

## 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 (II)  
01 April 2021 - 31 September 2021  
30 November 2021

**Project Summary:**

Reporting Period	01 April 2021 - 31 September 2021
Donor	The Government of Germany through the Kreditanstalt fuer Wiederaufbau (KfW – the German Development Bank)
Country	occupied Palestinian territory
<b>Project Title</b>	<b>Investment Programme for Resilience (IPR)</b>
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
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Total Financing Agreement	EUR 19,000,000 – (around US\$ 22,400,000)
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
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## 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 small-scale infrastructure, 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.

### Key results (cumulative) as of the end of September 2021 are as follows:

- 32 equipment and medical tools provided to health facilities across oPt
- 1,148 short term jobs were created (47% female), and 72 long term jobs created
- 246,261 workdays generated

### Key achievements during the reporting period are as follows:

Outcome	Output	Description
Health response capacity of the government and partners strengthened to cope with the immediate needs of the COVID-19 crisis	<a href="#">1.1</a> Critical health facilities equipped, and health workers protected	UNDP has concluded the delivery of most of the procured equipment and supplies in support of critical health facilities. The equipment that is still pending consists of three items that are experiencing shipping/clearance delays.
	<a href="#">1.2</a> Response capacities of health workers strengthened	As of the end of September 2021, a total of 1,148 (924 in the West Bank and 224 in the Gaza strip) both professional and skilled/unskilled categories, were deployed across 121 health facilities.
	<a href="#">1.3</a> Disposal and treatment of medical waste enhanced	The Palestinian Ministry of Health (MoH) identified five hospitals where medical waste systems were most urgently needed. UNDP finalized the inspection of the locations and structures to make sure they meet standards. UNDP finalized the procurement process, and a company was selected to provide the medical waste systems to the selected hospitals in the West Bank. UNDP is working with the selected company and the MoH to make sure that the equipment fits the available spaces in the hospitals and that the designs are all ready and suitable for the civil work to be prepared in February 2022 by the expected delivery date of the autoclave systems.
Resilience of communities	<a href="#">2.1</a>	UNDP launched the first round of funding requesting concept notes for interventions in East Jerusalem and

enhanced in marginalized areas for socio-economic recovery and social cohesion through rehabilitation and expansion of infrastructure and complementary measures	Socio-economic and community infrastructure rehabilitated and/or expanded with a focus on Gaza, East Jerusalem, and Area C	the Gaza Strip. Out of 108 submissions, 74 were eligible and 42 passed the minimum threshold of 70% of the total possible score based on the evaluation criteria (9 in East Jerusalem and 33 in the Gaza Strip). Site visits were conducted for six of the submissions in East Jerusalem, while site visits for submissions in the Gaza Strip are planned for October and November.
	<a href="#">2.2</a> 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. To this regard, during the reporting period Terms of Reference (ToR) were 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.

## II. Background

During the reporting period, the most significant change of context occurred during the month of May 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 on 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.<sup>1</sup> 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

<sup>1</sup> OCHA. Protection of Civilians Report 34-31 May 2021. Available at: <https://www.ochaopt.org/poc/24-31-may-2021>

facilities.<sup>2</sup> 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 Gaza during both waves.

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

### **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**

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, many of the health facilities highlighted the daily struggle they have to face 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

<sup>2</sup> UNDP. Gaza 2021 Infrastructure Damage Assessment Report (2021)

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, which the suction machine would extract. 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.

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 for health workers being employed 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 (see page 9 for more details).

**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		Target (2023)	Actual (Sep21)	Progress
1.1.1	No. and type of equipment and medical tools provided to health facilities across oPt (see table 1 for type)	41 <sup>3</sup>	32	78%
1.1.2	No. of COVID-19 tests conducted in Gaza	23,000	23,000	100%
Activities				Status
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 April and September 2021 witnessed the delivery of most of the equipment procured under this output. UNDP monitored the delivery of the equipment, the related inspections by the MoH engineers, and the set-up and testing. Most of the procured medical equipment have been successfully delivered as highlighted in the table below.

<sup>3</sup> 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.

Table 1: The delivery status of the medical equipment

Activity	Item #	Medical equipment	# of items purchased	Delivery Status	Location
1.1.1	1	CT Scan 128 Slice	1	Delivered	Palestine Medical Centre
	2	Digital Radiography Machine	1	Shipping	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	Shipping	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 <sup>4</sup>	Bethlehem, Jenin COVID-19 centres
	11	Automatic PCR System (Extractor + Detector)	1	Delivered	Hebron COVID-19 centre
	12	Fully Automated Chemistry Analyzer	1	Pending Customs Clearance	Azzoun COVID-19 centre
<b>Total</b>			<b>41</b>		

[A hand-over ceremony was organized on 13 July 2021](#) with the presence of the Palestinian Minister of Health, H.E. Dr. Mai Al Kaila, the Acting Head of Mission of the Government of Germany, Mr. Michael Herold and UNDP Special Representative of the Administrator, Ms. Yvonne Helle. They conducted the official handover ceremony, which was held at the Palestine Medical Center to witness the installation of the CT scan.

<sup>4</sup> 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.





Figure 1: The inspection by the MoH engineers during the delivery of the Automatic PCR system



Figure 2: A radiography technician with the head of the radiography section in Tulkarem's Thabit hospital seeing the C-Arm X-Ray run for the first time

## 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	Target (2023)	Actual (Sep21)	Progress
1.2.1 No. of short-term jobs created for health personnel, skilled and unskilled workers (disaggregated by sex)	1,238	1,148	93%
1.2.2 No. of workdays generated through the deployment of health personnel and workers	260,348	247,036	95%
1.2.3 No. of health personnel trained to respond to the health crisis (disaggregated by sex)	1,238	1,148	93%
Activities:			Status
1.2.1 Deployment of health personnel (e.g. doctors, nurses, lab technicians) placed in health facilities			Ongoing
1.2.2 Deployment of skilled/unskilled workers to disinfect/sterilize health facilities and provide support functions			Ongoing
1.2.3 Training of health personnel to prepare for and respond to the health crisis			Almost complete

During the reporting period, 312 additional health workers were deployed in the West Bank and the Gaza Strip bringing the total to 1,148 (WB including EJ: 924 and GS: 224). A large proportion of the deployed workers were cleaners (functioning also as logistics workers), who were urgently needed to ensure COVID-19 health facilities were complying with health and safety standards. This support, alongside nurses and general practitioners for the operational

needs of hospitals and testing centres, has proven crucial. An additional 151,752 workdays were generated for professional, skilled, and unskilled health workers deployed by MoH in the West Bank and through the implementing partner in the Gaza Strip (WB including EJ: 131,961 and GS: 19791), bringing the total of workdays generated by the project to 247,036 (WB including EJ: 217,867 and GS: 29,169). See [table 2](#) for monthly breakdown.

## **Distribution of health workers deployed**

**Gaza Strip:** During the reporting period, 77 additional health workers were deployed (44 M and 33 F) in 22 health facilities across the Gaza Strip, bringing the total health workers deployed to 224 (125 M and 99 F), compared to the target of 213. The deployment also increased the total number of health facilities benefiting from the services to **38 health facilities across five governorates** (see [figure 7](#) for distribution by governorate). The professional categories (general practitioners, nurses, and lab technicians) were deployed for 11 months, and 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 were deployed for an overall period of nine months. See [figure 8](#) for distribution of health workers by category.

**West Bank:** During the reporting period, an additional 235 health workers were deployed through the MoH (146 M and 89 F) in 66 health facilities (see [figure 9](#) for distribution by category). Moreover, 92 cleaners who were hired for six months reached the end of their contracts, and a significant number of other contracts are expected to end in the upcoming months (see [figure 10](#) for number of health workers by contract end-date). With that addition, the deployment of health workers was nearly finalized in the West Bank, reaching a total of 924 workers (483 M and 441 F) employed between October 2020 and September 2021 (see [figure 11](#) for distribution by category).

In addition, the MoH requested extensions for contracts of health workers in key categories that were only deployed for six months (including drivers, kitchen staff, maintenance technicians, clerks, and data entrants). Therefore, instead of deploying new health workers, 64 contracts were extended for an additional six months. During the reporting period, UNDP and MoH agreed to move some resources (US\$500,000) from the West Bank budget to the Gaza Strip budget. This will ensure the recruitment of an additional 145 health workers in the Gaza Strip starting from October 2021 for a period of 12 months. The 924 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 [figure 12](#) for distribution by governorate). The deployment of health workers resulted in 72 workers securing long-term employment through permanent contracts with MoH.

**Gender distribution:** In line with UNDP’s corporate policy on mainstreaming gender, 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 female and male health workers was nearly equal with 48% and 45% of female health workers in the West Bank and the Gaza Strip respectively (see [figure 13](#) and [figure 14](#) for distribution by professional category).

### **Change in the socio-economic conditions of health workers**

#### **Key Results of the online Survey (379 respondents in the West Bank and 92 respondents in the Gaza Strip)**

- 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 Gaza 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 Gaza (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.

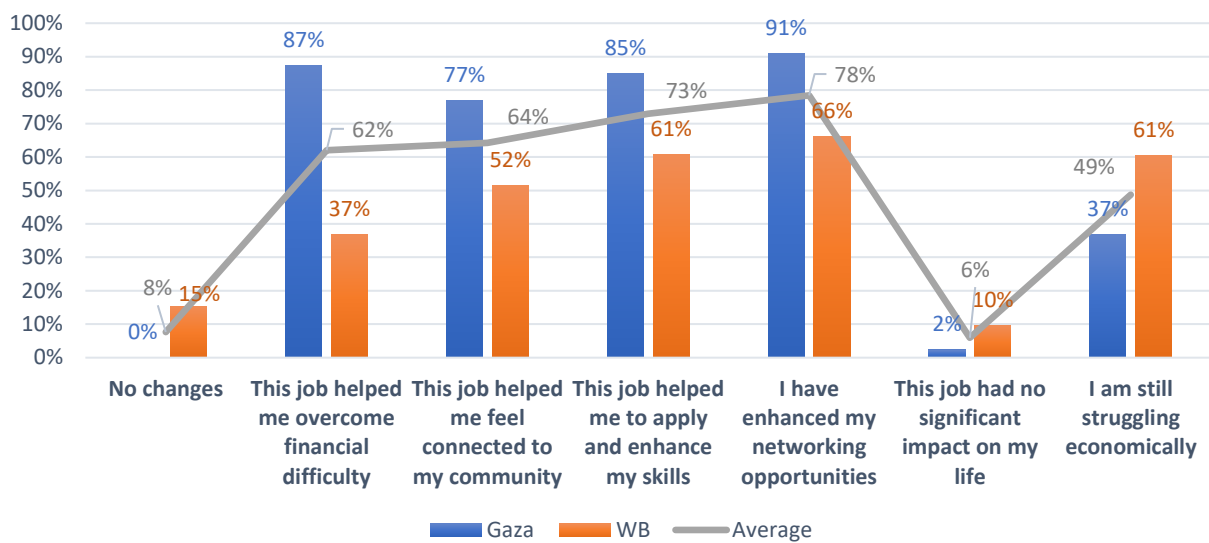


Figure 3: Change in the socio-economic conditions of health workers

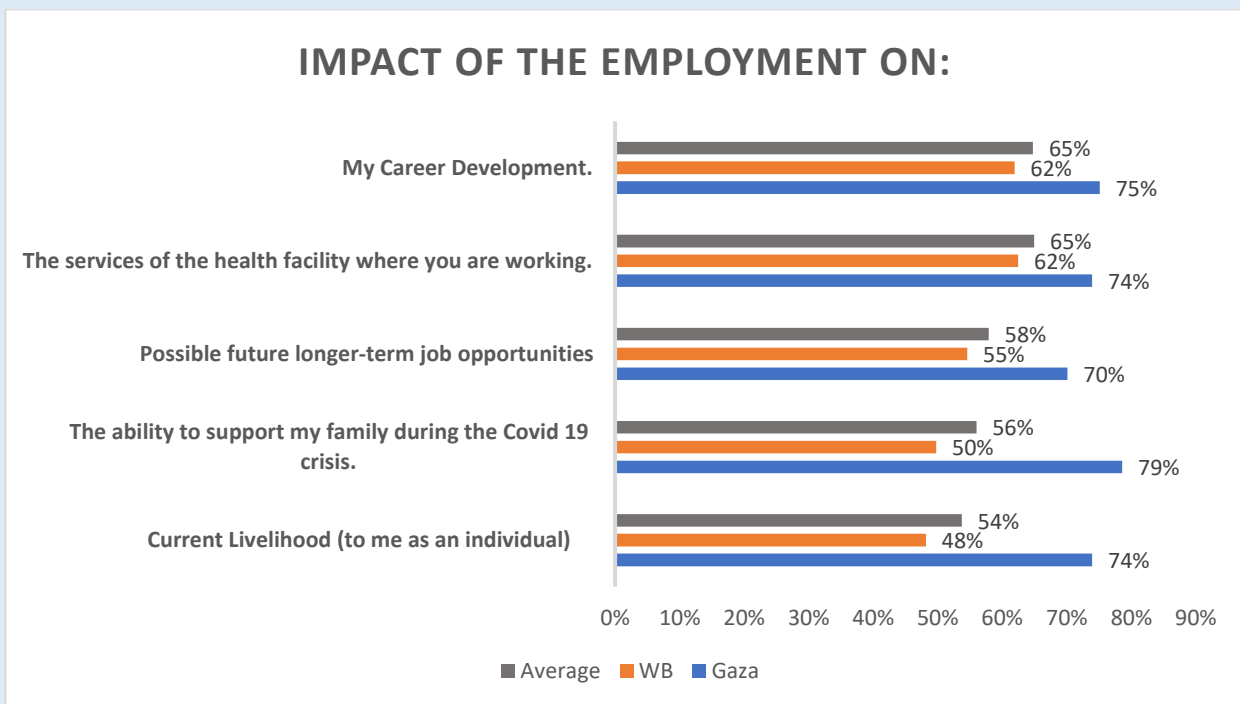


Figure 4: Impact of the job opportunity

### 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**

<b>Indicators</b>	<b>Target (2023)</b>	<b>Actual</b>	<b>Progress</b>
1.3.1 No. of health personnel trained on treating medical waste	1,000	0	0%
1.3.2 No. of autoclaves and containers supplied to Palestinian hospitals	6 <sup>5</sup>	0	10%
<b>Activities:</b>			<b>Status</b>
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 evaluations. The tendering process was also finalized, and a company was selected to procure the autoclaves and containers. UNDP worked with the MoH to identify locations that are most in need for the instalment of medical waste systems. UNDP followed up on the initial identification of six hospitals by the MoH by conducting a technical assessment to look at the feasibility of installing medical waste systems at the specified locations and the design required. Several meetings were held with the MoH to identify the most suitable spaces within the hospitals for the medical waste systems, and the size of the autoclave systems required. Due to budget limitations, and with the aim of covering the full needs of the MoH in terms of the size of the autoclaves required, the number was dropped from six autoclave systems to five. These hospitals are Tulkarem, Jenin, Rafedia, Beit Jala and Yatta hospitals (see figure 9 for statistics of targeted hospitals). Upon agreeing on the specific locations and getting the green light regarding the designs, compatibility, and safety of the systems from the MoH and relevant stakeholders, UNDP launched the tendering process for the needed equipment. UNDP team met with the selected company and agreed on the way forward for the instalment of the medical waste systems.

<sup>5</sup> The original target was 6, however, due to budget constrains and in discussions with the MoH the target was revised to 5 as Dura Hospital was excluded from the list.

**Output 1.3 Disposal and treatment of medical waste enhanced**

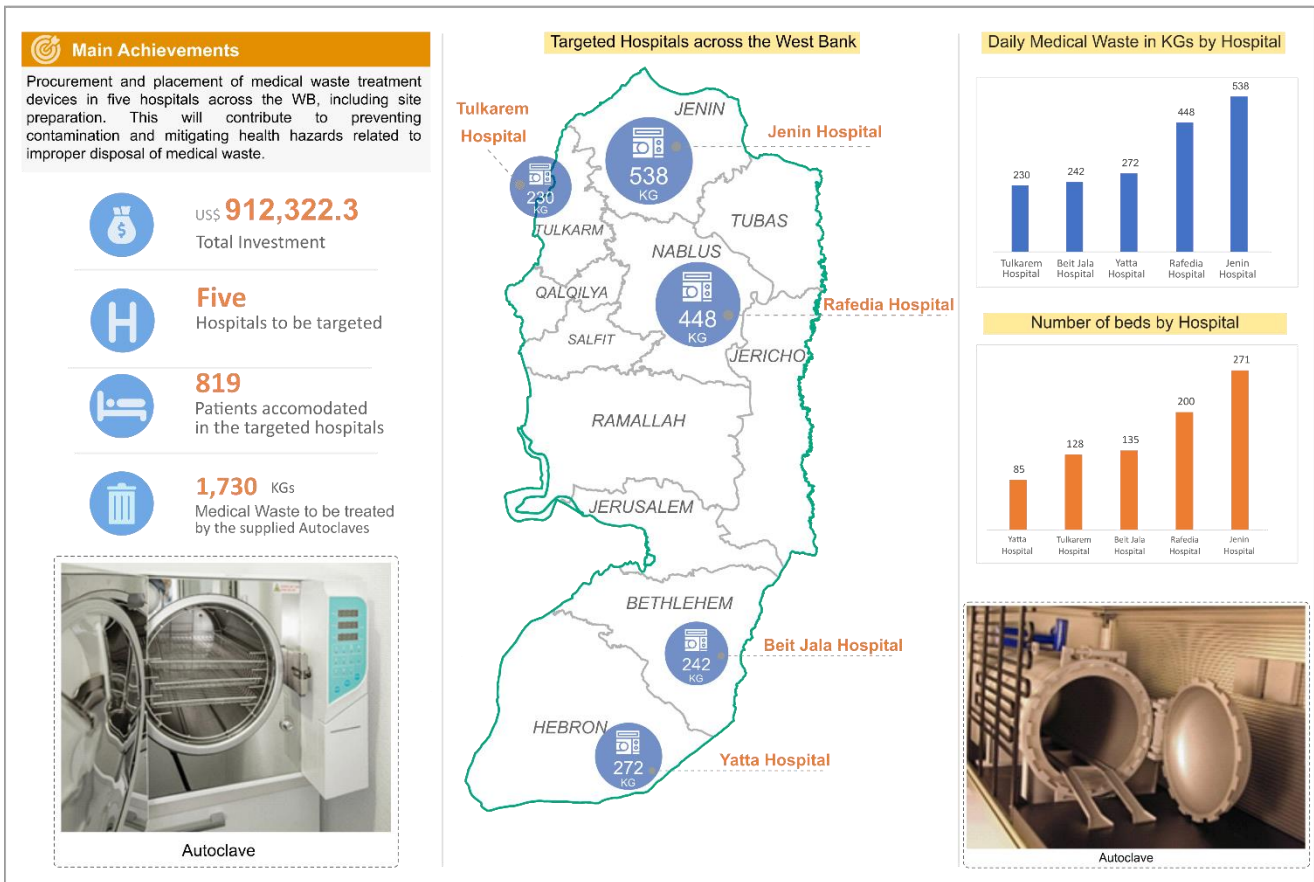


Figure 5: Information regarding the distribution and locations of the targeted medical waste systems in the West Bank

**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	Target (2023)	Actual	Progress
2.1.1 No. and type of small-to-medium scale community infrastructure rehabilitation / construction initiatives identified and implemented	12	0	0%
2.1.2 No. of workdays generated through the implementation of community infrastructure initiatives (disaggregated by sex)	27,650	0	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			In progress
2.1.2 Validation and endorsement of prioritized interventions by the Steering Committee, in coordination with development partners			In progress
2.1.3 Implementation of infrastructure with emphasis on health, basic services, and community infrastructure			Not started

During the reporting period, the first call for concept notes for East Jerusalem and the Gaza Strip was developed in line with the resilience paper developed for the programme. 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
<b>1 committee member in GS and 1 in EJ</b>
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 awarded the requisite points 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 concept notes in East Jerusalem and 33 in the Gaza Strip were selected to continue to phase 3.



## **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.

For this round of funding, the highest six 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 six implementing partners visited were:

- Abna Al-Quds Club (AAC)
- Women Center Shuafat Refugee Camp
- International Peace and Cooperation Center (IPCC)
- Dar Al Tifel Alarabi Organization
- Al Quds University Community Action Center
- Burj al Luqluq Social Center Society

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.





Site visits to implementing partners in East Jerusalem were conducted in September 2021, following which summary sheets are being prepared for each visit (see annex 3 for template). These summary sheets will be shared with KfW for their no-objection before proceeding with the signature of the agreements with partners. The site visits to implementing partners in the Gaza Strip are planned for October and November.

## **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 2.1 Progress against Indicators and Activities***

<b>Indicators</b>	<b>Target (2023)</b>	<b>Actual</b>	<b>Progress</b>
1.2.1 No. of service plans developed and operationalized in a participatory manner	12	0	 0%
1.2.2 No. of longer-term jobs created (disaggregated by sex, 60% of overall target are women)	128	0	 0%
<b>Activities:</b>			<b>Status</b>
1.2.1 Analysis of initial service plans and identification of gaps and opportunities			Ongoing
1.2.2 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 improve 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 selection highlighted under Output 2.1. The primary role of this service provider will be 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.

The ToR was advertised on 25 June 2021 and applications were received from consulting companies in the West Bank with access to both East Jerusalem and the Gaza Strip. The applications have gone through the preliminary stage of assessment for eligibility and the technical and financial evaluation. The service provider that achieved the highest combined technical and financial score and was awarded the contract is General for Consulting and Training company (GCT). The contract was signed on 19 September 2021. The GCT will review

the submissions from the implementing partners in line with the selection criteria and summary sheets and work with them to develop full-fledged proposals. A key element of their role will be 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.

The first meeting to initiate the work of the GCT was conducted on 30 September 2021. During this meeting, milestones for collaboration were set, the technical proposal was revised, and the timeframe was set. It is expected to receive the first inception report during the month of October.

#### **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 6: Handover ceremony and installation of the CT scan

During the reporting period, and following the development of the communication strategy, a Terms of Reference (ToR) was developed to request professional services for designing and producing communication and visibility material for IPR. 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 branding and graphic guidelines. The ToR is expected to be advertised in December 2021.

## 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
<b>Deterioration of the security situation in the WB, EJ and Gaza</b>	Moderate	Moderate	During the reporting period, a wave of popular protests occurred across the oPt alongside another war in Gaza during the month of May. UNDP and its partners were able to continue delivering services while ensuring all staff were safe and were not exposed to risks.
<b>Exchange rate fluctuation</b>	Moderate	Moderate	The salaries of the health workers were developed initially in US\$ and were

<b>between US\$ and ILS</b>			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. The depreciation continued during the reporting period and resulted in increasing dissatisfaction of health workers with the salary scale provided by IPR. UNDP continued maintaining a constant dialogue with the MoH on the matter and explored ways to minimize the impact. Corrective actions were difficult to be implemented, given the limitations in the budget allocation and the already existing commitments to cover the salaries of staff until the end of the contract.
<b>Long term sustainability</b>	High	Moderate	As the project completes its first year, more health workers contracts will be finished. This coincides with a continuation of the COVID-19 crisis and the ongoing need for health workers by the Ministry of Health. Lack of clarity regarding the future deployment of health workers may cause reputational issues unless the Ministry of Health clarifies that the staff are no longer UNDP deployed once their contracts finish and works to keep their salaries regulated if they are kept on duty. UNDP is following up closely with MoH; 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 500) to permanent contracts. So far, 72 health workers moved to an MOH permanent contract.
<b>Minimum Wage</b>	Moderate	Moderate	The salary scale of the health workers was developed based on the minimum

			<p>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 will continue to follow up closely with MoH.</p>
<p><b>Closures on account of COVID-19 continue or a second wave emerges and disrupt implementation of activities or changing priorities</b></p>	High	High	<p>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.</p>

## **VI. Challenges and Lessons Learned:**

- The verification field visits for outcome 1 of IPR revealed a discrepancy within the MoH's deployment of health workers. The visits revealed a significant 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. This revealed an overall top-down approach for hiring health workers and covering needs. For future initiatives, UNDP will ensure that double coordination takes place at the local and national levels, thus avoiding an exclusive top-down prioritization. During implementation, UNDP has and will continue to invest in evidence/data gathering to inform future initiatives and guide prioritization.
- New Israeli import regulations for equipment arriving to the country caused delays in the handover of certain equipment. This challenge can be addressed by both making sure suppliers are very efficient from the beginning in following the regulations, and in parallel ensuring close follow up with the Israeli authorities to ensure a smooth import process.
- Communication with MoH: Significant improvement in the communication with MoH since the focal point following up on health workers salaries changed.
- 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. As a result, a joint agreement was reached between UNDP and MoH and \$500,000 resources initially allocated for the West Bank were moved to the Gaza Strip.

## VII. Financial Status<sup>6</sup>:

#	Activity	Total Cost-Rate 0.842		Funds Received (Nov. 2020) Exchange Rate (0.85500) *		Actual Disbursed as 30- September 2021	
		USD	EUR*	US\$	EUR	US \$	EUR
1	<b>Outcome 1:</b> Health / COVID-19 emergency response	12,004,246	10,107,575	8,344,748	7,134,759	8,286,567	7,085,014
2	<b>Outcome 2:</b> Resilience enhanced in marginalized areas for socio-economic recovery through rehabilitation and expansion of infrastructure and complementary measures	4,025,933	3,389,835	2,798,626	2,392,825	0	0
3	<b>Direct Programme Cost</b>	1,303,009	1,097,134	905,786	774,447	177,257	151,554
4	<b>Contingency</b>	377,597	317,937	262,487	224,426	358,450	306,475
5	<b>Indirect Programme Cost</b>	798,587	672,411	555,138	474,643	266,549	227,899
6	<b>Headquarters Recovery Cost</b>	1,480,750	1,246,791	1,029,343	880,088	725,291	620,124
	<b>Totals</b>	19,990,123	16,831,683	13,896,127	11,881,189	9,814,113	8,391,066
7	Coordination Levy ***	199,901	168,317	138,961	118,812	138,961	118,812
	<b>Totals</b>	20,190,024	17,000,000	14,035,089	12,000,000	9,953,074	8,509,878

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

\*\* Funds received November 2020- Exchange Rate 1 USD = 0.85500 EUR

<sup>6</sup> 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.

## **VIII. Annexes:**

Annex 1: Concept note solicitation

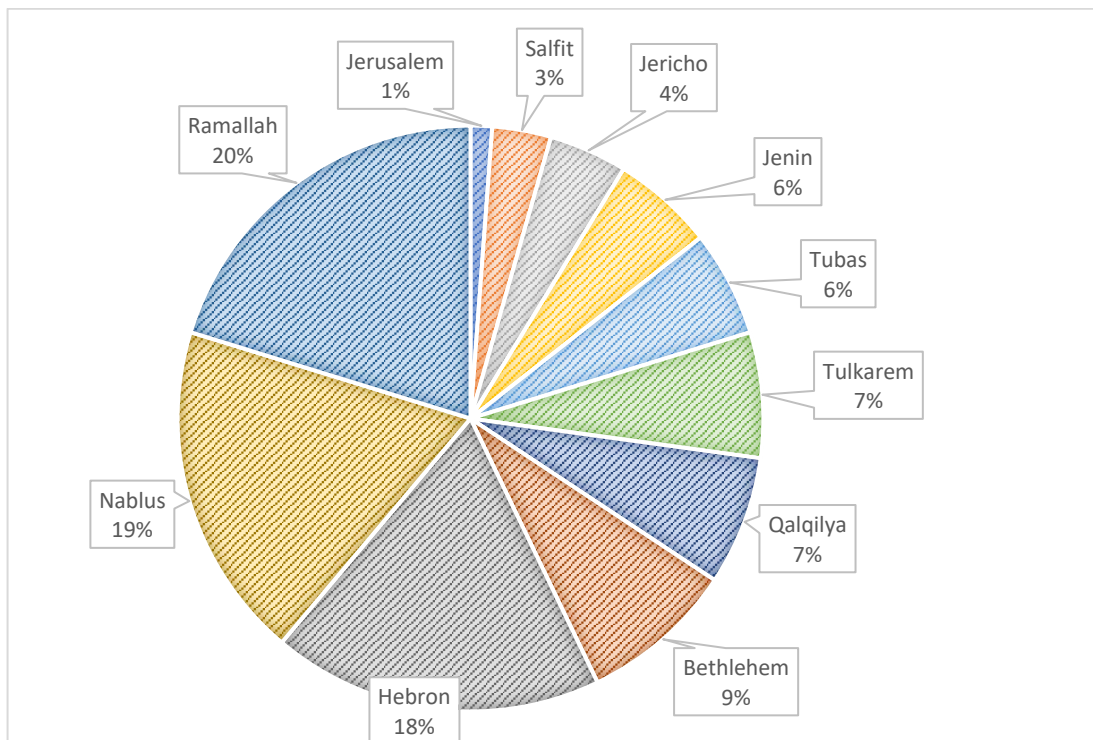
Annex 2: Longlist of applicants

Annex 3: Summary sheet template

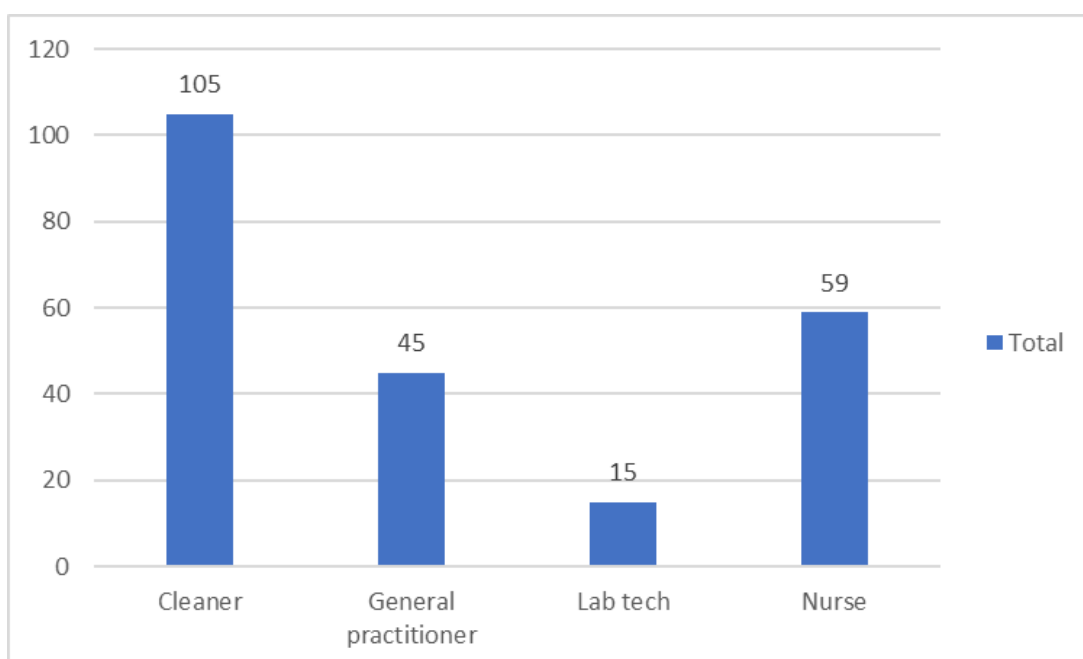
Annex 4: Analysis of health workers deployment (graphs and figures) (see below)



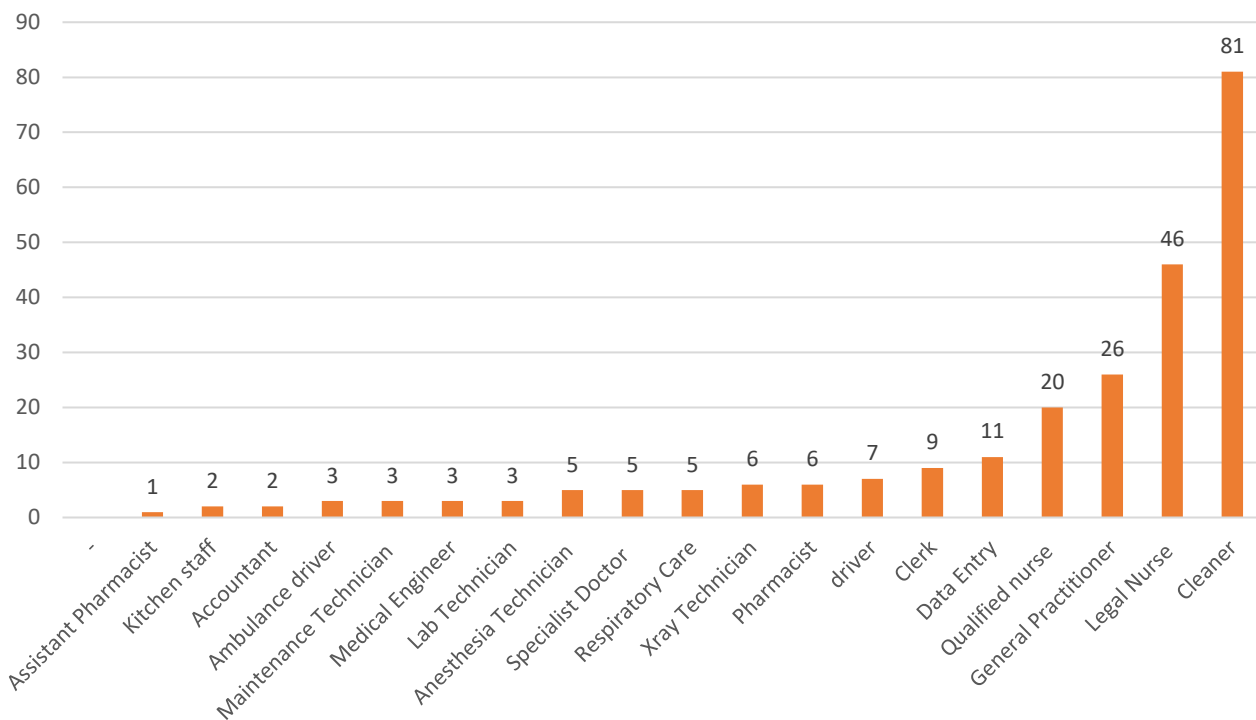
**Annex 4:** Analysis of health workers deployment (graphs and figures)



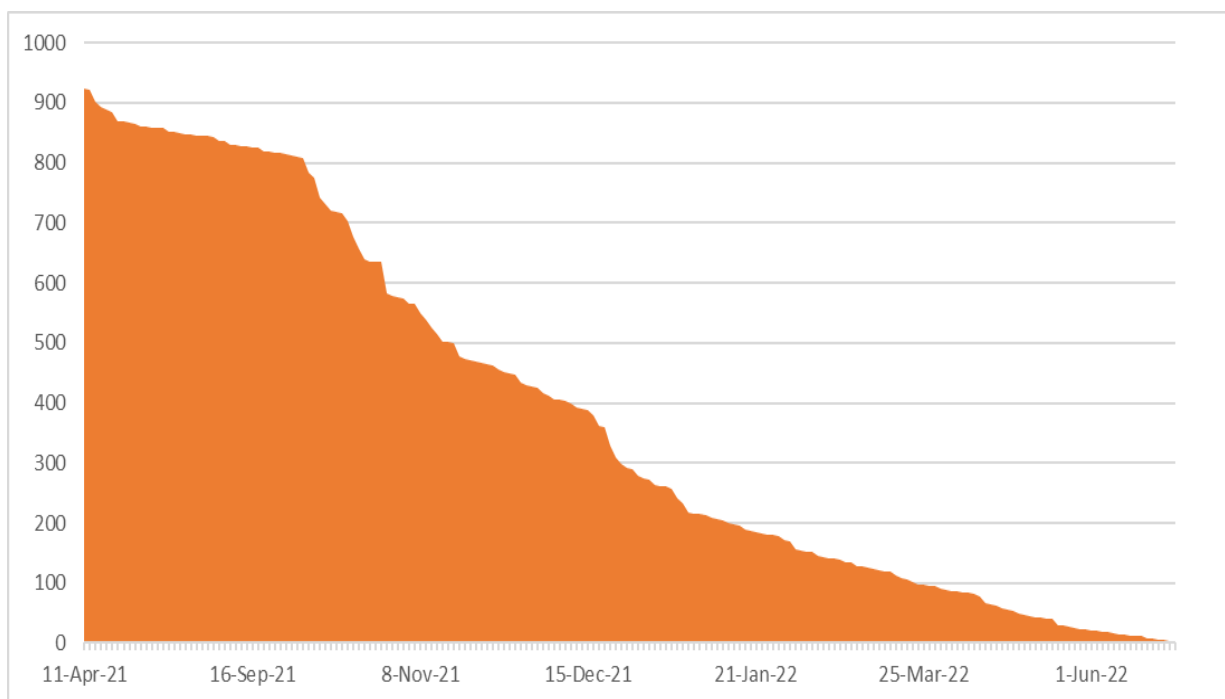
**Figure 7:** Distribution of health workers in the West Bank by governorate



**Figure 8:** Distribution of the total 224 health workers currently deployed in the Gaza Strip by category



**Figure 9:** Distribution of the additional 235 health workers deployed in the West Bank during the reporting period by category



**Figure 10:** Number of health workers by contract end-date (DD/MM/YY)

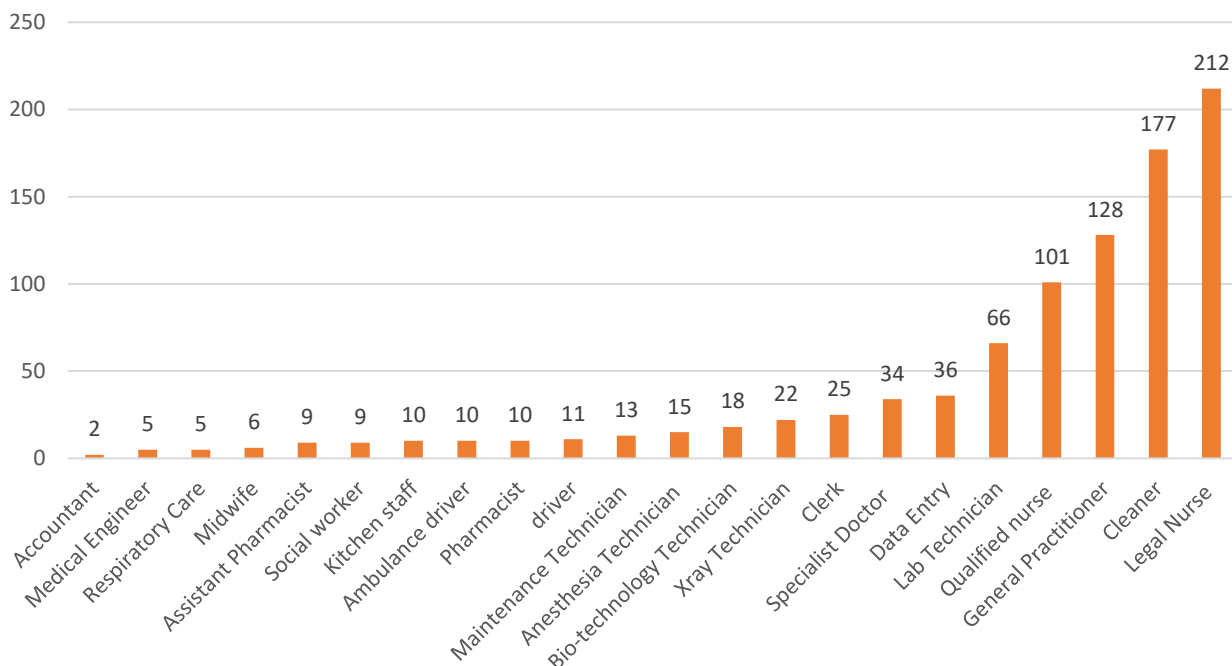


Figure 11: Distribution of the total 924 health workers currently deployed in the West Bank by category

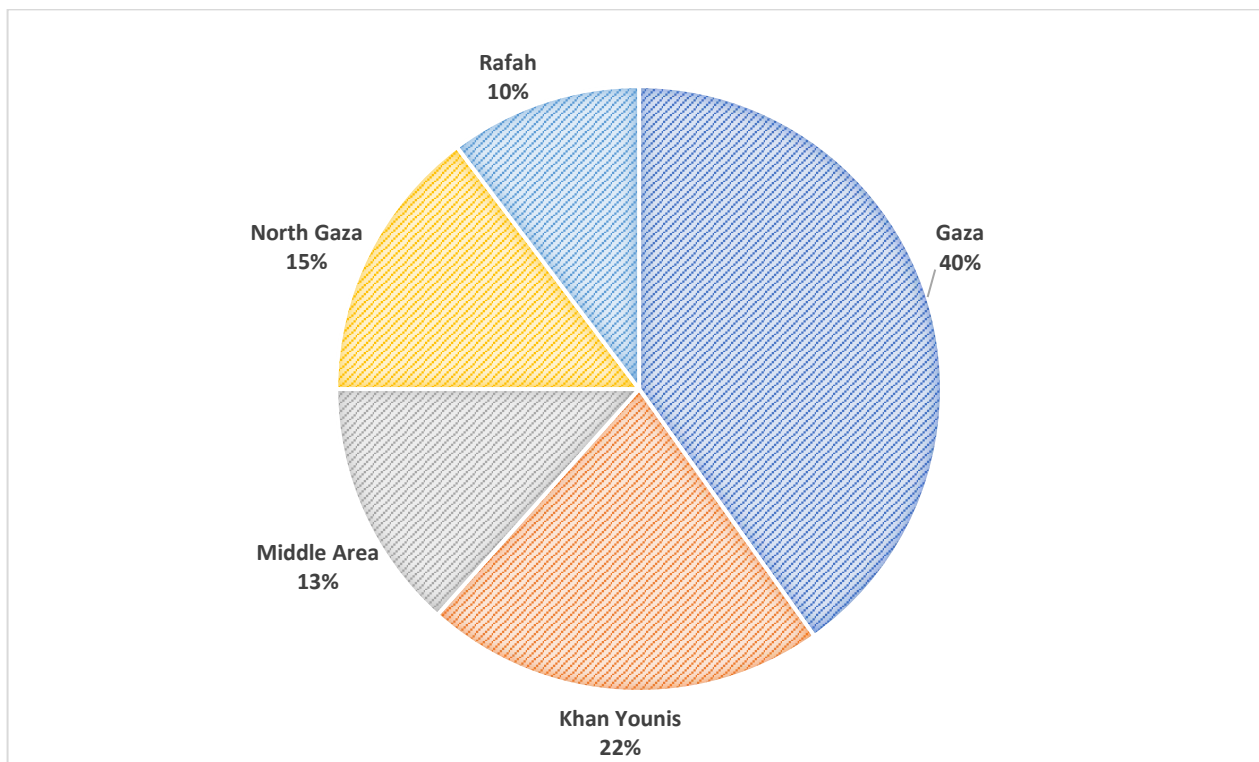


Figure 12: Distribution of health workers in the Gaza Strip by governorate

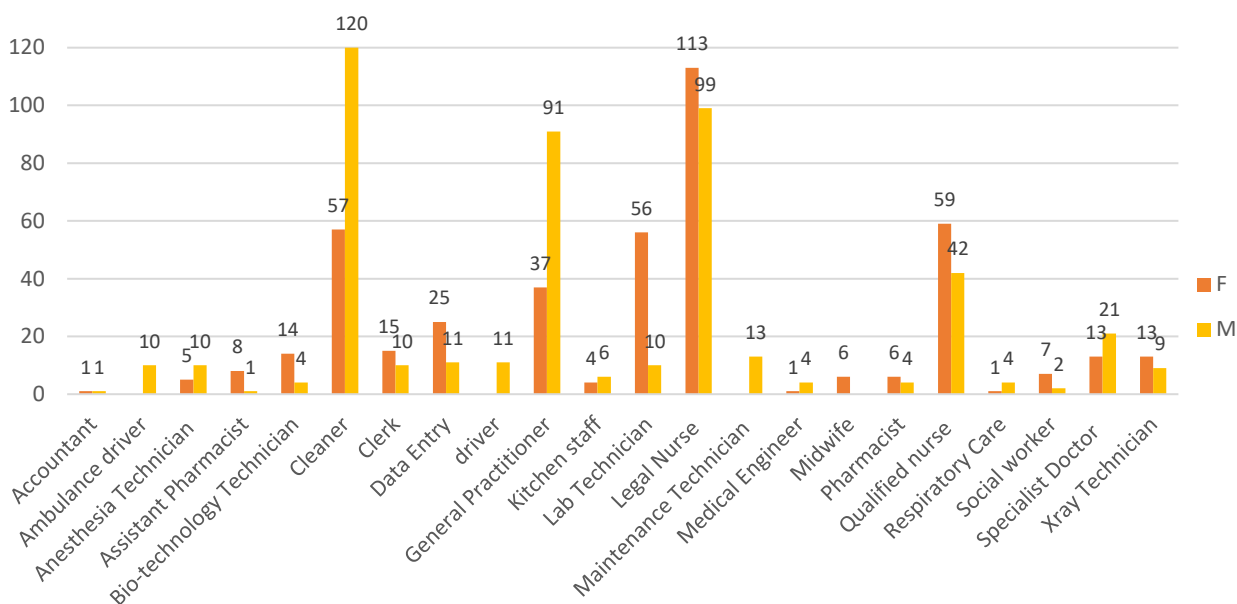


Figure 13: Gender distribution of health workers in the West Bank by professional category

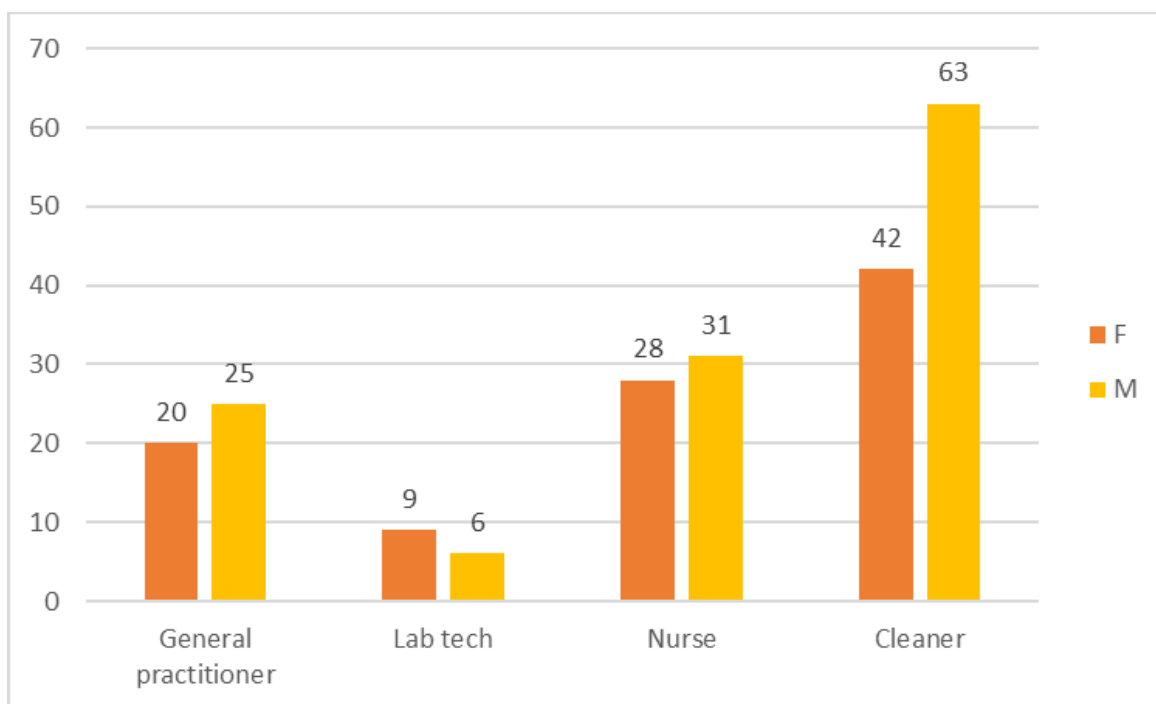


Figure 14: Gender distribution of health workers in the Gaza Strip by professional category

**Table 2:** Workdays created between 1 October 2020 - 31 September 2021

Month	Workdays Created	
	West Bank	Gaza Strip
Oct-20	1,670	0
Nov-20	10,572	0
Dec-20	15,810	0
Jan-21	19,259	2,470
Feb-21	18,428	3,377
Mar-21	20,167	3,531
Apr-21	22,605	3,172
May-21	22,045	3,575
Jun-21	21,030	3,517
Jul-21	22,062	3,192
Aug-21	22,768	2,986
Sep-21	21,451	3,349
<b>Total</b>	<b>217,867</b>	<b>29,169</b>