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## The State of Palestine's Nationally Determined Contribution (NDC) implementation plans: Health – Developing safety and monitoring systems for water, food and sanitation

Report for Palestine's Environment Quality Authority and the Islamic Development Bank under the NDC Partnership's Climate Action Enhancement Package



Environment Quality  
Authority

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## List of abbreviations

List of abbreviations	
EIB	European Investment Bank
EU	European Union
FAO	Food and Agriculture Organisation of the United Nations
GIZ	German Development Cooperation
GCF	Green Climate Fund
IsDB	Islamic Development Bank
IKI	International Climate Initiative
JICA	Japan International Cooperation Agency
KfW	KfW Development Bank
MoH	Ministry of Health
MoLG	Ministry of Local Government
MoWA	Ministry of Women's Affairs
NAP	National Adaptation Plan
NDC	Nationally Determined Contribution
UK	United Kingdom
UNICEF	United Nations Children's Emergency Fund
UNRWA	United Nations Relief and Works Agency
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organisation

# 1 Introduction

## 1.1 Overview

This plan for “**Developing safety monitoring systems for water, food and sanitation**” is intended to enhance Palestine’s opportunities to access climate finance and thereby facilitate successful implementation and delivery of Palestine’s Nationally Determined Contribution (NDC). Details of the methodology used to develop this plan are provided in Annex 1.

The plan lays out steps to deliver the following NDC action that is conditional on being able to secure international funding:

- Development of water, food and sanitation monitoring and safety systems using high technology.

The NDC action that this plan seeks to address aims at addressing Palestine’s high vulnerability to major diseases related to water, sanitation, and food as a result of climate change in the West Bank and Gaza Strip. This is to be achieved through completion of three activities, each contributing to the following target that aligns with the NDC action:

- By 2030, the capacity of the Ministry of Health (MoH) to monitor the safety of water, food and sanitation increases by at least 50% from the situation in 2020

The indicative total cost of achieving this target is 22m USD. Taking national contributions into account, there is a total funding gap of 14m USD. Achieving the target will provide considerable adaptation benefits, increasing Palestine’s capacity to adapt to the projected worsening impacts of climate change on the health sector. There is strong government support to undertake these activities, which feature in multiple national strategies.

## 1.2 Geographical scope

Activities in this NDC implementation action plan are an equal priority for the whole of the Occupied Palestinian Territory, i.e. the West Bank, including East Jerusalem, and the Gaza Strip. However, the consequences of Israel’s military actions during May 2021 have major implications for the health sector, related infrastructure and the capacity of the MoH to provide services to the Palestinian people. The most pressing issue is to ensure that the MoH can provide essential healthcare to Palestinians living in Gaza, especially victims of the recent attack who have been physically injured and/or affected psychologically. As this plan was developed in the months immediately prior to Israel’s military actions, there is an urgent need to reassess the health sector’s needs for rehabilitation before proposing specific activities in Gaza. Hence, the activities laid out below focus on the West Bank.

# 2 Relevance of the GCF Country Programme

The Green Climate Fund (GCF) Country Programme includes a funding proposal for “Scaling up of the sustainable clinical waste management programme to reduce GHG emission and local pollution”. This is to be achieved through three outputs, one of which is specifically relevant to this plan: “**Enhancing the capacity of health professionals and vulnerable community especially women, in climate related water-scarce areas on**

**measures to monitor and prevent major diseases related to climate, water, sanitation, and food hygiene”**. However, this plan’s capacity building activities range beyond clinical waste management and focus on health professionals’ capacity to monitor and test the safety of food, water and sanitation products more widely.

### 3 Reasons for prioritisation of NDC actions

The NDC action that can be implemented through this plan seeks to develop water, food and sanitation monitoring and safety systems using high technology. National stakeholders scored the relevance and feasibility of this action based on the extent to which the Government’s existing national and sectoral policies, strategies and plans already acknowledge their importance (High = 10, 5, 0 = Low); their adaptation and mitigation benefits (Very positive = 10, 5, 0, -5, -10 = Very negative) and the capacity and technology available to achieve them (High = 5, 2.5, 0 = Low).

The capacity scores reflect that the activities in this plan are not currently being implemented, although this plan aims to address increase the capacity available, as necessary, to address constraints. The results are shown in Table 1.

Table 1 Priority scores for NDC actions

NDC actions	Government support	Adaptation benefits	Mitigation benefits	Capacity available	Technology available	Total
Development of water, food and sanitation monitoring and safety systems using high technology	10	10	0	2.5	2.5	<b>25</b>

These scores drew upon and are justified by information in the following sub-sections that address each of the priority criteria.

#### 3.1 Government support

The NDC action is featured in the National Food and Nutrition Security Policy (2019-2030)<sup>1</sup> and the National Health Strategy (2017-2022)<sup>2</sup>. There is, therefore, strong Government support to develop safety monitoring systems for water, food and sanitation in ways that are reflective of the focus of this plan.

<sup>1</sup> Text reads: "institutionalize knowledge, communication and monitoring systems and develop them to support and promote food safety control services"

<sup>2</sup> Text reads: "Expected results by 2022: [...] Monitoring and evaluation system for quality standards is implemented and activated; Health Information system is effectively functioning to provide efficient health data and health indicators for monitoring sector performance and health situation."



## 3.2 Benefits for adaptation to climate change

Future climate scenarios for Palestine project an increase in temperature and decrease in average annual rainfall, translating into an increase in the risk of drought. The wettest days may also become more frequent, leading to an increased risk of flood.<sup>3</sup> This is expected to impact health in the following ways, among others:

- Warm temperatures, stagnant water resulting from floods, and high water temperatures may favour the survival and reproduction rates of vectors of diseases, such as mosquitoes, fleas, ticks and/or rodents, which can contaminate water bodies and food.
- Runoff from floods may contaminate soil and water bodies, making water unsafe for human consumption, and/or contaminate crops and livestock, thereby increasing water-borne and food-borne diseases.
- Higher temperatures will make it more challenging to preserve food products along the value chain, increasing the chances of food-borne diseases and degrading the quality of fresh products.
- Reduced rainfall and higher temperatures may also reduce the quantity and quality of crops and livestock produced for consumption, and the availability of water, which may indirectly increase the likelihood of diseases.

Improving monitoring and safety systems can reduce the vulnerability of Palestine to the spread of disease by:

- Reducing the population's exposure to potentially contaminated food, water and sanitation products by improving national health and safety monitoring capacities.
- Tracking vectors to anticipate the causes and likelihood of contamination, and prevent the population from being exposed.
- Helping to anticipate periods of high demand on the health sector to boost its capacity to cope with an increased number of patients.
- Reducing the exposure of all health professionals and MoH staff to potential diseases by building a new central laboratory in a separate building from MoH offices. Health professionals in the existing laboratory currently share the same space, air conditioning system, garbage disposal and sewage system with MoH staff.

## 3.3 Benefits for mitigating climate change

No mitigation benefits were identified for this NDC action. The score of zero indicates that the activities will have a neutral impact on GHG emissions.

## 3.4 Capacity available

Healthcare is a collaborative venture between the Government and non-governmental organisations, private providers and the United Nations Relief and Works Agency (UNRWA). MoH can has some capacity to implement this NDC action by working with existing partners

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<sup>3</sup> National Adaptation Plan (NAP) p.109-110

and stakeholders, including the Palestine Water Authority, Ministry of Local Government (MoLG), Ministry of Agriculture, academic institutions and community groups.

While there is a strong partnership between government ministries, the UNRWA and the private sector, their capacity remains limited due to division between West Bank and Gaza preventing effective communication and collaboration, lack of access to training and budget controls<sup>4</sup>.

### 3.5 Technology available

New up-to-date technology is required to develop safety monitoring systems for water, food and sanitation. This includes additional laboratory equipment to cater for the additional testing capacity that the MoH needs to provide.

Some testing equipment is already available. However, technology needs to be further developed to improve the sensitivity and accuracy of tests to measure water quality, food safety and sanitation levels. Examining the safety of food involves complex procedures, which require improvements to the equipment in laboratories responsible for inspection and testing<sup>5</sup>. For example, this new technology needs to include wireless smart sensors to provide instant access to monitoring data.

Moreover, additional laboratory equipment is needed to cater for the additional testing capacity that the MoH needs to achieve.

## 4 Gender mainstreaming

### 4.1 Rationale for mainstreaming gender in this plan

The impacts of climate change are not gender neutral<sup>6</sup>. Globally, women and girls are disproportionately affected by the impacts of the climate crisis, as social, economic and political inequalities compound their climate sensitivities and limit their adaptive capacities<sup>7</sup>. A business-as-usual approach is likely to maintain existing inequalities and limit opportunities for gender-sensitive and, where appropriate, gender-responsive adaptation actions, such as developing safety monitoring systems for water, food and sanitation.

At the UNFCCC's 25th Conference of the Parties in 2019 the Enhanced Lima Work Programme on Gender and its gender action plan acknowledged the need for gender mainstreaming through all relevant targets and goals. It noted that gender-responsive implementation of climate policy and action can raise ambition, enhance gender equality, and promote a just transition of the workforce. Integrating gender equality into development leads to better outcomes in terms of economic efficiency, productivity and policy choices.

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<sup>4</sup> National Health Strategy 2021-2023, P.18

<sup>5</sup> Technology roadmap

<sup>6</sup> Toolkit for a Gender-Responsive Process to Formulate and Implement National Adaptation Plans (NAPs) (2019), p.2. Accessible [here](#)

<sup>7</sup> Climate change, agriculture and gender in Gaza: Assessing the implications of the climate crisis for smallholder farming and gender within olive and grape value chains in Gaza (2020), p.5. Accessible [here](#)



Gender responsive solutions can help to tackle poverty and inequality while providing better community representation and technical solutions.

## 4.2 Gender mainstreaming in this plan

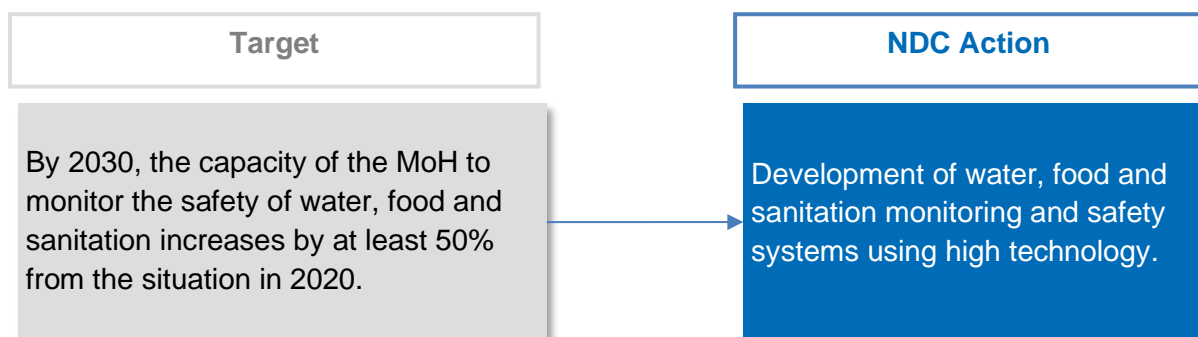
All activities and targets under this plan have been reviewed by a team of gender experts, including a representative of the Ministry of Women’s Affairs (MoWA). Activities identified as “gender-relevant” are planned in ways that ensure that they are at least gender-sensitive<sup>8</sup> and at best gender-transformative<sup>9</sup>.

As the principal carers for family and communities, women and girls are most commonly tasked with housekeeping and domestic activities related to water, sanitation and hygiene. Hence, to develop a more gender-responsive approach for the health sector in Palestine, training and mentoring opportunities for inspectors should include specific targets to ensure that women participate, and training materials are tailored to women, where applicable. These opportunities will increase the number of water inspectors and other health-related professionals who are women, and who will then be able to ensure adoption of safer practices in households.

## 5 Activities

The target set by national stakeholders to facilitate implementation of this plan and achieve its focal NDC action is shown in Figure 1.

Figure 1 Target for developing safety monitoring systems for water, food and sanitation



In total, three activities were identified to achieve this target. These are listed in

<sup>8</sup> Gender-sensitive programmes and policies are Level 3 in the WHO Gender Responsive Assessment Scale and is defined as “Considers gender norms, roles and relations; Does not address inequality generated by unequal norms, roles or relations; Indicates gender awareness, although often no remedial action is developed”. Available online at: [https://www.who.int/gender/mainstreaming/GMH\\_Participant\\_GenderAssessmentScale.pdf](https://www.who.int/gender/mainstreaming/GMH_Participant_GenderAssessmentScale.pdf)

<sup>9</sup> Gender-transformative programmes and policies are Level 5 in the WHO Gender Responsive Assessment Scale and is defined as “Considers gender norms, roles and relations for women and men and that these affect access to and control over resources; Considers women’s and men’s specific needs; Addresses the causes of gender-based health inequities; Includes ways to transform harmful gender norms, roles and relations; The objective is often to promote gender equality; Includes strategies to foster progressive changes in power relationships between women and men” Available online at: [https://www.who.int/gender/mainstreaming/GMH\\_Participant\\_GenderAssessmentScale.pdf](https://www.who.int/gender/mainstreaming/GMH_Participant_GenderAssessmentScale.pdf)

Figure 2. Further details are provided in the subsequent sections.

Figure 2 Summary of activities to develop water, food and sanitation monitoring and safety systems

Development of water, food and sanitation monitoring and safety systems using high technology			
<b>By 2030, the capacity of the MoH to monitor the safety of water, food and sanitation increases by at least 50% from the situation in 2020</b>			
Advanced training for sampling and field inspection	0.450m USD (total) 0.420m USD (gap)	21.856m USD (total) 14.391m USD (gap)	Target
Construction of a new two floor building of 2,500m <sup>2</sup> each to replace the old central health laboratory	17.502m USD (total) 10.500m USD (gap)		
Enhancing the testing capacity of the laboratory	3.904m USD (total) 3.471m USD (gap)		
			NDC Action

## 5.1 Activities to increase the capacity of MoH to monitor the safety of water, food and sanitation

National stakeholders have identified the specific activities that need to be undertaken to achieve the plan's target: "By 2030, the capacity of the MoH to monitor the safety of water, food and sanitation increases by at least 50% from the situation in 2020". These activities are listed below:

### 1. Advanced training for sampling and field inspection

The focus of this activity is to train inspectors in using hardware and new equipment. Training is needed at a local level. Inspectors will be provided with mobile sampling and field-testing equipment to carry out sampling and testing for water, food and wastewater, for example testing for PH, ozone or total dissolved solids. Once the equipment has been purchased, the training will take place in two phases described below.

#### a. Purchase mobile training equipment

To successfully conduct the training locally, inspectors will collectively be provided with vehicles, 20 computers (notebooks), and 100 mobile phones:

- Cars are required to conduct field visits for sampling, especially for samples which need to be sent to the central laboratory on the same day they were collected. Each environmental health department needs a vehicle to transport the inspectors to monitoring and sampling sites.
- Mobile phones are required to facilitate inspectors' communication. Health inspectors need mobile phones to stay connected with their headquarters while in the field, especially if they collect samples from remote or dangerous areas.

- These teams of inspectors, associated with a district or department, need computers to track movement and sampling efforts.

**b. Centralised training of trainers session**

Once the appropriate equipment has been purchased, training sessions can be delivered. These will start with the training of 10 inspectors who are trainers. This training will take place at the central laboratory.

**c. Training of 90 inspectors across the West Bank**

The trainers will then be able to roll out training to a larger number of trainers at the local level. Women already represent a large proportion of field inspectors in some districts, so will be included in the training. Training schedules will vary in time and location, and take into consideration time constraints that women inspectors may face due to their household responsibilities, e.g. caring for children means that women may only be available during school time.

Participants will be assessed before and after being trained to measure changes in their knowledge, attitude and behaviour.

**2. Construction of a new two floor building of 2,500m<sup>2</sup> each to replace the old central health laboratory**

Currently, the central laboratory is located at the MoH main building alongside office spaces, which are shared with two other directorates. The laboratory uses the same entrance, fire exit, air conditioning, garbage disposal and sewage system as all other departments' offices in the building. This shared space between the laboratory and offices poses a range of health and safety risks to staff members and the community. These arise from potential spread from the laboratory of fumes and gases, biological contamination, fire, chemical explosion, and gas leakage.

Providing additional space for the central laboratory will reduce the risks of MoH being exposed to the hazards associated with it. The construction of a separate building for the central health laboratory will enable the MoH to conduct testing and other monitoring activities in isolation. It will also enable the use of modern technology for garbage collection, defining specific zones for each activity and ensuring isolation from laboratory hazards.

The new laboratory will house the current equipment and the proposed new equipment mentioned in Activity 3. The new central laboratory will be built on newly acquired land allocated to the MoH by the Palestinian Government. The building will be on two stories with a total area of 5,000m<sup>2</sup>.

**a. Preliminary feasibility study for infrastructure design**

A feasibility study will establish the design, materials and technology required for construction of the new central laboratory. It will consider safety, planning permission, construction, timeline, and costs.

**b. Building of the infrastructure**

Once the design is agreed and permissions granted, the new building will be constructed in accordance with all relevant safety measures and regulations.

**3. Enhancing the testing capacity of the laboratory**

In order to enhance the central laboratory's testing capacity, there will be a need to acquire quality instruments and international ISO accreditation (17025 & 15189).

**a. Provide the central laboratory with equipment for biological, microbiological, chemical and molecular biology tests**

Currently, the central laboratory conducts more than 1,000 different tests. More than 1,000 additional tests will be carried out to safeguard public health in relation to water, food and sanitation. Additional equipment will be purchased to carry out these additional tests on water, food and wastewater. This new equipment will enhance the MoH's ability to monitor risks and provide accurate data to stakeholders on demand or in response to emergencies, including natural or anthropogenic disasters. The new tests will include:

- Microbiological tests for insects, parasites, viruses, bacteria, serology in water, food, drugs, and other relevant environmental hazards
- Chemical tests, such as Chemical Oxygen Demand and Biochemical Oxygen Demand, used in relation to harmful materials and pharmaceutical residues
- Tests for heavy metals in water, food and drugs, trihalomethanes, chlorination by-products, toxins, food additives and contaminants
- Tests for Cytotoxic drugs, bio-products, vaccines, and fortified food.

**b. Professional training in methods validation for biological and chemical testing and uncertainty measurement for laboratory tests**

Training will be conducted before and after purchasing new testing equipment. Prior training will provide theoretical content, and subsequent practical training will be delivered once the equipment has been purchased, to teach professionals how to use the equipment. This training will be delivered to technicians who conduct tests for the central laboratory. Training will be conducted locally and centrally (if specialised training does not exist locally).

Guiding manuals for testing will also be prepared to ensure knowledge can be retained beyond the training and shared among technicians,

**c. Professional engineering training: equipment maintenance; biosafety equipment maintenance; and establishment of biosafety equipment (Biosafety Level 3)**

There will also be technical and professional skills training delivered to MoH staff, to install and maintain the new equipment acquired for the central laboratory. Training will be conducted locally and centrally (if specialised training does not exist locally). A total of 15 MoH staff will need to receive this training.

**d. Obtain international ISO accreditation (17025 & 15189)**

A needs assessment study will be undertaken to identify all changes to current practices that may be needed to comply with the safety procedures, as well as monitoring mechanisms that may need to be implemented. Experts will then prepare all safety protocols and standard operational procedures used in all departments of the central laboratory to secure ISO accreditation.

## 6 Timeframes, indicative costs, existing funding and likely sources of funding

For each of the activities and sub-activities, Table 2 (below) identifies:

- The indicative implementation period
- Indicative costs
- National contributions, where relevant
- Existing international funding per activity and sub-activity, where relevant
- Any remaining funding gap, and
- Potential international public funding sources that were preliminarily identified as potential support to address the funding gap. Note that international funders' priorities are subject to change and negotiation.

## 7 Institutional arrangements

Figure 3 (below) sets out the institutional arrangements for implementing this plan. It identifies the MoH as the lead organisation for a cross-ministerial Project Steering Committee, as well as project delivery partners and other project stakeholders. The latter are likely to include other organisations as delivery of the plan is progressed. MoH are intended to be the main contact point with international public funders. The committee should aim for equal gender representation in order to encourage gender mainstreaming throughout plans and activities.

It will be of key importance for MoH to allocate appropriate financial and administrative resources and clearly secure internal ownership of each activity in the implementation plan. This way, MoH can ensure that the implementation plan is delivered, and the Project Steering Committee is functional, delivering the activities to achieve the targets of the plan while adhering to timescales.

## 8 Recommendations for an enabling environment

The successful delivery of this plan will be ensured by developing a supportive enabling environment where it does not yet exist. This may include updating or developing legislation, regulations, statutory guidance (and standards), national or sectoral policies and strategies, and incentives (including fiscal measures) that can contribute to the successful implementation of the activities or remove potential barriers to implementation.

This plan's focal NDC actions are featured in the National Food and Nutrition Security Policy (2019-2030), the National Health Strategy (2017-2022). It will be key to ensure that any new updates to these documents beyond 2022 are also aligned with this plan.

Key recommendations for development of the enabling environment to support the implementation of this plan, identified by national stakeholders, that will be given further consideration include:

- **Palestine's Environment Law Amendment** that is yet to be enacted **should be used as an enabling context** for the development of the legislation, regulation, statutory guidance, policies, strategies or incentives that are relevant to this plan.

- **Securing formal approval from the Council of Ministers for the development of the new central laboratory.** The MoH can be responsible for taking this suggestion forward in parallel with securing international funding.
- **Developing regulations and statutory guidelines to enforce gender budgeting,** i.e. analysing all budget lines and financial instruments for climate adaptation and mitigation from a gender-perspective, to ensure gender-sensitive or gender-responsive investments in relevant programmes (e.g. addressing technology transfer and capacity building), such as this plan. The MoWA can be responsible for taking forward this recommendation and securing formal approval from the Council of Ministers.
- **Developing regulations for employers** to ensure that training activities are included within the terms of their employment, so that individuals are paid to attend during working hours. This will improve women's access to such activities by addressing the time and economic constraints that they face. Implementing this recommendation requires securing formal approval from the Council of Ministers.
- **Incentivising scientific research** to improve understanding of: the relationships between climate and the occurrence of vector-borne pathogens; consequences for the distribution of vectors and diseases; and their impacts on human behaviour and health. Enhanced vector surveillance and human disease tracking are needed to address these issues

## 9 Challenges for implementation

Israeli control over Palestinian territories is no impediment to the implementation of this plan. Palestine's unique geo-political situation since 1995 means that the MoH and its delivery partners have adapted to the requirements and restrictions enforced by Israel's various levels of control and occupation across the West Bank and the Gaza Strip<sup>10</sup>. Efficient decision-making and implementing structures have been developed to circumvent restrictions, including by communicating with the Israeli authorities.

Over the years, the MoH has worked with a range of international development partners, including the World Bank, the FAO, WHO, UNICEF and others. In doing so, it has assisted them in navigating the administrative procedures required to ensure that programmes can be successfully implemented.

Regarding implementation of this plan in the West Bank<sup>11</sup>, Israel's occupation constraints may lead to delays and/or restrictions in the delivery of new testing materials and equipment. The implementation plan has addressed these challenges by accounting for potential delays in the timescales of the activities, thereby ensuring that they can be successfully implemented. No challenges are anticipated for the building of the new central laboratory, as

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<sup>10</sup> Palestine constitutes the Occupied Palestinian Territory, which is made up of the West Bank (including East Jerusalem) and the Gaza Strip, based on the borders of June 1967 and are separated by Israel, the occupying power. The Oslo II Accord, formally entitled the 'Interim Agreement on the West Bank and the Gaza Strip of 1995', created three territorial zones in The West Bank: Area A, where the Palestinian Government has responsibility for public order and internal security; Area B, where the Palestinian Government assumes responsibility for public order for Palestinians, while Israel controls internal security; and Area C, where Israel maintains exclusive control.

<sup>11</sup> NAP



building permissions from Israel is not required in Area A. Moreover, the land has already been allocated to the MoH by the Palestinian Authority.

Table 2 Timeframes, indicative costs, existing funding (USD million) and likely sources of funding

Activity	2021-2025	2026-2030	2031-2040	Unit cost	No. units	Unit type	Total cost	National contribution <sup>12</sup>	International funding	Funding gap	Indicative options to secure international public funding to address funding gaps
<b>1.a</b>				0.020	15	Vehicles					<b>EIB; EU; FAO; GiZ; IsDB; IKI; JICA; KFW; UK; UNICEF; USAID; WB; WHO</b>
				0.002	20	Computers	0.390	0.000	0.000	0.390	
				0.000	100	Mobile phones					
<b>1.b+c</b>				0.060	1	Training session	0.060 <sup>13</sup>	0.030 <sup>14</sup>	0.000	0.030	
<b>2.a</b>				0.500	1 <sup>15</sup>	Feasibility study	0.500	0.000	0.000	0.50	
<b>2.b</b>				17.002	1 <sup>16</sup>	Construction project	17.002	7.002 <sup>17</sup>	0.000	10	
<b>3.a</b>				3.769	1 <sup>18</sup>	Logistics	3.769	0.432 <sup>19</sup>	0.000	3.337	
<b>3.b</b>				0.0005	100 <sup>20</sup>	Participants	0.050	0.000	0.000	0.050	
<b>3.c</b>				0.003	15 <sup>21</sup>	Staff	0.045	0.001 <sup>22</sup>	0.000	0.044	

<sup>12</sup> Transportation, arrangements, communications

<sup>13</sup> Preparation of training materials 3,000 USD, Training fees for the ToR (= 12 days, including 5 “Training of Trainers” days, plus 7 days of supervision visits at 1,000 USD/day), transportation for supervision of the trainers while training staff in local offices (5 days training at 14 localities at 50 USD/day = 3,500 USD), Transportation for trainees to attend the training and to collect samples through supervised visits (= 5 days training plus 2 field visits for 90 participants at 10 USD = 6300 USD), disposable training materials (sampling disposable materials,..1,600 USD), transportation for supervised field visits to collect materials (2 days for 90 participants at 20 USD = 3,600 USD), as well as staff salaries.

<sup>14</sup> Staff salaries average 1,200 USD at 10% of the time of 90 staff of MoH for 3 months.

<sup>15</sup> Feasibility study, all needed permits and approvals, and engineering design that include proper costing for the materials that will be used.

<sup>16</sup> Construction of a new two floor building for the central health lab, purchasing all needed equipment and train staff on using them. FDA can arrange all the required planning sheets with formal stamp and approval. The Palestinian cabinet approved a new agency for food and drugs. Cost of land and of staff is also included.

<sup>17</sup> 7 million USD is the cost of the piece of land assigned by the Palestinian Authority for the MoH, plus staff time. 50% contribution of national / land for the new laboratory.

<sup>18</sup> logistics needs for managing labs including chemicals, disposables, testing kits, etc. Costs include staff salaries.

<sup>19</sup> Staff salaries.

<sup>20</sup> Training including fees for training, travel abroad, fees for internal training, transportation, per diem and maintenance. Average 500 USD per participant for 100 participants. External ad local experts will deliver the training, with one week per training session.

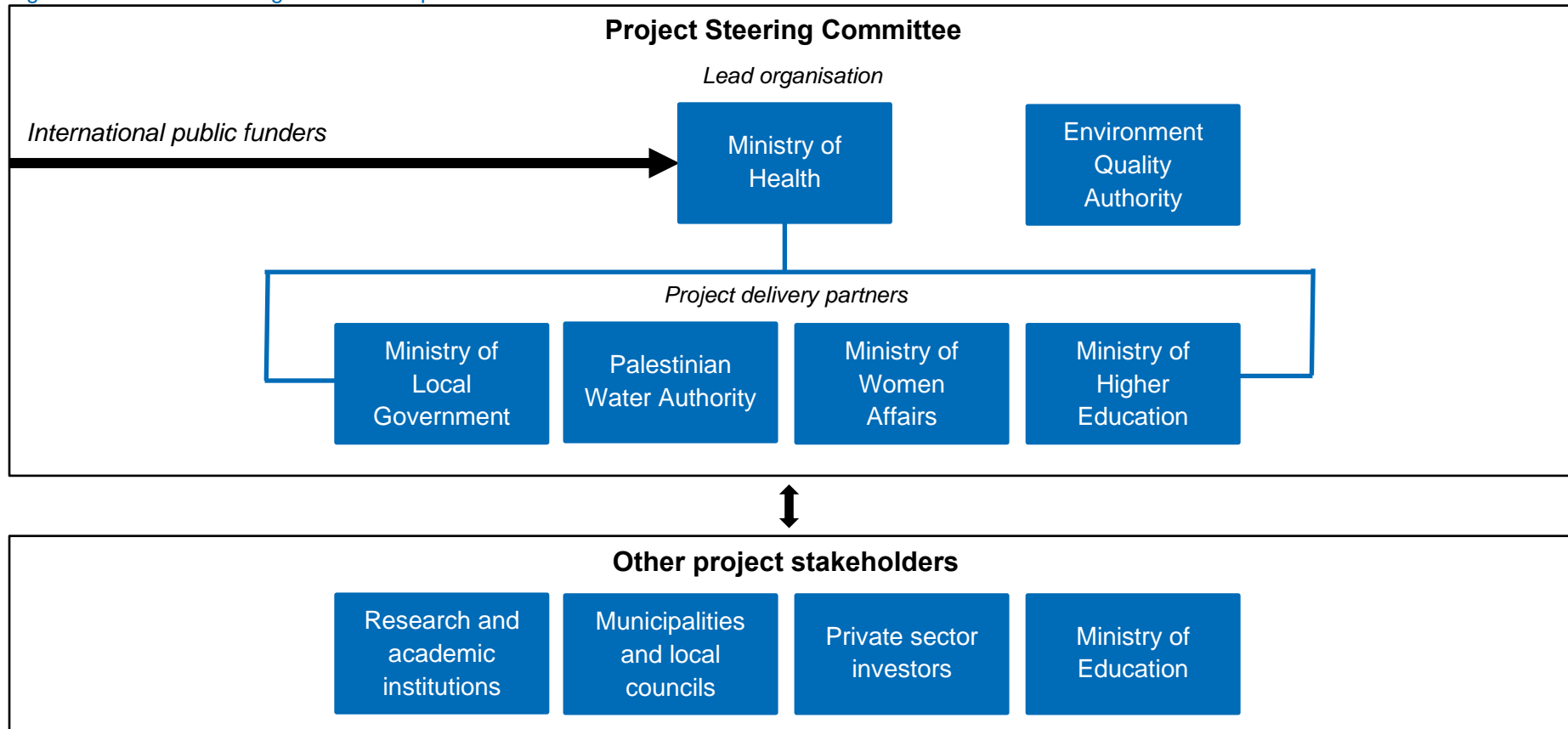
<sup>21</sup> Training for 15 staff, for a one-week training period. Costs include staff time.

<sup>22</sup> Staff time at 20% for 6 months.

Activity	2021-2025	2026-2030	2031-2040	Unit cost	No. units	Unit type	Total cost	National contribution <sup>12</sup>	International funding	Funding gap	Indicative options to secure international public funding to address funding gaps
<b>3.d</b>				0.040	1	Needs assessment study	0.040	0.000	0.000	0.040	
<b>TOTAL</b>							<b>21.856</b>	<b>7.465</b>	<b>0.000</b>	<b>14.391<sup>23</sup></b>	

<sup>23</sup> Total funding gap is subject to rounding errors

Figure 3 Institutional arrangements for implementation





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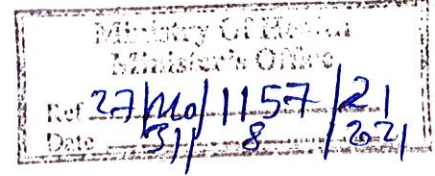
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Excellency Mr. Jameel Mtour

Chairman of Environment Quality Authority



**Subject: Endorsement of the NDC Implementation Plans for the Health Sector**

The Ministry of health sends you best regards and wishes you good health in these difficult days of COVID 19, and would like to thank you for your extended and continued efforts to protect the Palestinian Environment.

Reference is made to the subject and to your kind request for an endorsement letter, and in my capacity as Minister of health , this is to confirm that Ministry of health fully endorse the NDC Implementation Plans for health Sector, that was prepared with Ministry of health , National Committee for Climate Change and key stakeholders as part of the project implemented by Environment Quality Authority and NDC Partnership and funded by the Islamic Development Banks.

List of Plans and estimated budget:

1. Developing safety and monitoring systems for water- food and sanitation:  
21 856 M USD
2. Increasing awareness and capacities for disease prevention estimated budget:  
0.696 M USD

I would like to reiterate that these plan is in conformity with the National Priorities and relevant Sectoral Strategies as well as the guidance of the Palestinian Council of Ministers.

Mai Salem AL Kailah

Ministry of Health







معالي الأخ جميل مطور حفظه الله

رئيس سلطة جودة البيئة

الموضوع: اعتماد خطط العمل لتنفيذ المساهمات المحددة وطنيا في قطاع الصحة

Subject: Endorsement of NDC Implementation Plans: Health sector

تحية طيبة وبعد،،،

تهديكم وزارة أطيب التحيات وتتمنى لكم موفور الصحة والعافية وتتقدم لكم بجزيل الشكر على جهودكم الموصولة والهادفة لحماية البيئة الفلسطينية، بالإشارة إلى الموضوع أعلاه وبناء على طلبكم يرجى العلم بأن وزارة الصحة تؤيد وتدعم خطط العمل لتنفيذ المساهمات المحددة وطنيا والتي تم اعدادها بالتنسيق والتعاون مع وزارة الصحة وأعضاء اللجنة الوطنية لتغير المناخ والشركاء ذوي العلاقة وذلك ضمن نشاطات المشروع المنفذ من قبل سلطة جودة البيئة وشراكة المساهمات المحددة وطنيا وبدعم من البنك الاسلامي للتنمية. قائمة بأسماء الخطط والكلفة الاجمالية لها حسب رسالة سلطة جودة البيئة:

1. Developing safety and monitoring systems for water- food and sanitation: 21 856 M USD
2. Increasing awareness and capacities for disease prevention estimated budget: 0.696 M USD

مع العلم بان هذه الخطط تأتي انسجاما مع توجيهات مجلس الوزراء، وبما يتوافق مع الاولويات الوطنية و الإستراتيجية الوطنية لقطاع الصحة.

وتفضلوا بقبول فائق الاحترام والتقدير،،،

  
الدكتورة مي سالم الكيلة

