



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 02/27/2023 | Report No: ESRSA02556

**BASIC INFORMATION****A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
West Bank and Gaza	MIDDLE EAST AND NORTH AFRICA	P180263	
Project Name	West Bank and Gaza Health System Efficiency and Resiliency Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	2/27/2023	4/6/2023
Borrower(s)	Implementing Agency(ies)		
Ministry of Finance	Ministry of Health		

Proposed Development Objective

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

Financing (in USD Million)	Amount
Total Project Cost	10.00

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

No

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

Building on the success and lessons learned of the previous HSRSP as well as the COVID-19 Response Project, the Health System Efficiency and Resiliency Project (HSERP) will continue to strengthen the efficiency and resiliency of health service delivery. The HSERP will improve access to cost-effective primary health care services and reduce the burden of OMR (Outside Medical Referrals) while strengthening the quality of health services and integration of information systems. It would do so through focus on two components, which are outlined in the Palestine Ministry of Health (PMOH) National Health Strategy: a) Scaling up cost-effective primary health care services; and b) Improving public hospital service delivery and efficiency. Together, these two components will ensure a continuity of care and improvement of health outcomes particularly Non-Communicable Diseases (NCD). The project will also have two



additional components; one focused on Project Implementation and Monitoring which will finance necessary human resources and running costs for the Project Management Unit (PMU), and another on Contingent Emergency Response (CERC) which will improve the Palestinian Authority's (PA) ability to respond effectively in the event of an emergency in line with World Bank procedures on disaster prevention and preparedness. The Project Management Unit (PMU), which has been established previously for other projects and whose technical and implementation capacity were assessed and deemed satisfactory; will have the primary responsibility for all technical, operational and fiduciary aspects related to the proposed project.

D. Environmental and Social Overview

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

Project activities will be implemented across the Palestinian Territory (PT) which has an area of 6,020 sq. km and is composed of two physically separated land masses: the West Bank and the Gaza Strip. The West Bank has an area of 5,655 sq. km, and the Gaza Strip has an area of 365 sq. km. The geography of the PT is characterized by a diverse topography, and its terrain includes coastal and inner plains, hill and mountains. The Palestinian population is approximately 5.1 million, of which 3.05 million is in the West Bank and 2.05 million in Gaza.

In the absence of a peace agreement, a difficult status quo prevails in the PT. Since 2000, substantial restrictions on movement and access were imposed, further fragmenting the PT into small enclaves. The area of the West Bank is divided into 3 areas: Area A is under full PA jurisdiction and comprises most of the large West Bank cities; in Area B the PA exercises only functional and personal jurisdictions but not on security-related aspects and comprises most Palestinian villages; and Area C is the rest of the West Bank outside Areas A and B, around 60% of the territory, where the PA only exercises personal jurisdiction while the Israeli Civil Administration (ICA) and army exercise all other powers/jurisdictions including control over zoning, land use, planning and construction permits. Palestinians in Area C also face challenges in accessing services provided by the PA.

The political divide in 2007 and recurrent conflicts in Gaza have had a devastating impact on the economy. The brunt of the wars in Gaza has been borne by people living in Access Restricted Area (ARA), a "buffer zone" enforced by Israel along the Gaza border. While the Palestinian economy has experienced modest growth, progress in other socioeconomic indicators has been slow, and existing socioeconomic challenges exacerbated due to COVID 19 related policy interventions. Furthermore, in mid-2022 unemployment in the West Bank reached 13.8% and 44.1% in Gaza reflecting the difficult socioeconomic conditions in Gaza due to the ongoing movement and access restrictions. The risks from the existing situation of conflict apply to the overall situation and population in the West Bank and Gaza and are not specific to the project.

Component 1 will finance medical equipment and supplies, operational costs, technical assistance, and capacity building for the scaling up of PHC services in MOH facilities; investment in hardware, networking and telecommunication equipment, training of end users, and software upgrade; training and continuous medical education to family health practitioners and nurses. Component 2 will finance the purchase of medical equipment to expand hospital capacity in high-need areas, technical activities aiming to strengthen the availability and use of health information system data. The exact locations and number of health facilities supported by the project (i.e., primary healthcare centers (PHCs), hospitals, laboratories) will be determined during project implementation. Project



activities will be implemented in urban and rural areas across West Bank and Gaza. Component 3 will finance necessary human resources and running costs for the PMU and Component 4 will finance a Contingent Emergency Response Component (CERC) to help respond in the event of an emergency in line with World Bank procedures on disaster prevention and preparedness. While minor civil works are expected within the footprints of existing facilities (e.g. for installation of equipment), the project will not finance any major civil works such as construction of new facilities; therefore, no major construction related impacts are expected. Similarly, no impacts on land, livelihood, biodiversity or cultural physical resources are anticipated. Project activities are expected to generate medical waste from targeted hospitals, clinics, healthcare facilities and laboratories, and management of medical waste through existing facilities shall be examined.

D. 2. Borrower's Institutional Capacity

The project will be implemented by PMOH through the Emergency COVID-19 Response Project Management Unit (PMU). An Environmental and Social Focal Point will also be appointed in the PMOH Headquarter in Gaza (in March 2023) as part of the PMU and will support management of project related environment and social risks and issues in Gaza. 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 West Bank and Gaza COVID-19 COVID-19 Emergency Response Project (US\$5 million, approved 2020) and its Additional Financing (US \$3.75 million, effective 2022), and a component of the Improving Early Childhood Development (IECD) project in West Bank and Gaza (US \$9 million). While the 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 and Health and Safety Officer (EHSO) is in place in the ongoing COVID-19 Emergency Response Project PMU to support implementation of environmental and social (E&S) commitments and the ECD health component as agreed to in the Environmental and Social Commitment Plans (ESCPs) of the projects.

The PMOH experienced some delays in completing the E&S requirements of the COVID-19 Emergency Response Project and in line with ESF requirements, conducted an E&S ex-post audit of already disbursed activities. The audit recommended a Corrective Action Plan (CAP) including measures, 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 MoH; develop specific channels for potential complaints of gender-based violence/sexual exploitation and abuse/sexual harassment (GBV/SEA/SH); ensure awareness and proper implementation of the workers' code of conduct (CoC); strengthen screening and preparation of site-specific Environmental and Social documents in accordance with the Environmental and Social Management Framework (ESMF); and enhance capacity for E&S management. A progress review of the CAP indicates satisfactory progress, in both West Bank and Gaza, including for: (i) implementation of the SEP and stakeholder consultation; (ii) development of specific referral channels for potential GBV/SEA/SH complaints; (iii) availability of functional GMs for workers and beneficiaries; (iv) preparation and implementation of a project specific workers' CoC and awareness about the CoC among project workers; (v) improved E&S reporting to the Bank; (vi) E&S training; and (vii) outreach activities focusing on marginalized groups. In view of the progress in implementing ESCP commitments and CAP measures, the current E&S risk management performance rating of the COVID-19 project is "satisfactory".

While the capacity of the PMOH to implement capacity building activities and general oversight of E&S risks has improved during implementation of the COVID19 Emergency Response Project, the PA and PMOH, in particular, remain resource-constrained when it comes to safe management of medical, chemical, electronic and hazardous



wastes. The impact of such resource constraints and additional E&S capacity gaps has been assessed during the preparation of this project and requisite gap filling measures included in the project's ESMF and other ESF instruments. For example, activities in laboratory operations, primary healthcare facilities, emergency operation centers in hospitals and clinics, will need to have and follow an appropriate medical waste management system, infection protection protocols, and robust communication and awareness raising campaigns during project implementation. The existing E&S capacity of the PMU, i.e. the position of the EHSO, plus an Environmental and Social Focal Point based in Gaza has been assessed as sufficient and will support the Project. The Bank's country E&S team will also provide additional capacity building and training support to the PMU as required.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The project will have positive impacts as it will improve resilience and efficiency of healthcare system in the West Bank and Gaza. The project will support capacity building activities focusing primarily on training, providing medical supplies and equipment and testing kits, goods (personal protective equipment and other clinical supplies), minor civil works in healthcare facilities for installation of medical and non-medical equipment to strengthen eReferrals database & links between eReferrals and Bisan (financial billing software), and raising awareness to stakeholders (health workers, patients, Government representatives, health care suppliers, etc.) in West Bank and Gaza. Given that the project will support the procurement of drugs, supplies and medical equipment, the most significant environmental risks will be associated with transportation and delivery of such clinical supplies, arising from lack or improper maintenance of vehicles, unsafe driving practices, overloading the vehicles, loading/unloading OHS risks and causing nuisance or negatively contributing to traffic as well as indirect risks linked to operation of the labs or health care facilities receiving this support. Medical waste disposal is of concern in West Bank and Gaza, especially as many healthcare facilities do not have a well established waste separation system. There is a possibility for infectious micro-organisms to be introduced into the environment if they are not contained due to accidents and emergencies. Medical wastes can also include chemicals and other hazardous materials used in diagnosis and radio therapeutic materials for treatment. The contamination of the laboratory facilities, and equipment may result from laboratory procedures: performing and handling of culture, specimens and chemicals. If the contamination is due to a highly infectious agents, it may cause severe human disease, present a serious hazard to workers, and may present a risk of spreading to the community. In sum, the medical wastes could cause a higher environmental and social risk, if they are not properly handled, treated or disposed. Environmental risks remain high during transportation and disposal of such waste due to exposure of personnel to risk either during normal handling or in case of an accident if not achieved in line with international good practices and guidelines for healthcare waste acceptance and packaging. In addition, there is potential impacts associated with small civil works. Moreover, the proposed upgrading/strengthening of data management system may generate limited small to moderate amount of electronic wastes (e-waste). Given the environmental risks involved and the constraints on capacity of the PMOH to deal with those risks, the Environmental Risk Classification is "Substantial".

Social Risk Rating

Moderate

The project will have overall positive social impacts. Citizens will benefit from improved health outcomes, particularly for chronic diseases, improved primary and preventive healthcare and reduced reliance on expensive hospital



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

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

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

The project will have positive impacts as it will improve resilience and efficiency of healthcare system in the West Bank and Gaza. Risks identified are associated to occupational health and safety linked to clinical operations and infections and to handling, transportation and delivery of clinical supplies as well as laboratory- or health care facilities associated infections if occupational health and safety standards and specific infectious-control strategies, guidelines and requirements are not in place and implemented, leading to illness among laboratory workers and communities. Therefore, effective administrative and infection controls should be put in place to minimize these risks. Environmentally and socially sound laboratory operation will require adequate provisions for minimization of OHS risks, proper management and disposal of hazardous, bio-medical and radioactive waste and sharps, proper management of e-waste, use of appropriate disinfectants, appropriate chemical and infectious substance handling and transportation procedure, institutional/implementation arrangement for E&S risks.

Key social issues under ESS1 are related to inequitable distribution or potential exclusion of marginalized groups from project benefits due to lack of: transparency and equity in supply of medical equipment/supplies, meaningful engagement and consultation with vulnerable categories such as women headed households, persons with disabilities, the poor, Bedouin communities, the elderly, people living in Area C, ARAs and rural/remote locations etc., and information, in accessible formats, about services and how to access the same; potential social tension and increase in stigma of people seeking treatment for mental health concerns or incidents of GBV/VAC; and overall



GBV/SEA/SH risks. There 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 mitigated. The risk of social exclusion will primarily be assessed and addressed in the detailed design of project activities and relevant requirements and measures will be included in the design ToRs, any relevant guidelines, Standard Operating Procedures (SOPs), training manuals and technical specifications prepared for implementation. Additional risk assessment and mitigation measures, as appropriate, are included in the project ESMF and SEP.

The SEA/SH risks will be assessed and addressed in the detailed design of project activities, as well as through a stand alone '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. For example, during the design of the improved information system (under Component 1) the project will support a survivor centric approach that ensures survivors' confidentiality and safety and takes into account needed permissions from survivors. The project will also explore mechanisms to address staff care concerns. 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, including referral pathways; training of the EHSO to support proper and effective implementation of the SEA/SH Action Plan; 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 E&S risks will primarily be localized, short term, and manageable through risks management instruments. The PMOH prepared an ESMF so that the activities supported by the Project are implemented in accordance with international best practices and ESF requirements. Each medical facility, hospital, or lab will need to implement an Infection Control and Waste Management Plan in line with the requirements of the ESMF. The Infection Control and Waste Management Plan adequately covers the procedures for the safe handling, transportation, storage, and processing of treatment and testing materials and measures for community health and safety. The ESMF also clearly outlines the implementation arrangement to be put in place by PMOH for E&S risk management (including the EHSO at the PMU based in the West Bank and the appointment of an Environmental and Social Focal Point based in Gaza) as well as capacity building and compliance monitoring and reporting requirements. The ESMF also provides templates for E&S screening and mitigation measures for minor civil works for installation of equipment in hospitals and laboratories which will not require a significant number of workers. These civil works are expected to be minimal and management provisions for E&S risks will be incorporated in the contractor's/supplier's bidding documents. The ESMF, LMP and SEP have been prepared and consulted on, reviewed and cleared by the Bank, and will be disclosed in-country and on the Bank system by project appraisal. The CERC manual in form and substance acceptable to the World Bank will be prepared by PMOH by December 2023 and will be followed. When the CERC component is activated, the activities will be screened in accordance to the ESMF and the CERC manual, and risks and mitigations will be identified and implemented proportionately.

Finally, PMOH has prepared an ESCP for the project which will be included in the legal agreement between the Bank and the Palestine Liberation Organization (for the benefit of the Palestinian Authority). The ESCP has been prepared



and covers, among other actions, preparation and implementation of the site-specific risk management measures or ESMPs (as relevant). The ESCP for project negotiation has been reviewed and cleared by the Bank and will be publicly disclosed by project appraisal.

ESS10 Stakeholder Engagement and Information Disclosure

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 MOH, Ministry of Social Development, Ministry of Women's Affairs, 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, youth, the elderly, Bedouin communities, internally displaced people, families/people living in Area C and in Refugee camps and people living in ARAs both in Gaza and West Bank, etc.

In December 2022, the ESHO conducted several one-to-one meetings with relevant departments at the MOH including Women Health and Development Department, Environment Health Department, Quality Assurance and Patient Safety Unit, Community Health Department and the Complaints Unit at the ministry. Meetings were also held with the Department of Referrals, Department of Health Insurance and Department of Information Technology. Discussions during these meetings focused on the project components and activities, potential geographic areas and facilities to be targeted under the project, and institutional and implementation arrangements. MOH also conducted a public consultation meeting on January 04, 2023 to get feedback on the SEP and other ESF instruments, and a summary of the consultation has been included in the SEP. Briefly, participants including representatives of civil society organizations providing health services and working with Bedouin communities and other marginalized groups (i.e. Community Based Rehabilitation Society (CBRS)), relevant ministries (i.e Ministry of Finance, Ministry of Education), and international organizations working in the West Bank and Gaza (e.g. International Committee of the Red Cross (ICRS), UNICEF) joined the virtual discussion. Further consultations, including at the community level with beneficiaries, will be conducted during implementation and prior to the start of project activities. During the public consultation MOH informed the participants about the project activities and anticipated E&S risks and mitigation measures. MOH highlighted the importance of engaging stakeholders during the project cycle and introduced the various consultation activities and communication tools, also for women and marginalized groups, included in the SEP. MOH also informed participants about the mechanisms for information disclosure, to update communities about the project progress, and to receive feedback from citizens. During the discussion, representatives of civil society organizations expressed their concerns about the outreach activities of the project, and whether the project activities will target all public hospitals and primary health care clinics. Information about the project's activities, risks and mitigation measures including key aspects of the project's E&S instruments were also shared via email with local and international organizations (i.e. Palestinian Medical Relief Association, UNFPA, WHO).

MOH also explained the features of the Project GMs (for beneficiaries and workers) to participants and shared relevant details. Briefly, the beneficiary GM that was established (and are functional) for the Covid-19 Emergency Response project will also be used for the Project. Grievances will be handled at the project level by the EHSO at the PMU/PMOH, and the GM will be accessible to all project stakeholders, including affected people, community



members, health workers, civil society, media, and other interested parties. The GM shall include special referral pathways for the GBV/SEA/SH related complaints and grievances. The referral pathways will include referring the case, with the survivor's authorization, to the Ministry of Social Development (MoSD) and will be processed in accordance with the National Referral System for GBV Incidents. The EHSO shall follow up on such cases with the case manager at the MoSD. Training will also be provided by a GBV expert for the EHSO on handling GBV/SEA/SH related complaints. Finally, simple guidelines for potential users, including uptake channels, contact details, timelines etc., will be available in Arabic on MOH's webpage. A detailed description of the beneficiary and workers GMs is included in the Project SEP, and the EHSO will communicate GM details to project affected parties during stakeholder engagement activities and through appropriate methods.

A project SEP has been prepared and consulted on, reviewed and cleared by the Bank and will be publicly disclosed before the project appraisal. A commitment to implement the SEP throughout the Project is included in the ESCP.

The SEP is a 'living' document and hence, may be updated periodically during project implementation. The ESCP also includes the condition for updating the SEP, as required, during project implementation. Finally, stakeholder consultation meetings under the SEP will be conducted in line with the national restrictions regarding public gatherings for COVID-19 (as and if these are in place) and the World Bank's guidance note on "Public Consultations and Stakeholder Engagement in World Bank-supported operations when there are constraints on conducting public meetings" and this guidance is included in the SEP.

B.2. Specific Risks and Impacts

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

ESS2 Labor and Working Conditions

The project activities will involve direct workers (with some women workers in all categories) including 6 MOH staff transferred to the project and staff engaged in the PMU, and approximately 20 independent consultants who are specialized in certain disciplines (e.g. for training, supporting improvement of the information system and quality of PHC service delivery, upgrading software etc.); approximately 25 contracted workers engaged for minor civil works/installation of equipment (hired by contractor/supplier) and consultancy services (e.g. for providing training to primary health centres and hospital staff); and approximately 40 primary supply workers (i.e. workers of suppliers who, on an ongoing basis, provide medical and non-medical equipment and supplies essential for core functions of the project). The involvement of community workers is not anticipated in the project.

The project involves minor civil work activities such as installation of the medical and non-medical equipment across the West Bank and Gaza. The project also involves high risks to healthcare workers who are at the frontline and face the highest risk of infections and diseases from improper management of infectious waste associated to handling, transportation and delivery of clinical supplies as well as laboratory- or health care facilities. The labor risks relate to (but not limited to) OHS due to minor civil works and risks of exposure to radiation and risk of infections and diseases from improper management of infectious waste associated with handling and disposal of hazardous and infectious healthcare waste and sharps usage, working terms and conditions, equal opportunity, and SEA/SH. Risks of child and forced labor are not anticipated under the project. The risks from the existing situation of conflict apply to the overall situation and population in the West Bank and Gaza and are not specific to the project; hence, there is no need for



project specific Safety Management Procedures. A determination of the type of labor risks and impacts, relevant mitigation measures; an overview of labor regulations, policies and procedures; OHS measures; an assessment of and plan to prevent GBV/SEA and SH proportionate to the level of risk; contract terms and conditions; working age regulations; the Ministry of Health guideline and the World Health Organization (WHO) guidelines in response to COVID-19, and other requirements of ESS2 are covered in a stand-alone LMP. The project LMP has been prepared and consulted, reviewed and cleared by the Bank and will be publicly disclosed before project appraisal.

A workers' GM, including special features for handling SEA/SH complaints, was established and is functioning under the West Bank and Gaza COVID-19 Emergency Response Project. This workers' GM will also be used for the Health System Efficiency and Resilience Project. Details of the workers' GM are included in the Project LMP.

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

Finally, in addition to the project workers identified above, approximately 11 PMOH staff will also work in connection (full-time or part-time) with the project without being formally transferred to the project. Labor conditions as per as ESS2 will not apply to such workers, and they will remain subject to the terms and conditions of their employment with PMOH except for OHS, provisions of ESS2 related to protection in the work force (i.e. regarding child labor, minimum age and forced labor), and the provisions for SEA/SH (signing of CoC).

ESS3 Resource Efficiency and Pollution Prevention and Management

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

ESS4 Community Health and Safety

This standard is relevant. Medical waste and exposure has a high potential of infection to the community at large if not properly managed. There is a possibility for the infectious microorganism to be introduced into the environment if not suitably contained within the clinical practice, during supplies' transportation and laboratory operation or due to accidents or emergencies. The infection control and waste management plan will therefore describe: how Project activities and waste generated in its identification and treatment will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (such as WHO guidelines),



measures that will be in place to prevent or minimize the spread of infectious diseases, and emergency preparedness measures. In addition, the project will actively promote sound community health and safety practices 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 that are not programmed for renovation, as specified in the World Bank's Environmental, Health, and Safety (EHS) Guidelines, are included in the ESMF and will be 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 has prepared (as part of the project ESMF) and will implement Community Health and Safety Management measures to: minimize community exposure to communicable diseases; ensure privacy and prevent data misuse; and prevent and respond to SEA/SH or GBV proportionate to the level of risk (e.g. workers' codes of conduct, effective monitoring, regular training and awareness raising for workers and communities). The project GM will include special tools for handling and addressing GBV/SEA/SH cases, including strengthening referral pathways within the GM.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

ESS5 is not currently relevant. No land acquisition or resettlement is required under the project.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

ESS6 is not currently relevant. Biodiversity and the living natural resources are not impacted by the project activities.

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

This standard is not relevant. There are no indigenous peoples/sub-Saharan African Historically Underserved Traditional Local Communities in the Palestinian Territories.

ESS8 Cultural Heritage

ESS8 is not currently relevant. No tangible or intangible cultural heritage will be impacted by the project activities

ESS9 Financial Intermediaries

ESS9 is not currently relevant. There are no financial intermediaries involved in the project.

B.3 Other Relevant Project Risks

There are contextual risks in Gaza, where the closure on Gaza and constraints on goods could exacerbate the shortages in medications, equipment, and other necessary supplies.



C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

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

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

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

N/A

IV. CONTACT POINTS

World Bank

Contact:	Sherin Varkey	Title:	Senior Health Specialist
Telephone No:	+1-202-458-2599	Email:	svarkey@worldbank.org
Contact:	Denizhan Duran	Title:	Economist, Health
Telephone No:	5220+35509	Email:	dduran1@worldbank.org

Borrower/Client/Recipient

Borrower: Ministry of Finance

Implementing Agency(ies)

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT



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

VI. APPROVAL

Task Team Leader(s):	Sherin Varkey, Denizhan Duran
Practice Manager (ENR/Social)	Senait Nigiru Assefa Cleared on 14-Feb-2023 at 14:01:1 EST