



**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



Semi-Annual Progress Report
10 September 2020 - 31 March 2021
03 June 2021

Project Summary:

| | |
|---|---|
| Reporting Period | 10 September 2020 - 31 March 2021 |
| 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 West Bank, including East Jerusalem, and Gaza Strip |
| Project Start Date | September 2020 |
| Project End Date | August 2023 |
| Total Resources Received | US\$ 13,896,126.54 (EUR 11,881,188.91) |
| Revenue Received | US\$ 13,896,126.54 (EUR 11,881,188.91) |
| Unfunded Budget | US\$ 0.00 |
| UNDP Contact Person | Yvonne Helle Special Representative of the Administrator Email: yvonne.helle@undp.org Tel.: 00972-6268200 |

Table of Content

| | | |
|-------|--------------------------------------|----|
| I. | Executive Summary: | 3 |
| Ii. | Background:..... | 4 |
| Iii. | Achievements Review: | 4 |
| Iv. | Communication And Visibility: | 13 |
| V. | Project Risks | 14 |
| Vi. | Challenges And Lessons Learned:..... | 15 |
| Vii. | Conclusion And Way Forward:..... | 16 |
| Viii. | Financial Status:..... | 17 |
| Ix. | Annexes:..... | 19 |

I. Executive Summary:

The Investment Programme for Resilience (IPR) supports Palestinian communities in response to the COVID-19 pandemic, mitigates the medium to longer-term socio-economic effects in the areas of health and employment, and enhances access to sustainable and quality services. The programme targets most of the Palestinian population across the West Bank, including East Jerusalem, and the Gaza Strip.

Following the signature of the agreement between KfW and UNDP for the implementation of IPR on 10 September 2020, a review of the needs included under the health component of the programme was conducted, in light of the fast changing circumstances and needs in response to COVID-19. The selected activities were adjusted to reflect the changes in the health sector needs. These changes were cleared by KfW in October 2020 and the implementation was launched immediately after.

With regards to the progress on Outcome 1 "Health response capacity of the government and partners strengthened to cope with the immediate needs of the COVID-19 crisis", a Letter of Agreement (LoA) was signed between UNDP and the Palestinian Ministry of Health (MoH) in October 2020. The partnership is intended to reduce development gaps and address short-term immediate needs by enhancing the preparedness and response capacity of the health system through (1) provision of medical equipment, (2) deployment and training of skilled and unskilled health workers in the West Bank, including East Jerusalem, and Gaza Strip, and (3) procurement and placement of medical waste treatment devices and training of health personnel and the staff of Local Governance Units (LGUs).

Due to the ongoing political division between the West Bank and the Gaza Strip, an alternative modality was identified for the deployment and training of health workers in the Gaza Strip. This modality is based on an agreement signed in December 2020 between UNDP and a local NGO, the Gaza Cultural and Development Group (GCDG), to carry out this activity.

During the reporting period, UNDP concluded the procurement of the specialized equipment and supplies in support of critical health facilities in the West Bank, including East Jerusalem, and the Gaza Strip (output 1.1). The equipment is expected to be delivered within a timeframe of four months and handed over to the Palestinian Ministry of Health in August 2021.

With regards to the progress made under output 1.2, as of the end of March 2021, a total of 836 health workers (423 men and 413 women), both professional and skilled/unskilled categories, were deployed in the West Bank and the Gaza Strip, across 111 health facilities.

With regards to output 1.3, UNDP is currently finalizing the technical specification for the autoclaves under the medical waste treatment and disposal activity.

Finally, the initiation phase under 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" was launched through the UNDP-KfW joint workshop on Community Resilience in November 2020, and the consequent development of a first draft Resilience Paper. The selection process and criteria for community infrastructure activities were also drafted and are currently being finalized, in addition to a detailed call for concept notes (or expression of interest) which is being finalized and expected to be launched in May 2021.

II. Background:

The spread of COVID-19 represents a new challenge for the Palestinian 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, in light of 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 further deepening of vulnerabilities.

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 occupied 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.

III. Achievements Review:

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

Following consultations with the Ministry of Health during the month of September and October 2020, the list of medical equipment was updated. MoH clarified that the provision of Personal Protective Equipment (PPE) had already been secured through other funding and was no longer a priority. On the other hand, advanced digital medical tools were identified

by MoH as a priority to equip the MoH COVID-19 centres with the needed capacity to respond to the increasing number of patients (see Annex 1: explanatory note, for a detailed explanation of adjustments made in line with the updated needs in the health sector).

A Letter of Agreement was signed in October 2020 between UNDP and the Ministry of Health for the implementation of all three components (medical equipment, deployment of health workers, medical waste treatment) in the West Bank, including East Jerusalem, and the Gaza Strip. In addition, for the deployment of health workers in the Gaza Strip, an agreement was signed with the Gaza Cultural and Development Group (GCDG) in December 2020.

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

With a total investment of US\$ 1,364,082, the activities contributing to this output consist of the procurement and provision of specialized equipment and supplies (activity 1.1.1 - provision of medical tools; activity 1.1.2 - provision of medical equipment for intensive care units; activity 1.1.3 - provision of advanced digital medical tools) in support of critical health facilities in the West Bank.

During the reporting period, the procurement process was launched on 29 October 2020, and the tender was closed on 16 November 2020. On 18 November 2020, the technical team at MoH accessed all the tenders received to start the technical evaluation. The technical evaluation took longer than anticipated due to the heavy workload of the MoH team in response to COVID-19, and the lockdown measures adopted by the Palestinian government to curb the spread of the virus. The MoH technical team of bio-medical engineers finalized and submitted the tenders' technical evaluation on 07 February 2021. Based on the detailed evaluation, seven vendors were recommended by the technical team. On 15 February 2020, the case file was submitted to the Regional Advisory Committee on Procurement (RACP) based in Istanbul. RACP reviewed the case file and requested the clearance of the Quality Assessment (QA) team in Geneva. The QA team did the necessary review of the file and sent feedback on some items which needed reverting back to MoH for further clarification. After the submission of all the needed clarifications, the file was finally endorsed by the QA on 29 March 2021. The UNDP procurement team prepared and awarded the contracts to the selected vendors. The medical equipment is expected to be delivered between July and August 2021. A hand-over ceremony will be organized in the presence of the Palestinian Minister of Health, UNDP Special Representative of the Administrator, and the German Representative.

Table 1: The delivery schedule of the medical equipment

| Item # | Medical Equipment | # of items purchased | Supplier | Status | Delivery | Date |
|---------------|--------------------------|-----------------------------|-----------------|------------------------------|-----------------|-------------|
| 1 | CT Scan 128 Slice | 1 | MSS | Ready in France for shipment | 10 weeks | 5-Jul-21 |

| | | | | | | |
|----|---|----|---|--|-------------|-----------|
| 2 | Digital Radiography Machine | 1 | Intermed | Under manufacturing | 13 weeks | 29-Jul-21 |
| 3 | C-Arm X-Ray | 1 | MSS | Under manufacturing | 10 weeks | 5-Jul-21 |
| 4 | Bedside Monitor | 5 | BEAM | Under manufacturing | 10-14 weeks | 5-Aug-21 |
| 5 | Defibrillator Monitor with Trolley | 5 | MSS | In stock. In process of being delivered (5 items) | available | 31-May-21 |
| 6 | Electrocardiograph Machine with Trolley | 5 | Intermed | Under manufacturing | 13 weeks | 29-Jul-21 |
| 7 | Portable Suction Machine | 6 | SITTCO | Shipped from Spain- expected in port 3 June | 4-8 weeks | 3-Jun-21 |
| 8 | Emergency Patient Bed (Stretcher) | 10 | Lemix | Ready in Portugal, awaiting shipment | 8-10 weeks | 5-Jul-21 |
| 9 | Real Time PCR with Software & Computer (96 samples) | 3 | Lemix | Contract to be issued, ready in manufacturer stock | 5-8 weeks | 31-Jul-21 |
| 10 | Automated DNA extractor machine | 2 | Cancelled by MoH: 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. | | | |
| 11 | Automatic PCR System (Extractor + Detector) | 1 | Labtech | Ready in manufacturer stock, pending receipt of plate upon settling fees by the supplier | 8 weeks | 21-Jun-21 |
| 12 | Fully Automated Chemistry Analyzer | 1 | Intermed | under manufacturing | 13 weeks | 29-Jul-21 |

The list of facilities that will be receiving the equipment is currently being finalized by MoH. The equipment will be distributed across the West Bank.

UNDP quick response to a spike of COVID-19 cases in the Gaza Strip:

Towards the end of 2020, the health situation in the Gaza Strip deteriorated dramatically due to an unprecedented spread of COVID-19 across the Strip. As a result, immediate discussion took place between UNDP, KFW and the Ministry of Health in order to utilize some of the current IPR funding to respond to the emergency. WHO was also consulted along with the MoH to make sure the emergency support was addressing the most pressing needs. The provision of laboratory supplies and testing kits was identified as the most urgent intervention

to try to control the spread of the virus. Therefore, it was agreed to use the funds under the contingency budget to purchase laboratory supplies and testing kits, which allowed the health personnel to carry out around 23,000 tests. The design, procurement and implementation of this emergency response took only a couple of weeks from the day the budget allocation was cleared by KFW (8 December 2020). UNDP was able to tap into existing procurement processes, initiated and/or recently conducted by other UN agencies, and was able to move the activity very quickly. The equipment was delivered on December 15th (first batch) and December 17th (second batch) and overall, the activity was financially closed on 03 February 2021 with a total investment of US\$358,450.12.



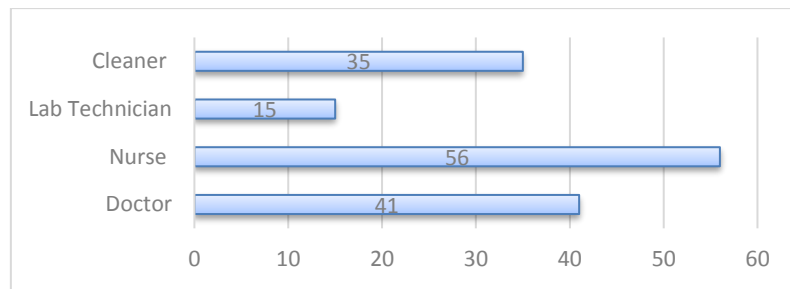
Output 1.2: Response capacities of health workers strengthened

The activities contributing to this output consist of the deployment of health workers (e.g., doctors, nurses, lab technicians) to be placed in health facilities (activity 1.2.1) and of skilled/unskilled workers (activity 1.2.2) to provide the needed medical treatment to COVID-19 patients and training of health workers to prepare for and respond to the health crisis (activity 1.2.3) thus protecting both health care personnel and patients, with a total investment of US\$ 9,721,445.

Gaza Strip:

In the first two weeks of December 2020, the selection of the Implementing Partner was finalized, and a contract was signed with the Gaza Cultural and Development Group (GCDG) for the deployment of health workers. Implementation started immediately with the nomination of candidates and the roll out of the interview process, based on the selection criteria agreed in the Project Document. Currently, out of the total, 213 health workers targeted in the Gaza Strip, **147 health workers** (67 women and 80 men) were deployed since January 2021 across **32 health facilities** including 15 hospitals, 14 health centres and 3 MoH facilities. The professional categories were deployed for 11 months, the cleaners were deployed in three stages for a period of three months; each time on a rotational basis (35 cleaners for 3 months). Therefore, a total of 105 cleaners will be deployed for an overall period of nine months.

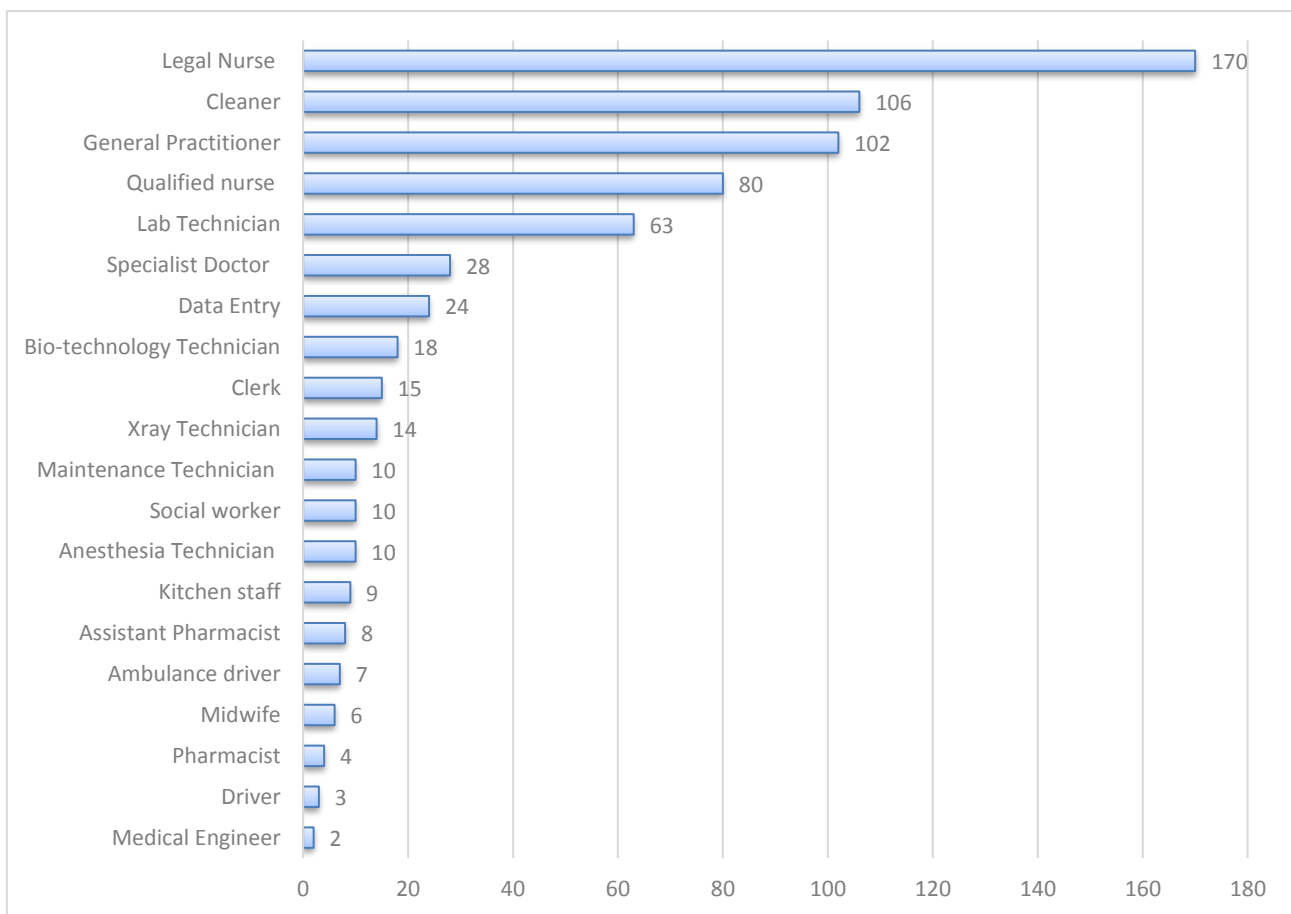
Table 2: Distribution of the 147 workers currently deployed in the Gaza Strip



West Bank:

Based on the LoA signed between UNDP and the Palestinian Ministry of Health (MoH), UNDP received a comprehensive list of **689 workers** (346 women and 343 men) employed between October 2020 and March 2021, out of the total 1,025, both professional and skilled/unskilled categories. The workers were deployed in **79 health facilities** including 28 MoH directorates, 41 hospitals, three Public Service Institutions and seven laboratories across all the West Bank governorates. MoH is collecting the data of the additional health workers to be deployed and will be submitting it to UNDP by the end of April 2021.

Table 3: Distribution of the 689 workers currently deployed in West Bank



Workdays (October 2020 – January 2021)

During the reporting period, 836 job opportunities were created across the State of Palestine for a period of 6-12 months (WB including EJ 689, GS: 147). A total of 95,411 workdays were generated for professional, skilled, and unskilled health workers deployed by MoH in the West Bank and through the IP in the Gaza Strip (WB including Jerusalem: 85,131 workdays, GS: 10,280).

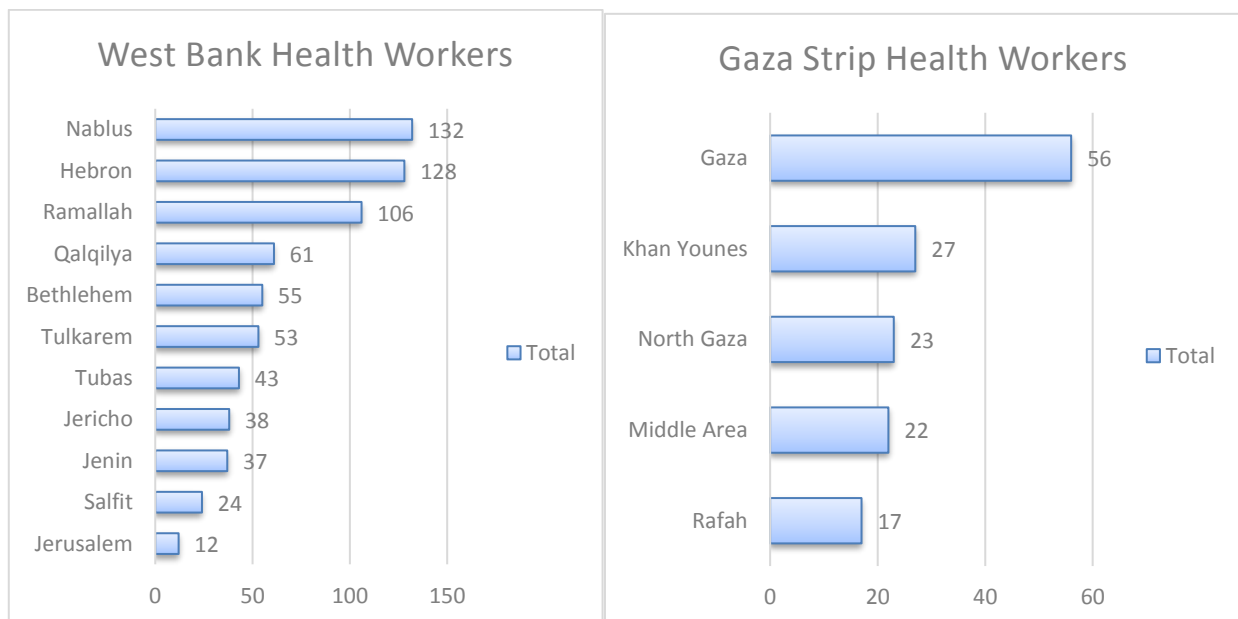
Table 4: Workdays created between 01 October 2020 - 31 March 2021

| Month | Workdays Created | |
|---------------|------------------|--------------|
| | West Bank | Gaza |
| October 2020 | 1,670 | 0 |
| November 2020 | 10,572 | 0 |
| December 2020 | 15,810 | 0 |
| January 2021 | 19,259 | 2,470 |
| February 2021 | 18,428 | 3,377 |
| March 2021 | 20,167 | 3,531 |
| Total | 85,131 | 9,378 |
| | 94,509 | |

Geographical Distribution:

The health workers deployed by MoH and GCDG were placed in different health facilities across 16 governorates of the West Bank and the Gaza Strip (11 WB and 5 GS) as shown in the below chart.

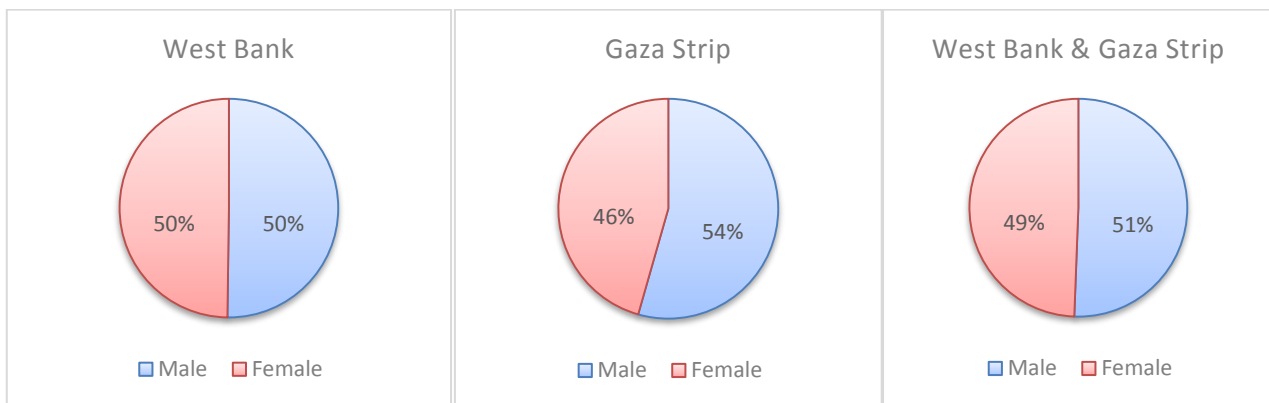
Table 5: Geographical distribution of the 836 health workers across WB and GS



Gender Distribution of Health Workers:

In line with UNDP's corporate policy on mainstreaming gender, the recruitment of health workers in the West Bank and Gaza Strip took into consideration gender equality aspects. MoH in the West Bank and GCDG in the Gaza Strip were encouraged to provide equal opportunities to men and women. The below chart demonstrates the gender distribution of the health workers in the West Bank and the Gaza Strip.

Table 6: Gender Distribution West Bank and Gaza Strip



Output 1.3: Disposal and treatment of medical waste enhanced

With a total investment of US\$ 912,322.27, the activities contributing to this output consist of the procurement and placement of medical waste treatment devices (activity 1.3.2) and training of health personnel inside the health facilities and LGUs staff (activity 1.3.1). The proposed activities will contribute to preventing contamination and mitigating health hazards related to improper disposal of medical waste.

During the reporting period, the MoH technical team submitted the Bill of Quantities (BOQ) for the six hospitals where the autoclaves will be placed (Jenin, Tulkarem, Nablus, Beit Jala, Yatta and Durra hospitals) in addition to the design of the Rafidia hospital in Nablus. The UNDP engineer reviewed the documents shared and requested detailed designs of the hospitals and the extension to do the proper assessment and proceed with the tendering process.

On 24 February 2021, UNDP's team conducted a field visit to Nablus and Tulkarem to assess the sites based on the documents shared by MoH engineers. Due to the lack of site designs, it was difficult for the UNDP engineer to assess the site and the needed preparation. The documents submitted by MoH (except for Rafidia) were not sufficient. Only BoQs were received and no site designs.

It was also noticed that some of the hospitals identified by MoH to receive the medical waste treatment systems might not have the capacity for further expansion; for example, Jenin and Tulkarem hospitals are old and located in the city centre. This will be further assessed once the comprehensive site designs are finalized.

On 31 March 2021, UNDP's team conducted a follow-up meeting with MoH to discuss the medical waste treatment and disposal activity. The meeting was attended by MoH site engineers, bio-medical engineer, head of public health, head of hospitals and a representative of the head of administration. UNDP explained the above situation and requested some clarification regarding the autoclaves that the MoH suggested for six hospitals. In addition, UNDP's site engineer highlighted the major challenges faced in assessing the site in the absence of clear and comprehensive site designs; both for the hospital as a whole and for the extension where the autoclaves will be placed.

Due to the lack of in-house expertise at MoH, UNDP tapped into its own local/regional and global network of expertise. A technical team at UNDP has reviewed the technical specification of the autoclaves developed by MoH biomedical engineers and submitted their feedback. The supporting documents have been revised accordingly.

UNDP is ready to publish the tendering process for both the procurement of the autoclaves, including the site preparation, on the first week of June 2021.

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.

During the reporting period, UNDP and KfW organized a joint workshop on Community Resilience in November 2020 (see Presentation in Annex II). An external consultant hired by KfW provided a significant contribution to the development of the thinking around resilience, further shaping the definition, approach, and measurement of resilience in the context of IPR. Following the workshop, a resilience paper was developed, outlining the resilience definition, programming approach and measurement (Draft available in Annex III).

The below bullet points summarize the main takeaways from the discussion:

- There was general agreement that resilience will only be an articulated part of the impact level, however, it will be part of the approach at the output and outcome level.
- The content of social cohesion was discussed to great extent, including which aspect of social cohesion IPR should address and who it addresses. There was general agreement that community engagement is a key component to contribute to the enhancement of social cohesion. The IPR focuses on the hard component, socio-economic recovery, and through engaging the community in this activity, IPR contributes to social cohesion.
- Social cohesion is not the opposite of conflict and can be more than reducing defragmentation and conflict. Strengthening social cohesion is also increasing the interaction of people in a community in order to increase the likelihood that people are more willing to help each other in a community in the event of a shock/ crisis.
- Social cohesion and social recovery should remain one outcome, but with indicators that allow for the measurement of the different elements. The framework will remain as it appears in the Program Document (ProDoc), but the updated graph will be used to inform the understanding of the current ProDoc.
- There is a need to be modest and realize that strengthening social cohesion and reinforcing resilience is a challenging task.

In the first quarter of 2021, UNDP's team focused on the design of the selection process and criteria for the implementation of community infrastructure initiatives to be identified through the expression of interest, expected to be launched in the second quarter of 2021.

A prioritization exercise of communities to be targeted was also conducted as a first step in the selection process, based on a thorough review of available data and studies around socio-economic status and vulnerabilities. More specifically, UNDP looked at the Palestinian Central Bureau of Statistics (PCBS) Multi-Dimensional Poverty Index (MPI)¹ and its poverty² and unemployment³ data from the 2017 census for both Area C and the Gaza Strip. However, both data sources did not prove sufficient to prioritize the communities' selection: MPI data is available only at the regional level, while the PCBS poverty and unemployment data does not take into consideration other aspects of vulnerability. Therefore, UNDP decided to complement these data sources with other studies and assessments done at the locality level. For the Gaza Strip, UNDP analysed the data collected by Islamic Relief in their community vulnerability mapping study carried out in 2017-2018⁴. For Area C, UNDP used the OCHA vulnerability profile project (VPP) of 2015. Finally, for Jerusalem, UNDP relied on different assessments

¹ Multi-Dimensional Poverty Profile in Palestine, 2017, Main Results, June 2020
<https://mppn.org/wp-content/uploads/2020/06/book2524-Palestine-28-48.pdf>

² Percentage of the population whose expenditure on food and non-food items falls below the official poverty line based on small area estimation.

³ Share of unemployed population among active population, 15+

⁴ Community Vulnerability Mapping Study in Gaza Strip 2017 – 2018, Islamic Relief Palestine. May 2018
http://www.irpal.ps/downloads/community_vulnerability_mapping-en.pdf

carried out in the areas inside and outside the wall. The combination of studies and data sources used, which cut across the humanitarian and development sphere, contribute to the Humanitarian-Development nexus; bridging the gap between short-term humanitarian needs and long-term development trajectories. In parallel, UNDP developed the concept note solicitation (CNS) form (also referred to as expression of interest). The CNS invites local entities from the pre-identified communities to apply for the enhancement of their community resilience through rehabilitation and expansion of infrastructure.

IV. Communication and Visibility:

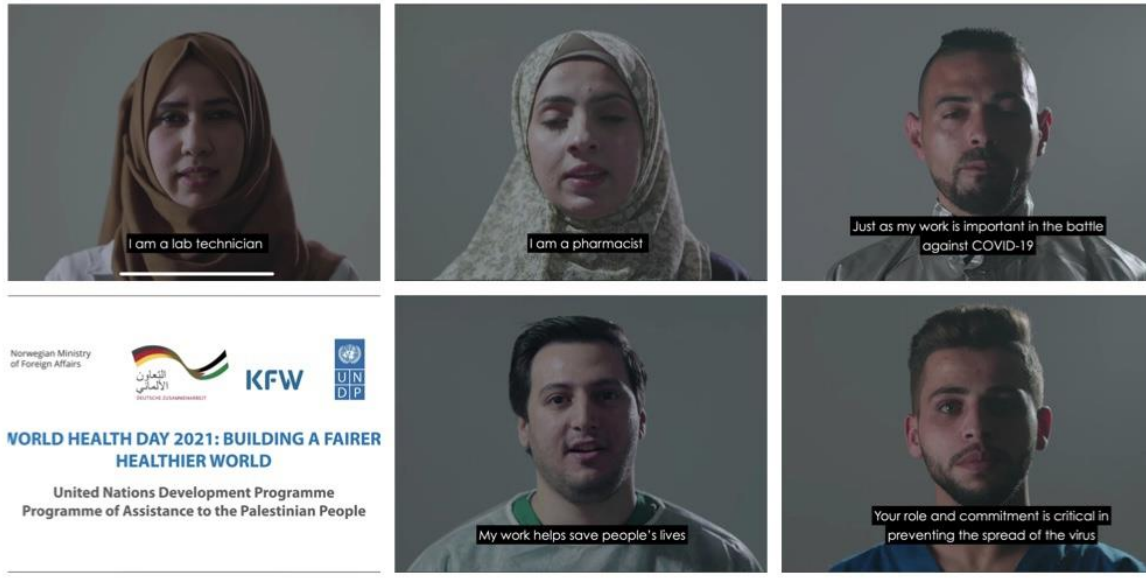
During the reporting period, UNDP drafted the communication and visibility strategy (please see Annex IV). With a short social media video and photo-based stories, UNDP celebrated the World Health Day, showcasing stories from the health workers deployed under IPR in both the West Bank and the Gaza Strip.

Photo-based Story: Nour is a nurse at Atta Habib clinic. Her job opportunity is through the German-funded "Investment Programme for Resilience" in the West Bank and the Gaza Strip project "I receive at least 20 cases a day in Shujaya area. I take precautionary measures, change my mask and sanitize the location to protect myself and others."



Video Spot: On #WorldHealthDay and every day, let us ensure that #COVID19 vaccines, tests and treatments are available to all, everywhere. Thank you Germany, through KfW, and Norway for partnering with us to support #healthequity to achieve #HealthForAll. The video is available on Facebook via the following link:

<https://www.facebook.com/UNDPPalestinian/videos/1443511405985493/>



V. Project Risks

During the reporting period, the COVID-19 outbreak remained the major potential risk for the implementation of the programme. Below is a summary of the main risks faced during the reporting period and the corrective measures/mitigating measures adopted/suggested in order to address these risks:

| Risk | Probability | Impact | Risk Response |
|---|-------------|----------|--|
| Exchange rate variability between US\$ and ILS | Moderate | Moderate | The salaries of the health workers were developed initially in US\$ and were impacted by the fluctuation of the exchange rate between US\$ and ILS. Effective and efficient management of financial resources was maintained through monitoring and planning. |
| 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 1,950 ILS which will be applied as of 01 January 2022. All categories are above the new minimum wage except for the cleaners. Due to the delay in recruiting all health |

| | | | |
|--|------|------|---|
| | | | workers, it is expected that some of the cleaners' contract validity might be beyond 2021. 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 an MoH contribution to increasing the salary of the cleaners and possibly the nurses. UNDP is following up closely with MoH. |
| Closures on account of COVID-19 continue or a second wave emerges and disrupt implementation of activities or changing priorities | High | High | Programme activities remain flexible to emerging needs in light of COVID-19. |

VI. Challenges and Lessons Learned:

- Due to the sudden increase in the COVID-19 cases in Gaza, it was decided to use the funds under the contingency budget line to purchase laboratory supplies and testing kits for Gaza making around 23,000 tests. The project is now left with no funds available for contingency.
- The salaries of health workers under output 1.2 were budgeted by the MoH in US\$ rather than in ILS. During the reporting period, there was a significant fluctuation of the exchange rate between US\$ and ILS negatively affecting the salaries of the staff, which registered a significant loss. To avoid similar challenges, it is recommended for future interventions that MoH provides UNDP with a salary scale in ILS instead of US\$. UNDP will make sure to apply a conservative rate when converting to US\$.
- Communication with MoH: with the COVID-19 crisis placing an additional strain on MoH, MoH faced some delays in the roll out of health workers and in the submission of information to UNDP. The lengthy and highly bureaucratic process for the approval

of health workers' salaries, the lack of an information management system at the MoH and the scale of the deployment of workers, contributed to slowing down the process and required extensive review of documents and very close follow up by UNDP's team. The situation has improved after the recruitment of the IPR project coordinator, who is currently working very closely with MoH to ensure a quick and transparent process in the collection of the monthly data and the submission of documents for the monthly payment of salaries.

- With the COVID-19 crisis placing an additional strain on the already weak human resources department at MoH, it was difficult for MoH to deploy the total number of 1,025 health workers in a short period of time which impacted the delivery of this activity.

VII. Conclusion and Way Forward:

Despite the COVID-19 implications, the project's activities are moving ahead with slight delays. Due to movement restrictions across the West Bank governorates and lockdowns, some of the activities were delayed, mainly the treatment and disposal of medical waste which requires regular field visits to the six hospitals identified by MoH. The challenges faced during the first months of implementation were overcome thanks to close follow up, a solid monitoring system and quick actions adopted by UNDP's project team.

VIII. Financial Status⁵:

| # | Activity | Total Cost | | Funds Received (Nov. 2020) Exchange Rate. (0.85500) ** | | Actual Disbursed as of 31 March 2021 | |
|---|---|---------------|---------------|--|---------------|---|--------------|
| | | US\$* | EUR | US\$ | EUR | US\$ | EUR |
| 1 | Outcome 1: Health / COVID-19 emergency response | 12,004,245.84 | 10,107,575.00 | 8,344,747.72 | 7,134,759.30 | 2,011,226.56 | 1,719,598.71 |
| 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 | 0 | 0 |
| 3 | Direct Programme Cost | 1,303,009.23 | 1,097,133.77 | 905,786.46 | 774,447.42 | 49,575.75 | 42,387.27 |
| 4 | Contingency | 377,597.39 | 317,937.00 | 262,486.7 | 224,426.13 | 358,450.12 | 306,474.85 |
| 5 | Indirect Programme Cost | 798,587.44 | 672,410.63 | 555,137.81 | 474,642.83 | 94,239.00 | 80,574.35 |
| 6 | Headquarters Recovery Cost | 1,480,749.77 | 1,246,791.31 | 1,029,342.70 | 880,088.01 | 201,079.31 | 171,922.81 |
| | Totals | 19,990,122.55 | 16,831,683.19 | 13,896,126.54 | 11,881,188.19 | 2,714,570.74 | 2,320,957.99 |
| 7 | Coordination Levy *** | 199,901.23 | 168,316.83 | 138,961.27 | 118,811.88 | 27,145.71 | 23,209.58 |
| | Totals | 20,190,023.78 | 17,000,000 | 14,035,087.81 | 12,000,000 | 2,741,716.45 | 2,344,167.57 |

* Current Exchange Rate: 1 US\$= 0.842 EUR

** Funds received November 2020 - Exchange Rate 1: US\$ = 0.85500 EUR

⁵ Disclaimer: Data contained in this financial report section is an extract of UNDP financial records. All financial 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.

***The Coordination Levy is not administered by UNDP. UNDP does not have any liability on the use of the coordination levy by the United Nations Secretariat.

IX. Annexes:

Annex I: Explanatory Note (21 October 2020)

Annex II: Resilience Workshop Presentation

Annex III: The Resilience Paper (second draft)

Annex IV: Communication and Visibility Strategy

Annex V: Results and Resources Framework