United Nations Children's Fund (UNICEF)
World Health Organization (WHO)

**(O*n behalf of the Palestinian Liberation
Organization for the benefit of the Palestinian
Authority*)**

Stakeholder Engagement Plan (SEP)

Gaza Health Emergency Response Project (P503036)

November 20, 2023

1. Introduction/Project Description

Gaza Health Emergency Response Project (GHERP) aims to provide emergency support for provision of essential health services to the population of Gaza. The Project has been prepared under Paragraph 12 of the Bank's Investment Project Financing (IPF) Policy (*Projects in Situations of Urgent Need of Assistance or Capacity Constraints*) and as such follows Condensed Procedures for preparation. The project will be implemented across the Gaza Strip and comprises of the following components:

Component 1: Delivery of essential maternal, newborn, and child health (MNCH) services and communicable disease treatment (US$ 4.5 million): This component will be implemented by UNICEF to ensure continuous delivery of essential maternal, newborn, and child health services in health facilities at the primary, secondary, and tertiary levels. The component will fund the procurement of essential medical supplies and equipment such as essential drugs, routine vaccines, medical and lab supplies, and consumables**.** This component will also support some non-consultancy services and essential goods, such as water, electricity and fuel, to restore functioning of the facilities affected by the conflict. The services will also include minor civil works to restore and maintain the infrastructure of health facilities. Where needed and possible, this component will also finance the provision of inputs for establishing temporary hospitals, and mobile medical units.

Component 2: Supporting provision of emergency and non-communicable disease services (US$ 4.5 million): This component will be implemented by WHO to support provision of emergency care and treatment of chronic conditions. The component will fund: provision of pharmaceuticals and equipment for emergency and trauma care to respond to the critical and urgent needs of population affected by the conflict; prefabricated family medicine centers to replace the destroyed facilities; minor civil works as needed to ensure that damaged facilities are made operable; non-communicable disease (NCD) care through procurement of medications and screening equipment for most prevalent chronic conditions in Gaza; and compensation of critical human resource staff, such as trauma care specialists, and integration of psychological first aid (PFA) to frontline health workers to ensure the continuity of essential medical services in Gaza.

Component 3: Project coordination and monitoring (US$ 1 million): This component will support the implementing agencies' cost recovery and the costs associated with the third-party monitoring (TPM) agency. This will include costs of the project implementation and coordination, as well as ensuring monitoring and evaluation (M&E) through – among others – hiring of a TPM agency.

GHERP is being prepared under the World Bank's Environment and Social Framework (ESF) which is generally aligned with the principles of the UNICEF Policy on Environmental and Social Safeguard and Sustainability and related Procedures (under clearance) and the Strategy for Sustainability Management in the United Nation System 2020-2023.

Per Environmental and Social Standard ESS10 on Stakeholder Engagement and Information Disclosure, the implementing agencies should provide stakeholders with timely, relevant, understandable, and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination, or intimidation.

2. Objective/Description of SEP

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project activities or any activities related to the project.

3. Stakeholder identification and analysis

3.1 Methodology

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- *Openness and life-cycle approach:* Public consultations for the project will be arranged during the whole life cycle, carried out in an open manner, free of external manipulation, interference, coercion, or intimidation.
- *Informed participation and feedback:* Information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholder feedback, and for analyzing and addressing comments and concerns.
- *Inclusiveness and sensitivity:* Stakeholder identification is undertaken to support better communication and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times are encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups that may be at risk of being left out of project benefits, particularly women, the elderly, persons with disabilities, displaced persons, and migrant workers and communities, and the cultural sensitivities of diverse ethnic groups. As necessary, the implementing agencies will organize separate meetings and focus group discussions for males and females, engage facilitators of the same gender as the participants, and provide additional support to facilitate access of facilitators. Sensitivity to the conflict in Gaza and humanitarian principles of humanity, neutrality, impartiality, and independence will be maintained.
- *Flexibility*: The ongoing conflict in Gaza currently inhibits traditional forms of face-to-face engagement, and such challenges will remain for some time after a ceasefire. Hence, other forms of engagement, including internet (i.e., emails) and phone-based communication will be used until more traditional forms of engagement are possible.

3.2. Affected parties and other interested parties

Affected parties include local communities, community members, and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

Table 1: Affected parties per project component

Component 1: *Delivery of essential maternal, newborn, and child health (MNCH) services and communicable disease treatment*	- Pregnant women receiving antenatal care during a visit to a health provider - Caregivers of patients and children - Children receiving immunization, care for malnutrition, and screenings and treatment for infectious diseases - Patients with communicable diseases during a visit to a health provider - Staff and frontline providers of MNCH services at public, private, NGO, civil society health facilities
Component 2: Supporting provision of emergency care and non-communicable diseases (NCDs) services	- Patients suffering from NCDs such as cardiovascular diseases kidney diseases, diabetes, respiratory conditions, and mental health conditions. - Patients and children - People receiving emergency and trauma care. - People using services at temporary hospitals and mobile medical units

		• Emergency and trauma care staff and service providers/health facility staff at public, private, NGO, and civil society health facilities

3.2.2. Other Interested Parties

- The projects' stakeholders also include parties other than the directly affected communities, including: humanitarian and development agencies and partners that are engaged in WASH, Health and nutrition activities (e.g. Medical Aid for Palestinians (MAP), Médecins du Monde, International Committee of the Red Cross (ICRC))
- Governmental institutions and ministries (e.g., Ministry of Finance, Ministry of Health, Ministry of Social Development, Ministry of Women's Affairs, Ministry of Labor)
- Other UN Agencies
- Local and international CSOs, CBOs, and NGOs operating in Gaza (e.g., NGO Development Center (NDC), UNRWA and other UN agencies Juzoor, SAWA, ANERA)
- Health Clusters (Gaza Health Cluster)
- Civil works contractors (for rehabilitation/refurbishment works)
- Third Party Monitoring Contractor
- Business owners and providers of services, goods and materials that will be involved in the project's wider supply chain or may be considered for supplying goods and materials in the future (e.g., medical equipment suppliers, pharmaceutical companies)

3.2.3. Disadvantaged/vulnerable individuals or groups

Within the Project, vulnerable or disadvantaged groups may include but are not limited to the following:

Table 2: Vulnerable Groups

	Vulnerable or disadvantaged groups	Barriers to accessing information and/or Project Benefits	Representative Organizations in Stakeholder Engagement
1	Children who have lost family in the conflict	Deteriorating and fragile political and socio-economic contexts in Gaza, resulting in reduced access to information on assistance and support

Shortages of Telecommunications/ Internet/ Electricity | Ministry of Social Development, relevant Civil Society Organizations such as Atfaluna, War Child |
| 2 | Pregnant women | Deteriorating and fragile political and socio-economic contexts in Gaza, resulting in reduced access to information on assistance and support

Shortages of Telecommunications/ Internet/ Electricity | Ministry of Health, relevant Civil Society Organizations Red Crescent Society, Palestine medical Relief Society |
| 3 | Women-headed households | Deteriorating and fragile political and socio-economic contexts in Gaza, resulting in reduced access to information on assistance and support

Shortages of Telecommunications/ Internet/ Electricity | Network of women's organizations working in Gaza such as Sawa and Asala and international NGOs such as Oxfam) |

4	Internally displaced Persons (particularly those living in camps and UN shelters)	Deteriorating and fragile political and socio-economic contexts in Gaza, resulting in reduced access to information on assistance and support Shortages of Telecommunications/ Internet/ Electricity	Ministry of Social Development, relevant UN agencies such as UNRWA, relevant Civil Society Organizations
5	Persons with disabilities	Deteriorating and fragile political and socio-economic contexts in Gaza, resulting in reduced access to information on assistance and support Shortages of Telecommunications/ Internet/ Electricity	Humanity and Inclusion Stars of Hope Atfaluna
6	Elderly	Deteriorating and fragile political and socio-economic contexts in Gaza, resulting in reduced access to information on assistance and support Shortages of Telecommunications/ Internet/ Electricity	Ministry of Social Development, relevant Civil Society Organizations
7	Chronically ill/with NCDs	Deteriorating and fragile political and socio-economic contexts in Gaza, resulting in reduced access to information on assistance and support Shortages of Telecommunications/ Internet/ Electricity	Ministry of Health, relevant Civil Society Organizations such as Medical Aid for Palestinians (MAP), Red Crescent Society
8	The poor	Deteriorating and fragile political and socio-economic contexts in Gaza, resulting in reduced access to information on assistance and support Shortages of Telecommunications/ Internet/ Electricity	Ministry of Social Development, relevant Civil Society Organizations
9	Injured person in need of emergency/trauma care	Deteriorating and fragile political and socio-economic contexts in Gaza, resulting in reduced access to information on assistance and support Shortages of Telecommunications/ Internet/ Electricity	Ministry of Health, relevant Civil Society Organizations such as Medical Aid for Palestinians (MAP) Palestine medical Relief Society, Red Crescent Society
10	People living in underserved areas	Deteriorating and fragile political and socio-economic contexts in Gaza, resulting in reduced access to information on assistance and support Shortages of Telecommunications/ Internet/ Electricity	Ministry of Social Development, relevant Civil Society Organizations
11	Other marginalized groups such as Bedouins	Deteriorating and fragile political and socio-economic contexts in Gaza, resulting in reduced access to information on assistance and support	Ministry of Social Development, relevant Civil Society Organizations

| | | Shortages of Telecommunications/ Internet/ Electricity | |

Vulnerable groups within the communities affected by the Project may be added, further confirmed, and consulted through dedicated means, as appropriate. This will be further refined as the consultations progress. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

4. Stakeholder Engagement Program

4.1. Summary of stakeholder engagement done during project preparation

During project preparation consultations were held with 6 organisations (ANERA, CARE int. SAWA, Palestine Medical Relief Society, Red Crescent Society, NGOs, CSOs, and international INGOs) – ref. annexes 1 and 2 over the phone and with 20 participants representing several organizations on Zoom between 06-07 November 2023. Briefly, during consultations, participants were provided with a description of the project components and implementation arrangements, summary of potential environmental and social risks and impacts and proposed mitigation measures and instruments, stakeholder engagement and information disclosure mechanisms, and grievance redress provisions. The consultations have also allowed for ensuring that the proposed project's activities would be designed in complementarity with other ongoing partner activities.

A brief summary of the consultations is as follows: stakeholders validated the emergency response scope for Gaza, emphasizing the need for medical supplies and equipment, and MHPSS in interventions. Various stakeholders detailed their ongoing efforts in provision of food aid, sanitation and health services, and highlighted challenges such as for resource distribution and shortages of medical supplies. SAWA (women's organization) reported basic needs for services and supplies on the ground and GBV issues that are being reported through their hotline. PMRS and RCS underscored the urgency for rehabilitation services, mobile clinics, and support for healthcare workers amid speculations of WASH-related disease outbreaks. The necessity for further collaboration between stakeholders was noted, alongside the importance of clear project frameworks and beneficiary engagement. All participants requested follow-up meetings to discuss project updates and plans for stakeholder engagement as they evolve and develop further. In response, stakeholders were assured that the different categories of stakeholders will be continuously engaged throughout project implementation. Certain highlighted social risks such as for GBV (e.g. due to an increase in domestic violence and pressure and trauma related to the conflict) and social tension (e.g. due to perceived inequity in access to humanitarian services and benefits) were discussed, and stakeholders were informed that requisite mitigation measures (e.g. responsive grievance mechanisms, effective communication, information sharing, beneficiary feedback and monitoring) will be set in place or existing ones strengthened, and monitored. Support for MHPSS that will be provided through the project was also highlighted in response to concerns regarding the significant impact on health and frontline service providers. Finally, participants were informed that project related documents will be disclosed on the websites of both IAs and the Bank system and any other requested format that is more accessible and effective, and that there will be follow-up consultations throughout the lifecycle of the project. (see Annex 1 for details)

This project also draws upon the 2022 Multisectoral Needs Assessment (MSNA) including on Accountability to Affected Populations (AAP) and the Prevention of Sexual Exploitation and Abuse (PSEA). From the MSNA 21 per cent of aid-recipient households reporting awareness of a Complaint and Reporting Mechanism (CRM), and of those households 18 per cent reported having used/ engaged with a CRM. There are preliminary discussions to conduct an inter-sectoral assessment when the conditions on the ground permit.

In addition to make use of the available services and reporting mechanism that has been established by the inter-agency PSEA network in the Palestinian Territories.

4.2. Summary of project stakeholder needs and methods, tools, and techniques for stakeholder engagement

Different engagement methods are proposed and cover different stakeholder needs as stated below in Table 3.

Table 3: Project Stakeholder Engagement Needs

Stakeholder Group	Consultation Methods	Specific Needs (accessibility, large print, childcare, daytime meetings)
UN agencies at regional and local level (i.e. WHO, UNICEF, UNRWA, UNFPA, UNOPS)	- Official letters - Emails - Phone calls - Nontechnical summary documents - Progress reports - One to one meetings (when possible)	- Official correspondence - Meetings during standard working hours
MoH district offices	- Official letters - Emails - Nontechnical summary documents - Progress reports - In person meetings (when possible)	- Official correspondence and nontechnical documents or progress reports to be shared in Arabic (official language) - Meetings during standard working hours
Health care institution managers	- Official letters - Emails - In-person and online meetings - Nontechnical summary documents - Flyers - Posters	- If possible direct communication - Materials to be shared in Arabic
Community leaders, community groups such community volunteers, and the communities living in the targeted areas, including beneficiaries and vulnerable groups mentioned above as well	- Social media such as Facebook and WhatsApp groups - In-person meetings (when possible) - Banners - Posters - Flyers - Radios - Community Feedback Mechanism (CFM)	- All materials to be shared in Arabic - Printed material to be in large font - Information to be shared in formats accessible to non-literate and low-literate audiences - Meetings during standard working hours - Time bound meetings to enable stakeholders to meet family/professional commitments - Ensure confidentiality and protection of personal information when discussing potentially sensitive topics
Health actors working in the targeted areas	- Cluster working group in-person and online meetings - Email - Phone - Flyers	- All materials to be shared in both Arabic and English - Printed material to be in large font - Meetings during standard working hours

Stakeholder Group	Consultation Methods	Specific Needs (accessibility, large print, childcare, daytime meetings)
Humanitarian and Development Actors, including NGOs and CSOs (i.e. Palestinian Red Crescent, ICRS, PMRA)	● Cluster working group in-person and online meetings ● Bilateral in-person and online meetings ● Email ● Phone ● Flyers	● All materials to be shared in both Arabic and English ● Printed material to be in large font ● Meetings during standard working hours

4.3. Stakeholder engagement plan

The Project provides the opportunity to stakeholders, especially Project Affected Parties to monitor certain aspects of project performance and provide feedback. CFM will allow Project Affected Parties (PAPs) to submit grievances and other types of feedback.

Considering that this plan is part of an emergency response project, the implementation of the below mentioned activities will be subject to the evolution of the situation in the targeted areas, and to be reviewed and updated as and when required.

Table 4: Stakeholder Engagement Plan

Project stage	Topic of consultation	Method used	Timetable: Location and frequency	Target stakeholders	Responsibilities
Preparation Stage	Introduction of the project activities and information about time and venue of procurement of equipment supported by the project	Correspondences (Phone, Emails, official letters), online meetings.	An introductory meeting with relevant health agencies, monthly meetings or as needed.	Health agencies, health facilities (i.e. Family Medicine Centers) and medical staff, civil society organizations working in the health sector (i.e. Palestinian Medical Relief Society) and organizations working with vulnerable groups such as women (i.e. Women's Center for Legal Aid and Counselling (WCLAC), people with disabilities and youth, Healthcare clinics, Hospitals.	UNICEF, WHO focal points/Risk and ESS Management Focal Point
Implementation Stage	1-Project status: Information about project development updates, employment and procurement 2-Risks and mitigation measures 3-Health & safety (OHS) plans and sub-management plans, CFM tools for filing complaints and providing feedback 4-Implementation of E&S mitigation measures 5-Grievance Mechanism	- Formal meetings - Press releases - Press conferences - Communication materials - Progress reports (including number of public grievances received within the reporting period and number of those resolved within the prescribed timeline - Social Media (Facebook, WhatsApp,	Relevant UN agencies and ministries (i.e. MOH) offices / social media / virtual meetings Integrated in the progress report	Relevant UN (e.g., UNRWA) and government agencies, municipalities, medical staff, media, General population, including Vulnerable households, contractors and workers, media, private sector Community influencers and leaders: Collaboration with community leaders in targeted locations to inform about project components and gain	UNICEF, WHO focal points/Risk and ESS Management Focal Point

		Telegram): Visual/written and audio-visual content sent to a network of local actors, female only networks, and all stakeholders		support of community members	
		- UNICEF and WHO Websites	Updates to be done on regular basis.		UNICEF, WHO focal points/Risk and ESS Management Focal Point
Supervision& Monitoring	Project's outcomes, Overall progress and major achievements	- Formal meetings - Press releases - Press conferences - Public meetings - Progress reports (including Number of public grievances received within the reporting period and number of those resolved within the prescribed timeline	WHO and UNICEF offices Civil society partners' offices. Integrated within the overall logical framework/monitoring plan		UNICEF, WHO focal points/Risk and ESS Management Focal Point

4.4. Reporting back to stakeholders

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and Grievance Mechanism, and on the project's overall implementation progress including regular updates on project developments.

5. Resources and Responsibilities for implementing stakeholder engagement activities

5.1. Resources

UNICEF and WHO will be in charge of stakeholder engagement activities as outlined in the SEP and agreed to in the project Environmental and Social Commitment Plan (ESCP). The budget for the SEP is estimated to be around **US$ 140,000 for both UNICEF and WHO** included in the costing table under the operational expenses of the project.

Table 5: Proposed Budget for implementing the SEP

Activities	UNICEF	WHO	Total Cost (USD)
Stakeholder Engagement Activities			
Consultations, assessment visits and community engagement	10,000	10,000	20,000
Production of communications materials (including layout, design and printing)	10,000	10,000	20,000
Mass media and digital media communications (dissemination).	10,000	10,000	20,000
Contribution to Multi-Sectoral Needs Assessment	25,000	25,000	50,000
Sub-total - Stakeholder Engagement		55,000	110,000
Grievance activities			
CFM/GM Communications materials (including design), trainings, and dissemination of information	5,000	5,000	10,000
UNICEF CFM/GM WHO Management Capacity (uptake, response and resolution)	10,000	10,000	20,000
TOTAL STAKEHOLDER ENGAGEMENT BUDGET	**70,000**	**75,000**	**140,000**

5.2. Management functions and responsibilities

UNICEF and WHO will be responsible for carrying out the stakeholder engagement activities as a function of their respective project components. These activities will be implemented through the management structure established by each entity, and specifically by the Risk and ESS Management focal points within each entity, in collaboration with regional and headquarters support staff where required.

UNICEF and WHO will continue holding monthly coordination meetings to discuss activities specific to the project; additional coordination will also be ensured through agreed established mechanisms. The stakeholder engagement activities will be documented as part of the Project progress reporting requirements, and as indicated in the project ESCP.

6. Community Feedback Mechanisms[1]

UNICEF and WHO have well-established independent Community Feedback Mechanisms (CFM) in place, that are based on common principles, have similar processes and policies for receiving and handling complaints and feedback, as well as for data protection; and include inter-agency referral mechanisms. If a grievance is received by an agency that relates to another implementing agency, the details of the complainant and the nature of the grievance will be forwarded to the concerned agency, with the complainant's permission. In addition, the agency that received the original grievance also gives the contact details of the concerned organization to the complainant. All stakeholders can submit their comments or grievances anonymously and/or may request that their name be kept confidential.

Grievances related to Sexual Exploitation and Abuse, Sexual Harassment related to the Project (SEA/SH) will be treated separately because of their sensitiveness and additional requirements on confidentiality.

Details for each entity are as follows:

6.1. WHO

The WHO PSEAH policy that states WHO rules and regulation, in addition reporting mechanism through the integrity hotline that provides a safe and independent mechanism to report any concerns about issues involving WHO staff and the IOS email where a complain can be reported and followed up by an investigation team. In addition, WHO oPT has a PSEAH focal point and she is part of the interagency PSEA network. With the PSEA interagency network there is a reporting mechanism through Sawa local Hotline and email for the PSEAH coordinator who can receive complaint and refer them to the organization according to the Minimum Standard operation procedures signed by all UN head of Agencies in the Palestinian Territories.

Affected persons or communities can file their grievances through the same methods for PSEA complaints to the following:
1- a toll-free line (1-809-457-281) to the call centre that WHO has established for its operations in the country. The hotline receives grievances in English and Arabic languages.
2- an online form that can be reached out on the following link: https://secure.ethicspoint.eu/domain/media/en/gui/108001/index.html.

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[1] UNICEF is using the term Community Feedback Mechanisms, but other terms used for the same or similar mechanisms are Complaints and Feedback Mechanisms (CFM); Grievance and Redress Mechanism (GRM).

3- raise concerns confidentially and directly to investigation@who.int.

Affected parties can lodge complaints anonymously. Confidentiality will only be waived with the express consent of the reporter. The WHO encourages those making an allegation to provide as much information and evidence as possible. This is particularly important in the case of anonymous reports, as much specific information as possible is needed to enable the Organization to independently assess and corroborate the facts reported.

The WHO established procedures to handle complaints related to sexual misconduct taking in consideration the reporting principles (Integrity, Accountability, Independence and impartiality, Respect and Professional commitment) as well the Survivor Centred Approach by applying the WHO policies (i.e. WHO policy on preventing and addressing sexual misconduct and WHO's work on prevention and response to sexual misconduct)2. Cases of PSEA will be handled through the PSEA interagency network and using the local reporting mechanism (SAWA hotline) according to the minimum operating standards the cases will be referred to the agency of the alleged staff (if the staff is WHO, the case will be reported to WHO) and WHO will be accountable to provide support for the victim and take disciplinary action against the allege staff according to WHO PSEA policy. Grievances related to sexual exploitation and abuse, as well as sexual harassment in connection with the project, will be handled by the PSEA focal point in collaboration with interagency PSEA network and WHO PSEA network. The cases will be handled very confidentially, and investigation will be conducted by WHO IOS.

Grievances will be handled at the project's level by the assigned Risk and ESS Management Focal Points. The CFM will be accessible to all project's stakeholders, including affected people, community members, health workers, civil society, media, and other interested parties. Stakeholders can use the CFM to submit complaints related to the overall management and implementation of the project. CFM details shall be communicated to project affected parties during stakeholder engagement activities, when possible, and through appropriate methods. The Risk and ESS Management Focal Points will keep a log of the complaints at hand. Reports on grievances and complaints will be consolidated into semi-annual project progress reports prepared by the WHO for the World Bank.

Workers' Grievance Mechanism

The CFM will be accessible to all project's stakeholders, including project workers/employees/medical staff who will be employed or engaged in connection with the Project. The WHO shall provide clear and detailed information on the GM to workers who will be employed or engaged in connection with the Project during implementation. Briefly, the WHO call centre/hotline number will also receive complaints from workers. Standard WHO processes will apply through the Risk and ESS Management Focal Point. This grievance mechanism also addresses child labor, GBV and sexual harassment related grievances. As a result, it develops features to accept and respond to the anonymous complaints. The Risk and ESS Management Focal Point shall receive and handle complaints and will be responsible for managing and sorting complaints and for recording and tracking resolution of grievances in the complaints log. The workers grievance mechanism will be described in staff induction trainings, which will be provided to all project workers. Information about the existence of the grievance mechanism will be readily available to all project workers (direct and contracted) through notice boards, the presence of "suggestion/complaint boxes", and other means as needed as the situation allows.

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[2] https://www.who.int/publications/m/item/WHO-DGO-PRS-2023.4; https://www.who.int/initiatives/preventing-and-responding-to-sexual-exploitation-abuse-and-harassment

Workers engaged for the project will use the GM developed at WHO, the details of which are outlined in full detail above. Details of the CFM for workers will be included in the project's Labor Management Procedures

6.2 UNICEF

UNICEF's CFM for the Project will build on already established and functioning systems successfully implemented under existing UNICEF-supported projects in Palestine. The mechanism comprises of four components, including (i) complaint of feedback intake, (ii) complaints or feedback triage or referral, (iii) investigation and (iv) feedback action (resolution and or closure). For comments or complaints regarding the quality, type, quantity or manner of operation, UNICEF has established the following mechanisms:

- By submitting the complaint electronically via social media on Facebook: (www.facebook.com/UNICEFstateofpalestine), Twitter (www.twitter.com/UNICEFpalestine) and on Instagram (www.instagram.com/UNICEFpalestine).

- By reaching out to the UNICEF offices through telephone (+97225840400) and telefax (+97225830806) numbers.

Grievances will be handled at the project's level by the assigned Risk and ESS Management Focal Points. The complaint or feedback intake component of the CFM will be accessible to all project's stakeholders, including affected people, community members, health workers, project workers, civil society, media, and other interested parties. Stakeholders can use the CFMCFM to submit complaints/feedback related to the overall management and implementation of the project. CFM details shall be communicated to project affected parties during stakeholder engagement activities, when possible, and through appropriate methods. Measures will also be in place to address confidential complaints. The Risk and ESS Management Focal Points will work with the Planning, Monitoring and Evaluation section to keep a log of the complaints at hand. Reports on grievances and complaints will be consolidated into semi-annual project progress reports prepared by the WHO for the World Bank.

UNICEF invested in advancing SH/SEA portfolios and addressing potential risks related to UNICEF's operations and misconduct of personnel involved in the delivery of UNICEF's program. To ensure appropriate and effective responses, UNICEF is using three feedback channels; the Inter-Agency hotline, an NGO hotline for cases related to Sexual Exploitation and Abuse and a UNICEF email address. The Country Office has developed a standard operating procedure, issued data handling procedures in place, and established processes to manage sensitive cases involving complaints related to SEA or gender-based violence. The following channels are established for SH/SEA related complaints:

1- **Email**: sop_report@unicef.org
2- **Call Sawa's Hotline**: West Bank & Gaza Strip: Dial 121; East Jerusalem: Dial 1-800-500-121; WhatsApp: +972594040121\
3- **Interagency Hotline:** 1-800-124-126

6.3 Grievance Sorting and Processing

The Risk Management Focal Points in each implementing agency will be responsible for sorting and recording information relevant to the complaint in the complaint log. The following information will be registered in a log, the details of which will be included in the operations manual. For investigation of fraud or corruption UNICEF will refer cases to the Office of Internal Audit and Investigation (OIAI) in headquarters. For PSEA related cases UNICEF will follow the inter-agency protocols.

Workers' Grievance Mechanism

The above listed mechanisms (email and hotlines) will be accessible for all stakeholders, including Project Workers. Information on the available systems will be displayed in all project sites and Project Workers will benefit from dedicated awareness sessions. Once received, the grievances filed by Project Workers will be channeled to the appropriate focal points (i.e., claim handlers and UNICEF staff) for review and closure. The approach detailed here below therefore applies to complaints coming from all type of stakeholders. This grievance mechanism also addresses child labor, GBV and sexual harassment related grievances. As a result, it develops features to accept and respond to the anonymous complaints.

6.4 Investigating Grievances

The Risk Management Focal Points at the implementing agencies will investigate (fact checking) the grievance by following the steps below:

- Verify the validity of the information and documents enclosed.
- Ask the complainant to provide further information if necessary.
- Refer the complaint to the relevant department.
- The relevant department shall investigate the complaint and prepare recommendation to the Project Manager of actions to be taken and of any corrective measures to avoid possible reoccurrence.
- The focal point shall register the decision and actions taken in the GM.

6.5 Communication of the Response

The focal point shall notify the complainant of the decision/solution/action immediately either in writing, or by calling or sending the complainant a text message. When providing a response to the complainant, the staff must include the following information:

- A summary of issues raised in the initial complaint.
- Reason for the decision.

6.6 Grievance closure or taking further steps if the grievance remains open

A complaint is closed in the following cases:

- Where the decision/solution of complaint is accepted by the complainant.
- A Complaint that is not related to the project or any of its components.
- A Complaint that is being heard by the judiciary.
- A malicious complaint.

On average, grievances are processed and closed within two weeks. In the case of a significant event, additional review may be necessary, potentially causing a delay in the closure process. In any case, the Complainant will be informed of any delay.

6.7 Appeal process

The GM will provide an appeal process if the complainant is not satisfied with the proposed resolution of the complaint. Where the complainant is not satisfied with the outcome of his/her complaint, the focal point shall advise the complainant to re-address the grievance to the Project Manager. Once all possible

means to resolve the complaint have been proposed and if the complainant is still not satisfied, then they should be advised of their right to legal recourse.

7. Monitoring and Reporting

7.1. Summary of how SEP implementation will be monitored and reported

Implementation of the SEP will be reported in the progress reports shared by the entities with the Bank in accordance with the project ESCP. The Project will also provide the opportunity to stakeholders, especially Project Affected Parties, to monitor certain aspects of project performance and provide feedback and indicators in this regard will be included in the project results framework. TPM TORs will be developed in accordance with the Project's Results Framework and support the monitoring of the overall project including the SEP.

7.2. Reporting back to stakeholder groups

The SEP will be periodically updated as necessary in the course of project implementation. Summaries of public grievances, enquiries, and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by the implementing agency and integrated in the regular progress report, unless the situation requires and is agreed otherwise with the Bank. The summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner.

Information on public engagement activities undertaken by the Project during the project's life cycle may be conveyed to the stakeholders through the platforms described above.

Annexes

Annex 1: Table 1. Template to Capture Consultation Minutes

Stakeholder (Group or Individual)	Dates of Consultation	Method	Summary of Feedback	Response of Project Implementation Team	Follow-up Action(s)/Next Steps	Timetable/ Date to Complete Follow-up Action(s)
Episcopal Church of Jerusalem (Gaza Al Ahli Hospital)	06 November 2023	Phone Call	The stakeholder stated that the scope is within the current needs in Gaza. They have provided a brief of their current efforts including transferring money to purchase medical supplies from local vendors at the start of the conflict. They are currently waiting for the red crescent to assist in the entry of equipment and supplies to Gaza. They advised to engage with the red crescent as they are active in Gaza currently and are managing logistics related to medical supplies entry. Ensure that MHPSS is included as part of the intervention. Rehabilitation centers and efforts are needed as many suffer from broken bones and burns.	The red crescent will be engaged with as part of the SEP preparation. The rehabilitation support will be raised to the project team to assess whether it falls under the current scope.	Consult with the red Crescent Raise the rehabilitation needs to the project team and ensure that they are explored if possible to include within the operation	- Engagement with Red Crescent by 07th of November 2023 Provide a brief of the feedback to the project team prior to project appraisal date.
ANERA	06 November 2023	Phone Call	ANERA provided a brief of their ongoing interventions including food parcels, hot meals and sanitation and cleaning of schools as well as menstrual hygiene kits. They provided a brief of the challenges faced including focus of efforts to support some organizations which leaves others behind. Including some shelters that are being marginalized. They noted that there are social tensions arising in the field and the staff of organizations have faced security risks. They noted the need to ensure that MHPSS is accounted for in the planned interventions	Social tension and risks of exclusion have been accounted for in the project and relevant mitigation measures are planned in accordance with the ESF. The MHPSS support is accounted for in the second component of the project and will raise this remark to the project team.	Raise the feedback to the project team	Feedback to be shared by prior to project appraisal date.

CARE Int.	06 November 2023	Phone Call	CARE provided a brief of their interventions that were in the health, WASH, shelter, and social protection areas with gender cross-cutting throughout. They stated that medical consumables and pharmaceuticals are critically depreciated on the field. CARE is developing an emergency response plan for each sector. CARE advised to engage with the Palestinian Medical Relief Society (PMRS) as they are one of their partners on the ground. CARE raised the importance of sexual and reproductive health to be accounted for as well as GBV (SEA / SH) risks.	GBV (SEA / SH) risks are one of the social risks identified and will be mitigated through relevant and effective mitigation measures throughout the implementing agencies. For the sexual and reproductive health this will be raised to the project team.	Raise the feedback to the project team. Consult with the PMRS	Feedback to be shared by prior to project appraisal date. Engage with PMRS by 07th of November 2023.
SAWA	06 November 2023	Phone Call	SAWA provided a brief of their current interventions through their hotline as well as being a support NGO for other implementing agencies. They receive calls from DIPs and affected communities, most reoccurring issues are the basic needs of the communities. GBV risks are persistent and are being reported through their hotline. They have received reports of dermal illnesses, and other diseases due to the WASH situation. Other reported health cases are respiratory due to the dust and explosions. SAWA emphasized the importance of neo and post-natal health care as well as pregnant women care.	Reproductive and post-natal care is included in component 1 as well as Emergency GBV care, and dignity kits.	NA	NA
Palestine Medical Relief Society (PMRS)	06 November 2023	Phone Call	PMRS provided a brief of their efforts on the ground and the challenges they are facing. PMRS Stated the importance of rehabilitation interventions for the wounded.	The interventions under component 2 were reviewed in terms of supporting prefabricated healthcare facilities to support damaged ones. In terms of rehabilitation support, this will be raised to the project team.	Raise feedback to project team	Feedback to be shared by prior to project appraisal date.

			PMRS are worried about the breakout of communicable diseases due to the WASH Situation and the lack of vaccinations for infants. PMRS stressed the need for mobile teams and clinics. And have stated the operational difficulties they are facing due to financing where they have medical workers on the ground in Gaza that have their salary budget suspended. PMRS stated the urgency for operational cost support for partners on the ground. PMRS stressed the need for interventions in the WASH sector as it could hinder health conditions.	Vaccinations have been overviewed as included under component 1. In terms of operational support, it was discussed that the project have interventions in terms of compensations or top-up payments for health workers.		
Red Crescent Society (RCS)	06 November 2023	Phone Call	RCS stressed the importance of having rehabilitation centers and to account for vulnerable groups as these require healthcare interventions. RCS has issued an appeal of 128 MUSD that included the needs of the MoH. RCS stated that they are currently responsible for distribution and entrance of medicine and medical consumables to Gaza. RCS stated that waterborne diseases are being reported. RCS stressed the support they need for their Gaza staff as they are overworked, as well as their volunteers. In terms of social aspects, RCS have a "Help for Helpers" program for MHPSS. RCS stated the importance of a social outreach program for targeted communities. RCS stated the importance of baby kits and dignity kits.	Rehabilitation support feedback will be raised to the project team. Both project components were reviewed in terms of top-up and compensation for health workers. In terms of social outreach the SEP was discussed and its activities and engagement programs. Dignity kits as included in component 1 were discussed, and the baby kits will be raised for project team.	Provide feedback to the project team. Disclose the SEP to be reviewed by stakeholders.	Feedback to be shared by prior to project appraisal date. First draft of the SEP to be disclosed for feedback before end of November 2023.
NGOs, CSOs, and International INGOs	07 November 2023	Virtual Meeting - Zoom	More information to be provided on the roles of the implementing agencies (i.e., WHO and UNICEFUNCIFED) and how they will mobilize on the ground.	It was discussed that the UNICEF and WHO will follow their internal procedures and implementation arrangements. They will be the implementing agencies responsible for the implementation of their respective components under the	Disclose the SEP to be reviewed by stakeholders.	Feedback to be shared by prior

Engagement Meeting			How will beneficiaries be engaged. A question was raised about the implementation framework and if there are clear designation of the targeted health facilities. In terms of health and safety it has to be noted that there are breakouts of diseases being reported due to the WASH Sector situation. As the UNCHR and UNFPA are chairs in the GBV and social protection, they should be consulted with as well. One remark noted that another meeting is needed to provide updates over the projects and the SEP. One remark was related to clarifying the next steps in the project development and the SEP.	project. They will follow their internal procedures and arrangements for on ground mobilization. The project will include feedback mechanisms including the GMCFM and effective uptake mechanisms to capture the PAPs and project stakeholders feedback. It was discussed that the timeframe of project implementation will be disclosed with the stakeholders, however such information including the targeted healthcare facilities are not clear at the moment and will be coordinated by the implementing agencies. In terms of WASH situation, this is well noted. And there are actors and projects that are planning/providing interventions in this regard. This point will be raised to the team to discuss within this project. The remark regarding consulting with UNCHR and UNFPA has been discussed and the UNFPA has been invited to the session however this meeting was short-notice and will ensure to include both in the engagements planned. The need for another meeting has been noted and follow up consultations are planned under the SEP. The next steps in the SEP and project development have been briefly discussed.	Raise feedback to project team. Include engagements with different stakeholders within the SEP.	to project appraisal date.

Annex 2: LIST OF PARTICIPANTS IN VIRTUAL CONSULTATION ON 07 NOVEMBER 2023

Name of Organization
ACTED
CARE
MoF
MoF
Palestine Red Crescent
CARE Palestine

CARE Palestine
CARE Palestine
Episcopal Church Jerusalem
World Bank
World Bank
War Child
UNFPA
ANERA
SAWA
Medical Aid for Palestinians (MAP)
Gender in Emergency Specialist - CARE
War Child
UNFPA
UNFPA
Palestinian Red Crescent Society