

Last updated: 19 August 2020

Summary of changes since last update: approved version dated 8 July with new chapter on additional needs of up to USD 7 million

Project Number (Grant Number and BMZ Number): 2020.1813.3

Start Date: September 2020

End Date: August 2023

Project summary	
Country	occupied Palestinian territory
Project Title	Investment Programme for Resilience (IPR - COVID-19 response), Palestinian Territory
Project Objective	The resilience of marginalized Palestinian communities is reinforced, through addressing the immediate needs of the COVID-19 crisis and mitigating the medium- to longer-term socio-economic effects in the areas of health, community and employment.
Project Duration	36 months
Total Proposed Budget	EUR 10.0 million plus EUR 7 million supplement grant
Key expected results	<p>The aim of the IPR will be achieved through the following key expected results (outcomes and outputs):</p> <p>Outcome 1: Health response capacity of the government and partners strengthened to cope with the immediate needs of the COVID-19 crisis</p> <p>Outputs:</p> <ul style="list-style-type: none"> 1.1 Critical health facilities equipped and health workers protected 1.2 Response capacities of health workers strengthened 1.3 Disposal and treatment of medical waste enhanced <p>Outcome 2: Resilience of communities enhanced in marginalized areas for socio-economic recovery and social cohesion through rehabilitation and expansion of infrastructure and complementary measures</p> <p>Outputs:</p> <ul style="list-style-type: none"> 2.1 Socio-economic and community infrastructure rehabilitated and/or expanded with focus on Gaza, East-Jerusalem and Area C 2.2 Capacity and resilience of entities improved to manage the infrastructure and to provide sustainable services and employment to the community

Geographical Coverage	Area C of West Bank, East Jerusalem and Gaza Strip (other areas of the West Bank might be covered under Outcome 1).
Beneficiaries	Outcome 1: health workers (e.g. doctors, nurses, technicians), medical waste treatment workers, hospital patients Outcome 2: individuals with multiple vulnerabilities, who are most economically affected by the COVID19 crisis (e.g. women, youth, disabled); and social organizations
Project partners (e.g. other UN agencies, NGOs,	Prime Minister's Office (PMO), Ministry of Health (MoH), Ministry of Local Government (MoLG), World Health Organization (WHO), Local NGO's, CSO's and CBO's
Date submitted	19 August 2020
UNDP contact	Yvonne Helle UNDP Special Representative yvonne.helle@undp.org

<p>Contributing Outcome (UNSDCF/CPD, RPD or GPD): UNDAF Outcome 1.2: A strong Palestinian national identity prevails UNDAF Outcome 3.2: Palestinians have greater access to decent productive jobs UNDAF Outcome 4.1: More Palestinians, especially the most vulnerable, benefit from safe, inclusive, equitable and quality services National Policy Agenda (NPA), National Priority 10: Resilient Communities</p> <p>Indicative Output(s) with gender marker²: The list of outputs is included above. Outputs 2.1 and 2.2 GEN 2, Outputs 1.1, 1.2, 1.3 GEN1. Overall Programme Gender Marker = 1</p>	Total resources required:	EUR 10.0 million plus EUR 7.0 million supplement grant		
	Total resources allocated:	UNDP TRAC:		
		All Donors (incl. BMZ funding):		
		Government:		
		In-Kind:		
	Unfunded:			

Contents

- I. Executive Summary 6
- II. Development Challenge 6
- III. Strategy 9
- IV. Results and Partnerships 14
- V. Project Management 30
- VI. Visibility 33
- VII. Monitoring And Evaluation..... 34
- VIII. Governance and Management Arrangements 36
- IX. Additional Needs for COVID-19 Emergency Response (Chapter added 19 August 2020)38

Acronyms

ACP	Advisory Committee on Procurement
CFW	Cash for Work
CRDP	Community Resilience Development Programme
CRDP	Community Development and Resilience Programme
DIM	Direct implementation Modality
DPA	Delegated Procurement Authority
EGP	Employment Generation Programme
EQA	Environment Quality Authority
ESMP	Environmental and Social Management Plan
GOI	Government of Israel
GoP	Government of Palestine
HACT	Harmonized Approach to Cash Transfer
IP	Implementing Partner
IPR	Investment Programme for Resilience
KfW	Kreditanstalt für Wiederaufbau
LGU	Local Government Unit
LTA	Long-Term Agreements
LS	Lump Sum
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MSME	Micro-Small-Medium Enterprises
NPA	National Policy Agenda
oPt	Occupied Palestinian Territory
POPP	Programme Operations Policies and Procedures
PA	Palestinian Authority
PIU	Project Implementation Unit
PMO	Prime Minister's Office
PPE	Personal Protective Equipment
SDC	Swiss Development Cooperation
SE	Social Enterprise
SERR	Socio-economic Recovery and Response Unit
TDA	Transitional Development Assistance
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme

List of Tables

Table 1: Secondary effects related to the implementation modality of the programme 13

Table 2: Contribution to the SDGs 14

Table 3: Direct and Indirect Beneficiaries..... 20

Table 4: Resources Required to Achieve the Expected Results..... 22

Table 5: Coverage rate country programme 22

Table 6: Risks and mitigation strategy 26

Table 7: Visibility Plan 34

Table 8: Evaluation Plan..... 36

I. **Executive Summary:**

The Investment Programme for Resilience (IPR) is a comprehensive, inclusive and integrated response to the needs of the most vulnerable/marginalized communities in Palestine. It is designed based on a sound analysis of the risks and problems posed by the COVID-19 crisis and its immediate implications. It is also based on the analysis of previously existing multisectoral development challenges.

The Programme aims to reduce development gaps and addressing short term-immediate needs by enhancing the preparedness and response capacity of the health system through (1) provision of procurement of personal protective equipment (PPE) for health workers as well as specialized equipment and supplies, (2) training of health workers and provision of short term job opportunities to skilled and unskilled workers in the West Bank and East Jerusalem, and Gaza, and (3) procurement and placement of medical waste treatment devices and training of health personnel and LGUs staff.

Simultaneously, at the medium to longer term, IPR is seeking to address community needs through investments in community infrastructure and basic services within a strategic approach in addressing key drivers of vulnerabilities. These include poverty, unemployment, weakness of social services, geo-political constraints, absence of policy planning, disparities and new emerging socio-economic implications as a result of the COVID-19 crisis. Selected investments in community social infrastructure are intended to play a pivotal role in reducing disparities, strengthening social cohesion, and enhancing community engagement and ownership (particularly women, youth, and people with disabilities), and also contribute to creating short-term employment opportunities through construction/rehabilitation works and long-term sustainable jobs for the operation and management of the new services provided.

II. **Development Challenge**

1. The Palestinian economy already suffers from restricted access to national resources, geographic fragmentation, and severe constraints to movement of people and goods on account of the occupation and the blockade of Gaza. With the ongoing COVID-19 crisis, vulnerabilities are deepening and the potential long-term impact is dire for Palestinians, particularly for those below the poverty line, living in rural areas, working as labourers in Israel and employed in the services and wholesale/retail sectors.

2. Estimates indicate that a one-month closure (now approaching two months) could decrease the Palestinian Territory's GDP by US\$ 576 million in 2020. Up to 90% of businesses employ less than five people. Wholesale, retail and services contribute to nearly 40% of the Palestinian Territory's GDP, where the current lockdown and closure of businesses will have a serious impact on small businesses and wage employees. Youth and women will be disproportionately affected, as female labour force participation is already low (18%) and youth unemployment is very high (45%). Moreover, Palestinian women earn on average 25% less per day than their male counterparts. With nearly 30% of the population living in poverty (53% in Gaza and 14% in the West Bank), families are already facing the negative economic effects of the lockdown through loss of work (particularly for those working in Israel) and higher living costs, due to the sharp decrease in the value of the Israeli Shekel. Women-headed households,

approximately 11% of all Palestinian households, will be disproportionately affected, where 18.6% of people in women-headed households in the West Bank and 54% in Gaza are living in poverty.

3. Already experiencing a two-year fiscal crisis due to the Government of Israel's (GoI) reductions on the transfer of Palestinian Authority (PA) owned revenues, government revenues are expected to decrease by at least 40% on account of the current crisis of COVID-19. Depending on the extent of such loss, the deficit is expected to increase by around US\$1.8-2.4 billion in addition to the current US\$0.8 billion. The deteriorating fiscal sustainability of the government will have a serious impact on the ability to ensure social safety networks are sustained, including cash transfers to vulnerable households and the salaries and pensions of government workers, including front-line health workers. More than 70% of households in Gaza and 10% of households in the West Bank depend on cash and in-kind assistance, with 21% of the Palestinian labour force works in the public sector, including 43% of employed women.

4. In short, the negative impact on economic growth will be significant. The World Bank has produced two scenarios (as of 26 March) revising their growth forecasts for 2020. As a direct impact of the COVID-19 outbreak, in the first scenario, should the virus recede and public health restrictions can be eased after two months, Palestinian GDP would contract about 2.5%. In the second scenario, the containment measures can be lifted only after four months, Palestinian GDP contracts about 7% in 2020, a downward negative revision of about 9.5 percentage points. Clearly, the data underpinning these forecasts are changing rapidly, so the calculations should be understood as estimations.

East Jerusalem:

5. Palestinians in East Jerusalem face differentiated challenges of life under occupation, facing ongoing land appropriation and settlement building, a discriminatory permit and zoning system, lack of infrastructure and basic and public services, the Separation Wall, unequal citizenship laws, limited municipal autonomy, and exclusionary urban planning. Nearly three quarters of all Palestinian families residing in East Jerusalem live below the Israeli national poverty line, compared to 23% of Israelis in West Jerusalem, where the income gap between Palestinians and Israelis is 1:9. The restrictive zoning, planning and permitting regime for Palestinian urban development in East Jerusalem has resulted in high costs of housing and land purchases, placing a large financial burden on young families and those with limited income who must live in the city to maintain their residency rights. With the limited capacity of the Palestinian economy to stimulate job creation and the limited opportunities available in the Israeli market, labour force participation is lower in the Jerusalem governorate than the rest of the Palestinian Territory, at 56.4% for men and 6.7% for women.

Gaza Strip:

6. In Gaza, the ongoing blockade and movement restrictions continue to severely impact socioeconomic conditions for all. According to the 2020 Humanitarian Needs Overview, 1.5 million people were identified as in need of humanitarian assistance – around 80 % of the total population. The severe restrictions have put the economy on the brink of collapse. The unemployment rate in Gaza is amongst one of the

highest in the world. Over 1 million people living under the poverty line, many of them earning barely enough to retain shelter, clothing and food. Approximately 86% of household income is below \$700 per month, where average household debt is around \$6,000, a large portion of which are on account of unpaid electricity and water bills. Less than 14% of households reported having an income that adequately meets their household needs. Average household expenditure is 2885 NIS (838 US\$) per month compared to 5938 NIS (1700 US\$) in West Bank, where 53.7% of household expenditure is spent on food, housing medical care and education compared to 45% in WB. While changes in labour market earnings has resulted in fragile improvements in the West Bank, the decrease in transfers to Gaza (pensions, retirement payments, and domestic remittances) are a key driver of poverty and inequality.

7. The shrinking economy has resulted in the loss of purchasing power for the Gazan private sector, resulting in wage and job cuts and reduced economic productivity, and a decrease in new company registration. The crisis has also resulted in an increase in violence, particularly among men, and gender-based violence in the household. Data forecasts this situation to deteriorate even further.

Area C, peri-urban and rural areas in the West Bank:

8. Area C spans over 60 % of the West Bank and falls under Israeli civil and military administration. Encompassing prime agricultural lands, pasturelands, water resources, natural minerals and natural beauty key, Area C is crucial for the geographic, socio-economic and spatial integrity as well as the potential development of the Palestinian Territory. Moreover, Area C is the underlying frame of territorial contiguity in the West Bank which most large-scale and nation-wide infrastructure depends on. Without this territory, a Palestinian State cannot materialize as a tangible entity.

9. Israeli restrictions impede business both directly and indirectly, increasing transaction costs and limiting access to resources. Israeli policies increase the cost of doing business, which stifles competition with Israeli and international companies, making it difficult for business to thrive. These restrictions have particularly affected the development of the manufacturing and agricultural sectors. For nearly 300,000 residents in over 500 communities, livelihoods and economic opportunities are deeply affected by the lack of infrastructure for the delivery of basic and public services. More than half of the Palestinian communities in Area C have significant difficulties accessing primary and emergency health services; women, children, the elderly and persons with disabilities are disproportionately affected. Local government units (LGUs) are the primary service providers, including basic services such as water and electricity (if any), lighting and road construction, remote and marginalised LGUs in the West Bank. These provisions are significantly worse than those closer to urban centres. Economic activity and fiscal capacity tend to be concentrated in urban centres, where smaller and rural LGUs suffer from additional layers of marginalisation due to restrictions of movement.

Implications:

10. Despite the fact that the Palestinian Government has declared a state of Emergency through June and put in place a COVID-19 Response Plan with number of strict measures to contain the pandemic and prevent local breakdown, WHO identified the Palestinian Territory at very high risk of potential spread of the pandemic, while a resurgence is still possible due to current outbreak in the neighbouring countries;

i.e., Israel and Egypt. Such vulnerability is exacerbated by the insufficient medical resources, including the lack of critical intensive care beds and artificial ventilators, which would dramatically raise the mortality rate of COVID-19. Health workers are vulnerable, without protective equipment and adequate training. As women represent nearly 60% of workers in the care sector in the Palestinian Territory, and 70% of frontline health workers (12,558 nurses and medics in the West Bank and Gaza Strip), they are particularly at risk. This is in addition to the increased burden of women at home as caregivers, as well as greater need to maintain a hygienic environment for their families.

11. Alongside the implementation of different interventions to address immediate humanitarian needs of affected communities, a more robust integrated approach addressing the recovery and transitional development needs has become crucial to address the socio-economic priorities. This is particularly true for deepening unemployment, particularly among youth, and young women. The COVID-19 emergency will reverberate throughout the real economy. In addition to the direct health impact, the crisis will affect household welfare via reduced labour income and loss of livelihoods because of lockdowns and the economic crisis that will follow and higher consumption prices, particularly for food. Women are particularly vulnerable, as according to UN Women, 25% of women in the private sector work without employment contracts and 70% of women businesses are in the most severely impacted service sector.

12. The COVID-19 crisis has contributed to exacerbating pre-existing political, social and economic vulnerabilities, with increased tensions and a further fragmentation of the social fabric. During the lockdown imposed by the PA, an increase in violence has been registered, with 16 persons killed since the beginning of 2020, a figure which is higher than 2019. This is in addition to the increase in electronic crimes and domestic violence, which is disproportionately affecting women. These figures are linked to high unemployment rates, poverty and the emerging changes of the socioeconomic structures. The deteriorating situation requires a targeted and comprehensive response, through investments in socioeconomic assets to lessen the economic burden on the people, reinforce the social fabric and strengthen community capacity to absorb, adapt and transform following a crisis.

III. Strategy

13. The spread of COVID-19 represents a new challenge for the government, within a very complex situation even prior to the crisis. The government must balance the provision of essential health services with broader socio-economic support for the most affected and increasingly vulnerable communities. Despite the containment measures by the government, the current state of uncertainty requires continued efforts to ensure the health system is strengthened to be able to respond if the situation deteriorates. Moreover, the socio-economic situation prior to the COVID-19 crisis, in which Palestinians were denied human rights and basic security, freedom of movement and access to basic services and employment opportunities, it is imperative that measures are in place to prevent a further deepening of vulnerabilities.

14. The **Investment Programme for Resilience (IPR)** is a comprehensive, inclusive and integrated response to the needs of the most vulnerable/marginalized communities in the Palestinian Territory. It is designed based on a sound analysis of the risks and problems posed by the COVID-19 crisis and its immediate implications. It is also based on the analysis of previously existing multisectoral development

challenges in the Palestinian Territory. The Programme aims to reduce development gaps by addressing short term-immediate needs and medium to longer term priorities with the aim of enhancing access to sustainable and quality services and strengthening the resilience of marginalized communities. There will be a strong focus on the most vulnerable groups and communities, including women, youth, and disabled persons.

15. The IPR is aligned with the Government of Palestine (GoP) response to COVID-19, as well as with the broader National Policy Agenda (NPA), the United Nations Development Assistance Framework (UNDAF) and the SDGs. It is also consistent with the global UN COVID-19 Socio-Economic Response Framework which designates UNDP as the technical lead for socio-economic recovery. The approach adopted by the IPR is in line with UN-wide discussions in the Palestinian Territory, around the humanitarian-development-peace nexus and the 'Transformative Resilience' framework, which has national ownership and leadership, self-reliance, and Palestinian identity at its core.

Alignment with Government of Palestine Response to COVID19

16. The IPR is aligned with the Government of Palestine approach to the COVID-19 Response. On the one hand, outputs and activities under Outcome 1 outline how the Programme will contribute to the immediate response efforts in the health sector (in line with GoP focus on preparation, containment, communication). On the other hand, the investments foreseen under Outcome 2 will focus on socio-economic recovery, as part of the GoP medium to long-term strategy.

Alignment with UNDP COVID-19 response in the Palestinian Territory

17. The IPR is aligned to the overall UNDP COVID-19 Prepare, Respond and Recover strategy, supporting the Palestinian government across three main pillars:

- **Enhance the preparedness of the health system to receive additional COVID-19 patients, while also ensuring the continuity of essential healthcare provision** by a) increasing the number of health practitioners through deployment of health workers, b) supporting the health and environment departments at municipalities with the sterilisation and disinfection of public facilities and markets, c) improving health waste management through the provision of equipment and training.
- **Support the government's leading role in inclusive and integrated crisis management and assessing and planning for the medium- to long-term socio-economic recovery** by a) supporting the establishment and operationalization of a Socio-economic Recovery and Response Unit (SERR) housed in the Prime Minister's Office (PMO), b) supporting line ministries with individual response plans and mitigation interventions required to support socio-economic recovery, c) strengthening accountability and transparency in government responses.
- **Develop and implement resilience-based recovery measures especially for vulnerable and marginalized groups** by a) supporting livelihoods and short-term jobs linked to longer-term employment and b) enhancing capacity of local actors to deliver services.

Alignment with NPA and UNDAF

18. The IPR is aligned with the following national priorities: under the government reform pillar, National Priority 4 – Citizen-Centred Government, improving services to citizens; under the sustainable

development pillar, National Priority 6 – Economic Independence, creating job opportunities; under the National Priority 9 – Quality Health Care for All, better health care services and finally National Priority 10 – Resilient Communities. In addition, it contributes to several UNDAF outcomes and strategic priorities, particularly Strategic Priority 3 – Leaving No One Behind: Supporting sustainable and inclusive economic development.

Alignment with the Transformative Resilience

19. The design of the IPR Programme reflects UNDP's Transformative Resilience approach. The operationalization of this framework supports the harmonization and coherence of efforts between the national and local level stakeholders, guiding the short term-immediate crisis response which contribute to the medium- to longer-term recovery interventions that reinforce resilience at the community level. The emphasis is on marginalized areas, including Area C, East Jerusalem and Gaza. In addition, this will support the government in meeting national priorities and mitigate further erosion of community livelihoods.

20. The IPR is line with the Boosting Resilience in Fragile Contexts strategy initiated by the German Federal Ministry for Economic Cooperation and Development (BMZ), seeking to promote resilience as a multi-sector guiding principle of its Strategy on Transitional Development Assistance (TDA). The IPR will take into account the eight Programme Quality Principles as set under this strategic vision, including:

- Introduce a coherent analysis package: through designing the benchmark, IPR will complement existing livelihood system analysis to understand the interlinkages between different kinds of risks and vulnerabilities, as well as existing and needed resilience capacities.
- Apply a bottom-up process within the project cycle: through the call for proposals, IPR will promote inclusive ownership and trust in new and innovative strategies for managing risk and change.
- Break down operational silos and utilize synergies: during the inception phase there will be a mapping of activities in order to ensure that IPR implementation fosters synergies, collaboration and interlinkages with other initiatives for reinforcing community resilience.
- Use a political economy approach to inform project actions: the IPR is built on comprehensive analysis of the key actors, their official mandates/ roles, informal interests, etc. This is also linked with national socio-economic mapping, as well as cost-benefit analysis, allowing for a focus on strategic and sustainable initiatives for community resilience. While supporting a long-term vision, it takes a practical approach for testing models and modifying the model for national scale-up and implementation.

Building on achievements and lessons learnt from previous programmes implemented by UNDP in the Palestinian Territory

21. The strategic vision of the IPR is built on the long-lasting partnership with the Government of Palestine and on UNDP's solid experience working across different sectors with communities, civil society, local authorities and national counterparts in the Palestinian Territory. Moreover, the design and approach of the suggested activities is founded on lessons learnt from previously implemented programmes. Though, in contrast to the EGP, the new IPR will have a clearer focus on strengthening resilience by building the capacities of local communities and service providers. A broader resilience focus will have positive impact on peace and conflict by lowering tensions and fostering peaceful living at the local level.

22. The IPR also benefits from the implementation methodologies of social and environmental safeguarding, solid knowledge of call for proposals, strong partnerships on ground with the national counterparts and community-based institutions, and the current efforts for reinforcing Monitoring and Evaluation (M&E) through real time monitoring, reporting and communication, benefitting from different software's and platforms, such as Kobo Toolbox and ArcGIS. All these elements were adjusted, strengthened and consolidated through the different programmatic interventions carried out in the past years. UNDP's valuable experience of linking short-term job creation with longer term sustainable employment through start-up support and incubation provide tested models that can move to scale.

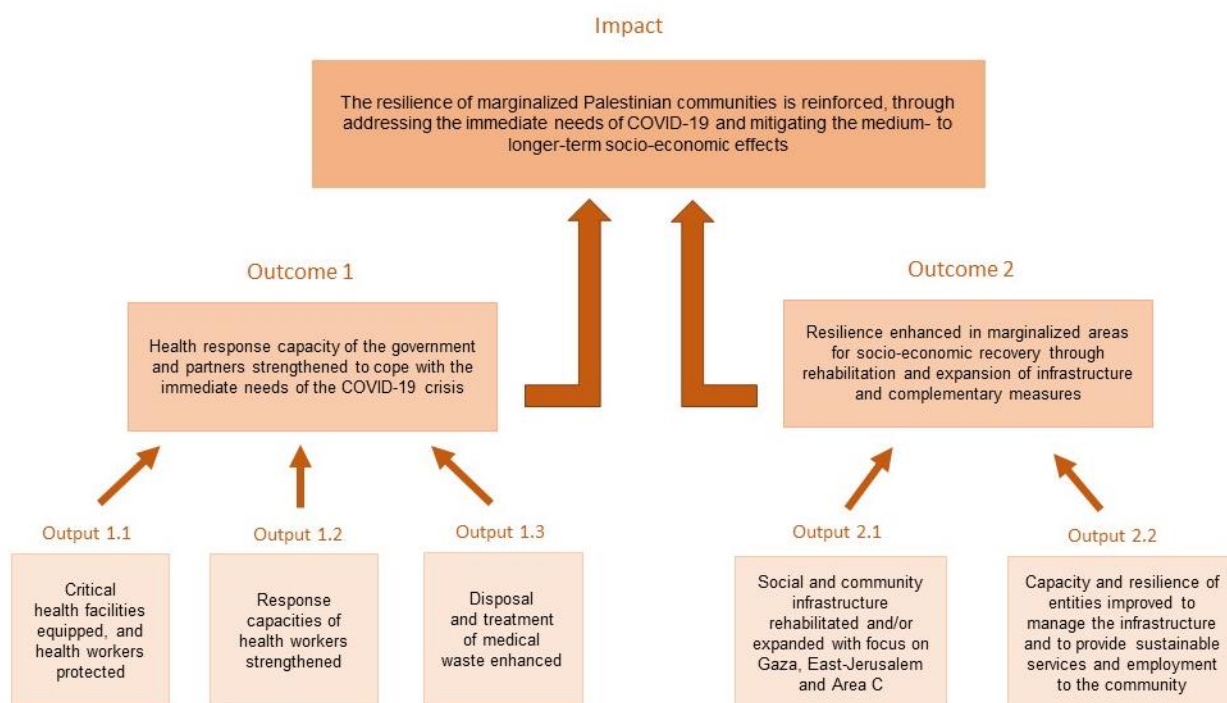
23. At the level of the immediate response of combating COVID-19, the IPR will dovetail with ongoing interventions, implementation and governance structures, knowledge in supporting national and local partners in the provision of medical equipment, medical waste systems and deployment of health workers.

24. By building on these lessons learnt, further investments to enhance resilience at the national and community levels have the intent to:

- Strengthen the capacity of individuals, communities, systems and state to cope with and recover from possible future shocks;
- Support a process of transformation leading to self-sustainability, improvement and growth;
- Optimize existing resources by investing in more durable solutions and avoiding parallel mechanisms;
- Strengthen infrastructure and national capacities to be more sustainable over the longer-term;
- Support employment generation and livelihoods;
- Encourage a greater contribution of women to growth and sustainable solutions; and
- Improve environmental performance and providing a cleaner, healthier and more productive environment to the population.

Programme Framework:

25. The programme framework that underpins the IPR articulates an approach for strengthening resilience. Resilience is defined as the absorptive, adaptive and transformative capacities at different levels, when faced with shocks. The approach is to link short-, medium- and longer-term measures, and support the community and national and local counterparts to act based on informed decisions. Informed decisions are the result of strong coordination and cooperation mechanisms in place, which is a key element for the success of this programme.



The above outlined framework is based on the following assumptions:

- The combination of immediate –short-term response in support to the most affected sector (health sector), and the medium- to longer-term socio-economic response, contributes to strengthening community resilience;
- Selected interventions reflect the community needs and priorities and are also aligned with the broader strategic priorities of the relevant ministries and;
- Investments in improved capacity of entities in managing the implemented community infrastructure initiatives will enhance sustainability and generate longer-term jobs; and
- Adjustments might be required at the activity level based on changing needs, due to the volatile situation that results from the COVID-19 crisis, but the outputs will continue to be valid.

Table 1: Secondary effects related to the implementation modality of the programme

SECONDARY EFFECTS	DESCRIPTION
What are main expected effects related to the procurement strategy (e.g. local procurement supports local economy)	The procurement strategy will prioritize the provision of locally produced/sold products (where applicable) contributing to the local economy in the form of revenues and local employment. The procurement of services, such as trainings, will be secured from the local market. This applies both to Outcome 1 procurement of health supply and Outcome 2 procurement of assets and equipment linked to the operation and management of health and community infrastructure services.
What are main effects related to other implementation modalities (e.g. employment creation in small-scale)	Under Outcome 1, employment opportunities will be generated through job placement of health workers in supporting the national efforts for tackling COVID-19 pandemic. Under Outcome 2, the programme will generate short-term job opportunities as a result of the construction/rehabilitation activities in the health sector

construction/ rehabilitation or training measures)	and community infrastructure and through training and capacity building initiatives. Longer term job opportunities will be generated through the management and operation of the targeted community infrastructure.
How are government, civil society, community-based capacities strengthened through implementation modalities (e.g. HACT improves capacities in certain areas etc.)	Implementing Partner (IP) capacities will be enhanced through the deployment of UNDP mechanisms such as the especially Harmonized Approach to Cash Transfer (HACT) in addressing gaps and opportunities, and in transferring institutional knowledge of quality procedures, financial management, procurement services and project management capacities.

Table 2: Contribution to the SDGs

MEASURES AND CONTRIBUTION TO SDGs	
Main aspect	Description
Outcome 1: Health response capacity of the government and partners strengthened to cope with the immediate needs of the COVID-19 crisis	The interventions as part of the immediate response will contribute in advancing progress under SDG 3 - Ensuring healthy lives and promote well-being, SDG 16 - Promote peaceful and inclusive societies for sustainable development and SDG 17- Strengthen the means of implementation and revitalize the global partnership for sustainable development.
Outcome 2: Resilience enhanced in marginalized areas for socio-economic recovery through rehabilitation and expansion of infrastructure and complementary measures	This component of the IPR strategy aims at preserving the gains and where possible advancing the SDGs, particularly those that are most significantly affected by the health crisis. The efforts will contribute to the following: SDG 3 – Ensuring healthy lives and promote well-being; SDG 5 – Achieving gender equality; SDG 8 - Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all; SDG 9 - Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation; SDG 10 - Reduce inequality within and among countries; SDG 11 - Make cities and human settlements inclusive, safe, resilient and sustainable; SDG 16 - Promote peaceful and inclusive societies for sustainable development and SDG 17 Strengthen the means of implementation and revitalize the global partnership for sustainable development.

IV. Results and Partnerships

26. The overarching objective of IPR is to reinforce resilience of marginalized communities and Palestinian institutions by addressing the immediate needs of COVID-19 and mitigating the medium- to longer-term socio-economic effects. In order to achieve this objective, the following programme outcomes, related outputs and activities are proposed:

Outcome 1: Health response capacity of the government and partners strengthened to cope with the immediate needs of the COVID-19 crisis

27. This outcome aims at enhancing the preparedness and response capacity of the health system while also ensuring the continuity of essential healthcare provision during the COVID-19 crisis. It is in line with the national priorities of COVID-19 Response Plan for the oPt, the joint strategy of the humanitarian actors, including UNRWA, and with the Health Cluster's Strategic Preparedness and Response Plan, published on 14 March 2020, which is designed to steer a coordinated effort in support of the Ministry of Health (MoH) and the overall efforts of the GoP.

28. The support will complement national efforts focused on strengthening health service providers in marginalized areas, coupled with assistance for increased deployment of health workers and provision of training and capacity building for staff to ensure an integrated response. This component will target hospitals which are particularly in need of support, with emphasis on East Jerusalem and Gaza (see Annex 3 for the selection criteria).

29. The support to the hospitals will be coordinated with all partners active in the health sector, particularly in the COVID-19 crisis response assistance, particularly the MoH and WHO, through different coordination platforms such as the UNCT and with institutions financed by BMZ (GIZ and PTB). It is worth highlighting that hospitals in East Jerusalem are considered the major Palestinian health hubs for specialized treatment and key to reducing the cost of referrals of the Palestinian Ministry of Health. Deployment of health workers will contribute to strengthening the national response, while also creating short-term employment.

30. Due to the unpredictable nature of the COVID-19 crisis and the continuously evolving needs, this component will be adjusted with regard to the geographical distribution of the support (Area C, East Jerusalem, Gaza), as well as weighting across the components (e.g. health workers vs. equipment) based on prevailing circumstances at the time of implementation, in order to ensure it is relevant and in line with the most critical needs. Adjustments will be made - in close consultations between KfW, UNDP and the national counterparts – particularly the MoH, and key UN agencies such as WHO.

31. There are two aspects to be considered from a gender equality and gender mainstreaming perspective under this outcome: women as service providers and women as service recipients. As mentioned above, approximately 70% of front-line health workers are women in the Palestinian Territory. Although initial indications show that many young women are increasingly preoccupied with child-care needs due to the closure of schools, and other additional care burden at home, under output 1.2 UNDP will make a deliberate effort to increase the participation of young women who are unemployed, as they have the highest percentage of unemployment particularly in Gaza. On the other hand, all three outputs will lead to a significant benefit for women, as they will be major recipients of improved availability and quality of healthcare.

32. In order to achieve this outcome, the following outputs and activities are envisaged:

Output 1.1: Critical health facilities equipped, and health workers protected

This output will be achieved through the procurement and provision of personal protective equipment (PPE) for health workers as well as specialized equipment and supplies in support to critical health facilities in the West Bank and East Jerusalem, and Gaza. The proposed activities will ensure the continuation of health services provision and enhanced safety standards for health workers:

Activity 1.1.1: Provision of personal protective equipment units (ref: PPEs) to health workers (e.g. masks, clothing, goggles, shoes cover, gloves, etc.)

Activity 1.1.2: Provision of sterilization equipment to health facilities (ref: fumigators, spray pumps, etc.)

Activity 1.1.3: Provision of medical tools to health facilities (ref: suction machines, syringe pumps, etc.)

Activity 1.1.4: Provision and installation of treatment equipment in health facilities for intensive care units (ref: cardiac monitors and ventilators)

Output 1.2: Response capacities of health workers strengthened

This output consists of strengthening the health system response to the current health pandemic and preparedness for future crises through the training of health workers and by providing short term job opportunities to skilled and unskilled workers in the West Bank and East Jerusalem, and Gaza.

As an example, according to MoH, over 3,000 (1,500 Gaza and 1,500 West Bank) health workers will need to be additionally deployed to support the health sector, which may increase, as the number of positive cases rises. Moreover, as seen around the world, the health workers themselves may become infected with the virus and thus unable to continue working. This implies that a higher number of health workers are needed due to these measures, and PPE and training for health workers to protect themselves will be a critical element of the intervention.

The proposed activities will ensure the continuation of essential health services delivery while the health system is overstretched due to the COVID 19 crisis:

Activity 1.2.1: Deployment of health workers (e.g. doctors, nurses, lab technicians) placed in health facilities for 6 months

Activity 1.2.2: Deployment of skilled/unskilled workers to disinfect/sterilize health facilities and provide support functions for 3 months

Activity 1.2.3: Training of health workers to prepare for and respond to the health crisis

Output 1.3: Disposal and treatment of medical waste enhanced

This output will be achieved through procurement and placement of medical waste treatment devices and training of health personnel inside the health facilities and LGUs staff. The proposed activities will contribute to preventing contamination and mitigating health hazards related to improper disposal of medical waste:

Activity 1.3.1: Training of health personnel inside the health facilities and LGUs staff in the West Bank and East Jerusalem in treating medical waste

Activity 1.3.2: Procurement and installation of autoclaves and containers in 6 Hospitals in the West Bank

Outcome 2: Resilience enhanced in marginalized areas for socio-economic recovery through rehabilitation and expansion of infrastructure and complementary measures

33. Outcome 2 is designed to complement the immediate health response during the COVID-19 crisis. Beyond the COVID-19 crisis, outcome 2 will become the core part of the IPR with focus on the rehabilitation and expansion of social and community infrastructure, and on community resilience. Its multi-sectoral nature contributes to transitioning the Programme from an immediate humanitarian response into recovery and medium to longer-term development support (HDP nexus). As the technical lead in the socio-economic recovery response to COVID-19, UNDP will play a key coordination and guidance role in support to the PMO socio-economic recovery efforts on behalf and in close collaboration with the UNCT.³⁴

34. For achieving the outcome, the IPR will pursue an integrated approach that combines (a) the selection process with a clear focus on resilience, giving preference to vulnerable entities that have potential to increase resilience and social cohesion within their communities, (b) capacity building of these entities to strengthen their impact in this regard, and (c) thorough assessments and evaluation and impact studies to draw evidence and lessons for readjusting the programme approach to resilience.

35. In order to achieve this outcome, the following outputs and activities are envisaged:

Output 2.1: Social and community infrastructure rehabilitated and/or expanded with focus on Gaza, East Jerusalem and Area C

36. Through this output, investments in community infrastructure and basic services will follow a strategic approach in addressing key drivers of vulnerabilities. These include poverty, unemployment, weakness of social services, geo-political constraints, absence of policy planning, disparities and new emerging socio-economic implications as a result of the COVID-19 crisis. Investments in community social infrastructure will play a pivotal role in reducing disparities, strengthening social cohesion, and enhancing community engagement and decision-making (particularly women, youth, and people with disabilities). Interventions will also contribute to creating short-term employment opportunities through construction/rehabilitation works and long-term sustainable jobs for the operation and management of new or expanded services provided. Moreover, the suggested approach will contribute to strengthening local implementing partner capacities and provide a space for non-traditional activities to be proposed.

37. There will be a strong focus on ensuring women are benefiting not only as recipients of the services provided by the community infrastructure, but also as key actors in the identification of priorities, design of the interventions, delivery of services, and management and operations of the facilities.

38. Building on the experience and lessons learnt from past and ongoing UNDP Programmes, the adoption of a transparent, participatory and inclusive approach with focus on resilience in the selection of communities to be targeted and interventions to be prioritized and implemented is proposed. During the inception phase, calls for proposals will be launched in the selected areas (Gaza, East Jerusalem, Area C) and proposals will be assessed against eligibility criteria and prioritization based on the selection scoring card (refer to Annex 3 for the selection criteria). The final selection will be validated and endorsed by the Project Board, following coordination with development partners to avoid duplication, ensure complementarities and linkages.

The output will be achieved through the following suggested activities:

Activity 2.1.1: Launching calls for proposal for the selection of resilience interventions, with emphasis on health, basic services and community infrastructure

Activity 2.1.2: Validation and endorsement of prioritized interventions by the Steering Committee, in coordination with development partners

Activity 2.1.3: Implementation of infrastructure with emphasis on health, basic services and community infrastructure

Output 2.2: Capacity and resilience of entities improved to manage the infrastructure and to provide sustainable services and employment to the community

39. In order to ensure a sustainable usage of the targeted community infrastructure and to ensure it contributes to social cohesion and resilience, a specific focus is given under this output, to targeted capacity development support based on gaps and opportunities analysis at two levels. First, technical assistance will be provided to support the development and implementation of service plans, revenue management, cost efficiencies, competitiveness and economic return on investments. This will strengthen local capacities in the management and operation of community infrastructure, ensuring continuation and enhancement of quality services for the targeted beneficiaries. Second, capacities will be strengthened through the development of service plans and/or accompanying measures that help promoting processes of social cohesion and resilience.

40. The interventions identified through the call for proposals will be validated by the community to ensure they respond to their needs, therefore contributing to enhanced local ownership and preservation of the investments. Once the community infrastructure investments are identified, as part of the service/operation and management plans, accompanying measures should be included to ensure the interventions contribute to strengthening social cohesion and community resilience. This could be rolled out at the local level, based on the specificity of each intervention, through the engagement of relevant

stakeholders, including local government units, community leaders, local organizations and should include activities that focus specifically on social inclusion and non-violent behaviours. The involvement of youth and women in such activities will be key for the success.

41. For example: as part of the operation and management plan of a targeted kindergarten, social cohesion related activities should be included, to ensure the investment responds to both, the physical infrastructure needs as well as, social inclusion. Kindergartens could also serve as a space for parents to gather, share knowledge and communicate, building a social network within the community.

42. The same applies to investments in public spaces. Inclusion of specific activities in the operations and management plans of the targeted facility will not only provide meeting points for youth to practice their hobbies, but also contribute to building social bridges among them, strengthening social interaction and contributing to peaceful societies.

43. Finally, investments in culture heritage sites, beyond the enhanced economic development and environmental preservation benefits, if coupled with specific targeted activities, will generate positive social drivers, valorising the historic and cultural importance of the sites, strengthening Palestinian identity and contributing to enhanced resilience.

44. The output will be achieved through the following suggested activities:

Activity 2.2.1: Analysis of initial service plans (including O&M) and identification of gaps and opportunities

Activity 2.2.2: Technical support to strengthen capacities of targeted entities and ensure the implementation of the service plans, and support to local processes of social cohesion

45. Overall, sustainability will be ensured through the design of service plans for selected community infrastructure interventions, from the initial stages of implementation, and through continuous engagement of the committee before, during and after implementation.

Beneficiaries:

46. The IPR aims to strengthen national capacities to respond to the critical needs of the marginalized communities in Palestinian Territory during COVID-19 pandemic and in the medium-long term recovery and resilience efforts, with specific focus on communities in Area C and rural areas of the West Bank, East Jerusalem and the Gaza Strip, who represents approximately half of the Palestinian population. In line with the principle of leaving no one behind (LNOB), the primary beneficiaries are vulnerable groups and communities that are affected by multiple levels of vulnerability, which are often driven by geographic determinants (East Jerusalem, Gaza and Area C). Within these communities, women and youth, as well as disabled persons will be prioritised, alongside the relevant vulnerable groups in the targeted communities in line with the UN Common Country Analysis for the occupied Palestinian territory conducted in 2017.

Moreover, recent assessments and analyses conducted by UNDP (e.g. local government units in West Bank and Gaza) and other UN agencies (e.g. UN Women on gender-differentiated impact of COVID-19), PCBS, Ministry of Labour, and the World Bank will be utilised to inform prioritisation. Specific beneficiaries under each outcome is as follows:

Outcome 1: health workers (e.g. doctors, nurses, technicians), medical waste treatment workers, hospital patients

Outcome 2: individuals with multiple vulnerabilities, who are most effected by the COVID19 crisis (e.g. women, youth, disabled); and social organizations, NGOs/CSOs.

Table 3: Direct and Indirect Beneficiaries

Activity	Direct Beneficiaries				Indirect Beneficiaries (as applicable)			
	Total	Female	Male	Other categories as relevant to Project design (e.g. age, refugees etc)	Total	Relevant category (e.g. teachers)	Relevant other category (e.g. community leaders)	Other category as relevant (e.g. age, refugees)
Outcome 1								
Output 1.1	1,200	600	600					
Output 1.2	1,550	775	775					
Output 1.3	1,100	550	550		500,000			
Outcome 2 *								
Output 2.1	12 (IPs)							
Output 2.2	12 (IPs)							
Total incl. double counting								
Total without double counting								

*figures on beneficiaries for output 2.1 and 2.2 of community infrastructure/services will be extracted during the inception phase from the calls for proposal

Resources Required to Achieve the Expected Results / Time-schedule (plus annexes “Cost and Financing Plan” and “Time schedule”).

47. Towards the realization of the IPR pathway to change, UNDP will tap as much as possible into existing human resources, while strategically invest in provision of new strong capacities for Project Management and Coordination, to take the agenda of resilience into the desired level of focus and contribute to achieving the impact and scaling up this framework. UNDP will deploy its human resources in a quick manner and will put in place arrangements for the implementation of COVID-19 response that require speed delivery. At the level of community-based infrastructure, IPR will hire engineering capacities for supervision and technical quality assurance. A procurement analyst will be assigned at partial cost to effectively speed up the procurement processes and meet the IPR target. Moreover, at partial cost, a communication specialist and a reporting, monitoring and evaluation officer will be deployed to assist in the implementation of visibility actions and M&E interventions, respectively.

48. Partnerships will be established with government and civil society organization/non-governmental organization (CSO/NGO) in line with the IPR vision, and within the scope of Outcome 2, for the implementation of related activities. UNDP will adopt the Harmonized Approach to Cash Transfer (HACT) framework, in order to assess the capacity of IP's, provide assurance and capacity development support throughout the implementation of activities. UNDP will conclude micro assessments for each IP and accordingly agree on the implementing arrangement as well as cash transfer and disbursement modality to be applied. During implementation UNDP will establish assurance plans and implement assurance activities through spot check, programme monitoring and audits. UNDP will collaborate closely with IPs to ensure systems are in place to monitor and respond to internal and external risks (for more details, please see section 61).

Table 4: Resources Required to Achieve the Expected Results

Position/function (full- or part-time)	Main responsibilities	Filled by existing staff or new hire?
Project Implementation Unit (Staff Project Cost)		
Project Manager (100%)	Daily management of IPR	New hire
Programme Associate (100%)	Support the implementation of IPR (Programmatic assistance, financial and administrative)	New hire
Quality technical assurance and upper-site supervision	Quality engineering services for the civil works activities	New hire
Direct Project Costs		
Resilience/ Social Cohesion Specialist (40%)	Programmatic management and technical backstopping for resilience, social cohesion and peace/trust building activities.	New hire
Procurement Analyst (50% for the first 12 months)	Support the implementation of procurement activities related to Outcome 1	Existing staff
Portfolio Programme Manager (30%)	Programme Quality Assurance	Existing staff
Communication Specialist (15%)	Support the implementation of IPR visibility and communication actions	Existing staff
Reporting and Monitoring (2 staff: 1 West Bank and 1 Gaza, starts from Sep 2020) (30%)	Support the provision of reporting and carrying out the some of the quality assurance/monitoring responsibilities	Existing staff

Table 5: Coverage rate country programme

Outcome	Total Cost (Country Budget)	Covered by Project	Covered by other sources	Funding Gap
Outcome 1: Health response capacity of the government and partners strengthened to cope with the immediate needs of the COVID-19 crisis	EUR 4,010,675.00	EUR 4,010,675.00	EUR 0.00	EUR 0.00

Outcome 2: Resilience enhanced in marginalized areas for socio-economic recovery through rehabilitation and expansion of infrastructure and complementary measures	EUR 3,389,836.00	EUR 3,389,836.00	EUR 0.00	EUR 0.00
--	------------------	------------------	----------	----------

49. UNDP comparative advantage in the Palestinian Territory rests in its development approach for empowering the Palestinian people and their institutions to achieve a resilient Palestinian nation based on ownership and capacity development towards sustainability. With a long-standing presence in the occupied Palestinian territory (oPt), UNDP has acquired a deep understanding of the local context. As a trusted partner, UNDP enjoys a close partnership with Palestinian institutions, civil society, communities, the UN Country Team, and international development partners. Moreover, UNDP/PAPP derives its mandate from the United Nations General Assembly Resolution 33/147 of 20 December 1978.

50. UNDP has a strong implementation capacity in the Palestinian Territory and has established and effective mechanisms as well as local networks and capacities. Moreover, UNDP has a long-lasting record in implementing national needs during crisis and recovery interventions, and solid capacity on the ground for community resilience and infrastructure, represented currently by flagship programmes, notably the Employment Generation Programme funded by the Government of Germany through KfW and CRDP Programme, which is in the completion phase with the support of Sweden, Norway, Finland and Austria.

Partnerships:

51. For the immediate response to COVID-19 under Outcome 1, focused on strengthening the health system, the IPR will effectively contribute to the needs identified in the Palestinian Territory and UN response plans. The latter has been developed under the leadership of the UN Resident Coordinator (RC/HC) and WHO, in consultation with other UN agencies as well cluster partners to support the MoH on the whole of Government response. For example, UNDP has joined WHO on field assessments to the COVID-19-designated European hospital in Gaza to identify the needs for the safe disposal of large amounts of hazardous medical waste that will be generated in case of a COVID-19 outbreak in Gaza. WHO requested support from UNDP, who is a recognised leader in this area, both in Gaza and the West Bank.

52. Moreover, all the interventions proposed under Outcome 1 have been discussed with WHO, who is the technical lead, as well as the inter-agency cluster coordination mechanism. Regular meetings particularly with the Health and WASH clusters, as well as the inter-cluster level meetings (which on occasion also include donors) allow UNDP to ensure that funding from KfW is channelled to the areas

where gaps exist at the time - whether it be medical equipment provision, health workers placement, or medical waste management. All printed information about COVID 19 developed for public awareness and training is being reviewed by WHO before distribution to ensure the right information is being conveyed to the public and to the workers who are carrying out their duties in the health and medical waste treatment sectors (also from a workplace safety perspective).

53. Under this outcome, UNDP also works in partnership with the GoP and line ministries, especially MoH (and MoH-managed hospitals), Ministry of Labour (MoL), Environment Quality Authority (EQA) for detailing the needs and advancing the implementation of activities. Lists of health workers, medical equipment, or hospitals / PHCs shared by the MoH will be vetted with WHO leading the health cluster, for verification and prioritisation.

54. Under Outcome 2 focused on community resilience, UNDP will build on existing partnerships, as well as forge new relationships to advance transformative resilience. UNDP is currently engaged in supporting the Prime Minister's Office (PMO) in establishing a Socio-Economic Response and Recovery Unit which would be tasked to set programmatic and policy priorities. The different ministries will be engaged directly through engagement in implementation or indirectly through coordination mechanisms, with emphasis on national commitment of sustainability and operations to ensure that investments have the intended longer-term impact. Civil society, NGO's and community-based organisations in the West Bank, East Jerusalem and Gaza will be engaged in supporting the implementation through the Call for Proposals mechanisms where UNDP will make sure through coordination with MDLF that the donor efforts are not targeting the same population (ref. suggested selection criteria- annex 3). Within the national coordination platforms and participatory identification of needs approach, partnerships with private sector, academic and research institutions will be explored. UN agencies, MDLF, investment banks (e.g. Islamic and Arab Funds), donors (e.g. Japan, Norway, SDC, EU, WB) and other international non-governmental organisations will also be engaged at the level of information sharing and exchanges on the ground, to maximize synergies and harmonize the response. UNDP will ensure synergies with other BMZ financed projects in oPt including GIZ and PTB.

Once a partner/beneficiary is identified they are screened against the UN General Assembly sanction list. In its partnership with the local banks (Al Quds Bank, Bank of Palestine, Leumi) UNDP has an additional review as beneficiaries of cash transfers are reviewed against other sanction lists including the EU sanction list. Any beneficiaries found on the list will be reported to UNDP and the transfer is rejected by the banks. This provides UNDP an additional oversight over those individuals or institutions that may not be listed on the UN sanctions list.

Consideration of conflict sensitivity, social/environmental safeguards:

55. Building on the do no harm approach and conflict sensitivity adopted by UNDP throughout the programme/project cycle, and in the likely scenario of a protracted, complex and volatile crisis, IPR must be flexible, responsive and risk-based in addressing community resilience needs under the complex geopolitical landscape and potential implications of COVID-19. An agile management response will ensure a

coherent and speedy delivery, strong quality assurance and oversight arrangements. (Please see attached Annex 4 – FCV matrix).

56. Call for proposals will ensure conflict sensitivity considerations are streamlined, in addition to, safeguarding social and environmental dimensions in line with UNDP rules and regulations. Technical assistance will be provided to stakeholders in the mobilization phase of IPR and during the implementation of its interventions.

57. In relation to the development and implementation of an Environmental and Social Management Framework (ESMF), UNDP shall develop and implement a grievance mechanism satisfactory to KfW, which is accessible to the general public and in particular to people affected by the individual projects, and to the workforce engaged in Programme implementation. Moreover, the Programme-Executing Agency shall assist the Implementing Institutions in preparing an operation and maintenance concept including an operational environmental and social management plan and a respective budget forecast for each individual project. The operational environmental and social management plan shall encompass an occupational health and safety and labour conditions management plan. A preliminary operation and maintenance concept will be reviewed by the Programme-Executing Agency before signing of the implementation agreement with the respective Implementing Institution. The final operation and maintenance concept shall be approved by the Programme-Executing Agency at least one month before commissioning of the individual project

Risks and Assumptions:

58. The programme is an expansion and developed intervention to a long and successful ongoing support from the Government of Germany through KfW. This intervention demonstrates two important considerations. First, that the basic approach of the Programme is indeed highly viable in this very challenging context, and the implementing partners, as well as the beneficiaries, are highly resilient and committed. Second that it is critical that all partners understand the volatility of the context and are prepared to consider modifications and adjust expectations if the operating environment should change during implementation. The three basic assumptions necessary for Programme implementation are as follows:

- COVID-19 implications of lockdown, decreased level of implementation, potential of continued restrictions on movement of people and goods;
- Security environment is sufficiently stable for the different Non-Governmental Organizations (NGOs) to operate and;
- Border crossings are open and available for materials access as well as for personnel traveling.

59. The volatile political situation in Area C, East Jerusalem and the Gaza Strip is the major potential risk for the implementation of the programme. There are other factors with less significance to be considered in this regard. The entry of materials is currently from Israeli crossing only and needs access coordination through the current established UNDP mechanism and the capacity of borders for entry of materials for reconstruction activities. On the other hand, the capacity of the local contractors to carry out different contracts needs to be assessed. Below is the risk log:

Table 6: Risks and mitigation strategy

RISKS	LIKELIHOOD (low/med/high)	MITIGATION STRATEGY	RISK INFLUENCE (low/med/high)
Contextual Risks			
Deterioration of the security situation in the WB, EJ and Gaza, including annexation of Area C (Deal of the Century)	medium	Security and contingency planning for UNDP and partners Two-ways sharing of information and updates on the security situation Development of partnerships with local constituents Opening of communication channels with communities for security updates Implementation through local partners, including local government units	high
Increase in general access and movement restrictions	medium	Liaising with OCHA and Government of Palestine to monitor access restrictions Opening of communication channels with communities for access updates Wide geographic distribution of operations UN, Government of Palestine, and Donor pressure on Israeli authorities to remove access restrictions for programme operations Implementation through local partners / use of locally available resources	high
Closures on account of COVID-19 continue or a second wave emerges and disrupt implementation of activities or changing priorities	high	Programme activities remain flexible to emerging needs in light of COVID-19 Revise annual workplan with the donor approval Re-programme activities towards COVID-19 needs	high
Programmatic risks (as per the Results matrix): Main risks of failure to achieve programme objectives. Also, risk of causing harm through intervention.			
Programme outputs are achieved but impact at the	low	Conduct periodical programme review to ensure continuing relevance and contribution to the outcome.	medium

outcome level is minimal		Carry out evaluation reviews to guide the implementation and address related challenges/ constraints	
In cases where permits are needed, increasing difficulties in securing permits for EJ, Area C and Gaza	medium	Pre-implementation assessment of prospects to secure permits Relationship management with relevant Israeli authorities Government of Palestine, UN, Quartet and Donor support and follow-up Identification of alternative programmatic options Measures to minimize visibility are in place Integrate protection elements in the design of projects Advocacy and communication strategy in place Prepare activities with various levels of risk to remain flexible to changing levels of risk Communities are properly consulted in advance of the risk involved and accept it	medium
Negative impact on human rights	low	Apply human rights principles throughout the lifecycle of the project in accordance to UNDP social and environmental overarching strategy Advocacy and awareness plan are in place	high
Negative impact on women's rights and gender equality]	low	Adopt UNDP strategy for women's rights/ empowerment and gender equality. Advocacy and awareness plan are in place	high
Negative impact on climate/social/ environment	low	Apply Social/ Environment Safeguards (ESMP), environment coping mechanisms throughout the lifecycle of the project in accordance to UNDP social and Environmental overarching strategy Follow and implement the local environment rules and regulations Promote the deployment of green and sustainable infrastructure UNDP will inform stakeholders of the grievance mechanism available at the local and corporate level	high

Institutional risks: Risks to the Fund/ Implementing Partner, e.g. security, fiduciary failure, reputational loss, domestic political damage.

UNDP's implementing partners under threat / pressure from Israeli authorities	medium	UN, Government of Palestine, Donor pressure on Israeli authorities Advocacy by local partners and UN in coordination with Protection Cluster Working Group	medium
Poor implementation and process problems by IPs such as procurement	low	UNDP team will be involved closely in the procurement process and provide training to increase the capacity of the counterpart UNDP will participate in supervising the works daily and will keep tracking the time schedule in cooperation with the counterpart HACT modalities are applied	medium
Exchange rate variability	medium	Build in contingency/surplus of the grant is dedicated to face the problem if it occurs	medium
Cost risk, typically escalation of project costs due to poor cost estimating accuracy and scope creep	low	The quantities and cost estimate will be calculated very accurate The scope of work will be specified very strict and clear from the beginning of the work	medium
Lack of IP experience to operate and maintain the project	low	Accurate selection of partners based on their strength, UNDP is to follow up with the partner the furnishing and equipping the project, continuous and close monitoring for the projects to ensure functionality as planned	high
Negative impact on anti-corruption	low	Fully follow and implement UNDP rules and regulation. Implementation of Audit in line with UNDP procedures Funding of national partners according to UNDP financial rules and regulations Legal steps against misuses of funding Liaison with governmental and non-governmental anti-corruption institutions	high

		Proper selection of implementing partners based on capacities and experience	
Negative impact on medical waste management	low	The whole medical waste management process will be provided by trained staff and carried out in line with the MoH policy Trainings for health workers in managing medical waste in accordance with the existing regulations and best practices will take place Partnerships with institutions own experience in the field will be explored, especially with INGO's financed by MBZ (PTB)	high
Risk to staff security Risk of Project staff being killed, abducted, injured or otherwise harmed by working in a hazardous environment.			
Security threats of staff movement in critical areas, notably, Area C, East Jerusalem, H2 Hebron and seam zones	Low	The project is linked with overall UNDP risk management plan for staff and implementation Staff wellbeing and safety are both key priority for UNDP, staff security is monitored by the existing systems of UNDP and UNDSS Potential threats will be managed in line with the institutional mitigation measures	high

Stakeholders Engagement:

60. Stakeholders include beneficiaries (as described under the beneficiaries section above), partners (as described in the partnerships section above) as well those who will be engaged in the implementation of various components of the project (including those described under sustainability, operations and maintenance section below).

61. UNDP will develop and implement a grievance mechanism in line with the global policy, which is accessible to the general public and in particular to people affected by and/or and engaged in the project activities.

Knowledge:

62. The IPR is an opportunity to further test the Transformative Resilience approach and explore methodologies for strengthening and measuring community resilience – particularly Outcome 2. As such, knowledge generation and sharing are critical throughout the project cycle. Lessons learnt (including successes and failures), and human-interest stories will be produced and shared through different channels and online platforms such as ArcGIS (including social media, fact sheets, etc.). Moreover, in addition to the evaluation report, an evaluation brief (2 pager) will be produced outlining achievements, approach, challenges and lessons learnt coming out from the evaluation. The knowledge products will

also support the government providing evidence-based research to support the policy direction of investment in resilience in the Palestinian Territory.

Sustainability including for Operation and Maintenance, Scaling Up:

63. The sustainability and scaling up of the IPR interventions will be addressed at the programme level, as well as the level of specific interventions (e.g. medical waste management) and specific groups/entities, NGO/CSO.

64. At the programme level, the approach is to ensure that interventions are well aligned with and embedded into the overall national / local strategy, and the IPR supports the strengthening of key institutional partners who are responsible for the specific area. For example, under outcome 1 focused on health systems, the key partner would be MoH, and activities under this intervention will incorporate support in identifying priority areas in collaboration with WHO, as well as training and placement of staff, whether it be on health services delivery, or medical waste management. Moreover, the intervention related to medical waste management will be well embedded in the institutional structures, policy framework, and standard operating procedures for treatment of healthcare waste which was established by the GoP with UNDP support and Japanese funding. Specifically, within Gaza, UNDP has supported the installation of autoclaves in the COVID-19 designated European Hospital, and secured funding from Japan, OCHA and Norway to install additional autoclaves throughout the Gaza Strip, as well as two microwaves to serve the North/Gaza and South. The support will include measures to strengthen the operational sustainability of the services offered to the MoH by the Gaza and North Joint Service Council on Solid Waste. Institutional arrangements such as Steering Committees for solid waste will also be used as a decision-making mechanism.

65. Under Outcome 2 focused on community resilience, a key factor for the community infrastructure component would be the selection of NGOs/CBOs that have the capacity not only to design and implement the sub-projects, but to operate and maintain the facilities and ensure optimal usage of the facility and provide continuous services. They will need to demonstrate their ability to do so, for example through the submission of a service plan or operations/maintenance plan in order to be selected and will be given technical support during project implementation to strengthen their capacities. This will focus on issues such as improving operational efficiencies, revenue collection and management, and overall competitiveness and sustainability.

V. Project Management

66. IPR will be implemented through the Direct Implementation Modality (DIM) by UNDP, and it will be implemented under in partnership with the GoP, in particular the Prime Minister's Office. Coordination will be ensured with the UN and major governmental stakeholders and the donor community.

- An Agreement will be signed between the UNDP and the selected implementing institutions. The Agreement will outline the responsibility of each of the parties, ensure the projects are implemented in the most effective, transparent as well as accountable way and will comprise a preliminary Operation and Maintenance Plan, compliance with safety requirements, as well as existing

environmental and municipal codes. The Agreement shall also include a statement of the contribution of the implementing agency.

- The Agreement will clearly stipulate that the project funds should not be utilised to cover any customs duties. If such duties must be paid, they will be covered by the implementing institutions, the project beneficiaries or from other sources. Evidence thereof will have to be furnished prior to the conclusion of contracts for supplies and services.
- Implementing institutions and UNDP will agree on the optimal project implementation approach to be adopted. In general, the implementing institutions will be responsible for preparing and implementing the respective project. This includes preparing the necessary technical documents for the project and developing an implementation plan for project activities related to the physical works, tendering, contract negotiations and conclusion, supervision of the works as well as acceptance of the supplies and services provided. The tender documents and proposals for award of contract will be co-ordinated with UNDP. The UNDP will assist the implementing institutions in preparing and implementing the individual projects ("joint implementation"). If required, the UNDP can implement the respective project on behalf of the responsible institution in case this institution request UNDP to do so. Additionally, local service providers could be hired to assist the implementing institutions in preparing and implementing individual projects. In any case, the UNDP will explain the specific implementation regulations to the implementing institutions.
- UNDP will ensure that in project designs energy efficiency measures are taken into consideration to the extent possible (e.g., energy-saving lighting, insulation, energy efficient construction materials, water warming tanks on the roof, etc.). The intended measures shall be described in the inception report to KfW; the final report to KfW shall contain a narrative on the measures taken.
- After approval by UNDP, the contracts for goods and all other services will be awarded to qualified Palestinian enterprises after a competitive public bidding according to UN regulations. The invitations to tender will stipulate a minimum amount of 30% of each contract value for labour, with putting in place new systems through a labour-intensive approach. The contractors must show in their offers that this amount will be obtained. The contract to be signed the winning contractors must include a safety plan, compliance with environmental laws and municipal codes, as part of the contractor's quality management and assurance mechanism.
- UNDP will observe the project progress continually and will be reporting to KfW on the Programme progress within the framework of the regular reporting.
- If there are changes to the allocation of funds among the projects that exceed 25% of the original allocation or 30,000 EUR will require a new non-objection from KfW.
- UNDP will submit regular semi-annual progress reports to the KfW. UNDP will make all payments exclusively to the IPs in line with UNDP rules and regulations and implementation of the HACT modalities. Where, UNDP will enter into agreements with IP's as outlined above utilizing low-value grant agreements or Responsible Party Agreements.
- Before any disbursement UNDP will screen the contractors/recipients against the consolidated list of persons, groups and entities subject to European Union, UN and German financial sanctions.
- This screening must be documented and confirmed within each Withdrawal Application. All persons or entities to be found on that list are excluded from funding.

Structure:

67. UNDP will assign a Project Implementation Unit (PIU), under the direct supervision of Programme Portfolio Manager from its existing staff, and as was requested by and coordinated with the Donor, to follow up on:

- a) Managerial, administrative and financial matters related to the project, as well as project management on UNDP's Atlas system.
- b) Provide Technical Assurance, to manage and assess the daily technical monitoring of the project.
- c) Supervise daily activities in project implementation.

68. UNDP will assign PIU for managing the implementation of the programme. The team will consist of one Project Manager and Associate, in addition to the part time support of other colleagues such as

procurement and engineering services, and functional services will be provided by UNDP at partial cost as outlined under the HR matrix.

69. UNDP will apply its Programme Operations Policies and Procedures ([POPP](#)) in the implementation of the project, while incorporating existing systems, notably, the procurement tracking system led by WHO and MoH. For procurement of medical equipment under Outcome 1: Due to supply chain disruption and export restrictions put in place by many countries for certain critical products, such as but not limited to, protection and treatment equipment in connection to COVID-19, UNDP has identified alternatives beyond sourcing from UNDP's traditional and/or Long-Term Agreements (LTA) vendors. Increasingly these sourcing solutions may need to be local, for example suppliers or manufacturers who already have stock and who require orders to be placed within a short period to secure supply. To facilitate such procurement, UNDP is authorized by HQ to implement the following fast track procedures, while ensuring due diligence (including spot checks) to reduce risks in line with UNDP procurement principles:

1. National Competition: Lifting of the restriction on national competition and encouraging Country Offices to look at the local market for sourcing urgently required supplies.
2. Bidding time: Reduction of the minimum bidding period from two weeks to one week.
3. Expediting clearances: To ensure that there are no delays in the provision of clearances by Chairperson of the Advisory Committee on Procurement (ACP).
4. Business Units are now authorized with Increased Delegated Procurement Authority (DPA) the use of Direct Review at the CAP level for any exigent procurement action up to the Business Unit's Increased DPA. (UNDP has now a DPA for direct contracting up to US\$500K instead of US\$250K).

70. The civil works for community infrastructure and resilience component (foundations, concrete slabs, block walls, etc.) will be tendered locally through the "Implementing Institution". Public tender openings will occur in which all relevant parties may be present. The Tender opening Committee, which includes representative from the implementing institution and UNDP, will evaluate the tenders and only upon approval from UNDP, contracts will be awarded to the winning bidders. UNDP will monitor and supervise all works on a daily basis and will be responsible for verifying all works and the issuance of payments to contractors based upon actual works performed.

71. In line with UNDP POPP, HACT will be adopted, focusing on the following arrangements:

HACT dictates policies and procedures for capacity assessment, cash transfer modality, audit, assurance and monitoring. HACT applies to government and civil society organization/non-governmental organization (CSO/NGO) participation in UNDP projects. Before an entity can be engaged as an Implementing Partner (IP) or Responsible Party (RP) on a UNDP project, a capacity assessment of that entity is performed. The following are key considerations for capacity assessment:

- Technical capacity- ability to monitor the technical aspects of the project;
- Managerial capacity– ability to plan, monitor and coordinate activities;
- Administrative capacity– ability to:
 - Procure goods, services and works on a transparent and competitive basis
 - Recruit and manage the best qualified personnel on a transparent and competitive basis
 - Prepare and sign contracts
 - Manage and maintain equipment; and
- Financial capacity– ability to:
 - Produce project budgets
 - Ensure physical security of advances, cash and records,
 - Disburse funds in a timely, proper and effective manner
 - Ensure financial recording and reporting

- Prepare, authorize and adjust commitments and expenses

72. The partner's technical, managerial, administrative and financial capacities should be reassessed throughout the life of the project (preferably on an annual basis). The HACT macro- and micro-assessments are the basis for selection of the cash transfer modality used for each IP or RP and the level of assurance activities used. The level of risk can differ from institution to institution, and the UNDP office should effectively and efficiently manage this risk for each national institution by:

- Assessing the institution's financial management capacity throughout the life of the project;
- Applying appropriate procedures for the provision of cash transfers to the institution; and
- Maintaining adequate awareness of the institution's internal controls for cash transfers through assurance activities.

73. For each institution the level of risk may change over time, and this may require appropriate changes in options for cash transfer modality, and audit and monitoring procedures.

HACT offers three cash transfer modalities:

1. Direct cash transfer - UNDP advances cash funds on a quarterly basis (based on agreed work plan) to the IP or RP, who in turn reports back expense through Funding Authorization and Certification of Expenditures (FACE) forms. Note that the recording of expenses, from requisition through to disbursement, occurs in the books of the IP or RP. UNDP is pre-funding the activities with advances of cash. Please refer to UNDP Programme and Operations Policies and Procedures (POPP) on Direct Cash Transfers and Reimbursements).
2. Direct payment - The IP or RP carries out the procurement activity but requests UNDP to make the disbursement directly to vendors through FACE. In this arrangement, UNDP is undertaking only the fiduciary function (accounting and banking services, and the disbursement function) on behalf of the IP or RP. Please Refer to POPP on Direct Payments.
3. Reimbursement - Unlike direct cash transfer, a reimbursement arrangement is where UNDP pays the IP or RP after it has made a disbursement based on the annual work plan. The IP or RP needs prior consultation with UNDP before embarking on the pre-financing arrangement. Please refer to POPP on Direct Cash Transfers and Reimbursements.

It is possible to use all modalities in the same project, for different activities and/or inputs. However, this is not recommended due to this approach's inherent complexity.

VI. Visibility

74. Donor visibility will be ensured throughout the whole programme operations, including through press releases and any communications material and activity aimed at documenting impact. Through the donor visibility plan, progress and impact of the project will be tracked and showcased through illustrating changes from the baseline, highlighting activities and documenting achievements and results. Clear branding and logo placement will be ensured throughout the whole process. Key messages will highlight right to access health services and increased resilience of Palestinians. The ArcGIS story map is suggested as a platform to communicate human interest stories, photos and videos of the programme's progress and achievements. This tool will be used along with Kobo Toolbox and PowerBi to monitor, report and communicate results using a three-layered approach (see M&E section below for more details).

Table 7: Visibility Plan

Activity	Visibility items	Communication output
Project launch ceremony	Government of Germany, KfW and UN flags Roll ups and banner displaying logos of Government of Germany, KfW, UNDP and recipients.	Press release Photography Social media
Establishment of technical committee	Roll up displaying logos of Government of Germany, KfW and UNDP	Photography Press release
Starting implementation and handing over of activities	Banners Roll ups Flags	Press release Social media Photography and videography
Documenting impact	Infographic Stories	Photo-based stories with statements from both benefiting hospitals and 2 patients Three (3) 1.5-minute video capturing impact through the lifecycle of IPR Social media (minimum five twitter and Facebook posts) on monthly basis
Visibility through data visualization platforms such as PowerBI and ArcGIS Story Map	Infographic Stories	Provision of an open access, with calculated risk arrangement, for the public to track the progress of IPR and its results for the Palestinian People

VII. Monitoring And Evaluation

75. In line with UNDP Results Based Management approach, during the first quarter of the Programme implementation the Results and Resources Framework (RRF) will be revised and updated to reflect the latest data/figures. Moreover, in the same first quarter a monitoring plan will be developed and shared with KfW for review, outlining the following elements: expected results, indicators with baselines and adjusted targets, schedule and frequency of data collection, responsibilities, data source and type, resources and risks. The monitoring plan will guide all data collection and reporting efforts throughout the implementation. UNDP and its implementing partners will be in charge of data collection, monitoring and reporting against the agreed upon indicators included in the RRF. In order to ensure consistency and capturing progress against targets, including documenting challenges, remedial measures and lessons

learnt, standard templates will be developed. These templates will capture relevant information for field visits, quarterly progress updates and end of activities as well as follow up 3-6 months after completion. These different templates will be uploaded on the Kobo Toolbox to enable real time monitoring of activities implementation, each one according to the agreed schedule and indicators. For reporting and communication purposes, the real time monitoring data of the Kobo toolbox will be linked to PowerBi, and ArcGis tools.

76. Results data will be disaggregated based on sex (and age where relevant and possible), to ensure that gender considerations in the design and implementation have had the intended effect. Moreover, engagement and participation of women in the process of design and implementation, particularly for the community infrastructure component will also be monitored. Guidance on how to engage them more effectively will be incorporated into SoPs.

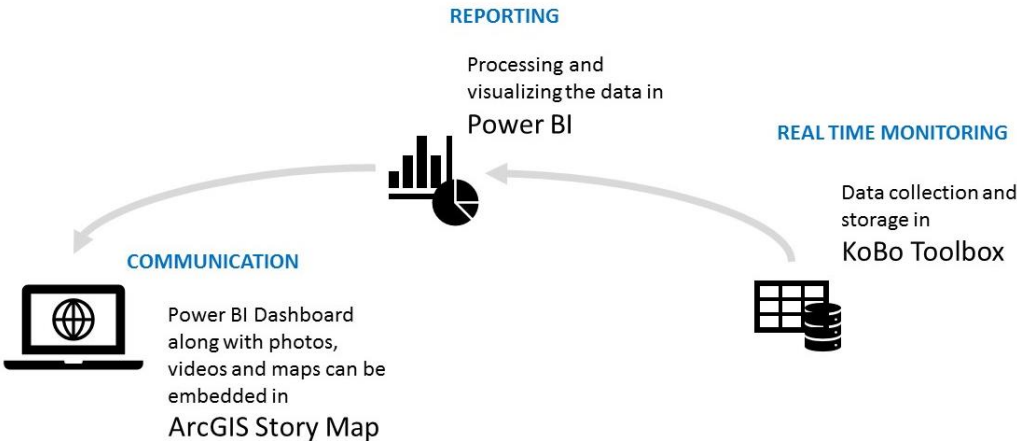


Figure 1: Three-layered approach

77. The three-layered approach, along with the Monitoring and Evaluation Plans, will be developed in the first quarter of the implementation period. Finally, a baseline survey and end-of-project evaluations are proposed in order to assess progress and achievements of results against the OECD/ DAC criteria of Relevance, Effectiveness, Efficiency, Impact and Sustainability, including assessing cross-cutting issues such as gender and environment.

78. In accordance with the programming policies and procedures outlined in the UNDP User Guide, the programme will also benefit from the following UNDP corporate tools:

- **Quality assessment:** on a quarterly basis, a quality assessment shall record progress towards the completion of key results based on quality criteria and methods
- **Issue Log:** shall be activated in Atlas (UNDP’s Financial and Managerial System) and updated by the UNDP Project Manager to facilitate tracking and resolution of potential problems or requests for change
- **Risk Log:** Based on the initial risk analysis a risk log shall be activated in UNDPs project management system (Atlas) and will be regularly updated by reviewing the external environment that may affect the project implementation

- **Lessons Learnt Log:** shall be activated and regularly updated to ensure on-going learning and adaptation within the organization, and to facilitate the preparation of the lessons learnt section of the final report at the end of the project
- **Monitoring visits:** regular field visits/ back to office reports will be drafted by the project team. This should include an update on progress in relation to the work plan and in relation to the results framework and progress against the achievements of the set targets. A Monitoring Schedule Plan shall be activated in Atlas
- **Annual Project Report:** The Project Manager will ensure the preparation of the Annual Project Report (APR) in consultation with the various stakeholders. These reports, while serving the purposes of monitoring performance, will also cover lessons to help in assessing the various implementation modalities
- **Audit:** Allocation for auditing coverage may also be included, to be agreed upon in consultation with the Donor

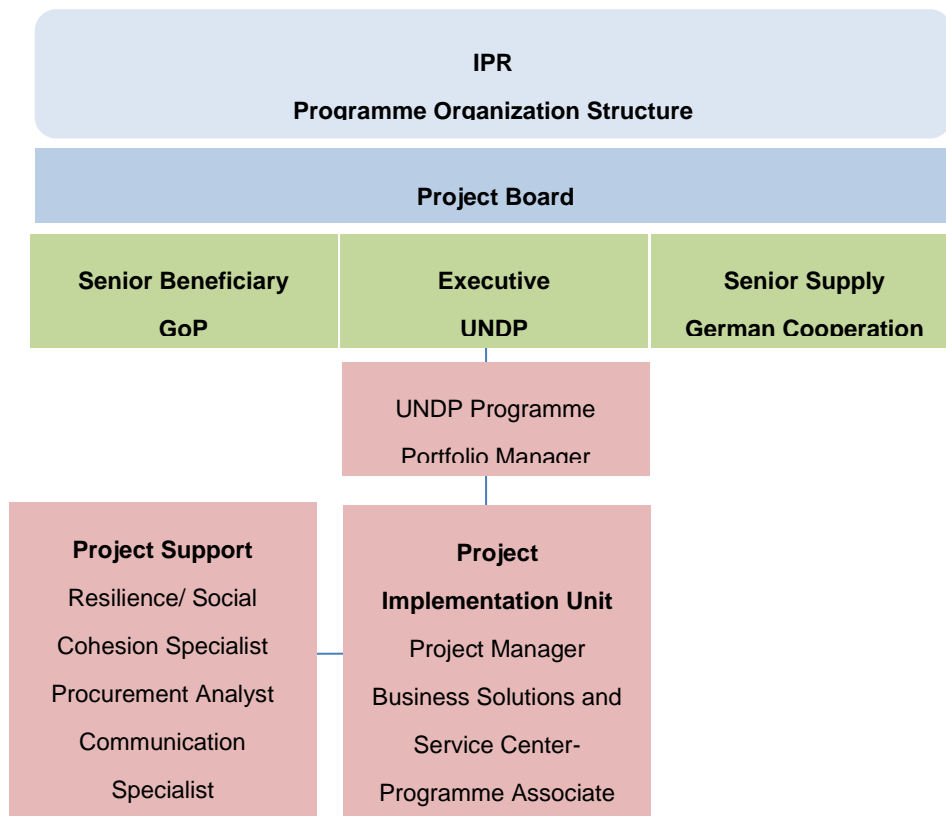
Table 8: Evaluation Plan

Evaluation Title	Partners (if joint)	Related Strategic Plan Output	Project (BMZ funding) / UNDAF/CPD Outcome	Planned Completion Date	Key Evaluation Stakeholders	Cost and Source of Funding
Systems and applications for oversight	NA			2020, 2021, 2022	TBD	US\$ 15,000
Final evaluation	NA			2023	TBD	US\$ 35,000

VIII. Governance and Management Arrangements

Roles and implementation responsibility by entities of your organization	
Entities	Role and responsibility for implementing Project (e.g. technical expertise for infrastructure design study)
Field Office	PAPP
Country Office	PAPP
Regional Office (if applicable)	UNDP RBAS
Global HQ (if applicable)	UNDP HQ

Figure 2: Programme Organisation Structure



Project Board:

79. The Project Board provides overall strategic leadership, general policy and strategy guidance and oversight on the IPR programme process and priorities. The Project Board comprises of representative of KfW and UNDP. The Project Board will meet annually to discuss the progress, endorse priorities and set funding requirements. The IPR PIU is accountable to the Project Board and shall provide the required financial and progress reports.

80. UNDP PIU acts as the programme oversight of the IPR, ensuring the work is progressing according to the plan, reporting on progress, financial status, and funding requirements to the Project Board. In addition, manages the realization of project outputs through activities, provides overall quality assurance to the IPR. The PIU is composed of a Project Manager who manages the realization of project outputs through activities; provides direction and guidance to the project team; is accountable for reporting to the Project Board (progress, financial status, and funding requirements); identifies and obtains any support and advice required for the management, planning and control of the project from the Project Board; and responsible for project implementation for activities. Programme Associate will be supporting the PM in carrying out daily management of the project and facilitating the implementation of its activities (Programmatic, financial and administrative assistance). Site Engineers will be assigned for community

initiatives through new hires. The PIU will be supported by UNDP HR structure in provision of additional capacities at partial arrangements including procurement, communication, reporting and M&E.

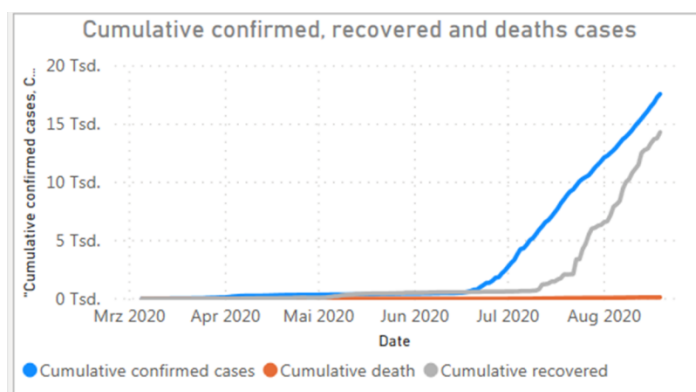
81. The PIU will be supervised by the Programme Portfolio Manager who will be responsible for guiding the PIU in achieving the IPR results, provide programmatic quality assurance, and ensure linkages with other programmes and initiatives to reinforce synergies and strengthen cost efficiencies.

Outcome 1 will be implemented directly by UNDP through carrying intended procurement processes for the provision of supply and delivery of medical equipment and health related systems integrated with the procurement tracking system led by WHO and MoH, while implementation arrangements for job placement and trainings for health workers will be initiated building on the existing modalities of similar scope, and in particular in Gaza through creating implementation partnerships with strong IP's.

As for Outcome 2, it will be implemented through collaboration with national CSO's, NGO's, CBO's, based on the Call for Proposal and its selection process for relevant projects, which are planned to contribute in materializing the objectives of IPR.

IX. Additional Needs for COVID-19 Emergency Response (Chapter added 19 August 2020)

The spread of COVID-19 was limited in the Palestinian territory over a period of several months due to strict measures including a lockdown. However, since mid-June 2020, the numbers of reported COVID-19 cases have increased rapidly and significantly (from 652 individuals in early June to 22,391 individuals as of 17 August 2020¹).



Source: WHO, 19 Aug 2020

Following an intensive technical consultation with the Ministry of Health (MoH) representative, the representatives of the respective departments within the MoH, and WHO representative, the following was highlighted:

- It was agreed there was additional need for COVID-19 emergency response corresponding to measures planned under Outcome 1 of the IPR, namely in the area of health personnel and equipment. Therefore it is proposed to amend the IPR proposal as outlined below:
- Procurement of equipment should be expanded for certain critical items; one additional item is included which was not prioritised in the 10 million EUR proposal (output 1.1);
- In light of the increased number of COVID-19 cases, the high number of health staff in quarantine and the actions required from the MoH for the activation of the Al Karamah bridge (at least 50 health staff

¹ CORONAVIRUS - COVID19 Surveillance System, <http://site.moh.ps/Index/covid19/LanguageVersion/1/Language/ar>

- should be deployed) and the reopening of the schools, the need to increase investment in the deployment of health personnel and workers, with specific focus on the West Bank, was highlighted (Output 1.2); and
- No additional resources are needed at this point in support of the medical waste treatment (Output 1.3).

The needs outlined above are based on the MoH and WHO analysis of gaps in the COVID-19 health response and are aligned with the National Response Plan.

The needs -whether they be equipment/material or human resources, originate from the MoH based on their assessment of gaps, which are verified by WHO and shared with the sector clusters. The GoP COVID-19 Public Health Response document includes a list of all medical supplies and equipment needed. This document is updated every three months by the MoH in close coordination with the PMO, and is circulated among stakeholders including the donor community. Due to the rapid spread of the virus in Palestine, MoH is currently updating the response plan and is expected to circulate the new document at the end of August 2020. (UNDP will validate the needed equipment and materials, as well as human resources, with regard to costs and quantities.)

Coordination, monitoring and tracking of support to the health sector takes place at two levels: 1) through the Humanitarian Cluster System - Health and WASH Sector Clusters with the participation of UN agencies, NGOs and MoH; and 2) within the MoH through its internal system. Tracking and monitoring systems using online databases, excel sheets or other formats are in place to ensure close coordination and regular communication at all levels to avoid duplication and ensure complementarity.

The MoH and Prime Minister's Office (PMO) present information generated by their internal tracking system at the COVID-19 platform meeting every two weeks, attended by the donor community with support from LACS . There is also a Logistics Cluster Tracking Sheet, that monitors the procurement, supply and delivery of equipment and report on the millstones, progress of access and facilitation.

Once the equipment is delivered, the donor/ implementing partner receives the distribution list to monitor and track. MoH is committed to facilitating site inspections for partners to verify the distribution of equipment in line with an agreed arrangement.

In relation to health personnel, MoH has an internal HR system to monitor and track over 13,000 employees. This allows the Ministry to generate reports and track deployment of staff through the attendance system. In the context of COVID-19, the deployment of staff is subject to the rapidly evolving situation on the ground, including the speed and location of the spread of the virus, the number of staff under quarantine, and other factors and thus must be monitored frequently.

UNDP will ensure that equipment and materials purchased and distributed, as well as staff who are deployed through the IPR are aligned with the verified needs. While building on the existing systems of monitoring and tracking, UNDP will implement additional measures as necessary, to ensure transparent reporting and strong accountability.

Output 1.1 - Critical health facilities equipped, and health workers protected

With the additional funding available for COVID-19 response, the equipment-related needs were re-assessed in consultation with MoH and in coordination with WHO. As a result, most of the items were increased except for fumigators and bed side monitors, and the purchase of additional critical equipment (mobile vital signs digital monitors) was identified as a need. In addition, the cost of ventilators has been reduced based on consultations with WHO and market value assessment.

The supply chain and procurement timeframe was discussed with the MoH, to address any potential challenges due to disruption in the global market. Based on their current experience, the MoH confirmed that the medical equipment identified under IPR is readily available on the market. The ventilators would require a slightly longer timeframe, which is not expected to exceed 12 months. UNDP is exploring the best procurement modality in order to ensure transparent and timely delivery.

Output 1.1				10 million EUR	7 million EUR
Activity	Description	Unit rate (EUR)	Unit	Unit #	Unit #
Activity 1.1.1	Provision of personal protective equipment to health workers+ personnel dealing with medical waste	55	PPE set	9,600	1,500
Activity 1.1.2	Provision of sterilisation equipment to health facilities	475	fumigators	85	0
		90	spray pump	420	180
Activity 1.1.3	Provision of medical tools to health facilities	900	mobile suction machines	85	15
		1,150	syringe pumps	140	110
		1,400	mobile vital signs digital monitor	-	200
Activity 1.1.4	Provision and installation of treatment equipment in health facilities for intensive care units	3,400	bed side monitor	85	0
		35,000	ventilators	18	12

Output 1.2 - Response capacities of health workers strengthened

Following consultations with the MoH and WHO, the need to prioritise the deployment of health personnel in health facilities across the State of Palestine was highlighted. Due to the current financial crisis of the Palestinian government and inability to pay salaries of staff, the human resources gap in this sector is estimated at 1,500.

Moreover, given the latest increase in numbers of individuals who have contracted COVID-19 in Palestine, the MoH highlighted the importance of extending the period of placement of health personnel to up to 12 months to ensure sustained operation of the health facilities during the crisis. According to the MoH, currently there is a pool of 650 health personnel available for immediate deployment.

In light of the evolving situation on the ground and the sudden increase in the number of cases in the West Bank, and given the limited resources allocated thus far to support the response in the West Bank, vis-à-vis the partial funding secured for Gaza through other sources, the following approach is proposed for Activity 1.2.1:

- Through the 10 million EUR contribution, deployment of health personnel in Gaza will be prioritised; 350 individuals will be deployed for a period of 6 months, complementing ongoing deployment through other funding sources;
- Through the additional 7 million EUR contribution, deployment of health personnel in the West Bank will be prioritised; 336 individuals will be deployed for a period of up to 12 months; and
- Regarding the unit rate for the 336 individuals to be deployed in the West Bank under the additional 7 million EUR contribution, the average rate was increased to reflect the salary scale of specialised health personnel to be deployed, and to take into account the higher living costs in the West Bank compared to Gaza.

With regards to the deployment of skilled/unskilled workers under Activity 1.2.2, the following is proposed:

- Through the 10 million EUR contribution, deployment of workers in Gaza will be prioritised; 200 workers will be deployed for a period of 3 months complementing ongoing deployment through other funding sources; and
- Through the 7 million EUR contribution, deployment of workers in the West Bank will be prioritised; 305 workers will be deployed for a period of up to 12 months; they will be deployed partially in health facilities, and partially in support of the MoH efforts geared towards reopening of schools and re-activation of the Al Karamah border crossing.
- For activity 1.2.3, no additional investment is required for training of health personnel, which will be covered by the 10 million EUR contribution.

Output 1.2		10 million EUR				7 million EUR	
Activity	Unit#	Unit rate (EUR)	Description	Unit#	Unit rate (EUR)	Description	Unit #
Activity 1.2.1	Month	560	Job placement for 350 health personnel for 6 months (Gaza)	2,100	850	Job placement for 355 health personnel for up to 12 months (West Bank)	4,032
Activity 1.2.2	Month	420	Job placement for 200 skilled/ unskilled workers for 3 months (Gaza)	600	420	Job placement for 305 skilled/ unskilled workers for up to 12 months (West Bank)	3,660
Activity 1.2.3	Health personnel	50	Training for health personnel. Gaza, West Bank and East Jerusalem	1,000	-	-	-

Considering the increased investment in health personnel deployment and based on UNDP experience implementing similar activities in Gaza, the recruitment of two coordinators for oversight and follow-up was identified, one in the West Bank and the other in Gaza.

Adjustment to Direct and Indirect Project Costs

- Resilience Specialist increased from 40% to 60%: the additional investment in the health sector requires particular attention on ensuring the alignment of the short-term health response with the medium to longer term efforts aimed at strengthening the health system. Increase in the time and budget allocation for the Resilience Specialist would allow the implementation of a methodologically sound and evidence-based resilience approach, contributing to the longer-term impact and sustainability of the investment.
- Portfolio Programme Manager increased from 30% to 50%: in line with the increased investment and the need for additional time dedicated to advancing the programme to achieve quality results, managing partnerships and ensuring delivery, the time and budget allocation for the Portfolio Programme Manager was increased accordingly; and
- Procurement Specialist increased from 50% to 100%: given the additional resources allocated to Outcome 1 which rely heavily on efficient and accountable procurement processes, the cost of the procurement specialist has been budgeted at 100% for 12 months, following the implementation timeframe of Outcome 1.

Annex 1.1 Results matrix

UNDP Investment Programme for Resilience (IPR - COVID-19 response), Palestinian Territory

BMZ-Nr.: 2020.1813.3

--

IPR: Results Framework²

<p>Intended Outcome as stated in the UNDAF/UNSDCF/Country [or Global/Regional] Programme Results and Resource Framework:</p> <p>UNDAF Strategic Priority 3: Leaving no one behind: Supporting sustainable and inclusive economic development UNDAF Outcome 3.2: Palestinians have greater access to decent productive jobs</p> <p>UNDAF Strategic Priority 4: Leaving no one behind: Social development and protection UNDAF Outcome 4.1: More Palestinians, especially the most vulnerable, benefit from safe, inclusive, equitable and quality services</p>
<p>Relevant SDG indicators that the Programme contributes to:</p> <ul style="list-style-type: none">- <u>SDG 3</u>: 3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness- <u>SDG 12</u>: 12.4.2 (a) Hazardous waste generated per capita; and (b) proportion of hazardous waste treated, by type of treatment- <u>SDG 16</u>: 16.6.2.1 Proportion of population satisfied with their last experience of public services healthcare services
<p>Applicable Output(s) from the UNDP Strategic Plan:</p> <p>SP OUTPUT 1.1.2 Marginalized groups, particularly the poor, women, and people with disabilities and displaced are empowered to gain universal access to basic services and financial and non-financial assets to build productive capacities and benefit from sustainable livelihoods and jobs</p>
<p>Project title and Atlas Project Number and BMZ Number:</p> <p>Investment Programme for Resilience (IPR) (Atlas: to be generated)</p>

² UNDP publishes its project information (indicators, baselines, targets and results) to meet the International Aid Transparency Initiative (IATI) standards. Make sure that indicators are S.M.A.R.T. (Specific, Measurable, Attainable, Relevant and Time-bound), provide accurate baselines and targets underpinned by reliable evidence and data, and avoid acronyms so that external audience clearly understand the results of the project.

EXPECTED OUTCOMES & OUTPUTS	OUTCOMES & OUTPUT INDICATORS ³	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)					DATA COLLECTION METHODS
			Value	Year	Year1 (2020)	Year2 (2021)	Year3 (2022)	Year4 (2023)	FINAL	
Outcome 1: Health response capacity of the government and partners strengthened to cope with the immediate needs of the COVID-19 crisis⁴	- Number of health facilities with increased capacity to cope with the immediate needs of the Covid-19 crisis - Additional target value for EUR 7 mil. supplement grant (Two additional health facilities used as isolation centres)	MoH	0	2020	10	6 2 = 8	0	0	16 2 = 18	Increased capacity / improved preparedness is measured for the following elements (as per discussion with WHO): health workers deployed, health workers trained, health workers receiving PPE, equipment available, medical waste treatment facility in place.
	- Average number of patients per month	MoH	TBD	2020	TBD	TBD	TBD	TBD	TBD	This is a proxy indicator that will measure the outreach, to understand the scope of the impact rather than measuring change over time. Baseline and Targets will be defined once the facilities have been identified.
Output 1.1 Critical health facilities equipped, and health workers protected	- No. of health workers protected due to the provision of PPE (disaggregated by sex)	MoH, UNDP	0	2020	1,200	0	0	0	1,200	MoH and UNDP monitoring tools Health workers provided with 9,600 PPEs based on initial assessment which might be subject to change (see disclaimer).

⁴ **Disclaimer:** the targets mentioned under outcome 1, both at outcome and output level, are based on an initial list of needs identified by the Ministry of Health, verified and validated with WHO (as technical health cluster lead). The targets are closely linked to the budget, therefore, any changes in financial allocation will directly influence changes in targets. Due to the volatility of the COVID-19 crisis, and in order to safeguard the objectives and the nature of the contribution aimed at responding to immediate needs in the health sector linked to COVID-19, the proposed list might be subject to changes according to the MoH updated list of needs (validated by WHO). This flexibility will ensure that the Programme responds to the most urgent priorities and thus contributes to strengthening the health facilities capacity to respond.

	- No. and type of sterilization equipment and medical tools provided to health facilities across oPt	MoH, UNDP	0	2020	815	18	0	0	833	This combined figure is based on a list of need for equipment, medical tool urgently required by health facilities which might be subject to change (see disclaimer). UNDP Procurement and handover records *based on the current assessment of procurement timeframe (high volatility due to the ongoing COVID-19 crisis and surge in numbers globally)
Activities output 1.1	Activity 1.1.1: Provision of personal protective equipment units (ref: PPEs) to health workers (e.g. masks, clothing, goggles, shoes cover, gloves, etc.)									
	Activity 1.1.2: Provision of sterilization equipment to health facilities (ref: fumigators, spray pumps, etc.)									
	Activity 1.1.3: Provision of medical tools to health facilities (ref: suction machines, syringe pumps, etc.)									
	Activity 1.1.4: Provision and installation of treatment equipment in health facilities for intensive care units (ref: cardiac monitors and ventilators)									
Output 1.2 Response capacities of health workers strengthened	- No. of short-term jobs created for health personnel, skilled and unskilled workers (disaggregated by sex)	MoH, UNDP	0	2020	584 ⁵	0	0	0	584	UNDP monitoring tools This figure is based on an initial assessment which might be subject to change (see disclaimer).
	- Additional target value for EUR 7 mil. supplement grant				710 = 1,294				710 =1,294	

⁵ 350 health personnel and 200 health workers will be placed for 2 additional months into 2021, 34 specialized health personnel will be placed for an additional 8 months in 2021; the 584 total figure is the aggregate of 350 health personnel and 200 workers (skilled/unskilled) and 34 specialized health personnel. Additional target value for EUR 7 million: 355 health personnel, 305 workers and 50 specialized health personnel will be placed for an additional 8 months in 2021 (total figure 710).

	<ul style="list-style-type: none"> - No of workdays generated through the deployment of health personnel and workers - Additional target value for EUR 7 mil. supplement grant 	UNDP	0	2020	39,4204 7,92587 ,345	30,5101 43,775 174,285	0	0	69,93019 1,700 261,630	<p>Based on 22.5 number of workdays per month</p> <p>3 months in 2020, the rest in 2021</p>
	<ul style="list-style-type: none"> - No. of health personnel trained to respond to health crisis (disaggregated by sex) 	MoH, UNDP	0	2020	1,000	0	0	0	1,000	<p>MoH records of trainees</p> <p>UNDP monitoring tools</p> <p>This figure is based on an initial assessment which might be subject to change (see disclaimer).</p>
Activities output 1.2	Activity 1.2.1: Deployment of health personnel (e.g. doctors, nurses, lab technicians) placed in health facilities									
	Activity 1.2.2: Deployment of skilled/unskilled workers to disinfect/sterilize health facilities and provide support functions									
	Activity 1.2.3: Training of health personnel to prepare for and respond to the health crisis									
Output 1.3: Disposal and treatment of medical waste enhanced	<ul style="list-style-type: none"> - No. of health personnel trained on treating medical waste (disaggregated by sex) 	MoH, UNDP	0	2020	1,000	0	0	0	1,000	<p>MoH records of trainees</p> <p>UNDP monitoring tools</p> <p>This figure is based on an initial assessment which might be subject to change (see disclaimer).</p>
	<ul style="list-style-type: none"> - No. of autoclaves and containers supplied to Palestinian Hospitals 	MoH, UNDP	0	2020	6 autoclaves and 100 containers	0	0	0	6 autoclaves and 100 containers	<p>UNDP Procurement and handover records</p> <p>This figure is based on an initial assessment which might be subject to change (see disclaimer).</p>
Activities output 1.3	Activity 1.3.1: Training of health personnel inside the health facilities and LGUs staff in the West Bank and East Jerusalem in treating medical waste									
	Activity 1.3.2: Procurement and installation of autoclaves and containers in 6 Hospitals in the West Bank									

EXPECTED OUTCOMES & OUTPUTS	OUTCOMES & OUTPUT INDICATORS ⁶	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)					DATA COLLECTION METHODS & RISKS	
			Value	Year	Year1 (2020)	Year2 (2021)	Year3 (2022)	Year4 (2023)	FINAL		
Outcome 2: Resilience enhanced in marginalized areas for socio-economic recovery through rehabilitation and expansion of infrastructure and complementary measures	- No. of beneficiaries receiving services as a result of the implementation (compared to initial beneficiaries' figures and disaggregated by sex, age group and location)	Calls for Proposal (IP), UNDP	TBD	2020	0	TBD	TBD	TBD	TBD	TBD	<p>This figure will be collected through the monitoring system of the Implementing Partner (IP).</p> <p>Initial baseline data will be captured in the Call for Proposal, and IP will be asked to monitor and report against this indicator throughout implementation.</p> <p>Selection of projects will emphasize on large number of beneficiaries for services.</p>
	- No of entities that are on track to implement the service plan 6 months after completion	Implementing Partners, UNDP	0	2020	0	0	0	10	10	'On track' is measured by whether the entities are on schedule as per their work plans. The combination of criteria included in the selection process and capacity building activities will contribute to sustainable usage	
	<i>One additional indicator to capture the impact on resilience / social cohesion will be elaborated during the inception phase.</i>	UNDP perception survey	TBD	2021	TBD	TBD	TBD	TBD	TBD	TBD	TBD

⁶ It is recommended that projects use output indicators from the Strategic Plan IRRF, as relevant, in addition to project-specific results indicators. Indicators should be disaggregated by sex or for other targeted groups where relevant.

Output 2.1: Socio-economic and community infrastructure rehabilitated and/or expanded with focus on Gaza, East-Jerusalem and Area C	- No. and type of small-to medium scale community infrastructure rehabilitation / construction initiatives identified and implemented	UNDP	0	2020	0	5	7	0	12	UNDP monitoring tools, assessment report and approval of donor on identified initiatives.
	- No. of workdays generated through the implementation of community infrastructure initiatives (disaggregated by sex)	UNDP	0	2020	0	12,801	13,825	1,024	27,650	UNDP monitoring tools
Activities output 2.1	Activity 2.1.1: Launching calls for proposal for the selection of resilience interventions, with emphasis on health, basic services and community infrastructure									
	Activity 2.1.2: Validation and endorsement of prioritized interventions by the Steering Committee, in coordination with development partners									
	Activity 2.1.3: Implementation of infrastructure with emphasis on health, basic services and community infrastructure									
Output 2.2: Capacity and resilience of entities improved to manage the infrastructure and to provide sustainable services and employment to the community	- No. of service plans developed and operationalized in a participatory manner	Implementing Partners, UNDP	0	2020	0	0	0	12	12	IP and UNDP monitoring tools
	- No. of longer-term jobs created (disaggregated by sex, 60% of overall target are women)	Implementing Partners, UNDP	0	2020	0	0	28	100	128	IP and UNDP monitoring tools. The figure is calculated based on the EGP criteria and based on socio-economic development projects currently under implementation by UNDP
Activities output 2.2	Activity 2.2.1: Analysis of initial service plans and identification of gaps and opportunities									
	Activity 2.2.2: Technical support to strengthen capacities of targeted entities and ensure the implementation of the service plans, and support to local processes of social cohesion									

Annex 1.2 Budget

Investment Programme for Resilience (IPR - Covid-19 Response)

UNDP Palestinian Territory

BMZ Nr.: 2020.1813.3

Last update: 19.08.2020

	#	Description	10 million EUR			7 million EUR supplement		
			Total amount	% of direct costs	% of total budget	Total amount	% of direct costs	% of total budget
A=B+C+D	Total project input cost / Direct Project Costs (as of KfW terminology)		8.695.645	100,0%	87,0%	6.216.836	100,0%	88,8%
B	Outcome 1	Health / COVID-19 emergency response	4.010.675	45,2%	40,1%	6.096.900	98,1%	87,1%
	Output 1.1	Critical health facilities equipped, and health workers protected						
	Output 1.1	Activity 1.1.1 Provision of personal protective equipment to health workers+ personnel with dealing medical waste and health workers						
		Activity 1.1.2 Provision of sterilization equipment to health facilities						
		Activity 1.1.3 Provision of medical tools to the health facilities						
		Activity 1.1.4 Provision and installation of treatment equipment in health facilities for intensive care units						
	Output 1.2	Response capacities of health workers strengthened						
	Output 1.2	Activity 1.2.1 Deployment of health personnel (e.g. doctors, nurses, lab technicians) placed in health facilities for 6 months						
		Activity 1.2.2 Deployment of skilled/unskilled workers to disinfect/sterilize health facilities and provide support functions for 3 months						
		Activity 1.2.3 Training of health personnel to prepare for and respond to the health crisis						
	Output 1.3	Disposal and treatment of medical waste enhanced						
	Output 1.3	Activity 1.3.1 Training of health personnel inside the health facilities and LGUs staff in the West Bank and East Jerusalem in treating medical waste						
		Activity 1.3.2 Procurement and installation of autoclaves and containers in 6 Hospitals in the West Bank						
C	Outcome 2	Resilience enhanced in marginalized areas for socio-economic recovery through rehabilitation and expansion of infrastructure and complementary measures	3.389.835	38,2%	33,9%	0	0,0%	0,0%
	Output 2.1	Socio-economic and community infrastructure rehabilitated and/or expanded with focus on Gaza, East-Jerusalem and Area C						
	Output 2.1	Activity 2.1.1 Launching calls for proposal for the selection of resilience interventions, with emphasis on health, community infrastructure and employment						
		Activity 2.1.2 Validation and endorsement of prioritized interventions by the Steering Committee, in coordination with development partners						
		Activity 2.1.3 Implementation of community resilience interventions with emphasis on health, community infrastructure and employment						
	Output 2.2	Resilience of entities strengthened, management and service capacities improved						
	Output 2.2	Activity 2.2.1 Analysis of initial business/service plans and identification of gaps and opportunities						
		Activity 2.2.2 Technical support to strengthen capacities of targeted entities and ensure the implementation of the business/service plans						
D	Project operating costs		977.198	11,2%	9,8%	119.936	1,9%	1,7%
	Project operating costs	PIU Staff						
		Project Manager (SB4/3)						
		Programme Associate (SB4/1)						
		Coordinators (1 WB 12 months+ 1 Gaza 12 months)						
		Quality technical assurance and upper-site supervision (1 engineer Q4/ 2020, 2 engineers over 2021, and 2 engineers - 1 Gaza and 1 West Bank over 2022 and 2023)						
		Visibility						
		Visibility and Communication Actions						
		Evaluation and Quality Assurance						
		Evaluation including systems and applications for oversight						
		DIM Audit costs						
		HACT Assessment costs for IP's						
		Office Cost						
		Implementation Support Services						
		Office consumable						
E	Contingency	Contingency for Outcome 1 and Outcome 2 (5%)	317.937	3,7%	3,2%	0	0,0%	0,0%
F	Direct Project Costs / Indirect project costs (as of KfW terminology)		471.939		4,7%	200.472		2,9%
	UNDP/PAPP staff	Resilience/ Social Cohesion Specialist (40% + 20%)						
		Procurement Analyst (SB4/3) (50% + 50%)						
		Portfolio Programme Manager (NOB) (30% + 20%)						
		Communication Specialist (NOC)(15%)						
		Reporting and Monitoring (2 staff: 1 West Bank and 1 Gaza) 30%						
G=(A+G)*8%	UNDP Facilities and Management Fees (8%)		733.407		7,3%	513.385		7,3%
H=A+F+G	Total Budget without levy		9.900.990		99,0%	6.930.693		99,0%
I=H*1%	1% coordination levy to finance the United Nations Resident Coordinator Sy		99.010		1,0%	69.307		1,0%
J=H+I	Total Budget including levy		10.000.000		100,0%	7.000.000		100,0%

Annex 1.3: Selection criteria and process

UNDP Investment Programme for Resilience (IPR - COVID-19 response), Palestinian Territory

BMZ-Nr.: 2020.1813.3

SELECTION CRITERIA INVESTMENT PROGRAMME FOR RESILIENCE

Outcome 1: Selection Criteria and Score Card

In support to a strengthening the health response capacity of the government and partners to cope with COVID-19, it is intended to support health system strengthening in the State of Palestine. In doing so, a joint technical committee will be established for transparent distribution of medical equipment / PPE, placement and training of human resources, and medical waste treatment. This body will be represented by UNDP, WHO, MoH, (JSC as relevant) and KfW with observatory status.

Selection process for Output 1.1:

The list of medical equipment for COVID19 has been compiled based on consultation with MoH and WHO. At the time of procurement, UNDP will verify with MoH and WHO that these are still the priority items, and adjust the list as required.

Once the items are procured, and are ready to be distributed, UNDP will solicit health facilities to indicate whether they are interested in receiving the medical equipment. These health facilities will be screened against the eligibility criteria below. If the health facility is deemed to meet the criteria, then UNDP will visit the facility to verify which equipment they will be receiving, based on how they have scored against the prioritization criteria.

1. Eligibility:

Parameter	Yes	No
Does the health facility serve all patients under health insurance?		
Has the applicant been providing health services to the communities for the last ten years or more in a proper manner (ref: no major medical malpractices or negative media reports)?		
The health facility didn't receive similar COVID-19 related supplies from other sources or still has a major shortage based on MoH/WHO lists.		
Does the health facility have more than 30 beds?		
Does the health facility have more than 100 health workers?		
ALL YES= PASS		

2 Prioritization Criteria:

Criteria Parameter	Score
Geographic Area	(1-4)
Gaza Strip and East Jerusalem -Old City of Hebron	4
West Bank	1
Type of the supervising body	(1-2)
CSO, NGO, CBO (non-profit)	2
MoH	1
Bed capacity	(1-3)
>100	3
50-99	2
More than 30 less than 50	1
Number of health workers	(1-3)
>300	3
200 to 300	2
Below 200	1
Total Possible Points:	12

All proposals from service providers who have passed the eligibility criteria will be provided support through the IPR. As a second stage, weighted criteria will be adopted as above, to determine number and type of equipment to be allocated to each health facility.

Selection process for Output 1.2:

UNDP will work in close collaboration with the Ministry of Labor for the placement of health workers in the MoH health facilities in consultation with WHO, and based on the technical specialty required for the specific host Implementation will be through Implementing Partners (IPs), and priority for selection of the IP will be for those that have already worked with UNDP in the past, and have demonstrated that they have the systems/ mechanisms and a transparent process to ensure efficient deployment.

Criteria for beneficiaries' selection:

1. *Skilled graduates*

- Age between 18-55.
- Have a diploma or a bachelor's degree.
- Graduated at least one year ago.
- Only one person from the family will benefit from the program.

2. *Professional graduates with IPs*

They will be selected according to terms of reference developed for different positions and their relevant experience and qualification to the position to be filled

3. *Skilled and unskilled laborers*

- Age between 18-60.
- Skilled or unskilled workers who do not hold university degrees.
- Have good health and capable of working.
- Did not benefit from any previous opportunity within 12 months.
- Only one person from the family will benefit from the program.

Placement of health workers:

1. Ministry of Labor (MoL) and UNDP will identify the needed technical specialties of health workers, their required level of capacity and the location of their deployment. Within the steering committee which includes the WHO, the final specialties/positions/localities will be endorsed.
2. Through the MoL platform (MIS-MoL portal), there will be a call for job placement opportunities. The submitted applications will include applicants' information (educational background, the socioeconomic data and the expertise). UNDP will have access to the portal which will have a dedicated space for the IPR project. Once the call is closed, a copy of the database will be obtained and kept in the custody of UNDP team.
3. A list of candidates will be created from the MoL database, which will have three times the number of candidates for each position. This will give flexibility to select the best candidate who meets the criteria for the project. The IP will work closely with MoL under the guidance of UNDP to match the identified needs with the candidate pool.
4. A committee that includes MoH, MoL and IP representatives will interview the candidates to select the best individual for the position.
5. Contracts are then signed with between the IP and selected candidates who will be placed in a health facility in a location as close as possible to their residence.

Selection process for Output 1.3:

The need for autoclaves was identified based on a decree that was set for the medical facilities. The decree outlines the need to treat medical waste inside the facility before sending it to the dump site, to avoid the contamination of the environment through proper transportation and disposal at the landfill. With the eruption of COVID 19, treatment of the medical waste has become a top priority to be able to prevent further spread of the pandemic. Following the needs assessment carried out by the MoH across the health facilities in the West Bank, it was found that six facilities were not having the medical treatment system in place, include one facility serving as quarantine hospital. Hence, the purchase of autoclaves to the above-mentioned facilities was identified as a priority in the West Bank. On the other hand, medical waste needs in Gaza have been already covered through other funding sources, through two large scale microwaves in addition to 12 autoclaves provided to different health facilities.

Outcome 2: Call for Proposal - Score card

Selection process for Output 2.1 (Community Infrastructure for Socio-economic services)

A call for proposals will be launched with geographic focus on Gaza, East-Jerusalem and area C, for either Local Government Units (only for area C), civil society organizations, and other non-profit (maximizing service providers), entities will be appraised and weighted based on the attached score card. Within their submission (template to be developed), it is anticipated that they will fill an application tailored to the selection criteria. Three representatives from UNDP (either Deputy SR or Head of Gaza, the Programme Portfolio Manager and the IPR Project Manager) will score the applications, against the following:

1. Eligibility:

Parameter	Yes	No
Is the project in line with national strategic or sectoral plans of Palestine?		
Does the project reflect the respective community's needs?		
Did the project utilize a participatory design approach and community engagement?		
Does the project include sustainable usage and business/service plan?		
Does the initial SES screening show low risk?		
Does the project mainstream gender awareness within its design?		
The project has not received funding from other donors within the last two years		
Has the Implementing Institution been continuously delivering services for the last 3 years?		
Does the project meet the relevant local construction and operational codes and requirements?		
For infrastructure projects, land is available and allocated for the project		
ALL YES= PASS		

KfW has observatory status in the selection process, providing no objection for the final list of selected project proposals. The list will also be shared with the German representative office through KfW. 'No objection' response from KfW should be provided within one month after UNDP shares the list with KfW.

2. Prioritization Criteria:

Criteria Parameter	Score
Contribute to resilience in the area of health, community or employment and have potential to achieve more (rated by the committee on a 5-star-scale)	(3-6)
Resilience 5*	6
Resilience 4*	5
Resilience 3*	3
Provide services to the community and have potential to expand or improve	(2-5)
Services 5*	5
Services 4*	3
Services 3*	2
Geographic location	(2-3)
Gaza Strip	3
East Jerusalem	2
Area C	2
Number of community beneficiaries	(1-4)
1 to 100	1
101 to 200	2
201 to 300	3
>300	4
additional point if beneficiaries are highly vulnerable	+1
Number of women beneficiaries	(1-4)
Less than 25%	1
25 to 50%	2
More than 50%	4
Entity is accessible and open to all members of the community	(1-4)
Yes	4
No	1
Number of permanent jobs expected to be created	(1-5)
0 to 2	1
3 to 5	2
6 to 8	3
9	4
≥ 10	5
Number of permanent jobs expected for women	(2-4)
More than or equal to 50%	4
Less than 50%	2
Sustainability/ operation and maintenance	(1-2)
Organization has an O&M plan and is implementing it	2
Organization is doing O&M partially / not systematically	1
Additional funding from other financial resources	(0-1)
Required	0
Not required	1
Readiness (Design and Permits Availability)	(1-2)
Ready	2
Partially ready	1
Total Possible Points:	40

ANNEX 2 - TEMPLATE DISBURSEMENT REQUEST

Sender:

.....
Name and Address

.....
Date

KfW Bankengruppe
Attn. TMa
Palmengartenstr. 5-9
60325 Frankfurt am Main
GERMANY

German Financial Cooperation with the Palestinian Territory
Financing Agreement dated _____ for EUR 17,000,000.00
Project Name: Investment Programme for Resilience (IPR - COVID-19 response)
BMZ No.: 2020 18 133

UNDP Ref. No.:

Disbursement Request No. _____
DISBURSEMENT PROCEDURE in TRANCHES

We refer to Article 3 of the above mentioned Financing Agreement and we hereby request to disburse an amount of:

1) Grant:

EUR _____

and

2) Coordination Levy:

EUR _____

We kindly ask KfW to disburse the two amounts requested for disbursement from the above-mentioned Financing Agreement as follows:

Beneficiary (Account holder / address)	
Account no./ IBAN (if applicable)	
Account-holding bank/ BIC	
Correspondent bank⁷/ BIC	

We hereby confirm that to be the best of our knowledge none of the circumstances set out under Article 4.1 of the above mentioned Financing Agreement have occurred or are continuing as of the date hereof.

.....
Signature of the authorized signatory

⁷ Only applicable if the account-holding bank is not located in the requested currency's currency area. In this case, please enter the account-holding bank's correspondent bank in the requested currency's currency area.

MODEL FOR LETTER REQUESTING DISBURSEMENT ADVICES VIA E-MAIL

[Please use official letterhead]

KfW
Attn. LAC3
Palmengartenstr. 5-9
60325 Frankfurt am Main
GERMANY

**German Financial Cooperation with the Palestinian Territory
Financing Agreement dated _____ for EUR 17,000,000.00
Project Name: Investment Programme for Resilience (IPR - COVID-19 response)
BMZ No.: 2020 18 133**

Dear Sir/ Madam,

Reference is made to the Agreement. Capitalised terms used, but not defined herein, shall have the meaning ascribed thereto in the Agreement or, if not defined in the Agreement, in the Separate Agreement pertaining thereto. We would like to inform you that any one⁸ of the persons whose authenticated specimen signature appears below is authorized to sign any paper-based disbursement requests, in each case on behalf of the Borrower/ Recipient/Project-Executing Agency ("Authorized Signatory/ Signatories").

NAME	
FUNCTION	
SPECIMEN SIGNATURE	

NAME	
FUNCTION	
SPECIMEN SIGNATURE	

NAME	
FUNCTION	
SPECIMEN SIGNATURE	

Any previous designations of Authorized Signatories are hereby revoked. To comply with KfW's identification requirements, we hereby enclose legible and certified copies of the identification papers of a) each Authorized Signatory and b) the Authorized Representative. Their authenticity must either have been confirmed by an employee of KfW or the copies must be certified by a notary public or person equivalently empowered.

Yours sincerely,

.....
Date/ Signature/ Name/ Office of Authorized Representative as designated in Loan/ Grant Agreement

⁸ Please change wording if joint signatures are required.

MODEL FOR LETTER REQUESTING DISBURSEMENT ADVICES VIA E-MAIL

[Please use official letterhead]

KfW
Attn. BKf
Palmengartenstr. 5-9
60325 Frankfurt am Main
GERMANY

Fax No.: +49 69 7431-3514

Dear Sir/ Madam,

We kindly request KfW to send disbursement advices to the following e-mail address on the payment date instead of sending a monthly summary of disbursement advices by regular mail.⁹ We take note of the fact that this e-mail address will be used **for all Projects/ Programmes** in which we are Borrower/ Recipient/ Project-Executing Agency of KfW. Any e-mail address previously communicated to KfW for this purpose is hereby revoked.

(PLEASE ENTER **ONE** E-MAIL ADDRESS HERE)¹⁰

Yours sincerely,

.....
Date/ Signature/ Name/ Office of Authorized Representative as designated in Loan/ Financing Agreement

⁹ Please note that disbursement advices sent via e-mail are .pdf files.

¹⁰ To avoid difficulties in case of a change of responsibilities, KfW recommends entering an unvarying e-mail address such as a group e-mail address.

Annex 4

Compliance Covenants

1. DEFINITIONS

Coercive Practice: the impairing or harming, or threatening to impair or harm, directly or indirectly, any Person or the property of the person with a view to influencing improperly the actions of a person.

Collusive Practice: an arrangement between two or more Persons designed to achieve an improper purpose, including to influence improperly the actions of another Person.

Corrupt Practice: the promising, offering, giving, making, insisting on, receiving, accepting or soliciting, directly or indirectly, of any illegal payment or undue advantage of any nature, to or by any Person, with the intention of influencing the actions of any Person or causing any Person to refrain from any action.

Designated Categories of Offences: the following categories of offences as defined in internationally accepted standards : participation in an organized criminal group and racketeering; terrorism, including financing of terrorism; trafficking in human beings and migrant smuggling; sexual exploitation, including sexual exploitation of children; illicit trafficking in narcotic drugs and psychotropic substances; illicit arms trafficking; illicit trafficking in stolen and other goods; corruption and bribery; fraud; counterfeiting currency; counterfeiting and piracy of products; environmental crime; murder, grievous bodily injury; kidnapping, illegal restraint and hostage-taking; robbery or theft; smuggling (including in relation to customs and excise duties and taxes); tax crimes (related to direct taxes and indirect taxes); extortion; forgery; piracy; insider trading and market manipulation.

Fraudulent Practice: any action or omission, including misrepresentation that knowingly or recklessly misleads, or attempts to mislead, a Person to obtain a financial benefit or to avoid an obligation.

Illicit Origin: the origin of funds obtained through

- a) any offence listed in the Designated Categories of Offences;
- b) any Corrupt Practice;
- c) any Fraudulent Practice; or
- d) money laundering.

Obstructive Practice: (i) deliberately destroying, falsifying, altering or concealing evidence material to the investigation or the making of false statements to investigators, in order to materially impede an official investigation into allegations of a Corrupt Practice, Fraudulent Practice, Coercive Practice or Collusive Practice, or threatening, harassing or intimidating any Person to prevent it from disclosing its knowledge of matters relevant to the investigation or from pursuing the investigation, or (ii) any act intended to materially impede the exercise of KfW's access to contractually required information in connection with an official investigation into allegations of a Corrupt Practice, Fraudulent Practice, Coercive Practice or Collusive Practice.

Disclosure Limitations: The Parties acknowledge and agree that KfW's access to contractually required/project related information from the Recipient shall be subject to (a) The privileges and immunities of the United Nations and (b) The United Nations Single Audit Principle.

Furthermore, the Recipient shall not disclose such contractually required/project related information if (also defined as "**Disclosure Limitations**"):

- (a) This disclosure could threaten the safety, security or due process rights of any individual or Member State of the United Nations or the political relationship of the Recipient with Member States of the United Nations;
- (b) This disclosure is covered by legal privilege.

Finally, the Parties further acknowledge and agree that the Parties are respectively not obliged to provide original or copies of confidential and/or transactional procurement documents to each other. However, the Party in possession of the confidential and/or transactional procurement documents will present, upon request by the other party and subject to the aforementioned limitations and the considerations made above in this clause, a comprehensible reporting summary of facts and information relevant to the other party contained in such documents.

Person: any natural person, legal entity, partnership or unincorporated association.

Sanctionable Practice: any Coercive Practice, Collusive Practice, Corrupt Practice, Fraudulent Practice or Obstructive Practice (as such terms are defined herein), which (i) is unlawful under any applicable law, and (ii) which has, or potentially could have, a material legal or reputational effect on this Agreement between the Recipient and KfW or its implementation.

2. INFORMATION UNDERTAKING

Subject to the privileges and immunities of the United Nations, the UN Single Audit and the Disclosure Limitations the Recipient shall

- a) promptly make available through a report to KfW on demand all relevant "know your customer" or similar information about the Recipient as KfW may request;
- b) promptly furnish to KfW on demand all Project-related information and documents (or a reporting summary of such information and documents) of the Recipient and its (sub)contracting and other related parties which KfW requires to fulfil its obligations to prevent any Sanctionable Practice, money laundering and/or terrorism financing as well as for the continuous monitoring of the business relationship with the Recipient which is necessary for this purpose;
- c) inform KfW, promptly and of its own accord, as soon as it becomes aware of any credible allegations of Sanctionable Practice, act of money laundering and/or terrorism financing related to the Project;
- d) furnish to KfW any and all such information and reports on the Project and its further progress as KfW may request for the purposes of this Annex; and
- e) enable KfW and its agents at any time to evaluate the Project being implemented by the Recipient and its (sub)contracting and other related parties, and to visit the Project and all installations related thereto for the purposes of this Annex. The costs of such evaluation and visits shall be borne by KfW.

3. REPRESENTATION AND WARRANTIES

3.1 With regard to any applicable law, the Recipient represents and warrants that the following is true and correct:

- a) In entering into and implementing this Financing Agreement the Recipient acts in its own name and for its own account.
- b) To the best of its knowledge and only in relation to the shareholders known to the Recipient pursuant to applicable stock market regulations, neither the Recipient's equity nor the funds invested in the Project are of Illicit Origin.
- c) None of the Recipient, its affiliates, subsidiaries or any other Person acting on its or their behalf, has committed or is engaged in any Sanctionable Practice, money laundering or financing of terrorism.

3.2 The representation and warranty set forth in this Article is made for the first time by execution of this Agreement. It will be deemed to be repeated upon each drawing of the financial Contribution by reference to the circumstances prevailing at that date.

4. POSITIVE UNDERTAKINGS

Subject to the privileges and immunities of the United Nations, the United Nations Single Audit Principle and the Disclosure Limitations, the Recipient undertakes, as soon as the Recipient or KfW becomes aware of or suspects any Sanctionable Practice, act of money laundering or financing of terrorism, to fully cooperate with KfW and its agents, in determining whether such compliance incident has occurred. In particular, the Recipient shall respond promptly and in reasonable detail to any notice from KfW and shall furnish documentary support for such response upon KfW's request.

5. UNDERTAKINGS REGARDING SANCTIONS

5.1 The Recipient represents that it does not maintain any business relationship or has not engaged in any other activity (i) with or in favour of persons, organisations or entities which are listed on a sanctions list issued by the United Nations Security Council ("Sanctions Lists"), or (ii) which would constitute a breach of embargoes regulating foreign trade or of so-called financial sanctions issued by the aforementioned institution (together "Sanctions").

The Recipient will not enter into or continue any business relationship with persons, organisations or entities listed on a Sanctions List and will not engage in any other activity that would constitute a breach of Sanctions.

The Recipient will inform KfW, promptly and of its own accord, of the occurrence of any event which results in (i) the Recipient, (ii) any member of its management bodies or (iii) other governing bodies or any of its shareholders, being listed on a Sanctions List.

5.2 The Recipient will ensure that any local payment in ILS and/or USD using funds from the Contribution will exclusively be made through the Al Quds Bank or the Bank of Palestine or any other financial institution that has been previously agreed upon by the Recipient and KfW. The Parties acknowledge and agree that UNDP shall not have any monitor responsibility and/or liability in terms of the existence and/or implementation of such screening compliance mechanism in the referenced financial institutions or any other financial institution that has been previously agreed between the Parties, which shall be used by the Recipient.