Palestinian Ministry of Health

ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK (ESMF)

For

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

February 2023

ABBREVIATIONS AND ACRONYMS

AHLC	Ad Hoc Liaison Committee
ARA	Access Restricted Areas
CAP	Corrective Action Plan
CBO	Community Based Organizations
CDC	Centre for Disease Control and Prevention
CERC	Contingent Emergency Response Component
CHVA	Climate and Health Vulnerability Assessment
COVID-19	Coronavirus Disease 2019
CT	Computed Tomography
DPG	Digital Public Goods
EA	Environmental Assessment
ECD	Early Childhood Development
ECRP	The Emergency COVID-19 Response Project
EHS	Environmental, Health, and Safety
EHSO	Environmental, Health and Safety Officer
EIA	Environmental Impact Assessment
EmFP	Emergency Focal Points
EQA	Environment Quality Authority
ERP	Emergency Response Plan
E&S	Environmental and Social
ESCP	Environmental and Social commitment Plan
ESF	Environmental and Social Framework
ESHS	Environmental, Social, Health and Safety
ESIA	Environmental and Social Impact Assessments
ESIRT	Environmental and Social Iincident Response Toolkit
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
EU	European Union
FB	Facebook
FY	Fiscal Year
GBV	Gender Based Violence
GDP	Gross Domestic Product
GHI MIS	Government Health Insurance Management Information System
GIIP	Good International Industry Practice
GM	Grievance mechanism
GP	General Practitioner
GRS	Grievance Redress Service
HCF	Health Care Facility
HCW	Health-Care Waste
HR	Human Resources
HRH	Human Resources for Health
HSERP	Health System Efficiency and Resiliency Project
HVAC	Heating, Ventilation and Air Conditioning
IAEA	International Atomic Energy Agency
ICP	Infection Control practitioners

ICRC	International Committee of the Red Cross
ICU	Intensive Care Unit
ICWMP	The Infection Control and Waste Management Plan
ID	Identification
IECDP	Improving Early Childhood Development Project
IEE	Initial Environmental Evaluation
INGO	International NGO
IPCP	Infection and Prevention Control Protocol
IT	Information Technology
JSC	Joint Service Council
LG	Local Government
LGU	Local Government Unit
LMP	Labor Management Procedure
MENA	Middle East and North Africa
MoLG	Ministry of Local Government
MoSD	Ministry of Social Development
MWMP	Medical Waste Management Plan
MWMS	Medical Waste Management System
N/A	Not Applicable
NCD	Non-Communicable Diseases
NCNAC	Israeli Authority for Nuclear Activities Control
NFPC	National Fire Protection Codes
NGO	Non-Governmental Organizations
OHS	Occupational Health and Safety
OIP	Other Interested Parties
OMR	Outside Medical Referrals
PA	Palestinian Authority
PAD	Project Appraisal Document
PAP	Project's Affected Parties
PCBS	Palestinian Central Bureau of Statistics
PCV	Polycythemia Vera
PDO	Project Development Objectives
PEAP	Palestinian Environmental Assessment Policy
PEL	Palestinian Environmental Law
PEN	Package of essential noncommunicable
PHC	Palestinian primary health care
PHCC	Palestinian Health Care Centers
PMC	Palestine Medical Complex
PMOH	Palestinian Ministry of Health
PMRS	Palestinian Medical Relief Society
PMU	Project Management Unit
PNIPH	Palestinian National Institute of Public Health
POM	Project Operation Manual
Pt	Palestinian Territories
QPR	Quarterly Progress Report
RCA	Root Cause Analysis
SCAP	Safeguards Corrective Action Plan
SEA	Sexual Exploitation and Abuse

SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
SMC	Safe Motherhood Centers
SOPs	Standard Operating Procedures
SPU	Services Purchasing Unit
SRH	Sexual Reproductive Health
SRHTG	Sexual and Reproductive Health Thematic Group
TA	Technical Assistance
ToR	Terms of Reference
UN	United Nations
UNRWA	United Nations Relief and Works Agency
US	United States
USD	United States Dollars
VAC	Violence against Children
WB	World Bank Group
WB&G	West Bank and Gaza
WHDD	Women Health and Development Department
WHO	World Health Organization
WHO-PEN	WHO Package of Essential Non-communicable
WWTP	Wastewater Treatment Plant
YoY	Year-on-year

CONTENTS

0 EXECUTIVE SUMMARY

0.1 INTRODUCTION

Building on the success and lessons learned of the 10-year Health System Efficiency and Resiliency Project (HSERP- P150481), which closed in May 2022, as well as the COVID-19 Response Project, the new Health System Efficiency and Resiliency Project (HSERP) will strengthen the quality, efficiency, and resiliency of health service delivery. The HSERP will achieve the objectives through strengthening the quality of health care services for Non-Communicable Diseases (NCD), improving efficiency of health services, and increase resiliency of health service delivery across West Bank and Gaza.

This Environmental and Social Management Framework (ESMF) is prepared to guide the HSERP activities to comply with the national regulations and the World Bank's Environmental and Social Framework (ESF). This ESMF outlines the framework and procedures for environmental and social screening, determining the required environmental assessment documents and assessment of environmental and social impacts arising from proposed project components/activities, and gives generic guidance on appropriate mitigation measures, and institutional arrangements for monitoring. This framework is needed since specific project locations under the project are yet to be determined. Where necessary, based on the screening process, the site-specific risk management measures or ESMPs shall be prepared during project implementation.

The Palestinian Ministry of Health (PMOH) will be responsible for the implementation of the project activities, fiduciary management and environmental and social compliance for all the sub-projects of the project. The PMOH has good experience in following up the World Bank's Environmental and Social Framework (ESF) through an ongoing project, and has an Environmental and Health and Safety Officer (EHSO) to ensure compliance with the ESF. Furthermore, functioning grievance mechanisms for addressing complaints related to social and environmental issues are already in place for the ongoing project and will be used and improved for the proposed project.

0.2 PROJECT DEVELOPMENT OBJECTIVES (PDO)

The project PDO is to support the Palestinian Authority in improving the quality, efficiency, and resiliency of public health service delivery.

0.3 APPLICATION OF PALESTINIAN LAWS AND REGULATIONS AND THEIR CLASSIFICATION

The Palestinian policy relevant for environmental assessment for HSERP components are the Palestinian Environmental Law (PEL), Palestinian Environmental Assessment Policy (PEAP), the Public Health Law, the National Health Strategy, the Occupational Health and Safety (OHS) regulations, Strategies and Action Plans for Solid Waste Management. The relation to the project of the Palestinian laws and regulations are provided in chapter 2.

The Environmental and Social Standards (ESSs) relevant to the project are ESS1, ESS2, ESS3, ESS4 and ESS10. The measures to address the environmental and social risks and impacts are included in project instruments including this ESMF, Labor Management Procedures (LMP), and Stakeholder Engagement Plan (SEP).

0.4 DESCRIPTION OF THE HSERP

The Project consists of four components:

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

Subcomponent 1.1. Delivery of comprehensive public primary health care services

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

Component 2: Improving public hospital service delivery

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

Subcomponent 2.2: Strengthening management and quality of care in hospitals

Component 3: Project Implementation and Monitoring

Component 4: Contingent Emergency Response Component (CERC)

Potential Environmental and Social Impacts

Environmental Risks: The key environmental risks are the OHS risks issues related to exposure to radiation from diagnostic cancer treatment devices (mammograms) and from testing and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews. Besides, risks will arise from improperly managing, transporting, and disposing the medical waste including radioactive waste such as products contaminated by radionuclides including radioactive diagnostic material or radio therapeutic materials from mammography services.

The proposed upgrading/strengthening of data management system may generate small to moderate amount of electronic wastes (e-waste). These may include electronic equipment that is near or at the end of its useful life. These products can contain heavy metals like cadmium, lead, copper, and chromium that can contaminate the environment.

The project involves minor civil work activities such as installation of the medical and non-medical equipment across the West Bank and Gaza. The anticipated potential environmental impacts may include: (i) generation of minor solid waste from the installation activities and from end of life of equipment; (ii) management and disposal of waste; (iii) nuisance related to vibration and noise during installation activities; and (iv) OHS risks related to installation activities including exposure to electrical hazards from the use of tools, noise and dust, lifting of heavy equipment and falling and falling objects. The impacts are expected to be site specific, short-term and reversible.

The surfaces of imported materials may be contaminated and handling during transportation may result in the risk of spreading of COVID-19.

Risk of fire in the existing HCFs accessible to the public where the project activities will be conducted is unlikely but possible. Fire hazard constitute of all factors present in a building that can cause ignition (start fire) including the potential of uncontrolled reactions as mentioned above. The fire hazard can cause partial or complete collapse of the HCF, and incapacitation of building operations.

The provision of health care services and cancer treatment devices will generate medical wastes that may include syringe, vials, used medical supplies, masks, and used PPE, various disinfectant chemicals etc. If not treated, stored, disposed in adherence to GIIP, these may have impact on human health and on the surrounding environment.

The Project Environmental and Social risk is rated Substantial. This proposed risk classification will be reviewed on a regular basis and changed (if necessary).

Social Risk: The key social risk due to project activities could be the risk of inequity in access to the health care services especially vulnerable groups and Other Interested Parties (OIPs). This comprises possible exclusion of disabilities, the elderly, women headed households, the poor, people in Area C, Bedouin communities, and communities in ARAs and relatively rural/remote locations.

The risks of SEA/SH will be assessed, and mitigation measures put in place during the screening of each sub-activity. Potential incidents of Sexual Exploitation and Abuse and Sextual harassment (SEA/SH) are possible during service provision and trainings, potential exposure of personnel to family/community backlash during provision of potentially sensitive services including for mental health and support for cases of GBV or Violence against Children (VAC), or between colleagues whether as direct workers or contracted or between project workers and the community. Another potential social risk could be due to incidents of privacy breach and data misuse issues during electronic record keeping of the PHC information systems. The social risk rating is “moderate”.

0.5 Environmental and social management procedures

PMOH will adopt a clear approach to environmental and social management procedures consistent with the Legal Agreement, the ESCP, the Operations Manual and the ESMF to allow project development activities to follow the ESF standards including the mitigation hierarchy of avoidance, minimization, and mitigation and compensation/offset for negative impacts.

0.6 Environmental and Social Screening

The screening process for the environmental and social risks and impacts of the components and sub-components of the HSERP has been identified in section 6.3 and the E&S risk management measures are also defined.

0.7 Institutional Arrangements for ESMF implementation

The HSERP will be implemented by a Project Management Unit (PMU), which already exists within the Palestinian Ministry of Health (PMOH). The PMU at PMOH will be responsible for all technical planning, financial management, procurement, social and environmental risk management, and communications with the World Bank. The PMOH will maintain the qualified staff and resources to support management of ESHS risks and impacts of the Project including the EHSO in the West Bank. PMOH will also hire a focal point in Gaza on March 1, 2023 as part of the PMU who will be based in the PMOH head quarter in Gaza to support management of ESHS risks in Gaza.

The hospitals/HCFs, the recipient of the project equipment and goods to be supplied by the project, will assign an environmental and social focal point who will be managing the day-to-day environmental and social (E&S) requirements as per the environmental and social instruments and reporting to EHSO and the E&S focal point in Gaza as part of PMU.

Contractors/suppliers and their workers will be implementing E&S mitigation measures and plans as laid out in the ESMF and subsequent E&S measures.

In the operational phase, PMOH will need to ensure E&S measures are taken to avoid adverse impacts of the respective sub-projects.

The following table summarizes the agencies/entities involved in the ESMF implementation along with the tasks they perform.

Agency/Entity	E&S resources	Tasks
PMOH/PMU	EHSO in the West Bank and E&S focal point in Gaza	Prepare the subprojects' screening reports Prepare the E&S risk management measures/ESMP checklists/ESMP Oversight the E&S compliance Track complaints and effectiveness of interventions Compile the E&S monthly reports of the focal points at hospitals/ HCFs Report to the project Coordinator at PMOH
PMOH	Project Coordinator	Planning of project activities and reporting to the Bank
Hospitals/HCFs	Focal point at hospitals/HCFs	Supervise the contractors/suppliers environmental and social management requirements. Ensure adherence to the monitoring parameters including mitigation measures. Prepare the E&S monthly reports on the compliance with the E&S requirements
Contractors/suppliers	Contractors/suppliers staff	Implement E&S mitigation measures and plans as laid out in the ESMF and subsequent E&S measures

0.8 ENVIRONMENTAL AND SOCIAL MONITORING

The EHSO in the West Bank and the environmental and social focal point in Gaza will be responsible for managing the subproject will organize weekly monitoring of the environmental and social aspects of the subprojects each in his geographical area to ensure compliance with the mitigation measures and administer the overall project-related E&S monitoring and implementation as laid out in this ESMF. The environmental and social focal points to be assigned by the hospitals/HCFs will be managing the day-to-day E&S requirements as per the environmental and social instruments and reporting weekly to EHSO and the focal point at PMU. The environmental and social focal point in Gaza will prepare a monthly report based on the reports he will receive from the focal points at the hospitals/HCFs in Gaza and send them to the EHSO in the West Bank who will handle all reporting aspects.

During the operation phase, the PMU at PMOH will be responsible for monitoring the E&S mitigation measures for the Sub-projects. PMOH will prepare and submit to the World Bank quarterly monitoring reports on the Environmental, Social, Health and Safety (ESHS) performance of the Project, including but not limited to the implementation of the ESCP, status of preparation and implementation of E&S instruments required under the ESCP, stakeholder engagement activities, and functioning of the grievance mechanism(s).

0.9 CONSULTATIONS AND STAKEHOLDER ENGAGEMENT

To fulfill the requirements of ESS10, PMOH has prepared a stakeholder engagement plan (SEP). Project Affected Parties (PAPs) including vulnerable groups and Other Interested Parties (OIPs) have been identified in the SEP. The SEP will be continuously updated, specifically in accordance with the identified needs. All relevant information needs to be made available to stakeholders in a timely manner, including planned subcomponents of the project, management measures, and monitoring activities. PMOH will disclose on their websites, the project information and all key E&S documentation including ESMF, SEP, LMP, and the site-specific E&S risk management measures of ESMPs to allow stakeholders to understand the risks and impacts of the project, and potential opportunities. The information will be disclosed in the Arabic language, taking into account any specific needs of groups that may be differentially or disproportionately affected by the project or groups of the population with specific information needs (such as, disability, literacy, women, mobility, differences in language or accessibility).

0.10 GRIEVANCE MECHANISM

The existing greivance mechanisms (GMs) at PMOH for the World Bank-financed projects including the Health System Efficiency and Resiliency Project (HSERP) as well as the COVID-19 Response Project will be adapted and augmented, as required, and used for the HSERP and relevant details including managing responsibilties and involvement of stakeholders are included in the project SEP. The GM includes requisite features for handling potential cases of GBV/SEA/SH with special referralpathways based on confidentiality and a survivor-centered approach.

The workers' GM for other PMOH Bank financed projects are functioning and information regarding these mechanisms continues to be disseminated. These workers' GMs will be adapted and strengethened, as required, and used for the HSERP. The workers' GM shall include special referral pathways for workers' grievances on GBV and SEA/SH with special referral pathways to the project's GM. Details on the project's level GM and workers' GM are provided under section 8.9 of this ESMF.

0.11 WORLD BANK GRIEVANCE REDRESS SERVICE (GRS)

Communities and individuals who believe that they are adversely affected by Sub-project interventions may submit complaints to existing project-level GM or the WB Grievance Redress Service (GRS). Project affected communities and individuals may also submit their complaint to the World Bank's independent Inspection Panel, which determines whether harm occurred, or could occur, because of non-compliance with WB ESF requirements. Details of the procedures to submit complaints to the WB's corporate GRS, is available in the GRS website: http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service. For information on how to submit complaints to the WB Inspection Panel, please visit www.inspectionpanel.org. Any disclosure instrument on GM will provide addresses of the GRS and the Inspection Panel.

0.12 CAPACITY BUILDING AND TRAINING PLAN

Based on the assessment of the existing capacity of PMOH and the different parties/stakeholders engaged in the project implementation, a capacity development and training plan is prepared.

0.13 ESMP IMPLEMENTATION COST

Cost estimates will need to be prepared for all the mitigation and monitoring measures to be proposed in the site-specific E&S risk management measures in addition to the e-waste management and the

implementation of the Infection Control and Waste Management Plan (ICWMP) in accordance with the ESMF. The cost estimates for some of the mitigation measures to be identified will be part of the installation and the small civil works contract. The total estimated costs for the implementation of ESMF including the capacity development and training plan, and the implementation of risk management measures are US$440,000.

1 BACKGROUND

This chapter provides the rationale of the World Bank support to the project, the country context and the sectoral and institutional context.

Established after the Oslo Accords of 1993, the Palestinian Authority (PA) assumes civilian responsibility for most of the Palestinian residents. Its security powers, however, are limited to the major urban centers. In the absence of a peace agreement, a deteriorating status quo has developed. Since 2000, substantial restrictions on movement and access were imposed, further fragmenting the Palestinian territories into small enclaves. Furthermore, the political divide in 2007 and the recurrent conflicts in Gaza have had a devastating impact on the economy. Despite several reconciliation attempts, no progress has been made.

During this time, the Palestinian economy has experienced modest growth but progress in other socioeconomic indicators has been slow. In the 2010-2018 period, the economy grew on average at 4.7 percent per year. Growth has been negatively impacted by various factors which include the 2014 war, the restrictions of movement of people and goods between the Gaza Strip and the West Bank, and a significant decline (about 80 percent in a decade) in foreign aid. According to the latest Ad Hoc Liaison Committee (AHLC) report prepared in 2022, around 27 percent of Palestinians lived below the upper-middle income poverty line.

The movement and trade restrictions have created a significant socioeconomic disparity between the West Bank and the Gaza Strip. The most recent values show that per-capita Gross Domestic Product (GDP) in the West Bank is now more than twice that in Gaza, where GDP per capita is US$876 compared to the West Bank's US$1,924. The restrictions have also led to steep differences in the poverty levels between the two territories which are significantly more concentrated in Gaza, where 80 percent of its residents are dependent on international aid. At the peak of economic restrictions, the pandemic pushed more than 110,000 Palestinians into poverty, bringing poverty rates to 19.1 percent in the West Bank and 61.1 percent in Gaza (35.6 percent nationally). Gazans also have limited access to health care, safe water, and electricity.

The COVID-19 pandemic exacerbated existing economic and social challenges. Preexisting constraints on the Palestinian economy, including Israeli authorities' restrictions on trade, movement and access; recurrent hostilities; internal fragmentations; and falling aid inflows were exacerbated as a result of the pandemic. The economy witnessed a sharp decline, with real GDP contracting by 11.3 percent in 2020. Moreover, unemployment in West Bank reached 13.8 percent in Q2 2022 while in Gaza it was 44.1 percent, reflecting the difficult social and economic conditions caused by the ongoing Israeli movement and access restrictions.

The Palestinian economy has started its recovery from the pandemic. The roll-out of the vaccination campaign and the easing of lockdowns allowed consumer confidence to slowly improve, and business activity to gradually rebound. The official data for Q1 2022 shows that the real GDP grew by 5.7 percent, year-on-year (y-o-y), driven by the services and industry sectors. Estimates for 2022 point to a 3.5 percent increase in GDP. Each of the territories saw significant variations in growth rates, West Bank grew by 5.6 percent and Gaza by 6.1 percent in Q1 2022. Growth in the West Bank was mostly driven by consumption due to the ease of COVID-related measures and an increase in the number of Palestinians working in Israel. However, in Gaza, despite an increase in public spending in Gaza and some reconstruction efforts, slow growth was mainly due to the impact of the May 2021 conflict.

1.1 RATIONAL FOR THE ESMF

In line with ESS1, the project will use this ESMF to set out the guidelines for mitigating the environmental and social potential risks, as the exact nature and location of subproject activities are not fully known or determined at the time of project appraisal.

1.2 APPROACH AND METHODOLOGY

- Conducting a baseline assessment: This involves gathering information on the current environmental and social conditions in the project area, including any potential impacts that the project may have on the environment and local communities.
- Identify potential environmental and social risks and impacts: Based on the information gathered during the baseline assessment, potential environmental and social risks and impacts associated with the project are identified.
- Develop mitigation and management measures: To minimize negative impacts, mitigation and management measures are developed for each identified risk and impact. These include measures such as screening, site specific documents, environmental monitoring, environmental and social (E&S) trainings, stakeholder engagement, and Labor management procedures.
- Implementation and monitoring: The ESMF will be implemented and regularly will be monitored to ensure that the mitigation and management measures are effectively reducing negative impacts.
- Continual improvement: The ESMF will be reviewed and updated to ensure that it remains relevant and effective, and to incorporate lessons learned from the implementation and monitoring.

1.3 LESSONS LEARNED

The implementation approach for the different components and sub-components builds on experience with similar projects. In May 2022 PMOH completed the Health System Resiliency Strengthening Project (P150481, US$8.5 million), and is currently implementing the Emergency COVID-19 Response and its Additional Financing, and a component of the Improving Early Childhood Development (IECD) in West Bank and Gaza. While the completed Health System Resiliency Strengthening project was under the Bank's old safeguards (Category C), the COVID-19 and IECD 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) at PMU is in place to support the implementation of E&S commitments for the above-mentioned ongoing WB projects.

The PMOH experienced some delays in completing the E&S requirements of the COVID-19 Project and in line with ESF requirements. PMOH conducted an E&S ex-post audit of already disbursed activities. The audit recommended a Corrective Action Plan (CAP) including measures, among others, to enhance monitoring and reporting of E&S implementation; strengthen Stakeholder Engagement Plan (SEP) implementation; establish a functional workers' grievance mechanism (GM); ensure proper functioning and monitoring of the beneficiary GM at PMOH; 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); strengthen screening and preparation of Environmental and Social Management Plans (ESMPs) in accordance with the Environmental and Social Management Framework (ESMF); and enhance capacity for E&S management. A progress review by WB of the CAP indicated satisfactory implementation of the CAP. The current E&S risk management performance rating of the COVID-19 project is "satisfactory".

2 PROJECT DESCRIPTION

2.1 PROJECT DEVELOPMENT OBJECTIVE

To support the Palestinian Authority in improving the quality, efficiency, and resiliency of public health service delivery.

2.2 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.

2.3 PROJECT BENEFICIARIES

The expected project beneficiaries of the Project are the entire population, medical and emergency personnel, medical, laboratory and testing facilities, and health agencies across West Bank and Gaza (WB&G). The population size of the Palestinian territories (Pt) is 5,386,851 as of November (2022).

3 POLICY, LEGAL AND REGULATORY FRAMEWORK

This chapter describes the following:

- Country specific policy, legal and administrative frameworks relevant to the project;
- World Bank environmental and social standards (ESS) relevant to the project;
- World Bank Group Environmental, Health and Safety Guidelines (EHS Guidelines) relevant to the project;
- Relevant international good practices technical references such as WHO guidelines.

3.1 POLICY FRAMEWORK IN PALESTINE

3.1.1 Palestinian Environmental Law

The Palestinian Environmental Law (PEL) No. 7 of 1999 was developed by EQA to protect environmental resources, including land environment; air environment; water resources and aquatic environment; and natural, archaeological and historical heritage. According to the PEL, the protection of these resources shall be addressed in all social and economic development plans to promote sustainable development and protection of the rights of future generations. The core issues of concern in the PEL are the protection of public health and social welfare, as well as the conservation of ecologically sensitive areas, biodiversity and rehabilitation of environmentally damaged areas. The PEL also sets penalties for violating any article presented under this law.

3.1.2 The Palestinian Environmental Assessment Policy, 2000

EQA developed the Palestinian Environmental Assessment Policy of 2000 as a leading authority for the approval of environmental assessment studies. This policy aims to achieve the following goals:

- Ensure an adequate quality of life in all aspects, and ensure that the basic needs and social, cultural, and historical values of the people are not negatively impacted as a result of development activities
- Preserve the capacity of the natural environment
- Conserve biodiversity and landscape, and promote the sustainable use of natural resources
- Avoid irreversible environmental damage and minimize reversible environmental damage from development activities.

In accordance with the policy, project proponents are required to apply for environmental approval that informs the EQA and relevant approving authorities of the intended project activities. Subsequently, a determination is made whether an initial environmental evaluation (IEE) or a detailed environmental impact assessment (EIA) is required.

The IEE is for projects where significant environmental impacts are uncertain, or where compliance with environmental regulations must be ensured, whereas an EIA is required for projects which are likely to have significant environmental impacts.

Stakeholder consultation is mandatory by PEAP for EIA. At the minimum, the proponent must meet with the principal stakeholders to inform them about the proposed project and to solicit their views. The methods and results of the consultations must be documented.

Relation to the project: This policy is the foundation of all environmental assessment requirement in Palestine.

3.1.3 Labor Law No. 7

It was ratified in 2000 and replaced the 1960 Jordanian Labor Law in the West Bank and the 1964 Egyptian Labor Law in the Gaza Strip. Labor Law No. 7 is organized into 10 sections covering number of issues:

- General Provisions and Principles section: Makes work a right for each workable citizen;
- Employment, Occupational Training and Guidance;
- The Individual Work Contract section covers the various methods of agreement, the composition of the contract, its duration, expiration and termination;
- Collective Labor Relations are summarized in the Labor Unions section;
- Requirements and Conditions of Work section covers working hours and weekly holidays, leave, salaries and occupational safety and health;
- Regulation of the Work of Minors (from 15 to 18 years old);
- Regulation of the Work of Women section;

- The Labor Inspection section authorizes members of The Commission of Labor. Inspection to enter the workplace, make inquiries with employers and/or workers; and
- Work Injuries and Occupational Diseases
- Penalties and Conclusive Provisions.

The Labor Law No. 7 is supplemented with about 30 bylaws that were ratified during 2003, 2004, 2005 and 2006.

Further discussion on the Labor Laws and regulations is discussed under the Labor Management Procedures.

3.1.4 GRM and GBV / SEA / SH Grievances

The Women Health and Development Department (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. 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. The WHDD are involved when cases are admitted to HCFs due to physical harm. The WHDD are currently working on a waiver to victims from the fees of treatment, processing and even the admittance.

The WHDD is currently working on updating the "National Referral System" to include GBV related grievances and the referral mechanism. The Role of the WHDD and the Women Affairs Ministry. 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. The Women affairs ministry act as a strategic body in this regard, not only related to medical incidents. 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.

3.1.5 Palestinian Grievance bylaw

The right of the public to complain in Palestine is ensured by the grievance bylaw. It was approved by the Ministerial Cabinet on 9/3/2005 and updated on 8/3/2009. This regulation sets out the procedure by which public complaints shall be handled and resolved and states the policies for the improvement of the performance of the Palestinian Ministries and Authorities, as well as NGOs. Project Affected People/Parties (PAP) have the right to complain at any ministry or authority on environmental or social issues.

3.1.6 The Public Health Law, 2004

The Public Health Law of 2004 lists PMOH functions and responsibilities, which include delivery of the government's preventive, diagnostic, curative and rehabilitative health services; regulation of the health sector functioning to ensure high level of harmonized and integrated work between the different service

providers and sectors; development of national health regulations, laws and policies; and reinforcement of the health financing system and optimal investment of the available resources.

3.1.7 The National Health Strategy 2017-2022

The National Health Strategy 2017-2022 is anchored in six national strategic objectives, as follows:

- Ensure the provision of comprehensive health care services for all citizens towards nationalization of health services in Palestine.
- Promote programs for the management of non-communicable diseases (NCDs), preventive health care, community health awareness and gender issues.
- Mainstream quality systems in all aspects of health service delivery.
- Enhance and develop the human resource management system.
- Enhance health governance, including effective management of the health sector, enforcement of laws and legislations, cross-sectoral coordination and integration among service providers.
- Enhance health financing and improve financial protection of Palestinian citizens against health costs.

Relation to the project: The public health law and the national health strategy are the foundation of health laws in Palestine

3.1.8 Occupational Health and Safety (OHS)

Many laws, resolutions, and ministerial instructions and decisions have addressed, inter alia, issues of occupational safety and health, and suitability of the working conditions. The Palestinian Labor Law No. 7 of 2000 guarantee workers' rights to occupational safety and health at workplace and regulate inspection of work conditions by the competent authorities, and other areas, as follows: Occupational Health and Safety Regulations Articles No. 90, 91, and 92 of the law provided that, the cabinet shall issue the regulations governing the occupational safety and health and work environment. Such regulations shall in particular provide for personal protection and prevention methods for workers from the work hazards and occupational diseases; the necessary health conditions in workplaces; first medical aid means at the establishment; and routine medical examinations of workers. The law also prohibits cutting any expenses or deductions from the workers' wages in return for the provision of occupational safety and health requirements at the workplace.

Following the Labor Law, several resolutions and ministerial instructions were issued detailing health conditions and standards related to occupational safety at different workplaces. These include:

- The ministerial decrees No. 15, 17, and 21 of 2003 concerning health conditions and standards at workplaces, medical assistance procedures at the workplace, and safety standards at companies.
- The Decision of the Council of Ministers No. (49) of 2004 concerning the preventive list of work hazards and career diseases and work accidents.
- Instructions by the Minister of Labor no. (1) of 2005 concerning the precautions to protect workers in construction sites.

- Instructions by the Minister of Labor no. 2-6 of 2005, defining the range of chemical exposure limits and standards, exposure to ionizing radiation, noise, and safe levels of brightness of light and temperature at the workplaces.

3.1.9 Strategies, Action Plans for Solid Waste Management

The major strategies relevant to solid waste management include: the National Strategy for Solid Waste Management (2017-2022), the Environment Sector Strategy (2021-2023), the National Policies Agenda (2021-2023), the Strategic Framework for Ministry of Local Government (MoLG) (2010-2014) and the Cross Sectoral Strategy for Palestinian Local Government and Administration Sectors (2011-2013). Cross Sectoral Strategy for Palestinian Local Government and Administration Sectors.

The National Strategy for Solid Waste Management for the period 2017-2022 is the second national strategy on solid waste management. The main goal of the strategy is continuous remediation of key issues, setting updated legislative, organizational, technical, and economical foundation for more efficient Solid Waste Management with the key issues and putting the same into force with the frame of a continuous process not only to alleviate the negative impact of Solid waste on health and environment, but also enhance investment in this section, and thus achieve the necessary development. The strategy includes (8) strategic Objectives and (18) policies. Strategic Objective 5 describes principles and mechanism suitable for managing medical, hazardous, and special waste. Policy 11 entails establishing appropriate and unified inventory and tracking system for hazardous waste, and availability of necessary information, creating sound and safe systems (separation, collection, transfer and disposal processes) to manage it. Policy 12 includes the treatment of medical waste before its final disposal, according to the "polluter pays" principle, to limit its negative health and environmental impacts. And Policy 13 focuses on the need to manage special waste in a manner that ensures protection of health and environment.

The Environment Cross-Sectorial Strategy (2017-2022) is one of the main cross sectorial strategies announced through the National Policy Agenda (2017-2022). It includes main development pillars, national priorities, and policies developed in coordination with international agencies. The agenda is the reference document for the development of the cross sectorial development plans and programs and the development of the national agenda aiming to ensure social justice and enhancing quality service delivery to citizens. The National Policy considers the environment as a cross-sectorial theme to be integrated in all policies and programs. The Environmental Cross Strategy has (5) goals, the first is an efficient and environmental and health safe disposal of solid waste Solid waste management including hazardous waste including medical waste The Strategic Framework for MoLG (2010 - 2014) and the Cross Sectoral Strategy for Palestinian Local Government and Administration Sectors (2011 - 2013): of the sectoral strategic objectives identified in the Strategic Framework for MoLG (2010-2014), the following are related to the institutional aspects of solid waste management: (i) increase the level of decentralization between MoLG and Local Government Units (LGU's); (ii) enhance the institutionalization of community participation; (iii) strengthen partnership between the LGU's and the private and public sectors, as well as the civil society organizations in order to achieve sustainable development.

3.1.10 Medical Waste Bylaw (2012)

The Medical Waste Bylaw (http://site.moh.ps/index/ArticleView/ArticleId/4416/Language/ar) related to medical waste management and handling is enacted by Ministerial Cabinet Decision No. 10 for the year

2012. The Medical Waste Bylaw identifies roles and responsibilities in medical waste management, definition of waste management, procedures and specifications for medical waste separation, storage, collection, transport, treatment as well as waste tracking, the provisions of this bylaw is compulsory for all health care facilities in West bank and Gaza. The bylaw has been analyzed and compared to the ICWMP template of the project's ESMF, as well as to the World Bank's EHS Guidelines for Healthcare Facilities, the comparison paper is available in further detail in Annex II.

3.2 INSTITUTIONAL FRAMEWORK IN PALESTINE

3.2.1 Ministry of Health (PMOH)

The PMOH is the responsible national institution for leading and regulating the functioning of the health sector and ensuring the necessary resources for its sustainability and development in response to the changing and increasing needs of the entire population. PMOH is responsible to undertake policy formulation, quality assurance, coordination, monitoring and evaluation of health service delivery in Palestine.

The Palestinian Ministry of Health is the implementation agency responsible for execution of this project.

3.2.2 Environment Quality Authority (EQA)

The Environment Quality Authority has replaced the former Palestinian Environment Authority and the Palestinian Environmental Affairs Authority, which were established in 1996 and 1998 by a decree from the President of the Palestinian National Authority.

EQA plays an important role as the planning, coordinating and executive body to improve environmental standards and attitude in the Palestinian Territories. Being the central representative authoritative body responsible for all environmental issues in the Palestinian Territories, EQA addresses all environmental constraints, including natural resource depletion and environmental pollution, as an approach towards sustainable development.

3.2.3 National Institute of Public Health

The Palestinian National Institute of Public Health (PNIPH) plays a key role in promoting health research, analyzing health information and indicators, and participating in the development of various health surveillance programs. In doing so, it provides the scientific evidence required to institutionalize strategic planning and national policymaking by decision-makers.

3.3 WORLD BANK ENVIRONMENTAL AND SOCIAL FRAMEWORK

The World Bank Environmental and Social Framework represents the World Bank's commitment to sustainable development, through a Bank Policy and a set of ESSs that are designed to support Borrowers' projects. There are ten ESSs, these include:

- ESS1: Assessment and Management of Environmental and Social Risks and Impacts.
- ESS2: Labor and Working Conditions.
- ESS3: Resource Efficiency and Pollution Prevention and Management.

- ESS4: Community Health and Safety.
- ESS5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement.
- ESS6: Biodiversity Conservation and Sustainable Management of Living Natural Resources.
- ESS7: Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities.
- ESS8: Cultural Heritage.
- ESS9: Financial Intermediaries.
- ESS10: Stakeholder Engagement and Information Disclosure.

For details of World Bank ESSs can be found in the following link:

(http://pubdocs.worldbank.org/en/837721522762050108/Environmental-and-Social-Framework.pdf).

WB ESS requirements and relevance to the HSERP project

ESS1: Assessment and Management of Environmental and Social Risks and Impacts

ESS1 clarifies the borrower's responsibilities in identifying and managing the ES risks of the project. The project will provide medical equipment to scale-up of preventive care for NCDs, mammography machines and radiotherapy equipment to improve early detection of breast cancer.
Given the nature of these requirement, the health care workers, the patients and the environment are likely to be exposed to health risks from medical, radiation and hazardous solid waste to be generated, if not properly treated and managed. Besides, there are risks & impacts associated with handling and management of the HCW. Additionally, there is potential impacts associated with small civil works during the installation of some equipment. The careful implementation of mitigation measures will allow for the reduction or avoidance of any adverse impacts.

The key social risk due to project activities could be the risk of inequity in access to the health care services especially vulnerable groups and Other Interested Parties (OIPs). This comprises possible exclusion of disabilities, the elderly, women headed households, the poor, people in Area C, Bedouin communities, and communities in ARAs and relatively rural/remote locations. There are also labor management risks, including OHS (also including from minor works during installation of equipment etc.), minimum age, and GBV/SEA/SH risks that will need to be assessed and mitigated. Another potential social risk could be due to incidents of privacy breach and data misuse issues during electronic record keeping of the PHC information systems.

This ESS illustrates the various ES instruments that will be prepared to address the issues of ES risks and impacts. The PMOH is preparing this ESMF so that the activities supported by the Project are implemented in accordance with international best practices and ESF requirements. PMOH will prepare an ESCP for the project. The ESCP will also cover, among other actions, preparation and implementation of the ESMF, E&S screening and site-specific documents as required, LMP, SEP and other relevant ESF instruments.

ESS2 Labor and Working Conditions

ESS2 is relevant. This ESS deals with labor related issues. The healthcare providers, staff and relevant workers, those treat NCD and cancer patients in the hospital will be potentially exposed to OHS risks as mentioned above. The project will include minor civil work for installation of equipment in health facilities,

which will require employment of local labor and their number is not expected to be significant. A Labor Management Procedure (LMP) has been prepared which includes types and number of workers, legal frameworks, nature of their assignment, OHS issues, Grievance Mechanism (GM) and Code of Conduct (CoC), etc.

ESS3: Resource Efficiency and Pollution Prevention and Management

ESS3 is relevant. Medical, chemical, and radioactive wastes from the supported activities (medical and diagnostic equipment) can have significant impact on environment or human health. Wastes that may be generated from medical facilities/labs could include liquid contaminated waste, sharps, chemicals, radioactive therapeutic materials from mammography services that are used in diagnosis and treatment.

In line with the guidance of this ESS, each beneficiary HCF/hospital will prepare an Infection Control and Medical Waste Management Plan to manage medical, radioactive, solid and liquid waste. The plan will include guidance related to management of waste, treatment, reuse, recycle and transportation, storage and final disposal of wastes in approved sites/through incineration/other methods as per ESS3 and related WBG Environmental, Health, and Safety (EHS) Guidelines, GIIP, WHO guidelines and national law.

ESS4 Community Health and Safety

This standard is relevant. Medical waste and exposure have a high potential of infection to the community at large if not properly managed. There is a possibility for the infectious microorganism, chemicals, radioactive materials to be introduced into the environment if not suitably contained within the clinical practice, during laboratory operation. In addition, the project will actively promote sound community health and safety practices in the management through training the PMOH on WHO guidelines for identification, prevention and control. While renovation of buildings is not included in the project, life and fire safety requirements for existing buildings, as specified in the World Bank's Environmental, Health, and Safety (EHS) Guidelines, will be included in the ESMF and applied in facilities as required.

Additional community health and safety risks are related to the transmission of COVID-19 (during any future surge in infections) and potential exposure to communicable diseases from project workers; privacy and data misuse issues during electronic record keeping; and risks associated with potential SEA/SH. PMOH will prepare (as part of the project ESMF) and implement Community Health and Safety Management measures that will include measures to minimize community exposure to communicable diseases; provisions to ensure privacy and prevent data misuse; and provisions (e.g. workers' codes of conduct, effective monitoring, regular training and awareness raising for workers and communities) to prevent and respond to SEA/SH or GBV proportionate to the level of risk. The project GM will include special tools for handling and addressing GBV/SEA/SH cases, including strengthening referral pathways within the GM.

ESS5 Land Acquisitions, Restrictions on Land Use and Involuntary Resettlement

This standard is Not Relevant. There are no locations where land acquisition or resettlement is required. The installation works of equipment will be in existing hospitals/HCFs grounds which are government owned sites. No expansion of facilities or building of new facilities will be part of the project, therefore, no new land will be acquired or accessed.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This standard is Not Relevant. During installation and operation stages, there are no natural or critical habitats sites already identified within the project sites which may be adversely affected since the minor works will be within the footprint of existing facilities and no excavation will be carried out.

ESS7 Indigenous Peoples/ Local Traditional Communities and Sub-Saharan

This standard is Not Relevant. ESS7 is not relevant to the project as there are no indigenous peoples/Sub-Saharan African Historically Underserved Traditional Local Communities in the project area.

ESS8 Cultural Heritage

This standard is not relevant. The project does not likely envisage any impacts on physical, cultural, and/or archaeological sites since the minor works will be within the footprint of existing facilities.

ESS9 Financial Intermediaries

This standard is Not Relevant to the project as the project will not use financial intermediaries as an instrument for channeling funds.

ESS10 Stakeholder Engagement and Information Disclosure

ESS10 is relevant. Project affected parties include (but are not limited to) families in the West Bank and Gaza; patients with chronic diseases such as cancers, heart disease and kidney disease; primary healthcare staff; hospital staff and other parties that may be directly impacted by project activities such as hospitals and primary care clinics. Other interested parties include (but are not limited to) institutional actors such as PMOH, Ministry of Social Development, Ministry of Women's Development, Non-Governmental Organizations (NGOs) and Community Based Organizations (CBOs), and International NGOs (INGOs) providing health services, and the local media. Disadvantaged and vulnerable groups may include (but are not restricted to) poor people with chronic diseases, families living in remote locations, women headed households, persons with disabilities, the elderly, families/people living in Area C and in Refugee camps and people living in ARAs both in Gaza and West Bank, etc. A SEP is prepared for the project and PMOH will draw on the experience of implementing SEP/stakeholder engagement activities for other projects for this purpose. The SEP includes a comprehensive identification of various categories of stakeholders and a methodology for information sharing and disclosure and for ongoing consultation with all stakeholders, including marginalized groups, to ensure that all stakeholders are engaged throughout the project. The SEP will be consulted on, cleared by the Bank and publicly disclosed by project appraisal.

3.4 WORLD BANK GROUP ENVIRONMENTAL, HEALTH AND SAFETY GUIDELINES

The World Bank has several guidelines which are applicable to various components of the proposed project namely:

- EHS Guidelines - WASTE MANAGEMENT
- EHS Guidelines - HEALTH CARE FACILITIES
- EHS Guidelines - HAZARDOUS MATERIALS MANAGEMENT
- EHS Guidelines - CONSTRUCTION AND DECOMMISSIONING

- Life and Fire safety aspects in the facilities to be supported by the project

3.5 WHO GUIDELINES

The World Health Organization (WHO) has developed a number of country and technical guidance notes on coronavirus disease (COVID-19). These notes are accessible in detail from WHO website (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance).
WHO guidance note on *Water, sanitation, hygiene, and waste management for the COVID-19 virus Interim guidance (19 March 2020)* instructs about safe management of health care waste and best practices for safely managing health care waste, including assigning responsibility and sufficient human and material resources to dispose of such waste safely.

The guidance note indicates that while there is no evidence that direct, unprotected human contact during handling of health care waste results in transmission of the COVID-19 virus, all health care waste produced during the care of COVID-19 patients should be collected safely in designated containers, treated, and then safely disposed of or treated, or both, preferably onsite. If waste is moved off-site, it is critical to understand where and how it will be treated and destroyed. All persons who handle healthcare waste should wear appropriate PPE (boots, apron, long-sleeved gown, thick rubber gloves, mask, and goggles or a face shield) and perform hand hygiene after removing it.

4 ENVIRONMENTAL AND SOCIAL BASELINES

4.1 POPULATION

About 14.3 million Palestinians in Historical Palestine and Diaspora Based on population estimates prepared by PCBS, there are about 14.3 million Palestinians in the world in mid-2022, of whom about 5.35 million in the State of Palestine; 2.72 million males and 2.63 million females. The estimated population of the West Bank was 3.19 million (1.62 million males and 1.57 million females). While the estimated population of Gaza Strip was 2.17 million in the same year (1.10 million males and 1.07 million females).

4.2 POVERTY LEVEL

The economic decline is likely to increase poverty levels and hence negatively impact the standard of living. Based on the latest available data, 22 percent of Palestinians lived below the US$5.5 (2011 purchasing power parity) a day poverty line in 2016-2017. In the West Bank, poverty rates are lower but sensitive to shocks in household expenditures, while in Gaza any change in social assistance flows would significantly affect the population's wellbeing. The latest available official numbers show that poverty in the WB & G increased from 25.8 to 29.2 percent between 2011 and 2016-2017. Projections based on GDP per capita growth suggest that the poverty rate has been constantly increasing since 2016, reaching 28.9 percent in 2020, a significant increase of 7 percentage points in the last four years. This represents approximately 1.4 million people living in poverty in 2020. However, national estimates hide significant spatial differences and the divergence of trends between Gaza and the West Bank. With 53 percent of the population in the Gaza Strip living in poverty in 2016-2017, the poverty rate for the Gaza Strip was more than four times higher than the rate of the West Bank (13.9 percent). In addition, despite Gaza having fewer habitants than the

West Bank, 71.2 percent of all poor live in Gaza, compared to 28.8 percent in the West Bank. While the West Bank saw a slight improvement from 2011 to 2016-2017 with poverty declining from 17.8 to 13.9 percent during this period, poverty in Gaza rose from 38.8 to 53.0 percent, leaving every second Gazan poor.

4.3 STATUS OF PALESTINIAN HEALTH SYSTEM

The Palestinian health system faces unique constraints due to the protracted conflict and limited health system inputs, coupled with a high burden of non-communicable diseases (NCD). Even as health is one of the core service delivery functions of the PA, there are substantial structural impediments to effective service delivery. The continuing restrictions on movement and access, ongoing fiscal pressures, and ongoing escalations in conflict have weakened the health system and its ability to deliver quality health care services. With a life expectancy of 74 and infant mortality rate of 10/1,000 live births, West Bank and Gaza has made significant progress over the years, with maternal, newborn, and child health coverage and outcome at comparable levels with other lower-middle income countries. However, the under-5 mortality rate and stunting remain below regional averages. The maternal mortality ratio of 48 per 100,000 live births is below most comparator countries; however, it has increased substantially since 2017, when it was at 6/100,000 live births. Seventy-five percent of the disease burden is attributable to NCDs, mainly cancer and cardiovascular conditions. Cancer prevalence is high, at 108 per 100,000 population in 2021. The most common cancers in 2021 were breast cancer, colorectal cancer, and lung cancer. The prevalence of diabetes was at 15 percent, which is higher than the global rate of 6 percent. In 2021, 32 percent of all deaths excluding COVID-19 were due to cardiovascular diseases, 16 percent were due to cancers, and 15 percent were due to diabetes.

4.3.1 Access to timely and quality care

Access to timely and quality care, particularly for NCD, remains a binding constraint in the improvement of health services. Twenty-four percent of the population in West Bank and 65 percent of the population in Gaza are refugees. Due to movement restrictions and fragmented territories, there are substantial disruptions in access to services, even when services may be available. Service delivery mirrors spatial fragmentation, with almost 40 percent of primary health facilities managed by non-governmental organizations and the United Nations Relief and Works Agency for Palestine Refugees (UNRWA), mostly catering to the refugee population, and the rest by the Palestinian Ministry of Health (PMOH). At the hospital level, service delivery is further fragmented due to a complex system of outside medical referrals (OMR): due to the limited availability of specialized services and health workforce in public facilities, the majority of NCD cases are referred from public to private facilities. This poses a substantial challenge particularly for those in Gaza, where over 40 percent of exit applications are denied or delayed every month by Israeli authorities. The overall fragmentation of services across territories and levels of care poses substantial challenges, particularly for cost-effective and patient-centered management of NCD cases.

COVID-19 has caused another shock to the Palestinian health system, with high morbidity and low vaccination rates. As of November 1, 2022, there has been a total of 703,036 confirmed cases and 5,708 confirmed deaths from the pandemic. Through the second half of 2021, most of the new and active cases were concentrated in the Gaza Strip, highlighting the burden in the conflict-impacted area. As of end-February 2022, 39 percent of the population has received at least one dose and 34 percent has been fully

vaccinated, which is lower than many countries in the Middle East and North Africa region. In 2021, 26 percent of the mortality in West Bank and Gaza was due to COVID-19[1].

4.3.2 Palestinian primary health care (PHC) system

Palestinian primary health care (PHC) system is unable to reduce the NCD burden due to fragmentation and low quality of services. PHC access and quality have remained stagnant due to chronic underinvestment over the last decade. PHC services are provided in 765 PHC centers—606 centers in the West Bank and 159 centers in Gaza Strip – 491 of which are operated by the PMOH. PMOH PHC centers are classified in four levels, based on the scope of the services they provide. About 65 percent of the PMOH PHC centers are classified as level 1 (providing immunization, health education, mother and child health care services, without physicians), or level 2 (additionally providing general practice and laboratory services, without full time availability of a physician). The current PHC structure, characterized by fragmentation, focuses strongly on maternal and child health and communicable diseases services. There are constant supply challenges related to essential medicines and equipment, particularly for NCD, and there is limited monitoring to ensure the prescribed medications and testing are aligned with the established treatment protocols. Effective management and control of chronic diseases require a more comprehensive and continuous approach to service provision, with the availability of physicians, which has been partly implemented through the roll out of the package of essential noncommunicable disease (NCD) interventions for PHC.

Strengthening the Palestinian primary healthcare system through a family health approach is underway, requiring scaled up health worker training. A family health approach, in which the population is mapped and registered to a specific center providing a wide range of services for the whole family ranging from preventive to curative services, has the potential to improve integrated delivery of services. This approach also ensures referrals and counter-referrals across public PHC and hospitals, through an integrated information system including detailed patient medical records. The family health approach has been introduced in only 118 clinics in three districts in the West Bank (Salfeet: 18, Ramallah: 57 and North Hebron: 43 clinics), and 2 clinics in Gaza. In addition, all 65 UNRWA PHC facilities in West Bank and Gaza deliver family health services. The main bottleneck to the effective implementation of family health services is limited health workforce: only 35 licensed family medicine specialists are employed in government and private PHC facilities. The ratio of family physicians to the general population reached 0.12 physicians per 10,000 people, falling significantly short of the target ratio of 3 physician per 10,000 people.

4.3.3 Hospital capacity in Palestine

Hospital capacity in West Bank is insufficient, and the population in Gaza faces unique access challenges to tertiary care. There are 1.4 hospital beds per 1,000 population in West Bank and Gaza, which is substantially lower than the MENA average and the internationally recommended rate of 1.8 beds per 1,000 population. The recently completed hospital master plan, which currently only covers West Bank, points to the substantial insufficiency of hospital capacity and its unequal distribution, with half of the governorates below average, including the populous governorates of Hebron and Jenin. The unequal distribution poses a particular challenge, given the movement restrictions and other conflict-related access challenges. The master plan indicates a shortage of 1,923 hospital beds in West Bank, and points to the need to scale up hospital beds and other corresponding infrastructure, particularly for five domains: i) cardiovascular

[1] All West Bank and Gaza-specific health data is from Ministry of Health (2022) Health Annual Report Palestine 2021, available on www.moh.gov.ps

diseases; ii) kidney diseases; iii) maternal, newborn and child health conditions; iv) intensive care units; and v) cancer services. While the master plan does not yet cover Gaza, evidence points to the substantial burden of cancer and cardiovascular conditions, where challenges with access to OMR due to exit permits worsens health outcomes. Human resources for health (HRH) capacity is another binding constraint, with substantial shortages in terms of specialists delivering oncology and cardiology services, particularly in Gaza.

PMOH's new National Health Strategy 2021-2023 aims to provide comprehensive health care services for all citizens. The strategy focuses on the management of communicable and non-communicable diseases (NCD), response to COVID-19, the reduction of OMR through the nationalization of health services, health system resiliency, as well as scaling up family health across all regions to achieve universal health coverage.

4.3.4 PMOH's Development Financing

Most development partner spending is targeted towards small-scale pilots, or payment of hospital arrears. Various humanitarian and development partners provide technical and financial assistance to PMOH, even as these amounts fluctuate due to changes in the political landscape. Most of these funds are directed towards payment of arrears, disease-specific interventions, or smaller-scale pilots, resulting in significant funding gaps for supporting health system reform. Substantial funding by the European Union and the United States is targeted towards the payment of arrears from the PMOH regarding the cost of delivery of OMR services, particularly to hospitals in East Jerusalem.

Analytical and operational World Bank engagement over the past two decades has strengthened service delivery. Over the past two decades, the World Bank has maintained a continuous engagement in West Bank and Gaza through operational projects and analytics, resulting in substantial impact and key systemic policy changes. Most recently, the Health System Resiliency Strengthening Project (HSERP) (P150481, US$8.5 million), which closed in May 2022, provided emergency funding for hospital operations in the Gaza strip and assisted the PMOH to strengthen its purchasing function and hospital capacity. The project has contributed to a reduction in the volume and cost of OMR by over 20 percent, through purchased medical equipment, consolidated procurement, and piloted contracts with hospitals providing tertiary care. It has also supported the launch and scale-up of health information systems, particularly for health insurance and OMR. The Emergency COVID-19 Response Project (ECRP) (P173800, US$8.75 million, including additional financing) has been supporting key clinical inputs for COVID-19 response. The operation closes on February 2024, and almost 85 percent has already been disbursed. Under the Improving Early Childhood Development Project (IECDP) in West Bank and Gaza (P168295, US$9 million) operation, key parenting interventions focusing on child feeding practices and early stimulation are being strengthened using the existing service delivery network; the operation closes on January 2025. The health sector has been a part of the last series of Digital Public Goods (DPGs), as well as a new DPG under preparation, with prior actions focusing on strengthening OMR management. Investments have been informed and complemented by analytics and policy dialogue, including an in-depth assessment on OMR in 2021 which has informed PMOH efforts to further standardize prices, improve costing, and inform investments to reduce the cost of OMR. Additionally, an assessment on health system resiliency and pandemic preparedness, as well as a health chapter of the Public Expenditure Review (PER), are both underway and will be completed by the end of the year.

4.4 COLLECTION, TREATMENT AND DISPOSAL OF MEDICAL WASTE

MOH refers to the medical waste management Act law number 10 that was published in 2012 by the Ministers' Council http://site.moh.ps/index/ArticleView/ArticleId/4416/Language/ar. Mostly, hospitals do not have medical waste treatment. Within hospitals, it can be found that Palestine Medical Complex (PMC) (4 hospitals) has a central autoclave. In addition, three autoclaves are available in Bethlehem and Hebron governorates (private hospitals), and one autoclave in Bethlehem which is managed by PMOH directorate. These autoclaves are for sharp boxes, lab tubes, blades, etc. During the COVID-19 Pandemic, the PA received assistance for purchasing additional autoclaves as well as incinerators to treat medical waste. Five incinerators were installed in the North, Middle and South of the West Bank, in addition to procuring 30 small-capacity autoclaves.

Three hospitals are running uncontrolled incinerators. A microwave is installed to cover southern west bank hospitals. A specified area for disposal of medical waste has been assigned in Jericho within the area of the sanitary landfill (but outside the landfill cell), this landfill was only brought to operation during the peak of the COVID-19 pandemic as it yet faces technical and operational issues. Medical waste other than infectious is not currently treated in Palestine. Currently there are four operational incinerators in the West Bank, in Jenin (Zahret Al Finjan sanitary landfill), Qalqilya, Ramallah Municipality and Hebron (Al-Minia sanitary landfill).

Three incinerators are in Jenin, Ramallah and Hebron which are within standards for waste treatment. Additionally, there is another incinerator in Qalqilia located at the UNRWA hospital. During the start of the pandemic there was an agreement between the municipality and MOH to have the Qalqilya incinerator serve the corona center, the governmental hospital in Qalqilya (Darweesh Nazal Hospital), and the UNRWA hospital itself.

Municipalities or Joint Service Councils (JSCs) are the main institutions collecting medical solid waste (70%); furthermore, the institution itself collects the medical waste in 19% of the medical centers. It can be observed that UNRWA collects in 2% of the centers (most probably UNRWA centers in the camps), whereas the remaining 6% is collected by private contractor.

According to the survey of PCBS (2010) it can be observed that medical waste mostly ends in dumpsites, owned either by private or by local authorities, whereas about 1% are disposed randomly.
The Ministry of Health has a program that involves the collection of sharp boxes from all their governmental primary health care centers. The ministry ensures that these sharps are burned (the burning process is uncontrolled for emission) to reduce risk of infections. In some areas, they send these sharps to transfer stations for municipal solid waste management.

As for occupational health and safety, the Ministry of health provides free vaccination for all workers in the solid waste sector, provided that prior coordination between the municipality or JSC with the ministry has been conducted.

Most of the medical waste, regardless of its characteristics is disposed of together with the municipal waste without prior treatment. Except for few cases, such as PMC has an autoclave, and the facility in Hebron, medical waste is not disinfected, or processed as microwaving has a defect (dumping in special cells).

4.5 GENDER-BASED VIOLENCE (GBV)

Gender Based Violence (GBV) is a key protection concern in Palestine. According to Palestinian Central Bureau of Statistics (PCBS) 2011, Violence Survey, an average of 37% of women are victims of GBV in Palestine. In the Gaza Strip, this percentage increases up to 51%. This percentage has declined by some 8%, referring to a similar survey conducted in 2019, Figure 1.

Women in Palestine face multiple layers of violence and discrimination. The analysis made in the UN Special Rapporteur's report on violence against women in 2005 found two main reasons for the GBV level in Palestine:

- Traditional patriarchal norms and values; and
- Occupation and its consequences.

The protracted humanitarian crisis, and its impact on gender and family dynamics, has exacerbated GBV in all its forms, including sexual violence, intimate partner violence and child marriage. Distance, mobility restrictions, fragmentation of areas and services and reluctance to report GBV due to fear of stigma, social exclusion, so-called honor killings or reprisal limits survivors' access to and utilization of critical services. Available services and capacity of service providers also remain limited, and survivors and communities have minimal information on existing services and how to access them. Only 0.7% of GBV survivors seek help due to the lack of confidential and compassionate services and fear of stigma and reprisal.

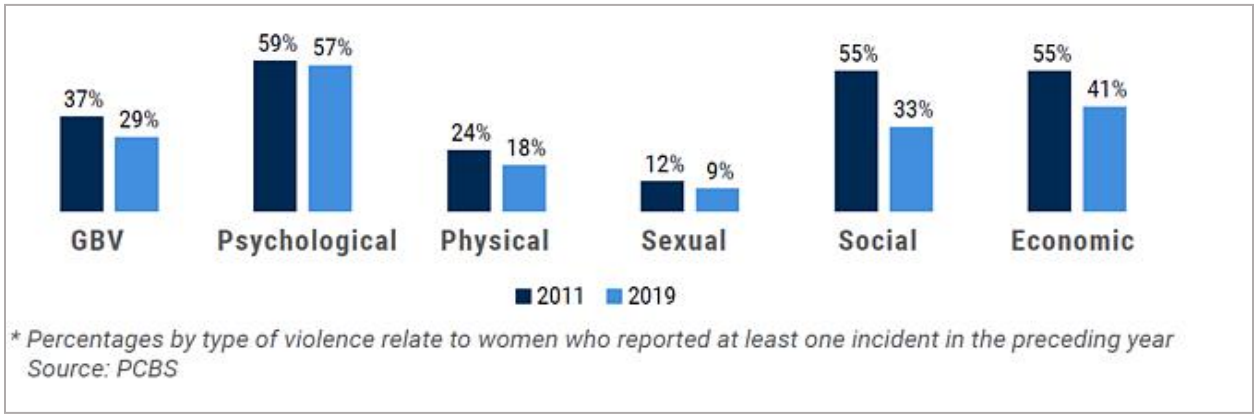


Figure 1: Domestic Violence against Women in Palestine (2011 vs. 2019)

PMOH constantly has been in partnership with international and national, governmental and non-governmental organization (NGOs), Community-Based Organizations (CBOs) and private sectors where each specific role and responsibilities within the area of Sexual Reproductive Health (SRH) and GBV has been identified.

Formulation of major bodies in SRH/GBV services at national level was guided by PMOH, these are; the Safe Motherhood Centers (SMCs), the Sexual and Reproductive Health Thematic Group (SRHTG), the Emergency Focal Points (EmFP), and GBV sub cluster, which are the core SRH/GBV service providers in emergencies and the aftermath of emergency. Stand-alone documents are available for a comprehensive description of PMOH's contribution and action in GBV.

5 ENVIRONMENTAL AND SOCIAL IMPACT ASSESSMENT AND MITIGATION MEASURES

5.1 POTENTIAL KEY ENVIRONMENTAL AND SOCIAL IMPACTS OF THE HSERP

The environmental risk of the HSERP has been rated as 'Substantial', arising from concerns on safety of the health workforce due to exposure to radiation from mammography machines, testing and handling of supplies, risks & impacts associated with handling and management of the HCW. Additionally, there is potential impacts associated with small civil works. Social risks 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 and oxygen explosion 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 for mental health and support for cases of GBV or Violence against Children (VAC) (see ESS2 for further details); 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 (further discussion under ESS4); and iv. social tension and increase in stigma and isolation of people seeking treatment for mental health concerns or incidents of GBV/VAC if there is resistance to provision of specialized support or referrals among affected families or communities.

The careful implementation of mitigation measures will allow for the reduction or avoidance of any adverse impacts. These efforts start in the pre-design phase with the screening of possible sub-projects for consideration, and include efforts during the design, implementation, and operation phases. A preliminary categorization of the project components/sub-components based on their environmental and social assessment requirement is given in Table 5.1.

Table 5.1: Preliminary categorization of the project components/sub-components based on their environmental assessment requirement

Description	Activities	Potential risks and impacts	Risk category	Mitigation measures/ E&S Management Process	When	Responsibility
Component 1: Scaling up cost-effective public primary health care services						
Subcomponent 1.1. Delivery of comprehensive public primary health care services						
Procurement and installation of basic equipment such as autoclaves, beds, and other patient care and laboratory equipment and technical assistance	Purchase and stocking and installation and operation of equipment in emergency rooms, clinics, laboratories and other medical facilities	Proc./install: - Labor and working conditions of the supplier workers - OHS risks - Waste of packing materials Operation - Impact on waste generation, management and disposal - Impact on disposing radioactive materials and hazardous material	Moderate	Use E&S Screening Develop E&S measures/ ESMP and approve by the WB. Access to GM	Prior to procurement and installation	PMOH
Procurement and installation of digital mammography machines for provision of mammography services along with provision of training	Purchase and stocking and installation and operation of digital mammography machines and HbA1c analyzers in hospitals	Proc./install: - Labor and working conditions of the supplier workers - OHS risks - Waste of packing materials Operation - OHS risks of the workers due to exposure to radiation from mammography machines	Substantial	Use E&S Screening Develop E&S measures/ ESMP and approve by the WB. Access to GM	Prior to procurement and installation	PMOH

Description	Activities	Potential risks and impacts	Risk category	Mitigation measures/ E&S Management Process	When	Responsibility
		and from testing and handling of supplies - Impact on waste generation, management and disposal - Impact on disposing radioactive materials and hazardous material -				
	Small-scale works during the installation of the new equipment	Nuisance related to vibration and noise during installation activities Generation of minor solid waste OHS risks - ----	Moderate to low	Use E&S Screening Develop E&S measures/ ESMP and approve by the WB.	Prior to installation	PMOH
Provision of training to users of mammography machines and HbA1c analyzers Support for the development and implementation of communication and screening promotion	Training of Health Workers Promotion campaigns	- Inadequate training - Insufficient follow-up - Limited accessibility due to factors such as location, cost, or language barriers. - Inadequate Trainer qualifications - GBV, EA/SH - Social exclusion Labor and Working conditions Terms and conditions of employment	Moderate to low Low	Use E&S Screening Access to GM Use E&S Screening Access to GM	Prior to training Prior to campaigns	PMOH

Description	Activities	Potential risks and impacts	Risk category	Mitigation measures/ E&S Management Process	When	Responsibility
campaigns for the most prevalent NCDs and their risk factors.						
Subcomponent 1.2. Strengthening information systems and quality of primary health care						
Provision of hardware, networking, and telecommunication equipment	Small-scale works during the installation of the new equipment Strengthening of PHC information systems, building on the family practice module and unified electronic health records development	- Nuisance related to vibration and noise during installation activities - OHS risks - Energy consumption and the production of greenhouse gas emissions during operation. - Generation of e-waste Potential incidents of privacy breach and data misuse	Moderate to low Moderate	Use E&S Screening Develop E&S measures/ ESMP and approve by the WB. Develop measures and approve by the WB. Access to GM	Prior to procurement and installation Prior to operation of the system	PMOH
Technical assistance for	Consultant to provide the	The E&S risks of the TA will be addressed by measures	Moderate to low	Use E&S Screening	When preparing	PMOH

Description	Activities	Potential risks and impacts	Risk category	Mitigation measures/ E&S Management Process	When	Responsibility
software upgrade, development on interoperability applications, and training and implementation support	technical assistance Training of Health Workers	prepared proportional to the scope of the activities when determined during implementation		Develop E&S measures and approve by the WB.	the TA/capacity building subprojects	
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	Development of the system	Labor and working conditions Terms and conditions of employment	Low	Develop E&S measures and approve by the WB. Access to GM	When developing of the system	PMOH
Strengthening capacities for using the quality indicators in continuous quality improvement processes and evidence-based decision-making.	Capacity building	GBV, SEA/SH risks Terms and conditions of employment	Low	Develop E&S measures and approve by the WB. Access to GM	When developing of the system	PMOH
Component 2: Improving public hospital service delivery						
Subcomponent 2.1: Purchasing of medical equipment to expand hospital capacity in high-need areas						
	Procurement and installation of the Immunostaining	Proc./install. - Labor and working conditions of the supplier workers	Substantial	Use E&S Screening	Prior to procurement and installation	PMOH

Description	Activities	Potential risks and impacts	Risk category	Mitigation measures/ E&S Management Process	When	Responsibility
	device and two linear accelerators for treatment of cancer patients	- OHS risks Operation - Risk of exposure to radiation by health workers or patients		Develop E&S measures/ ESMP and approve by the WB.		
	Procurement of neonatal incubators and delivery beds	Proc./install: - Labor and working conditions of the supplier workers - OHS risks - Waste of packing materials Operation - Impact on waste generation, management and disposal	Moderate	Use E&S Screening Develop E&S measures/ ESMP and approve by the WB.	Prior to procurement and installation	PMOH
	Small-scale works during the installation of the new equipment	- Nuisance related to vibration and noise during installation activities - Generation of minor solid waste - OHS risks	Moderate to low	Use E&S Screening Develop E&S measures/ ESMP and share by the World Bank for clearance.	Prior to installation	PMOH
<u>Subcomponent 2.2: Strengthening management and quality of care in hospitals</u>						
Training for health workers to ensure effective utilization of procured medical equipment and supplies, as well as ensure a	Training of Health Workers	- Inadequate training - Insufficient follow-up - Limited accessibility due to factors such as location, cost, or language barriers. - Inadequate Trainer qualifications	Moderate to low	No screening required A periodic monitoring will be required. Access to GM	Prior to training	PMOH

Description	Activities	Potential risks and impacts	Risk category	Mitigation measures/ E&S Management Process	When	Responsibility
focus on quality of care, in alignment with current initiatives to improve patient safety; training of 8 staff to perform cardiac catheterization.		- GBV, SEA/SH risks - Exclusion of some workers due to various reasons				
Finance hardware and software to allow for the integration of health information systems at public hospitals	Small-scale works during the installation of the new equipment	- Nuisance related to vibration and noise during installation activities - OHS risks - Energy consumption and the production of greenhouse gas emissions - Generation of e-waste - Nuisance related to vibration and noise during installation activities - OHS risks - Misuse of Patient Data	Moderate to low	Use E&S Screening Develop E&S measures/ ESMP and share by the World Bank for clearance.	Prior to procurement and installation	PMOH
Continued capacity building for the PMOH through targeted studies and interventions, with a focus on assessing needs in Gaza, and strengthening the PMOH Services	Trainings	- Inadequate training - Insufficient follow-up - Limited accessibility due to factors such as location, cost, or language barriers. - Inadequate Trainer qualifications - GBV, SEA/SH risks	Moderate to low	No screening required A periodic monitoring will be required. Access to GM	Prior to training	PMOH

Description	Activities	Potential risks and impacts	Risk category	Mitigation measures/ E&S Management Process	When	Responsibility
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						
Finance necessary human resources and running costs for the Project Management Unit (PMU) at the PMOH	N/A	Working conditions	Moderate to low	Provisions in the LMP will be applicable to direct workers, contracted workers and primary supply workers.		
Component 4: Contingent Emergency Response Component (CERC)						
	The Project Operation Manual (POM) will include a positive list of eligible activities such as another COVID wave and alike.	Risks associated with this component are of a similar nature and magnitude identified for other components of the project.	To be determined during implementation	PMOH will prepare a CERC Manual and ensure that it includes a description of the ESHS assessment and management arrangements including, implementation of the CERC component in accordance with the ESSs. PMOH will prepare and adopt any environmental and social (E&S) instruments which may be		

Description	Activities	Potential risks and impacts	Risk category	Mitigation measures/ E&S Management Process	When	Responsibility
				required for activities under the CERC component, in accordance with the CERC Manual and the ESSs, and thereafter implement the measures and actions required under said E&S instruments, within the timeframes specified in said E&S instruments. A list of Positive and Negative List for CERC is given in Annex 6.		

5.2 ASSESSMENT AND PREDICTION OF IMPACTS OF THE PROJECT AND MITIGATION MEASURES

5.2.1 Improper Healthcare Waste Management

According to the WHO[2], waste and by-products from the health sector cover a diverse range of materials, as the following list illustrates:

- Infectious waste: waste contaminated with blood and other bodily fluids (e.g. from discarded diagnostic samples), cultures and stocks of infectious agents from laboratory work (e.g. waste from autopsies and infected animals from laboratories), or waste from patients with infections (e.g. swabs, bandages and disposable medical devices);
- Pathological waste: human tissues, organs or fluids, body parts and contaminated animal carcasses;
- Sharps waste: syringes, needles, disposable scalpels and blades, etc.;
- Chemical waste: for example, solvents and reagents used for laboratory preparations, disinfectants, sterilant and heavy metals contained in medical devices (e.g. mercury in broken thermometers) and batteries;
- Pharmaceutical waste: expired, unused and contaminated drugs and vaccines;
- The health and safety of health care workers could be affected by waste management practices as well as by hygiene conditions, isolation and storage procedures for bio-infectious, radiologic or genotoxic waste.
- Cytotoxic waste: waste containing substances with genotoxic properties (i.e., highly hazardous substances that are, mutagenic, teratogenic or carcinogenic), such as cytotoxic drugs used in cancer treatment and their metabolites;
- Radioactive waste: such as products contaminated by radionuclides including radioactive diagnostic material or radio therapeutic materials; and

Improper healthcare waste management poses a secondary infection risk to healthcare workers and the general public. The medical wastes could cause a higher environmental and social risk, if they are not properly handled, treated, transported or disposed.

Mitigation:

It is recommended that the project follows the Medical Waste Management System (MWMS), Infection Control and Waste Management Plan (ICWMP), and the Environmental, Health and Safety (EHS) Guidelines and other required Health Care Waste (HCW) management requirements. Health care facilities should establish an information management system to track and record the waste streams from the point of generation, segregation, packaging, temporary storage, transport carts/vehicles, to treatment facilities. As in the comparison paper conducted by the PMOH (annex 2) for the ICWMP and MWMS of PMOH, it was found that the MWMS in the Palestinian health facilities is in line with ICWMP and the EHS Guidelines for HCFs and WBG management EHS Guidelines for management of hazardous materials. Despite being in line with the national requirements and the World Bank's EHS Guidelines for Healthcare Facilities, the implementation of the MWMS is constrained by the Palestinian HCF's technical and financial capacities. As such, the PMU will examine the medical waste management and disposal practices applied in healthcare facilities to determine how they relate to Medical Waste Management Plan (MWMP), the World Bank

[2] http://www.who.int/mediacentre/factsheets/fs253/en/

Group's EHS Guidelines and WHO Guidelines. The ICWMP template available in Annex 3 contains a review checklist of implemented medical waste management measures at HCF, the checklist will assist in determining the implemented practices per the MWMS, and highlighting corrective actions required to enhance the management practices. The Checking of the existing waste management systems will include:

- Identification of current methods of medical waste management and disposal at the healthcare facility;
- Identification of any on-site disinfection/distraction and/or disposal facilities for medical waste including incinerators, pits for burial of medical waste, etc.;
- Identification of removal and final disposal of medical waste from a given healthcare facility, including how material is gathered and stored, routes taken to the treatment facility, and treatment and disposal procedures and its compliance to WHO standards;
- Review of protocols for dealing with medical waste specifically related to infectious diseases like COVID-19;
- Review of training delivered to healthcare workers and other relevant employees of medical facilities in medical waste management and disposal and identification of supplemental training needs.

Personnel Protection

- Ensure personnel is well informed
- Ensure personnel (including healthcare, medical, paramedical, cleaning, collection) wear protective equipment
- Ensure waste workers are duly immunized
- Establish a training for personnel protection
- Establish a plan for the provision of protective equipment (gloves, masks, safety shoes, etc.)

In case of identified need for training of healthcare workers of the Project beneficiary medical facilities in medical waste management, a training course will be provided comprising the following components:

- Overview of national legislation and regulations on healthcare waste management and infectious control;
- Overview of healthcare waste management best practice and WHO guidelines;
- Types and classification of healthcare waste;
- Bio-safety and bio-security;
- Hospital waste management scheme and system;
- Roles and responsibilities; and
- Hygiene and sanitation

Responsibilities

- Define the responsibilities, duties and codes of practice for each of the different categories of personnel of the hospital who, through their daily work, will generate waste and be involved in the segregation, storage and handling of the waste.
- Define the responsibilities of hospital attendants and ancillary staff in collecting and handling wastes, for each area and department; where special practices are required (e.g. for radioactive

waste or hazardous chemical waste), the stage at which attendants or ancillary staff become involved in waste handling shall be clearly defined.
- Set diagrams of the waste management structure and the connection between different managers and staff include their names and their telephone numbers.
- Provide names and phone numbers of persons to be contacted in case of emergency.

Procedures and practices
- Produce simple diagram (flowchart) showing procedure for waste segregation.
- Outline of monitoring procedures for waste categories and their destination.

5.2.2 Radioactive waste

Risks will arise from improperly managing, transporting, and disposing the radioactive waste such as products contaminated by radionuclides including radioactive diagnostic material or radio therapeutic materials mammography services. Occupational radiation exposure may result from equipment emitting X-rays and gamma rays (e.g., Computed Tomography (CT) scanners), radiotherapy machines, and equipment for nuclear medicine activities.

Mitigation:
- Assign specific disinfected bins for potentially infectious wastes
- Include drawings of the establishment showing designated bag (health-care waste or other waste) or disposal container for every department in the hospital or section of the Palestinian Health Care Centers (PHCC);
- Include drawings showing the type of bag holder to be used in the departments or section.
- Include drawings of sharps containers, with their specification.
- Any laboratory equipment that has the possibility of being contaminated with chemical, biological, or radioactive substances must not be discarded with ordinary waste and must be treated as hazardous waste.
- Hospital/HCF operators should develop a comprehensive plan to control radiation exposure in consultation with the affected workforce. This plan should be refined and revised as soon as practicable on the basis of assessments of actual radiation exposure conditions, and radiation control measures should be designed and implemented accordingly.

5.2.3 Risks of improper disposal of e-waste related to disposal of old/malfunctioning medical equipment.

The proposed upgrading/strengthening of data management system may generate limited small to moderate amount of electronic wastes (e-waste).
These may include electronic equipment that is near or at the end of its useful life. These products can contain heavy metals like cadmium, lead, copper, and chromium that can contaminate the environment. Therefore, they shall not be disposed of in the trash. Examples of e-wastes that may be generated by the Project include, but not limited to:

- Computer monitors, printers, scanners, keyboards, mice, cables, circuit boards, calculators, phones, answering machines, digital/video cameras;
- Laboratory equipment (hot plates, microscopes, calorimeters, fridge, freezers)

Any laboratory equipment that has the possibility of being contaminated with chemical, biological, or radioactive substances, therefore must not be discarded with ordinary waste and must be treated as hazardous waste.

The PMOH is required to manage their e-waste in accordance with the Palestinian Cabinet Decree on Adopting the General Policy for the Disposal and Treatment of Electronic Waste – June, 2021 (02/113). The decree sets the requirements for the safe management and disposal of e-waste. It requires that e-waste to be collected and stored at the public institution and to be disposed of only once a year no later than the first quarter of each year.

Mitigation:

The following are the general requirements for e-waste management.

1. Waste minimization and prevention
2. Selection of technologies and equipment based on international standards to maximize their lifetime and minimize associated risks at their end-of-life stage
3. Identification, labelling, and segregation of e-waste at source
4. e-waste quantification, and qualitative record keeping
5. Temporary storage on site
6. Collection and transport

5.2.4 Risk Related to Minor Works during the Installation of the New Equipment

The project involves minor civil work activities such as installation of the medical and non-medical equipment in existing hospitals/HCFs across the West Bank and Gaza. This could include positioning of current light or electrical plug fixtures, laying of electrical wires to connect the new equipment, etc. The anticipated potential environmental impacts may include: (i) generation of minor solid waste from the installation activities and from end of life of equipment; (ii) management and disposal of waste; (iii) nuisance related to vibration and noise during installation activities; and (iv) OHS risks related to installation activities including exposure to electrical hazards from the use of tools, noise and dust, lifting of heavy equipment and falling and falling objects. The impacts are expected to be site specific, short-term and reversible.

Mitigation: Ministry of Health will ensure that:

- Installation sites properly isolated by the suppliers/contractors, where these installations will take place.
- Installation activities carried out within specified daylight hours and based on coordination with HCFs or site managers.
- Develop and implement waste management measures acceptable to PMOH.
- Designate a qualified professional as focal point responsible for supervising the ESHS measures and reporting.
- Abide by all pertinent waste management and public health laws.
- Wastes will be stored in appropriate bins and removed periodically as required.
- All waste will be collected and disposed of properly in approved landfills.

- Contractor/supplier shall adhere to health and safety local regulations, WBG EHS guidelines and GIIP (Good International Industry Practice).
- Contractors/suppliers are required to develop proper emergency responses in advance, which shall be coordinated and approved by the PMOH, in a timely manner.
- Commitment to the PMOH and WHO guidelines regarding protection measures from COVID-19 pandemic;
- Contractors/suppliers must ensure that OHS measures are in place to guide work activities and provide PPE and maintain a safe environment for workers.
- Contractors/suppliers must ensure the qualifications of their workers, especially in terms of electrical/mechanical works.
- Contractors/suppliers must ensure that all workers operate within a safe environment. All relevant Labor and Occupational Health and Safety regulations must be adhered to, to ensure worker safety.
- Workers must be provided with necessary equipment as well as protective gear as per their specific tasks such as overalls, gloves, goggles, boots, etc.
- Contractors/suppliers must ensure that there are basic first aid kits, hand sanitizers on site and that there are staff trained in basic first aid.

5.2.5 Risk of contamination of imported materials.

Surfaces of imported materials may be contaminated and handling during transportation may result in spreading of COVID-19.

Mitigation: PMOH will ensure that the following measures are in place:

- Ensure that adequate handwashing facilities with soap (liquid), water and paper towels for hand drying (warm air driers may be an alternative), plus closed waste bins for paper towels are available. Alcohol-based hand rub should be provided where handwashing facilities cannot be accessed easily and regularly.
- If concerned (for example when dealing with goods that have come from countries with high numbers of infected people) a surface or equipment may be decontaminated using disinfectant. After disinfecting, workers should wash their hands with soap and water or use alcohol -based hand rub
- Also ensure that all Infection control protocols are implemented by all health workers, this could be achieved by continuous trainings, campaigns and reminder signs are regularly posted around site to encourage workers regularly wash their hands when handling goods, and that they do not touch their face.

5.2.6 Weak Health and Safety Measures

The occupational Health and Safety (OHS) risks are linked to clinical operations with infectious and contaminated laboratory materials during performing and handling of culture, specimens and chemicals, exposure to radioactive materials from diagnostic cancer treatment devices (mammograms) and improperly managing, transporting, and disposing the medical waste including radioactive waste such as products contaminated by radionuclides including radioactive diagnostic material or radio therapeutic materials from mammography services. Exposure to these risks may cause severe hazard to workers, and may present a risk of spreading to the community.

Mitigation:

- Complying with legislation and other applicable requirements which relate to the occupational health and safety hazards.
- Application of infection prevention protocols for handling and transportation procedure and disposal of solid hazardous waste, infection prevention measures.
- HCFs/Hospitals shall provide the health care workers with training on OHS measures/protocols to avoid injuries and infection in accordance with the health and safety local regulations, WBG EHS guidelines, and GIIP (Good International Industry Practice).
- HCFs/Hospitals shall prepare Emergency Response Plan (ERP), which will detail the processes for dealing with emergencies including injury.
- Provide safety and occupational safety measures to workers with Personal Protection Equipment (PPE).
- Ensure that laboratories in health care facilities adhere to biosafety manual.
- Follow up the Biosafety in Microbiological and Biomedical Laboratories.
- Adopt and implement the health and safety measures in the LMP prepared for the project.
- If concerned (for example when dealing with goods that have come from countries with high numbers of infected people) a surface or equipment may be decontaminated using disinfectant.
- PMOH provides regular trainings to health workers on MWMS and Infection Control practitioners (ICP).
- PMOH provides warning signs in the dangerous and hazardous locations.
- Ensure that PMOH promptly manages any incident according to the Operation Manual.

5.2.7 Risk of Exposure to Radiation

Procurement and installation of digital mammography machines for provision of mammography services will be supported at level 4 PHC centers in West Bank.

Setting up radiotherapy for cancer treatment is a complex process which will require substantial planning, agreement between donors who will be supporting the initiative, agreements between authorities in Ramallah and Gaza, agreement of Israeli authorities as well as adherence to International Atomic Energy Agency (IAEA) guidance[3] for setting up a Radiotherapy Program. The safety assessment and completion of necessary actions for setting up a radioactive program would be pre-requisites before installation of any radiotherapy equipment. Safety of the staff operating the linear accelerator in the radiotherapy service is important. The linear accelerator should sit in a room with lead and concrete walls so that the high-energy x-rays are shielded and no one outside of the room is exposed to the x-rays. The radiation therapist must turn on the accelerator from outside the treatment room. Because the accelerator only emits radiation when it is actually turned on, the risk of accidental exposure is extremely low.

- Mammography equipment shall be operated by a technologist specifically trained in mammography.
- "Caution Radiation Area" signs shall be posted on all doors leading into mammography room.
- Holders shall be provided with appropriate protective lead aprons and shall be positioned such that exposure is minimized and no unprotected body parts are exposed.
- All lead aprons shall be inspected annually for defects.

[3] INTERNATIONAL ATOMIC ENERGY AGENCY, Setting Up a Radiotherapy Program, Non-serial Publications, IAEA, Vienna (2008)

- A technique chart shall be used and posted near the console. The chart should show exposure factors appropriate for the size and density of the breast, implant, or tissue specimens.
- Only properly trained and authorized personnel shall be allowed to install, repair, and maintain the equipment used to conduct mammography procedures.

5.2.8 Risk of Fire

Risk of fire in the existing HCFs accessible to the public where the project activities will be conducted is unlikely but possible. Fire hazard constitute of all factors present in a building that can cause ignition (start fire) including the potential of uncontrolled reactions as mentioned above. The fire hazard can cause partial or complete collapse of the HCF, and incapacitation of building operations.

Mitigation:
PMOH should ensure:
All existing buildings accessible to the public should implement Life and Fire Safety requirements by incorporating all local building codes and fire department regulations.

A life and fire safety review of the building should be conducted by a suitably qualified professional and ensure that Operation and Maintenance (O&M) practices meet all local building codes and Civil defense regulations. This assessment may be performed by the competent authorities or by a third party if PMOH has limited capacity.

The General EHS Guidelines refers to US National Fire Protection Codes (NFPC) as one example of an internationally accepted L&FS standard and may be used to document compliance with the Life and Fire Safety objectives outlined in WBG General EHS Guidelines.

5.2.9 Social Exclusion or Inequitable Access of Marginalized Groups

Exclusion or inequitable access to health care services could be to 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. due to lack of transparency, lack of consultation with vulnerable groups, and lack of information.

Mitigation:
PMOH has prepared a Stakeholder Engagement Plan (SEP). Measure in the SEP have been ensured for the inclusion of the affected parties, other interested Parties and vulnerable groups throughout the consultations processes including public information disclosure and outreach. Ensure project includes a functional Grievance Mechanism.

5.2.10 Labor and Working conditions

The project activities will involve direct workers (PMU staff); contracted workers engaged with contractors/suppliers and consultancy services for technical assistance activities; and primary supply workers (i.e workers of suppliers who, on an ongoing basis, provide directly goods or materials essential for the core functions of the project).

The project activities are associated with considerable risks to occupational health and safety due to hazardous work at HCF including exposure to radioactive materials. Therefore, there will be labor management issues such as (but not limited to) OHS, working terms and conditions, and SEA/SH. Labor camps will not be required and risks associated with labor influx are considered very low. Local companies and formal businesses will be contracted to provide the goods and supplies needed for the project. These sectors are not known to involve risks of child labor and forced labor. Therefore, risks of child and forced labor are not anticipated under the project.

Labor Management Procedures (LMP) is developed as stand-alone document to manage the workers risks under the HSERP. The LMP addresses the risk and mitigation measures associated with labor and working conditions, estimated number of workers, assessment of project workers, establishing and implementing the GM. The LMP will be prepared, consulted and disclosed by project appraisal.

5.2.11 Gender-Related Impacts

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.

Mitigation:

Measures to strengthen GBV response will similarly be identified during the review of healthcare treatment protocols and capacity building/training guidelines and manuals. The project will also support, to the extent feasible, an added emphasis on sensitization of the broader community to raise awareness of family protection and available services, as well as education resources to address potential stigma and implicit biases that may come from the healthcare community or beyond. 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).

The project's GM will include special referral 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 maintaining high confidentiality, will be communicated to the project's affected parties during the consultation meetings and throughout the project implementation. Project direct or contracted workers are obliged to sign the CoC. Details for GM and CoC are available in the project LMP.

5.2.12 Misuse of Patient Data

Under subcomponent 1.2, the project will finance strengthening of PHC information systems, building on the family practice module and unified electronic health records development. In alignment with the National eHealth Strategy 2022-2028, PMOH will adopt the following mitigation measures to protect patient data and security:

- Access controls: Implementing strict access controls can help prevent unauthorized access to patient data. This includes assigning unique login credentials to each user and restricting access to only those individuals who need it to perform their job duties.
- Encryption: Encrypting patient data can help protect it from unauthorized access and ensure that it remains confidential. This can be done at the database level, as well as when data is transmitted over networks or stored on portable devices.
- Regular monitoring: Regularly monitoring the system for suspicious activity can help detect any misuse of patient data. This includes monitoring user access logs, system logs, and network traffic.
- Auditing: Implementing an auditing system can help track any changes made to patient data, including who made the changes and when. This can help detect any misuse of patient data and identify the individual responsible.
- Employee education and awareness: Providing regular training to employees on the importance of patient data security and their role in protecting it can help prevent misuse. It's also important to remind them of the policies, procedures, and legal requirements related to patient data security.
- Risk assessment: Conducting a risk assessment can help identify and prioritize potential vulnerabilities in the system and take appropriate action to mitigate them.
- Compliance: Ensuring compliance with relevant laws and regulations, can help protect patient data and prevent misuse.
- Regularly update the software: Keeping the software updated and patched can help protect against known vulnerabilities and prevent unauthorized access to patient data.
- Incident response plan: Having an incident response plan in place can help quickly and effectively respond to any incidents of misuse of patient data.

6 PROCEDURES TO ADDRESS ENVIRONMENTAL AND SOCIAL IMPACTS

PMOH will adopt a clear approach to environmental and social management procedures to allow project development activities to follow the ESF standards including the mitigation hierarchy of avoidance, minimization, and mitigation and compensation/offset for negative impacts. The following sections describe what needs to be done at each stage of the implementation of sub-projects.

6.1 General Principles

The HSERP project rated as 'Substantial' as per the World Bank ESS1 risk category which requires screening and preparation of E&S measures or ESMP as described in section 6.1. Therefore, the ESMF is prepared based on the following principles that can guide planning and implementation of project activities.

- The PMU is responsible for the compliance with Palestinian laws and regulations, and World Bank ESSs and Guidelines, as mentioned in Chapter 2.
- PMU is responsible for obtaining environmental clearance from EQA and World Bank as required.
- E&S measures or ESMP need to be prepared for activities as determined by EQA and WB.
- Planning and design of any activities under component 4 (CERC component) should follow the guidelines in this ESMF.
- Participation of stakeholders (especially local communities) should be ensured by PMU at PMOH in planning, implementation and monitoring of each sub-component.
- For each subproject, the EHSO will engage with affected communities, and vulnerable groups, through the process of stakeholder engagement described in the SEP (separate document). In addition, subprojects should regularly be consulted with project affected persons and communities throughout subproject implementation, as indicated in the Project's Stakeholder Engagement Plan. Furthermore, all stakeholders participating to the consultation will be informed on the GM and where/how complaints can be made.
- PMOH shall ensure appropriate institutional set up for implementing environmental and social management plan. PMU will also ensure that bidding documents have specific clauses to ensure implementation of E&S requirements, as required.
- PMOH will undertake public disclosure about the project interventions and potential impacts.
- In case of activating the CERC, the CERC manual and, other instruments, in form and substance acceptable to the World Bank will be prepared by PMOH on December 20, 2023 and will be followed. A list of Positive and Negative activities for CERC component is given in Annex 1.
- In case co-financing of HSERP project by other development partners, the Bank will cooperate with such agencies and the Borrower in order to agree on a common approach for the assessment and management of E&S risks and impacts of the project. This will be acceptable to the Bank, provided that such an approach will enable the project to achieve objectives materially consistent with the ESSs. At this stage, there are no project "associated facilities", as defined in paragraph 11 of ESS1 of the the ESF. If any additional facilities and/or activities identified during implementation, they will be examined and implemented in accordance to the provisions of the ESF.

6.2 Exclusion List

The first step in addressing a subproject's environmental and social risks and impacts is to exclude any activity that is defined as ineligible for World Bank support, this is applicable to all subprojects that include any of the following attributes:

- Cause adverse health impact including serious/potentially lethal diseases, high containment, cause aerosol transmission
- Cause long term, permanent and/or irreversible (e.g., loss of major natural habitat) adverse impacts

- Have high probability of causing serious adverse effects to human health and/or the environment
- Have adverse social impacts and may give rise to significant social conflict
- Affect lands or rights of indigenous people or other vulnerable minorities and would require Free Prior Informed Consent.
- Involve permanent resettlement or land acquisition, adverse impacts on cultural heritage
- Involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities and/or associated waste management facilities
- Involve any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal

6.3 The Environmental and Social Screening Process

The purpose of the screening process is to determine which activities are likely to have negative environmental and social impacts to (a) determine the level of required environmental assessment; (b) determine appropriate mitigation measures for activities with adverse impacts; and (c) incorporate mitigation measures into the subprojects as appropriate. The extent of environmental and social work that might be required prior to the commencement of the subprojects will depend on the outcome of the screening process described below.

Criteria for classification include type, location, sensitivity, and scale of the project, as well as the nature and magnitude of its potential environmental and social impacts. Project screening will be conducted by the EHSO in the West Bank and the environmental and social focal point in Gaza as part of PMU and site-specific risk management measures will be prepared following the screening process as guided in this ESMF. Public consultations will take place during the environmental and social screening process, and the input from the public consultations will be reflected in the design of the mitigation and monitoring measures. The screening process shall be conducted according to the following steps:

Step1: Screening including Checking Eligibility of subprojects

At this stage the sub-projects will be subjected to a screening process by the EHSO in the West Bank for the West Bank sub-projects and the environmental and social focal point in Gaza for the Gaza sub-projects as part of PMU to check their eligibility for the project financing. The following activities will not be eligible for this project financing (Exclusion list):

- Laboratory activities that may require cause adverse health impact including serious/potentially lethal diseases, high containment, cause aerosol transmission;
- Activities that may cause long term, permanent and/or irreversible (e.g., loss of major natural habitat) adverse impacts;
- Activities that have high probability of causing serious adverse effects to human health and/or the environment not related to treatment of COVID-19 cases;
- Activities that may have adverse social impacts and may give rise to significant social conflict;
- Activities that may affect lands or rights of people or other vulnerable minorities;
- Activities that may involve resettlement impacts or land acquisition, adverse impacts on cultural heritage.
- Involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities and/or associated waste management facilities

- Involve any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal

In checking the eligibility of the sub projects, the questions in the Subproject Eligibility Screening Checklist (Annex 1- Part 1) would be answered as "Yes" or "No". If the answer to any one of the questions is 'Yes', then the subproject will be rejected. If on the contrary the answer is 'No' for all the above questions, then one must proceed to the next step.

Furthermore, EHSO and E&S focal in Gaza would assess the significance of potential impacts using environmental and social impact rating checklist stated in the form. The checklist must be filled, and number of potential impacts marked as None, Low, Medium, High and Unknown and will be used to determine individual and the overall impact rating of the sub-project. The screening form has a guidance to determine what action would be taken before proceeding to the next level based on the results.

Rating and classification of potential impacts of Sub-projects

For sub-projects with no impact (All impact rating becomes 'None[4]')	These types of subprojects would be labeled as '**subprojects of no environmental and social concern'.** These types of sub-project without further delay will be approved and cleared by PMOH and the WB
For sub-projects with medium to low impact[5]	These types of subprojects would be labeled as '**Sub-projects of medium to low environmental and social concern'.** In this case, risk mitigation measures would be prepared.
For subproject with medium or substantial impact[6]	These types of subprojects would be labeled as '**medium or substantial environmental and social concern'.** In this case, ESMP would be prepared.
Subprojects cause high potential impact[7] (activities that will not be eligible for this project financing from the Exclusion list	These types of subprojects would be labeled as '**subprojects of high environmental and social concern'.** In this case, these sub-projects will not be financed by the project.

Step 2: Screening including environmental and social actions/instruments

The EHSO and E&S focal point in Gaza will complete the Environmental and Social Screening Form (Annex 1-Part 2) to facilitate identification of relevant ESSs and due diligence action/instruments. After analyzing data contained in the environmental and social screening form and having identified the right environmental category and hence scope of the environmental assessment required, the EHSO or E&S focal point (Gaza) will make a recommendation to PMOH as to whether: (a) no further ESA will be required; (b) implementation of risk management mitigation measures or ESMP will be required; or (c) the sub-project will not be eligible for funding and will be rejected.

Step 3: Approval of the screening reports

[4] Risk is acceptable and can be managed easily by hospitals/HCFs
[5] Risk can be managed, but need mitigation based on ESMP checklist
[6] Risk can be managed, but need further detailed and comprehensive ESMP
[7] Risks have long term permanent and/or irreversible

At this stage environmental and social screening reports will be reviewed and approved by the WB and PMOH. If the sub-project has moderate to low or moderate environmental and social concerns, PMOH would ensure that all the risk mitigation measures are incorporated in the ES risk management tool before approval.

6.4 D. RADIOLOGIC SECURITY AUTHORIZATION

The authorization is issued by the Israeli Authority for Nuclear Activities Control (NCNAC) if the requirements for building, endowment with equipment and specialized personnel and the adequate activity organization are fulfilled according to the specified regulations.

6.5 ENVIRONMENTAL AND SOCIAL RISK MANAGEMENT INSTRUMENTS

The site-specific risk management measures or ESMP (if needed) will identify prevention, minimization, mitigation, and compensation measures to be applied to subprojects as required. The mitigation table serves as a reference on potential risks and impacts, mitigation measures and indicators or outcomes that can be planned and implemented throughout the project. The risks and impacts, mitigation measures and monitoring indicators will be presented according to the relevant ESSs.

6.6 ENVIRONMENTAL AND SOCIAL CLAUSES FOR CONTRACTORS

PMOH will reflect the E&S requirements in the bidding documents and the bids evaluation will include the ESHS requirements. PMOH will incorporate the following standardized environmental and social clauses in tender documentation, so that potential bidders are aware of environmental and social requirements expected from them. In this case, the bidders will reflect that in their bids, and ensure the implementation of the clauses during the contract. PMOH will enforce compliance by contractors with these clauses which cover four issues:

1. Environment, Health and Safety (EHS),
2. Environmental and social monitoring by contractor,
3. Environmental and social liabilities, and
4. Grievance mechanism and CoC for workers.

7 INFORMATION DISCLOSURE

The MOH website http://site.moh.ps/will be used to disclose project documents including the SEP, the website has been optimized to further facilitate access to the project information;

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 Redress Mechanism will also be posted on the website. Further details on information disclosure and the proposed information disclosure strategy for the project will be available in the SEP.

This ESMF will be publicly disclosed with translation subsequent to its approval by the World Bank and PMOH.

8 STAKEHOLDER ENGAGEMENT

8.1 BRIEF SUMMARY OF PREVIOUS STAKEHOLDER ENGAGEMENT ACTIVITIES

The stakeholder engagement activities conducted as part of the preparation of the project included meetings with different international and local stakeholders. One to one meeting with the PMOH different departments included discussions of project components and activities, targeted areas and beneficiaries and institutional and implementation arrangements. A public consultation session was also held on the 4th of January, 2023 and included six participants (three females and three males) representing local and international organization. The meeting targeted stakeholders such as CBOs and NGOs working with Bedouin communities, marginalized groups, women headed households and other vulnerable groups, stakeholders also included international and local institutions working and involved in the medical and health sector.

During consultation meetings, the EHSO introduced the project's activities and informed participants about the project's E&S instruments, including this SEP. Participants were informed during the meetings that a GM system is available prior to the commencement of the works in order to raise any grievances and/or concerns related to the project activities. Stakeholders were mainly interested in learning about the project's activities, timeline, funding amount, how the project is going to deal with west bank and Gaza primary health care clinics and hospitals and how the fund will be distributed between West Bank and Gaza. Some stakeholders working in the health sector highlighted that this project is much needed at the time being, and albeit (cardiovascular diseases, maternal, newborn and child health conditions, intensive care units, and cancer services) are considered main pillars of the health system services they were not put under the spotlight in the past couple of years because of the COVID-19 pandemic.

Vulnerable groups representative NGO's and CBOs were concerned about the reach of the project, and whether these components will cover all public hospitals and primary health care clinics, the EHSO highlighted that the project is designated to reach high-need areas, and areas with the minimum resources.

The EHSO informed participants that further stakeholder meetings are scheduled as part of the project's SEP to 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.

Description of the different stakeholder engagement activities including details on dates and participants in each of the meetings, as well as the key issues that were raised are provided in the project's SEP.

8.2 GRIEVANCE MECHANISM

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.

Grievances will be handled at the project's level by the EHSO in the West Bank and the environmental and social focal point in Gaza at the PMU/PMOH. 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 GM system shall include special referral pathways for the GBV complaints and grievances, including grievances on sexual harassment and sexual exploitation and abuse. 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. 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.

Hence, the GM guidelines that will be utilized by the EHSO who shall manage grievances have been updated. Project GM and Workers' GM updated briefs will be prepared and disclosed on PMOH's webpage, the briefs will be the simplified versions of the guidelines for public use that contain details of the channels, timelines, phone numbers, email and other contact details and brief descriptions of the project and the GM in Arabic language.

The EHSO will communicate GM details about the existence of the GBV grievance mechanism and of channels to accept and respond to anonymous grievances to all stakeholders during the consultation meetings and through appropriate methods. The EHSO will keep a log at hand of all complaints including date received, date responded to, and type of response provided. Reports on grievances and complaints will be consolidated into semi-annual project progress reports prepared by the PMU for the World Bank.

A detailed description of the GM is included in the SEP. The PMU has assigned a GM telephone number, email address and website, the EHSO will communicate GM details to project affected parties during stakeholder engagement activities and through appropriate methods.

The following tools will be used for lodging grievances:

- By completing a written grievance registration form that will be available at the PMU in the PMOH offices or online.
- By submitting the complaint electronically via email at grm@hsrsp.ps
- By reaching out to the EHSO in the West Bank and the E&S focal point in Gaza 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 office, 3rd floor, PMOH headquarters, Ramallah.

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.

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.

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[8] will be followed.

- The system provides clear confidentiality and anonymity clauses for the service 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.

[8] https://drive.google.com/file/d/1cUbZxAO3kn5dP8EWrG0M5Dxirr5WEiso/view?usp=sharing

- 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.

9 INSTITUTIONAL AND IMPLEMENTATION ARRANGEMENTS

The HSERP will be implemented by a Project Management Unit (PMU) at PMOH. The PMU will be responsible for planning, financial management, procurement, social and environmental risk management, and communications with the World Bank. The PMOH will maintain the qualified staff and resources to support management of ESHS risks and impacts of the Project including the EHSO in the West Bank. PMOH will also hire an environmental and social (E&S) focal point in Gaza on March 1, 2023 as part of the PMU who will be based in the PMOH head quarter in Gaza to support management of ESHS risks in Gaza. The project Coordinator at PMOH who will be acting as PMU director will be responsible for planning of project activities and reporting to the Bank is:

Ms. Maria Al-Aqra
Director of International Cooperation
Telephone: 00972 9 2387275
Email: alaqra@yahoo.com

The EHSO and the environmental and social focal point will be responsible for ensuring the project's compliance with this ESMF as well as the LMP, SEP, and ESCP prepared for the project. The EHSO and the E&S focal point will also be responsible for screening and preparing the site specific ESMP following the screening process as guided in this ESMF if needed, monitoring and reporting on compliance of the environmental and social issues. The EHSO with support from the relevant PMOH departments, is expected to create awareness among all hospitals/HCFs on environmental and social compliance and provide training necessary for its effective implementation.

The hospitals/HCFs, the recipient of the project equipment and goods to be supplied by the project, will assign an environmental and social focal point who will be managing the day-to-day E&S requirements as per the environmental and social instruments and reporting to EHSO and the E&S focal point at PMU. The focal points at the hospitals/HCFs will also carry out these duties during the operation phase.

The focal points at the hospitals/HCFs will supervise the contractors/suppliers including environmental and social management requirements and measures on their execution of supply/installation-related activities identified in the risk mitigation measures/ESMP. The focal points will ensure adherence to the monitoring parameters including mitigation measures.

The focal points at the hospitals/HCFs will receive training on the WB ESF as applicable to the project by the EHSO and E&S focal point once appointed by the hospitals/HCFs.

Contractors/suppliers and their workers will be implementing E&S mitigation measures and plans as laid out in the ESMF and subsequent E&S measures. Mitigation measures required will be included and costed in agreements with the contractors.

In the operational phase, PMOH will need to ensure E&S measures are taken into consideration by the hospitals/HCFs to avoid adverse impacts of the respective sub-projects.

10 MONITORING AND REPORTING

10.1 REGULAR MONITORING AND INSPECTION FOR COMPLIANCE

Adequate institutional arrangements, systems and resources will be put in place to monitor the ESMF. The goal of monitoring will be to measure the success rate of the activities, determine whether interventions have handled negative impacts and to determine whether further interventions are required or monitoring is to be extended in some areas. The goal of inspection activities is to ensure that sub-project activities comply with the plans and procedures laid out in the ESMF.

The main monitoring responsibilities and inspection activities will sit with the EHSO at PMU, who will organize weekly monitoring of the environmental and social aspects of the subprojects to ensure compliance with the mitigation measures and administer the overall project-related E&S monitoring and implementation as laid out in this ESMF. The environmental and social focal points to be assigned by the hospitals/HCFs will be managing the day-to-day E&S requirements as per the environmental and social instruments and reporting weekly to EHSO at PMU. The EHSO will handle all reporting aspects.

During the operation phase, the PMU at PMOH will be responsible for monitoring the E&S mitigation measures for the Sub-projects. PMOH will prepare and submit to the World Bank quarterly monitoring reports on the Environmental, Social, Health and Safety (ESHS) performance of the Project, including but not limited to the implementation of the ESCP, status of preparation and implementation of E&S instruments required under the ESCP, stakeholder engagement activities, and functioning of the grievance mechanism(s). The EHSO will report any non-compliance to the project Coordinator at PMOH.

The flow of monitoring and reporting process is presented in Table 10.1.

Table 10.1: Monitoring and reporting process

Type of monitoring	Who	Description	Monitoring indicators
Constant monitoring	Focal point at hospital/HCF	The focal point at hospital/HCF will be responsible for implementing, monitoring and reporting on a monthly basis to the EHSO and E&S focal point at the PMU the environmental and social requirements as per the environmental and social instruments	Number of inspections carried out Number of non-compliances observed Timely reporting of documents (as defined in the monitoring plan Number of grievances received. Number of grievances resolved. Number of installation/operation related accidents Sites approved and ongoing monitoring of plan implementation Monitoring plan approved and implemented
Monthly monitoring reports	EHSO and Gaza E&S Focal point	The EHSO and E&S focal point will compile the monthly report received from the focal points at hospitals/HCFs and address all	Monitoring reports compiled and approved

Type of monitoring	Who	Description	Monitoring indicators
		environmental and social issues relevant to the project in a monthly monitoring report and submit it to the focal point at PMOH.	
Quarterly Progress Report (QPR)	EHSO and Gaza E&S Focal point	The EHSO and E&S focal point will prepare a quarterly progress report and submit it to the project Coordinator at PMOH who will submit this report to the World Bank.	Monitoring reports submitted and approved by the Bank

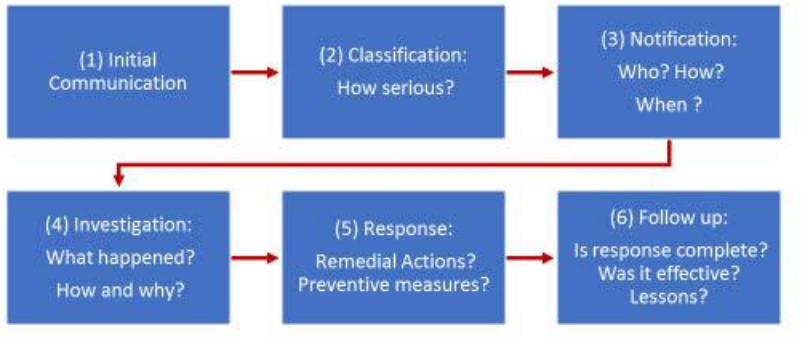
Furthermore, contractors/suppliers will be obliged to provide EHS monitoring reports to EHSO on a monthly basis. PMU will absorb the contractors'/suppliers' reports and integrate them into its quarterly progress reports to the World Bank. Reporting format is provided in Annex 4.

The World Bank will equally supervise and assess the environmental and social performance through the review of the quarterly monitoring reports and through regular implementation supervision missions.

The GM will further help track complaints and effectiveness of interventions, including those with environmental and social impacts and the quarterly monitoring reports will provide summaries and statistics on the GM.

10.2 Incident and Accident Reporting

PMOH will notify the World Bank no later than 24 hours of any incident or accident related to the Project which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public or workers, including, inter alia, cases of sexual exploitation and abuse (SEA), sexual harassment (SH), and accidents that result in serious or multiple injuries (e.g. road and traffic accidents, cases of COVID-19 and other communicable diseases) during project related civil works, operation and maintenance of infrastructure, technical assistance (e.g. training) and other relevant project activities. Fatalities will be reported within 24 hours after occurrence. A detailed report of the incident shall be provided within 10 days of notifying the World Bank of the incident or accident, unless a different timeline is agreed on with the World Bank. This Environmental and Social Incident Response Toolkit (ESIRT) is comprised of the following six steps under the incident management and reporting process (see figure below). Each step includes a sub-set of activities. Tools and templates have been designed to support specific activities in the process.



The PMOH should ensure that incidents are investigated to determine what happened and why, so that processes and measures can be put in place to avoid reoccurrences and so that appropriate remedies are applied. The Bank may support the PMOH in ensuring an appropriate Root Cause Analysis (RCA) is conducted by the PMOH, for example by identifying experts and providing sample ToRs.

The extent of the investigation of the RCA carried out by the PMOH should be proportionate to the severity of the incident. Suggested ToRs for engaging consultants for carrying out an RCA are provided at Annex 5. The RCA findings would be used by the PMOH to develop a Safeguards Corrective Action Plan (SCAP) as a complement to existing project safeguards instruments.

11 CAPACITY BUILDING AND TRAINING PLAN

The HSERP will be implemented by PMOH through the PMU. PMOH has developed good experience in implementing Bank projects. In May 2022, PMOH completed the Health System Resiliency Strengthening Project (US$8.5 million), and is currently implementing the Emergency COVID-19 Response (US$5 million, approved 2020) and its Additional Financing (US $3.75 million, effective 2022), and one component under the Early Childhood Development (ECD) project (P168295). While the Health System Resiliency Strengthening project was under the Bank's old safeguards (Category C), the COVID-19 and ECD projects are implemented under the Bank's ESF and are of substantial and moderate E&S risk, respectively. An Environmental, Health and Safety Officer (EHSO) is in place at the PMU to support implementation of environmental and social (E&S) commitments for the WB projects and will continue to so the same for the HSERP. EHSO at PMU has benefitted from World Bank ESF training held in May and June 2022, and the Bank's E&S team will continue to provide further capacity-building support, as required, during project implementation.

Based on the assessment of the existing capacity of EHSO and the different parties/stakeholders engaged in the project implementation, the following capacity development and training plan is prepared.

Table 11.1 Capacity development and training plan

Objectives	Issues for engagement	Method of engagement	Stakeholders/target staff	Responsible person	Time frame	Budget in US$
Institutional Strengthening	Capacity Development	Training	Project staff/focal points at hospitals/HCFs	PMOH	Biannually	Incl. in staff costs
1) Implementation of E&S instruments			Contractors/suppliers, subcontractors, operators, and health workers at hospitals/HCFs	PMOH	Throughout project implementation	10,000
2) Implementation, monitoring and reporting of ES instruments	E&S risk mitigation	meetings	Contractors/suppliers subcontractors, operators, , and health workers at hospitals/HCFs	PMOH	Prior to commencement of subprojects Throughout project implementation	Included with other training costs
Training on OHS including emergency response and preparedness	OHS risk management	Focus Groups, site visits and interviews	E&S focal points, Health workers at hospitals/HCFs	PMOH	prior to installation work	
4) LMP	Labor risks	Meetings Field visits	Contractors/suppliers, subcontractors, health workers at hospitals/HCFs	PMOH	Throughout project implementation	10,000
5) GBV/SEA/SH	GBV/SEA/SH risks	Meetings	Communities, contractors/suppliers, subcontractors, health workers at hospitals/HCFs	PMOH		
6) Stakeholder engagement and enhance awareness about GM	SEP	Meetings	Benefiting hospitals/HCFs, community members	PMOH	Prior to Commencement of subprojects	10,000
Total						30,000

12 ESMF IMPLEMENTATION COST

The quantities, specifications and estimated costs of design measures to avoid or mitigate negative impacts of each project component site will be assessed by the PMU staff including the EHSO. The cost estimates for some of the mitigation measures to be identified in the risk management measures/ESMP will be part of the installation and the small civil works contract.

The cost expected under this ESMF will be for the salaries of the EHSO and the E&S focal point in Gaza who will have certain tasks to be carried out with the PMOH involved departments.

The Table below summarizes the estimated costs and schedules for the items associated with the implementation of the ESF. The budget for the SEP is estimated to be around US$30,000 as determined in the separate SEP and included in the costing table below. The EHSO will also be responsible for the implementation of the updated SEP. The EHSO will review the SEP every six months to determine if any changes to stakeholder categories or engagement activities are required. The budget will be revised accordingly.

Total US$440,000 is estimated for implementation of ESMF which should be embedded in the proposed total project budget from the World Bank.

Item	Schedule	Cost (US$)
Site specific ESMPs	Throughout project implementation	No additional cost, this is embedded in EHSO cost
Preparing CoC to regulate conduct of workers at the installation sites, consultation and logistics aspects, etc.	By project effectiveness	No additional cost, this is embedded in EHSO cost
EHSO in West Bank	Full-time throughout project Implementation	5 years @ US$ 36,000 per year US$180,000
E&S focal point in Gaza	Full-time throughout project Implementation	5 years @ US$ 36,000 per year US$180,000
Assign focal points at hospitals/HCFs	Throughout project implementation	Government in-kind contribution
Booklets, Brochures, Posters, etc.		US$ 20,000
Trainings as described in previous chapter	Throughout project implementation	US$ 30,000
Implementation of SEP	Throughout project implementation	US$ 30,000
Total		US$ 440,000

ANNEX 1: ENVIRONMENTAL AND SOCIAL SCREENING AND MANAGEMENT PLAN TEMPLATE

Introduction

An overview of the project and the proponent including information such as: i) project name and general description; ii) background; iii) objectives of the screening process.

Project description and Justification

Brief description of the development proposal including project location and footprint (including maps), summary of key design features, resource requirements and source, predicted type and quantify of waste outputs, work force size and accommodation, and implementation schedule. Brief justification including benefits accruing to the local area, and project relevance in light of local or national needs

Description of the project site/area

A brief description of the environmental and social characteristics relevant to the project and its area of influence

Consultation and Information Dissemination

A summary of consultation and information dissemination activities during the screening process and including general issues raised, and responses to those issues;

Screening form

This form is to be used by the EHSO to screen potential environmental and social risk levels of a proposed subproject, determine the relevance of Bank environmental and social standards (ESS), propose its E&S risk levels, and the instrument to be prepared for the subproject.

Subproject Name	
Subproject Location	
Benefiting hospitals/HCFs	
Estimated Investment	
Start/Completion Date	

Part 1: Subproject Eligibility Screening Checklist

No	Will the sub-project:	Yes	No
1	Has laboratory activities that may require cause adverse health impact including serious/potentially lethal diseases, high containment, cause aerosol transmission		
2	Has activities that may cause long term, permanent and/or irreversible (e.g., loss of major natural habitat) adverse impacts		
3	Have high probability of causing serious adverse effects to human health and/or the environment not related to treatment of COVID-19 cases		
4	Have adverse social impacts and may give rise to significant social conflict		

5	Activities that may affect lands or rights of people or other vulnerable minorities.		
6	Activities that may involve resettlement impacts or land acquisition, adverse impacts on cultural heritage.		
7	Involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities and/or associated waste management facilities		
8	Involve any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal		

Recommendations:

- If one of answer is Yes, the Sub-project is not eligible and rejected: _____
- If All the answers are No, Sub-project is eligible identify potential environmental and social risks and the relevant ES instruments: _____

Part 2: Identification of Relevant ESSs and Due Diligence Action/Instruments

Questions	Answer		ESS relevance	Due diligence / Actions
	yes	no		
Does the subproject involve small-scale civil works during the installation of the new equipment.			ESS1	Risk management measures/E&S Checklist/ESMP
Is there procedures to adequately handle infection control and healthcare waste management?			ESS1	ICWMP
Does the subproject involve recruitment of workforce including direct, contracted, primary supply, and/or community workers?			ESS2	LMP
Is there any child or forced labor anticipated in the labor force			ESS2	LMP
Does the sub-project involve generation of e-waste?			ESS3	e-waste management plan
Does the sub-project involve generation of hazardous/radioactive waste?			ESS3	ICWMP
Does the sub-project involve generation of non-hazardous waste?			ESS3	WMP
Are there any collection system for the hazardous and non-hazardous wastes in place			ESS3	WMP/ICWMP
Are there any vulnerable groups present in the subproject area and are likely to be affected by the proposed subproject negatively or positively?			ESS10	SEP GM
Does Gender-Based Violence (GBV), Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) cases were reported within the Healthcare area of influence?			ESS1	SEP GM

Conclusions:

1. Proposed Environmental and Social Risk Ratings (Substantial, Moderate or Low). Provide Justifications. Any subproject that will be rated "High" should be excluded.
2. Proposed E&S Action/Instruments (E&S Checklist, ESMP, ICWMP, etc.).

Environmental Mitigation Plan

Activity	Potential Environmental Impact	Proposed Mitigation Measures	Responsibility for Implementation of Mitigation Measures	Period for Implementation of Mitigation Measures	Mitigation Measures Implementation Costs (and who bears it)
Procurement of equipment and installation phase					
1					
2					
Operational Phase					
1					
2					
Decommissioning phase (if applies)					
1					
2					

Monitoring

The ESMP identifies monitoring objectives and specifies the type of monitoring, with linkages to the impacts assessed in the environmental and social assessment and the mitigation measures described in the ESMP. Specifically, the monitoring section of the ESMP provides (a) a specific description, and technical details, of monitoring measures, including the parameters to be measured, methods to be used, frequency of measurements, limits (where appropriate), and definition of thresholds that will signal the need for corrective actions; and (b) monitoring and reporting procedures to (i) ensure early detection of conditions that necessitate particular mitigation measures, and (ii) furnish information on the progress and results of mitigation.

ANNEX 2: COMPARISON BETWEEN P-MWMS, AND ICWMP

Comparison Paper

On

The Palestinian Medical Waste Management System

And

The Infection Control and Waste Management Plan (ICWMP)

February 2023

Background

The Palestinian Medical Waste Management and Handling System (MWMS) has been declared through the Cabinet of Ministers decision No. 10 for the year 2012. The MWMS provisions articles that govern all producers and supervisors of medical waste and its management. It sets accountability to all institutions and producers of medical waste and defines responsibilities for any damage or harm to the environment or to communities' health resulting from such waste.

The Infection Control and Waste Management Plan (ICWMP) template in the Environmental and Social Management Framework (ESMF) of the project provides a framework for developing site specific Infection control and waste management procedures. The ICWMP contains sections that formulate a baseline identification of current conditions and procedures at Healthcare Facilities (HCF) with respect to infection control and waste management.

In 2021, following the COVID-19 pandemic, the Palestinian Authority trough Cabinet of Ministers decision on 09/03/2021 issued the "Hazardous Waste Management System -HWMS" No.6 of 2021 based on the MWMS of 2012. This system includes the responsibility of establishing a national emergency program for the management of hazardous waste and establishing the relevant mitigation measures. This in particular includes requirements for waste management and disposal facilities. The system requires such facilities to establish inventories and logs of handled hazardous waste, environmental licensing, environmental management plans, hazardous waste management plans, periodic monitoring and reporting to the Palestinian Authority, occupational health and safety measures, insurances, and workers' training requirements. While the HWMS is relevant to waste management and disposal facilities rather than HCFs, it should be read in conjunction with the MWMS especially when examining the procedures implemented at the disposal and treatment facilities of medical waste, to ensure that they have obtained the relevant lisences, established the required environmental and health management systems, and are implementing the required monitoring and reporting per the HWMS.

The MWMS is a regulatory document demarking responsibilities and management procedures for the handling and management of medical waste, the MWMS is intended to be applied across all HCFs in West Bank and Gaza. On the other hand, the ICWMP template is a site-specific plan that describes the size, capacity, location and other characteristics of the HCF as well as identifying infection control and waste management procedures already implemented. It provides specific measures for waste minimization, segregation, handling, storing and transport and provides recommendations based on the analysis for better management and handling of HCF waste.

General Structure

Overall, the MWMS shows more specific provisions than the ICWMP template. The ICWMP template provides more of general guidelines for the development of site specific ICWMPs. While the ICWMP provides a description requirement for the baseline conditions at the specific HCF giving information on the size, location, capacity, services and function of the HCF. In terms of the general requirements, provisions, and the structure of both documents, both the MWMS and the ICWMP provide requirements that are compatible and no noticeable differences can be reported. However, the MWMS is more clearly defined and detailed.

As the ICWMP has been prepared in response to COVID-19, and while the MWMS is older (2012), the ICWMP takes into account COVID-19 related considerations in waste management and the baseline description of the HCF. The following table provides a general overview of the content of both documents.

Table 1: Comparison of the General Structure of the MWMS and the ICWMP

	MWMS	ICWMP Template
Scope	Applies to all institutions, producers, and supervisors of medical waste management	Is a site-specific document adapted to each HCF that it is to be applied at
Definitions and Sources of Waste	Identifies HCFs in terms of waste production to 1. Primary sources (e.g. hospitals, clinics, Emergency, etc.) 2. Secondary sources (e.g. home treatment, pharmacies, independent clinics, etc.).	This is done through an auditing exercise of the quantities of waste produced at the specific HCF, types of waste, volume, liquid and air emissions. Moreover, the template includes the development of a flow chart of waste streams
Responsibility Demarcation	The MWMS defines responsibilities of HCFs in terms of waste segregation and classification, waste minimization, treatment, cleaning, handling, collection, storage, and disposal. In addition to reporting and data collection	The ICWMP includes the definition and description of the institutional arrangements, roles and responsibilities specific to the HCF. Such description includes infection control and waste management responsibilities
Emergency Response and Preparedness	Sets responsibilities and reporting requirements. There is no specific plan or reference to a plan in the MWMS. The system states that the Minister, along with the Minister of the Environment Quality Authority shall set regulations regarding the specification of emergency situations resulting from medical waste and the management procedures.	The ICWMP recommends the development of an Emergency Response Plan (ERP) that shall be in line with the Environmental and Social Standard (ESS) 4: Community Health and Safety of the Environmental and Social Framework (ESF). The formulation of the ERP shall be commensurate with the risk levels recommended to be developed for the HCF.
Institutional Arrangements and Capacity Building	The MWMS requires hiring trained and qualified personnel for the management of medical waste. It also includes periodic training provisions and awareness sessions for employees. It requires special PPEs commitment and identification IDs of personnel dealing with medical waste. And	The ICWMP contains similar provisions to the MWMS in terms of institutional arrangements, in terms of ensuring qualified staff are in place. The ICWMP puts emphasis on defining the roles of staff such as ones in charge of infection control and biosafety as the ICWMP is site specific. The

	requires periodic medical checkup. Additionally, the MWMS requires providing the personnel with insurances against risks that could result from the handling of medical waste. The MWMS requires instating an information system for personnel involved in the management of medical waste. The MWMS includes articles defining the responsibilities of the head of the HCF as the accountable person for the management of medical waste	ICWMP assigns the overall responsibility for infection control and waste management to the chief of the HCF. The ICWMP requires the involvement of all relevant departments in infection control and waste management. And requires the formulation of an information management system to track and record waste streams in the HCF. In terms of training, the ICWMP expands requirements beyond involved staff in the management of waste to medical workers, and cleaners, as well as third-party waste management service providers.
Monitoring and Reporting	The MWMS as a regulatory document emphasizes more on inspection provisions and the scope of inspection activities. The MWMS requires chiefs of HCFs to provide semi-annual and annual reports on waste management procedures from source to disposal. And contains provisions for incident reporting which shall be no later than 12 hours since occurrence.	The ICWMP requires the HCF to develop an information system tracking the waste stream from point of generation, segregation, etc… to the transport and disposal. It encourages the adoption of an IT system. The ICWMP requires the reporting to be conducted per governmental and World Bank reporting requirements.
COVID-19 Considerations	NA	The ICWMP requires defining COVID-19 related assets that are utilized in COVID-19 response. Furthermore, it provides guidance on the identification, classification and quantification of COVID-19 waste and waste in general as traditionally classified non-hazardous waste may be considered hazardous. The ICWMP suggests removing infectious waste from HCF's storage are for disposal within 24 hours.

Infection Control and Waste Management Provisions

The ICWMP, being site specific, requires the identification of baseline information regarding waste specifications generated at the HCF, it includes the description of the implemented system at the HCF and a flow chart of waste streams. The ICWMP aims first to capture an overview at the HCF including implemented waste management measures, and then defines and recommends site specific measures.

In terms of waste management procedures, both the MWMS and the ICWMP contain measures for waste minimization, reuse and recycling. The ICWMP provides general measures in terms of waste segregation, packaging, color coding and labeling, while the MWMS provides a system for these measures including colors for packaging, filling containers with no more than 75% of their capacities, storage locations, labeling methodology and storage durations, containers replacement frequencies, and other wastes segregation and collection measures. Therefore, as the ICWMP is based upon the EHS guidelines for healthcare facilities, the MWMS if compared to the EHS guidelines, provides measures that meet the requirements of the EHS guidelines. Such measures include material substitution of products containing hazardous material such as mercury or PCV, where in the MWMS waste minimization includes replacing equipment with hazardous material with other types of equipment especially electronic types. Additionally, waste reduction measures including PCV are instated in both the MWMS and the EHS guidelines for HCFs. In terms of waste labeling and specific color coding provided in the MWMS as well as in the EHS guidelines, no noticeable differences exist between both documents.

Onsite Collection of HCF Waste and Workers' Health and Safety

The ICWMP provides practices and procedures to timely remove packaged and labelled waste using designated equipment, trolleys and routes. It also contains routine disinfection measures for the site and for the protection of health workers.

On the other hand, the MWMS includes provisions on labelling procedures, collection and periodic disinfection. The MWMS contains training and protection clauses of healthcare workers that are involved in the management of medical waste that include;

- Hiring trained and competent staff in waste management
- Training waste management employees through;
    - Periodic training on waste management
    - Awareness trainings on waste management risks and provide periodic updates and information on such risks relating to different waste management procedures and response procedures in the case of occurrence of any of the risks
- Equipping the workers with specific identification cards, PPEs, and ensure the commitment to the Occupational Health and Safety (OHS) provisions.
- Conducting periodic medical checkups for waste management workers and provide vaccinations.

- Provide the waste management workers with insurances against risks resulting from waste management

- Create a database for employees involved in waste management.

Moreover, the MWMS requires HCFs to accredit a guideline for waste management that is based and in conformance with the MWMS to include color coding waste collection bags and its labeling, waste collection streams and collection routes, storage locations, waste treatment processes, management and monitoring procedures, emergency response plans, responsibility and hierarchy matrix.

As the ICWMP provides generic guidelines and provisions, the MWMS is better compared with the World Bank's EHS guidelines for healthcare facilities. Where both the MWMS and the EHS guidelines for HCFs provide similar clauses for the protection and training of medical workers and workers involved in waste management. Furthermore, both documents contain provisions for waste collection, labelling and segregation. The EHS guidelines for HCFs provide more stringent measures for exposure prevention and reduction. Additional measures in the EHS guidelines include;

- Formulation of a control plan for blood-borne pathogens
- Provide adequate facilities for hand washing
- Provide procedures and facilities for handling dirty linen and contaminated clothing

Overall, the MWMS meets the requirements of the ICWMP and the EHS guidelines for HCFs in terms of waste management and onsite collection, as no noticeable differences can be raised.

HCF Onsite Waste Storage

The ICWMP does not provide specific measures for onsite waste storage besides requiring each HCF to have multiple waste storage areas designated for different types of wastes. Hence, the MWMS is more proficient in this aspect as it provides specific measures for each type of waste and provides storage temperatures, locations, and maximum onsite storage durations with specific considerations for the season and time of year. Similar measures do not exist in the ICWMP but can be found in the EHS guidelines for HCFs which are not referred to in the ICWMP.

Such measures in the EHS guidelines for HCFs specific for the labelling, collection, storage and treatment of different kinds of waste exist in table 1[9]. In addition, the MWMS and EHS guidelines for HCFs provide onsite storage requirements for HCF waste, the MWMS and the EHS guidelines provide similar measures for onsite storage, conditions of storage, structural requirements of storage locations, lighting, labelling, access, route, and security. Furthermore, the MWMS provides storage procedures such as housekeeping, periodic cleaning requirements (Weekly), spillage procedures, maximum storage permissible durations, cold storage requirements, and other measures.

[9] https://www.ifc.org/wps/wcm/connect/960ef524-1fa5-4696-8db3-82c60edf5367/Final+-+Health+Care+Facilities.pdf?MOD=AJPERES&CVID=jqeCW2Q&id=1323161961169

Onsite Treatment and Disposal

Typically, HCFs have their own waste incineration facilities onsite. However, due to the limited financial and technical capacities at most HCFs in Palestine, incinerators are located in landfill areas. During the COVID-19 pandemic, 3 incinerators were purchased with international aid that assisted in the treatment of COVID-19 waste and medical waste in general. Some HCFs in the West Bank are equipped with autoclaves, 5 are only of high capacity while the others are small units. Therefore, onsite treatment at HCFs is typically not implemented. The UNDP has a new project in 2023 that aims to purchase 5 new autoclaves, the project at the moment has not yet been implemented and the new autoclaves have not yet been purchased.

According to the MWMS, medical waste is transferred outside the HCF only in cases where onsite treatment is not available. Such transportation is done in coordination with PMOH and MoLG and to specific landfills equipped with medical waste cells. Nevertheless, the MWMS sets forward the specifications and requirements for the establishment and installing onsite medical waste treatment units and the responsibilities for the management of the treatment unit. It has clear instructions for licensing onsite waste treatment facilities and the responsibilities of the HCF once they are provided with the permit to build, install, and operate the onsite waste treatment unit. The MWMS sets forward the specified waste treatment processes such as steaming, autoclaving, chemical disinfection, thermal treatment, capsuling, and other treatment methods. It further specifies that the Minister shall decide on the treatment methodology for each type of waste according to its nature. Furthermore, the MWMS restricts the disposal of HCF waste only after ensuring that the waste has undergone proper treatment in accordance with the MWMS.

The ICWMP as a template that is meant to be site specific to each HCF screened under the project, requires due diligence if an HCF already has an incinerator on site in order to determine its technical adequacy, capacity, performance and the operator's capacity. It also sets forwards requirements for incinerators to be financed under the project. Nevertheless, under the parent project, and the additional financing, no such activities are to be implemented.

Offsite Transportation, Treatment, and Disposal

The ICWMP does not lay specific guidelines or requirements for offsite transport, treatment or disposal. The ICWMP requires that if onsite treatment is not implemented, the offsite waste management facilities shall undergo due diligence to assess the technical adequacy, process, performance records, and the operator's capacity. The due diligence hence will come out with corrective measures to be recommended and agreed upon with the operator.

The MWMS specifies the conditions through which HCF waste can be disposed in landfills and the locations at which such landfilling of HCFs is allowed. It further sets forward the responsibilities, along with EQA, for specifying the conditions and locations of landfills where HCF waste can be admitted. The MWMS specifies the requirements expected from the landfill operators, such as record keeping of admitted waste and its properties, workers records, and ensuring periodic medical checkups are conducted for the workers of the landfill. The MWMS sets forward the procedures for dealing with HCF waste when landfilling is not possible, it forbids the disposal of HCF waste in open spaces, and requires moving the waste to the closest landfill or transfer station, it further specifies the procedures for landfilling in rural areas and where landfills are not

available to be in suitable locations over a minimum of 3 meters of municipal waste, with 1 meter of demolition waste over the disposed HCF waste.

The MWMS includes provisions on offsite HCF waste treatment and transport, including fees, transport requirements, transport workers health and safety, international disposal of HCF waste and other provisions.

Wastewater Treatment

The ICWMP requires that the HCF wastewater treatment to consider the hazardous waste management practices. Where such waste segregation shall ensure minimizing the entry of solid waste that might be hazardous to the wastewater stream. The ICWMP requires that the HCF wastewater is tested and the effluent if disposed in the municipal wastewater stream is compliant with the applicable standards, and that the municipal wastewater treatment plant (WWTP) is capable of treating the HCF waste and the influent received. The ICWMP contains special considerations for areas where there is no wastewater network and the HCF wastewater is transported by trucks, including requirements on safe transportations, due diligence of the WWTP and the occupational health and safety of the transport workers.

The MWMS contains clear instructions and regulations pertaining to the segregation of HCF wastewater from hazardous waste and material, where hazardous waste shall be collected in specific drainages and are to be collected in specialized areas until treatment and proper disposal according to approvals and licensing. The MWMS specifies the wastewater types that are included in this article including wastewater containing infectious pathogens and viruses, pharmaceutical wastewater, wastewater containing chemical substances, wastewater containing heavy metals, and other types. The MWMS contains clear clauses on the types of wastewater and the treated wastewater which can be disposed of in the municipal wastewater stream. Additionally, the MWMS contains clauses on the protection and occupational health and safety of workers involved in washers and in the management of HCF wastewater, including storage of liquid chemicals and the operation of filters. Moreover, the MWMS clearly defines the types of wastewater not allowed to be disposed without prior approvals and outlines the measures to be followed if HCFs are located in rural areas without access to wastewater networks. Additionally, the MWMS contains clauses regulating the disposal of wastewater from pharmaceutical factories and manufacturing processes.

Hence, it is evident that the MWMS contains clearer and more structured requirements than the general requirements of the ICWMP.

Emergency Preparedness and Response

With respect to emergency preparedness and response, the ICWMP requires the commensuration of an Emergency Response Plan (ERP) relevant to the risks specific to the HCF, such ERP formulation shall be based on the defined elements as in ESS4: Community Health and Safety.

As for the MWMS, emergency preparedness and response is set forward in articles 65, 66, and 67. These articles define the responsibility demarcation in cases of emergency and the cooperation requirements with EQA. In terms of the ERP, the MWMS establishes a similar requirement in article 66, requiring EQA along with specialized stakeholders to establish an Emergency Response Plan to deal with incidents and emergencies outside the borders of the HCF.

Institutional Arrangements

The ICWMP requires clearly defined institutional arrangements, as well as a clear demarcation of responsibilities. Moreover, the ICWMP requires the formulation of a training plan with recurring programs to be developed. With respect to responsibilities, both the MWMS and the ICWMP require that the HCF chief takes the overall responsibility for infection control and waste management, and both require the establishment of capacity building, involvement of the relevant departments, and the inception of a waste streams management information system.

Monitoring and Reporting

The ICWMP does not provide clear reporting requirements for internal HCF waste management. As for external reporting, the ICWMP requires it to be conducted per the government and World Bank requirements. As such this is not clearly described within the ICWMP itself.

Nevertheless, the MWMS as well does not clearly set forward reporting requirements. As for monitoring, this is included in the MWMS as inspection requirements. As such, the MWMS provides PMOH with the legal rights to inspect HCFs records related to the workers involved in waste management within the HCF, in addition to their health certificates and the records waste quantities, types, management and treatment procedures, and their condition post treatment.

Overall, both the MWMS and the ICWMP do not lay specific and clear reporting procedures. Nevertheless, if applied in combination as expected for a project financed by the World Bank, the application of both the ICWMP and MWMS provide sufficient reporting and monitoring procedures to ensure sound waste management practices and mitigation measures.

COVID-19 Special Considerations

The ICWMP contains specific provisions relating to the COVID-19 pandemic. Especially relating to estimating quantities of hazardous waste and the expectation of increasing amounts of such wastes as typical municipal wastes in HCFs might be classified as hazardous waste. The ICWMP requires defining operations of acquired assets for holding potential COVID-19 patients which have impacts on increased quantities of hazardous waste and waste management procedures.

The MWMS however, as it has not been updated post the beginning of the COVID-19 pandemic, does not contain any specific requirements. Additional plans relating to the management of COVID-19 waste were not available for review during the drafting of this document

Conclusion

In conclusion, the MWMS provides stringent measures for the management and handling of HCFs waste streams from generation to disposal, establishing a waste management regulation for medical waste and health care facilities. The ICWMP, being site specific, integrates the current status, conditions, capacities, and procedures existent at the HCF that define the baseline for understanding the technical capacity of the HCF and enables recommending concrete corrective or complimentary measures to enable sound waste management site specific to the HCF.

Recommendations

While the MWMS provides general guideline and overall management framework for medical waste collection, management and treatment, it shares similarities with the World Bank's EHS Guidelines for Healthcare Facilities being a strategic level management framework. The ICWMP on the other hand is aimed to be a site-specific management plan that reflects the overall framework requirements and takes into consideration the site specific requirements needed for each HCF based on their line of operations.

As such, and following the analysis and comparison conducted for the MWMS and the ICWMP template, the following are suggested to be included to enhance the overall medical and infectious waste management procedures at Palestinian HCFs that are under the umbrella of the PMoH;

- Survey each HCF benefiting from the project, provide a basic review report for each HCF setting the baseline at which each HCF is managing their medical waste. A suggested checklist is provided in the updated ICWMP in Annex 3 below.
- PMoH to provide information regarding the disposal and treatment methods for each HCF that is benefiting from the project (incinerators, autoclave, burial, etc.)
- Update the list of trainings that have been provided to healthcare workers regarding the management of medical and infectious waste
- Establish an online inventory of recorded volumes and types of waste, a suggested log is provided in the ICWMP template in annex 3.
- Establish an ICWMP for each HCF benefiting from the project per the ICWMP template in annex 3.
- PMoH to provide a latest number of hazardous and medical waste treatment facilities and equipment, and pipeline ones expected to be installed. This should include their daily treatment capacity versus the production volumes of hazardous waste per the inventory. This can assist in highlighting the areas that are facing constraints in equipment and treatment facilities and highlights required interventions.

ANNEX 3: INFECTION CONTROL AND WASTE MANAGEMENT PLAN (ICWMP) TEMPLATE

Infection Control and Waste Management Plan (ICWMP) Template

1. Introduction

1.1 Describe the project context and components;

1.2 Describe the targeted healthcare facility (HCF):

- Type: E.g. general hospital, clinics, inpatient/outpatient facility, medical laboratory;
- Special type of HCF in response to COVID-19: E.g. existing assets may be acquired to hold yet-to-confirm cases for medical observation or isolation;
- Functions and requirement for the level infection control, e.g. biosafety levels;
- Location and associated facilities, including access, water supply, power supply;
- Capacity: beds

1.3 Describe the design requirements of the HCF, which may include specifications for general design and safety, separation of wards, Heating, Ventilation and Air Conditioning (HVAC), autoclave, and waste management facilities.

2. Infection Control and Waste Management

2.1 Overview of infection control and waste management in the HCF

- Type, source and volume of healthcare waste (HCW) generated in the HCF, including solid, liquid and air emissions (if significant); a suggested log is provided in section 9 of this ICWMP template.
- Classify and quantify the HCW (infectious waste, pathological waste, sharps, liquid and non-hazardous) following WBG EHS Guidelines for Healthcare Facilities and pertaining GIIP.
- Given the infectious nature of the novel coronavirus, some wastes that are traditionally classified as non-hazardous may be considered hazardous. It's likely the volume of waste will increase considerably given the number of admitted patients during COVID-19 outbreak. Special attention should be given to the identification, classification and quantification of the healthcare wastes.
- Describe the healthcare waste management system in the HCF, including material delivery, waste generation, handling, disinfection and sterilization, collection, storage, transport, and disposal and treatment works;
- Provide the final disposal and treatment methodology, location, distance from facility, frequency of treatment / disposal, and a general description of the process and constraints to it.
- Provide a flow chart of waste streams in the HCF if available;
- Describe applicable performance levels and/or standards;
- Describe institutional arrangement, roles and responsibilities in the HCF for infection control and waste management.

2.2 Management Measures

- Waste minimization, reuse and recycling: HCF should consider practices and procedures to minimize waste generation, without sacrificing patient hygiene and safety consideration.
- Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies: HCF should adopt practice and procedures to minimize risks associated with delivering, receiving and storage of the hazardous medical goods.
- Waste segregation, packaging, color-coding and labeling HCF should strictly conduct waste segregation at the point of generation. Internationally adopted method for packaging, color coding and labeling the wastes should be followed.
- Onsite collection and transport: HCF should adopt practices and procedures to timely remove properly packaged and labelled wastes using designated trolleys/carts and routes. Disinfection of pertaining tools and spaces should be routinely conducted. Hygiene and safety of involved supporting medical workers such as cleaners should be ensured. Workers need to be trained on the safe and timely disposal of such waste when the plan is developed. An induction and training workshop shall be given.
- Waste storage: A HCF should have multiple waste storage areas designed for different types of wastes. Their functions and sizes are determined at design stage. Proper maintenance and disinfection of the storage areas should be carried out, and the plan should include a suggested schedule to be discussed and implemented by the HCF. Existing reports suggest that during the COVID-19 outbreak, infectious wastes should be removed from HCF's storage area for disposal within 24 hours.
- Onsite waste treatment and disposal (e.g. an incinerator): Many HCFs have their own waste incineration facilities installed onsite. Due diligence of an existing incinerator should be conducted to examine its technical adequacy, process capacity, performance record, and operator's capacity. In case any gaps are discovered, corrective measures should be recommended. For new HCF financed by the project, waste disposal facilities should be integrated into the overall design and ESIA developed. Good design, operational practices and internationally adopted emission standards for healthcare waste incinerator can be found in pertaining EHS Guidelines and GIIP.
- Transportation and disposal at offsite waste management facilities: Not all HCF has adequate or well-performed incinerator onsite. Not all healthcare wastes are suitable for incineration. An onsite incinerator produces residuals after incineration. Hence offsite waste disposal facilities provided by local government or private sector are probably needed. These offsite waste management facilities may include incinerators, hazardous wastes landfill. In the same vein, due diligence of such external waste management facilities should be conducted to examine its technical adequacy, process capacity, performance record, and operator's capacity. In case any gaps are discovered, corrective measures should be recommended and agreed with the government or the private sector operators.
- Wastewater treatment: HCF wastewater is related to the hazardous waste management practices. Proper waste segregation and handling as discussed above should be conducted to minimize entry of solid waste into the wastewater stream. In case wastewater is discharged into municipal sewer sewerage system, the HCF should ensure that wastewater effluent comply with all applicable permits and standards, and the municipal wastewater treatment plant (WWTP) is capable of handling the type of effluent discharged. In cases where municipal sewage system is not in place, HCF should build and proper operate onsite primary and secondary wastewater treatment works,

including disinfection. Residuals of the onsite wastewater treatment works, such as sludge, should be properly disposed of as well. There are also cases HCF wastewater is transported by trucks to a municipal wastewater treatment plant for treatment. Requirements on safe transportation, due diligence of WWTP in terms of its capacity and performance should be conducted.

3. Emergency Preparedness and Response

Emergency incidents occur in an HCF may include spillage, occupational exposure to infectious materials or radiation, accidental releases of infectious or hazardous substances to the environment, medical equipment failure, failure of solid waste and wastewater treatment facilities, and fire. These emergency events are likely to seriously affect medical workers, community, HCF's operation and the environment.

Thus, an Emergency Response Plan (ERP) that is commensurate with the risk levels is recommended to be developed. The key elements of an ERP are defined in ESS 4 Community Health and Safety (para. 21).

4. Institutional Arrangement and Capacity Building

A clearly defined institutional arrangement, roles and responsibilities should be included. A training plan with recurring training programs should be developed. The following aspects are recommended:

- Define roles and responsibilities along each link of the chain along the cradle-to-crave infection control and waste management process;
- Ensure adequate and qualified staff are in place, including those in charge of infection control and biosafety and waste management facility operation.
- Stress the chief of an HCF takes overall responsibility for infection control and waste management;
- Involve all relevant departments in a healthcare facility, and build an intra-departmental team to manage, coordinate and regularly review the issues and performance;
- Establish an information management system to track and record the waste streams in HCF; and
- Capacity building and training should involve medical workers, waste management workers and cleaners. Third-party waste management service providers should be provided with relevant training as well.

5. Monitoring and Reporting

Many HCFs in developing countries face the challenge of inadequate monitoring and records of healthcare waste streams. HCF should establish an information management system to track and record the waste streams from the point of generation, segregation, packaging, temporary storage, transport carts/vehicles, to treatment facilities. HCF is encouraged to develop an IT based information management system should their technical and financial capacity allow.

As discussed above, the HCF chief takes overall responsibility, leads an intra-departmental team and regularly reviews issues and performance of the infection control and waste management practices in the HCF. Internal reporting and filing system should be in place.

Externally, reporting should be conducted per government and World Bank requirements.

6. Institutional Arrangements and Capacity Building Requirements

This section should provide the hierarchy of the HCF relevant to the management of medical waste, from cleaning staff, healthcare workers, maintenance, and the HCF management. It should highlight the duties of staff in relation to medical waste management and the required capacity building needed to ensure better procedures for management and disposal.

7. Recommendations and Corrective Action Plan

This part should include the summary of the reviewed procedures at the HFC compared to the requirements of the MWMS, the World Bank EHS Guidelines for Healthcare Facilities and the suggested template of the ICWMP. The corrective action plan should include tangible actions (labelling of waste, quantification, training of healthcare workers by a set date, etc.) which will be reviewed and monitored during the periodic reports.

8. ICWMP Table

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
General HCF operation – Environment	General wastes, wastewater and air emissions				
General HCF operation – OHS issues	Physical hazards Electrical and explosive hazards Fire Chemical use Ergonomic hazard Radioactive hazard				
HCF operation - Infection control and waste management plan	- Current plans and procedures at HCF				
Waste minimization, reuse and recycling	- Type of hazardous reagents and material used / substitutes				
Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies	-				
Storage and handling of specimen, samples, reagents, and infectious materials	-	-			
Waste segregation, packaging, color coding and labeling	-				
Onsite collection and transport					
Waste storage					
Onsite waste treatment and disposal					
Waste transportation to and disposal in offsite treatment and disposal facilities					

HCF operation – transboundary movement of specimen, samples, reagents, medical equipment, and infection materials					
Emergency events	- Spillage, - Occupational exposure to infectious - Exposure to radiation, Accidental releases of infectious or hazardous substances to the environment, - Medical equipment failure, - Failure of solid waste and wastewater treatment facilities, -fire -Other emergent events	Emergency response plan			
Operation of acquired assets for holding potential COVID-19 patients					
Current Capacity and capacity building needed					
To be expanded					

9. Medical Waste Inventory log

Facility Name & Address:

Date	Containers	Type and details	Weight or Volume	Transporter	ID # (if applicable)	Please Check:		Printed Name
						Shipping Paper	Tracking Form	Signature
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	

10. HCF Medical Waste Management Status Survey

No.	Management Procedure	Yes	No	Remark	Required Corrective Action	Date to Implement	Monitoring Frequency
1	Waste minimization measures						
2	Waste recycling measures						
3	Waste Reuse measures						
4	Segregation implemented?						
5	Color Coding and labelling?						
6	Are bags only filled 75% of capacity?						
7	Are sufficient waste management equipment and material provided (bags, labels, containers, trolleys, etc.)?						
8	Is there a proper temporary storage location						
9	Are less hazardous alternative to reagents and material being considered?						
10	How often are infectious waste collected?						
11	Does the HCF have sufficient competent staff working in relation to waste management?						
12	Does the HCF receive capacity building in terms of waste management?						
13	Are proper insurances effective?						
14	Are proper OHS measures and PPEs available?						

15	Does the HCF have management plans relevant to waste management?						
16	Is healthcare checkup conducted for workers involved in waste management?						
17	Have all staff been provided with relevant vaccines (especially COVID-19)?						
18	Is there a database available for workers involved in waste management? This should include gender, age, log of medical check ups, log of vaccines?						
19	Is there a protocol for personal hygiene? Washing hands? Washing and handling dirty linen and contaminated clothing?						
20	Is there an onsite treatment facility? If not where is waste treated?						
21	Is there a waste transportation manifest and log system? Are records being kept?						
22	Is periodic monitoring implemented?						
23	Are waste quantities, types, volumes and content among other information recorded?						
24	Is offsite treatment implemented? Provide a description						
	EXPAND ON THIS TABLE AS NEEDED//// BASED ON THE OUTCOME, A CORRECTIVE ACTION PLAN AND ICWMP TO BE DEVELOPED						

ANNEX 4: REPORTING FORMAT

Summary of key E&S aspects during the reporting period including:

Project Status

- Provide a brief description of any new interventions over the reporting period.

E&S Incidents

- Provide a summary of all the notifiable E&S incidents.

E&S Changes

- Please provide a summary of all the notifiable E&S changes.

ESS1: Assessment and Management of Environmental and Social Risks and Impacts

- Have any environmental, social, health and safety impact/risk studies been conducted during the reporting period?

Management of PMU

- Illustrate the organizational structure to manage environment, health and safety, labor and social aspects during the reporting period. Name the individuals in PMU who hold responsibility for environmental, social, health and safety.

Compliance with Environmental and Social Management Plans

- Describe the status of the ESMP implementation and any issues that remain outstanding.

ESS2. Labor and Working Conditions

Human Resources Management

- Have PMU and contractors changed/updated their Human Resources (HR)?

Occupational Health and Safety

- Describe the main implemented OHS terms during the reporting period

ESS3. Resource Efficiency and Pollution Prevention

Environmental Monitoring

- Provide copy of environmental monitoring data reports for this reporting period, collected consistent with the ESMPs for the subprojects.
- Briefly describe environmental mitigation measures implemented during the reporting period to comply with E&S requirements.

Resources Efficiency: Energy and Water

- Provide data on energy and water consumption during the reporting period.
- Describe the resources efficiency measures/efforts being implemented to minimize fuel, energy and water consumption.

Hazardous and non-Hazardous Waste

- Provide data on waste types and actions implemented to manage: chemical containers, chemical for sludge dewatering, dewatered sludge, domestic waste, waste lubricating hydrocarbons, waste solvents, contaminated soil, etc.

ESS4 Community Health, Safety and Security

- List and describe any initiatives and list of actions implemented in relation to community health and safety during the reporting period.
- Provide details for accidents during this reporting period.
- Provide details for fatal accidents during this reporting period (and provide copies of accident investigation and respective corrective plan).

GBV/SEA/SH

- Provide details for the GBV/SEA/SH incidents and actions implemented.
- An update on any security incidents

ESS 10 Stakeholder Engagement and Information Disclosure

- List any stakeholder engagement events, including E&S consultation and disclosure, liaison with non-governmental organizations, civil society, local communities, etc.

Grievance Mechanism Cases

- Report the number and type of requests and/or grievances received from project affected people / local communities / local organizations.
- How many have been resolved and how many are pending? (Attach a log of the grievance redress registry.

ESCP progress status of implementation. This should be presented on a matrix format.

ANNEX 5 SUGGESTED TERMS OF REFERENCE FOR BORROWER'S CONSULTANT[10] TO CARRY OUT A ROOT CAUSE ANALYSES FOR A WORKPLACE ACCIDENT

Background

The Project was approved by the Bank's Board of Executive Directors in (…) and was effective in (…). Construction Works started on (…) and are currently ongoing. The project closing date is (…).
Environmental and Social Impact Assessments (ESIAs) (…) including Environmental and Social Management Plans (ESMPs) were prepared. All Safeguards documents included measures for mitigating Occupational Health and Safety (OHS) risks. The ESMP requires that workers should be trained to recognize potential hazards and use safe work practices (…).

The objectives of these TORs are to: 1) identify the root cause of the accident, 2) identify immediate measures to be taken to improve the safety at the site and at other Project sites throughout the Project area and 3) identify effective preventive measures to be implemented to reduce OHS risks.

Scope of work

- Conduct root-cause analysis of the incident and identify the sequence of events and factual circumstances. The analysis should identify what failing(s) led to the accident, what safety measures were in place, and the risk information/training provided to workers on site. The level of supervision of unskilled labor should also be assessed.
- Recommend actions to be taken to rectify the failure(s) that led to the incident.
- Review the safety procedures at different sites and identify the health and safety measures to be taken to minimize the risks of future accidents both to workers and to local residents. Site visits should be carried out to a representative sample of construction sites, activities, regions and Contractors as applicable. Health and safety representatives of the Contractors and implementing agencies, as well as other technical counterparts as necessary should be interviewed to gain a comprehensive understanding about health and safety management.
- Review the OHS measures in Safeguards instruments and plans in construction contracts and recommend enhancements as needed. The assessment should identify what the existing procedures for safe performance of construction activities (excavation, scaffolding, working at heights, welding, etc.) are and should recommend appropriate procedures should the existing ones have gaps.
- Review the capacity of Contractors and supervision consultants to implement OHS standards. The assessment should review the training plans for skilled and unskilled labor for effectiveness and propose improvements to the training and communication program so that workers are adequately guided to safely perform their work.
- Review the existing arrangements for recruiting labor and what type of insurance (life or injuries and occupational health risks) and compensations are provided.
- Review compliance to the Labor Law and other international treaties by Contractors or Subcontractors.
- Assess the sufficiency of the measures that the Contractors take to minimize risk on the local communities and communicate with them. Recommend improvements as necessary.

Outputs

The consultant shall prepare the following outputs:

- - A root-cause incident investigation report for the accident, including the recommended measures to improve OHS conditions at the site
- - A diagnostic analysis of OHS measures and recommended measures for improvements

[10] Consultant normally would be retained by the PMOH

Timing

The draft incident investigation and OHS diagnostic analysis reports should be submitted within (…) days from commencement. The final report should be submitted within (…) days of receipt of comments on the draft.

Confidentiality

All documents provided to the consultant for carrying out this task should be considered confidential except if otherwise indicated.

ANNEX 6: CERC POSITIVE AND NEGATIVE LIST

A. CERC Positive List

The positive list of works, services, non-consulting services and goods eligible for CERC component is shown in the list below. The works that will be financed under CERC will be those which do not trigger new ESS under the HSERP project.

Goods

- Medical equipment and supplies
- Non-perishable foods, bottled water and containers
- Equipment and supplies for temporary housing/living (gas stoves, utensils, tents, beds, sleeping bags, mattresses, blankets, hammocks, mosquito nets, kit of personal and family hygiene, etc.)
- Tools and construction supplies (roofing, cement, iron, stone, blocks, etc.)
- Water pumps and tanks for water storage
- Equipment, materials and supplies for disinfection of drinking water and repair/rehabilitate of black water collection systems
- Temporary toilets

Services and non-consulting services

- Consulting services related to emergency response including, but not limited to urgent studies and surveys necessary to determine the impact of the disaster and to serve as a baseline for the recovery and reconstruction process, and support to the implementation of emergency response activities
- Feasibility study and technical design
- Works supervision
- Technical Assistance in developing ToRs, preparing Technical Specifications and drafting tendering documents (Bidding Documents)

Works

- Repair of damaged infrastructure including, but not limited to: water supply and sanitation systems, roads, bridges and transportation systems, energy and power supply, telecommunication, and other infrastructure damaged by the event
- Re-establish of the urban and rural solid waste system, water supply and sanitation (including urban drainage)
- Repair of damaged public buildings, including schools, hospitals and administrative buildings
- Removal and disposal of debris associated with any eligible activity

Training

- Conduct necessary training related to emergency response including, but not limited to the implementation of emergency action plans
- Training on rapid needs assessment and other related assessments

B. CERC Negative List

- In no case shall the activities for financing under the CERC exceed the environmental and social standards presented in the HSERP PAD, and ESMF prepared prior to project approval. CERC activities will not trigger any new ESS. The following uses of HSERP resources by the CERC are prohibited:
- Activities that would lead to conversion or degradation of critical forest areas, critical natural habitats, and clearing of forests or forest ecosystems
- Activities affecting protected areas (or buffer zones thereof)
- Activities that will result in the involuntary taking of land, relocation of households, loss of assets or access to assets that leads to loss of income sources or other means of livelihoods, and interference with households' use of land and livelihoods

- Construction of new roads, realignment of roads, or expansion of roads, or rehabilitation of roads that are currently located on communal lands but will be registered as government assets after rehabilitation
- Use of goods and equipment on lands abandoned due to social tension / conflict, or the ownership of the land is disputed or cannot be ascertained
- Uses of goods and equipment involving forced labor, child labor, or other harmful or exploitative forms of labor
- Uses of goods and equipment for military or paramilitary purposes
- Uses of goods and equipment in response to conflict, in any area with active military or armed group operations
- Activities related to returning refugees and internally displaced populations

ANNEX 7: COMPLAINTS ENTRY FORM

طلب تقديم شكوى

التاريخ:.....

رقم الشكوى: .....

القسم الأول: حول المشتكي/ة

اسم مقدم/ة الشكوى الرباعي (اختياري) :

رقم الهوية:

لا مانع من الكشف عن هويتي (نعم \ لا) - (لا: سيتم احالة الشكوى للدوائر المختصة على انها من مجهول)

اسم المؤسسة مقدمة الشكوى:

الصفة: اعتباري شخصي وكيل وصي ولي

الجنس (للأفراد فقط): ذكر ☐ انثى ☐

العمر (للأفراد فقط): ..... تاريخ الميلاد: / /

رقم الهاتف:

البريد الالكتروني:

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 واتعهد 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: .....

.....

.....

قبول الشكوى ☐ رفض الشكوى ☐

مبررات رفض الشكوى: .....

.....

.....

التاريخ:

مسؤول الشكاوى

التوقيع.....