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Palestinian Ministry of Health

## STAKEHOLDER ENGAGEMENT PLAN (SEP)

FOR

WEST BANK AND GAZA HEALTH SYSTEM EFFICIENCY AND  
RESILIENCE PROJECT (P180263)

February 2023

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## LIST OF ACCRONYMS

COVID-19	SARS-CoV-2 Virus
E&S	Environmental and Social
ESA	Environmental and Social Assessment
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
EHSO	Environmental, Health, and Social Officer
ESSs	Environmental and Social Standards
GBV	Gender-Based Violence
GM	Grievance Mechanism
HCF	Healthcare Facility
HEPRTF	Health Emergency Preparedness and Response Multi-Donor Trust Fund
HSERP	Health System Efficiency and Resilience project
HWC	Health Work Committee
ICRC	International Committee of the Red Cross
M&E	Monitoring and Evaluation
MoH	Ministry of Health
NCD	Non-communicable diseases
NGOs	Non-Governmental Organizations
OHS	Occupational Health and Safety
OIP	Other Interested Parties
PA	Palestinian Authority
PAD	Project Appraisal Document
PAP	Project Affected Parties
PHC	Primary Health Care
PMR	Palestinian Medical Relief
PMU	Project Management Unit
PROJECT	West Bank and Gaza Health System Efficiency and Resilience project
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
WBG	World Bank Group
WHO	World Health Organization

# 1 INTRODUCTION

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In accordance with the World Bank Environmental and Social Framework's (ESF's) Environmental and Social Standard 10 (ESS10), a stakeholder engagement plan (SEP) needs to be prepared and implemented for all Bank supported investment policy financing (IPF) projects.

The purpose of this SEP is to establish the timing and methods of engagement throughout the implementation of the Project. The SEP supports the development of strong, constructive, and responsible relationships with project stakeholders that are important to and integral for the successful management of the project's environmental and social risks.

This SEP is structured as follows: *Section 1* provides an overview of the project components and activities. It also outlines the environmental and social risks of the project; *Sections 2, 3, and 4* describe the purpose and timing of stakeholder engagement program and summarize the main goals of the stakeholder engagement program for the various stakeholder engagement activities. *Section 5* identifies the key stakeholders who will be informed and consulted about the project, including individuals, groups, or communities that are affected or likely to be affected by the project (project-affected parties - PAPs) and may have an interest in the project (other interested parties - OIPs). *Section 6* provides a summary of stakeholder engagement activities that have been undertaken to date for the project. It also includes the proposed strategy for information disclosure which briefly describe what information will be disclosed and the types of methods that will be used to communicate this information to each of the stakeholder groups; *Section 7* describes the resources and responsibilities for implementing stakeholders' engagement activities; *Section 8* summarizes the Grievance Mechanisms that have been established on the project's level and the workers' level; and, *Section 9* describes the monitoring and reporting process.

The scope of this SEP seeks to be proportionate to the nature and scale of the project and its potential risks and impacts. The SEP will be updated as necessary throughout the project's life cycle. The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways the PMU team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the all-project beneficiaries and workers is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities.

## Project Description

Building on the success and lessons learned of the Health System Efficiency and Resilience project (HSRSP) as well as the COVID-19 Response Project, the proposed operation will strengthen the quality, efficiency, and resiliency of health service delivery across West Bank and Gaza.



Figure 1 : Map of West Bank And Gaza

## Project Components

The project will build on the success and lessons learned of the HSERP as well as the COVID-19 Response Project. The proposed operation will strengthen the quality, efficiency, and resiliency of health service delivery. The Health System Efficiency and Resiliency Project (HSERP) builds on the successes and lessons of the HSERP. The HSERP will consist of four components.

### **Component 1: Scaling up cost-effective public primary health care services.**

This component will increase the availability and quality of public PHC services. It will support scaling up of cost-effective primary health care services, to improve health outcomes particularly for non-communicable diseases (NCDs). The component will contribute towards building resiliency by ensuring availability of quality PHC services. Since PHC has been established to be the most inclusive, equitable, cost-effective, and efficient approach to enhance population health, this component will also improve efficiency given the scale-up of preventive care for NCDs, enabling the reduction of expenditures for costlier treatment interventions.

#### **Subcomponent 1.1. Delivery of comprehensive public primary health care services.**

The public PHC centers are classified into 4 levels based on the package of services provided and the levels of Human Resources for Health (HRH) available in the facilities, ranging from Level 1 providing basic preventive and curative care services to Level 3 and 4 facilities providing a wide range of preventive services and curative services including family health/General Practitioner (GP) medical care, specialist care, dental health care, gynecology and obstetrics, laboratory, radiology, emergency medical services, and other specialized clinics. Currently, 31% of the 491 PMOH PHC centers provide Level 3 services and 46% provide level 2 services. The project will improve access to the package of PHC services provided by level 2, 3 and 4 PHC centers, particularly with a focus on essential NCD interventions and preventive services with low coverage rates. Facilities implementing the family health care approach will be supported to improve preventive care for NCDs like hypertension and diabetes, which will include regular monitoring of patients in their catchment areas.

This sub-component will finance goods and technical assistance required for the scaling up of PHC services in PMOH facilities. The project will ensure increase in the number of PMOH PHC centers that are fully equipped to provide NCD prevention and control services. The following criteria will be used to identify the PHC facilities for supply of medical and diagnostic equipment:

- (i) availability of existing infrastructure for provision of the comprehensive package of public PHC services;
- (ii) availability (current or potential) of required human resources;
- (iii) ability to ensure comprehensive service delivery to a large population with unmet need, which would be decided depending on a national PHC service optimization plan based on geospatial data and distribution of health risks.

The selection of PHCs will also be informed by the findings of a Climate and Health Vulnerability Assessment (CHVA) to be prepared by July 2023 (end of FY 2023). The CHVA will be conducted to identify key risks posed by climate change to the Palestinian health system and identify adaptation and mitigation options. It would focus on the changing needs of the most vulnerable populations such as women, children, and refugees to help increase their resilience to health risks, including risks related to climate and environmental factors.

This sub-component will finance:

- (i) the basic equipment that enables provision of the good quality and safe services in PHC, according to the standard lists of equipment for level 3 and level 2 MOH PHC centers (such as autoclaves, beds, and other patient care and laboratory equipment.
- (ii) equipment required for provision of essential NCD interventions (WHO Package of essential noncommunicable (PEN)) for primary health care system in low-resource settings.
- (iii) procurement and installation of digital mammography machines for provision of mammography services will be supported at level 4 PHC centers in West Bank. Provision of training to users after the installation will also be covered.
- (iv) The procurement of HbA1c analyzers for level 3 public PHC centers in West Bank along with provision of training to users will also be covered along with support for the development and implementation of communication and screening promotion campaigns for the most prevalent NCDs and their risk factors.

### **Subcomponent 1.2. Strengthening information systems and quality of primary health care.**

Improving the quality of PHC services is vital to improve NCD outcomes and build health system resiliency. The quality of PHC services is also influenced by the quality and timeliness of information available. Building on the family practice module and unified electronic health records development under the HSERP and in alignment with the National eHealth Strategy 2022-2028, this subcomponent will support the further strengthening of PHC information systems. It will also support PMOH efforts in scaling up family health care model across the West Bank and Gaza. The subcomponent will finance equipment, technical assistance, and training supporting improvement of the information system and quality of PHC service delivery in public facilities, while focusing on the following areas:

- The existing PHC information system will be strengthened by scaling up unified electronic patient records to enable integrated delivery of health services and continuity across levels of care including referral linkages with hospitals and interoperability with other providers of PHC

services, while applying best international practices in personal data protection. This will include:

- (i) provision of hardware, networking, and telecommunication equipment,
  - (ii) technical assistance for software upgrade to strengthen pharmacy module and develop dashboards with quality indicators,
  - (iii) technical assistance for development on interoperability applications, required to ensure integration between the information systems in public PHC centers and hospital information system (Avicena),
  - (iv) training and implementation support.
- Support will be provided for strengthening the system of continuous quality improvement, based on adherence to the PMOH national standards for quality of services. This will include
    - (i) development of a system of continuous quality monitoring using dashboards for regular updates on quality indicators, with a strong focus on NCD prevention and control,
    - (ii) strengthening capacities for using the quality indicators in continuous quality improvement processes and evidence-based decision-making.
  - Support will be provided to the scale up the family health care model through the training of doctors and nurses in family health care. This will include strengthening of clinical competencies of mentors involved in delivery of the family health care Transitional Training Program and provision of support to delivery of the academic part of the residency program to 2022 and 2023 cohorts of family medicine residents. The training content will be strengthened, to include climate related health risks identified by the CHVA.

### **Component 2: Improving public hospital service delivery.**

Substantial investments are needed to improve hospital capacity in West Bank and Gaza, and this component will complement PMOH efforts in doing so. This will result in increased resiliency and efficiency for the health system. A key tenet of resiliency is the ability to access care without facing substantial access barriers, and the expansion of hospital capacity in targeted high-need areas based on the three criteria described below will ensure a larger share of the population is able to reach required essential services at the right time and with the required level of quality. Investments will also be made based on their ability to reduce the expenditures associated with OMR, which will alleviate fiscal pressures and improve the overall efficiency of the health sector.

Investments under this component will be target high-need areas based on three criteria. The focus on these three criteria will ensure a focus on improved resiliency and efficiency, as well as a higher return on investment. These criteria include the following:

- Geographic access: Governorates with the lowest hospital capacity in West Bank, and all governorates in Gaza will be targeted, on the basis of capacity and access constraints.
- Potential to reduce OMR costs: Conditions which constitute the largest total and unit costs of OMR, as mentioned below, will be targeted for medical equipment and capacity strengthening investments.
- Availability of operating capacity: Given the limited resources under this component, investments will be further prioritized on the basis of conditions for which there is sufficient physical and human resource capacity to absorb the medical equipment investments.

### **Subcomponent 2.1: Purchasing of medical equipment to expand hospital capacity in high-need areas**

Results of current analysis demonstrate the relevance of focusing on four domains, which will be further refined during preparation. These investments would mitigate regional inequalities, reduce OMR expenditures, and can be implemented within the existing health system capacity. Based on the aforementioned three criteria, the investments under this subcomponent will target the purchase and installation of medical equipment and supplies, including related minor works, for improving the capacity of hospitals for the management of cancers, cardiac conditions, maternal and neonatal health conditions and Intensive Care Unit (ICU) capacity, which together account for an annual expenditure of US\$154 million, or over two thirds of annual OMR expenditures.

- (i) In West Bank, this will include the purchase of the Immunostaining device, aimed at diagnosing and improving the ability for treatment decisions for cancer patients. Currently, about 25% of cancer referrals are due to the lack of this device. It is estimated that two of these devices would be necessary, in the north and south part of the West Bank given the restrictions of movement imposed to the population.
- (ii) Additionally, the procurement of neonatal incubators for West Bank hospitals and delivery beds for West Bank hospitals will also be supported.
- (iii) In Gaza, this sub-component will finance the procurement of two linear accelerators to support the Gaza Cancer Center, given the substantial access bottlenecks to cancer care in Gaza.

### **Subcomponent 2.2: Strengthening management and quality of care in hospitals**

While the procurement of equipment is necessary to ensure delivery of high-quality services and improve access, it is not sufficient. This subcomponent will finance targeted investments and capacity building activities aiming to strengthen health workforce competency and improve management of hospitals, pertaining to the domains below:

- Training for health workers to ensure effective utilization of procured medical equipment and supplies, as well as ensure a focus on quality of care, in alignment with current initiatives to improve patient safety; training of 8 staff to perform cardiac catheterization will be supported.
- In alignment with the National eHealth Action Plan, finance hardware and software to allow for the integration of health information systems at public hospitals, with a focus on eReferrals data as well as linkages with public PHC information system and Government Health Insurance Management Information System (GHI MIS); this will include the purchase of non-medical equipment to strengthen eReferrals database & links between eReferrals and Bisan (financial billing)
- Continued capacity building for the PMOH through targeted studies and interventions, with a focus on assessing needs in Gaza, and strengthening the PMOH Services Purchasing Unit (SPU) to continue efforts in reducing the burden of OMR, with a focus on contracting, audits, and strengthening public-private partnerships.



### **Component 3: Project Implementation and Monitoring**

This component will finance necessary human resources and running costs for the Project Management Unit (PMU) at the PMOH, 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
- (iv) overall project operating costs, audit costs and monitoring and compliance with the ESCP.

### **Component 4: Contingent Emergency Response Component (CERC)**

This component will improve the PA's ability to respond effectively in the event of an emergency in line with World Bank procedures on disaster prevention and preparedness. Following an eligible crisis or emergency, the Recipient may request the Bank to re-allocate project funds to support emergency response and reconstruction. This component would draw from other project components to cover the emergency response. To facilitate a rapid response, in case the CERC is activated, the restructuring of the project is deferred to within three months after the CERC is activated.

## **1.1 POTENTIAL ENVIRONMENT AND SOCIAL RISKS AND MITIGATION MEASURES**

The project will have positive impacts as it will improve resilience and efficiency of healthcare system in the West Bank and Gaza. The project will support capacity building activities focusing primarily on training, providing medical supplies and equipment and testing kits, goods (personal protective equipment and other clinical supplies in West Bank and Gaza. Given that the project will support the procurement of drugs, supplies and medical equipment, the most significant environmental and social risks will be associated with transportation and delivery of such clinical supplies, medical waste as well as indirect risks linked to operation of the labs or health care facilities receiving this support. The project is also anticipated as having overall positive social impacts. Citizens will benefit from improved health outcomes, particularly for chronic diseases, improved primary and preventive healthcare and reduced reliance on expensive hospital services, and improved hospital services. The following paragraphs provide detailed description of the environmental and social risks and impacts.

### **1.1.1 Environmental Risks and Impacts:**

The project will have positive impacts as it will improve resilience and efficiency of healthcare system in the West Bank and Gaza. The project will support capacity building activities focusing primarily on training, providing medical supplies and equipment and testing kits, goods (personal protective equipment and other clinical supplies), minor civil works in healthcare facilities for installation of medical and non-medical equipment to strengthen eReferrals database & links between eReferrals and Bisan (financial billing software), and raising awareness to stakeholders (health workers, patients, Government representatives, health care suppliers, etc.) in West Bank and Gaza. Given that the project will support the procurement of drugs, supplies and medical equipment, the most significant environmental and social risks will be associated with transportation and delivery of such clinical supplies as well as indirect risks linked to operation of the labs or health care facilities receiving this support; for this appropriate occupational health and safety measures including preventive measures for radiation from

mammography and radiotherapy machines, appropriate medical waste management system and public awareness mechanisms need to be put in place by the client to reduce the Occupational Health and Safety (OHS) risks and risks linked to clinical operations and infections. Medical waste disposal is of concern in West Bank and Gaza, especially as many healthcare facilities do not have a well-established waste separation system. There is a possibility for infectious micro-organisms to be introduced into the environment if they are not contained due to accidents and emergencies. Medical wastes can also include chemicals and other hazardous materials used in diagnosis and radio therapeutic materials for treatment. The contamination of the laboratory facilities, and equipment may result from laboratory procedures: performing and handling of culture, specimens and chemicals. If the contamination is due to a highly infectious agents, it may cause severe human disease, present a serious hazard to workers, and may present a risk of spreading to the community. In sum, the medical wastes could cause a higher environmental and social risk, if they are not properly handled, treated or disposed. Environmental risks remain high during transportation and disposal of such waste if not achieved in line with international good practices and guidelines for healthcare waste acceptance and packaging. In addition, there is potential impacts associated with small civil works. Moreover, the proposed upgrading/strengthening of data management system may generate limited small to moderate amount of electronic wastes (e-waste) that need to be properly managed. Given the environmental risks involved and the constraints on capacity of the PMOH to deal with those risks, the Environmental Risk Classification is “Substantial”.

#### 1.1.2 Social Risks and Impacts:

Certain social risks have been identified that need to be mitigated, and these pertain to: i. social exclusion or inequitable access of marginalized groups [e.g. persons with disabilities, the elderly, women headed households, the poor, people in Area C, Bedouin communities (e.g. have restricted access to information about services because of poor connectivity; women are unable to access information easily due to social norms which prohibit interaction beyond the community etc.), communities in ARAs and relatively rural/remote locations etc.] to project benefits due to lack of transparency and equity in supply of medical equipment and supplies provided under the project, lack of consultation with vulnerable groups, and lack of information in ‘user’ friendly or context appropriate formats on the nature, availability of and means to access and use family health and preventive care services (under Component 1); ii. labor and working conditions including (but not limited to) OHS, life and fire safety risk in existing hospitals and health care facilities, potential exposure of workers to COVID-19 and other communicable diseases, potential exposure of personnel to SEA/SH during service provision and trainings (both online and face-to-face), and potential exposure of personnel to family/community backlash during provision of potentially sensitive services including support for cases of GBV or Violence against Children (VAC); iii. community health and safety issues due to the handling, transportation and disposal of hazardous and infectious healthcare waste, potential incidents of GBV/SEA/SH during service provision, and privacy and data misuse issues during electronic record keeping; and iv. social tension and increase in stigma and isolation of people seeking treatment for incidents of GBV/VAC if there is resistance to provision of specialized support or referrals among affected families or communities. Based on the above, the social risk is rated as “moderate”.

The measures to address the environmental and social risks such as medical waste, infection prevention and control, worker safety, SEA/SH, etc. are addressed through the Project Environmental and Social Management Framework (ESMF), which sets out environmental and social (E&S) risk assessment requirements of each sub-component/activity. It also provides guidance on the preparation of site-

specific Environmental and Social screening and the relevant Environmental and Social mitigation document, as well as Infection Control and Medical Waste Management procedures, applicable laws for MoH public healthcare facilities and applicable OHS procedures. The labor and working risks include (but are not limited to) OHS, life and fire safety risk in existing hospitals and health care facilities, potential exposure of workers to COVID-19 and other communicable diseases, potential exposure of personnel to SEA/SH during service provision and these shall be addressed in the Project Labor Management Procedures (LMP). The LMP also includes Occupational Health and Safety (OHS) procedures for workers, GBV/SEA/SH issues and relevant aspects of labor management and conditions. In addition to the environmental and social risks, the SEA/SH rating for this project has been determined as 'substantial' given the limited capacity among health service providers in addressing or managing gender-based violence (GBV) prevention and response, lack of enforcement when it comes to protocols on how to respond to survivors of GBV seeking care, as well as weak and fragmented GBV referral systems. Furthermore, some interventions will be in rural/remote areas that may be difficult to monitor and/or may have reduced access to support services for survivors. The aforementioned risks will be assessed and addressed in the detailed design of project activities, as well as through a standalone 'SEA/SH Action Plan' (prepared in line with the ESF Good Practice Note (GPN) for Addressing Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) in Human Development Operations, September 2022) and mitigation measures included in ESF instruments. The SEA/SH Action Plan/ESF instruments will include mitigation measures such as CoC in the Labor Management Procedures (LMP) for project workers, healthcare staff at primary care clinics and hospital staff; training and capacity building; responsive and effective grievance mechanisms that ensure a survivor centric approach; availability of a GBV specialist in MoH; dissemination of relevant information and awareness raising regarding available services and GM; and arrangements to implement and monitor mitigation actions. The SEA/SH Action Plan will be prepared by MoH, reviewed and cleared by the Bank, and publicly disclosed two months after effectiveness. A commitment to implement the SEA/SH Action Plan will be included in the project's Environmental and Social Commitment Plan (ESCP).

## **1.2 ENVIRONMENTAL AND SOCIAL STATUS OF IMPLEMENTATION AND PERFORMANCE UNDER CURRENT HEALTH PROJECTS**

The project will be implemented by MoH who has developed good experience in implementing Bank projects. In May 2022, MOH completed the Health System Resiliency Strengthening project. The ministry is currently implementing the Emergency COVID-19 Response project and its Additional Financing, and a component of the Improving Early Childhood Development in West Bank and Gaza project. While the Health System Resiliency Strengthening project was under the Bank's old safeguards (Category C), the Covid-19 and Early Childhood Development projects are implemented under the Bank's Environmental and Social Framework (ESF) and are of substantial and moderate E&S risk respectively. An Environmental, Health and Safety Officer (EHSO) is in place in the Project Management Unit (PMU) at MoH to support implementation of environmental and social (E&S) commitments for the WB projects as agreed to in the Environmental and Social Commitment Plans (ESCPs) of the projects.

MoH will draw on the stakeholder engagement experience under West Bank and Gaza COVID-19 Emergency Response and the Improving Early Childhood Development in the West Bank and Gaza projects, including for outreach activities focusing on marginalized and vulnerable groups.

The MoH experienced some delays in completing the E&S requirements of the Covid-19 Project and in line with ESF requirements, conducted an E&S ex-post audit of already disbursed activities. The audit recommended a Corrective Action Plan (CAP) including measures to strengthen SEP implementation; establish a functional workers' grievance mechanism (GM); ensure proper functioning and monitoring of the beneficiary GM at MoH; develop specific channels for potential complaints of gender-based violence/sexual exploitation and abuse/sexual harassment (GBV/SEA/SH); ensure awareness and proper implementation of the workers' code of conduct (CoC). In view of the progress in implementing the CAP measures, the E&S risk management performance rating of the Covid-19 project was subsequently upgraded to "satisfactory". The current operation will further strengthen the implementation of measures recommended in the CAP, particularly for stakeholder engagement activities and dissemination of information.

Project level (for beneficiaries) and workers' GMs, including features/referral channels for potential GBV/SEA/SH related complaints, are in place and functioning for the West Bank and Gaza COVID-19 Emergency Response Project. Information regarding the project's GMs has been disseminated and continues to be shared in ongoing consultations. Explanatory brochures have also been prepared and disclosed in Arabic language to ensure that relevant information is accessible; however, no complaints have been received thus far. These GMs will be improved and strengthened during implementation, if and as required, and will continue to be used for the Health System Efficiency and Resilience Project.

Additionally, MOH has already prepared a Code of Conduct (CoC) for workers that was signed by the PMU's direct workers (including the EHSO, Financial Management Specialist, Procurement Specialist, Health specialist and administrative assistant). The CoC is also available in Arabic and includes sanctions for non-compliance, including non-compliance with specific policies related to gender-based violence, sexual exploitation and sexual harassment (e.g., termination). The existing CoC will also be used for the new project.

The MOH website <http://site.moh.ps/> will be used to disclose project documents for the project. The website has been optimized to further facilitate access to the project information as shown below <https://site.moh.ps/index/Project/Language/ar>. All future project related documents will be disclosed on this webpage. Project updates and information will be posted on the website. Details about the project Grievance Mechanisms will also be posted on the website.

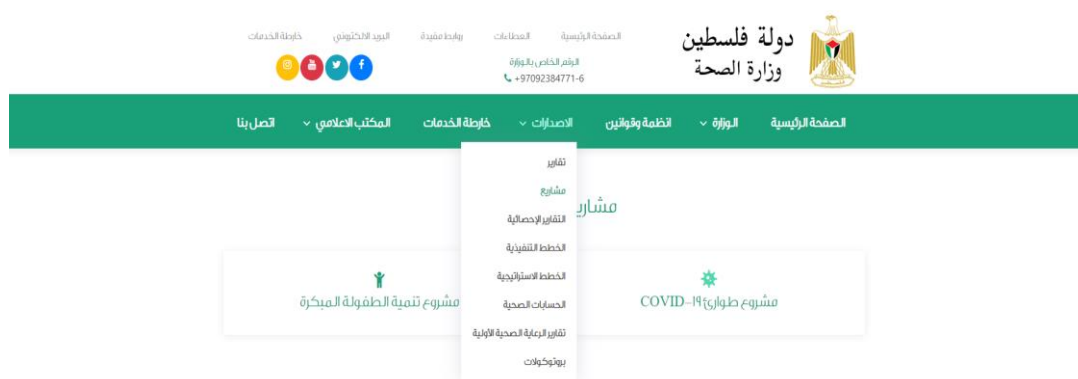


Figure 2: MoH Website Optimization for Clearer Access to Project Documents

### 1.3 OBJECTIVES OF THE STAKEHOLDER ENGAGEMENT PLAN

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success and sustainability of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. Project implementation needs to ensure appropriate stakeholder engagement for (health workers, patients, Government representatives, health care suppliers, etc.).

This SEP includes the means to engage citizens through the Project, and for public information disclosure. Revisions to the SEP will be made during implementation, as needed, to account for evolving information on the environmental and social risks of project activities and new modalities for a comprehensive community engagement and participation plan.

The Key Objectives of the SEP can be summarized as follows:

- To identify stakeholders and build and maintain a constructive relationship with them, in particular Project Affected Parties (PAPs), as well as beneficiaries and communities in the catchment area of the health facilities that are targeted in this Project.
- To assess the level of stakeholder interest and support for the project and to enable stakeholders' views to be taken into account in project design and environmental and social (E&S) performance.
- To promote and provide means for effective and inclusive engagement with project-affected parties throughout the project life cycle on issues that could potentially affect them.
- To ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible, and appropriate manner and format.

To provide project-affected parties/and other stakeholders with accessible and inclusive means to raise issues and grievances redress mechanism to respond and manage grievances and for the project to respond and manage those.

### 1.4 STAKEHOLDER ENGAGEMENT METHODOLOGY

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- Openness and life-cycle approach: public consultations for the project will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- Informed participation and feedback: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- Inclusiveness and sensitivity: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups.

## 2 BRIEF SUMMARY OF STAKEHOLDER ENGAGEMENT ACTIVITIES DURING THE PROJECT PREPARATION

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The stakeholder engagement activities conducted as part of the preparation of the project included meetings with different international and local stakeholders. One-to-one meetings were held with different departments of the MoH to discuss project components and activities, targeted areas and potential beneficiaries, and institutional and implementation arrangements. A public consultation meeting was held virtually on the 4th of January 2023 and included six participants (three females and three males) representing local and international organization., The meeting targeted different stakeholders including Community Based Organisations (CBOs) and Non-Governmental Organisations (NGOs), such as the Community Based Rehabilitation Society (CBRS) working with Bedouin communities, women headed households and other vulnerable groups. Stakeholders also included international and local institutions working and involved in the medical and health sectors such as the International Committee of the Red Cross (ICRS), UNICEF and UNFPA.

During consultation meetings, the EHSO introduced the proposed project activities and informed participants about the project's Environmental and Social (E&S) instruments, including this SEP. Participants were informed during the meetings that a GM system (including GMs for workers and beneficiaries) is available prior to the commencement of the project activities and can receive any grievances and/or concerns related to the project activities.

Stakeholders were mainly interested in learning about the project activities, timeline, funding and budget allocation, how the project will target and identify the West Bank and Gaza primary health care clinics and hospitals for financing, and the allocation of funds between West Bank and Gaza. Some stakeholders working in the health sector highly valued the project activities and highlighted that this project is currently much needed. They explained that while cardiovascular diseases, maternal, newborn and child health conditions, intensive care units, and cancer services are considered main pillars of the

health system services, these were not focused on in the past couple of years because of the Covid 19 pandemic.

The MoH departments also showed keen interest in the Primary Health Care (PHC) information system strengthening subcomponent, stressing that this is a very essential intervention.

Some stakeholders requested more information about the equipment, capacity building and technical assistance to be provided through the project to PHC clinics and hospitals. The EHSO informed participants that further stakeholder meetings are scheduled as part of the project’s SEP and will provide more details on the project activities and locations. It is expected that the first round of meetings will take place a month after the project’s approval.

Representative NGOs and CBOs of vulnerable groups (e.g. Bedouins, children, women headed households, persons with disabilities, elderly, persons in remote or less developed areas etc.) were concerned about the outreach activities of the project, and asked if the project will cover all public hospitals and primary health care clinics, The EHSO highlighted that the project is designed to reach high-need and less served (or with limited resources) areas that will be identified after the project’s approval. Hence, the project will be beneficial for marginalised groups.

Participants also requested the MOH team to share the power point presentation (including summary of project activities, E&S risks and mitigation measure, information about GMs, SEP highlights etc.), and this was later sent out to all participants also including those stakeholders who were not able to attend the meeting.

A summary of the different stakeholder engagement activities that have taken place is provided in Tables 1,2 and 3 below. Detailed description of the stakeholder engagement activities is provided in Annexes 1 and 2, including the list of organizations that received project information by email.

Table 1: Summary of previous one to one stakeholder engagement meetings conducted

Stakeholder	Date	Discussion Points	Feedback
<b>Environment Health Department / MoH</b>	28/12/2022	The project components, activities, project expected timeline, GM information for filing complaints and providing feedback.  Environmental and social standards (ESSs) applicable to the project.  The Medical Waste Management system, needs and gaps	Questions were raised about the role of the project in addressing medical waste management, and the need for more staffing and human resources to manage and monitor the waste in all health facilities effectively.
<b>Women Health and Development Department (WHDD)</b>	03/01/2021	The project components, activities, project expected timeline, GM and GBV / SEA / SH Grievances.  The Role of the WHDD and the Women Affairs Ministry  Gaps, Risks and mitigation measures for GBV	Questions were raised about if the project will support trainings on GBV for the health workers as these are much needed to provide the right services to survivors; issues about service provider safety and identity protection of

			survivors during service provision for GBV survivors, and if WHDD can use some of the fund to procure some equipment for GBV rooms in different hospitals and PHC clinics
<b>Quality Assurance and Patient Safety Unit</b>	29/12/2022	The project components, activities, project expected timeline, GM  Waste Management measures and monitoring at MoH  Infection Prevention and Control protocols and Measures at MoH, and the training of the health workers on ICP and MWMS	The QAPS department reported that they have been asked to provide the WB with their requirements to be considered in the HSERP, and that a list of requirements was sent to the WB.
<b>Community Health Department</b>	28/12/2022	The project components, activities, project expected timeline, GM information for filing complaints and providing feedback.  Environmental and social applicable standards (ESSs) to the project	Questions were raised about the project start date, the amount of funding, how the funds will be allocated, and the levels of PHC clinics that will be supported. The EHSO explained that the supported levels will be 2,3 and 4
<b>Complaints Unit</b>	28/12/2022	The project components, activities, project expected timeline.  Environmental and social applicable standards (ESSs) to the project  Grievance Mechanism and channels for receiving complaints and referral of complaints	Asked for the presentation to be e-mailed.

Table 2: Summary of virtual public consultation meeting

<b>Stakeholder</b>	<b>Date</b>	<b>Discussion Points</b>	<b>Feedback</b>
<b>Community Based Rehabilitation Society (CBR)</b>	20/12/2022	Dissemination of information Description of the project components, activities, project expected timeline.	Questions were raised about whether the project will finance public PHC clinics only and if the private sector is to be included.
<b>UNFPA</b>	04/01/2023	The project components, activities, project expected timeline.	Asked for the presentation to be e-mailed.



		<p>Environmental and social applicable standards (ESSs) to the project</p> <p>Grievance Mechanism and channels for receiving complaints and referral of complaints</p>	
ICRC	04/01/2023	<p>The project components, activities, project expected timeline.</p> <p>Environmental and social applicable standards (ESSs) to the project</p> <p>Grievance Mechanism and channels for receiving complaints and referral of complaints</p>	<p>Asked about the amount of fund that will be dedicated to Gaza.</p> <p>Asked for the presentation to be e-mailed.</p>
UNICEF	04/01/2023	<p>The project components, activities, project expected timeline.</p> <p>Environmental and social applicable standards (ESSs) to the project</p> <p>Grievance Mechanism and channels for receiving complaints and referral of complaints</p>	<p>Highlighted that the MoH infection protection guidelines, manuals and modules have been updated and enhanced with funding from UNICEF</p>
Ministry of Finance	04/01/2023	<p>The project components, activities, project expected timeline.</p> <p>Environmental and social applicable standards (ESSs) to the project</p> <p>Grievance Mechanism and channels for receiving complaints and referral of complaints</p>	<p>Asked for the presentation to be e-mailed.</p>

Table 3: Summary of stakeholders who received project information and description by E-mail (04/01/2023)

Juzoor	AICS	Palestinian Medical Relief
UNFPA	HWC	MOE (Ministry of Education)
ICRC	JICA	MOF (Ministry of Finance)
UNICEF	ERCS	EEAS-EAST Jerusalem
WHO	Municipalities (Ramallah & Albireh)	MOLG (Ministry of Local Governance)
UNDP		MOWA (Ministry of Women Affairs)

In addition, several meetings were held by the WB team during their mission on the HSERP Project in December 2022, the following tables summarize the meetings that were conducted.

Table 4: Summary of previous stakeholder engagement activities conducted during West Bank mission (14-21/December 2022)

Meeting	Key Objectives	Participants
Meeting with MOH	<ul style="list-style-type: none"> <li>Stocktaking of project preparations till date</li> <li>Understanding the project preparation requirements</li> </ul>	<ul style="list-style-type: none"> <li>MOH team</li> <li>H.E. Assistant Deputy Minister for Public Health</li> <li>+ PHC KEY TEAM</li> <li>H.E. Assistant Deputy Minister for Hospitals and Emergency</li> <li>+ DG of Hospitals</li> <li>CEO PMC</li> <li>DG of Referrals</li> <li>DG of Health Insurance</li> <li>DG of Information Technology</li> <li>Head of Quality Unit</li> <li>Head of International Cooperation unit</li> <li>PMU team</li> <li>WB team</li> </ul>
Meeting with Minister	<ul style="list-style-type: none"> <li>Discussions on new project</li> </ul>	<ul style="list-style-type: none"> <li>WB team</li> </ul>
Meeting with Prime minister's office	<ul style="list-style-type: none"> <li>Update on new project preparation</li> </ul>	<ul style="list-style-type: none"> <li>WB team</li> </ul>
Meeting with MOF	<ul style="list-style-type: none"> <li>Update on new project preparation</li> </ul>	WB TEAM

<b>Meeting with MOH on hospital component and health information systems</b>	Working session on hospital component/hospital master plan/remaining data followed by session on health information systems (for hospitals) to better understand strategy and process	<ul style="list-style-type: none"> <li>• MOH (Asst Deputy Minister of Hospitals, DG of Hospitals and CEO of PMC)</li> <li>• Mr. Ali (Head of IT in MOH)</li> <li>• WB team</li> </ul>
<b>Visiting PMC Hospital</b>		<ul style="list-style-type: none"> <li>• WB team</li> </ul>
<b>Working session with PMU on environmental, social, and fiduciary aspects &amp; preparation for the HSERP</b>	<ul style="list-style-type: none"> <li>• PMU</li> </ul>	

Table 5: Summary of previous stakeholder engagement activities conducted during WB Gaza mission (11-13/December 2022)

<b>Date</b>	<b>Meeting</b>
<b>11-12-2022</b>	Meeting with MOH team for briefings and then with WHO Gaza team
<b>12-12-2022</b>	Visiting some hospitals and PHCs and then meeting with UNRWA team along with visit to UNRWA clinics.
<b>13-12-2022</b>	Discussions with MOH on new project and health financing

### 3 STAKEHOLDER IDENTIFICATION AND ANALYSIS

Project stakeholders are ‘people who have a role in the Project, or could be affected by the Project, or who are interested in the Project’. Project stakeholders can be grouped into primary stakeholders who are “...individuals, groups or local communities that may be affected by the Project, positively or negatively, and directly or indirectly” especially... “Those who are directly affected, including those who are disadvantaged or vulnerable” and secondary stakeholders, who are “...broader stakeholders who may be able to influence the outcome of the Project because of their knowledge about the project affected communities or political influence over them”.

Thus, Project stakeholders, per the ESF, are defined as individuals, groups or other entities who:

- (i) Are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as ‘project affected parties - PAPs’); and

- (ii) May have an interest in the Project ('other interested parties - OIPs'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.
- (iii) Disadvantaged / Vulnerable Individuals or Groups. It refers to persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project. It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits.

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e., the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks.

The identification of the project's stakeholders was realized through:

- I. A collaborative approach amongst the relevant sectors, government agencies and users in the project area to identify inputs from key stakeholders.
- II. Analyzing the Project's impact on each stakeholder group in order to identify the level of engagement as well as engagement strategies for each stakeholder group and assign responsibility to team members accordingly.

For the purposes of effective and tailored engagement, stakeholders of the proposed project can be divided into the following core categories:

### **3.1 PROJECT AFFECTED PARTIES**

Project Affected Parties include health facilities, local communities, community members and other parties that may be subject to direct impacts from the project across West Bank and Gaza. The stakeholder analysis and identification were done following consultations and discussions with officials in the MOH and the World Bank team during the preparation phase for the project. Specifically, the following PAPs fall within this category:

- Public Primary Health Care Clinics in West Bank and Gaza (level 2, 3 and 4 PHC centers<sup>1</sup>).

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<sup>1</sup> MOH PHC centers are classified in four levels, based on the scope of the services they provide as following:  
- Level I: Provides: Preventive services: mother and child health care, immunization and health education. Curative services: First aid.

- Patients accessing PHCs and hospitals, particularly those with Non-Communicable Diseases or chronic diseases (a targeted area of support under the project) such as cancers, heart disease and kidney disease, diabetes, and people seeking family health care such as pregnant women, families with newborn babies (across West Bank and Gaza).
- Governmental Hospitals in West Bank and Gaza (Annex 4)
- Laboratories across WB&G: who will benefit from provision of medical equipment and supplies.
- The local population and communes in West Bank and Gaza.

### 3.2 OTHER INTERESTED PARTIES

The projects' stakeholders also include parties other than the directly affected communities, including:

- Established Key Committees representing different ministries and partners, government officials and regulatory agencies at the national and local levels, including environmental, technical, social protection and labor authorities including MoH, Ministry of Social Development, Ministry of Women's Development.
- Civil society groups and NGOs working in the health sector. (Palestinian Medical Relief (PMR), International Committee of the Red Cross (ICRC), Health Work Committee (HWC)
- Private Sector including private health facilities (private hospitals and clinics)
- Business owners and providers of services, goods and materials in the West Bank and Gaza that will be involved in the project's wider supply chain or may be considered for the role of project's suppliers in the future.
- Mass media and associated interest groups, including local and national printed and broadcasting media, digital/web-based entities, and their associations.
- WHO, UNFPA, other UN agencies, and development partners engaged in the health sector.

### 3.3 DISADVANTAGED / VULNERABLE INDIVIDUALS OR GROUPS

Within the Project, the vulnerable or disadvantaged groups may include and are not limited to the following:

- People registered as poor by the Ministry of Social Affairs
- Elderly persons and persons with pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer or diabetes) who appear to develop serious illness more often than others;
- Persons with disabilities and their care takers;
- Women-headed households or single mothers with underage children;
- Unemployed and poor communities in crowded areas (i.e. refugee camps);
- Elderly people, women and children in Bedouin communities.

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- Level II: Provides: Preventive services: Mother and child health care, immunization and health education. Curative services: General Practice GP medical care, Laboratory (in some clinics).

-Level III: provides: Preventive services: Mother and child health care, immunization, family planning and health education. Curative services: GP medical care, dental health care, medical specialist laboratory and some specialized clinics.

-Level IV: provides: Preventive services: Mother and child health care, immunization, family planning and health education. Curative services: GP medical care, medical specialist care and dental health care, Gynecology and obstetrics, laboratory, radiology, emergency medical services (EMS) and other specialized clinics.

- families/people living in Area C and people living in Access Reduced Areas (ARAs) both in Gaza and West Bank,

Vulnerable groups within the communities affected by the project will be further confirmed and consulted, during the detailed design of sub-projects, through dedicated means (as appropriate).

Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

The table below describes the interest/influence classification of the different identified stakeholders.

Table 6: interest/influence classification of the different identified stakeholders

INFLUENCE INTEREST	High ability or likelihood to influence or impact the project	Medium ability or likelihood to influence or impact the project	Low ability or likelihood to influence or impact the project
High level of interest in the project	<ul style="list-style-type: none"> <li>• Public Hospitals and Primary Health Care clinics ((level 2, 3 and 4 PHC centers) and laboratories.</li> <li>• Health workers in Public Hospitals, PMCs, laboratories, and ministry of health workers.</li> <li>• Project workers (direct, contracted)</li> </ul>	Business owners and providers of services, goods and materials in the West Bank in Gaza that will be involved in the project's wider supply chain or may be considered for the role of project's suppliers in the future.	Patients with chronic diseases such as cancers, heart disease and kidney disease, Pregnant women, families with newborn babies, across West Bank and Gaza.
Medium level of interest in the project	Established Key Committees representing different ministries and partners, government officials and regulatory agencies at the national and local levels	Civil society groups and NGOs working in the health sector  WHO, UNFPA ,other UN agencies, and development partners engaged in the health sector	The local population and local communes in West Bank and Gaza including Disadvantaged and vulnerable groups
Low level of interest in the project	Mass media and associated interest groups, including local and national printed and broadcasting media, digital/web-based entities, and their associations.	Private Sector including private health facilities (private hospitals and clinics)	

## 4 STAKEHOLDER ENGAGEMENT PROGRAM

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This SEP is designed to establish an effective platform for productive interaction with the potentially affected parties and others with interest in the implementation outcome of the project. Meaningful stakeholder engagement throughout the project cycle is an essential aspect of good project management and provides opportunities to:

- Solicit feedback to inform project design, implementation, monitoring, and evaluation
- Clarify project objectives, scope, and manage expectation
- Assess and mitigate project environmental and social risk
- Enhance project out come and benefits
- Disseminate project information and materials
- Address project grievances

## 4.1 SUMMARY OF PROJECT STAKEHOLDER ENGAGEMENT METHODS, TOOLS AND TECHNIQUES

To ensure adequate representation and participation of the different stakeholders, the project will rely on the following different methods and techniques.

Table 7: Summary of proposed Project stakeholder engagement methods, tools and techniques

Engagement Technique	Description and use	Target audience
MoH Website	The Project PAD, as well as the ESMF, ESCP, SEP, ESMPs/Mitigation Measures, Grievance Mechanisms, Implementation progress and other relevant project documentations will be published on the official website of MOH	All stakeholders
Media announcements	Advance announcements of commencement of major project activities, project Grievance Mechanisms, and other outreach needs of the project, e.g., community engagement	All implementing actors at national, and country levels; Project-affected stakeholders and communities
Correspondence by phone/ email/ written letters	Distribute project information to government officials, organizations, agencies and companies and invite stakeholders to meetings	Government officials, NGOs, CBOs, Development Partners
Printed media advertisement	This will be used to disseminate and disclose project documents intended for general readers and audience  Advertise project procurements, as applicable	General public
Distribution of printed public materials: Project information leaflets, brochures, fact sheets and other materials in the targeted healthcare facilities such as PHCs/clinics and hospitals	This will be used to convey general information on the Project and to provide regular updates on its progress to country and national stakeholders.	General public



Internet/ Digital Media	The official websites of MOH and FB page will be used to promote various information and updates on the overall Project, impact assessment and impact management process, procurement, as well as the Project's engagement activities with the public.	Project stakeholders and other interested parties that have access to the internet resources.
One-to-one interviews/meetings	This will be used to solicit views and opinions on project activities, challenges, solutions and impacts as appropriate. This is to enable stakeholder to speak freely about sensitive issues and build trust in the project.	Project beneficiaries and non-beneficiaries, other vulnerable individuals, CBOs, NGOs, etc.
Workshops/ formal technical meetings	This channel will be used to: (i) Present project information to stakeholders; (ii) Allow stakeholders to provide their views and opinions; (iii) Design participatory exercises to facilitate group discussions, brainstorm issues, analyze information, and develop recommendations and strategies; and (iv) Record and share results of recommendations and actions to be taken.	Government ministries and agencies, health workers, NGOs, CBOs, youth groups and media.
Focus group meetings	This will be used to present project information to stakeholders and to facilitate discussions and to obtain feedback on specific issues such as SEA/SH, disability inclusion that merit collective examination with various groups of stakeholders in order to build trust in the project.	Vulnerable groups, Government ministries and agencies, health workers, NGOs, CBOs, youth groups

The disclosure of the cleared E&S instruments of the project (Environmental and Social Management Framework (ESMF), Labor Management Procedures (LMP), Stakeholder Engagement Plan (SEP), Environmental and Social Commitment Plan (ESCP), as well as other sub-project specific E&S instruments to be developed during implementation will follow the standard practice of all World Bank Project materials released for disclosure. The Project will take note of comments and suggestions from the public, and will incorporate them, as possible, in the relevant revised project documentation. The stakeholder feedback will also be documented by the project implementation unit in a formal manner and reflected in project documentation.

For consultations, general information to be provided to stakeholders include: (a) purpose, nature, and scale of the project; (b) duration of proposed project activities; (c) potential risks and impacts of the project on local communities, and the proposals for mitigating these risks, (d) highlight potential risks and impacts that might disproportionately affect vulnerable and disadvantaged groups, and describing the differentiated measures taken to avoid and minimize these risks; (e) proposed stakeholder engagement process; (e) time and venue of any proposed public consultation meetings, and the process by which meetings will be notified, summarized, and reported; and (f) the function of the grievance mechanism.

## 4.2 PROPOSED STAKEHOLDER ENGAGEMENT PLAN AND TIMING

The project intends to utilize various methods for consultations that will be used as part of its continuous interaction with the stakeholders. The format of every consultation activity should meet general requirements on accessibility. Stakeholder engagement activities need to provide stakeholder groups with relevant information and opportunities to voice their views on topics that matter to them.

The following table presents a proposed action plan for stakeholder engagement and the activities to be performed throughout the project, in addition to stakeholder communication techniques to ensure that all stakeholders are informed of the project and are engaged and aware of their rights and the mechanism for voicing out their concerns.

Table 8: Proposed stakeholder engagement activities per project phase

Project stage	Topic of consultation	Method used	Timetable: Location and frequency	Target stakeholders	Responsibilities
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Preparation Stage	Introduction of the project activities and information about time and venue of procurement of equipment supported by the project,	Correspondences (Phone, Emails, official letters), and meetings.	An introductory meeting with health officials, monthly meetings or as needed.	MOH Departments, health agencies, Primary Healthcare clinics, Hospitals.	MOH
	Important highlights of Project, announcements of planned activities, associated risks and mitigation measures.	Emails, official letters and virtual meetings (if needed) with relevant organizations  Public meetings, press releases in local media and newspapers, MOH website, etc	During Project launch meetings.	Relevant Government agencies, governorates, municipalities and media through meetings, emails and official letters.  General public (including through identified representatives), including Vulnerable households through public meetings, press releases in local media and newspapers, MOH website, contractors and workers, media, private sector	MOH
	1-Project status 2-Risks and mitigation measures 3-Health& safety (OHS) plans and sub-management plans, GM tools for filing complaints including SEA/SH complaints and providing feedback	<ul style="list-style-type: none"> <li>- Formal meetings</li> <li>- Press releases</li> <li>- Press conferences</li> <li>- Communication materials</li> <li>- Reports (including number of public grievances)</li> </ul>	MOH offices / social media / virtual meetings  On monthly basis or periodic throughout the implementation phase	Relevant Government agencies, governorates, beneficiary primary health clinics and hospitals, municipalities, media, affected communities and groups , including	MOH

<b>Implementation Stage</b>	4-Implementation of E&S mitigation measures	received within the reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline		Vulnerable households, contractors and workers, media, private sector	
	Information about Project development updates, health and safety, employment and procurement, environmental and social aspects, Project-related materials.	- MOH Website	MOH website. Updates to be done on regular basis.	Relevant departments at MOH, targeted hospitals and clinics, relevant municipalities and governorates	MOH
<b>Supervision&amp; Monitoring</b>	Project's outcomes, Overall progress and major achievements.	- Formal meetings - Press releases - Press conferences - Public meetings - Reports (including Number of public grievances received within the reporting period and number of those resolved within the prescribed timeline	MOH offices Governorate Offices Municipalities' halls. after six months or so from the stability of the operation or provision of services.	General population, Vulnerable households, medical staff Government agencies, governorates, municipalities, media, private sector Contractors, service providers, suppliers and their workers	MOH

### 4.3 DOCUMENTING STAKEHOLDER FEEDBACK

Feedback from stakeholders will be solicited at every stage of the project life cycle. Public meetings, workshops, focus groups, comments will be recorded through meeting minutes. Additionally, the EHSO at the PMU will be responsible for receiving and recording any queries, concerns or complaints about the project. Comments and decisions regarding the feedback will be collated and reported back to stakeholders once the final decision on the course of action has been made. Records will also be maintained on the methods used to inform stakeholders on dates and/or locations where they can gather project information and provide feedback.

In addition, stakeholders can file complaints about the project through the Grievance Mechanism detailed in a later section of this plan. All records relating to this mechanism including, grievance forms, grievance log, notes, interviews, meeting minutes, release forms etc. will also be stored.

Documentation of stakeholder engagement will be published in a timely fashion in relevant local languages through channels that are accessible to stakeholders. This documentation will include the following, as appropriate:

- Date and location of each meeting, with copy of the notification to stakeholders;
- The purpose of the engagement (for example, to inform stakeholders of an intended project or to gather their views on potential environmental and social impacts of an intended project);
- The form of engagement and consultation (for example, face-to-face meetings such as town halls or workshops, focus groups, written consultations, online consultations);
- Number of participants and categories of participants;
- A list of relevant documentation disclosed to participants;
- Summary of main points and concerns raised by stakeholders;
- Summary of how stakeholder concerns were responded to and taken into account; and
- Issues and activities that require follow-up actions, including clarifying how stakeholders are informed of decisions.

### 4.4 PROPOSED STRATEGY TO ENGAGE WITH AND INCORPORATE THE VIEWS OF VULNERABLE GROUPS

Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders. Through this SEP, the project will target disadvantaged and vulnerable individuals and groups such as poor people with chronic diseases, families living in remote locations with lack of close health care facilities and restrictions to movement, women headed households, persons with disabilities, the elderly, families/people living in Area C and in Refugee camps and people living in ARAs, Bedouin families, IDPs and youth both in Gaza and West Bank. MOH will adopt several mechanisms, such as publishing all information about the project in Arabic and reaching out to these groups, including through individual visits. Additional techniques may include reach out visits to individuals or families at their homes; holding separate small group discussions and awareness for men and women

at an easily accessible venue; and reaching out to women through women’s associations to ensure inclusiveness.

The following are suggested strategies to incorporate the view of vulnerable groups:

- Identify the vulnerable affected groups for each sub-component.
- MoH will coordinate with specialized local community institutions that have direct communication with vulnerable population to ensure inclusion.
- Ensure that public meetings are announced through channels that reach the vulnerable populations (i.e., public school, mosques, leaflets, etc.).
- Ensure that the language of informed consent is comprehensible to the group and use of project materials in Arabic.
- Ensure that venues for public meetings are accessible to vulnerable groups.

In addition, when designing the grievance mechanism, the ministry will take into account the availability of needed recourse for this group to give feedback, or send a complaint; for example, if internet options are not available to women at villages, the ministry will assign a mobile number and contact person to address their concerns in the targeted healthcare facilities. Particular attention and efforts will also be given to the disadvantaged and vulnerable groups to ensure effective and efficient distribution of information and access of the goods and services.

## 5 RESOURCES AND RESPONSIBILITIES FOR IMPLEMENTING STAKEHOLDER ENGAGEMENT ACTIVITIES

### 5.1 RESOURCES AND BUDGET

The Environmental, and Social Officer (EHSO) at the PMU will be in charge to monitor the implementation of the stakeholder engagement activities and building communication with the local communities and the different stakeholders to ensure proper awareness and engagement. After project approval, and prior to the commencement of activities, MoH will address the need for an E&S Focal Point in Gaza. MoH will either assign the E&S functions to a staff member in Gaza (e.g. the PMU Coordinator in Gaza) or engage an Environmental and Social focal point to be based in Gaza.

Moreover, MoH will be responsible for the preparation and production of information material concerning the project’s activities and the GM. The material resources that MoH will mobilize are (i) a Project specific area on MoH website; (ii) an electronic grievance intake mechanism and (iii) printed documents (manuals, brochures, posters, etc.) that will be used, based on the needs of the SEP.

The budget for the SEP is estimated to be around **US\$40,000** included in the costing table under the operational expenses of the project.

Table 9: Proposed Budget for implementing the SEP

Activities	Quantity	Unit Cost (USD)	Times /5years	Total Cost (USD)
<b>Stakeholder Engagement Activities</b>				
Assessment and consultation visits				10,000

Communications materials (posters, pamphlets, flyers... including design)	10	1,000	1	10,000
Newspaper announcements and Radio spots	10	1000	1	10,000
<b>Sub-total - Stakeholder Engagement</b>				
<b>Grievance activities</b>				
GM Communications materials (including design), trainings, and dissemination of information				10,000
<b>TOTAL</b>				<b>40,000</b>

## 5.2 MANAGEMENT FUNCTIONS AND RESPONSIBILITIES

The table below provides the details on the roles and responsibilities for the implementation of the SEP:

Table 10: roles and responsibilities for the implementation of the SEP

<b>Responsible Person/Agency</b>	<b>Responsibilities</b>
<b>Project Coordinator</b>	<p>Responsible for approving the SEP and ensuring effective stakeholder engagement, including the budget required for implementation</p> <p>Supervise the grievance log</p> <p>Manage interactions with key national-level stakeholders such as media, critical NGOs</p>
<b>EHSO</b>	<p>Has the overall responsibility for oversight of managing, updating and executing the SEP</p> <p>Interface with stakeholders and respond to comments or questions about the project or consultation process</p> <p>Publicize the SEP, including the GM.</p> <p>Document interactions with stakeholders</p> <p>Maintain records and document stakeholder engagement activities as set forth in the SEP.</p> <p>Coordinate public meetings, workshops, group discussions</p> <p>Provide resolutions of all grievances related to the project according to the established Grievance Mechanism Conduct outreach, manage and monitor the GM</p> <p>Receive and process (as appropriate) GBV/SEA/SH related complaints</p> <p>Prepare inputs for the progress reports on SEP implementation, including GM</p> <p>On site visits and consultations.</p>

**Name of focal point at MOH:**

Ms. Maria Al-Aqra

Director of International Cooperation

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## 6 GRIEVANCE MECHANISM

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The main objective of a Grievance Mechanism (GM) is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

### 6.1 DESCRIPTION OF GM

A GM was established for the Covid-19 Emergency Response project and is functional. The existing GM shall be adapted and strengthened, if and as required, and used for the HSERP project.

Grievances will be handled at the project's level by the EHSO. The GM will be accessible to all project's stakeholders, including affected people, community members, health workers, civil society, media, and other interested parties. Stakeholders can use the GM to submit complaints related to the overall management and implementation of the project.

The PMU has assigned a GM telephone number, email address and website (details available on MoH's website through the LMP, Brochures, GM manuals and SEP), the EHSO will communicate GM details to project affected parties during stakeholder engagement activities and through appropriate methods. The EHSO will keep a log of the complaints at hand. Reports on grievances and complaints will be consolidated into semi-annual project progress reports prepared by the PMU for the World Bank.

**The GM will include the following steps:****Step 1: Submission of grievances:**

Anyone from the affected communities or anyone believing they are affected by the Project can submit a grievance:



- By completing a written grievance registration form that will be available at the PMU in the MoH offices or online<sup>2</sup>. The complainants will be able to submit their complaints electronically, by post, fax, telephone or in person.  
Postal Address: P6009262  
Fax: 022966260
- By submitting the complaint electronically via email at [grm@hsrsp.ps](mailto:grm@hsrsp.ps)
- By reaching out to the EHSO through telephone and mobile numbers assigned for complaints at the PMU. The following number at the PMU will be used for submitting complaints: 0562402198.
- By personal visit to the PMU offices at the World Bank Projects Management Unit, 3<sup>rd</sup> floor, MoH headquarters, Ramallah.

People from Gaza will use the same channels. However, the project coordinator in Gaza will be responsible for receiving any grievances that are communicated or registered in person, and will refer them to the EHSO. The project coordinator will also follow up on resolving grievances on ground in consultation with the EHSO .

Where possible it is desirable that complaints are submitted in writing by the complainant. Should the complainant not wish to comply with this request and submit the complaint verbally, then the complainant information and the details of the complaint should be entered in the GM log.

#### Step 2: Recording of grievance and providing the initial response:

The complainant fills in the designated form in writing and signs it, or fills it electronically including all personal information and details of the complaint. The complainant encloses all copies of documents that may support the complaint.

The EHSO will ensure that the form is filled in accurately. The complainant receives a receipt or a confirmation email of acknowledgment with a reference number to track the complaint.

The following information will be registered in the Log:

- Complaint Reference Number
- Date of receipt of complaint
- Name of complainant (optional)
- Gender (optional)
- Confirmation that a complaint is acknowledged
- Brief description of Complaint
- Details of internal and external communication
- Action taken: (Including remedies / determinations / result)
- Date of finalization of complaint

The EHSO will inform the complainant that an investigation is underway within three business days. The complainant shall be informed of the estimated duration for resolving the complaint, which is no later than 2 business weeks from the date of receipt of the complaint. Where the complaint is unlikely to be

<sup>2</sup> <https://site.moh.ps/Index/CategoryView/CategoryId/22/Language/ar>

resolved within the estimated duration, the staff must promptly contact the complainant to request additional time and explain the delay.

#### Step 3: Investigating the grievance:

The EHSO will investigate the grievance by following the steps below:

- Verify the validity of the information and documents enclosed.
- Ask the complainant to provide further information if necessary.
- Refer the complaint to the relevant department.
- The relevant department shall investigate the complaint and prepare recommendation to the PMU of actions to be taken and of any corrective measures to avoid possible reoccurrence.
- The EHSO shall register the decision and actions taken in the GM log.

#### Step 4: Communication of the Response:

The EHSO shall notify the complainant of the decision/solution/action immediately either in writing, or by calling or sending the complainant a text message. When providing a response to the complainant, the staff must include the following information:

- A summary of issues raised in the initial complaint;
- Reason for the decision.

#### Step 5: Grievance closure or taking further steps if the grievance remains open:

A complaint is closed in the following cases:

- Where the decision/solution of complaint is accepted by the complainant.
- A Complaint that is not related to the project or any of its components.
- A Complaint that is being heard by the judiciary.
- A malicious complaint.

#### Step 6: Appeals process:

Where the complainant is not satisfied with the outcome of his/her complaint, the EHSO shall advise the complainants that if they are not satisfied with the outcome of their complaint, they may re-address the issue to the Minister of Health. In case the complainants are not satisfied with the internal procedures for handling complaints, the outcomes of the complaints or for any unhandled complaints, the complainants have right to refer their complaint to the Cabinet's Unit for grievances.

Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

## 6.2 ANONYMOUS COMPLAINTS

The GM system will include an anonymous complaint reporting process. Channels to accept and respond to anonymous grievances will be communicated to project affected parties during the consultation meetings and throughout project implementation. Anonymous complaints should provide factual details and specific allegations of misconduct or serious wrongdoing related to any of the project activities. The EHSO shall ask the complainant about the preferable way to inform him/her of the solution.

## 6.3 GBV INCLUDING SEA/SH GRIEVANCES

The GM system will include special pathways for the GBV complaints and grievances, including grievances on sexual harassment and sexual exploitation and abuse. Channels to accept and respond to GBV grievances, while ensuring high confidentiality, will be communicated to the project's affected parties during the consultation meetings and throughout project implementation. Training will also be provided by a GBV expert for the EHSO on detection of cases of gender- based violence and handling of inquiries, complaints and grievances related to GBV. The following sexual harassment and sexual abuse grievance procedures, in line with the MoH GBV regulations<sup>3</sup>, will be followed:

The GM through the PMU will accept GBV related grievances through the special channels. The EHSO mobile number (0562402198) will be used to receive GBV/SEA/SH related complaints. It can also be used by employees/workers to discuss questions or concerns about the harassment without having to express an identity. Information about GBV related grievances channel shall be disclosed on MOH website as part of this SEP. Information will also be communicated to stakeholders throughout the project period via public meetings, MOH Facebook page and printed documents.

The GM system shall include special referral pathways for the GBV complaints and grievances, including grievances on sexual harassment and sexual exploitation and abuse. Government hospitals and PHCs will use the formal referral mechanism that has been approved for such cases. The referral pathways will include referring the case, with the survivor's authorization, to the Ministry of Social Development (MoSD), and are to be handled and processed in accordance with the National Referral System for GBV Incidents. The EHSO shall follow up the case with the case manager at the MoSD. The following sexual harassment and sexual abuse grievance procedures, in line with MoH regulations and in line with the Ministry of Social Development (MoSD) referral mechanism and the National Referral System for GBV incidents will be followed:

- I- Accept the grievance/ complaint through the GM available channels.
- II- Provide the complainant with the option of anonymity as described in section 4.1.2. And request their consent to be contacted by the EHSO.

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<sup>3</sup>In order to respond to GBV gaps in the local laws, the MoH has joined the GBV Sub-Cluster to enhance the health system's preparedness to address and respond to gaps related to gender-based violence (GBV) through the provision of a number of multi-sectoral GBV services. The GBV Sub-Cluster includes more than 40 national and international NGOs, 8-line ministries including the MoH and 11 UN agencies.

- III- Upon agreement from the survivor, refer the victim to MoSD’s Women affairs Directorate;
- IV- In the case the survivor decides to seek justice, the National Referral System for GBV incidents will be followed.
- V- Follow up with the complainant, if they have provided their consent, to ensure just and proper care is provided to them. And obtain feedback from MoSD regarding the case for filing and closure.

## 6.4 RECOMMENDED GRIEVANCE REDRESS TIME FRAME

The table below presents the recommended time frames for addressing grievance or disputes.

Table11: Proposed GM Time Frame

Step	Process	Timeframe
1	Receive and register grievance	within24hours
2	Acknowledge	within24hours
3	Assess grievance	Within48hours
4	Assign responsibility	Within3Days
5	Development of response	within14Days
6	Implementation of response If agreements reached	within14Days
7	Close grievance	within3Days
8	Initiate grievance review process if no agreement is reached At the first instance	within7Days
9	Implement reviewer and close grievance	within14 Days
10	Grievance taken to court by complainant	-

## 6.5 WORKERS’ GRIEVANCE MECHANISM

This section will provide the guidelines and methods for submitting grievances based on the workers’ definition per the project’s LMP. Methods for filing grievances are provided for contracted, direct project workers and primary supply workers. Community workers are not expected to be involved in the project. Contractor and supplier should provide GM tools for their workers to allow them to lodge complaints. It can use one of the following methods:

1. By email;
2. In person by filling in a Complaint Form at the firm’s offices and submitting it to the assigned GM staff;
3. Complaint Box: the complainant files a complaint by filling a form and submitting it via the complaint box that shall be available, and easily accessible;
4. By telephone.

The EHSO will be responsible for receiving complaints related to direct workers and employees (contracted or long-term employees) and for recording and tracking resolution of grievances in the complaints log.

The workers grievance mechanism includes:

- **Grievance Submittal Methods – Direct Workers**

Project’s direct workers can submit their project related complaints directly to the ESHO. Complaints can be filed throughout the following channels:

- i. Electronically – Via the GRM email: GRM@hsrsp.ps
- ii. Mobile Phone: 0562402198
- iii. In Person: By the complaint forms available at the PMU with the EHSO, or which can be downloaded and pre-filled via The Complaints Form (Annex 5) .

-As the EHSO shall be the focal point for the management, uptake, handling, and follow up on grievances. In the case the EHSO themselves have a complaint to raise, the following channels will be utilized:

To the Project Coordinator:

Maria Alaqra’

Alaqra@yahoo.com

00972562402241

If the grievance is related to the Project Coordinator, or if the Project Coordinator in such case will not be able to handle the grievance with impartiality and without bias, the EHSO can submit their grievance to the Minister of Health through a letter to their office.

### **Submitting Gender Based Violence (GBV) including Sexual Exploitation and Abuse (SEA)/ Sexual Harassment (SH) grievances**

The following sexual harassment and sexual abuse grievance procedures, in line with MOH regulations, and in line with the Ministry of Social Development (MoSD) referral mechanism and the National Referral System for GBV incidents will be followed:

- I- Accept the grievance/ complaint through the GM available channels.
- II- Provide the complainant with the option of anonymity as described in section 4.1.1- C, and request their consent to be contacted by the gender specialist at MoSD.
- III- Upon agreement from the survivor, refer the victim to MoSD’s Women Affairs Directorate;
  - Contact Person: Ms. Hiba Jibat
  - Email Address: hjebat@mosa.gov.ps
  - Phone number: 0592934468
- IV- In the case the survivor decides to seek justice, and in cooperation with the MoSD, the Guidelines of the National Referral System for GBV incidents<sup>4</sup> will be followed.
  - The system provides clear confidentiality and anonymity clauses for the service

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<sup>4</sup> <https://drive.google.com/file/d/1cUbZxAO3kn5dP8EWrg0M5Dxirr5WEiso/view?usp=sharing>

provider that require the written approval of the survivor.

- Clear description of the system and its process will be given to the survivor if they decide to accept the service provider's assistance.
- For cases involving medical care and needs of medical assistance, there is a protocol and procedure that shall be followed in line with the system, which includes a medical inspection, providing the victim with information regarding their mental and medical rights, providing guidance and protection and referral to other sectors if needed (i.e. legal and psychological).
- The system includes investigation procedures to capture the incident's details that include a private interview, confidentiality, gender-neutral committee requirements, and considerations for the victim's wellbeing when asking questions.
- The system provides the process for intervention in the health sector, which includes documentation, reporting to the police, respecting the victim's choice if they do not want to report, providing care and protection, providing all the needed information, physical and psychological testing and other referral mechanisms as detailed in the system.
- Risk Level assessment forms are provided in the system.
- The National Referral system does not provide a clear timeline as it is case dependent, therefore project related GBV grievances will apply this GM's timeline as much as possible and clarifications will be provided to the victim if additional time is needed. In liaison with MoSD, the victim will be notified of the expected timeline to resolve their grievance.

V- Subsequently, after referral, the ESHO shall follow up with the complainant, if they have provided their consent, to ensure just and proper care is provided to them. And obtain feedback from MoSD regarding the case for filing and closure.

VI- Document the details available and notify the Head of PMU of the resolution.

The workers grievance mechanism will be described in staff orientation meetings, which will be provided to all project workers. Information about the existence of the grievance mechanism will be readily available to all project workers (direct and contracted) through notice boards, the presence of "suggestion/complaint boxes", and other means as needed. MOH will monitor the registration and resolution of grievances, and report these in the progress reports.

The Workers' GRM also includes an anonymous complaint reporting process as some complainants may choose to file a complaint anonymously, whether direct or contracted workers. Channels to accept and respond to anonymous grievances will be communicated to project workers during meetings, training, and induction sessions throughout project's implementation. Anonymous complaints should provide factual details and specific allegations of misconduct or serious wrongdoing

related to any of the project activities. The ESHO shall ask the complainant about the preferable way to inform him/her of the solution.

## **6.6 WB'S GRIEVANCE REDRESS SERVICE (GRS)**

Additionally, communities and individuals who believe that they are adversely affected by a World Bank (WB)-supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project-affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the WB's attention using this website:<https://wbgcmsgrs.powerappsportals.com/en-US/new-complaint/> , and WB management has been given an opportunity to respond.

# **7 MONITORING AND REPORTING**

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## **7.1 INVOLVEMENT OF STAKEHOLDERS IN MONITORING ACTIVITIES**

The Project provides the opportunity to stakeholders, especially Project Affected Parties to monitor certain aspects of project performance and provide feedback. GM will allow PAPs to submit grievances and other types of feedback. Frequent and regular meetings and interactions with the PAPs and other local stakeholders will be organized.

## **7.2 REPORTING BACK TO STAKEHOLDER GROUPS**

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP.

Monthly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by the EHSO and referred to the senior management of the project. The monthly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner.

Information on public engagement activities undertaken by the Project during the project's life cycle may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.

- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including the following parameters:
  - Frequency of public engagement activities;
  - Number of public grievances received within a reporting period (e.g., monthly, quarterly, or annually), types of grievances, and number resolved within the prescribed timeline;
  - Number of press materials published/broadcasted in the local, and national media.
  - Number of workers' grievances received within a reporting period (e.g., monthly, quarterly, or annually), types of grievances, and number resolved within the prescribed timeline;
  -



# ANNEX 1: ONE TO ONE CONSULTATIONS MINUTES OF MEETING

quality assurance and patient safety Minutes of meeting	
Date	29/12/2022
Location	QAPS Office, MoH Ramallah
Attendees	Ahd Abu Alhayja (EHSO), Dr. Salam Alratrot (Head of QAPS)
Discussion Points	
<p>Discuss project components and project activities</p> <p>Discuss potential environmental and social risks and impacts</p> <p>Inform the attendees of the environmental and social standards of the Bank applicable to the project</p> <p>Inform the attendees of the GRM and the specific referral mechanisms for GBV/ SEA/ SH</p> <p>Inform the attendees of the World Bank's GRS</p> <p>Inform the attendees of the location of the disclosure of project documents, both on MoH Webpage and the World Bank's external webpage</p> <p>Discuss the Project's ESMF IPCP and the application of Infection Prevention in the HCFs</p>	
Discussion	
<p>The EHSO began with a short introduction about public consultation sessions, the SEP, and why such meetings are arranged. The EHSO briefly went through the presentation, explaining the project's objectives, components, activities and timeline. The EHSO explained the intended activities for the Project.</p> <p>The World Bank's Environmental and Social Framework and the applicable standards (ESSs) to the project were discussed. The Project's GRM and the channels for reporting grievances/ complaints were discussed. The EHSO explained the channels that will be implemented for GBV/ SEA/ SH related grievances. The EHSO informed the attendees of the information disclosure on the Ministry's page and the World Bank's external webpage. The EHSO informed the attendees about the World Bank's Grievance Redress Service (GRS).</p> <p><b>Infection Prevention and Control Measures at MoH</b></p> <p>The Quality Assurance and Patient safety are very active in implementing IPC trainings and setting guidelines as well as inspections and providing technical assistance to HCFs. Currently the QAPS are implementing an Infection Control and Prevention trainings and a new training plan for 2023 is being prepared to train the health workers on the guidelines that were published in the updated IPC manual. QAPS is involved in PMC, Jericho, Hebron, Beit Jala, Dura, Qalqilya, Rafidia, and Al Watani Hospitals, and follow up very closely on Infection Control in addition to waste management and segregation through dedicated focal points at each hospital / health facility.</p> <p><b>Waste Management</b></p> <p>The QAPS have conducted parts of their trainings on medical waste management, including segregation, collection, transport, and disposal. The most HCF they are involved in is the PMC which according to Dr. Salam, is a very good example of successful waste management in the West Bank, but still waste management needs many more human resources and equipment to be implemented properly.</p> <p><b>Feedback</b></p> <p>The QAPS have been consulted in the list of needs or in the preparation of the IPCP for the project, and have prepared and sent the list of their needs. QAPS have already developed a handbook for the MWMS. The MWMS's application is very short in reality and there are serious issues in its application and inspection, critical assistance would be beneficial for this field. QAPS is involved in waste management as they inspect containers, weight, and other MWMS criteria. QAPS have conducted the followings during 2022:</p> <ul style="list-style-type: none"> <li>- Infection Prevention and Control Guide / Part One and Two 2022</li> <li>- Update of the Infection Control and Control Policies and Procedures Booklet in Health Institutions / Second Edition / October 2021</li> <li>- Infection prevention&amp; control modules/ 2022</li> </ul>	

ENVIRONMENT HEALTH DEPARTMENT MINUTES OF MEETING	
Date	28/12/2022
Location	Environment Health Department Offices, MoH, Ramallah
Attendees	Ahd Abu Alhayja (EHSO), Nader Barhoush (Department Director)
Discussion Points	
<p>Discuss project components and project activities</p> <p>Discuss potential environmental and social risks and impacts</p> <p>Inform the attendees of the environmental and social standards of the Bank applicable to the project</p> <p>Inform the attendees of the GRM and the specific referral mechanisms for GBV/ SEA/ SH</p> <p>Inform the attendees of the World Bank's GRS</p> <p>Inform the attendees of the location of the disclosure of project documents, both on MoH Webpage and the World Bank's external webpage</p> <p>Obtain feedback and current status of the implementation of the Medical Waste Management System and discuss the ESMF's ICWMP</p> <p>Discuss trainings conducted for medical waste management</p>	
Discussion	
<p>The EHSO began with a short introduction about public consultation sessions, the SEP, and why such meetings are arranged. The EHSO briefly went through the presentation, explaining the project's objectives, components, activities and timeline. The EHSO explained the intended activities for the Project.</p> <p>The World Bank's Environmental and Social Framework and the applicable standards (ESSs) to the project were discussed. The Project's GRM and the channels for reporting grievances/ complaints were discussed. The EHSO explained the channels that will be implemented for GBV/ SEA/ SH related grievances. The EHSO informed the attendees of the information disclosure on the Ministry's page and the World Bank's external webpage. The EHSO informed the attendees about the World Bank's Grievance Redress Service (GRS).</p> <p>The Medical Waste Management System</p> <ul style="list-style-type: none"> <li>5 new autoclaves have been supplied to Jenin, Tulkarem, Beit-Lahem, Hebron, hospitals funded by UNDP, and will be operating this year (2023)</li> </ul> <p>According to the medical waste specialist, trainings on Waste and Infectious waste management are not being implemented for the last years, there have been some conducted previously, but there are no records.</p> <ul style="list-style-type: none"> <li>In general, medical and infectious waste management is weak, monitoring and inspection of HCFs is inadequate due to the limited capacity, short staffing and lack of cooperation of HCFs.</li> <li>The COVID-19 pandemic has shed light on the infectious waste management of HCFs and external funding was provided, however the funding has included the purchase of 30 autoclaves.</li> <li>Ramallah Medical Complex is a good example of good medical waste management, there is segregation, waste minimization, autoclaving, color coding waste, and correct disposal of waste, which comply with the national medical waste bylaw.</li> <li>Unfortunately, it is estimated by the medical waste specialist that around 60-70% of HCFs do not follow the MWMS or integrated practices in terms of medical waste management.</li> <li>Ministry of Local Government and the joint service council are responsible for collection and running the incinerators. If Medical waste incineration or autoclaving is not possible, then it can be landfilled in special medical waste cells as in the case of Almenya or Jericho landfills. For the Northern West Bank, Zahrt AL Finjan is already over capacitated.</li> <li>MOH provides special boxes for sharps and colored bags for waste segregation.</li> <li>The Emergency/ Spill special Response Plans do not exist, but MOH follow the WHO blue book "which explains the safe management of medical waste "is typically followed, and trained personnel on such topics are needed.</li> <li>The lack of capacity for monitoring, in term of humans or designated staff, and the lack of training in HCFs with respect to medical waste management is causing environmental and social hazards. According to the medical waste specialist, there have been several cases of HCFs disposing medical waste as regular municipal waste to avoid the additional cost of treatment and the lack of integrated medical waste management needs.</li> <li>The recommendation is to carry on training regarding TOT and intensive training for the health staff on the issue of medical waste management as well as increasing the number of workers.</li> </ul>	

WOMEN HEALTH AND DEVELOPMENT DEPARTMENT	
Date	03/01/2021
Location	WHDD Department Offices, MoH, Ramallah
Attendees	Ahd Abu Alhayja (EHSO), Dr. Hadeel Almasri, Huda Al-Safadi
Discussion Points	
<p>One to one Meeting to inform the attendees about the HSERP</p> <p>Discuss project components and project activities</p> <p>Discuss potential environmental and social risks and impacts</p> <p>Inform the attendees of the environmental and social standards of the Bank applicable to the project</p> <p>Inform the attendees of the GRM and the specific referral mechanisms for GBV/ SEA/ SH</p> <p>Inform the attendees of the World Bank's GRS</p> <p>Inform the attendees of the location of the disclosure of project documents, both on MoH Webpage and the World Bank's external webpage</p> <p>Discuss the specific referral mechanisms for GBV / SEA /SH grievances</p> <p>Discuss the implemented procedures at WHDD for dealing with GBV related incidents</p> <p>Obtain WHDD feedback on the GBV referral mechanism</p>	
Discussion	
<p>The EHSO began with a short introduction about public consultation sessions, the SEP, and why such meetings are arranged. The EHSO briefly went through the presentation, explaining the project's objectives, components, activities and timeline. The EHSO explained the intended activities for the Project.</p> <p>The World Bank's Environmental and Social Framework and the applicable standards (ESSs) to the project were discussed. The Project's GRM and the channels for reporting grievances/ complaints were discussed.</p> <p>The EHSO explained the channels that will be implemented for GBV/ SEA/ SH related grievances.</p> <p>The EHSO informed the attendees of the information disclosure on the Ministry's page and the World Bank's external webpage. The EHSO informed the attendees about the World Bank's Grievance Redress Service (GRS).</p> <p><b>GRM and GBV / SEA / SH Grievances</b></p> <p>The WHDD have the "Guidelines for responding to Gender and Social Based Violence" this guideline was established in 2018 and contains referral mechanism and dealing with GBV related incidents</p> <p>The WHDD when a victim is admitted to HCFs conduct a "severity analysis" to determine the risk of the incident on the victim's wellbeing then it is reported to the social protection police</p> <p>The WHDD are involved when cases are admitted to HCFs due to physical harm</p> <p>The WHDD are currently working on a waiver to victims from the fees of treatment, processing and even the admittance.</p> <p>The WHDD is currently working on updating the "National Referral System" to include GBV related grievances and the referral mechanism.</p> <p><b>The Role of the WHDD and the Women Affairs Ministry</b></p> <p>According to the "National Referral System" the Women Affairs Ministry's role is more of a regulatory one, it also accepts GBV related grievances and the WHDD recommend setting a consultation meeting with them.</p> <p>The Women affairs ministry act as a strategic body in this regard, not only related to medical incidents.</p> <p>The WHDD are involved when a victim is registered in the medical center or enters a medical facility, they first assess the severity of the case and the risk on the victim's life. Afterwards the "Family Protection Police" is involved, and the social development ministry / Women affairs ministry are involved.</p> <p><b>Feedback &amp; Conclusion</b></p> <p>The WHDD did not receive any information regarding sending their needs for the HSERP</p> <p>Most of the GBV related contributions are funded and managed by UNFPA.</p> <p>WHDD are involved if the victim is admitted to an HCF for physical harm. If a GBV related grievance is received with no physical harm to the victim, women affairs ministry / mental health departments were recommended to be the referral mechanism.</p> <p>WHDD highlighted that the role of police in GBV cases is very crucial, yet the cooperation is very weak and training of the police workers is very much needed.</p> <p>One of the major risks that health workers engaged in the GBV cases detection and reporting are facing is the risk of threats from the GBV abusers who most often are members of her family or the families who do not want the case to be known to other people. The threats sometimes cause the health worker to abandon reporting on cases because of fear.</p> <p>The WHDD recommended to circulate a simple brief about the project's GRM channels to all of MoH's emails.</p> <p>The WHDD provided the EHSO with the following documents:</p> <p>Women's Health and Development Unit Annual Report 2022</p> <p>Training Reference Manual for Workers in the Health Sector to Deal with Cases of Gender-Based Violence</p> <p>National Sexual and Reproductive Health Emergency Plan</p> <p>Priorities of the Women's Health and Development Unit for the year 2023</p>	

Complaints Unit-MoH	
Date	28/12/2021
Location	EHSO office-MoH
Attendees	Ahd Abu Alhayja (EHSO), Ammar Sbouh
Discussion Points	
<p>One to one meeting to inform the attendees about the HSERP</p> <p>Discuss project components and project activities</p> <p>Discuss potential environmental and social risks and impacts</p> <p>Inform the attendees of the environmental and social standards of the Bank applicable to the project</p> <p>Discuss the GRM and Workers GRM with the attendees, as the unit with the mandate to supervise complaints at MoH, this meeting aims to obtain their feedback, opinions, recommendations, and concerns relating to the implementation of the project's GRM.</p> <p>Inform the attendees of the location of the disclosure of project documents, both on MoH Webpage and the World Bank's external webpage</p> <p>Inform and discuss with the attendees the means and channels for handling GBV/ SEA / SH related grievances</p> <p>Agree on the arrangements for receiving, filing, and processing project related grievances</p> <p>Inform the attendees of the World Bank's GRS</p>	
Discussion	
<p>The EHSO began with a short introduction about public consultation sessions, the SEP, and why such meetings are arranged. The EHSO went through the presentation with the attendees, explaining the project's objectives, components, budget, activities and timeline.</p> <p>The EHSO explained the intended activities for the project</p> <p>the World Bank's Environmental and Social Framework and the applicable standards (ESSs) to the project were discussed</p> <p>The Project's GRM and the channels for reporting grievances/ complaints were discussed</p> <p>The EHSO explained the channels that will be implemented for GBV/ SEA/ SH related grievances</p> <p>The EHSO informed the attendees of the information disclosure on the Ministry's page and the World Bank's external webpage</p> <p>The EHSO informed the attendees about the World Bank's Grievance Redress Service (GRS)</p> <p>The CU (complaints unit) informed the about their responsibilities and the types of grievances they typically handle, primarily medical errors and mistakes. However, due to the political situation in Gaza, the CU does not have the authority to establish medical committees or investigate complaints in Gaza's hospitals. The EHSO discussed the GM and the Workers' GM with the CU, explaining that these are based on the ESF and MoH's (ministry of health) complaints manual. The EHSO also highlighted the differences between the GM and the MoH complaints manual, specifically that the MoH system does not accept anonymous complaints. The attendees discussed these differences, with the CU explaining that the MoH manual is based on the centralized Cabinet of Ministers system and cannot be altered.</p>	

COMMUNITY HEALTH DEPARTMENT	
Date	29/12/2022
Location	Community health department offices-MoH
Attendees	Ahd Abu Alhayja (EHSO), Dr. Sawsan AbuShare'a
<p>Discussion</p> <p>The EHSO began with a short introduction about public consultation sessions, the SEP, and why such meetings are arranged. The EHSO went through the presentation with the attendees, explaining the project's objectives, components, budget, activities and timeline.</p> <p>The EHSO explained the intended activities for the project</p> <p>the World Bank's Environmental and Social Framework and the applicable standards (ESSs) to the project were discussed</p> <p>The Project's GRM and the channels for reporting grievances/ complaints were discussed</p> <p>The EHSO explained the channels that will be implemented for GBV/ SEA/ SH related grievances</p> <p>The EHSO informed the attendees of the information disclosure on the Ministry's page and the World Bank's external webpage</p> <p>The EHSO informed the attendees about the World Bank's Grievance Redress Service (GRS)</p> <p>They had questions about the start date, and amount of funding, and how is the fund being divided.</p> <p>What levels of PHC clinics will be supported. (The EHSO explained that the supported levels will be 2,3 and 4)</p>	

## ANNEX 3: PUBLIC CONSULTATION VIRTUAL MEETING

### Invitation to public consultation and information disclosure virtual meeting

Gentle Reminder: Re: Invitation to a virtual meeting on Public Dissemination of the World Bank Funded new Heal...



maria al-aqra <alaaqra@yahoo.com>

To: Ziad Yaish; Ziad Muna; kqadi@unicef.org; Reem Amarneh; Hala SALEH; David LAI; Amin Assi; Manal Tawfeeq; Manal Tawfeeq; Umayya Khamash; Mutasem muhaisen; Dr. Wael; Muhamed Iskafi; STEFANIA CAVALLARO; Alice Dal Gobbo; **+17 others**

Tue 1/3/2023 9:21 PM

Cc: Ahd Abu-Alheija

You replied to this message on 1/4/2023 12:54 PM.

Dear partners,

First allow me to wish you and yours a happy festive season and Prosperous upcoming NEW YEAR !

Just to bring to your kind attention that the Palestinian Ministry of Health, through financing from the World Bank will be implementing a new project ( West Bank and Gaza Health System Efficiency and Resilience) The project's implementation will be initiated in 2023, and the proposed operation will strengthen the quality, efficiency, and resiliency of health service delivery. The Health System Efficiency and Resiliency Project (HSERP) builds on the successes and lessons learned of the HSRSP. These investments will reach the objectives through strengthening the three following outcomes of the health system:

- **quality of care** through targeted investments to scale up PMOH reform priorities at PHC and hospital levels, especially with a focus on fostering integration of services for NCD, a patient-centered approach, improved health information systems and decision-making;
- **efficiency** of health services through a focus on the delivery of cost-effective PHC services, and improved technical efficiency of hospital services through reducing the reliance away from costly OMR towards the provision of lower-cost services at public hospitals; and
- **resiliency** of health service delivery through improving the capacity of service delivery at all levels, improving access to scaled up services across West Bank and Gaza, which would enable the health system to ensure continued access to quality services despite the system's vulnerability to shocks

In accordance with the Stakeholder Engagement Plan for the project, and under the framework of public participation, you are cordially invited to a stakeholder engagement and to brief you about the Environmental and Social aspects and activities relevant to the project. The meeting will be conducted virtually .

**Session will be lead by Eng. Ahd Abu Haija, ESO at PMU/MOH**

**Date/time: Wednesday, 4 January 2023 @ 12:00**

**Connection details: see link below**

<https://teams.live.com/meet/9421318822937>



maria al-aqra <alaaqra@yahoo.com>

👍 Reply Reply All Forward ...

To Ziad Yaish; Ziad Muna; kqadi@unicef.org; Reem Amarnah; Hala SALEH; David LAI; Amin Assi; Manal Tawfeeq; Manal Tawfeeq; Umayya Khamash; Mutasem muhaisen; Dr. Wael; Muhamed Iskafi; STEFANIA CAVALLARO; Alice Dal Gobbo; Chipso TAKAWIRA; prcsihi@palestinercs.org; صادق الخضور; Sadiq Khmour; Hanoy Kamal; Laila Sbaih Eghraib; Fahed Sheikh; Ohoud Enayah; Mutasem Anani; Hwc Pal Info; Shatha Odeh; Cc Ahd Abu-Alheija

Wed 1/4/2023 2:01 PM

West Bank and gaza health system efficiency and resilience project (2).pdf 2 MB

Dear all,

Thank you so much for those who managed to join today the briefing session of the NEW World Bank funded HSERP Project, and we understand that many partners are still on leave.

For your kind interest, kindly find attached the presentation delivered today by Eng. Ahd Abu AlHaija on the project.

Thank you and warmest regards

maria

Presentation slides

## Health System Efficiency and Resilience Project

**Date:** 4-Jan-23  
**Time:** 12:00 - 13:00  
**Venue:** Virtual  
**Prepared and Managed by:** Ahd Abu Al-Hayja

#	First Name	Family Name	Workplace	Job Title
1	Kanar	Qadi	UNICEF	Health and Nutrition specialist
2	Lubna	Sawalha-AlSadder	MoH	
3	Mohannad	Aqel	PMU-MoH	Procurement Specialist
4	Yahia	Elziq	UNFPA	
5	Ziad	Muna	ICRC	Health Field Officer
6	Faten	Akkawi	Ministry of Finance	

Presentation Slides



## WEST BANK AND GAZA HEALTH SYSTEM EFFICIENCY AND RESILIENCE PROJECT

مشروع تعزيز كفاءة وصمود النظام الصحي في الضفة الغربية وقطاع غزة

### Public Consultation Session with the Project Stakeholders

ورشة عمل تشاورية مع ذوي العلاقة

## PROJECT COMPONENTS

### COMPONENT 1

Scaling up cost-effective  
public primary health  
care services

تطوير الفعالية المالية لخدمات  
الرعاية الصحية الأولية الحكومية

### COMPONENT 2

Improving public  
hospital service  
delivery

تحسين تقديم خدمات  
المستشفيات الحكومية

### COMPONENT 3

Project  
Implementation and  
Monitoring

تنفيذ المشروع والرقابة

### COMPONENT 4

Contingent  
Emergency Response  
Component (CERC)

عصر الاستجابة للحالات  
الطارئة



## COMPONENT 1:

### SCALING UP COST-EFFECTIVE PUBLIC PRIMARY HEALTH CARE SERVICES

تطوير الفعالية المالية لخدمات الرعاية الصحية الأولية

#### Subcomponent 1.1.

Delivery of comprehensive public primary health care services

تقديم خدمات رعاية صحية أولية حكومية شاملة



Will finance medical equipment and supplies, minor works and technical assistance.

سيتم تمويل المعدات واللوازم الطبية والأعمال الصغيرة والمساعدة التقنية.

#### Subcomponent 1.2.

Strengthening information systems and quality of primary health care

تعزيز نظم المعلومات وجودة الرعاية الصحية الأولية



will strengthen the existing PHC information system, public PHC clinical guidelines will be updated and disseminated, and training of family health physicians and nurses

سيُعزَّز نظام معلومات الرعاية الصحية الأولية الحالي، وسيتم تحديث ونشر المبادئ التوجيهية السريرية العامة للرعاية الصحية الأولية، وتدريب أطباء وممرضات صحة الأسرة

4

## COMPONENT 2

#### Subcomponent 2.1.

Purchasing of medical equipment to expand hospital capacity in high-need areas

شراء المعدات الطبية لتوسيع قدرة المستشفيات في المناطق شديدة الحاجة



will target the purchase of medical equipment and supplies, as well as minor works, for the following four domains: Cancers, Cardiac conditions, Maternal and neonatal health

سيستهدف شراء المعدات واللوازم الطبية، بالإضافة إلى الأعمال الثانوية، للمجالات الأربعة التالية: السرطان، وأمراض القلب، وصحة الأم وحديثي الولادة

#### Subcomponent 2.2.

Strengthening management and quality of care in hospitals

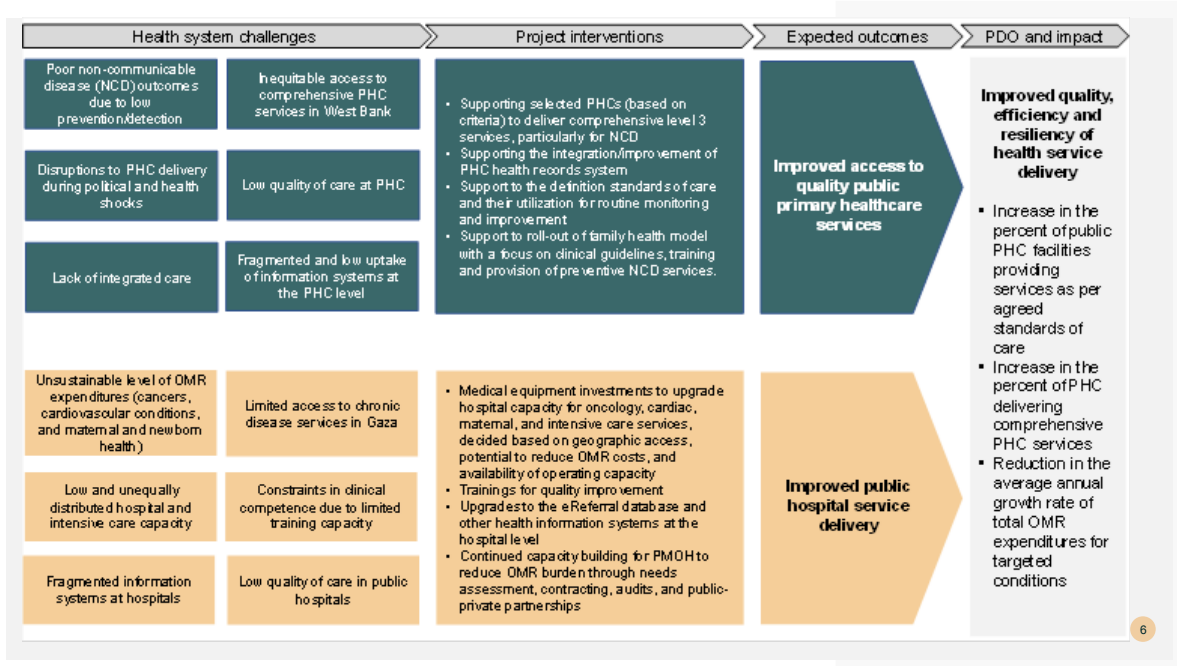
تعزيز الإدارة وجودة الرعاية في المستشفيات



Training for health workers, software and hardware, capacity building with a focus on assessing needs in Gaza, strengthening SPU, strengthening PPPs

تدريب العاملين الصحيين، والبرمجيات والأجهزة، وبناء القدرات مع التركيز على تقييم الاحتياجات في غزة، وتعزيز وحدة شراء الخدمة SPU، وتعزيز الشراكات بين القطاعين العام والخاص

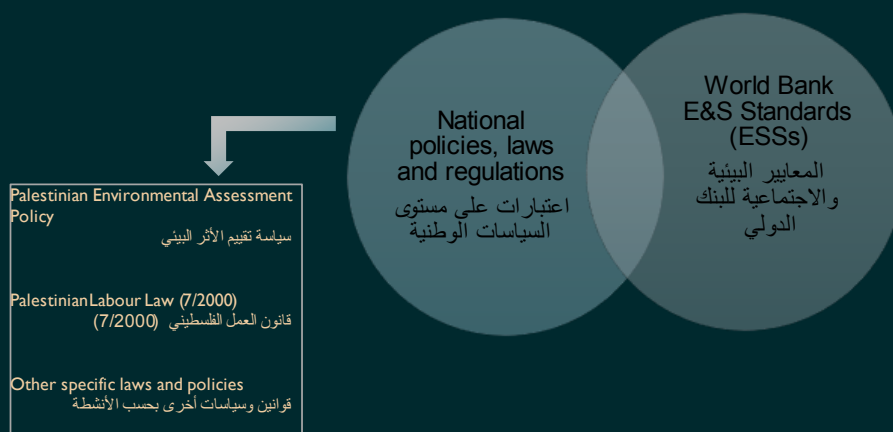
5



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## ENVIRONMENTAL AND SOCIAL REQUIREMENTS

### المتطلبات البيئية والاجتماعية



8

## APPLICABLE WB ESS



Assessment and Management of E&S Risks and Impacts

تقييم وإدارة المخاطر والتأثيرات البيئية والاجتماعية



Labor and Working Conditions

العمال وظروف العمل



Resource Efficiency and Pollution

Prevention and Management

كفاءة استخدام الموارد وإدارة ومنع التلوث



Community Health and Safety

صحة وسلامة المجتمع



Stakeholder Engagement & Information Disclosure

إشراك أصحاب المصلحة والإفصاح عن المعلومات

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## POTENTIAL ENVIRONMENTAL AND SOCIAL RISKS AND IMPACTS

المخاطر والآثار البيئية والاجتماعية المحتملة

Weak health and safety measures

ضعف تدابير الصحة والسلامة

Risks related to small scale Installation works

المخاطر المتعلقة بأعمال لالتركيب الصغيرة

Improper medical waste management

الإدارة غير السليمة للنفايات الطبية

Risk of inadequate communication and community engagement

خطر عدم كفاية التواصل والمشاركة المجتمعية

Misuse of Patient Data

إساءة استخدام بيانات المريض

GBV , SEA/SH risks

مخاطر العنف القائم على النوع الاجتماعي ، التحرش الجنسي و الاستغلال والاعتداء الجنسي

10

## ENVIRONMENTAL AND SOCIAL MITIGATION MEASUR

تدابير التخفيف البيئية والاجتماعية

Infection Control and Prevention Protocol  
بروتوكول مكافحة العدوى والوقاية منها

Grievance Redress Mechanisms  
آلية معالجة المظالم

Infection Prevention and Waste Management Plan  
خطة الوقاية من العدوى وإدارة النفايات

Codes of Conduct  
مدونات قواعد السلوك

Environmental and Social Management Framework (ESMF) and Plans (ESMPs)  
إطار وخطط الإدارة البيئية والاجتماعية

Stakeholder Engagement Plan (SEP)  
خطة إشراك أصحاب المصلحة

Labor Management Procedures (LMP)  
إجراءات إدارة العمال

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خريطة الخدمات البريد الإلكتروني روابط مفيدة العطلات الرئيسية الصفحة الرئيسية

الرقم الخاص بالوزارة +97092384771-6

دولة فلسطين  
وزارة الصحة

اتصل بنا المكتب الاعلامي خريطة الخدمات الاصدارات الوزارة الرئيسية

تقارير  
مشاريع  
التقارير الإحصائية  
الخطط التنفيذية  
الخطط الاستراتيجية  
الحسابات الصحية  
تقارير الرعاية الصحية الأولية  
بروتوكولات

مشروع طوارئ COVID-19

GRM الشكاوي

## STAKEHOLDER ENGAGEMENT PLAN

- The Plan explains how Stakeholder Engagement will be practised throughout the course of the project life cycle  
تشرح الخطة كيف سيتم ممارسة مشاركة أصحاب المصلحة طوال دورة حياة المشروع
- It will Identify the methods that will be used as part of the engagement process to ensure appropriate participation of different stakeholder  
ستحدد الأساليب التي سيتم استخدامها كجزء من عملية المشاركة لضمان المشاركة المناسبة لمختلف أصحاب المصلحة
- Project-related information during different project phases will be disclosed through different means to ensure that all segments of the society have access to them  
سيتم الكشف عن المعلومات المتعلقة بالمشروع خلال مراحل المشروع المختلفة من خلال وسائل مختلفة لضمان وصول جميع شرائح المجتمع إليها

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## VULNERABLE AND MARGINALIZED STAKEHOLDERS NEED

Stakeholder group	Key characteristics	Preferred notification means
Disadvantaged Groups	The Elderly, Youth, Women, Lower Socio-economic levels, Refugees	Phones, Leaflets, social networks, CBOs and NGOs
People With Disabilities	Reach out throughout CBOs and NGOs	Phone, Leaflets, social networks
Women Headed Households	Some national and international organizations that have in-depth knowledge regarding the project context	Phone, Leaflets, Social Networks
Bedouin Communities	Reach out through NGOs and CBOs, identified Heads of Households	Phone, Leaflets, Social Networks, CBOs, and NGOs

**MoH will adopt several mechanisms, such as :**

- publishing all information about the project in Arabic,
- provide needed facilities in public meetings for handicap or people with disabilities, and
- Provide different means in the GRM to give feedback, or send a complaint; like phone calls mechanism as an alternative to electronic complaint form

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## GRIEVANCE MECHANISM آلية التظلم

The complaint, in order to be filed, should be related to the project components and/or to its implementation and management

من أجل تقديم الشكوى، يجب ان تكون مرتبطة بمكونات المشروع أو بتنفيذه وإدارته

- 1** Receiving, Filing and registering the complaint  
استلام الشكوى وتقديمها وتسجيلها
- 2** Referral and Examination of complaints  
إحالة الشكاوى وفحصها
- 3** Following up the complaint  
متابعة الشكوى
- 4** Notifying the complainant and closing the complaint  
إخطار مقدم الشكوى وإغلاق الشكوى
- 5** Registering the decision and actions taken in the GM log  
تسجيل القرار والإجراءات المتخذة في سجل آلية الشكاوي

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## GRIEVANCE MECHANISM

## آلية التظلم

The complainant can submit a complaint at the **complaints unit in the MOH, or to the ESO of the project**

**The Environmental and Social Officer (ESO) will follow up complaints related to the project**

Personal Attendance : MoH headquarter/ 3<sup>rd</sup> Floor/ WB projects management unit  
الحضور الشخصي : مقر وزارة الصحة / الطابق 3 / وحدة إدارة مشاريع البنك الدولي

By E-mail: [grm@hsrsp.ps](mailto:grm@hsrsp.ps)  
عن طريق البريد الإلكتروني: [grm@hsrsp.ps](mailto:grm@hsrsp.ps)

By Calling the ESO: 0562402198  
من خلال الاتصال بالمسؤول البيئي والاجتماعي

By downloading the complaint unit from MoH website, filling and the complaints form, and sending it to the dedicated E -mail, or by P.O. Box P6009262 or Fax : 022966260

عن طريق تحميل نموذج الشكاوى من موقع وزارة الصحة، وتعبئته، وإرساله إلى البريد الإلكتروني المخصص، أو عن طريق ص.ب. P6009262 أو فاكس: 022966260

By calling the complaints unit : 0912382771  
من خلال الاتصال بوحدة الشكاوى : 0912382771

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## PLEASE CONTACT US

Do you have any comments regarding the project components?

هل لديك أي تعليقات بخصوص مكونات المشروع؟

Do you have any concerns regarding the project?

هل لديك أي مخاوف بشأن المشروع؟

Do you believe that the project could have other environmental or Social impacts?

هل تعتقد أن المشروع يمكن أن يكون له آثار بيئية أو اجتماعية أخرى؟

what are the preferred means for receiving information?

ما هي الوسائل المفضلة لتلقي المعلومات؟

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THANK  
YOU

شكرا لكم

Eng. Ahd Abu AlHayja

Environmental and Social Officer  
World Bank Projects Management Unit / MoH

ahdah@hsrsp.ps

0562402198

## ANNEX 4: GOVERNMENTAL HOSPITALS IN WEST BANK AND GAZA

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<u>Hospital</u>	<u>City</u>
Rafidia Hospital	Nablus
Alwatani Governmental Hospital	Nablus
PMC (Palestine Medical Complex)	Ramallah
Hugo Chavez Hospital	Sinjel (Ramallah)
Khaleel Suleiman Hospital	Jenin
Turkish Hospital	Tubas
Thabit Hospital	Tulkarem
Atil Hospital	Tulkarem
Darwish Nazal Hospital	Qalqilia
Yasser Arafat Hospital	Salfit
Jericho Hospital	Jericho
Al Hussein Hospital	Beit Jala
Alia Hospital	Hebron
Mohammad Ali Al Mohtaseb Hospital	Hebron
Abu Al Hassan Al Kassem Hospital	Yatta (Hebron)
Mahmoud Abbas Hospital	Halhoul (Hebron)
Dora Hospital	Dora



## ANNEX 5: COMPLAINTS FORM

### طلب تقديم شكوى

التاريخ:.....

رقم الشكوى:.....

القسم الأول: حول المشتكي/ة

اسم مقدم/ة الشكوى الرباعي (اختياري):

رقم الهوية:

اسم المؤسسة مقدمة الشكوى:

الصفة: اعتباري شخصي وكيل وصي ولي

الجنس (للأفراد فقط): ذكر

الجنس (للأفراد فقط): أنثى

تاريخ الميلاد: / /

العمر (للأفراد فقط): .....

رقم الهاتف:

البريد الإلكتروني:

القسم الثاني: حول الشكوى

موضوع الشكوى:

.....  
.....

الجهة المقدم بحقها الشكوى:

.....  
.....

هل الشكوى منظورة أمام القضاء: نعم  لا

هل تقدمت بشكوى في ذات الموضوع سابقا: نعم  لا

- اسم الجهة المقدم بحقها الشكوى سابقا: ..... تاريخ التقديم: ...../...../.....

- هل تلقيت ردا على الشكوى السابقة: نعم، تاريخ الرد: ...../...../..... لا

وقائع الشكوى:

.....  
.....

**القسم الثالث: مرفقات الشكوى (وثائق ومستندات)**

- ..... -1  
..... -2  
..... -3

أقر وأصرح انا مقدم/ة الشكوى..... بأن المعلومات والبيانات والمرفقات الواردة أعلاه هي معلومات وبيانات ومرفقات صحيحة وحقيقية والتزم واتفقت بتحمل كامل المسؤولية القانونية فيما لو تبين خلاف ذلك في أي وقت من الأوقات أو إذا تبين أن الشكوى المقدمة من قبلي كيدية.

وعليه أوقع

توقيع و/أو بصمة مقدم/ة الشكوى: ..... تاريخ تقديم الشكوى: / /

توقيع و/أو بصمة الشخص الذي استعان به مقدم الشكوى في كتابة الشكوى: .....

اسم الموظف/ة مستلم/ة الشكوى: .....

توقيع الموظف/ة مستلم/ة الشكوى: ..... تاريخ استلام الشكوى: / /

**القسم الرابع: (خاص لاستخدام مسؤول الشكاوى)**

التوصية حول الشكوى: .....  
.....  
.....

رفض الشكاوى

قبول الشكوى

- مبررات رفض الشكوى: .....  
.....  
.....

التاريخ:

مسؤول  
الشكاوى

التوقيع.....