United Nations Development Programme
Programme of Assistance to the Palestinian People

Country: occupied Palestinian territory

Donor: Government of Germany
through the Kreditanstalt fuer Wiederaufbau (KfW)
Project: Investment Programme for Resilience (IPR)
PAL 10 – 00116642

Annual Progress Report
01 April 2021 - 31 March 2022
26 July 2022

Project Summary:

Reporting Period	01 April 2021 - 31 March 2022
Donor	The Government of Germany through the Kreditanstalt fuer Wiederaufbau (KfW – the German Development Bank)
Country	occupied Palestinian territory
Project Title	**Investment Programme for Resilience (IPR)**
Project ID (Atlas Award ID) Outputs	Award ID: PAL 10 – 00120458 Output ID: PAL 10 – 00116642
Implementing Partner(s)	Ministry of Health, NGOs in the West Bank, including East Jerusalem, and the Gaza Strip
Phase 1	
Project Start Date	September 2020
Project End Date	August 2023
Total Financing Agreement	EUR 19,000,000 (around US$ 22,565,320)
Total Resources Received	US$ 18,612,922.27 (EUR 16,000,000)
Phase 2	
Project Start Date	November 2021
Project End Date	April 2024
Total Financing Agreement	EUR 10,000,000 (around US$ 11,904,762)
Total Resources Received	US$ 6,340,800 (EUR 5,630,631)
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I. Executive Summary:

The Investment Programme for Resilience (IPR) supports Palestinian communities in the areas of health and small-scale infrastructure and contributes to enhancing access to sustainable and quality services, supporting socio-economic recovery and development, and responding to the COVID-19 pandemic. The programme targets the most marginalized communities across the West Bank, including East Jerusalem, and the Gaza Strip.

During the reporting period, KfW granted an additional two million Euro as an amendment to the original agreement for Outcome 1 of the programme to meet growing health needs in the Gaza Strip, through the provision of medical equipment, the deployment of additional health workers and the provision of detection kits for the new COVID-19 variant (the latter covering both the Gaza Strip and the West Bank).

In addition, UNDP and KfW, under the auspices of His Excellency the Prime Minister, Dr Mohammad Shtayyeh, signed an agreement in the amount of Euro 10 million to support the "Investment Programme for Resilience" (IPR) second phase. The contribution raised the total funds from the Government of Germany to the project to Euro 29 million.

Key results (cumulative) as of the end of March 2022 are as follows:

- 39 equipment and medical tools were provided to health facilities across the West Bank
- 16 equipment and medical tools were provided to the Gaza Strip under the additional two million Euro grant.
- 19 out of the 20 Items were procured to secure testing kits and sanitizing equipment for the West Bank and Gaza Strip were delivered, with certain items being divided into batches to allow for more flexible expiry dates.
- 1,388 short term jobs were created (46% women), and 110 long term jobs were created (91 in the West Bank and 19 in the Gaza Strip),
- 331,638 workdays were generated.

Key achievements[1] during the reporting period are as follows:

Outcome	Output	Description
Health response capacity of the government and partners strengthened to cope with the	1.1 Critical health facilities equipped, and health workers protected	UNDP has concluded the delivery of all the procured equipment and supplies in support of critical health facilities as part of the original agreement (39 items) and delivered 16 new equipment as part of the additional two million Euro contribution (final target: 240 items)

[1] For more detailed information on indicators, targets and results achieved please refer to Annex 6

immediate needs of the COVID-19 crisis	1.2 Response capacities of health workers strengthened	As of the end of March 2022, a total of 1,388 health workers (929 in the West Bank and 459 in the Gaza strip) both professional and skilled/ unskilled categories, were deployed across 138 health facilities (final target: 1,345) As of end of March 2022, 72 health workers remain on duty in the West Bank and 202 in the Gaza Strip.
	1.3 Disposal and treatment of medical waste enhanced	The tendering process for the site preparation/civil works in the 5 selected hospitals to be able to receive the autoclaves has been launched on the 6th of March 2022 by MoH. Two contractors were selected to carry out the works which are expected to be completed by the end of June 2022. The 5 imported autoclaves arrived in the country on 25 March 2022, and they are stored safely at the MoH warehouse. As soon as the sites preparation works are completed, the autoclaves will be installed in the 5 selected hospitals (final target: 6 autoclaves)
Resilience of communities enhanced in marginalized areas for socio-economic recovery and social cohesion through rehabilitation and expansion of infrastructure and complementary measures	2.1 Socio-economic and community infrastructure rehabilitated and/or expanded with a focus on Gaza, East Jerusalem, and Area C	In June 2021, UNDP launched the first round of call for concept notes for interventions in East Jerusalem and the Gaza Strip. Out of 108 submissions, 74 were eligible and 43 passed the minimum threshold of 70% out of the total score based on the evaluation criteria (10 in East Jerusalem and 33 in the Gaza Strip). Site visits were conducted to all 43 proposed projects. As a result, 7 projects were granted no objection in East Jerusalem and 9 in the Gaza Strip. (final target for IPR 1: 12 projects, 27,650 workdays) In addition, UNDP launched the second round of call for concept notes for interventions in Area C including Hebron H2 of the West Bank and in the Gaza Strip. A total number of 118 submissions were received. The evaluation team finalized the development of the Applicant Tracking and Recording sheets and is currently working on the evaluation process. (final target for IPR 2: 28 projects, 75,000 workdays)
	2.2 Capacity and resilience of entities improved to manage the infrastructure and provide sustainable services and employment to the community	Part of the IPR strategy is to improve inclusivity by creating opportunities for smaller organisations to participate in the programme as implementing partners. In this regard, during the reporting period, a consulting company was hired to accompany the selection of implementing partners and work on enhancing the capacities of the selected NGOs to develop full-fledged proposals, and facilitate

		community engagement and participation in close coordination with the selected NGOs. (final target for IPR 1: 128 long term jobs created, final target for IPR 2: 140 long term jobs created)

II. Background

During the reporting period, the most significant change of context occurred during the month of May 2021 with the upsurge of popular protests across the oPt following the Israeli authorities' attempt to forcefully remove Palestinian residents from Sheikh Jarrah and the crackdown on Palestinians in the Al Aqsa Mosque during the holy month of Ramadan. These events escalated to 11-days of hostilities in the Gaza Strip. Israeli airstrikes on the Gaza Strip resulted in 256 Palestinians being killed, including 66 children, according to OHCHR, and almost 2,000 injured, according to the local Ministry of Health.[1] The deployed health staff in the Gaza Strip continued to assist the Ministry of Health in responding to the escalating demands on the health sector. Night shifts increased, and more injured people were received at the hospitals, thus placing an additional burden to the already stretched health system. Not only were the staff able to enhance the capacity of the health system to respond to the increased emergency cases, but they were also able to provide additional income to their families and communities.

The Israeli airstrikes additionally resulted in large-scale damages in the public and private properties, including 12,558 housing units (non-refugee), 273 educational buildings, 35 health facilities, 239 energy locations, 240 roads, 76 WASH facilities and 116.6 kilometres of water and wastewater networks, 1,002 vehicles, 107 workshops, 38 municipal machinery (e.g. vehicles), 77 public buildings (municipal and NGO buildings), and 2,528 private sector facilities.[2] The damage and destruction caused by the Israeli airstrikes in the Gaza Strip exacerbated vulnerabilities amidst the already precarious socio-economic situation of a humanitarian crisis, a protracted conflict and the COVID-19 pandemic. During the reporting period, the oPt experienced the third (in April) and fourth wave (in September) of COVID-19 cases, with active cases peaking at around 32,000 across the West Bank and the Gaza Strip during both waves.

As a result, KfW allocated an additional two million Euro for Outcome 1 of the programme to meet the growing health needs in the Gaza Strip, through the provision of medical equipment, the deployment of additional health workers and the provision of detection kits for the new COVID-19 variant (the latter covering both the Gaza Strip and the West Bank).

During the third quarter of 2021, Palestine showed signs of economic recovery as business activity continued to improve in the West Bank. Gazans, however, continue to face high rates of unemployment and the deterioration of social conditions as the economy remains stagnant. The economic growth in the West Bank can be attributed to the easing of COVID-19

restrictions following an increase in vaccinations and a decline in daily new cases, which also led to an increase in consumer confidence. In the Gaza Strip, unemployment has risen to an estimated 59.3%, a figure which is higher than the unemployment figure during the COVID-19 peak in 2020.[2]

In addition, directly after the May 2021 hostilities, Israeli authorities eased some of the restrictions on the import of goods into Gaza following the May escalation, which included expanding the operation of the Kerem Shalom crossing for the transfer of goods and equipment. For the first time since 2014, steel rebar for reconstruction entered the Gaza Strip from Israel outside of the Gaza Reconstruction Mechanism (GRM). Other measures are being discussed to allow increasingly more supplies and reconstruction material.[3]

Based on the information provided by UNDP suppliers, although medical equipment is considered urgent material, Israeli authorities apply their investigation and checking procedures which varies depending on the type of imported equipment. Before the escalations in May 2021, the import/clearance of medical equipment by the Israeli Authorities used to take approximately one week, while recently the average time needed to access the same equipment into the Gaza Strip reached two to three weeks' time. The approval of other equipment that is considered dual use material such as X-ray and compressors for dental clinics takes longer.

The outbreak of the war in Ukraine on 24th February 2022, has greatly affected the reconstruction process in the Gaza Strip, by the decline in raw material supplies and the rise in prices in the region. The Gaza Strip has been witnessing a sharp decline in cement and building material stocks, given the Egyptian restriction on its exports to the Gaza Strip. Egyptian cement import to the besieged enclave has dropped by 70% since March 10, prompting a hike in prices. Cement prices have increased by 40% and iron by 35%, while many construction projects came to a halt.[4]

III. Achievements Review:

IPR phase 1 (BMZ-No. 2020 18 133 agreement)

Strengthening Health Systems

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

[2] Economic Monitoring Report to the Ad Hoc Liaison Committee | World Bank Group

[3] State of Palestine Year End Situation Report, 31 December 2021

[4] Gaza's poor, reconstruction projects victims of Russia-Ukraine war, Al Monitor, 01 April 2022

The activities and outputs under Outcome 1 came at a critical time to support the operational and response capacities of the Palestinian health system during the height of the crisis. During the reporting period, the deployment of health workers and medical equipment allowed for critical support to be provided to the targeted health facilities, overwhelmed by the burden of unprecedented numbers of COVID-19 cases. Compared to the initial start of the COVID-19 pandemic in the State of Palestine in March 2020, the reporting period witnessed the highest rates of active COVID-19 cases thus far.

The situation of the health sector in the State of Palestine before the COVID-19 pandemic was marked by a shortage of staff and an overburdening demand for health services. During the field visits conducted in the targeted health facilities, several of them highlighted their daily struggle to ensure timely service provision, particularly with the lack of nurses, clerical, cleaning, and cooking staff. In Jericho hospital for example, at one point 96 health staff contracted COVID-19, and only the deployment of health workers under IPR ensured continuity of services. In Qalqiliya, two clerical staff deployed under IPR supported the vaccination campaign through data entry and verification. Prior to IPR there was only one clerical staff who had to work overtime since the start of the pandemic to cover all requests.

> The deployment of health workers "helped relieve the stress and fear that was caused by the COVID-19 pandemic. Alongside giving existing staff more space to rest, it clearly helped improve the services provided."
>
> - Mohammed Hijazi
> Head of Managerial Affairs
> Jericho Hospital

The equipment provided had a direct impact on saving the lives of patients. The six suction machines provided under IPR for hospitals across the West Bank have been used for critical COVID-19 patients that have been placed on oxygen. Often at such a stage patients have liquid building up in their lungs and the suction machine is used to extract this liquid. The Head of Financial and Managerial Affairs in Tulkarem highlighted that without the suction machine provided by IPR, several of their patients would have likely passed away.

With the emergence of Omicron as a very infectious variant of COVID-19, tracking the spread of the virus became a big challenge. More tests were needed to detect the new variant of the virus across the West Bank and the Gaza Strip. During the reporting period, most of the testing kits procured under the 2 additional million Euro were delivered. In parallel to the testing kits, the deployed health workers continued enhancing the capacity of the Ministry of Health to respond to the expanding needs of the health sector. The numbers of health workers on duty in the West Bank reached a peak

> "The recruitment of UNDP beneficiaries relieved the burden and contributed to a heightened spirit for the staff. They were listed on the working schedules and assigned to tasks like the main staff, which relieved the pressure of work, especially during periods when employees were infected with The Corona Virus".
>
> Hassan Alhamarna
> Nursing Supervisor
> Shifa' Hospital- Gaza

during September, with 748 health workers on duty. And in the Gaza Strip the numbers peaked in December, with 314 health workers on duty.
Following the end of the West Bank health workers contracts and given the critical role they have been playing in supporting the health response to COVID-19, MoH decided to extend the contract of 753 health workers for an additional 6 months. In addition, 110health workers (91 in the West Bank and 19 in Gaza) were moved to permanent government contracts. The deployed health workers had become essential, as expressed by various heads of health facilities who were interviewed through field visits conducted by the IPR's team.

During the reporting period the project team conducted monitoring and evaluation field visits to 20 health facilities in the West Bank and 10 health facilities in the Gaza Strip. These field visits provided on-the-ground feedback on the impact of the deployment of health workers and direct feedback on the project overall. They also provided valuable insights on the situation of the health sector before and after the project implementation.

To have a deeper insight into the health outcome of IPR, the project team conducted a digital survey to look into the socio-economic impact of health workers deployment as part of the programme activities. In addition to contributing to improving the quality of health services and filling significant gaps in human resources needed to respond to the COVID-19 pandemic, the job opportunities have improved the livelihood and socio-economic conditions of the beneficiaries (additional details are included in page 14/15).

The achievements per output are as follows:

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

The activities contributing to this output consist of the procurement and provision of specialized medical equipment and supplies in support of critical health facilities in the West Bank, including East Jerusalem, and the Gaza Strip. Progress under this output is as follows:

Output 1.1 Progress against indicators and activities

Indicators		**Original Target (2023)**	**Revised Target (2023)[5]**	**Actual (March 2022)**	**Progress**
1.1.1	No. and type of equipment and medical tools provided to health facilities across oPt	41[6]	240	55	24%
1.1.2	No. of COVID-19 tests conducted in Gaza	23,000	48,000	34,000	71%
Activities					**Status**

[5] Target revised based on the additional two million EUR contribution received in November 2021
[6] While in the revised results framework the target is 41, the Automated DNA Extractor Machines (96 samples) for Bethlehem and Jenin COVID-19 Centres have been removed from the list in agreement with the MoH. As such the revised target is 39.

1.1.1	Provision of medical tools to health facilities	Almost complete
1.1.2	Provision and installation of treatment equipment in COVID-19 centres for intensive care units	Almost complete
1.1.3	Provision of advanced digital medical tools to COVID-19 centres	Almost complete

The period between October 2021 and March 2022 witnessed the delivery of 39 out of the 41 equipment procured under this output's original target. The two Automated DNA extractor machines (96 samples) were cancelled in agreement with MoH due to the limited budget allocated for this activity vis-à-vis the actual market price for the equipment. In addition, 16 other equipment were delivered under the additional two million EURO contribution. UNDP monitored the delivery of the equipment, the related inspections by the MoH engineers, the installation and testing. The procured medical equipment has been successfully delivered as highlighted in the tables below.

Table 1: Delivery status of medical equipment phase 1 – West Bank

Activity	Item #	Medical equipment	Quantity	Delivery Status	Location
1.1.1	1	CT Scan 128 Slice	1	Delivered	Palestine Medical Centre
	2	Digital Radiography Machine	1	Delivered	Palestine Medical Centre
	3	C-Arm X-Ray	1	Delivered	Tulkarem Thabit Thabit Hospital
1.1.2	4	Bedside Monitor	5	Delivered	Palestine Medical Centre (2) Halhul Hospital (1) Tulkarem Hospital (1) Jenin Hospital (1)
	5	Defibrillator Monitor with Trolley	5	Delivered	Rafidia Hospital (1) Yatta Hospital (1) Palestine Medical Centre (2) Halhul Hospital (1)
	6	Electrocardiograph Machine with Trolley	5	Delivered	Palestine Medical Centre (2) Al Watani Hospital (1) Tubas Hospital (1) Jenin Hospital (1)
	7	Portable Suction Machine	6	Delivered	Halhul Hospital (1) Tulkarem Hospital (1) Jericho Hospital (1) Qalqilya Hospital (1) Beit Jala Hospital (1)
	8	Emergency Patient Bed (Stretcher)	10	Delivered	Palestine Medical Centre (5) Dura Hospital (5)
1.1.3	9	Real Time PCR with Software & Computer (96 samples)	3	Delivered	Hebron, Tulkarem, and Nablus COVID-19 centres

	10	Automated DNA extractor machine (96 samples)	2	Cancelled[7]	Bethlehem, Jenin COVID-19 centres
	11	Automatic PCR System (Extractor + Detector)	1	Delivered	Hebron COVID-19 centre
	12	Fully Automated Chemistry Analyzer	1	Delivered	Salfit Hospital
	Total No. of items planned		**41**		
	Total No. of items cancelled		**2**		
	Total No. of items delivered		**39**		

Table 2: Delivery status of medical equipment phase 2 - Gaza Strip

Output	Item #	Medical equipment	Quantity	Delivery Status	Location
Medical Equipment for Gaza					
Output 1.1 Additional two million Euro Grant	1	Celling Operation Light	8	Delivered	AlShefa hospital (2) European Hospital (1) Alaqsa Hospital (1) Biet Hanoun Hospital (1) Andonisi Hospital (1) Naser Hospital (2)
	2	Operation Table	8	Delivered	AlShefa hospital (2) European Hospital (2) Andonisi Hospital (1) Kamal Edwan Hospital (1) Alaqsa Hospital (1) Naser Hospital (1)
	3	Washer Extractor – 50kg	3	Ongoing	
	4	Steam tumbler dryer machine – 50kg	3	Ongoing	
	5	Patient Monitor	10	Ongoing	Abu Yosef Elnajar Hospital (1) Naser Hospital (2) Alaqsa Hospital (2) Andonisi hospital (1) Biet Hanoun hospital (1) Alshefa hospital (3)
	7	Portable pulse oximeter	5	Ongoing	Abu Yosef Elnajar Hospital (1) Naser Hospital (3) Emarati Hospital (1)

[7] 2 items were supposed to be procured but offers received exceeded by far the estimated amount/market price. Therefore, MoH decided to cancel this item.

	6	Flexible Mobile Surgical Light with Emergency Battery	6	Ongoing	Eyes Hospital (1) Nasser Hospital (1) AlShefa Hospital (1) Aqsa Hospital (1) European Hospital (1)
	7	Patient bed with IV stand	150	Ongoing	Alshefa Hospital (1) Nasser Hospital (1) Alaqsa Hospital (1) AbuYosef Elnajar Hospital (1) Emirates Hospital (1) Bet Hanoun Hospital (1) European Hospital (1)
	8	GI endoscope	1	Ongoing	Aqsa Martyrs Hospital
	9	Ultrasound machine	2	Ongoing	
	Total No. of items planned		**196**		
	Total No. of items delivered		**16**		
	Total No. of items remaining		**180**		

Table 3: Delivery status of testing kits - West Bank and Gaza Strip

Testing kit item	**Quantity**	**Date of delivery**
SeqStudio Cartridge Kit V2	10	23 February 2022
SeqStudio Cathode Buffer Container	12	The first batch was delivered on 23 February 2022. The second batch on 10 April 2022. The third batch is expected on 15 May 2022
HI-DI FORMAMIDE BOTTLE	4	The first batch was delivered on 23 February 2022. The second batch on 10 April 2022. The third batch is expected on 15 May 2022
SuperScript IV VILO Master Mix	8	The first batch was delivered on 23 February 2022. The second batch on 10 April 2022. The third batch is expected on 15 May 2022
BigDye XTerminator® Purification	5	The first batch was delivered on 23 February 2022. The second batch on 10 April 2022. The third batch is expected on 15 May 2022
BigDye Direct Cycle Sequencing Kit	20	The first batch was delivered on 23 February 2022. The second batch on 10 April 2022. The third batch is expected on 15 May 2022
Primers (F & R): S-gene, Thermo	50	The first batch was delivered on 23 February 2022. The second batch on 10 April 2022. The third batch is expected on 15 May 2022
48-Well plate	20	24 March 2022
Micropipettes	41	19 April 2022
Antiseptic Hand Sanitizer	35	24 March 2022
One step Quantitative RT-PCR Kit	70	07 December 2022
Viral Nucleic Acid Extraction Kit	40	07 December 2022
Multiplex or singleplex Detection	6	The first batch was delivered on 23 February 2022. The second batch on 10 April 2022. The third batch is expected on 15 May 2022
MicroAmp™ 8-Tube Caps	75	The first batch was delivered on 23 February 2022. The second batch on 10 April 2022. The third batch is expected on 15 May 2022

Xpert® Xpress SARS-CoV-2	100	10 February 2022

Output 1.2: Response capacities of health workers strengthened

The activities under this output relate to the deployment of health workers and human resources to increase the capacity of the health sector. Progress under this output is as follows:

Output 1.2 Progress against indicators and activities

Indicators		**Original Target (2023)**	**Revised Target (2023)[8]**	**Actual (March 2022)**	**Progress**
1.2.1	No. of short-term jobs created for health personnel, skilled and unskilled workers (disaggregated by sex)	1,238	1,345	1,388	103%
1.2.2	No. of workdays generated through the deployment of health personnel and workers	260,348	287,348	331,638	116%
1.2.3	No. of health personnel trained to respond to the health crisis (disaggregated by sex)	1,238	1,345	1,388	103%
Activities:					**Status**
1.2.1	Deployment of health personnel (e.g. doctors, nurses, lab technicians) placed in health facilities				Completed
1.2.2	Deployment of skilled/unskilled workers to disinfect/sterilize health facilities and provide support functions				Completed
1.2.3	Training of health personnel to prepare for and respond to the health crisis				Completed

The reporting period witnessed the completion of the deployment of health workers under IPR both in the West Bank and the Gaza Strip. Most of the health workers, who began their deployment in October 2021, finished their yearly contracts. By 31 March, a total of 72 health workers remains on duty in the West Bank, and 202 in the Gaza Strip.

For the West Bank, three additional health workers were deployed as replacements of health workers who resigned, based on an urgent request from the Ministry of Health, and two additional health workers who resigned at an earlier stage before being added to the lists of health workers, were added to the lists. This increased the total number of health workers deployed under IPR to 1,388 health workers. A total of 331,638 workdays were generated since the start of the project. Between October 2020 and April 2021, 95,284 workdays were generated. During the reporting period, 236,354 workdays were generated of which 50,437

[8] Target revised based on the additional two million EUR contribution received in November 2021

were generated in the Gaza Strip and 185,917 in the West Bank. Please see the below Table 4 for the monthly workdays generated.

Table 4: Workdays created between 01 October 2020 - 31 March 2022

Year-Month	Workdays created by geographic area	
	West Bank	Gaza Strip
20-Oct	1,670	0
20-Nov	10,572	0
20-Dec	15,810	0
21-Jan	19,259	2,470
21-Feb	18,428	3,377
21-Mar	20,167	3,531
21-Apr	22,605	3,172
21-May	22,045	3,575
21-Jun	21,030	3,517
21-Jul	22,062	3,192
21-Aug	22,768	2,986
21-Sep	21,451	3,349
21-Oct	20,015	5,381
21-Nov	12,605	4,973
21-Dec	9,747	5,829
22-Jan	5,416	5,120
22-Feb	3,430	4,791
22-Mar	2,743	4,552
Total	**271,823**	**59,815**

Distribution of health workers based on geographic area and gender

Gaza Strip:

Due to the increased need for the deployment of additional health workers in the Gaza Strip, it was agreed with MoH in Ramallah to reallocate an amount of $500,000 originally allocated for West Bank health workers to Gaza. This enabled the deployment of an additional 123 health workers (52 women and 72 men). In addition, the supplementary two million Euro contribution further enabled the deployment of an additional 108 health workers (43 women and 65 men) reaching a total of 459 health workers deployed in the Gaza Strip. Please see Graph 1 for the distribution of the 459 health workers deployed in the Gaza Strip by category and phase and Graph 2 for the distribution by governorate. This increased the number of targeted health facilities to 55. Please see Graph 3 for the targeted health facilities across the Gaza Strip.

West Bank:

In the West Bank, a total of 929 health workers (485 Men and 444 Women) were employed between October 2020 and March 2022 (see Graph 4 for the distribution by category). The 929 workers deployed benefited a total of **83 health facilities in 11 governorates**

including 28 MoH directorates, 44 hospitals, four public service institutions and seven laboratories (see Graph 5 for the distribution by governorate).

Gender distribution:
In line with UNDP's corporate policy on gender mainstreaming, the recruitment of health workers in the West Bank and the Gaza Strip took into consideration gender equality aspects. The MoH in the West Bank and the implementing partner in the Gaza Strip were encouraged to provide equal opportunities to men and women. In both the West Bank and the Gaza Strip, the deployment of women and men health workers was nearly equal with 48% and 42% of women health workers in the West Bank and the Gaza Strip respectively (see Graph 6 and Graph 7 for the gender distribution by professional category).

Long-term jobs created:
A total number on 110 health workers (91 in the West Bank and 19 in the Gaza Strip) were granted long term job contracts by the Ministry of Health. The below table shows the categories of health workers that moved to permanent contracts.

Category	Number of health workers moved to permanent contract	Gender		Location	
		Men	Women	West Bank	Gaza Strip
General Practitioner	45	28	17	29	16
Legal Nurse	27	14	13	27	
Specialist Doctor	12	11	1	12	
Lab Technician	7	1	6	7	
Xray Technician	4	2	2	4	
Anesthesia Technician	4	2	2	4	
Nurse	3	2	1		3
Pharmacist	3		3	3	
Cleaner	2		2	2	
Qualified nurse	2		2	2	
Medical Engineer	1	1		1	
Total:	**110**	**61**	**49**	**91**	**19**

Impact of the deployment of health workers across the West Bank and the Gaza Strip

Key results of the field visits conducted to 30 health facilities across the West Bank (20) and the Gaza strip (10). The visits included semi-structured interviews with managerial staff in the health facilities were significant numbers of IPR health workers were deployed. The following are the main results:

- For the vast majority of health facilities visited, the number one challenge they faced during the COVID-19 crisis is the lack of staff. Followed by the lack of equipment and lack of information at the start of the COVID-19 pandemic. Staff and equipment remain at the top of their priorities.

- To many of the interviewees, IPR did not merely provide additional support, it provided 'life saving' support. This is what the managerial head of Thabit Thabit Tukaram hospital said when asked about the impact IPR health workers had in the hospital she is managing: "Truthfully and honestly, they were our lifeline. First, because when many staff were infected, we suffered a shortage, and second, because the numbers were already insufficient before COVID-19".Many health facilities were experiencing a significant shortage of staff which was made worse by the pandemic.

- The shortage of health staff was very concentrated in specific service categories including logistics workers (cleaners), kitchen staff, guards, and data entry personnel. This occurred due to the specific nature of COVID-19 's health system requirements, and due to what was termed a "chronic shortage of managerial staff".

- The number one priority for the vast majority of health facilities visited is to have, and continue to have, additional staff, alongside equipment.

- The number one recommendation from the managerial staff of health facilities for future projects is to have a stronger bottom-up approach and to work with them directly to identify their needs and support them.

The employment opportunity had a substantial impact on the socio-economic conditions of the health workers. While the impact is more prominent in the Gaza Strip, it is also observed in the West Bank.

- Before being hired by the health facilities, the majority of beneficiaries in the Gaza Strip were unemployed (84%), whereas in the West Bank, 44% were unemployed, 38% were working in a private health organization and 10% were studying.

- Opportunities provided to fresh graduates had a significant impact on their social and economic conditions.

- Overall satisfaction with the employment opportunity was moderate (65%) – higher in the Gaza Strip (88%) than in the West Bank (59%).

- Socially, around two thirds of the respondents said that the job opportunity has helped them feel connected to their community (62%), and that the job has helped them apply and enhance their skills (73%), and that the job has enhanced their networking opportunities (78%).

- Economically, the majority of the health workers in the Gaza Strip (62%) said that the job has helped them overcome financial difficulty compared with only 36% in the West Bank. This can be interpreted by the finding of 61% of the beneficiaries in the West Bank reported that they are still facing financial difficulties (struggling economically), compared with 37% in the Gaza Strip.

In terms of how being deployed under the programme will positively affect them in the future, 65% of the beneficiaries feel that this opportunity will have a positive impact on their career development.

Output 1.3: Disposal and treatment of medical waste enhanced

The activities under this output relate to the procurement of autoclaves and the training of staff in medical waste management. Progress under this output is as follows:

Output 1.3 Progress against indicators and activities

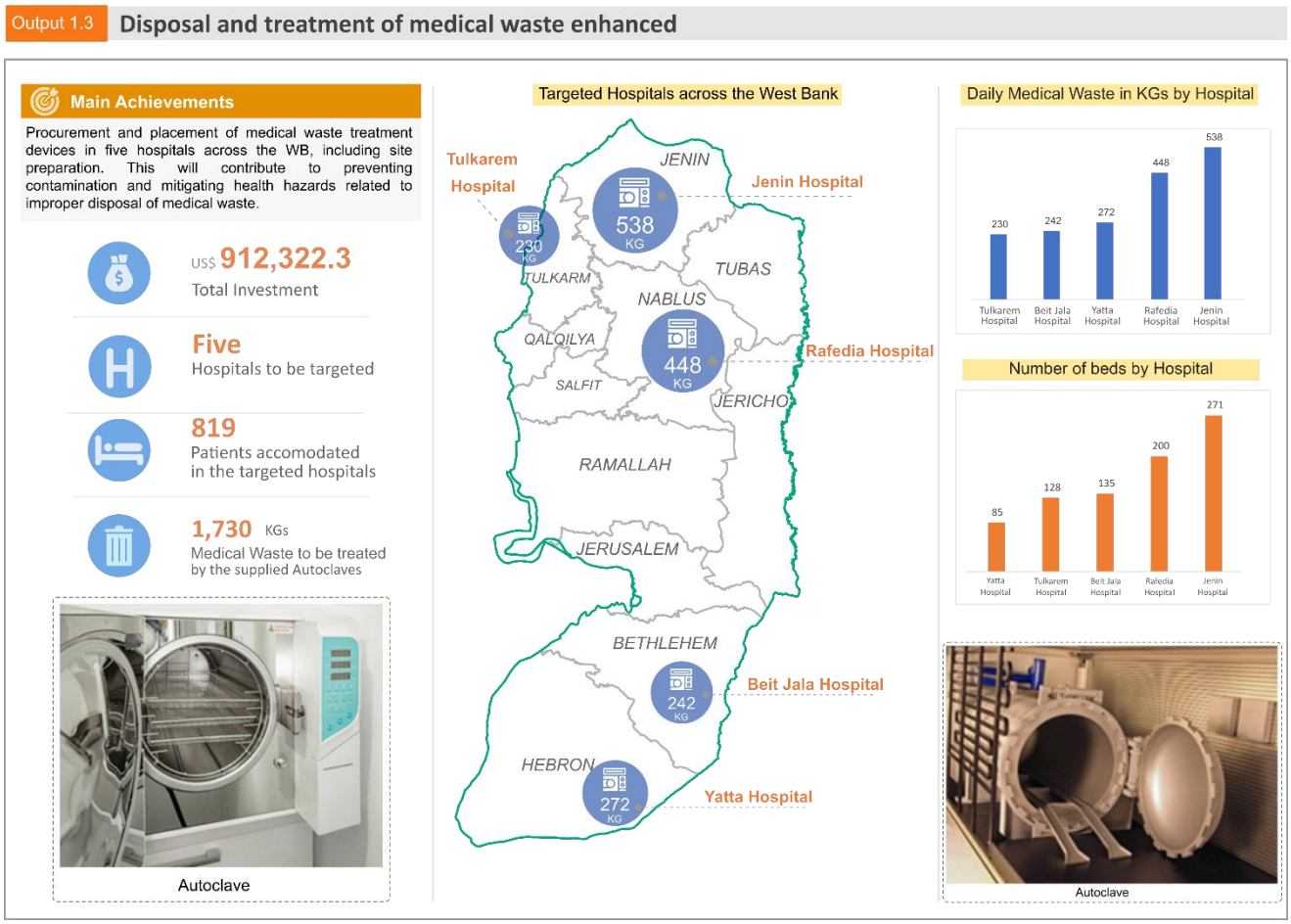
Indicators		**Original Target (2023)**	**Revised Target (2023)[9]**	**Actual (March 2022)**	**Progress**
1.3.1	No. of health personnel trained on treating medical waste	1,000	1,000	0	0%
1.3.2	No. of autoclaves and containers supplied to Palestinian hospitals	6[10]	5	5	83%
Activities:					**Status**
1.3.1	Training of health personnel inside the health facilities and LGUs staff in the West Bank and East Jerusalem in treating medical waste				Ongoing
1.3.2	Procurement and installation of autoclaves and containers in six hospitals in the West Bank				Ongoing

During the reporting period, UNDP focused on making sure the sites for the medical waste systems are suitable and functional through site visits and technical review and discussions. The tendering process for the civil works was finalized and published by MoH on 06 March 2022. Unfortunately, the contractors were reluctant to apply due to the increase in the price of the raw materials and the potential further increase (for example, prices of steel increased from ILS 3,400 to ILS 4,200 per ton). As a result, MoH had to extend the deadline and call the contractors to encourage them to apply. Finally, two contractors were selected and are expected to conclude the civil work by early July 2022. The procured autoclaves arrived in the country on 25 March 2022. They are currently stored at the MoH warehouses. It is anticipated that the installation of the autoclaves will be concluded by July/ August 2022.

[9] Target revised based on the additional two million EUR contribution received in November 2021

[10] The original target was 6, however, due to budget constraints and in discussions with the MoH the target was revised to 5 as Dura Hospital was excluded from the list.

Figure 1: Information regarding the distribution and locations of the targeted medical waste systems in the West Bank



IPR phase 1 (BMZ-No. 2020 18 133 agreement)

Enhancing Community Resilience

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

Outcome two of IPR focuses on enhancing resilience in marginalized areas for socio-economic recovery and social cohesion through the rehabilitation and expansion of infrastructure. To achieve this outcome, an integrated approach is adopted which combines (a) the selection process with a clear focus on resilience, giving preference to vulnerable entities that have the 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.

Output 2.1 Socio-economic and community infrastructure rehabilitated and/or expanded with a focus on Gaza, East Jerusalem, and Area C

The activities under this output relate to the provision of community infrastructure. Progress under this output is as follows:

Output 2.1 Progress against indicators and activities

Indicators		**Milestone (Dec 2021)**	**Milestone (Dec 2022)**	**Actual (March 2022)**	**Target (2023)**	**Progress**
2.1.1	No. and type of small-to-medium scale community infrastructure rehabilitation / construction initiatives identified and implemented	5	7	12 identified/ not implemented yet	12	100% identified / 0% implemented
2.1.2	No. of workdays generated through the implementation of community infrastructure initiatives (disaggregated by sex)	12,801	13,825	0	27,650	0%
Activities:						**Status**
2.1.1	Launching calls for proposals for the selection of resilience interventions, with emphasis on health, basic services, and community infrastructure					Completed
2.1.2	Validation and endorsement of prioritized interventions by the Steering Committee, in coordination with development partners					Completed
2.1.3	Implementation of infrastructure with emphasis on health, basic services, and community infrastructure					In progress

During the reporting period, the first call for concept notes for East Jerusalem and the Gaza Strip was developed. The package of documents included the invitation to submit concept notes, IPR's programme description and scope of work, instructions for applicants, and the concept notes solicitation form (see Annex 1). The call was advertised on 18 June 2021, with the deadline set for 07 July 2021. However, the programme team decided to extend the deadline until 25 July 2021 to allow more organizations to apply and submit proposals. The call was disseminated via several outlets including UNDP's website and social media pages, local newspapers, the Local Aid Coordination Secretariat (LACS), UN Country Team (UNCT), the Palestinian Non-Governmental Organizations Network (PNGO), and Local Government Units (LGUs). A total of 108 submissions were received: 26 of them covering East Jerusalem and 82 covering the Gaza Strip.

An evaluation and selection committee was formed, including the IPR project manager, IPR project coordinator, IPR community mobilizer, and two engineers. The roles within the committee differed according to members' speciality and location, alongside the steps in the selection process. The following describes the selection process phases, the role of committee members, and the results of each phase:

Phase 1: Pre-screening for eligibility

1 committee member in GS and 1 in EJ

The two committee members assessed the submissions based on the eligibility criteria in the resilience paper that looks at the eligibility of the implementing partner alongside the intervention. Through this process, eight submissions from East Jerusalem and 26 submissions from the Gaza Strip did not meet the eligibility criteria. A total of 74 submissions were eligible, 18 in East Jerusalem and 56 in the Gaza Strip (see Annex 2 for the longlist of applicants).

↓

Phase 2: Concept note review

4 committee members

The committee members reviewed the eligible submissions and scored them against the selection criteria. Each submission was scored between 0 to 100 and ranked in descending order. A minimum threshold of 70% of the total possible score was adopted to identify shortlisted submissions. Based on the selection criteria scoring, a total of nine (9) concept notes in East Jerusalem and 33 in the Gaza Strip were selected to continue to phase 3.

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Phase 3: Verification and site visits

A schedule of site visits for each shortlisted applicant was prepared to meet with the implementing partners, visit the location of the proposed intervention and validate the information included in the application form. The purpose of these visits is to assess and

validate the feasibility of suggested interventions, the credibility of the implementing partner, and the consideration of risks.

The highest six (6) scoring submissions in East Jerusalem were selected to undergo site visits based on the budget available during this round. This strategy was adopted to avoid raising the expectations of applicants that may not be granted funding for this round.

The visited sites of implementing partners cater for diverse neighbourhoods in East Jerusalem and they serve the most vulnerable groups including children, youth, and women. The interventions proposed by the shortlisted implementing partners varied in terms of sectors' focus. Infrastructure investments were directed towards supporting cultural heritage and identity, sports activities, public spaces such as parks and gardens, empowerment through legal aid and human rights, and mental health and psychosocial support- services. These interventions reflect and respond to the targeted communities' identified needs.

A second round of meetings and discussions was held among the committee members and with KfW to nominate the second highest priority applications in East Jerusalem. As a result, four implementing partners in East Jerusalem were nominated as priority two. Accordingly, two summary sheets for two selected projects from priority-two applications are under development to be further shared with KfW for no-objection.

In Gaza, a schedule of site visits for the 33 applicants was prepared to discuss the submitted proposals, conduct an assessment of the location of the proposed interventions and validate information included in the application forms. The visits were conducted in October and November 2021 by the site engineer.

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Phase 4: Final selection, prioritization, and development of summary sheets

Following the site visits, several rounds of meetings and discussions were held among the selection committee members to identify the highest priority applications to be selected for the first round of funding. As a result, five interventions in East Jerusalem and 13 in the Gaza Strip were nominated as priority one and accordingly, summary sheets of projects were prepared and shared with KfW for no-objection before proceeding with the signature of the agreements with partners.

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Phase 5: KfW no-objection

The five nominated interventions in East Jerusalem and eleven nominated interventions in the Gaza Strip were granted no-objection (Annex 3).

In East Jerusalem, a letter of award has been shared with the selected implementing partners, informing them that their proposals were selected for funding, indicating the total allocation for the intervention. This was followed by the provision of direct support to initiate preparations for the infrastructure component, which includes preparation of drawings, designs, and Bills of Quantities (BoQs). Meanwhile, Responsible Party Agreements (RPAs) between the selected implementing partners and UNDP have been developed to be signed in April 2022.

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

The activities under this output relate to capacity development. Progress under this output is as follows:

Output 2.2 Progress against indicators and activities

Indicators		**Milestone (Dec 2021)**	**Milestone (Dec 2022)**	**Actual (March 2022)**	**Target (2023)**	**Progress**
2.2.1	No. of service plans developed and operationalized in a participatory manner	0	0	0	12	N/A
2.2.2	No. of longer-term jobs created (disaggregated by sex, 60% of overall target are women)	0	28	0	128	0%
Activities:						**Status**
2.2.1	Analysis of initial service plans and identification of gaps and opportunities					Ongoing
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					Ongoing

Part of the IPR strategy is to foster inclusivity by creating opportunities for smaller organisations to participate in the programme as implementing partners. To this regard, during the reporting period, a Terms of Reference (ToR) was prepared and advertised for an external service provider to undertake capacity building activities and provide technical assistance to civil society organisations (CSOs) and community-based organisations (CBOs) that have passed Phase 3 of the selection highlighted under Output 2.1. The primary role of this service provider is to support the selected implementing partners in the formulation and finalisation of a full proposal, including accompanying the development of a resilience plan, to ensure a standard quality of proposals across the implementing partners in line with the programmatic strategy.

General Consulting and Training company (GCT) was contracted to provide this support. It reviewed the submissions from the implementing partners in line with the selection criteria

and the developed summary sheets and worked with them to develop full-fledged proposals. A key element of their role was to ensure community engagement, particularly in the development of resilience plans, as well as mainstreaming key characteristics of sustainable community infrastructure initiatives, such as the do no harm approach, environmental sustainability, digitalisation, and gender-responsiveness.

During the reporting period, GCT's carried out the following tasks:

First, supported the evaluation and selection process of projects in the Gaza Strip, giving preference to entities that have the potential to increase resilience and social cohesion within communities in vulnerable situations. In this regard, the GCT team accompanied UNDP's site engineer in the verification and field visits to the 33 longlisted applicants to support the selection process. They have supported the development of relevant summary sheets to the prioritized interventions, assessing organizations' capacities and potentials. These visits served as a first-hand capacity needs assessment to prepare for the following phase of support to the NGOs, and consequently develop a training outline in line with the gathered information.

Second, enhancing the capacities of the selected NGOs to develop full-fledged proposals. Based on the results of the visits, and the review of different concept notes submitted in East Jerusalem and in the Gaza Strip, the consulting company was able to identify priority training topics to be delivered to the NGOs. As a result, a three-day training plan was rolled out, covering the topics of proposal writing, its key elements, development of resilience plans, including business plans, operational plans, management plans, and sustainability plans. This has been followed by two-day training on project cycle management, including project life cycle, logical framework development, result-based management, and project structure.

Third, facilitating community engagement in close coordination with the NGOs and supporting the development of resilience plans. A one-day workshop, focused on community engagement, dialogue, and participation, followed the training days. It included discussions regarding common opportunities and challenges among the selected NGOs, communities, and projects. In addition, discussions regarding best practices for community engagement, inclusivity, and sustainability were held.

The training targeted the staff of 28 selected NGOs in East Jerusalem and in the Gaza Strip who are mid to senior-level employees including grants writers, programme directors, project officials and public relation mangers, and others who are contributing writers to proposals and reports. A first draft summary report at the end of the training days has been prepared, to be further reviewed and enhanced to reach a final version by April 2022. The report describes briefly the overall activities undertaken, obstacles encountered, training days, delivery, achieved outcomes, lessons learnt, highlighting recommendations for implementing such trainings in future similar assignments.

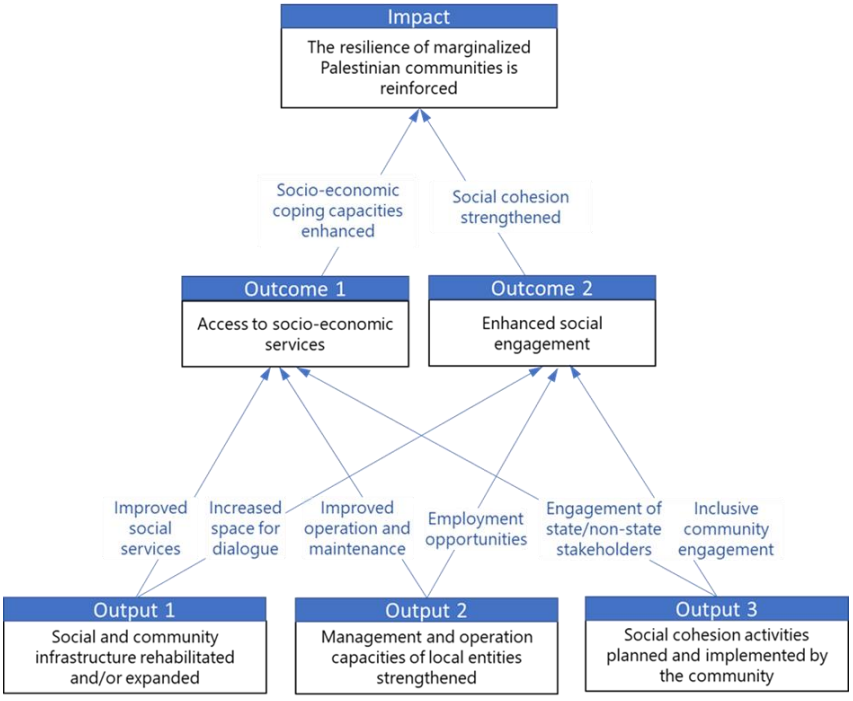
After the training days and workshop, the GCT consultant team conducted visits to provide additional support such as on the job coaching, and to ensure that the development of business plans and full-fledged proposals address the different components and sections. These visits have ensured that plans are developed in a participatory manner and correspond to actual community needs.

This consultancy is to be finalized on 10 April 2022, resulting in a minimum of 20 resilience plans developed by selected implementing partners: four in East Jerusalem and 16 in the Gaza Strip.

IPR phase 2 (BMZ-Nr. 202118107 agreement)

On 23 November 2021, The German Development Bank KfW, and the United Nations Development Programme signed an agreement in the amount of Euro 10 million to support The Investment Programme for Resilience (IPR) phase 2. The contribution raised the total funds from Germany to the project to Euro 29 million.

In this second phase, IPR aims at further expanding the second component of community resilience by adding additional resources to strengthen the access to socio-economic services and to enhance social engagement in marginalized and disadvantaged communities. This will be done by rehabilitating/ constructing/ expanding small-scale needs-based infrastructure, building the capacities of the entities to manage and operate the targeted facilities, organizing social cohesion activities and throughout the project life cycle ensure the inclusion of all groups in the design and implementation of locally designed and driven initiatives. Below is a graph that summarizes the IPR phase 2 objectives at multiple levels:



Outcome 1: Improved access to socio-economic services
Outcome 2: Enhanced social engagement

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 small-scale infrastructure will play a pivotal role in improving social services and enhancing community engagement and decision-making (particularly women, youth, and people with disabilities), thus increasing the space for dialogue. Interventions will also contribute to creating short-term employment opportunities through construction/rehabilitation works and long-term sustainable jobs for the operation and maintenance of new or expanded services provided.

Moreover, the suggested approach will strengthen local implementing partners' capacities and provide a space for non-traditional activities to be proposed. There will be a strong focus on ensuring women, youth and PWDs 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.

Output 1.1: Social and community infrastructure rehabilitated and/or expanded

Indicators		**Milestone (Dec 2022)**	**Actual (March 2022)**	**Target (2024)**	**Progress**
1.1.1	No. and type of small-to medium scale community infrastructure rehabilitation / construction initiatives identified and implemented (disaggregated by sector)	8	0	28	0%
1.1.2	No. of workdays/ short-term jobs generated through the implementation of community infrastructure initiatives (disaggregated by gender)	21,750/ 725	0	75,000/ 2,500	0%
Activities:					**Status**
1.1.1	Assessment and prioritization of most vulnerable communities to be targeted				Complete
1.1.2	Launch of expression of interest and development of full project proposals				Ongoing
1.1.3	Implementation of infrastructure with emphasis on health, basic services, and community infrastructure				Planned

During the reporting period, the second call for concept notes for Area C, Hebron H2 and the Gaza Strip was launched. Based on lessons learnt from the first call, the concept notes

solicitation form was modified and simplified allowing for more grass-root organizations to apply (See Annex 4). The call was advertised on 08 February 2022, with the deadline set for 08 March 2022. However, the programme team decided to extend the deadline until 15 March 2022 to allow more organizations to apply and submit proposals. The call was disseminated via several outlets including UNDP's website, the Local Aid Coordination Secretariat (LACS), UN Country Team (UNCT), the Palestinian Non-Governmental Organizations Network (PNGO), and the NGO Development Center (NDC).

Two information sessions were held on 14 and 17 February 2022; to explain the funding opportunity and allow interested applicants to familiarize themselves with the IPR programme and its overall objective. These sessions have given the attendees the opportunity to have their inquiries answered and clarified by the project team. Fifty-two participants from interested organizations have attended the first session, and 70 attended the second session. In addition, interested applicants who were not able to attend the session, were encouraged to send any questions and inquiries to the IPR programme email for response.

A total of 118 submissions were received: 48 of them covering West Bank Area C, five covering Hebron H2 area, and 60 covering the Gaza Strip. An additional two submissions were received covering both the West Bank and the Gaza Strip, and three submissions were received for projects in East Jerusalem. The applications are being filtered for duplications, and an evaluation team is being composed. The evaluation team will be a mixed composition of UNDP staff from IPR as well as from different projects. The team will be reviewing all received submissions. The mixed team composition is expected to strengthen the review process and reduce risk of bias.

The evaluation process follows the below steps:

- **Phase 1: Pre-screening for eligibility**

Two committee members (IPR team members, one in the West Bank and another in the Gaza Strip) will assess the submissions based on the pre-defined eligibility criteria.

- **Phase 2: Concept note review**

The four committee members will fully review all eligible submissions. Each one will score the eligible applications individually using the pre-defined score card. An average of all four scores of each submission will be calculated to reach a final score for each eligible applicant. Any noticeable deviation from the average value among scores will be re-opened to be discussed among the committee members. All applications having scored 70 points or above will be considered for the following phase of selection.

- **Phase 3: Verification and site visits**

A schedule of site visits will be prepared to be conducted by the committee members to all intervention locations for applications scoring 70 points or above. The visits will serve the purpose of validating the information included in the application form, assessing the feasibility of suggested interventions, assessing the credibility of the applicant organization, and screening for potential risks.

- **Phase 4: Final selection, prioritization, and development of summary sheets**

Following the site visits, several rounds of meetings and discussions will be held among the committee members to identify the highest priority applications to be selected for funding, and consequently develop projects' summary sheets to be submitted to KfW for no objection.

For East Jerusalem, UNDP will rely on the first call for concept notes launched as part of IPR phase 1, for the selection of implementing partners for IPR phase 2. Therefore, one project that was granted a no-objection on 15 March 2022 with the title of 'Refurbishment, Revitalization, and Safeguarding of the Palestinian Heritage Museum and its Collection', implemented by Dar Al Tifel Alarabi Organization will be under IPR phase II. Two additional projects will be submitted to KFW in April 2022, to request the no-objection:

- Renovation of Saint Dimitri's School's Main Hall
- Heritage for Resilience: Creating a Cultural Hub in Kafr 'Aqab, Jerusalem

Output 1.2: Capacity of entities improved to manage the infrastructure and to provide sustainable services and employment to the community

Indicators	**Milestone (Dec 2022)**	**Actual (March 2022)**	**Target (2024)**	**Progress**
1.2.1 Number of operation and maintenance plans developed	8	2	28	25%
1.2.2 Number of entities that have completed the capacity development support package for operation and maintenance	0	0	22	N/A
Activities:				**Status**
1.2.1 Analysis of initial operations and management plan and identification of gaps and opportunities				Planned
1.2.2 Technical support to strengthen capacities of targeted entities and ensure the implementation of the plans				Planned

An analysis of the selected partners' capacities gaps and opportunities will be conducted in order to develop a technical support training package. The analysis will focus on the entities' capacities to set up an operation and management plan and will define the best modality of providing the technical support that will guide the implementing partners through the process to ensure successful implementation and longer-term sustainability of the intervention.

Output 1.3: Social cohesion activities planned and implemented by the community

Indicators		Milestone (Dec 2022)	Actual (March 2022)	Target (2024)	Progress
1.3.1	Number of people that participate in social cohesion activities (disaggregated by gender, age, disability)	1,200	0	4,200	0%
1.3.2	Percentage of social cohesion activities having a gender equality and/or women empowerment focus	20%	0	30%	0%
Activities:					**Status**
1.3.1	Active engagement of community members in the further elaboration of social cohesion plans				Planned
1.3.2	Implementation of social cohesion initiatives (social inclusion, peace building, non-violent behaviour)				Planned
1.3.3	Launch of a Resilience Award through creating a competition among the communities benefitting from the project				Planned

To complement the infrastructure works and the capacity development support to the implementing partners; social cohesion initiatives will be developed by the targeted communities. This is to enhance the community participation and give the opportunity to strengthen the social relations among its members. This will be facilitated by the implementing partners within the communities they serve and will engage relevant stakeholders such as community leaders, private sectors, and local government units. A focus will be given to prioritize and facilitate the participation of women, youth, and persons with disabilities alongside other groups in vulnerable situations, within the planning and implementation processes, and to ensure they are included not merely as service recipients, but as contributors to decision making.

Social cohesion activities will be planned, designed and implemented by the community as part of the resilience plan in each target location. This will be done through the engagement of community representatives and will be accompanied by assessments, evaluations, and impact studies to draw evidence and lessons for readjusting the programme approach to resilience.

Upon the finalization of the selection of implementing partners, they will be supported to enhance their targeted communities' engagement and participation in planning and implementing social cohesion activities relevant to the implementing partner's area of specialty. The processes will ensure inclusivity and diversity and will cater for the different needs identified by the community members themselves. They will be able to identify their roles and responsibilities within these plans, the activities to be implemented, community resources availability and the timeframe needed for implementation.

IV. Communication and Visibility:

During the reporting period, an inauguration ceremony was held in Ramallah on 13 July 2021. The German Representative Office in Ramallah and UNDP handed over specialized medical equipment in support of critical health facilities in the West Bank to the Minister of Health, Dr. Mai Al-Kaila. The press release can be found here.

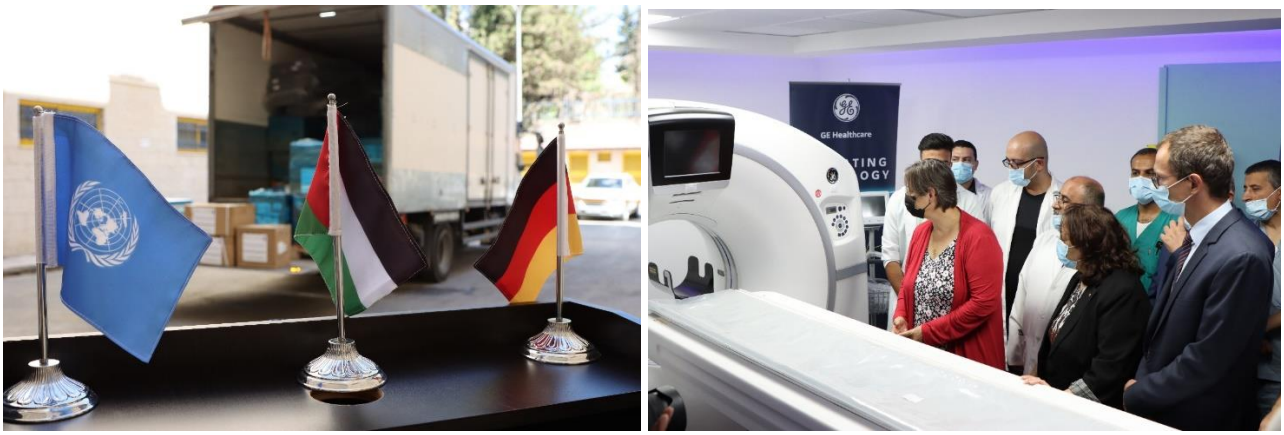


Figure 2: Handover ceremony and installation of the CT scan

On 23 November 2021, a ceremony for the signature of the phase two of the "Investment Programme for Resilience" (IPR) was organized by UNDP and Germany through KfW and

under the auspices of His Excellency the Prime Minister in the amount of Euro 10 million. The contribution raised the total funds from Germany to the project to Euro 29 million. The press release is available here.

Figure 3: IPR II Signing ceremony

During the reporting period, a Terms of Reference (ToR) requesting professional services for designing and producing communication and visibility materials for IPR was advertised on 30 January 2022, the deadline for application by interested companies was set on 25 February 2022. As a result, three companies applied, providing both technical and financial proposals, which were evaluated by IPR evaluation team and by the UNDP's partnerships and communications specialist. A professional company was selected and contracted at the end of March. The purpose of this service request is to promote the programme and its results among beneficiaries, stakeholders, development partners and a wider audience, thereby increasing the impact and visibility of the programme itself, while highlighting the results achieved. The service provider will design social media content, infographics, develop videos and other communication products; ensuring all materials produced are following UNDP's and KFW's branding and graphic guidelines.

Figure 4: The inspection by the MoH engineers during the delivery of the Electrocardiograph devices

Figure 5: The installed ceiling operating light and operation table at Alshifa hospital in Gaza

Figure 6: MOH engineer inspects hand sanitizer provided under the additional two million Euro grant

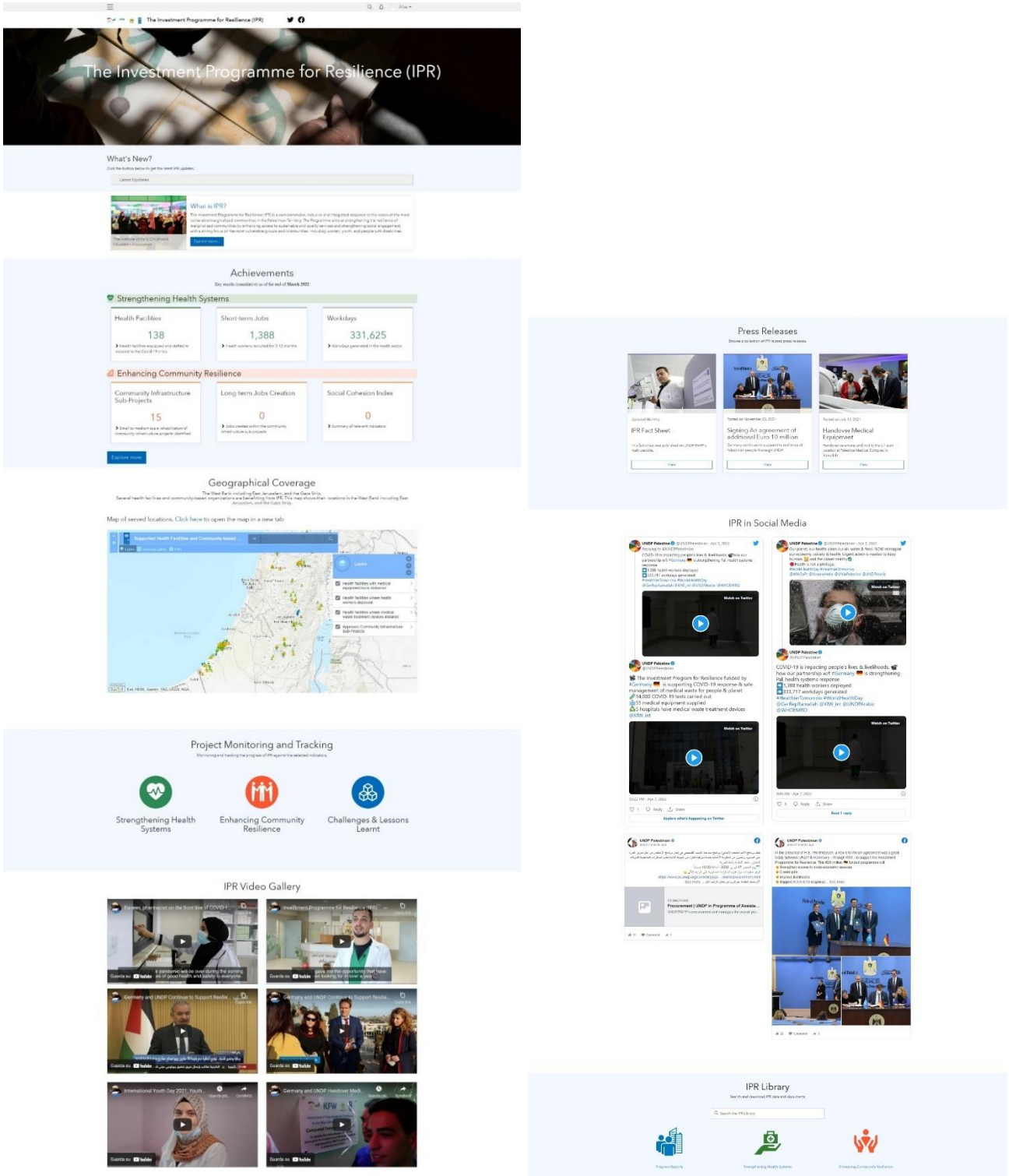
Figure 7: A technician activating the Chemistry Analyzer for the first time in Salfit Hospital

For additional photos, here is a link to the IPR photo library.

V. Management Information System

During the reporting period, the IPR team developed a Management Information System (MIS) for the Programme. The system has a dual scope: on the one hand it serves as a tool

for the project team to monitor the ongoing activities, report on results and highlight achievements; on the other hand, the tool serves to inform the public about the Programme. The tool includes photos, success stories, results from the survey conducted by UNDP on health workers' deployment, maps with activities locations, and summary information about the activities being implemented and the progress. The full rollout of the tool will start in June 2022, with a monthly reporting schedule. Below is a screenshot of the MIS:



VI. Project Risks

Below is a summary of the main risks faced during the reporting period and the corrective measures/mitigating measures adopted/suggested to address these risks:

Risk	Probability	Impact	Risk Response
Deterioration of the security situation in the WB, EJ	Moderate	Moderate	During the reporting period, a wave of violent incidents occurred across the oPt especially in Area C and areas close to the Israeli settlements and East Jerusalem. UNDP and its partners were able to continue delivering services while ensuring all staff were safe and were not exposed to risks.
Exchange rate fluctuation between US$ and EUR	Moderate	Moderate	The project budget was developed in two currencies, the currency of the donor EUR and the currency of UNDP US$. Due to the decrease in the exchange rate of the EUR against the US$, the project budget was adjusted. However, the loss did not impact the targets set in the agreement. UNDP continued maintaining a constant dialogue with the donor.
Long term sustainability	High	Moderate	Most of the contracts with health workers came to an end during the reporting period. This coincides with a continuation of the COVID-19 crisis and the ongoing need for health workers by the Ministry of Health. UNDP is following up closely with MoH on the transition of health workers to permanent contracts. A dialogue between the Ministry of Finance and MoH is ongoing and there is a commitment to move a significant number of health workers (around 800) to permanent contracts. So far, 91 health workers moved to an MOH permanent contract in the West Bank, in addition to 19 in the Gaza Strip.
Minimum Wage	Moderate	Moderate	The salary scale of the health workers was developed based on the minimum

			wage of 1,450 ILS. However, the Palestinian Cabinet endorsed in January 2021 a new salary scale of 1,880 ILS which was applied as of 01 January 2022. All categories supported by IPR are above the new minimum wage except for the cleaners. All cleaners' contracts were initiated and signed by the workers before December 2021, before the new law entered into force. UNDP discussed the issue with the Head of Administration at MoH Mr. Nizar Masalmah who is currently consulting with the cabinet to explore the option of providing a government contribution to increasing the salary of the cleaners and possibly the nurses who were extended for 6 months by the government. UNDP will adjust the salary scale in line with the new minim wage for future health workers deployment.
Closures on account of COVID-19 continue or a second wave emerges and disrupts implementation of activities or changing priorities	High	High	Programme activities remain flexible to emerging needs in light of COVID-19. So far, the programme has been able to adjust to the changing circumstances.
Delay in supply of medical equipment due to increase demand as a result of COVID-19 pandemic and complications on	High	High	UNDP management intervened to coordinate with the relevant stakeholders, mainly the Israeli Authorities, to expedite the clearance, supply, and entry of certain equipment, mainly related to X-Ray.

import of equipment			
The outbreak of the Ukraine-Russia war has impacted the prices of construction raw materials, e.g.,	High	High	The IPR team is exploring different scenarios to mitigate the impact of the increased prices and the reluctance of the contractors to apply for tenders due to the unstable prices and political context.

VII. Resilience: risks, coping strategies, do-no-harm, and the nexus approach

During the reporting period, an impact measurement study was conducted to serve as a baseline for IPR. The study was designed through a mixed approach that combines a quantitative household survey with qualitative case studies. It is a joint partnership between the Friedrich-Alexander-Universität Erlangen-Nürnberg (FAU) and Birzeit University. While the quantitative study was funded directly by KfW, the qualitative case studies component is being conducted as part of the IPR programme.

The quantitative research consists of a rigorous household data collection and analysis of 29 communities and a total of 870 households. The survey included collection of data on socio-economic information, access to services, connectedness and collective action, trust, social cohesion, and inclusiveness, coping strategies, economic opportunities, and women empowerment. An initial draft report was shared in March 2022.

The qualitative research implemented by Birzeit University, Centre for Development Studies (CDS) will formulate an understanding of social and economic life in three communities, utilizing a multiple case study approach. A multiple case study approach is particularly suitable to better understand community resilience which is shaped and linked to several contexts and circumstances and is considered the ideal instrument given the complexity of the Palestinian context. The methodology proposed for the qualitative research includes narrative inquiry. This is important not only to understand processes between contexts, but also to understand the actors that are present, and are viewed as humans that can describe and narrate. Accordingly, this translates into data collection tools focused on narratives by people to be analysed thematically and in relation to other people's narratives. A qualitative approach allows for a more interactive and participatory process in analysing community assets and resources, in addition to vulnerabilities and resilience, which are inherently linked. The research was carried out in the Gaza Strip and East Jerusalem during the month of March 2022. An additional case study will be developed between April and June in Area C of the West Bank. The final report is expected to be received in July 2022.

Resilience related risks and mitigating measures:

IPR is working closely with the most marginalized communities and groups. As such, these groups are among those that are mostly exposed to risks and crises. The resilience plans to be developed by the selected NGOs, with the support of UNDP and the engagement of community representatives, will aim at mitigating some of the following risks:

- Contextual risks, such as political violence especially where children, youth, and women are exposed to
    - Mitigating measures: Activities that promote peace and combat non-violent behaviour will be fostered
- Lack of security, lack of basic human rights
    - Mitigating measures: A do-no-harm and human rights-based approach will be adopted in the design and rollout of social cohesion activities
- Prolonged movement restrictions and geographic division
    - Mitigating measures: Linkages and collaboration among different organizations will be promoted through the programme
- Uprooting policy, displacement, and struggle to preserve Palestinian identity
    - Mitigating measures: the Palestinian identity will be promoted, when possible, in the design and implementation of activities
- Stress, trauma, and psychological problems
    - Mitigating measures: Where possible, complementary activities to the infrastructure will include psychosocial support directly by the NGO if the capacity is available or indirectly through information sharing
- Inability to lead a life as normal as expected/desired, and lack of infrastructure resources to lead such life, supporting basic needs.
    - Mitigating measures: the programme core activities are focused on rehabilitating the infrastructure and enhancing access to services

The HDP Nexus and the potential for strengthening resilience

The IPR is contributing to the implementation of the HDP nexus approach. While providing short-term employment opportunities in the health sector, and thus responding to the urgent needs of the people, the programme has been able to advocate for longer-term employment opportunities for health personnel in close collaboration with the Ministry of Health and in close coordination with the Prime Minister Office, in charge of the socio-economic recovery following the outbreak of COVID-19. All interventions in the health sector were designed and implemented in partnership with the Ministry of Health and in coordination with other health actors such as WHO and the health cluster. UNDP has been able to complement the

interventions implemented by other health actors, enhancing the impact of humanitarian aid and development assistance to the health sector.

Through the community resilience component of the programme, which is in its early stages, IPR aims at further strengthening the access to socio-economic services through infrastructure work and capacity building for NGOs managing the infrastructure and delivering services to the most marginalized groups in the community. Finally, it provides specific targeted/tailored support to strengthen social cohesion in the targeted communities. A highly participatory approach and process has been launched, which aims to engage community representatives in the design and implementation of the initiatives. Moreover, initiatives are coordinated with other development and humanitarian actors working in the targeted communities. While some of the targeted communities are already benefitting from humanitarian aid, particularly in the Gaza Strip, the investments in development interventions under IPR, will pave the way for longer-term sustainability.

VIII. Challenges and Lessons Learned:

- During the verification field visits for outcome 1 of IPR, it became clear that there was a gap between the needs identified and the MoH's deployment of health workers. There is a long-term shortage of health workers in categories related to logistics and general services, such as transporting patients and samples, collecting samples, data entry and other functions, which were not prioritised in the deployment of health workers. This was due to a top-down approach for hiring and placing health workers. In the future, UNDP will invest in evidence/data gathering to inform future initiatives and guide prioritization, and ensure that thorough coordination takes place at the local and national levels.
- New Israeli import regulations for equipment arriving in the country caused delays in the handover of certain equipment. This challenge can be addressed by both making sure suppliers follow regulations, and in parallel ensuring close follow-up with the Israeli authorities for a smooth import process.
- Significant improvement has been witnessed in the communication with MoH with the appointment of the new focal point for health workers. The regular presence of a UNDP staff at MoH has facilitated the implementation of the activities, and at the same time he has provided support and enhanced the planning and organizational skills of MoH staff.
- With the COVID-19 crisis placing an additional strain on the human resources department at MoH, it was difficult for MoH to deploy 1,025 health workers in the West Bank in a short period of time, which impacted the delivery of this activity. An agreement was reached between UNDP and MoH, and the US$500,000 initially allocated for health worker deployment in the West Bank was reallocated to the Gaza Strip.

- The incomplete application forms and supporting documents received through the concept notes solicitation affected the timeframe of the review/selection process. Many rounds of communication and correspondence with applicant organizations were required, resulting in prolonging the finalisation of partners selection.
- The uneven capacity of organizations in terms of writing and submitting concept notes resulted in a smaller number of applications received from grassroots organizations. This risk has been mitigated in the second call, through the review of templates which were simplified to enable a higher number of organizations to apply. In addition, two information sessions were held during the advertisement period, in order to give candidates the opportunity to ask questions and clarifications and receive immediate answers and feedback.

IX. Financial Status[11]: IPR phase 1 (BMZ-Nr. 2020 18 133 agreement)

#	Activity	Total Cost-Rate 0.842		Funds Received (Nov. 2020) Exchange Rate. (0.85500) & (Oct. 2021) Exchange Rate. (0.86) & (Dec. 2021) Exchange Rate. (0.888)		Actual Disbursed 31-March 22	
		USD	EUR*	US$	EUR	US $	EUR
1	**Outcome 1:** Health / COVID-19 emergency response	14,181,819.48	11,941,092	12,436,210.22	10,708,282.1	11,287,466.25	9,702,907.81
2	**Outcome 2:** Resilience enhanced in marginalized areas for socio-economic recovery through rehabilitation and expansion of infrastructure and complementary measures	4,025,932.87	3,389,835.48	2,798,625.96	2,392,825.20	15,000	12,894.27
3	**Direct Programme Cost**	1,303,009.23	1,097,133.77	905,786.46	774,447.42	295,070.26	253,647.67
4	**Contingency**	377,597.39	317,937.00	367,791.73	317,937.00	358,450.12	308,130.13
5	**Indirect Programme Cost**	798,587.44	672,410.63	555,137.81	474,642.83	362,936.08	311,986.34
6	**Headquarters Recovery Cost**	1,654,955.24	1,393,472.31	1,365,083.68	1,173,450.34	985,338.85	847,014.89
	Totals	22,341,901.65	18,811,881.19	18,428,635.86	15,841,584.89	13,304,261.56	11,436,581.11
7	Coordination Levy	223,419.02	188,118.81	184,286.4	158,415.11	184,286.4	158,415.11
	Totals	22,565,320.67	19,000,000	18,612,922.27	16,000,000	13,488,547.96	11,594,996.22

* Exchange Rate: US $ 1 = 0.842 EUR

** Funds received - Exchange Rate 1 USD = 0.859563319 EUR

[11] Disclaimer: Data contained in this financial report section is an extract of UNDP financial records. All financial data provided above is provisional.
Disclaimer: UNDP adopted IPSAS (International Public Sector Accounting Standards) on 01 January 2012; cumulative totals that include data prior to that date are presented for illustration only.

Financial Status[12]: IPR phase 2 (BMZ-Nr. 2021 18 107 agreement)

#	Activity	Total Cost-Rate 0.82		Funds Received - Exchange Rate (0.888)		Actual Disbursed 31-March 22	
		USD	EUR*	US$	EUR	US$	EUR
1	**Output 1:** Social and community infrastructure rehabilitated and/or expanded	9,066,666.67	7,616,000	4,829,153.48	4,288,288.29	0	0
2	**Output 2:** Capacity of entities improved to manage the infrastructure and to provide sustainable services and employment to the community	116,666.67	98,000.00	62,139.84	55,180.18	-	-
3	**Output 3:** Social cohesion activities planned and implemented by the community	75,357.14	63,300.00	40,137.26	35,641.89	-	-
4	**Direct Programme Cost**	96,6836.73	81,2142.85	514,963.56	457,287.64	42,488.53	37,729.81
5	**Contingency**	315,202.38	264,770.00	167,885.37	149,082.21	0.00	0.00
6	**Indirect Programme Cost**	373,060.36	31,3370.70	198702.11	176,447.47	0.00	0.00
	Headquarters Recovery Cost	873,103.20	733,406.68	465,038.53	412,954.22	3,399.08	3,018.39
	Totals	11,786,893.15	9,900,990.10	6,278,020.15	5,574,881.90	45,887.61	40,748.20
7	Coordination Levy ***	117,868.93	99,009.9	62,780.2	55,748.82	62,780	55,748.64
	Totals	11,904,762.08	10,000,000.00	6,340,800.35	5,630,630.72	108,667.61	96,496.84

* Exchange Rate: US $ 1 = 0.84 EUR

** Funds received - Exchange Rate 1 USD = 0.888 EUR

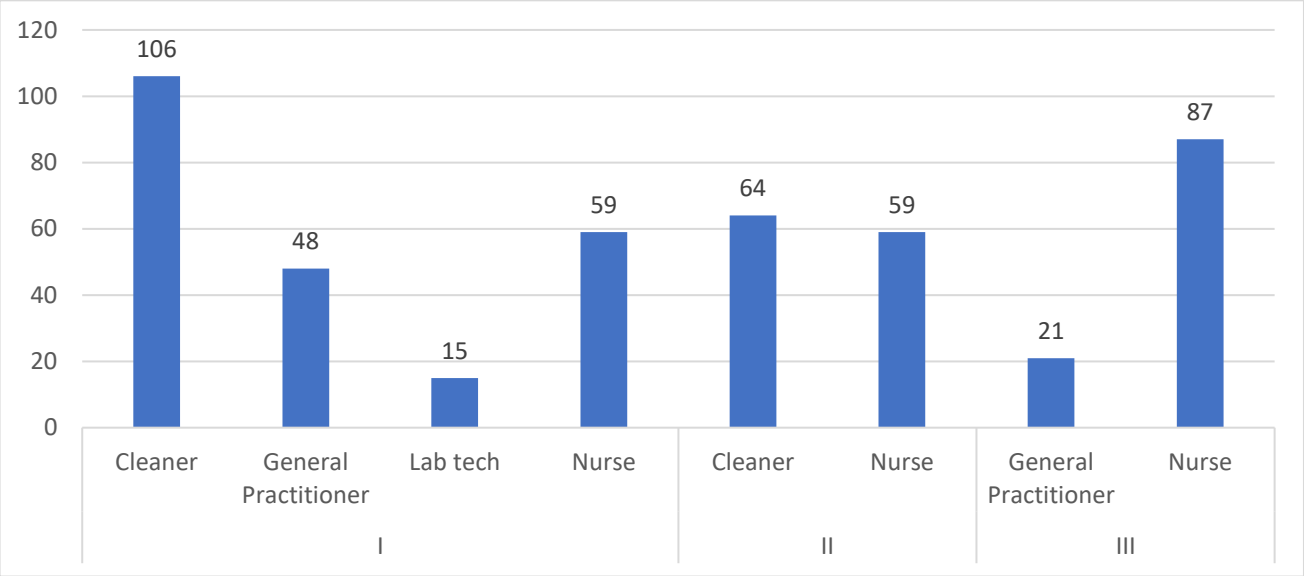
[12] Disclaimer: Data contained in this financial report section is an extract of UNDP financial records. All financial data provided above is provisional.
Disclaimer: UNDP adopted IPSAS (International Public Sector Accounting Standards) on 01 January 2012; cumulative totals that include data prior to that date are presented for illustration only.

X. Annexes:

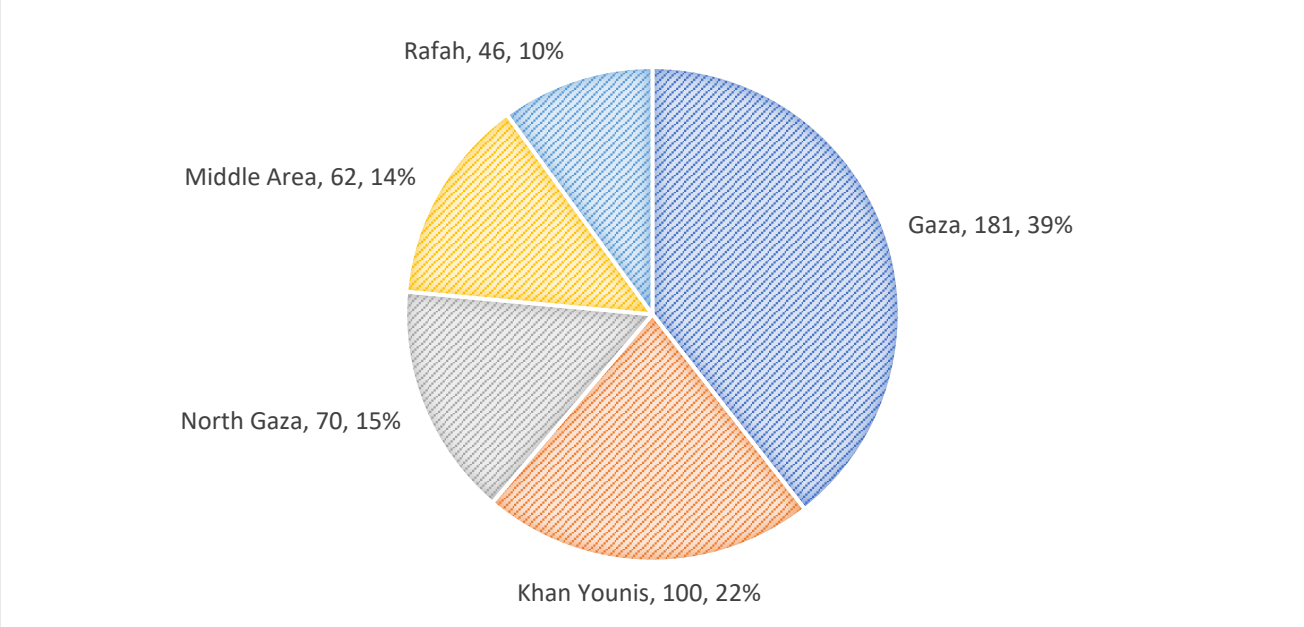
Annex 1: Concept note solicitation (First Round)
Annex 2: Longlist of applicants
Annex 3: Selected sub-projects under IPR phase 1 and 2
Annex 4: Concept note solicitation (Second Round)
Annex 5: Summary sheet template
Annex 6: Results Matrix

XI. Analysis of health workers deployment (graphs):

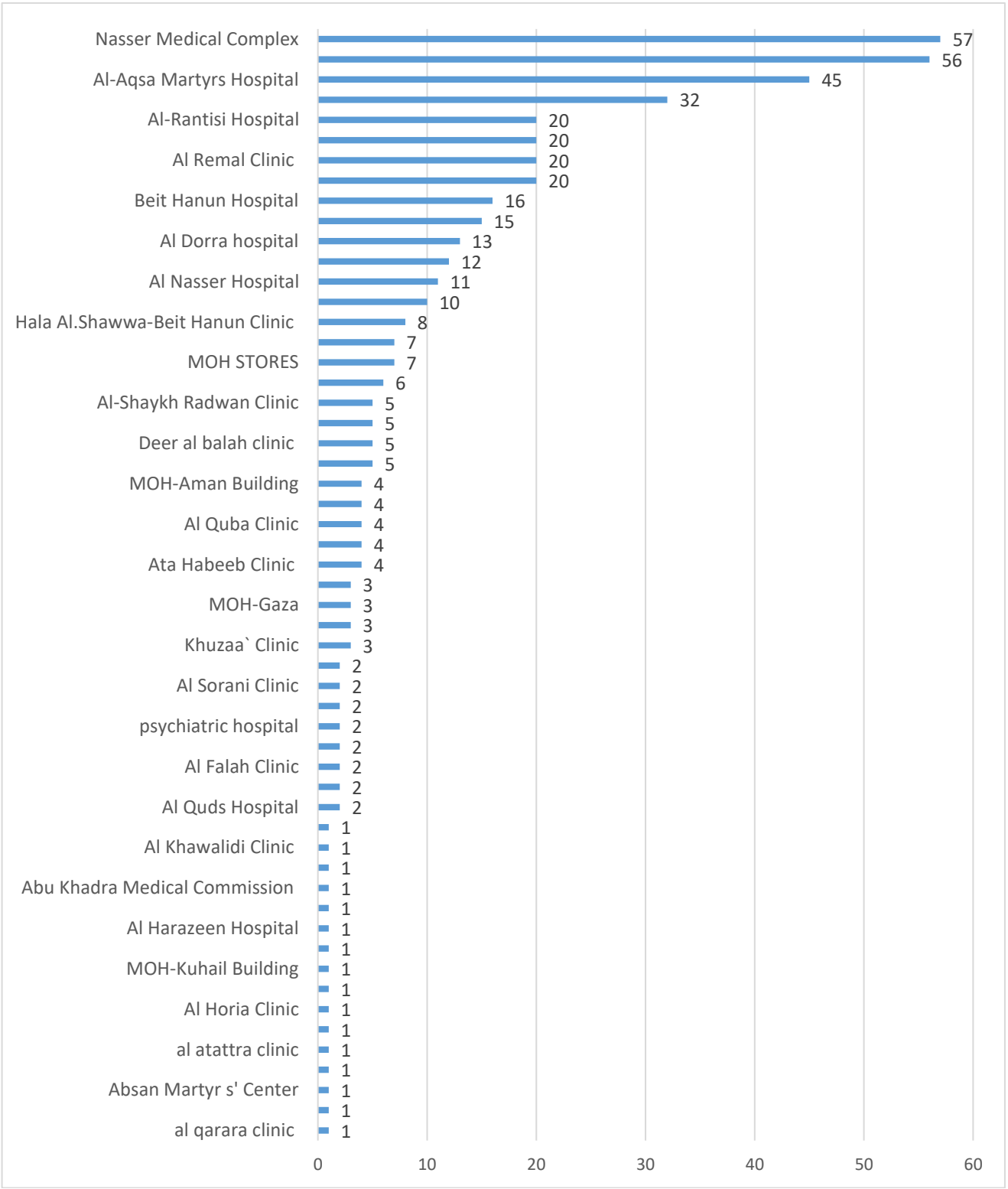
Graph 1: Distribution of health workers deployed in the Gaza Strip by category and phase



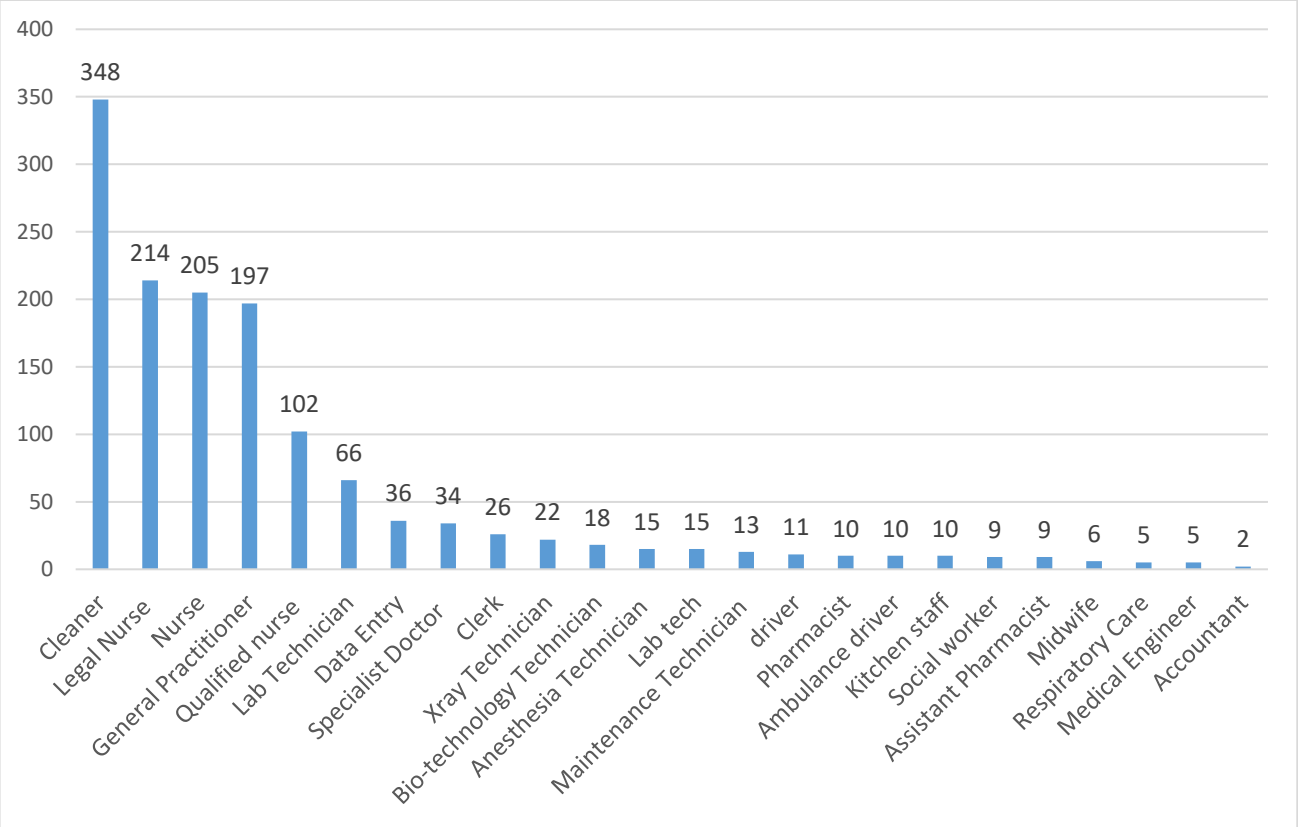
Graph 2: Distribution of health workers deployed in the Gaza Strip by governorate



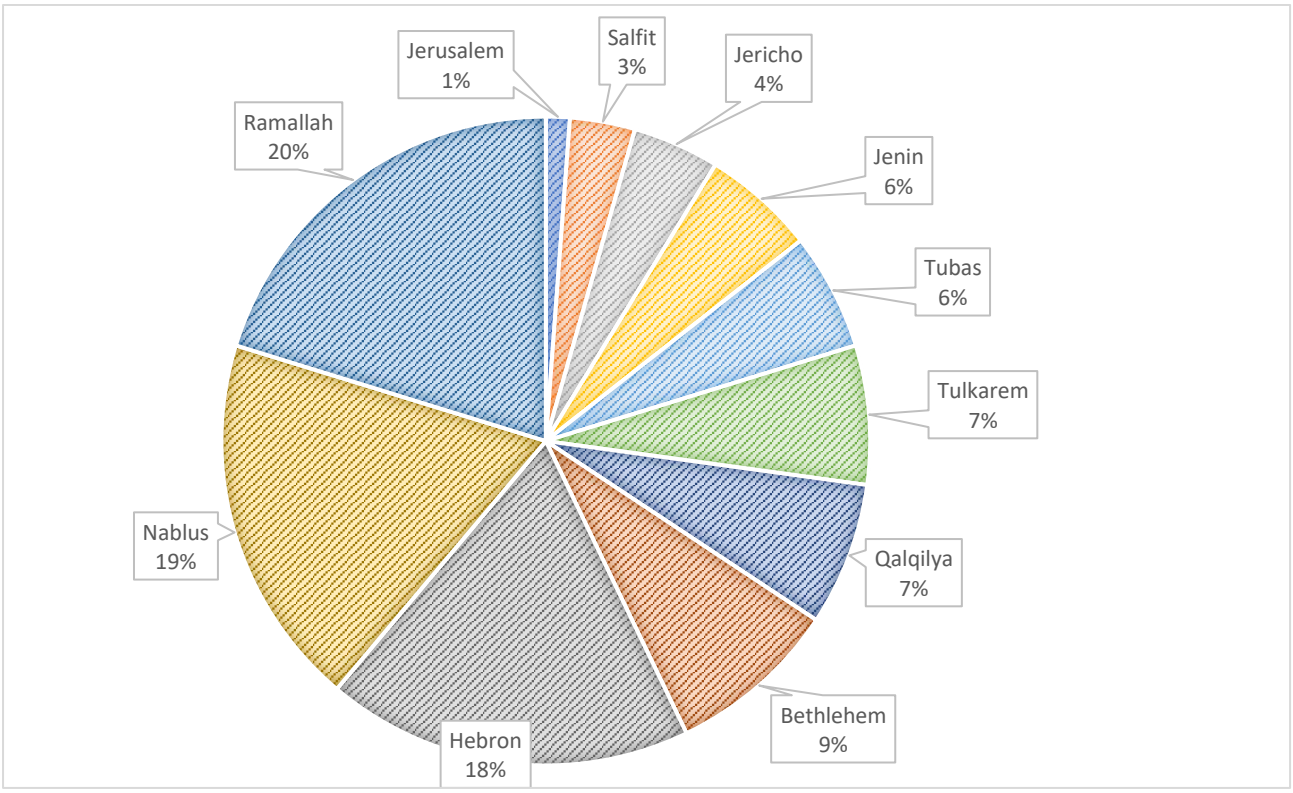
Graph 3: Health facilities in the Gaza Strip benefitting from the deployment of health workers



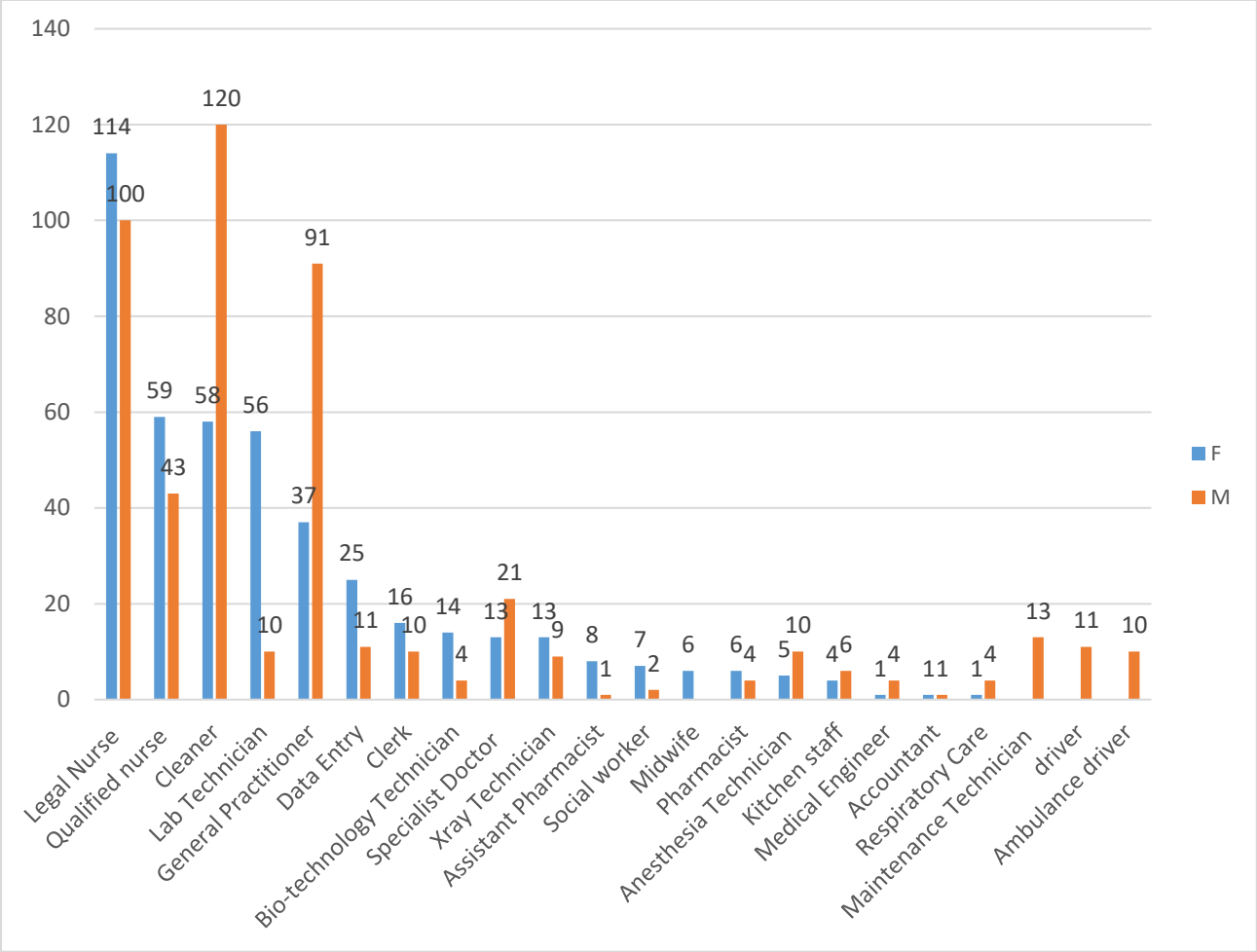
Graph 4: Distribution of health workers deployed in the West Bank by category



Graph 5: Distribution of health workers in the West Bank by governorate



Graph 6: Gender distribution of health workers in the West Bank by professional category



Graph 7: Gender distribution of health workers in the Gaza Strip by professional category