Public Disclosure Authorized

Additional Financing Appraisal Environmental and Social Review Summary

Appraisal Stage

(AF ESRS Appraisal Stage)

Date Prepared/Updated: 11/18/2021 | Report No: ESRSAFA266

Public Disclosure Authorized
Public Disclosure

BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
West Bank and Gaza	MIDDLE EAST AND NORTH AFRICA	Ministry of Finance	Ministry of Health

Project ID	Project Name
P176403	Additional Financing to West Bank and Gaza COVID-19 Emergency Response

Parent Project ID (if any)	Parent Project Name
P173800	West Bank and Gaza COVID-19 Emergency Response

Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	12/13/2021	12/22/2021

Public Disclosure

Proposed Development Objective

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

Financing (in USD Million)	Amount
Current Financing	5.00
Proposed Additional Financing	3.75
Total Proposed Financing	8.75

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

No

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

The proposed emergency operation includes three components to support immediate response to the threat posed by the COVID-19 pandemic and strengthen West Bank and Gaza's health systems for public health preparedness. This

operation will provide funding also for streamlined and harmonized support to the MOH complementing and exploiting synergies with other development partners' support. The activities to be funded under the Project will help to operationalize some elements that are part of the inter-agency plan, complementing, expanding and intensifying the responses rapidly. They will consist of a group of interventions based on the country's epidemiological and institutional needs and assessed options for meeting them. Given the evolution of the pandemic and the changing landscape, the Bank will review the procurement plans to ensure efficiency and alignment with the National Response to the pandemic and support from other donors

Component 1: Emergency COVID-19 Response (US$ 2.1 million), this component will provide for immediate support to (i) strengthen epidemiological surveillance system for case detection, confirmation, recording and reporting, as well as contact tracing and risk assessment and mitigation, (ii) develop standard guidelines for sample collection methods, channeling and transportation, determining sites in need for introduction of point of care diagnostics, (iii) procurement of essential equipment and consumables for laboratory and diagnostic systems, such as Polymerase Chain Reaction (PCR) machines, sample collection kits, test kits, and other equipment and supplies for COVID-19 testing and surveillance (including Personal Protective Equipment for surveillance workers) to ensure prompt case finding and local containment.

Component 2: Strengthening Overall Healthcare Services and Clinical Capacity to Respond to COVID-19 (US$ 2.1 million), this component will strengthen essential healthcare service delivery given surge in demand. The component will support the strengthening of selected health facilities and establishment and equipping of quarantine and treatment centers, so that they can manage COVID-19 cases. This would include (i) minor civil works and retrofitting of isolation rooms in the facilities and treatment centers, (ii) training of health personnel on treatment guidelines, and hospital infection control interventions, (iii) procurement of essential inputs for treatment such as ventilators, pulse oximeters, laryngoscopes, oxygen generators, and other equipment/supplies for COVID-19 case management, as well as medicines (to avoid stock-outs particularly in Gaza) and vaccines (when they become available), (iv) procurement of Personal Protective Equipment (PPE), disinfectants and other commodities for infection prevention and control, (v) investments needed to ensure continuity of clinical care, including safe access to waste management, electricity, safe water and sanitation for hospitals, (vi) hiring medical and non-medical short-term consultants to respond to a surge in demand for services due to the COVID-19 epidemic in selected hospitals.

Component 3: This component will finance necessary human resources and running costs for the Project Management Unit at the MOH (MOH PMU), including: (i) staffing, (ii) data collection, aggregation and periodic reporting on the project's implementation progress; (iii) monitoring of the project's key performance indicators and periodical evaluation; and (iv) overall project operating costs, audit costs and monitoring and compliance with Environmental and Social Commitment Plan (ESCP). Currently the MOH PMU has two full-time staff (Procurement Specialist, Financial Management Specialist) and a part-time Health Specialist. The PMU will be further strengthened by hiring a Health and Safety Specialist to oversee the project activities. In case additional staff is needed, particularly in the first months for speedy and effective project management, additional short term consultants for the PMU may be hired under this component. In addition, this component will finance the financial and technical audits related to the project.

D. Environmental and Social Overview

Public Disclosure

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

As with the original Emergency COVID-19 Project (the Project), the Additional Financing (AF) has the same E&S baseline and country-wide coverage. The Palestinian Territory (Pt) covers an area of 6,020 sq. km and is composed of two physically separated land masses: The West Bank and the Gaza Strip. The West Bank has an area of 5,655 sq. km, and the Gaza Strip has an area of
365 sq. km. The geography of Palestine is characterized by a diverse topography, and its terrain includes coastal and inner plains, mountains, and hills. The Palestinian population in the West Bank and Gaza reaches 5.1 million, of which 3.05 million are living in the West Bank and 2.05 million in the Gaza Strip. There are 16 governorates: 11 in the West Bank and five in the Gaza Strip.

In the COVID-19 context, the existing health sector challenges in the Pt are likely to be exacerbated by the COVID-19 pandemic. A joint assessment conducted by the World Health Organization (WHO) and Norwegian Public health institute conducted in 2015 has classifies the Palestinian territories (Pt) as a high-risk setting with limited response capacity. However, there is little fiscal space to increase public spending to allocate additional resources for the COVID-19 pandemic preparedness and response. Thus, the COVID-19 outbreaks in Pt are likely to add burdens to already strained health system capacities such as availability and access to health care services and availability of medical equipment, supplies and pharmaceuticals.

To assist the PA to address some of the limitations it faces with respect to preparedness to respond to the challenges of COVID-19, West Bank and Gaza COVID19 Emergency Response, in the amount of US$5 million, financed from the Trust Fund of Gaza and the West Bank was approved by the Board of Executive Directors on April 2, 2020, signed and declared effective on April 8, 2020. The project closing date is February 28, 2024. The Project includes measures to prevent, detect and respond to the threats posed by the COVID-19 pandemic and strengthen the West Bank and Gaza health system for public health preparedness. The progress towards achieving the PDO and overall Implementation Progress (IP) are rated as Satisfactory, and 72% of the grant has been already disbursed.

The AF to the Parent Project will be national in scope, and is intended to strengthen the country's capacity to respond to health emergencies in general, and to scale-up activities undertaken as part of the Parent Project to respond to the ongoing COVID-19 pandemic and potential future pandemics. The AF will not finance COVID-19 vaccine purchase but will support investments needed for vaccine storage and/or distribution
, specifically through supporting the immunization infrastructure including i) emergency medicines, focusing on treatment of health emergencies and chronic conditions; ii) emergency medical devices and equipment, including defibrillators, V/S monitors, emergency trolleys, consumables, patient beds, Intensive Care Unit (ICU) beds, mobile clinics, mobile blood banks, flow cytometers, electrical supplies, freezers, and refrigerated vehicles (not ultra-cold chain). Despite the fact that the AF will not finance COVID-19 vaccine purchase as part of the project, MoH will identify the risks and impacts associated with vaccines and ensure the implementation of the required mitigation measures related to the vaccine deployment. At this stage the specific locations where investments or sub-projects will be implemented have not yet been identified. However, is known that project will be implemented in hospital and health care facilities in rural and urban settings across the country with different environmental conditions.

Public Disclosure

D. 2. Borrower's Institutional Capacity

The PA government healthcare management system, infrastructure, and facilities has been undermaintained for elongated periods of time due to lack of financial resources and recurrent conflicts. Despite the overall weaknesses of the health system, MoH has an integrated Expanded Program for Immunization (EPI) and deploys 2.8 million routine vaccines every year. While MoH
has a routine vaccination program, successful deployment of the COVID-19 vaccine requires strengthening the health system. MoH has conducted a vaccine readiness assessment to identify gaps and options to address them, as well as to estimate the cost of vaccine deployment, with the support of the World Health Organization (WHO) and UNICEF. This assessment considers the government's vaccine deployment strategy. The assessment demonstrates that MoH has finalized key aspects of its NDVP, with a full costing in progress. Training curricula have been defined and trainings have been delivered. Modifications to the national health information system (DHIS2) have been finalized to account for the COVID-19 vaccine deployment, including from registration to integration with supply chains to allow for tracking vaccines. Logistics arrangements have been finalized, and cold chain gaps exist has been identified, which will be filled by this AF. The finalization of a communication strategy is in process, including the deployment of targeted messages.
As with the parent project, the AF will be implemented by the Ministry of Health through the Project Implementation Unit (PIU). The PIU have limited experience in managing environmental and social risks associated with World Bank Projects including the parent project.

As per the parent Project's Environmental and Social Commitment Plan (ESCP), MoH has experienced delays in completing the E&S requirements, including clearance and disclosure of ESMF, LMP, update of the SEP and staffing the PIU with Environmental Health and Safety Officer (EHSO). Where also the focal point who facilitated communication with the E&S team has resigned, the PIU in March 2021, upon the Bank's request has appointed the procurement officer as a focal point until having the EHSO on board.

MoH committed to recruit the EHSO in April 2021, however to overcome delays it was agreed to finalize the hiring process no later than Effectiveness Date to support relevant activities, including the OHS and medical waste management and other indirect risks and impacts related to the COVID-19 Vaccine's deployment.

The PIU will continue to be responsible for the parent project and AF delivery in accordance with the AF ESCP, and the updated SEP, ESMF and LMP.

The ES capacity of the MoH has scope for improvement. Hiring of EHSO of the Project is under progress which is expected to raise E&S capacity of the MoH. The capacity to execute the commitment made through Environment and Social Commitment Plan (ESCP) including the preparation of various waste management plans and guideline for the health facility staff is expected to significantly improve after due staffing through hiring. Further, to make the vaccination program a success, the MoH has finalized the following major actions to facilitate the COVID-19 vaccine deployment plan:

- A NDVP has been finalized as of January 16, 2021 and approved by the Minister of Health.
- Key committees were established, mainly the National Coordinating Committee (NCC), and its sub-committees on epidemiology, COVID-19 vaccine introduction, healthy worker training, and risk communication & community engagement, representing different ministries and partners.

Public Disclosure

- Roles were defined for each of the component of vaccine introduction and responsibilities of stakeholders.

The government healthcare management system, infrastructure, and facilities has been undermaintained for elongated periods of time due to lack of financial resources and recurrent conflicts. Despite the overall weaknesses of the health system, MoH has an integrated Expanded Program for Immunization (EPI) and deploys 2.8 million routine vaccines every year. While MoH has a routine vaccination program, successful deployment of the COVID-19 vaccine requires strengthening the health system. MoH has conducted a vaccine readiness assessment to identify gaps and options to address them, as well as to estimate the cost of vaccine deployment, with the support of the World Health Organization (WHO) and UNICEF. This assessment considers the government's vaccine deployment strategy. The assessment demonstrates that MoH has finalized key aspects of its NDVP, with a full costing in progress. Training curricula have been defined and trainings have been delivered. Modifications to the national health information system (DHIS2) have been finalized to account for the COVID-19 vaccine deployment, including from registration to integration with supply chains to allow for tracking vaccines. Logistics arrangements have been finalized, and cold chain gaps exist has been identified, which will be filled by this AF. The finalization of a communication strategy is in process, including the deployment of targeted messages.
As with the parent project, the AF will be implemented by the Ministry of Health through the Project Implementation Unit (PIU). The PIU has limited experience in managing environmental and social risks associated with World Bank Projects including the parent project.

As per the parent Project's Environmental and Social Commitment Plan (ESCP), MoH experienced delays in completing the E&S requirements, including clearance and disclosure of ESMF, LMP, update of the SEP and staffing the PIU with Environmental Health and Safety Officer (EHSO) according to the agreed timeframe. MoF also disbursed US$3.6 million, or 72 percent of the grant as part of the Subcomponent 1.1 and 1.2, where contracts for different equipment, supplies, and personal protective equipment (PPE) were signed, delivered and distributed, respectively, to Hospitals and Health Care Facilities prior to hiring the EHSO and preparing and disclosing the requisite ESF instruments. In line with ESF requirements, MoH was therefore requested to conduct an environmental and social (E&S) ex-post audit of the already disbursed activities to i. assess its compliance regarding implementing of the E&S commitments according to the relevant provisions of the WB environmental and social standards included in the ESCP agreed between the government and the World Bank and the instruments including ESMF, LMP and the SEP which were developed after disbursement, ii. identify gaps (if any) and iii. recommend a corrective action plan (CAP) that needs to be implemented for the parent project so that moving forward, compliance with the World Bank ESF's requirements is ensured. The E&S ex-post audit report has been prepared by MoH's external auditor and cleared by the Bank and disclosed in country on September 30th and on the Bank's system on October 1 , 2021. The E&S audit found partially satisfactory compliance by the project regarding the implementation of the E&S measures including compliance with OHS related to COVID-19, labor and working conditions (except for Code of Conduct (CoC)), and access to information. This E&S audit found that the primary reason for the non-compliance was due to the absence of circulation and signage of CoCs; absence of conducting screenings and environmental and social assessment (ESA), and therefore the lack of ESMPs if were needed, lack of a properly functioning project level grievance mechanism (GM), and absence of a workers' GM. In view of the non-compliance, the E&S audit recommended a corrective action plan (CAP) to enhance monitoring and reporting of E&S implementation; improving the visibility of the project and have the E&S instruments well displayed at the MoH website and distributing a note (handout) about the project among the staff who were recruited as most of them are still on job; establishing a workers' GM in accordance with the LMP; ensuring proper functioning and monitoring of the grievance mechanism (GM) at the MoH by introducing an electronic system for complaints registry and archiving, in addition to capacity building, technical training, and other support; including specific measures in the grievance redress channels to address potential complaints related to gender-based violence

Public Disclosure

(GBV), sexual exploitation and abuse (SEA), and sexual harassment (SH) in order to ensure complainant and survivor's anonymity and information confidentiality; ensuring awareness and proper implementation of the workers' code of conduct (CoC); conducting environmental and social screening and developing ESMPs as needed in accordance with the ESMF for any future activity; providing the Bank with regular progress reports on the environmental and social aspects, in line with the ESCP; and enhancing the capacity of the PCU, the ESO in particular and MoH staff for E&S management. The E&S audit also found that since the disclosure of the E&S instrument in April 18, 2021 and appointment of the Environmental and Health safety officer (EHSO) in May 26, 2021 the project has been in compliance with the E&S requirements, as documented in the ESCP. MoH has prepared a plan with clear actions and timeframe to implement the CAP. A progress review of the CAP and the MoH's plan to implement the CAP indicates that good progress has been made across the board including preparation of a six-month consultation plan by MoH and its submission to the Bank on the 26th of September. A meeting with the Complaints Unit at the MoH was conducted on September 30, 2021 to discuss mechanisms to strengthen the complaint system at the ministry level in line with the Bank's requirements. A GM manual including tools to make the project level GM properly functional and effective has been sent to the Bank for review on November 2, 2021; GBV/ SEA/ SH channels were included in GM and consultations to agreeing on finalizing referral

II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC) — Substantial

Environmental Risk Rating — Substantial

The proposed AF has the same Project Development Objective (PDO) and institutional arrangements as the parent project. The environmental risk rating for AF remains "substantial". As for the parent project, the main environmental risks identified: (i) the Occupational Health and Safety issues related to testing and handling of supplies, etc. during treatment to a large extent as well as due to the small-scale civil works for installation of equipment in the existing hospitals and health care facilities to a lesser extent; (ii) production and management of medical healthcare waste; and (ii) road safety risk during transportation and community health and safety issues related to the handling, transportation and disposal of hazardous and infectious healthcare waste associated with medical laboratories, including sharps used in diagnosis and treatment, and vaccine program wastes. As only small-scale civil works other than installation activities required for installation of equipment and electrical supplies, freezers, and refrigerated vehicles (not ultra-cold chain) that will be used for vaccines storage and/or distribution, on existing hospital grounds or other health care facilities which are government owned sites are to be undertaken, environmental risks associated with these works are expected to be minor and readily mitigated. Health care waste and chemical wastes generated from disease detection capacities to be supported can have substantial impact on the environment and human health. Wastes that may be generated from health facilities, mobile clinics, and laboratories could include liquid contaminated waste, chemicals and other hazardous materials, and other waste from labs/quarantine/isolation centers including sharps used in diagnosis, treatment, and vaccine program wastes. All of this requires special handling and awareness as it may pose a risk to health care workers from occupational infections and to the communities if not disposed properly. Given the rise of Covid-19 cases in both West Bank and Gaza, particularly the newer and more infectious variants, there is a potential risk of exposure of workers and communities to the disease.

Social Risk Rating — Substantial

Public Disclosure

The social risks are also the same as the parent project and are considered substantial, mainly related to: i. risk of the capture of project benefits by the elites and fortunate and exclusion of the poor, elderly, those with disabilities and vulnerabilities; ii. community health and safety risks due to exposure to communicable diseases, including COVID-19, and potential adverse impacts on community members, including health care workers and medical waste collectors due to handling of hazardous medical waste materials; iii potential exposure of vulnerable groups, including youth, children and women to violence, SEA and SH; (iv) risks related to labor and working conditions for direct and contracted workers; and (v) limited experience of the ESO to manage social risks in accordance with ESF requirements/ESCP commitments. Social risks will be addressed and mitigated both through the project design (particularly the risks of exclusion and elite capture) and measures included in the project's E&S instruments to address and manage social impacts.

Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) Risk Rating Moderate

No rating was provided for the parent project. For the AF and parent project, the SEA/SH rating is moderate due to the potential exposure of women and vulnerable groups to SEA/SH during provision of project services. The risk will be mitigated by ensuring proper implementation of the code of conduct for all project workers; creating awareness about measures to protect against and prohibit SEA/SH among stakeholders and project beneficiaries; ensuring proper implementation of the special features for SEA/SH in the GMs (project and for workers) and providing training to the personnel responsible for handling such complaints. The implementation of these measures/features will be monitored closely and the risk rating may be adjusted as required during project implementation.

Public Disclosure

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

ESS1 is relevant given an array of the environmental and social risks and impacts identified including (i) the Occupational Health and Safety due to testing and handling of supplies, etc. during treatment to a large extent as well as due to the small-scale civil works for installation of equipment in the existing hospitals and health care facilities to a lesser extent; (ii) production and management of medical healthcare waste; and (iii) community health and safety issues related to the handling, transportation and disposal of hazardous and infectious healthcare waste associated with medical laboratories, including sharps used in diagnosis and treatment, and vaccine program wastes. The measures to address environmental and social risks in the parent project remain relevant, including infection prevention and control improvements in health facilities, such as assessment and mitigation measures for OHS risks, and Infection Prevention and Control and medical waste risk management. These risks are covered by ESS1, ESS2, ESS3, ESS4, and ESS10.

Social risks of elite capture and exclusion are going to be addressed through project design measures already included in the parent project. The project will also ensure inclusion of the voice and needs of vulnerable groups (e.g. women, persons with disabilities etc.) by focusing on these groups in the SEP. The AF will use the same GM as the parent project which includes features to help accept and address any SEA/SH related complaints, including referral mechanisms. MoH is taking additional measures to strengthen the GM and ensure that the system is fully functional

and effective. Finally, the PCU ESO's capacity to address environmental and social risks, including for handling of grievances, and will be enhanced throughout the life of the project through regular capacity building.

The parent project ESMF will be reviewed and updated for the AF and used as the ESMF for the AF. Site-specific ESMPs will be prepared for subprojects once their location is known. The ESMF AF will be finalized consulted on, cleared by the Bank and disclosed within 1 month of project effectiveness and before the start of relevant project activities, in order to avoid reoccurrence of ESF non-compliance. The AF ESMF will follow the new template prepared by the Bank on February 2021, mainly related to mobile clinics, mobile blood banks, electrical supplies, freezers, and refrigerated vehicles (not ultra-cold chain), where to assess the available infrastructure and capacity to establish and implement vaccine cold chain temperature monitoring in line with GIIP along the whole vaccine chain transport, storage and handling. In addition, the updated ESMF will include the remaining actions of the CAP as defined in the E&S audit report.
Finally, MoH will prepare an ESCP for the AF under ESS1 which will be made part of the legal agreement between the Bank and The Palestine Liberation Organization (for the benefit of the Palestinian Authority). The ESCP will be finalized, cleared by the Bank and disclosed by project appraisal. A commitment to implement the CAP throughout the life of the AF and parent project will be included in the ESCP.

ESS10 Stakeholder Engagement and Information Disclosure

The primary project stakeholders include infected people, at-risk populations, medical and emergency personnel, medical, laboratory and testing facilities, and health agencies across the West Bank and Gaza. Project stakeholders also include disadvantaged groups such as the elderly, youth, women, lower socio-economic levels, refugees, women headed households, people with disabilities and Bedouin communities. Consultations with disadvantaged and marginalized groups require utilizing means beyond the normal consultation meetings including consultations with NGOs and CBOs that work directly with marginalized and disadvantaged group and through representatives of these groups. Institutional stakeholders include relevant ministries and government agencies such as relevant departments at the MoH (i.e Quality Assurance and Patience Safety Unit, Primary Health D.G, Paramedical Services and Laboratories D.G, Environment Health Unit, Governmental Hospitals Unit, Women Affairs Unit, Warehouses Administration D.G), Ministry of Social Development (MoSD), Ministry of Local Governance (MoLG) – representing the Municipalities and Village Councils, Environment Quality Authority (EQA), Public Hospitals, Private Hospitals – represented by the Union of Private Hospitals and Health Centers, the International Association of the Red Cross, the Palestinian Red Cresent, UN agencies such as the WHO and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the Health Cluster, and medical NGOs such as the Palestinian Medical Relief and Medical Work Committees.

The parent project SEP has been updated for the AF to reflect the scale-up of activities under AF. Consultations for the AF were conducted on November 4 and November 8, 2021 and were reflected in the updated SEP. The updated SEP will be reviewed and cleared by the Bank and disclosed in-country and on the Bank system in time for AF appraisal.

The SEP includes measures for stakeholder consultation, information dissemination and disclosure, and grievance redress. Measures for inclusion of vulnerable communities and people and people living in remote locations

Public Disclosure

throughout the consultation processes, including public information disclosure and outreach campaigns using radio spots and social media engagement, are also included in the SEP. In addition, MoH has prepared a communication strategy that includes deployment of targeted messages on safety of vaccines, principles of fair, equitable and inclusive vaccines access and allocation, and to ensure voluntary consent for vaccination. No forced vaccination will be practiced. Information about the priority groups and the roll out of vaccination over three phases will also be communicated to disadvantaged groups and communities. Measure will be taken to ensure that women can join consultations easily; if required, separate consultation sessions for women and men will be organized. Similarly, requisite facilities for persons with disabilities will be provided during public meetings. Stakeholder consultation meetings shall be conducted in line with the national restrictions regarding public gatherings during COVID-19 pandemic and the World Bank's guidance note on "Public Consultations and Stakeholder Engagement in World Bank-supported operations when there are constraints on conducting public meetings".

The parent project has a GM, based on the MoH system, to receive and address concerns emerging during implementation in a transparent and accountable manner. Citizens can also submit grievances using email address, and by direct comments on the dedicated Facebook page of the MoH. A record of grievances received is also maintained by the ministry. The parent project has recorded no project specific grievances. A GM manual was prepared for the parent project and will be used for the AF activities. The GM will respond to complaints throughout the project lifecycle and has been devised to promptly respond to any project grievances. The GM will be continuously analyzed and strengthened, enabling stakeholders to voice their concerns, comments, and suggestions. The GM also allows anonymous grievances to be raised and addressed. It includes an appeal process for unsatisfactory complainants, and provides accessible and multiple grievance uptake channels—online and offline, telephone, text message, email, and complaints collection boxes. The MoH will keep records of grievances in a register and will maintain a database on the complaints and resolved cases.

Public Disclosure

B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

ESS2 is relevant. The AF, like the parent project, will be carried out in accordance with the applicable requirements of ESS2, in a manner acceptable to the World Bank. The project activities will involve direct workers (PIU staff and government employee) and contracted workers employed or engaged through third parties including to do the minor civil works for installation of equipment in the existing hospitals and health care facilities). The envisaged works will be of minor scale and thus pose limited risks, but workers will have access to necessary PPE and handwashing stations. Labor influx is not expected. Extension of recruitment of contracted workers from the parent project or additional recruitment of medical staff will not be financed by the AF. Community workers will not be employed in relation to this Project.

Potential labor risks are related to OHS, working conditions, and SEA/SH risks for workers. These risks will be managed in accordance with the AF LMP. The LMP for the parent project will be updated in line with AF requirements and used as the LMP for the AF. The AF LMP will be reviewed and cleared by the Bank and disclosed in-country and on the Bank system within one month of effectiveness and before the start of relevant project activities. The LMP will

cover an assessment of potential labor related risks; an overview of labor regulations, policies and procedures; an assessment of and a plan to prevent SEA/SH proportionate to the level of risk; contract terms and conditions; working age regulations; details of the workers' GM; and other requirements of ESS2. The workers' GM will also address potential complaints related to SEA/SH and will have requisite features such as, ability to accept and respond to anonymous complaints and measures to ensure anonymity of complainants, referral mechanisms, and availability of trained personnel to accept and handle such complaints. Measures to prevent SEA/SH will also be included in the workers' CoC to be circulated among and signed by all project workers.

The contracts with contractors will include provisions for: occupational health and safety; prevention of child labor and potential cases of SEA/SH; availability of the workers' GM; and work conditions, following the general World Bank Guidelines on Environmental Health and Safety (EHS Guidelines) and the more specific Occupational Health and Safety guidelines, especially on physical hazards. A workers' GM will also be established in each selected contractor firm to receive and handle workers' grievances. The E&S Officer at the PMU will be responsible for monitoring grievances managed by the contractor and shall regularly evaluate the effectiveness of the GM.

Finally, in addition to the project workers identified above, some employees of concerned agencies may also work in connection (full-time or part-time) with the project without being formally transferred to the project. ESS2 will not apply to such workers and they will remain subject to the terms and conditions of their employment with the concerned agency. However, the provisions of ESS2 related to protection in the work force (i.e. regarding child labor, minimum age and forced labor) and OHS will apply to such agency employees. In addition to the Government guidelines, the World Health Organization (WHO) guidelines in response to COVID-19, such as the procedures for protection workers in relation to infection control precautions and provision of immediate and ongoing training on the procedures to all categories of workers, will be used.

Public Disclosure

ESS3 Resource Efficiency and Pollution Prevention and Management

ESS3 is relevant. The main pollution risks are related to solid waste management including chemical waste and medical waste including sharps and vaccine program wastes as well as due to minor civil works for installation of equipment in the existing hospitals and health care facilities to a lesser extent. Medical wastes and chemical wastes will be generated by the laboratories, quarantine, and screening posts to be supported with drugs, supplies and medical equipment, with potential impacts on the environment and human health. Wastes that may be generated from medical facilities and laboratories could include liquid contaminated waste, chemicals, and sharps used in diagnosis and treatment. Vaccination will involve the generation of additional sharps, used vaccination vials, and other disposable supplies. The waste management procedures prepared for the parent project will be used for AF activities which will be further developed in each site specific ESMP. The general and specific World Bank Guidelines on Environmental Health and Safety (EHS Guidelines) will be ensured for all project activities.

It is anticipated that with the increased number of Cold Chain equipment, the project will increase the use of energy. In the context of regular energy shortages, the PIU will ensure that relevant efficiency energy use measures are in place. Where it can investigate employing resources and energy saving measures including supply of energy saving appliances i.e energy efficient lighting, and investigate the use of UPS, and renewable energy as installing solar PV

system with batteries. In addition to defining energy efficient specifications for vehicles procurement, i.e gas emission standards, least consumption of oil per km drive, and use of high quality diesel. The ESMF update will provide relevant guidance on the above mentioned.

ESS4 Community Health and Safety

ESS4 is relevant. The main community health and safety risks identified under the AF are related to road safety risk during transportation activities; exposure, infection, and transmission of COVID19 virus for contractors, workers, communities housing the healthcare facilities associated with the project activities and risks associated with potential SEA/SH. To minimize these risks, MoH will consider the relevant aspects of ESS4 related to the above mentioned risks in the ESMF updated for AF The project GM will include special tools for handling and addressing SEA/SH cases, including strengthening referral pathways within the GM. The project level GM will also include confidential reporting and ethical documentation of SEA/SH cases. The workers' CoC will also include measures to prevent SEA/SH.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not relevant. The AF will involve small works required for installation of equipment and cold chain facilities that will be used for vaccines storage and/or distribution, on existing hospital grounds or other health care facilities.

Public Disclosure

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This ESS is not relevant. All works will be conducted on existing hospital grounds or other health care facilities which are government owned sites and it will not finance new construction or expansion of existing ones as mentioned above therefore, the proposed project interventions will have no impacts to the biodiversity and habitats.

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

This standard is not relevant to the proposed project. There are no Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities as defined in ESS7 of ESF in Palestine.

ESS8 Cultural Heritage

ESS8 is not relevant, as there are no civil works planned under this project and the minor civil works required for installation of equipment and cold chain facilities will be on existing hospital grounds or other health care facilities.

ESS9 Financial Intermediaries

This ESS is not relevant. This project will not involve any FIs.

B.3 Other Relevant Project Risks

There are no other relevant project risks.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways	No
OP 7.60 Projects in Disputed Areas	No

B.3. Reliance on Borrower's policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework?	No

Areas where "Use of Borrower Framework" is being considered:

The Borrower Framework will not be considered for this operation

IV. CONTACT POINTS

World Bank

Contact:	Samira Ahmed Hillis	Title:	Program Leader
Telephone No:	5366+6581	Email:	shillis@worldbank.org
Contact:	Denizhan Duran	Title:	Economist, Health
Telephone No:	5220+35509	Email:	dduran1@worldbank.org

Borrower/Client/Recipient

Borrower: Ministry of Finance

Implementing Agency(ies)

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

Public Disclosure

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: http://www.worldbank.org/projects

VI. APPROVAL

Task Team Leader(s):	Denizhan Duran, Samira Ahmed Hillis
Practice Manager (ENR/Social)	Lia Carol Sieghart Cleared on 18-Nov-2021 at 16:32:31 GMT-05:00

Public Disclosure