the entirety of maternity care from antenatal to postnatal stages. Additionally, goods purchased through this component will support newborn care, menstrual hygiene management, emergency gender-based violence (GBV) care, routine immunization to protect children from preventable diseases, essential care, and treatment for common childhood illnesses. A particular emphasis will also be put on the prevention, early detection, and treatment of wasting specifically under the deteriorated determinants of malnutrition in Gaza (access to food, service and optimal practices including micronutrition supplements for children and pregnant, breastfeeding women, support young child feeding and early childhood development interventions, and conducting screenings and treatments for infectious diseases that pose a threat to public health (indicative list of priority goods to be purchased under component 1 can be found in Table 1). Given the high potential for communicable disease outbreaks, the project will also finance antibiotics and other commodities to respond to these conditions. This component will also support essential goods, such as water and fuel, generators, body bags and other essential goods to restore functioning of facilities affected by the conflict. The services will also include, where feasible, minor civil works to re-store and maintain the infrastructure of health facilities and provision of essential supplies and equipment, in addition to utilities, such as water and electricity, to sustain operation of the facilities. Where needed and possible, this component will also finance the provision of inputs for establishing mobile medical units, mobile medical teams and outreach services.

Table 1: Indicative list of emergency maternal, newborn, and child health procurement items

Antenatal Care	<ul style="list-style-type: none"> • Prenatal vitamins (folic acid, iron, calcium) • Tetanus vaccine • Medications for managing gestational diabetes or preeclampsia
----------------	---

the amount of resources available to the project, these repairs will likely be limited to facilities with damage that is localized and that can be fixed quickly to enable quick delivery of essential services.

²⁷ Interagency List of Priority Medical Devices for Essential Interventions for Reproductive, Maternal, Newborn and Child Health, June 2016

²⁸ UN Commission on Life-Saving Commodities for Women and Children, September 2021



Labor and Delivery	<ul style="list-style-type: none"> • Oxytocin (for inducing labor or preventing postpartum hemorrhage) • Local anesthetics • Episiotomy kits • IV fluids • Sterile gloves, gauze, and surgical instruments
Reproductive & Postnatal Care	<ul style="list-style-type: none"> • Uterotonics (for managing postpartum hemorrhage) • Antibiotics (for postpartum infections) • Contraceptives • Dignity kits
Emergency Gender-Based Violence (GBV) Care	<ul style="list-style-type: none"> • Post-Exposure Prophylaxis (PEP) • Emergency Contraception
Newborn Care	<ul style="list-style-type: none"> • Vitamin K (prevents bleeding in newborns) • Silver nitrate or antibiotic eye drops (prevents neonatal conjunctivitis) • Newborn resuscitation kits • Thermal care supplies (hats, blankets, warming lamps) • Oxygen
Immunization	<ul style="list-style-type: none"> • Vaccines (BCG, polio, DTP, measles, etc.) • Syringes and needles • Cold chain equipment
Common childhood illnesses	<ul style="list-style-type: none"> • Inputs for integrated management of childhood illnesses (including respiratory and other infections) • Oral rehydration salts (ORS) for diarrhea • Zinc supplements for diarrhea management • Antibiotics for bacterial infections and other communicable diseases • Antipyretics (e.g. acetaminophen) for fever
Malnutrition	<ul style="list-style-type: none"> • Therapeutic foods • Vitamin and mineral supplements
Asthma & Respiratory Issues	<ul style="list-style-type: none"> • Salbutamol or albuterol inhalers • Spacers • Nebulizers
Non-medical supplies and services	<ul style="list-style-type: none"> • Minor civil works • Essential commodities for health facility operation (i.e., water, fuel etc.) • Generators • Mobile health units • Training (e.g. emergency, disease outbreak response and trauma care refresher training)

Component 2: Supporting provision of emergency and non-communicable disease services (US\$ 4.5 million)

17. This component aims to address the immediate emergency care demands arising from the conflict and the



ongoing need for treatment of NCDs. This component will finance provision of pharmaceuticals and equipment for emergency and trauma care to respond to the critical and urgent needs of population affected by the conflict. Essential medications will include wound care supplies, painkiller and antibiotics, blood and blood products. For NCD care, this component will finance procurement of medications and screening equipment for most prevalent chronic conditions in Gaza, focusing on cardiovascular diseases (i.e., statins, beta-blockers, and antihypertensives), diabetes (insulin, oral hypoglycemic agents, and essential diabetic monitoring kits), respiratory conditions (bronchodilators and corticosteroids) and mental health conditions. Where feasible, the procurement of medical equipment will include diagnostic equipment (e.g., X-ray machines, ultrasound machines, and laboratory equipment), therapeutic equipment (e.g., ventilators, traction equipment, assistive devices) surgical instruments, mobility aids, and oxygen concentrators (Table 2). This component will also support prefabricated health facilities to replace the destroyed facilities. The facilities will be equipped with essential medication and equipment to allow provision of emergency and trauma care to the populated parts of Gaza with destroyed facilities. This component will also fund minor civil works as feasible to ensure that damaged facilities are made operable.

Table 2: Indicative list of emergency and non-communicable disease procurement items

Categories	Commodities/items
Emergency Care	<ul style="list-style-type: none"> • Wound care supplies • Painkillers and antibiotics • Diagnostic equipment (including lab supplies) • Therapeutic equipment • Prefabricated and equipped mobile health centers
Non-Communicable Diseases (NCD) Care	<ul style="list-style-type: none"> • Medications for NCDs • Screening supplies
Non-medical supplies and services	<ul style="list-style-type: none"> • Minor civil works • Essential commodities for health facility operation (i.e., water, fuel etc.) • Communication services • Generators • Ambulances • Mobile health units/temporary field hospitals • Training (e.g. emergency and trauma care refresher training) • Emergency medical teams

Component 3: Project coordination and monitoring (US\$ 1.0 million)

18. **This component will support the implementing agencies’ cost recovery, and the costs associated with the third-party monitoring (TPM) agency.** This will include costs of the project implementation and coordination, such as through direct costs incurred by country offices and indirect costs incurred by headquarters, as well as ensuring monitoring and evaluation (M&E) through hiring of a TPM Agent (TPMA). A TPMA will be contracted by UNICEF for the entirety of the project to be responsible for providing independent monitoring services for the project, including ongoing monitoring of all project processes, site visits, assessment of local context and conditions, verification of services volume and quality, interviews, awareness raising, training, and preparation of reports. TPMA would prepare a monitoring report quarterly, each covering a period of three months. As implementing agencies, UNICEF and WHO will be required to provide direct management and supervision of the project, handling procurement, environmental and social risk management, financial management and disbursement management, including preparation of the withdrawal applications under the components of the project. UNICEF and WHO will perform programmatic field visits whenever possible as part of their



quality assurance procedures and overall accountability to the affected populations. The implementing agencies will also be required to ensure all the reporting requirement for the HEPRTF are met according to the project agreements. Both agencies will reinforce their existing operational grievance redress mechanism (GRM) for their relevant supported components.

Table 3: Summary of project components and associated financing

Description	Allocated Financing
1. Ensuring continuity of essential maternal, newborn, and child health (MNCH) services <ul style="list-style-type: none"> - MNCH medications and equipment - Minor civil works, operating costs, mobile units and vehicles, fuel 	US\$ 4.5 million
2. Supporting provision of emergency care and treatment of chronic conditions <ul style="list-style-type: none"> - Emergency care and trauma care medications, supplies and equipment - NCD care medication and screening equipment and minor civil works, as well as mobile units and vehicles, fuel 	US\$ 4.5 million
3. Project coordination and monitoring	US\$ 1.0 million

C. Project Beneficiaries

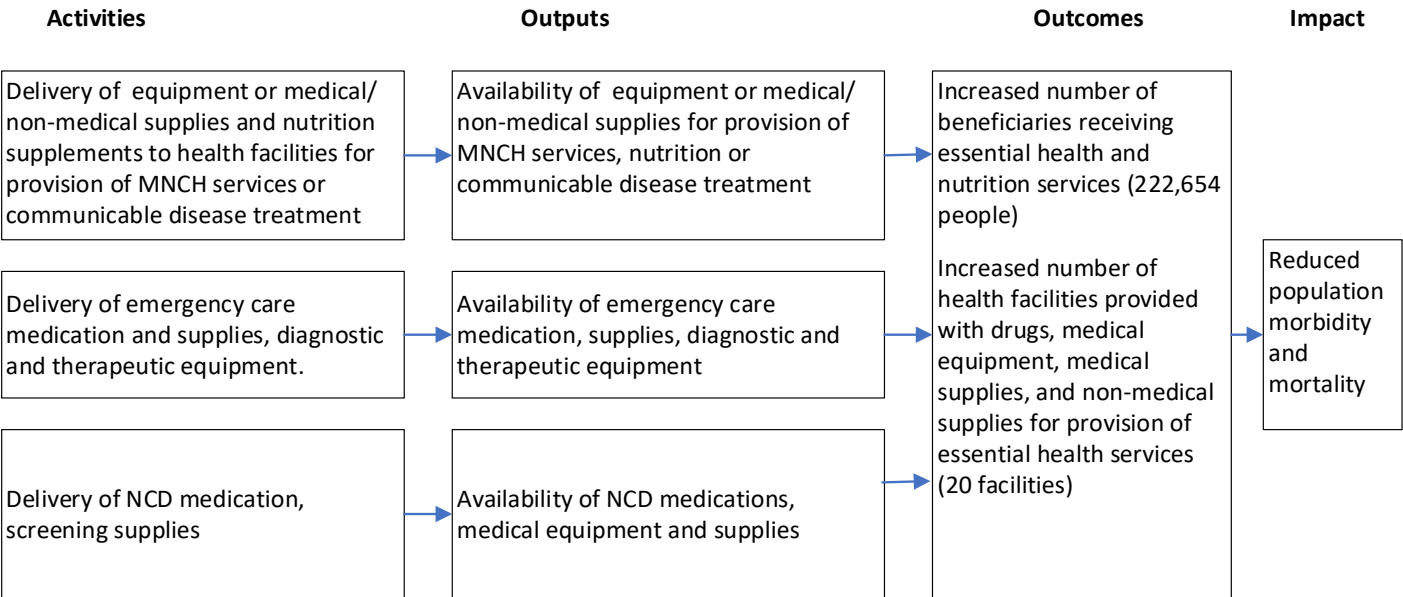
19. **Project beneficiaries will include the population of Gaza, particularly children, women, individuals requiring emergency and trauma care, and those with or at risk of NCDs.** As the project will focus on restocking medications, supplies, and equipment, as well as restoring facilities, those receiving care at these establishments will directly benefit from the project investments. The primary recipients of the procured medication, equipment, and civil service work financed by the project will be health facilities. At least 2.3 million people, which represent the population of Gaza – including 1,000,000 children and over 1.5 million internally displaced individuals, including pregnant and lactating women – are expected to benefit from the project. Given the project’s relatively small amount as a function of needs, the project’s results framework estimates targets on the basis of the project targeting 10 percent of Gaza’s population and functional health facilities. With reference to nutrition, UNICEF targets will be the children under 5 (242,681 including 3,883 in wasting) and PLWs (124,686) as per its response plan for Gaza for the coming 3 months.

D. Results Chain



Theory of Change

The Project Development Objective (PDO) is to provide emergency support for provision of essential health services to the population of Gaza.



Critical Assumptions:
 A: The Rafah crossing will remain open, allowing the entry of aid.
 B: Sufficient capacities exist within each of the implementing agencies for project implementation.
 C: Potential escalation of the conflict does not impair the implementing agencies' ability to deliver goods and services to the facilities.

20. **World Bank's involvement is crucial to respond to the dire humanitarian and emergency need for financing essential health services due to the conflict.** United Nations (UN) agencies are currently facing substantial resource gaps in being able to respond to the crisis. The World Bank has been providing essential support the Palestinian health system over the past two decades at all levels of service delivery including primary health care (PHC), hospital care, and health system strengthening, as well as on technical assistance and policy dialogue on health financing and insurance. The World Bank adds value by convening and coordinating with diverse international partners such as WHO and UNICEF in the ground while also providing technical value in designing and managing similar emergency projects.

F. Lessons Learned and Reflected in the Project Design

21. **The project design reflects lessons learned from previous Bank engagements to strengthen the Palestinian health system.** The World Bank has provided financing for investment projects, including the Emergency Services Support Program, Health System Resiliency Strengthening Project (HSRSP, P150481), and the ongoing Health System Efficiency and Resilience Project (HSERP, P180263), and has supported a series of analytical products over the last decade. The experience of the HSRSP project, which concluded in May 2021, provides some key lessons: (i) keeping the project design and technical components as simple and flexible as possible to ensure responsiveness; (ii) prioritizing PHC and mobile clinics along with strengthening hospitals is vital for maximizing access and efficiency; (iii) strengthening resilience requires a parallel focus on addressing acute needs, ensuring continuity of service, and building the capacity of the health system



to prepare for, manage (absorb, adapt and transform) and learn from shocks; and (iv) digitalization of health system processes can make service delivery more effective and can improve satisfaction of providers and users. World Bank's previous experience with these projects, as well as with the Palestinian health system context, ensures relevant design and rapid implementation of relevant interventions.

22. **The project design reflects lessons learned from the implementation of other World Bank emergency operations, including those in Yemen, Afghanistan, South Sudan, and Ukraine.** These include: (i) the contracting of UN agencies can be an effective and fast means to get emergency equipment and supplies to facilities when government capacity is constrained, but implementation speed can vary by context and agency; (ii) in emergency contexts, situations can change quickly, and projects need to have sufficient flexibility in their design to adjust; (iii) the use of third-party monitoring can promote accountability in the use of project resources and to better ensure access to care for vulnerable populations.

III. IMPLEMENTATION ARRANGEMENTS

A. Institutional and Implementation Arrangements

23. **UNICEF and WHO will be the grant recipients as well as the managing and implementing agencies, where each organization is responsible for a number of activities based on the project design.** The selection of UNICEF and WHO as implementing partners for this health project was informed by their track record in Gaza as well as in similar contexts. Previously, UNICEF has demonstrated its capacity in child health improvement through the provision of essential commodities, including vaccines and nutrition, and effectively addressing communicable diseases such as malaria, HIV/AIDS, and maternal health concerns. WHO, on the other hand, is a specialized UN agency and a crucial partner for the World Bank has supported broader health system strengthening activities in Gaza as well as globally. This includes supporting health systems to address NCDs and establish safe care pathways for emergency and trauma care. Their complementary strengths directly address the specific requirements of the assigned components of this project.

24. **UNICEF and WHO, as key partners in the health cluster in Gaza, have established well-coordinated implementation mechanisms through a network of local public and non-governmental/civil society health facilities to effectively deliver various services amidst the ongoing conflict in Gaza, maximizing value and avoiding duplications.** Since October 2023, these agencies have been enhancing their operational capacities and presence, addressing health issues at multiple levels. Their network of providers, contractors, and international/local NGOs will enable them to support delivery of essential services and the availability of critical medicines financed by the project. Additionally, their regional hubs, previously engaged in the World Bank Yemen operation, will support environmental, social, and fiduciary aspects for swift implementation. In their respective leadership roles, WHO leads the health cluster, while UNICEF oversees education, WASH, nutrition, and the Child Protection Area of Responsibility. Both organizations will collaborate closely with existing local health system structures to preserve the core functions of the health system. Since the beginning of the conflict in October 2023, the Health Cluster has proven to be an effective platform for coordination, including the maintenance of a routinely updated dashboard enabling detailed tracking of needs, financing, and shipments.²⁹ To ensure data integrity and facilitate the tracking of project-financed medications and equipment, the World Bank and UN agencies will utilize this dashboard, and also develop a new platform for centralized supervision and monitoring. The UN agencies

²⁹

<https://app.powerbi.com/view?r=eyJrIjoizDhkN2M2YWUtOTFjMS00MGU0LThiOGEtODJmOTRlNDZmOWQ1IiwidCI6ImY2MTBjMGI3LWJkMjQtNGl3OS04MTBiLTNkYzI4MGFmYjU5MCIsmMiOjh9>



will be required to provide details of deliveries, including the list of items, the locations, and the date, as part of the project coordination meetings, validated by the Third-Party Monitoring Agency (TPMA). However, considering the communication blackouts and interruptions on the ground, data collection and verification will concurrently depend on manual methods.

25. **During implementation, procured items will enter Gaza through the Rafah crossing.** Currently, humanitarian aid can only reach through the Rafah crossing between Gaza and Egypt, and humanitarian aid entry procedures are evolving. As of November 20, 2023, of the 1,479 trucks that have crossed through Rafah into Gaza, 224 carried medical supplies, most by WHO and UNICEF. An increased number of trucks carrying humanitarian supplies (up to 200 a day) as well as fuel have been entering Gaza following a humanitarian pause.³⁰ WHO and UNICEF have memorandums of understanding with the Egyptian Red Crescent Society (ERC) and both ship most of their supplies from their warehouses in Dubai and Copenhagen by charter flights to Al Arish Airport, where goods go through the custom clearance procedure, goods are temporarily stored in ERC airport warehouse that has cold chain storage availability, and trucks are loaded to Rafah. All organizations delivering cargo to Gaza through the ERC are expected to submit a formal request, at minimum 15 days in advance of intended cargo arrival by air and need to list ERC as consignee for all the cargo arriving to Al Arish Airport.³¹ Cargo not arriving by air—including goods procured in Egypt market—also needs to be legally donated to the ERC and requires advance notification. A cargo imported through any port of entry other than Al Arish undergoes the normal customs clearance process established by the Egyptian Authorities. Shipments must comply with prevailing regulations of both the Egyptian Authorities, and with the denied list of goods/dual use items established by Israel. Loaded trucks that arrive to Rafah are first scanned by the Egyptian authorities at Rafah, then travel down to Nitzana where they are scanned again, before returning to Rafah and entering the queue for the handover point. Once on the Gaza's side, the UN cargo is offloaded and loaded in UNRWA trucks and carried to UNRWA warehouses in Rafah and Dayr Al Balah for pick up by agencies and implementing partners. As lead agency of the Logistics Cluster, the World Food Program supports UNRWA and the Egyptian and Palestinian Red Crescent societies to deliver assistance to Gaza on behalf of the humanitarian community, through the Logistics Cluster in the Palestinian territories and a coordination cell established in Egypt.³² The project will use a range of procurement options as feasible, including but not limited to chartered flights and local procurement by the UN agencies. Given the rapid evolution of the procurement situation on the ground, the project will be open to a range of procurement options through the UN agencies. As of November 28, 2023, over US\$14 million of health commodities have entered Gaza, 52 percent of which were medicines and 22 percent were trauma commodities.³³

26. **Project Coordination Committee.** While UNICEF and WHO will separately implement activities, they will establish a Project Coordination Committee, with composition and terms of reference agreed by the World Bank and meeting monthly, to help provide overall guidance for the project. The Project Coordination Committee will include representatives of both agencies and the World Bank, and shall meet periodically during the project implementation period, and ensure coordination with the existing Health Cluster, ensuring avoidance of duplication with regards to investment priorities. The Committee will also leverage existing coordination mechanisms with the Palestinian Authority of each implementing agency and the World Bank, including the Ministry of Health and its affiliated Project Management Unit as well as with the Ministry of Finance.

27. **Fiduciary arrangements.** The proposed project will be financed by a grant from the HEPR Trust Fund to WHO and UNICEF, co-signatories of the Financial Management Framework Agreement (FMFA). The project's financial management (FM) arrangements will be governed by the FMFA between the World Bank and the UN agencies, which provides for the use of the UN's Financial Regulations. For procurement, WHO and UNICEF will follow their own procurement procedures

³⁰ <https://www.ochaopt.org/content/more-aid-delivered-gaza-second-day-humanitarian-pause>

³¹ <https://logcluster.org/en/document/standard-operating-procedures-accessing-services-egyptian-red-crescent-5-november-2023>

³² <https://logcluster.org/en/document/palestine-logistics-cluster-concept-operations-conops-october-2023>

³³

<https://app.powerbi.com/view?r=eyJrIjoizDhkN2M2YWUtOTFjMS00MGU0LThiOGtODJmOTRlNDZmOWQ1IiwidCI6ImY2MTBjMGI3LWJkMjQ0NGIzOS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOjh9>



as Alternative Procurement Arrangements, as provided under the World Bank new Procurement Framework Policy Section III.F. These implementation arrangements are sound, since the procurement procedures of the UN agencies were assessed and found acceptable to the World Bank under agreements with UN agencies.

28. **Environmental and Social Framework (ESF) arrangements.** The project will be implemented under the World Bank's ESF, and each UN agency will be responsible for implementation, monitoring and reporting of activities according to the commitments included in the project Environmental and Social Commitment Plan (ESCP). The UN agencies will assign and maintain E&S capacity or focal points including Risk and ESS Management focal point, and Gender/SEA/SH focal points at the regional hubs, in addition to assigning qualified Environmental Health and Safety and SEA/SH focal points at the country office level will access to the Gaza Strip as the situation allows.

29. **Waiver of Application of the Anti-Corruption Guidelines to UN Agencies.** A request for a waiver of the Anti-Corruption Guidelines (ACGs) for WHO and UNICEF have been approved by the World Bank on November 22, 2023, to facilitate the project's implementation in Gaza. The project will adhere to World Bank policies for Investment Project Financing. The waiver allows these UN agencies to use their own fraud and corruption procedures based on the Fiduciary Principles Accord. This is because they are uniquely positioned for the implementation of the project, and the Bank will not have jurisdiction to sanction parties for fraud and corruption, though it will apply its suspension and debarment list for eligibility.

30. **Project Operations Manual.** UNICEF and WHO will prepare, not later than 30 days after the signature date of the Grant Agreements, a single Project Operations Manual, that is agreed with the World Bank, which shall include the rules, methods, guidelines, standard documents and procedures for the carrying out of the project, including the following: (a) administration and coordination, monitoring and evaluation, financial management, procurement and accounting procedures, environmental and social safeguards, corruption and fraud mitigation measures; (b) a grievance redress mechanism; and (c) such other arrangements and procedures as shall be required for the effective implementation of the project, in form and substance satisfactory to the World Bank.

31. **Closing date and implementation schedule.** Given the critical health situation in Gaza and the emergency nature of the project, the planned activities under the proposed operation will be implemented over a period of 18 months; activities will launch as soon as possible to be completed within a year, with additional time granted for ensuring closing of financial.

B. Results Monitoring and Evaluation Arrangements

32. **WHO and UNICEF, as the direct recipients of the grants under the project, will be responsible for monitoring respective project components.** WHO and UNICEF will coordinate closely to undertake project monitoring to review progress towards project objectives and the full list of results indicators. They will be responsible for transmitting project progress reports to the World Bank every six months to assess the progress towards objectives and results targets, as well as any other critical issues that emerge during monitoring that merit attention and further discussion. These progress reports, as well as discussions and information exchanged during regular Project Coordination Committee meetings, will be used to inform discussions during implementation support and mid-term review missions. Semi-annual implementation support missions will be conducted to jointly review project progress.

33. **In addition to routine project monitoring activities, WHO and UNICEF will contract third party monitoring agents (TPMAs) to conduct independent quarterly verification and field monitoring of project activities.** The scope of the TPM will be agreed jointly with the Bank and WHO, and the TPMA will be required to submit quarterly TPM reports to the respective UN agency and the World Bank simultaneously. The TPM agents will report on the performance of implementation agencies, achievement of results, beneficiary experience and ESF implementation in accordance the



Project E&S Management Tool/instruments as agreed for each component of the project. WHO and UNICEF will carry out the required follow-up actions or investigations in response to any implementation issues raised. WHO and UNICEF will document these, and other actions taken in response to TPM reports that are shared with the World Bank. Geo-Enabling Initiative for Monitoring and Supervision (GEMS) within the World Bank will be mobilized to provide support to ensure that both technological and capacity-building support for the Third-Party Monitoring (TPM) and implementing agencies is mobilized to the extent possible. Key aspects of this support will include development of a joint dashboard by the World Bank task team to effectively track the implementation progress and assistance in the design of questionnaires and data collection/sharing mechanisms, incorporating data from frequent unofficial implementing agency reporting.

C. Sustainability

34. **Investments under this project aim to prevent disruptions in essential health service delivery and help sustain operation of the existing facilities, in the context of substantial emergency humanitarian needs.** While the totality of the project resources will respond to the emergency and not focus on health systems strengthening, the activities included in this project are prerequisites to maintaining the integrity of the Gazan health system. Therefore, the project has prioritized interventions for continuous functioning of critical MNCH, NCD, and emergency care services through supplying essential commodities. Sustaining provision of NCD services will have medium- and long-term benefits in reducing the need for specialized services to manage NCD related complications and will also contribute to reduced morbidity and mortality due to NCDs. The project will also invest in maintaining basic facility upkeep and ensuring conditions that allow healthcare workers to continue providing the services. While this project is expected to benefit the population of the Gaza beyond the project period, given the substantial needs and the emergency context, sustainability is contingent upon additional resource mobilization from partners. Finally, procurement lists both components will be designed with additionality as the top priority, ensuring items fully complement additional resources which UNICEF and WHO are in the process of mobilizing, relying on existing strong coordination mechanisms through the Health Cluster in Gaza. Given the substantial level of humanitarian needs and low levels of resource availability, this operation would seek to leverage financial support from donors through various TF programs, notably the Palestinian Umbrella for Resilience Support to the Economy (PURSE) Multi-Donor Trust Fund (MDTF), which is actively working to mobilize funds for emergency responses operations.

IV. PROJECT APPRAISAL SUMMARY

A. Technical, Economic and Financial Analysis (if applicable)

35. **This project has been specifically designed to ensure that the population of Gaza continues to have access to life saving equipment, drugs and services.** There are currently 350,000 non communicable diseases patients (diabetes, heart disease, cancer, and others) in need of medication, 50,000 pregnant women, with an average of 183 births per day, and 130 premature infants which are dependent on incubators. As NCDs and MNCH are the key priorities in Gaza, the procurement of drugs, routine vaccines, medical supplies, consumables, medical equipment, fuel, and other items will ensure the delivery of essential MNCH services, emergency and trauma care, increase surgical laboratory and diagnostic services capacity and increase availability of priority non-communicable disease interventions, such as hypertension and diabetes prevention and control.

36. **Despite the difficulty in quantifying the economic benefit due to the current emergency context, evidence from around the world demonstrates the ability of essential primary health care services, including mobile clinics, to improve health outcomes.** High quality economic evaluation studies on health interventions in humanitarian crises settings are



currently lacking mostly due to data collection barriers. However, it is widely recognized that PHC services investments leverage economic benefits through improving life expectancy, all-cause mortality, maternal, infant and neonatal mortality as well as mental health outcomes. PHC investments also improve efficiency by reducing total hospitalizations, avoidable admissions, and emergency admissions and hospitalizations, as well as to improve health equity by improving equitable access to health care and equitable health outcomes.³⁴ In addition, there is compelling evidence of significant economic benefit from the provision of preventive services in PHC; for example, the return on investment from childhood immunizations in Low- and Middle-Income Countries has been estimated as US\$44 for each US\$1 spent.³⁵

37. **Similarly, the direct supply of key medicines, medical supplies and equipment is highly cost-effective and will have a direct impact on population access to essential needs, especially for mothers and children.** Nutrition interventions have been widely acknowledged as some of the most cost-effective development investments. According to the global investment framework for reproductive, maternal, neonatal and child health (RMNCH), one dollar invested in the essential package of maternal and child health and nutrition interventions is estimated to yield about nine dollars in economic benefits. Nutrition interventions such as micronutrient supplementation, salt iodization, and growth monitoring, rank among the highest across all developmental interventions having the highest economic returns.

38. **Given the growing number of injuries in Gaza, investing in surgical and trauma care will enable a considerable number of lives saved.** The Lancet Commission on Global surgery concludes that investing in surgical services is affordable, saves lives, and promotes economic growth.³⁶ To meet present and projected population demands, urgent investment in human and physical resources for surgical and anesthesia care is needed. Without urgent and accelerated investment in surgical scale-up, low-middle income countries will continue to have losses in economic productivity. In Gaza, it is estimated that the supply of medical equipment will relieve the current acute shortage that the MOH faces and can have a substantial effect of lives saved.

39. **The project is aligned with the goals of the Paris Agreement on both mitigation and adaptation.** The project underwent “disaster and climate risk screening” to identify potential risks as during the early stage of project design. While climate exposures risks are considered high due to droughts, the impact on project activities is considerate low due to short-term nature of emergency activities and inclusion of water supplies to enable service provision. The project will be implemented in an emergency context and the activities involved, including provision of cold chains, fuel and civil works (minor repairs to existing health infrastructure to allow for the continuity of essential services, including but not limited to debris clean-up, repairs to ensure physical integrity of buildings) are temporary and timebound. These activities will not result in an increase in greenhouse gas (GHG) emissions levels or create any persistent barriers to transition to low GHG emissions over existing levels. From a mitigation perspective, these activities are considered Universally Aligned (UAL #40) as they are associated with emergency preparedness and immediate response in the aftermath of a crisis or disaster, that are temporary and timebound). By maintaining essential health services for both communicable and non-communicable diseases in Gaza, this project aims to ensure the continuation of basic healthcare services and prevent collapse of the health system. In addition to addressing immediate healthcare needs, this project also aligns with the objective of enhancing adaptive capacity and supporting the most vulnerable populations in the context of climate change. By maintaining essential health services, the project contributes to building resilience against climate change impacts. This is in line with the Paris Agreement’s objective of enhancing adaptive capacity, as it recognizes the importance of ensuring access to healthcare services for vulnerable populations in the face of climate-related challenges.

³⁴ “Barış, Enis; Silverman, Rachel; Wang, Huihui; Zhao, Feng; Pate, Muhammad Ali. 2021. Walking the Talk: Reimagining Primary Health Care After COVID-19. World Bank, Washington, DC. © World Bank. <https://openknowledge.worldbank.org/handle/10986/35842> License: CC BY 3.0 IGO.”

³⁵ Ozawa S, Clark S, Portnoy A, Grewal S, Brenzel L, Walker DG. Return on investment from childhood immunization in low- and middle-income countries, 2011–20. *Health Affairs*.

³⁶ Alkire, B. C., Shrimel, M. G., Dare, A. J., Vincent, J. R., & Meara, J. G. (2015). Global economic consequences of selected surgical diseases: a modelling study. *The Lancet Global Health*, 3, S21–S27. [https://doi.org/10.1016/s2214-109x\(15\)70088-4](https://doi.org/10.1016/s2214-109x(15)70088-4)



B. Fiduciary

(i) Financial Management

40. **The Project's FM arrangements will be governed by the FMFA between the World Bank and the UN Agencies (UNICEF and WHO), which provides for the use of the UN Financial Regulations and Rules.** UNICEF and WHO have strong presence in Gaza and have successfully implemented health and nutrition programs for the past several years. Both agencies have proven their ability to carry out procurement of supplies and provide health services in close collaboration with the Ministry of Health and other third-party partners.

41. **Accounts and Audits:** Both UNICEF and WHO will: (i) maintain a financial management system, including records and accounts, adequate to reflect the transactions related to the activities, in accordance with the requirements of the UN Financial Regulations; (ii) maintain a separate ledger account (*Grant Control Account*) in their books to record the financial transactions of this project; (iii) prepare, on a six - month basis, interim unaudited financial reports (IFRs), in accordance with The UN Financial Regulations, the FMFA, and in the format agreed with the World Bank. The IFRs will be provided to the World Bank no later than 45 days after the end of each six-month period; (iv) ensure that the audit of the project activities is governed by the UN Financial Regulations and the FMFA.

42. **Final Financial Report.** UNICEF and WHO shall issue the Final Financial Report signed by an authorized official of each Agency. The Final Financial Report will be issued within three months of the project closing date.

43. **Retroactive Financing.** In accordance with paragraph 12 of Section III of Bank's OP 10 on IPF, the project allows for retroactive financing of up to 40 percent of the total grant amount related to eligible expenditures that have been paid by WHO and UNICEF using their own resources during the retroactive financing period from October 7, 2023 to the signature date of the grant agreements. On November 8, 2023, in light of the severe constraints imposed by the ongoing crisis, an exception has been granted by management to increase the 40 percent retroactive financing limit to up to 100 percent. Activities covered under retroactive financing will undergo fiduciary and environmental and social due diligence.

44. **Flow of Funds and Disbursement Arrangements.** These arrangements are simplified to ensure timely availability of funds to implement the proposed emergency operation. Disbursement to WHO and UNICEF shall be made on the basis of the interim unaudited financial reports and notices of Withdrawal Applications submitted by each UN agency to the World Bank. Each UN agency is required to prepare and submit the IFRs in accordance with the format and periodicity agreed with the World Bank, and as stated in the Disbursement and Financial Information Letters (DFILs). The grant proceeds will be transferred into the UN agencies' official bank accounts based on the submitted Withdrawal Applications (WAs) to the World Bank by the designated officials for each agency. The first notice of withdrawal will cover projected expenditures for the activities for the first six months of implementation. Subsequently, UN agencies should submit WAs each periodically as agreed in the DFIL, and each such WA will cover an amount representing the UN agencies' good faith projection of the expenditures for the following six months, up to the project's closing date, reconciling against amounts previously withdrawn against the project budget. Detailed FM arrangements are outlined in Annex 1.

(ii) Procurement

45. **The procurement activities under this project will include procurement of goods, minor works, non-consulting, and consulting services.** The procurement of goods will include essential drugs, medical supplies, and equipment for essential maternal, newborn, and child health services, as well as for emergency care and treatment of chronic conditions. It would also include procurement of non-consulting services and essential goods such as fuel to restore functioning of the facilities affected by the conflict. The project may also finance a procurement of minor civil works as needed to ensure that damaged facilities are made operable. Detailed procurement arrangements including risks and mitigation measures



are outlined in Annex 1.

46. **Alternative Procurement Arrangements (APA) will be applied** given that the procurement procedures of WHO and UNICEF (UN Agencies) were assessed and found acceptable to the World Bank under other agreements as allowed by the Procurement Framework Policy Section III.F. Use of APA under this project was approved by the World Bank on November 22, 2023. WHO and UNICEF will follow their own procurement procedures to procure the required supplies, including storage and distribution to the final destination. A Procurement Plan will be prepared by both agencies by the Signature Date of the project.

C. Legal Operational Policies

Legal Operational Policies	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Area OP 7.60	No

D. Environmental and Social

47. **The overall E&S risk is rated “Substantial”.** The project will have positive impacts as it will provide emergency support for the provision of essential health services to the population of Gaza. The environmental risks are related to medical supplies, and waste management associated with healthcare, and hazardous waste handling, disposal and transfer, correlated to occupational health and safety on project workers, and healthcare workers at hospital/ health care facilities, community health and safety risks, and limited pollution risk. Risk and impacts related to minor civil works (removal of debris and rehabilitation activities) include risk of Unexploded Ordnance (UXO), management of construction waste, workers and community health and safety, or in-facility air pollution. These risks are expected to be site-specific, reversible, and of low magnitude that can be mitigated following appropriate measures. A UXO assessment will also be conducted, where needed and feasible prior to commencing minor civil works at the specific location. The social risks pertain to (i) labor and working conditions, (ii) community health and safety, (iii) social tension in cases where people are seeking sensitive services such as for incidents of sexual exploitation and abuse/sexual harassment/gender-based violence (SEA/SH/GBV), and (iv) at a subsequent stage, social exclusion. For this last risk, while the entire population of Gaza is currently vulnerable and social exclusion may not be a significant issue, once the active conflict has ended, there is a risk of inequitable access of comparatively marginalized groups (e.g. orphans, persons with disabilities, the elderly, women headed households etc.) to project benefits. The E&S risks and impacts will be assessed, and requisite mitigation measures will be included in the project’s E&S instruments.

48. **The Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) risk rating has been assessed as “Substantial”.** The Risk rating is based on the World Bank’s SEA/SH risk screening tool for the health sector, preliminary UN reports on current incidence of GBV, information received during meetings and consultations with stakeholders (including women’s groups), and review of available secondary data.

49. **A Stakeholder Engagement Plan (SEP) and draft Environmental and Social Commitment Plan (ESCP) have been prepared by the implementing agencies, reviewed, agreed and disclosed by the World Bank and on WHO and UNICEF websites on November 26, 2023.** The ESCP includes, among other actions, commitments for progress and incident reporting, third party monitoring, the IAs institutional arrangement, agreed timeline for preparation and implementation of E&S instruments or measures during implementation, and arrangements for grievance redress and capacity



development. A Project Environmental and Social Management Tool will be prepared, reviewed by and agreed with the World Bank and disclosed within one month of project effectiveness date. The E&S Management Tool will include measures and templates for (but not limited to) E&S screening, activity specific E&S risk management tools/measures, Medical Waste Management Plan, Labor Management Procedures (LMP), SEA/SH Action Plan and community health and safety measures. A commitment to prepare and implement the E&S Management Tool, as appropriate, is included in the ESCP.

50. **The UN agencies are maintaining environmental, social (including for SEA/SH/GBV), health and safety capacity** at the regional level to support the project ESF implementation. In addition, as the security situation in Gaza allows and as required, qualified Environmental, Social, Health and Safety, and SEA/SH/GBV focal points will be assigned at the country office level with access to Gaza Strip supporting implementation of E&S requirements in accordance with the ESCP. The World Bank's in-country E&S team has provided 'extensive support during project preparation and will provide further support (as required) for capacity building of IA project E&S personnel to further strengthen implementation of environmental and social requirements. UNICEF and WHO already have functioning and effective grievance mechanisms (GMs) for beneficiaries and workers, with special features to address any SEA/SH/GBV related complaints, and these will also be used for the project. Commitment to strengthen the GMs, if and as required to suit the Gaza context, has been included in the ESCP. Description of the GMs is included in the project SEP and commitments to ensure that the GMs remain operational throughout the project are included in the ESCP.

E. Corporate Commitments

Gender

51. **The escalating crisis and mass displacement in Gaza has resulted in specific and extreme challenges for women and adolescent girls in Gaza, especially related to maternal needs, sexual and reproductive health as well as concerns around safety.** Pregnant women are especially vulnerable with lack of emergency or comprehensive care. Under component 1, the project will address those specific needs by financing supplies related to i) antenatal care, ii) labor and delivery, and iii) reproductive and postnatal care, as well as iv) emergency gender-based violence care (See Table 1). Under component 2, the project will support the provision of safe and private spaces for the provision of service delivery by trained female health workers. Furthermore, the project will track the numbers of males and females among the beneficiaries of project-supported services (including in the Results Framework) The use of TPMA and stakeholder engagement mechanisms will also help to assess the extent to which both men and women are being sufficiently reached by services.

Climate

52. **Climate change patterns in Gaza are expected to worsen already weak human capital outcomes.** The main climate and disaster risks for Gaza are variability of rainfall, floods, increased aridity, and droughts. The health risks include direct injuries and mortality from climate-related hazards, impacts on food security and income levels, increased incidence of vector and water-borne diseases, and declining cardiovascular and respiratory health. Palestinian health system faces unique constraints due to the protracted conflict and limited resources. There have been numerous attacks on health care facilities, resulting in deaths, injuries, and interruptions to essential services. Electricity shortages in Gaza pose a significant challenge for the health sector, impacting access to health services and putting vulnerable patients at risk. Poor water quality and scarcity further hinder the quality of health services and further increases the risk of disease outbreaks. The health sector's resilience is limited by fragmentation, low capacity, and inadequate financing. Activities in the scope of the



project such as provision of essential utilities, such as water and fuel, to sustain operation of the facilities and minor civil works to re-store and maintain the infrastructure of health facilities are all temporary interventions with timebound exit strategies. Risks from climate hazards are unlikely to have an adverse effect on achievement the PDO. The recent trends and potential impact of climate change are taken into consideration while preparing the technical design of the project. The risk of urban and river floods in Gaza is low. The medical supplies are expected to be quickly used for provision of the essential health services and the short storage time minimizes the risk of potential impact of storms or heatwaves on quality of the supplies. The project aims to contribute to climate adaptation and enhance resilience to climate change by maintaining essential health services in areas of high need and increased vulnerability to the impact of climate change.

Citizen Engagement

53. **UNICEF and WHO have experience in ensuring citizen engagement in conflict contexts.** WHO’s 2017 Community Engagement Framework for Quality, Integrated and People-centered Health Services (CEQ)³⁷ underscores the critical link between health, human development and well-being, including and indeed particularly during humanitarian emergencies. Moreover, guidance from UNICEF, WHO and other international partners reinforces that Community Engagement for Social and Behavior Change is one of the most critical components of Complex Humanitarian Emergencies, and that is essential to integrate within humanitarian programming from the onset of any complex crisis. Towards this end, these agencies have developed “Minimum Standards for Community Engagement”, which include the tenets of: Participation, Empowerment and Ownership, Inclusion, Two-way Communication, Adaptability and Localization and Building on Local Capacity³⁸ (where possible). Accordingly, the project will focus on inclusive outreach to target beneficiaries of components 1 and 2, so that there is awareness of the continued availability of essential MNCH services, and provision of emergency care and treatment of chronic conditions. Outreach and feedback efforts will rely on a variety of modalities, and explore the utilization of interactive messaging platforms (e.g. Meta, X, etc.), digital engagement platforms (U-report, RapidPro), communities, house-to-house/ home visits, radio programs, and temporary information and feedback centers (especially for the vast number of displaced persons). The recruited TPM agency will also be employed to ensure stakeholder engagement and beneficiary feedback, as was the case with other World Bank health sector investments in other emergency contexts. Given the ongoing conflict in Gaza, and the security concerns on the ground, it was agreed that citizen engagement will be monitored by the implementing agencies through Social Listening which allows for monitoring and analyzing social media platforms and online communities to gather insights and feedback from citizens. This approach will minimize risks that may arise during the active conflict. Finally, as part of Project requirements, the Implementing Agencies will ensure the functioning of a coordinated feedback/grievance redress mechanism (GRM). An accessible grievance mechanism will be publicized, maintained, and operated in a transparent manner that is culturally appropriate and readily accessible to all Project-affected parties, at no cost and without retribution, including feedback, concerns and grievances filed anonymously, in a manner consistent with Environmental and Social Standard 10. The feedback/GRM will also receive, register and address concerns and grievances related to the sexual exploitation and abuse, sexual harassment in a safe and confidential manner, including through the referral of survivors to GBV service providers.

V. GRIEVANCE REDRESS SERVICES

54. **Grievance Redress.** Communities and individuals who believe that they are adversely affected by a project supported by the World Bank may submit complaints to existing project-level grievance mechanisms or the Bank’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 Bank’s

³⁷ <https://www.who.int/publications/i/item/WHO-HIS-SDS-2017.15>

³⁸ Community Engagement in Humanitarian Action. 2023. UNICEF. See [link](#)



independent Accountability Mechanism (AM). The AM houses the Inspection Panel, which determines whether harm occurred, or could occur, as a result of Bank non-compliance with its policies and procedures, and the Dispute Resolution Service, which provides communities and borrowers with the opportunity to address complaints through dispute resolution. Complaints may be submitted to the AM at any time after concerns have been brought directly to the attention of Bank Management and after Management has been given an opportunity to respond. For information on how to submit complaints to the Bank's Grievance Redress Service (GRS), visit <http://www.worldbank.org/GRS>. For information on how to submit complaints to the Bank's Accountability Mechanism, visit <https://accountability.worldbank.org>.

VI. KEY RISKS

55. **Given the context of this emergency project and the ongoing violence, the overall risk to the achievement of the project's objective is considered "Substantial"**. The key risks that may negatively impact the successful implementation of the project are as follows: political and governance risks; sector strategies and policies risks; technical design risks, institutional capacity for implementation and sustainability risks; stakeholders' risks, fiduciary risks, environmental and social risks, and other risks due to the complexity and uncertainty associated with the ongoing conflict.

56. **Political and governance and sector strategies and policies risks are considered "High"**. The political uncertainty in Gaza poses significant risks on project implementation. Specifically, the prevailing political context and ongoing security concerns may lead to substantial challenges in delivering drugs and medical supplies into Gaza, potentially causing delays in project implementation. This challenging environment also poses **sector strategies/policy risks** due to the constraints in the stewardship function of the health system in Gaza. To help mitigate these risks, WHO and UNICEF will be the implementing partners of the project and will ensure close coordination with all stakeholders. Key governance functions related to the project, including contract management, performance management, monitoring, and evaluation, are going to be implemented by WHO, UNICEF and third-party agencies. This mitigation strategy has proven effective in delivering services during times of instability.

57. **Stakeholders risk is considered "Substantial"**. The worsening security situation and restrictions on movement of health sector workers pose significant risk on the coordination and provision of health services in Gaza. This risk will be mitigated through the implementation modality through UNICEF and WHO. Both agencies have strong presence in both West Bank and Gaza and have successfully implemented health activities for the past several years, including during the ongoing conflict. Under the Gaza Health Cluster, both agencies are partnering with local and international NGOs to coordinate aid and response to humanitarian and public health emergencies. Further, an intersectoral logistics cluster is providing coordination and ensuring rapid exchange on issues pertaining to the entry of goods and services into Gaza. In addition, UNICEF will seek to leverage information and coordination opportunities across clusters and areas of responsibility, especially those which UNICEF plays a leading role.

58. **Given the unpredictable context imposed by the conflict, technical design and Institutional capacity for implementation and sustainability risks are considered "Substantial"**. The ability of implementing agencies and their partners to reach beneficiaries may be compromised due to the security challenges and inability to access health facilities, especially in the North of Gaza, destruction of facilities or supplies provided given the highly insecure environment, lack of sufficient time with no ceasefire to undertake rehabilitation and frequent movement of people fleeing conflict-affected areas. Access for cross-border operations or supplies is a challenge as well as the number of supplies allowed to cross the border. However, this risk will be reduced by the presence of these agencies in the field and their extensive knowledge of the situation. The UN has a proven track record in identifying internally displaced populations in conflict-affected areas and has established partnerships with local NGOs and community-based organizations (CBOs). Moreover, the project



design that is built on different interventions and implementation methods used by two different UN agencies ensures complementarity in the emergency response and mitigation of risks that may arise from the security challenges.

59. **Fiduciary risk is considered “Substantial”.** Due to the overall operating environment in Gaza, the FM and Procurement risks are rated as Substantial. Detailed information on the elements of fiduciary risks and their respective mitigation measures is provided in Section IV.B and Annex 3 of the Project Appraisal Document. The fiduciary risks include: i) limited capacity of TPMA and Implementing Partners (NGOs); (ii) risk relating to the limited access to Gaza due to conflict;(iii) inaccurate reporting by TPMA; and (iv) high volume of medical supplies and pharmaceutical supplies and equipment. Mitigation measures put in place to address the above risks include: (i) stringent procedures over the selection, monitoring and supervision of IPs/TPM agents; (ii) UNICEF’s use of the Harmonized Approach to Cash Transfers (HACT) and WHO’s use of their alternative measures to monitor their implementation partners; (iii) regular project meetings by the World Bank team with the UN agencies and monitoring agents; (iv) the TPM reports will be reviewed by UNICEF and WHO and will be shared with the World Bank; and (v) a summary of implementation arrangements will be shared with the Bank team and will be incorporated in the POM.

60. **The overall environmental and social (E&S) risk is considered “Substantial”.** Aforementioned E&S risks and impacts will be assessed and requisite mitigation measures will be included in the project’s E&S instruments addressed in the ESCP including Project Environmental and Social Management Tool. This tool integrates activities related to E&S risks screening and mitigation templates, waste management, Labor Management Procedures, workers health and safety and emergency preparedness, in addition to community health and safety and GBV. A Stakeholder Engagement Plan (SEP) has been prepared by the implementing agencies, reviewed and agreed with the World Bank, and disclosed on the World Bank system and on WHO and UNICEF websites on November 26, 2023. An appraisal ESCP has been prepared and disclosed, and will be negotiated, cleared and disclosed on UN agencies and the Bank websites prior to completion of negotiations.

61. **“Other” risk is rated “High” given the ongoing conflict.** The High rating for other risks acknowledges the complexity and the unknown trajectory of the ongoing high intensity conflict. It also factors in the indirect risks associated with systems collapsing and which may further expose the proposed implementation arrangements in a manner that is not accounted for under the established risk categories above. One such example is the recent one-day suspension of the receipt of humanitarian shipments at the first stage UNRWA storage facility in Gaza, as the UNRWA facility ran out of fuel necessary for its operations.



VII. RESULTS FRAMEWORK AND MONITORING

PDO Indicators by PDO Outcomes

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

Intermediate Indicators by Components

Baseline	Period 1	Closing Period
Component 1: Delivery of essential MNCH and nutrition services and communicable disease treatment		
Number of health facilities provided with equipment or medical/non-medical supplies for provision of MNCH services or communicable disease treatment (Number)		
Nov/2023	Dec/2024	Jun/2025
0	10	10
Pregnant women receiving health services during a visit to a health provider (Number)		
Nov/2023	Dec/2024	Jun/2025
0	5000	5000
Number of children receiving integrated management of newborn and childhood illnesses (IMNCI) services (Number)		
Nov/2023	Dec/2024	Jun/2025
0	33,700	33,700
Component 2: Supporting provision of emergency and non-communicable disease services		
Number of health facilities provided with equipment and supplies for emergency and trauma care or NCD services (Number)		
Nov/2023	Dec/2024	Jun/2025



0	10	10
Number of people receiving non-communicable disease prevention and treatment services (disaggregated by gender) (Number)		
Nov/2023	Dec/2024	Jun/2025
0	35,000	35,000
Number of people receiving treatment for emergency/trauma care (Number)		
Nov/2023	Dec/2024	Jun/2025
0	10,000	10,000
Component 3: Project coordination and monitoring		



Monitoring & Evaluation Plan: PDO Indicators by PDO Outcomes

Provision of essential health services to the population of Gaza	
Number of beneficiaries of essential health services (disaggregated by gender and age) (Number)	
Description	Number of beneficiaries receiving at least one of the following services in health facilities supported by the project: • Maternal, newborn, and child health • Communicable diseases • Non-communicable diseases • Mental health • Emergency and trauma care Health facility refers to any establishment delivering aforementioned services, including but not limited to public PHCs, hospitals, UNRWA-managed facilities, facilities managed by NGOs or Community-Based Organizations (CBOs), mobile units, and temporary health establishments that provide essential services to the population.
Frequency	Every six months
Data source	Reports from UNICEF and WHO; third-party monitor (TPM) to validate
Methodology for Data Collection	UNICEF and WHO obtain data from health facilities and report to TPM for verification
Responsibility for Data Collection	UNICEF, WHO
Number of health facilities provided with drugs, medical equipment, medical supplies, and non-medical supplies for provision of essential health services (Number)	
Description	Number of health facilities provided with drugs, medical equipment, medical supplies, and non-medical supplies through the project for one of the following domains: • Maternal, newborn, and child health and nutrition services • Communicable diseases • Non-communicable diseases • Mental health • Emergency and trauma care Health facility refers to any establishment delivering aforementioned services, including but not limited to public PHCs, hospitals, UNRWA-managed facilities, facilities managed by NGOs or Community-Based Organizations (CBOs), mobile units, and temporary health establishments that provide essential services to the population.
Frequency	Every six months
Data source	Reports from UNICEF and WHO; third-party monitor (TPM) to validate
Methodology for Data Collection	UNICEF & WHO obtain data from health facilities and report to TPM for verification
Responsibility for Data Collection	UNICEF, WHO

Monitoring & Evaluation Plan: Intermediate Results Indicators by Components

Component 1: Ensuring continuity of essential maternal, newborn, child health (MNCH) and nutrition services	
Number of health facilities provided with equipment or medical/non-medical supplies for provision of MNCH and nutrition services or communicable disease treatment (Number)	
Description	Number of health facilities in Gaza receiving equipment and/or medical/non-medical supplies for the provision of MNCH, communicable disease treatment, and nutrition services. Health facility refers to any establishment delivering aforementioned services, including but not limited to public PHCs, hospitals, UNRWA-managed facilities, facilities managed by NGOs or Community-Based Organizations (CBOs), mobile units, and temporary health establishments that provide essential services to the population.
Frequency	Every six months
Data source	Reports from UNICEF; third-party monitor (TPM) to validate
Methodology for Data Collection	UNICEF obtains data from health facilities and report to TPM for verification
Responsibility for Data	UNICEF



Collection	
Pregnant women receiving health services during a visit to a health provider (Number)	
Description	Number of pregnant women receiving health services (prenatal, postnatal, delivery and complications-related services in one of the health facilities supported through the project.
Frequency	Every six months
Data source	Reports from UNICEF; third-party monitor (TPM) to validate
Methodology for Data Collection	UNICEF obtains data from health facilities and report to TPM for verification
Responsibility for Data Collection	UNICEF
Number of children receiving integrated management of newborn and childhood illnesses (IMNCI) services (Number)	
Description	Number of children below five years of age receiving integrated management of newborn and childhood illnesses (IMNCI) services,. IMNCI includes services that prevent and manage the leading causes of serious illnesses and mortality in children below five years and includes immunization
Frequency	Every six months
Data source	Reports from UNICEF, third-party monitor (TPM) to validate
Methodology for Data Collection	UNICEF obtains data from health facilities and reports to TPM for verification
Responsibility for Data Collection	UNICEF
Component 2: Supporting provision of emergency care and treatment of chronic conditions	
Number of health facilities provided with equipment and supplies for emergency and trauma care or NCD services (Number)	
Description	Number of health facilities in Gaza receiving equipment and/or medical/non-medical supplies for the provision of emergency and trauma care or NCD services through the project. Health facility refers to any establishment delivering aforementioned services, including but not limited to public PHCs, hospitals, UNRWA-managed facilities, NGOs or Community based organizations, mobile units, and temporary health establishments.
Frequency	Every six months
Data source	Reports from WHO, third-party monitor (TPM) to validate
Methodology for Data Collection	WHO obtains data from health facilities and reports to TPM for verification
Responsibility for Data Collection	WHO
Number of people receiving non-communicable disease prevention and treatment services (disaggregated by gender) (Number)	
Description	Number of people receiving prevention and treatment services for non-communicable diseases in facilities supported by the project.
Frequency	Every six months
Data source	Reports from WHO, third-party monitor (TPM) to validate
Methodology for Data Collection	WHO obtains data from health facilities and reports to TPM for verification
Responsibility for Data Collection	WHO
Number of people receiving treatment for emergency/trauma care (Number)	
Description	Number of people receiving emergency/trauma care services in facilities supported by the project
Frequency	Every six months
Data source	Reports from WHO, third-party monitor (TPM) to validate
Methodology for Data Collection	WHO obtains data from health facilities and reports to TPM for verification
Responsibility for Data Collection	WHO
Component 3: Project coordination and monitoring	



ANNEX 1: Implementation Arrangements and Support Plan

COUNTRY: West Bank and Gaza Gaza Health Emergency Response Project

Financial Management

1. **The Project's Financial Management (FM) arrangements** will be governed by the Financial Management Framework Agreement (FMFA) between the World Bank and the UN Agencies, which provides for the use of the UN Financial Regulations and Rules. Due to the emergency nature of this project and the need to respond quickly, the Financial Management (FM) approach was streamlined and based on more simplified ex-ante requirements, while relying more heavily on ex-post requirements as additional fiduciary controls and reviews.

FM risks and mitigation measures:

2. To conduct the FM assessment, the World Bank considered the World Bank-wide assessment of UN agencies including reviewing prior external and internal audit reports, project design, implementation arrangements, and associated risks and mitigating measures. Based on the FM assessment, the overall FM risk is "Substantial" after mitigation measures. The FM risk is assessed as "Substantial" mainly due to: (i) Limited access to Gaza due to conflict. The accessibility of the TPMA and monitoring agents to Gaza could also be affected, in addition to the ability to reach project beneficiaries, (ii) Limited capacity of TPMAs and implementing partners (IPs), (iii) Inaccurate reporting from TPMAs and IPs, and (iv) High volume of medical and pharmaceutical supplies and equipment.

3. The following mitigation measures were agreed upon with UNICEF and WHO to address the above risks, including: (i) TORs for TPMAs will be reviewed by the World Bank, in addition UN agencies will contract TPMAs to verify the physical implementation of the health and nutrition services. The TPMA reports will be reviewed by UNICEF and WHO and will be shared with the World Bank; (ii) UN agencies will share the results of initial assessments³⁹ of implementing partners (if any) with the World Bank. In addition, the Project Coordination Committee will agree and review key risks which will be monitored regularly; (iii) UNICEF and WHO will prepare semiannual financial and progress reports that will be shared with the World Bank; and (iv) The mitigation measures will be further strengthened with additional controls that will be developed and stipulated in the POM.

4. To provide reasonable assurance that project funds are spent for the intended purposes, the following arrangements will be in place: (i) reliance on established UN internal control mechanisms for the process of disbursement, documentation of expenditures, and reporting; (ii) contracting of independent monitors and TPMA by the UN agencies to supervise the implementation of health campaigns and the compliance with the implementation arrangements; (iii) use of a TPMA to verify the physical implementation of the health and nutrition services, , and (iv) preparation of timely financial and progress reports submitted on a semiannual basis.

Accounts and Audits

5. Both UNICEF and WHO will: (i) maintain a financial management system, including records and accounts, adequate to reflect the transactions related to the activities, in accordance with the requirements of the UN Financial Regulations

³⁹ UNICEF will share results of HACT micro assessments upon agreement with the IP.



and Rules and the FMFA with the World Bank ; (ii) maintain a separate ledger account (Grant Control Account) in their books to record the financial transactions of this project; (iii) prepare, on a six-month basis, interim unaudited financial reports (IFRs), in accordance with accounting standards established pursuant to the UNICEF and WHO Financial Regulations and in the format agreed with the World Bank, adequate to reflect the expenditures related to the grant. The IFRs will be provided to the World Bank no later than 45 days after the end of the six-month period; (iv) ensure that the audit of the Project Activities is governed by the UN Financial Regulations and the FMFA

6. **The Grant Control Account** will be subject exclusively to the internal and external audit arrangements applicable to the UNICEF and WHO as set out in the UN's Financial Regulations and the FMFA. The two UN agencies will make their externally audited financial statements and accompanying reports of their external auditors on their financial statements available to the World Bank. The UN agencies will retain all records evidencing all expenditures in respect of which withdrawals from the Grant Control Account were made, in accordance with its regulations, rules, policies, and procedures relating to retention of records.

Final Financial Report

7. UNICEF and WHO shall each issue a Final Financial Report signed by an authorized official of each Agency. The Final Financial Report will be issued within three months of the project closing date. In the event that the Final Financial Report indicates a balance of funds in favor of the Bank, the Bank will provide relevant payment instructions to the UN Partner to process the refund. The UN Partner shall transfer the refund within thirty (30) calendar days of its receipt of the payment instructions.

8. **Internal controls:** To ensure proper controls are applied over the use of funds, the Implementing Agencies (UNICEF following their HACT approach and WHO following their alternative measures) will ensure the following:

- a. The finance teams located in the field is comprised of sufficient qualified staff to review and properly maintain (and cause to be maintained) all original supporting documents of the Project. The finance team will also ensure that proper controls are in place over the use of funds and that payments are made for eligible expenditures with consideration to economy and efficiency.
- b. The compliance team or its equivalent will assist their finance teams to ensure arrangements are in place for funds to reach the legitimate beneficiaries.
- c. Finance and compliance (or its equivalent) teams will ensure proper controls are in place for management and recording of inventory. In addition, they will ensure that proper measures are in place to prevent double-dipping of activities.
- d. Adequate financial assurance activities are conducted regularly by audit firms and/or implementing agency staff to support financial monitoring, risk management, and internal control) and recipients' finance and/or M&E teams.
- e. Financial assurance activities carried out will include the review of funds transfers by implementing partners to monitor the use of market exchange rate (if applicable).
- f. In case of payments to individuals in return for goods or services rendered, Implementing Agencies will use mobile banking (where feasible), payment agencies or other methods available in the country that can provide a high level of assurance that funds reached the intended beneficiaries.
- g. Implementing Agencies will ensure that IFRs are properly reviewed and approved before submission to the World Bank. In addition, IFRs reported expenditures will include no advances other than those agreed with the World Bank and disclosed in the IFR.
- h. Adequate controls over the use of direct financial cooperation and direct cash transfer modalities (if applicable) which will include the following items agreed with the World Bank:



- a) Replacing the reliance on such modalities, as deemed appropriate, with the direct disbursement and reimbursement modalities (if applicable).
- i. An initial financial assessment of implementing partners will be carried out to assess the FM arrangements of the potential implementing partner under the applicable modalities. Based on the assessment results and the risk rating provided through the assessment, Implementing Agencies will decide on whether the IP maintains the required level of FM arrangements to receive funds through such modality.
- j. Implementing partners that will receive more than a threshold as per each implementing agencies policies in one financial year will be subject to financial review.
- k. UNICEF and WHO will maintain systems in place to timely follow up and address findings of financial reviews of implementing partners.

Flow of Funds and Disbursement Arrangements

9. **UNICEF and WHO will maintain separate accounts for the Project and ensure that original supporting documents of expenditures are retained.** The Project will use Interim Unaudited Financial Reports (IFRs) for disbursements and will submit the reports to the Bank as stated in the Disbursement and Financial Information Letters (DFILs). Funds will flow from the Bank to the UN Agencies' corporate accounts before flowing to their local bank account or the bank accounts of their implementing partners and onward to the ultimate recipients/beneficiaries. The Project will follow the audit arrangements agreed between the Bank and UN agencies as per the FMFA.

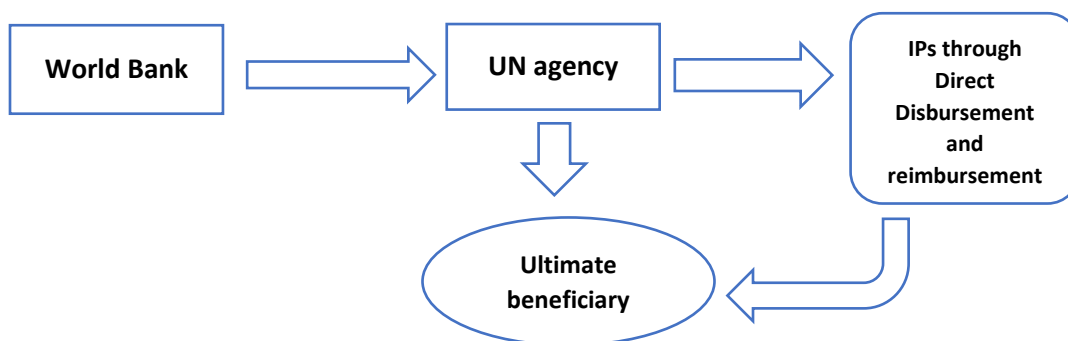
10. Flow of funds and disbursement arrangements are designed to be simplified to ensure timely availability of funds to implement the proposed emergency operation. Disbursements to WHO and UNICEF shall be made on the basis of the interim unaudited financial reports and the Withdrawal Application (WA) submitted by each UN agency to the World Bank. Each UN agency is required to prepare and submit the IFRs in accordance with the format and periodicity agreed with the World Bank. The grant proceeds will be transferred into the UN implementing agencies' official bank accounts based on a WA submitted to the World Bank by the designated officials for each agency. The first WA will cover projected expenditures for the activities for the first six months of implementation. Subsequently, they should submit notices of each WA periodically as agreed in the DFIL, and each such notice will cover an amount representing the UN agencies' good faith projection of the expenditures for the following six months, up to the project's closing date, reconciling against amounts previously withdrawn against the project budget.

11. For this Project, Implementing Agencies will use the Direct Implementation modality as much as possible, to mitigate any risk associated with advances to implementing partners, by which funds will flow from the World Bank to their corporate accounts and then to the ultimate beneficiaries/recipients without going through intermediary accounts. Use of advances to implementing partners should be limited in accordance with the implementing agencies policies. In cases when advances are used, recipients (the UN agencies) will ensure proper controls are in place, such as: (i) the advances will not exceed certain thresholds; (ii) no new advances are released to implementing agencies unless previous advances are fully settled (in cases of partial settlement, additional funds can be provided within the limit of the partial settlements made); (iii) the Implementing Agencies will maintain (or cause to be maintained) all supporting documents for expenditures incurred under the Project in accordance with the implementing agencies' policies; and (iv) all advances have proper audit trails. Recipients (the UN agencies) will exert all efforts to ensure that funds reach the ultimate beneficiaries with sufficient evidence provided. This includes ensuring that no funds are transferred to personal accounts of individuals unless those individuals are the legitimate recipients of cash for work or services rendered.

12. **UNICEF follows the Harmonized Approach to Cash Transfers (HACT) and WHO follows their alternative measures** which is a simplified set of principles and processes to request, disburse, provide assurance, and report on



funds. Under HACT, there are four key elements: (a) capacity assessments (macro and micro); (b) disbursement and reporting (FACE form); (c) assurance activities (programmatic visits, spot checks, and audits); and (d) capacity development. Risk assessment is achieved through the capacity assessments carried out by UNICEF prior to engagement with the third-party partners or NGOs, and so on. Risk management and risk reduction are done during program implementation following UNICEF’s assurance plan.



13. **Implementation Support Plan:** The World Bank will carry out semi-annual implementation support of Project activities. This will include a desk review of TPM reports, as applicable, provided by the implementing agencies. In addition, reviewing samples of expenditures and control procedures may apply, only if both the World Bank and the implementing agency(ies) agree. Such review will not imply access to “Implementing Agencies” books and records, except if agreed, and will be compliant with the UN Single Audit Principle.

14. Many FM supervision activities are shifted from ex ante to ex post; therefore, implementation support becomes a key risk-mitigating measure. And because in emergency operations risk-mitigation efforts are purposely shifted from the preparation phase to the implementation phase, there is a greater need for strong fiduciary oversight during implementation. As an example:

- FM staff are advised to remain closely involved in the emergency operation throughout the crucial early implementation support phase to help ensure that acceptable FM arrangements are in place and to enhance FM performance and capacity development.
- Joint planning with other donors is highly encouraged.
- FM staff are advised to make extensive on-site and off-site efforts to monitor the effectiveness of FM arrangements, track key areas of progress, and identify gaps.
- Each of the ex-post activities outlined during the project design phase needs to be carefully monitored over time.

Procurement

15. The Project would be financed using the Investment Project Financing (IPF) instrument in the amount of US\$ 10 million and would be implemented over an 18-month period. UNICEF and WHO will follow their own procurement procedures under Alternative Procurement Arrangements to procure the required supplies, including storage and distribution to the final destination. No contract will be subject to World Bank procurement review. More specifically, Component 1 will be implemented by UNICEF, whereas Component 2 will be implemented by WHO.

16. **Alternative Procurement Arrangements:** UN agencies will apply their own procurement procedures as Alternative Procurement Arrangements found acceptable to the Bank under other agreements and allowed by the Procurement Framework Policy Section III. F. This procurement arrangement is considered a fit-for-purpose arrangement for several reasons:



- (a) The two UN agencies have a strong presence on the ground and have proven that they are well equipped to work in conflict and post conflict areas.
- (b) The procurement activities proposed under this project are within the mandate of both UNICEF and WHO and already in their existing strategy using the same implementation mechanisms.
- The implementation arrangement is flexible and may rely on the capacity of the local staff of both agencies, NGOs, private sector and health volunteers.
 - The two UN agencies have preparedness and mobilization mechanisms in place, which enable optimal emergency procurement.
 - The agencies' procurement arrangements provide reasonable assurance that the World Bank financing will be used for the intended purpose.
 - UNICEF and WHO are well informed about the market response locally and internationally, have a strong presence on the ground, and have the capacity to work in conflict and post-conflict areas.

17. The Use of APA under this project was approved by the World Bank's Chief Procurement Officer on November 22, 2023.

18. **Planned project procurement and Approaches:** The procurement activities under this project will include procurement of goods, minor works, non-consulting services, and consultants' services. The procurement of goods will include essential drugs, medical supplies, and equipment for essential maternal, newborn, and child health services, as well as for emergency care and treatment of chronic conditions. It would also include procurement of non-consulting services and essential goods such as fuel to restore functioning of the facilities affected by the conflict. The project may also finance a procurement of minor civil works as needed to ensure that damaged facilities are made operable.

19. UNICEF and WHO will explore the international markets for most of the procured items; however, the local market will be also approached to procure certain available items, non-consulting services, and minor civil works.

20. **Procurement Risk Assessment:** Residual Procurement risk is rated Substantial due to (i) the current security situation in Gaza and the complex mechanism for entering the procured items through Rafah crossing, (ii) composition of marketplace (limited competition and availability of service delivery), and the nature of procurement activities which are not complex but might be impacted by the situation on the ground during the conflict.

21. The project includes risk mitigation measures such as frequent reporting, supplemented by regular contact between the World Bank and Implementing Agencies to review the status of activities. In addition to ongoing coordination, combined with closer supervision by the World Bank, the Bank will: (i) review and agree the procurement plan and its respective updates, and (ii) follow up closely with the UN agencies on the entry of the procured items through Rafah crossing, and (iii) work closely with the UN agencies on the technical review of the TORs, selection criteria and summary of the qualifications of the winning candidate/s for the selection of the TPMAs. UN agencies will provide semi-annual reports on progress with implementation of the plan.

22. **Systematic Tracking of Exchanges in Procurement (STEP) and Procurement Plan (PP), and Project Procurement Strategy for Development (PPSD):** The use of STEP is not recommended under this project due to the unique nature of the project arrangements. In addition, there will be no contracts subject to the World Bank's review and the implementing agencies will use their own planning and tracking systems and would generate procurement implementation progress reports as required. Given that this project is an emergency operation, the PP will be prepared by the implementing agencies before the Effectiveness Date and the preparation of the PPSD will not be required.