Name of Project: **Gaza Emergency Support for Social Service Project**

Grant No.: **P177897**

Social Impact Assessment (SIA)

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August 14, 2022

Contents

Acronyms and Abbreviations

ESIA	Environmental and Social Impact Assessment
ARA	Access Ristricted Areas
C4S	Cash-for-Service
ESP	Environmental and Social Policy
FGD	Focus Group Discussion
GBV	Gender Based Violence
GDP	Gross Domestic Product
IASC	Inter Agency Standing Committee
IPV	Intimate Partner Violence
LMO	Labor Management Procedures
MHPSS	Mental Health and Psychosocial Support
NDC	NGO Development Center
NGO	Non-Governmental Organization
OP	Operating Manual
PCBS	Palestinian Central Bureau of Statistics
RDNA	Rapid Damages and Needs Assessment
SE	Sexual Exploitation
SEA	Sexual Exploitation and Abuse
SH	Sexual Harassment
SIA	Social Impact Assessment
TFGA	Trust Fund Grant Agreement
WHO	World Health Organization

Summary

1. This Social Impact Assessment (SIA) used a qualitative approach to assess the social risks associated with implementation of the World Bank financed Gaza Emergency Support for Social Services Project, which will be implemented by NGO Development Center (NDC). Principle objectives of the SIA are to validate social risks identified during Project appraisal and identify others as appropriate, giving special emphasis on risks of exclusion of vulnerable groups and eligible beneficiaries, and to propose actionable recommendations for addressing these risks, including (but not limited to) through inclusion of mitigation measures in the planned revision of the Project's Operating Manual (OM). The SIA relied on a participatory approach, where project stakeholders –as identified in the Project's Stakeholders Engagement Plan- and target beneficiaries were given opportunities to identify social risks associated with the project, and identify and profile groups of stakeholders and beneficiaries that could be most vulnerable to these risks.
2. The SIA findings validate to a large extent the social risks identified at Project appraisal stage. In addition, further light is shed on their impact and stakeholder groups most likely to be vulnerable to these risks.
3. The SIA also identifies a few other risks not explicitly identified during the appraisal.
4. Collectively, these risks can be categorized as follows: exclusion risks, risks of unintentional harm/inability to maintain the Do-No-Harm Principle; and public health risks associated mainly with Covid-19.
5. Key exclusion risks and stakeholder groups vulnerable to these risks are as follows:

Social Exclusion (from participation in the Project)	• Population groups in need of Mental Health and Psychological Support Service (MHPSS) across Gaza not reached by the Project due to limited coverage or outreach by Project partner NGOs implementing the C4S component. • MHPSS target groups do not come forward to receive support of fear of stigma or due to social norms or economic access constraints. • Youth targeted under the e-work component who do not apply for training, or do not complete their application requirements due to entry barriers, previous experience, or misperception of lack of transparency
(from Project benefits)	• Individuals who seek MHPSS and other related health services who: o do not get screened properly, thereby do not get the treatment or referral they need in time o are forced to stop treatment as a result of exposure to stigma and/or inability to access services due to changes in socio-economic conditions, and end up having worse health conditions o get exposed to sexual harassment in connection with the MHPSS they receive, and are either prevented by their families from continuing their treatment, or stop returning for treatment themselves.

- Beneficiaries who will work for a period of 6 months at the C4S NGOs with Project support:
    - do not get the guidance or supervision they need to develop professionally as envisaged by the Project
    - are forced to drop out due to sudden changes in their socio-economic conditions, or exposure to shocks
    - get exposed to sexual harassment or sexual exploitation in connection with their participation in the Project. They are prevented from continuing, and are disempowered as a result.
    - get exposed to GBV within their households to coerce them to give the income they earn in connection with the Project

6. With regard to maintaining the Do-No-Harm Principle, a few other risks exist, but several are also related or quite similar to risks identified under exclusion risks. These include limited or inconsistent application by MHPSS implementing partners' policies and codes of conduct and frameworks related to client management and quality of care. In some organizations not all staff have been trained on these, and there are lacking institutional arrangements to ensure that it is adhered to. Key risks associated with this include release of patient information, unnecessary delays in diagnosis, treatment and referral of patients; creating dependency; and, ineffective investigation, follow-up and action on grievances and complaints.
7. The seriousness and complexity of mental health needs in Gaza requires considerable expertise and skill on the part of MHPSS service providers, a requirement that many MHPSS organizations are struggling to meet. Most organizations have not been able to scale-up their responses significantly and demand is increasing. Staff is already experiencing fatigue and burnout due to the heavy workload and ongoing exposure to traumatic events. While support to MHPSS providers is very much needed, it will undoubtedly add a supervision burden on existing staff which may put the quality of care they provide at risk. They may also experience additional burnout and fatigue, with considerable implications for their and their clients' wellbeing, and for the skills and experience that individual youth beneficiaries financed by the Project may gain. The issue of C4S NGOs' human resource capacity to deliver MHPSS in a holistic manner needs to also be carefully assessed as this is a critical element for assessing needs for and delivering appropriate MHPSS services for the clients.
8. There are also a few risks of unintended harm that could materialize in conjunction with the training and on-the-job training planned under the Project's second component; and these too may be caused unintentionally by staff of implementing partner organizations and capacity limitations within these organizations. Most of these risks stem from exclusion risks identified earlier: exposure of target youth to sexual harassment, and GBV as result of their participation in the Project activities (including violence at home over control of income from the project); and exposure to accidents while in training or work, including while in route. Given the high demand compared to opportunities available, additional risks include a moderate likelihood of social conflict as a result of decisions by implementing partners to accept certain applicants and turn down others for training/work.
9. A few of digital training and work providers did not have a clear policy on gender and did not seem to be proactive in promoting and facilitating young women's collaboration with male colleagues or ascendance to the more complex (and sometimes more financially rewarding) digital work. Thus, there may be a risk of relegating young women beneficiaries to simple e-work tasks, thereby disempowering them, and locking their potential to fully benefit from the

development opportunities the Project seeks, however indirectly, to unlock; inadvertently contributing to reinforcing negative socially constructed social norms and expectations.

10. For the foreseeable future, Covid-19 remains a serious risk in Gaza as is it is the case around the world. The risk it poses to the project is not only operational in nature, but it also has social dimensions as it exposes project beneficiaries and stakeholders to the risk of infection in a context where important mitigation measures seem to be largely absent; even downplayed by some stakeholders. While Project beneficiaries and stakeholders are all vulnerable to infection, children are particularly vulnerable given that vaccination rates among them are reportedly very low. Another beneficiary group particularly vulnerable is that of elderly, particularly those seeking support MHPSS under the Project's first component.

11. There are many safeguards (social risk management policies, procedures, etc.) already planned within the framework of the Project to mitigate against social risks identified in this SIA. These include the Project's Stakeholder Engagement Plan, systems in place for redress of complaints and grievances by Project beneficiaries and stakeholders, and well-established due-diligence policies and procedures at NDC to ensure proper screening, sections, and oversight of its Project implementing partners. The SIA thus focuses on operational actions needed to further strengthen already good measures and introduce others to mitigate the three categories of risk identified in the SIA.

12. The SIA's general recommendations are summarized below:

Issue	**Recommended Mitigation**	**How**	**Responsibility**	**When**	**Budget to be Allocated**
Risk of exclusion form the project and its benefits	Ensure a diverse selection of MHPSS organizations with capacity to geographically cover the entire area of the Gaza Strip.	Hold information sessions with potential partner organizations to announce the project and its requirements. Use various communication means to announce the Call for Proposals from NGOS and Service Providers.	Project Manager	At Project Effectiveness	US$ 3,000
	Require all implementing partner organizations to use multiple outreach strategies and media tools to promote public knowledge of available	Integrate minimum requirements for this purpose in, both, the Call for Proposals and the Project Operations Manual.	Project Manager	2022-2023	-

Issue	Recommended Mitigation	How	Responsibility	When	Budget to be Allocated
	support under the Project's two components.	To the extent possible, require partners to leverage and collaborate with local (and other) community-based organizations in their outreach activities, and ask them to clearly demonstrate in their proposals how they plan to do this and show what resources they plan to allocate for it.			
	Linked to the previous: require partner C4S NGOs delivering MHPSS to undertake mental health awareness in targeted communities at the start of implementation, with the aim of raising public awareness of mental health issues and combating stigma of mental illnesses.	Ask applicant NGOs to detail their public awareness strategy and the costs associated with its implementation in their proposals, and engage with them in assessing and updating/revising this strategy during contracting and implementation as appropriate. During implementation, facilitate coordination meetings between partner organizations to maximize the Project's geographic coverage and outreach, as well as strengthen	Project Manager	2022-2023	US$ 10,000

Issue	Recommended Mitigation	How	Responsibility	When	Budget to be Allocated
		referrals between them as needed. Use these coordination meetings to share and review outreach strategies, disseminate results to partner organizations,			
	Emphasize the need for partner organizations to demonstrate in their proposals the arrangements they will put in place during Project implementation to (i) promote and facilitate access to the Project financed services and benefits for groups most vulnerable to exclusion, particularly – under component 1- women, people with disabilities, elderly and children living in remote areas and from households living in deep poverty who may have difficulties to access MHPSS services, and – under component 2- young women who may face	Assess outreach strategies to vulnerable and most-likely-to-be-excluded groups in proposals, and work with applicant organizations to improve these strategies as needed. Encourage e-work partner organizations to secure safe workspaces and tools for their beneficiaries, including through providing equipment and digital tools such as computers, laptops, tablets and other digital necessities to beneficiaries During implementation, pay particular attention to assessing outreach strategies, and require partner	Project Manager	2022-2023	-

Issue	Recommended Mitigation	How	Responsibility	When	Budget to be Allocated
	constraints in accessing to digital tools needed to access the Project training and longer-term job opportunities; and (ii) monitor, assess and report on the effectiveness of these arrangements.	NGOs to report on the implementation of these strategies.			
Ensuring adherence to the Do-No-Harm principle	Convene and facilitate dialogue among partner MHPSS NGOs on issues of screening and referrals with the view of strengthening these processes and ensuring a holistic approach to project-financed MHPSS.	Hold bi-monthly meetings for partner organizations to discuss issues of referrals and screening.	Project Manager	2022-2023	US$ 6,000
	Put in place a mechanism for monitoring the effectiveness of all types of training programs financed by the Project under both components to ensure that these trainings deliver benefits to the beneficiaries of the Project's C4S component and the e-work component.	Require partner organizations to undertake evaluation of the training they conduct within the framework of the project, to include pre- and post-training assessment of knowledge and skills and draw lessons for future trainings.	Monitoring Officer	2022-2023	US$ 12,000

Issue	Recommended Mitigation	How	Responsibility	When	Budget to be Allocated
	For all MHPSS beneficiaries supported by the Project, and in consultation with partner MHPSS organizations, ensure that clear job descriptions exist for every individual beneficiary	Review contracts of MHPSS beneficiaries placed to work at partner MHPSS organizations to ensure that these contracts are clear Regularly visit beneficiaries while at work and seek their feedback on the training they receive.	Project Manager	2022-2023	-
	Applicant MHPSS NGOs should be explicitly asked to assess their staff wellbeing and propose staff wellness activities to be financed by the Project to mitigate against the risks of burnout, trauma and increased work and supervision burden. Project should allocate resources for MHPSS staff wellness programs within grant agreements.	Ask each partner organization to develop a staff wellness program to be financed by the Project, while ensuring that this program is properly justified. Earmark budget in the grant agreements for staff wellness activities,	Project Manager	2022-2023	Us$ 10,000--
	Reaffirm NDC's zero-tolerance policy towards sexual harassment, sexual	Support partner organizations through training and other forms of capacity building and	Project Manager	2022-2023	US$ 6,000

Issue	Recommended Mitigation	How	Responsibility	When	Budget to be Allocated
	exploitation and GBV.	technical assistance in order to meet these requirements			
	Coordinate meetings and communication between partner MHPSS NGOs and e-work component partner organizations to assess and monitor exposure of e-work beneficiaries, particularly young women, to GBV (particularly economic exploitation) and encourage collaboration among partners under the two components to extend support to these beneficiaries as needed.	At the onset of Project implementation, hold a workshop for partner organizations under the Project's two components to establish a mechanism to help e-work partner organizations to identify beneficiaries that may be exposed to GBV, and refer these beneficiaries to MHPSS partner organizations. During Project implementation, hold a workshop to discuss the collaboration between partner organizations under the two components.	Project Manager	2022-2023	US$ 3,000
	Ensure that partner organizations adherence to their contractual obligations of providing accident insurance coverage to all Project-supported beneficiaries under the	Earmark resources in the Grant Agreement with partner organizations for accident insurance for all Porject supported beneficiaries. Require that partner organizations share copies of	Project Manager	2022-2023	US$20,000

Issue	Recommended Mitigation	How	Responsibility	When	Budget to be Allocated
	Project's two components.	accident insurance policies with NDC.			
Mitigating against the risk of Covid-19	In close collaboration with implementing partners, put in place clear operational measures to prepare for, mitigate and monitor the spread of Covid-19 among project beneficiaries	Monitor the partner organizations to ensure implementation of specific operational measures to mitigate the risk of spread of Covid-19 among and between staff and beneficiaries, including provisions for providing personal protective equipment for staff and beneficiaries whenever needed.	Project Manager	2022	-

1. Introduction

1.1. Assessment Context and Objectives

13. The World Bank Environmental and Social Framework (ESF) for Investment Project Financing sets out the requirements that the Bank must follow regarding projects it supports through Investment Project Financing to ensure that it contributes to its corporate goals of poverty reduction and increasing prosperity in a sustainable and inclusive manner for the benefit of the environment and end beneficiaries. Environmental and Social Impact Assessments (ESIA) is one of the instruments that the Bank uses to identify and assess the environmental and social risks and impacts associated with development projects.

14. Social development and inclusion are critical for the World Bank's development interventions and for achieving sustainable development. For the Bank, inclusion means empowering all people to participate in, and benefit from, the development process. Inclusion encompasses policies to promote equality and non-discrimination by improving the access of all people, including the poor and disadvantaged, to services and benefits of Bank-financed projects. It also embraces action to remove barriers against those who are often excluded from the development process, such as women, children, persons with disabilities, youth and minorities, and to ensure that the voice of all can be heard.

15. The World Bank is set to sign a Trust Fund Grant Agreement (TFGA), for an amount of USD 7,000,000, with the NGO Development Center (NDC) to implement the Gaza Emergency Support for Social Service Project (hereafter, the Project), whose development objective is to provide selected social services, short-term cash for services, and online employment opportunities to the most vulnerable population in Gaza. More specifically, and through two components, the Project aims to address two critical issues at once: provision of Mental Health and Psychosocial Support (MHPSS) services and employment through tested yet innovative design.

16. Under the Project's first component, NGO-led provision of MHPSS and other relevant health services to children and women will be supported to address a critical gap in mental health services. This support will include strengthening the ability of NGOs to deliver MHPSS through tailored capacity-building to increase the quality of MHPSS they provide. Supporting MHPSS providers' short-term staffing needs through utilization of cash-for-service (C4S) modality to hire currently unemployed will be a principle tool under this component, thereby providing these social service providers with the necessary staff and targeted population with employment.

17. The Project's second component is an e-work-focused component which is intended to further solidify gains in mental health and employment, especially for women. Here, the Project will finance support for target youth (18-34 years) to become e-workers/online freelancers, while emphasizing reach to women beneficiaries to address existing gender gaps in the labor market and disproportionate impact of crisis on women. The type of e-work to be supported by the Project includes both complex and simple tasks (e.g., software development, graphic design, media production, content development, website design, animations, e-marketing, translation, voice-over, virtual assistance, labelling photos or videos, describing products, transcribing scanned documents, data gathering, and answering calls). These tasks are linked to larger projects through online networks and platforms at the regional and global levels. Online freelancers supported by the Project can work on their own or as part of local freelancing companies.

18. As the Project financing will only support soft activities, it is not expected to have any negative environmental impacts. Social impacts assessed during Project appraisal were largely

positive, but a few social risks were also identified in connection with both MHPSS provision planned under Component 1, and e-work activities planned under component 2. Key risks identified include (i) potential exclusion and inequitable access to Project benefits for certain marginalized groups and individuals within the Project target area, (ii) social stigma associated with the provision MHPSS by the project; (iii) potential exposure of Project beneficiaries and service providers' staff to sexual exploitation and abuse (SEA) and sexual harassment (SH) in conjunction with Project-financed activities: and (iv) inability to maintain the "Do No Harm" principle in the provision of MHPSS due to ineffective screening and referral processes, burnout among care providers, and lack of proper training for care providers. Other potential risks include community health and safety risks related to transmission of COVID-19, potential exposure of beneficiaries and project workers to communicable diseases during implementation of project activities; and risks associated with potential cases of SEA/SH and gender-based violence in association with or as a result of Project activities. Some additional risks pertain to health and safety of workers and labor and working conditions, and these risks have been assessed and mitigation measures provided in the Labor Management Procedures (LMP) prepared for the project; these are not covered in this SIA.

19. Accordingly, the Social Impact Assessment (SIA) aims to explore these and other social risks and propose actionable recommendations for their prevention and mitigation.. More specifically, and as per the ToR in Annex A, the scope of the SIA is to:

- Review the social context within which the Project will be implemented.
- Verify and map relevant stakeholders, giving particular attention to identifying target beneficiary groups that are vulnerable to being marginalized or at risk of being excluded as Project beneficiaries in the project area, and –to the extent possible- identify varying levels of vulnerability within groups.
- Conduct an analysis of groups that are vulnerable to exclusion from project benefits. Based on the preceding, the SIA is expected to provide an analysis of key factors or reasons rendering these groups vulnerable, and identify elements in the proposed project interventions that may contribute to accentuating vulnerability.
- Identify and analyze potential social issues and risks related to planned Project activities and provide recommendations on how to mitigate risks and negative impacts, enhance positive impacts for beneficiaries, and mitigate the risks of vulnerability and exclusion.

1.2. Methodological Approach

20. The SIA methodology was elaborated in the Inception Report and is summarised below (paragraphs 8-12). Data collection tools (approved as part of the Inception Report) elaborate the SIA's key areas of inquiry in accordance with the scope described above. Chapter 2 of this SIA report is structured to answer these questions.

21. Overall, the approach to the conduct of the SIA was shaped by the need to build an interlocking, cross-checked set of information from as wide a range of relevant documents and informants as possible. The key focus of the field mission was on developing an understanding of the views of stakeholders on MHPSS and e-work, and the socio-economic impact –both positive and negative- of both. A main thrust of the assessment was on collecting stakeholders' views on measures that could be taken by the Project to mitigate social risks.

22. The assessment sought to answer the following questions using an inductive, qualitative research approach:

- Who are the individuals within the Project's target groups that are least likely to benefit from the Project and why? What can be done by the project to ensure inclusion of these groups?
- What are the main concerns stakeholders have regarding the Project? What drives these concerns? How can these concerns –particularly those related to social impacts- be addressed?

23. Aside from a desk review of Project documents and secondary resources, the main instruments for assembling data and stakeholder views were semi-structured interviews and focus group discussions, which were conducted during June 2022. The former were undertaken with 27 key informants, including MHPSS providers, IT incubators and NGOs with e-work programmes, and health sector experts. As for the later, three focus group discussions were organized. The first two FGDs were with men and women beneficiaries of MHPSS services, where the main focus was to capture participants perceptions on main barriers to access to these services and to identify population groups that may be most affected by these barriers. The third FGD was organized with young men and women who were already engaged in e-work and online freelancing, or had interest in e-work and online freelancing. The main thrust of discussion here was on access to training and networking opportunities and how these maybe overcome, as well as on negative impacts of e-work and online-freelancing.

24. In all, 54 people representing more than 20 MHPSS and digital work organizations and 34 private individuals participated in the interviews and FGDs conducted within the framework of the SIA. The list of participants can be found in Annex B of this report. Interviews and FGDs were conducted by using standardized interview and discussion checklists. These tools were tested during inception and further developed during the field mission. The final set of data collection tools can be found in Annex C.

2. Findings and Analysis

2.1. Context

25. Approximately 4.9 million Palestinians live under protracted occupation, which denies them basic human rights. Many Palestinians in both the West Bank and Gaza have experienced years of conflict related violence. In recent years the situation in Gaza has significantly worsened, with a sharp deterioration in the humanitarian situation while humanitarian funding is in decline.

26. Nearly everyone in the fast-growing and young Palestinian population has basic education, including girls. However, due to the confluence of stubbornly high structural unemployment, protracted economic stagnation, and social attitudes, female participation in the labor force is among the lowest in the world, with only 14 per cent of women (against 67% for men) formally employed, a large proportion of them in low- or non-paid jobs. The gender gap in the labor market is reflected in women's lower likelihood to land job and own assets and productive resources compared to men, and this manifests in lack of agency and dependency on men (particularly in Gaza).

27. Gaza is a densely populated area of 365 square kilometres with a population of more than 1.94 million people according to the Palestinian Central Bureau of Statistics. There are more than 908,000 children under 18 years of age, all of whom have experienced at least one war in the last decade, the last of which in May 2021. More than 1.2 million people need humanitarian interventions.

28. In addition, an 11-year Israeli land, air and sea blockade contributes to Gaza's collapsing economy. There are high levels of unemployment, food insecurity and aid dependency. The poverty rate in Gaza is 53%, having risen 14 percentage points since 2011, with unemployment reaching 44.7% in 2021 (rising to 70% among young people), reflecting the effect of the most recent 11-day conflict compounded with difficult COVID-19 conditions and the ongoing Israeli movement and access restrictions on Gaza. The May 2021 conflict not only slowed Gaza Strip's recovery resulting in a growth rate of 3.4%, but it is estimated to have destroyed two percent of Gaza's capital stock. Despite an increase in public spending in Gaza and some reconstruction efforts, Gaza's real GDP growth is estimated at 1.5 percent in the first three quarters of 2021, y-o-y. The recent World Bank Economic Monitoring Report (22 May 2022) gives a gloomy picture of the Palestinian economy overall, projecting its growth to hover only around 3% in 2023-2024, resulting in stagnating income levels, especially in Gaza.

29. Even prior to the COVID-19 pandemic and escalations of 2021, Gazan youth faced challenges in entering the labor market, with significantly worse outcomes for young women. While there is no updated data on those not in employment, education, or training or transitions into the labor market, the latest available data indicates that only 16 percent of Palestinian youth successfully completed the transition from education to the labor market and worked in stable jobs in 2015. Furthermore, only 4.3% of young women in Gaza successfully completed the transition from education to having a stable job, well below that for young men in Gaza (25%) and young women in the West Bank (9.6%).

30. E-work continues to be one of the few promising avenues for employment and private sector growth in Gaza. Although limited, there are some opportunities for private sector growth and job creation. For example, given restrictions on movement in and out of Gaza, and the increasing global outsourcing of tasks facilitated by digital technologies, internet-enabled self-employment/online freelancing (e-work) is a very promising opportunity for young people in Gaza, particularly women.

31. The May 2021 conflict had the most severe impact on social sectors worsening education, health, and basic service provision in Gaza. According to the Rapid Damages and Needs Assessment (RDNA) findings, the social sectors were hit the most, making up more than half of the total physical damage. The social sector has also incurred the most significant share of economic losses ranging between US$60 to US$80 million. Damage to 58 education facilities undermines children's access to education whereby the Ministry of Education decided to terminate the 2021 school year for all grades, except for general secondary/high school examinations. The health system, already overburdened by COVID-19, weak response capacity, and chronic drug shortages, sustained additional damages to six hospitals and 11 primary health care centers, including the only existing COVID-19 test laboratory. The conflict has thus further limited the system's overall capacity to provide critical health services.

32. The combination of disruption to education and health services and, most notably, the increased psychological strain that children experience due to the conflict are likely to lead to further deterioration of Gaza's human capital, especially for future generations. The West Bank and Gaza have a young population where the median age is 20.8 years, but children were particularly vulnerable to the shocks and devastation caused by the conflict, especially in Gaza.

33. First and foremost, the conflict has had a dramatic impact on physical and psychological health. Studies have shown that exposure to sustained high levels of stress, also known as toxic stress, can disrupt young children's physical development and lead to chronic diseases and cognitive impairment. Exposed to high levels of hostilities and toxic stress, children in Gaza are in dire need of MHPSS services. Psychological stress also is likely to lead to further deterioration of learning outcomes that have already been negatively impacted by the COVID-19 pandemic. Parental unemployment is also a contributing factor to worsened mental and educational outcomes.[1]

34. In addition to children, women are also vulnerable to cycles of conflict and poverty, with high rates of domestic violence that have likely increased during a time of lockdowns and quarantines. Several studies have shown that conflict and health crises can lead to increased threats and intentional use of violence, including violence against women and children.[2] Both internationally and within the Palestinian territories, there is evidence of increases in gender-based violence (GBV) due to job losses and business closures during the pandemic. Women have become more vulnerable to domestic violence as confinement has fostered the tension and strain created by security, health, and income-related concerns, especially since women may now be contributing less to the household income, either through losing their jobs or experiencing foreclosures in women-owned small businesses. UN Women[3] shows that as more countries report infection and lockdown, more domestic violence helplines and shelters report rising calls for help.[4] In the Palestinian territories, more than 20 percent of women responding to the "CARE Palestine WB&G COVID-19 Rapid Gender Assessment" shared that

[1] Rasslan et. al. 2021

[2] *https://www.cgdev.org/sites/default/files/pandemics-and-violence-against-women-and-girls.pdf.*

[3] https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic.

[4] For example, in Argentina, Canada, France, Germany, Spain, the United Kingdom, and the United States there are increasing reports of domestic violence during the crisis, and heightened demand for emergency shelter. Helplines in Singapore and Cyprus have registered an increase in calls by more than 30 per cent. In Australia, 40 per cent of frontline workers in a New South Wales survey reported increased requests for help with violence that was escalating in intensity.

they have experienced an increase in GBV security concerns, including Intimate Partner Violence (IPV) and domestic violence.[5] The assessment showed that one in four surveyed indicated domestic violence has increased during quarantine, and 71 percent expect it to further increase with the extension of the lockdown. Moreover, surveys by the PCBS and data from GBV helplines point to high rates of IPV against women: 24 percent of women in West Bank and 38 percent of women in Gaza have been exposed to some form of IPV between 2018-2019.[6] Of those women, 60 percent chose to remain silent.[7] As other countries report increased levels of domestic violence during the pandemic, the population of the Palestinian territories are experiencing similar trends. Such increases in GBV present a major challenge during a pandemic when resources are likely to be diverted to respond to the immediate health crisis, which will affect the availability of and access to essential services for women and girls who experience violence.[8]

35. Based on WHO projections of mental disorders in populations affected by emergencies, it is estimated that approximately 10,400 people will have severe mental health problems and 41,700 will have mild to moderate problems requiring MHPSS, including at least 26,000 children in Gaza under current conditions. These numbers are very likely to increase as mental health incidents tend to be manifested at a later stage after the events.

36. Gaza's health care system is struggling to respond to the large number of vulnerable populations with MHPSS needs due to chronic shortages of qualified health care workers. More than 321,000 children were estimated to need MHPSS according to UNICEF estimates from 2019. The RDNA has further shown that May 2021 conflict exacerbated the need, with more children and their caregivers in need of MHPSS services to address psychosocial trauma. Gaza's already-strained health care system is unable to meet this increased demand for MHPSS services due to COVID-19 disruptions as well as extensive damages to key health care facilities and providers. The hostilities have also impacted the process of allowing exit permits which prevents people from seeking the necessary treatment.[9]

37. According to a UNICEF study (2019), there are fourteen organizations implementing MHPSS services in Gaza, which –between them- cover the entire spectrum of MHPSS services as categorized in the Inter Agency Standing Committee (IASC) global guidelines on MHPSS. Despite this coverage the demand for services is very high, WHO projected more than 26,049 children are in need of MHPSS services in Gaza, and indicates that 40% of children and causalities of the Great March of Return from 2018/2019 are still in need of protection services. Additional capactity is very much needed to implement services across all levels of MHPSS to meet the demand in Gaza.

38. Scaling up MHPSS services to children and women is an urgent and pressing need, and Non-Governmental Organizations (NGOs) are well-positioned to play a significant role in responding to it, but require additional capacity. A scale-up in MHPSS services is required, not only to improve the well-being of children and women, but to also prevent mental

[5] Juzoor Health and Social Development, Gender-Based Violence During COVID-19 Pandemic Palestine - May 2020.

[6] PCBS, Preliminary Results of the Violence Survey in the Palestinian Society 2019. Different forms of intimate partner violence surveyed include economic, social, psychological, sexual, and physical. In this case, the intimate partner referred to by the survey is 'husband.'

[7] Ibid.

[8] UN Women Rapid Assessment and Findings – 2020.

[9] Following the May 2021 conflict, only 13 per cent of permits were approved for patients to exit Gaza to Israel or the West Bank, including East Jerusalem, https://documents1.worldbank.org/curated/en/178021624889455367/pdf/Gaza-Rapid-Damage-and-Needs-Assessment.pdf

disorders from proliferating to a wider scale. Efforts are required on several fronts: from psychological first aid, to structured psychosocial support; and from case management to clinical mental health services. NGOs currently play a critical role in provision of psychosocial support and mental health services in Gaza and are a key partner to address the need of expanded MHPSS services. Like the public sector, NGOs in Gaza often have limited capacity to deliver quality MHPSS due to lack of funding, qualified staff, and access to necessary expertise in a fast-evolving field of mental health. The Project thus presents an opportunity to strengthen Gaza's capacity to deliver such services through access to up-to-date information and training on best practices in the field, access which is typically limited given limitations on mobility and exchanges with the international community in Gaza.

2.2. Risks of Exclusion

39. As noted earlier, fifty-four people participated in interviews and FGDs undertaken within the framework of the SIA. Of these, thirty nine were MHPSS stakeholders, including care providers (15), current beneficiaries of MHPSS (17), and non-users of MHPSS (7). Among the latter two groups, 10 were men and 14 were women. The remaining stakeholders were e-work stakeholders, including incubation and training service providers, and young women and men with experience or interest in e-work and e-freelancing. The participants were aged 18–65 years. The themes that emerged from interviews and discussions in relation to barriers and facilitators of accessing MHPSS and e-work were somewhat different, and this is why they are presented separately below.

2.2.1. Barriers to Participation in MHPSS

40. Three themes emerged from discussions in relation to barriers MHPSS, which have a bearing on risk of exclusion identified during Project appraisal, namely: (1) lack of awareness of mental illness and available services; (2) availability, accessibility and affordability of MHPSS; and (3) stigma and social discrimination. We discuss each of these themes below, exploring their interplay with the exclusion risk identified in the Project's appraisal phase.

41. **Lack of proper awareness of mental health and available MHPSS:** While acknowledging the increasing need for MHPSS, discussions with care providers in particular and feedback by non-users strongly suggest that a large proportion of the Project's target group does not understand or accept that they have a treatable mental health condition, and thus remain without support. These people and their family members often dismiss their depression as "feeling down and lazy" and anxiety as simply "being over-worried" or as "being part of the life" or "God's will".

42. Moreover, discussions revealed that some target beneficiaries lack the understanding of symptoms (e.g insomnia, eating disorders, fatigue, inability to focus (particularly among children), lack of motivation, etc.) caused by mental health conditions and the benefits that could be provided through treatment, and some of them did not know where to go to seek help. Limited knowledge about mental health and associated illnesses can prevent individuals from recognizing mental illness and seeking treatment. Poor understanding of these matters also limits families' abilities to provide adequate care for relatives in need. Children, women, and persons with disabilities are the most negatively impacted by this as they often lack the agency to seek help themselves.

43. These findings suggest that lack of awareness about the nature of psychological disorders and the need for consistent treatment is a significant barrier to care. There is thus a need to increase awareness about mental health issues with a goal of reducing stigmatization (see below) and encouraging those in need of help to access available services. A continued lack of awareness may further contribute to maintaining a barrier to service utilization.

44. **Availability, accessibility and affordability of MHPSS:** Target beneficiaries highlighted availability, physical accessibility and affordability as main barriers to their use of MHPSS. The majority indicated that they would like to go to a health center specializing in mental health, but often do not have the financial means to do so. Some MHPSS providers, it was noted, cover public transportation costs or provide transportation for their clients, but this –according to the majority of participants- often does not address all access issues. For women in particular, using public transportation or travelling outside their communities with a male driver unknown to their families is often a contentious issue within their households due to deeply entrenched social norms. As a result, some women reported skipping sessions or appointments with their care providers, especially when they could not find someone from their family to accompany them.

45. Distance seems to hinder access to MHPSS in terms of geographical affordability, including transportation costs which many find prohibitive, especially for those without a source of income and residing in remote areas of Gaza Strip. While these barriers affect the entire target population in Gaza, women, children and persons with disabilities are three groups identified through discussions as disproportionately affected by accessibility and affordability barriers.

46. For some women seeking MHPSS, there access barriers are further complicated by socially constructed norms that restrict their participation in MHPSS, both within their communities and outside. In some instances, certain types of locations (e.g., local councils) might be deemed less appropriate for women to visit than others (e.g., local schools and women organizations). In other cases, women may be restricted from leaving their homes either entirely or without a male chaperone. Moreover, some women expressed that their husbands fear that they become subject to physical harassment and sexual violence while traveling and being in public spaces, highlighting that this is a major reason why their movement is sometimes restricted by their husbands or male relatives. These constraints can prevent women from making use of public access centers where MHPSS activities often take place. Hence it becomes necessary for the Project to ensure that public access points are in places deemed to be 'appropriate' for women to visit. This is not only necessary for ensuring women's benefit from the Project activities, but also that their children benefit as women are these children's typical companion.

47. **Stigma and social discrimination.** Mental illnesses affect people of all ages, cultures and socioeconomic status. Stakeholders stated that mental health is shrouded in stigma in a way that physical health is not. People suffering from mental illnesses, are often seen as weak, "crazy", or even dangerous. This negative stereotype has persisted through time and prevents many people with a mental health condition seeking the treatment they need.

48. Discussions suggest that both women and men seeking MHPSS could also be stigmatized, but each of them experience stigma somewhat differently. Men expressed having self-stigma and being emasculated by their communities, but many continued to seek support as they felt their mental health improving. Women on the other hand reported reticence to seek help due to concerns over privacy and stigma.

49. Gaza MHPSS providers noted that high levels of stigma has a significant bearing on mental health help-seeking behaviour negatively, thereby increasing the risk of exacerbation and relapse among patients. They further noted that there is a strong positive relationship between high stigma levels and under-reported cases of mental illness, which make it difficult for them to reach those cases during the early stages of the illness. Suggestions to address stigma offered by the various interlocutors include conducting campaigns within target communities to improve public awareness about mental illness and treatment approaches available. Previous awareness campaigns and mental health educational programmes

undertaken by MHPSS providers met in Gaza seem to have been effective in improving mental health literacy levels and access and utilization of mental health services, and these may be important to continue under the Project.

2.2.2. Barriers to Participation in E-Work

50. Three key themes emerged from discussions with Project stakeholders regarding barriers to participation in the Project's e-work component, validating those risks identified in at appraisal, namely: cultural constraints to participation and concerns around the safety of targeted youth, particularly for young women; affordability of participation; and, inequitable applicant selection processes.

51. **Cultural constraints and concerns for the safety of targeted youth, particularly young women:** Cultural norms greatly influence women's ability to work outside the home in Gaza, and these norms are particularly strong when young women are concerned. These norms, as well as individual family dynamics, determine whether a woman works and the type of employment she can pursue. Family support is a key element. Young women with experience in the digital economy reported that their fathers and husbands were supportive of their work, and several explained that this support was mainly because online work allowed them to work from home.

52. Organizations that offer digital skills training highlight that these cultural norms also can determine women's participation in digital training, noting that male family members often visit to meet the staff and assess the physical location prior to allowing women in the family to take a training class. Some women enrolled in training drop out early, do not utilize their training, or abruptly stop working due to cultural or societal expectation, particularly after getting engaged or married. Often in these cases, withdrawal from training or work is forced onto the women by a male family member. This is most probably why several young women met during the field mission described that work outside the home as culturally unacceptable or impractical in view of the reproductive responsibilities (including housework and family care) they have to shoulder within their households. Discussions with digital training and work providers in Gaza suggest that exclusion risks are not always assessed, and policies and mechanisms to mitigate them are not always well instituted within these organizations. For example, none of the interviewed organizations had conducted an assessment of its beneficiary selection process from a gender or disability perspective, or taken steps to proactively investigate the profile of their applicants from a geographical perspective or why certain applicants do not complete their application process.

53. Discussions also revealed that youth, in general, and young women in particular, that lack digital skills tend to lack the confidence needed to use the internet and may limit their use to only a selection of services or applications. Confidence gaps has implications on young men and women's awareness of safety and privacy settings online, and, consequently, increasing the risk of digital threats. Fear of digital threats and concerns over online communication with male clients and co-workers are often key reasons why young women are prevented by their families of engaging in digital training and work. Digital threats are further compounded by social risks of sexual harassment and sexual violence among participants, which could have serious, life threatening repercussions for both the victim and the perpetrator. Here also, safety concerns can also prevent young women from attending digital skills-training programs. There is thus a need for adequate due diligence by the Project to ensure that trainings and job placements –where relevant- are held in areas where all beneficiaries—young women, especially—feel safe traveling to throughout the duration of the Project, as well as ensure that service providers institute policies and consistently follow procedures against sexual harassment and all other forms of gender-based exclusion and violence. Requiring service providers to provide accident insurance to all Project

beneficiaries to covering them for any accidents that may happen on the job or while commuting to and from work and training could also go a long way in alleviating concerns about personal safety, reduce social risks, and mitigate against exclusion.

54. **Affordability of Participation:** Recognizing that the project targets vulnerable, low-income youth, transportation costs can be a major constraint that prevents youth beneficiaries from attending training programs. This barrier can often be exacerbated for young women, who traditionally have less access to or ownership of financial resources. The Project design includes provisions to offer transportation allowances to help ensure that beneficiaries participate in the e-work training and on-the-job training, and, according to potential beneficiaries met, this should facilitate participation. However, should these beneficiaries get exposed to shocks that deepen their poverty and change their priorities, they may drop out and lose the benefits of the Project. Service providers met suggested providing additional incentives for participation of youth most in need, including achievement awards, honoraria and food allowance.

55. **Inequitable selection criteria and process:** This barrier was exclusively mentioned in the FGD with youth, and there was a near unanimous agreement among participants that it is not an inconsequential barrier to participation in the Project. When asked to explain this further, participants gave example of eligibility criteria that require applicants to have access to PCs and internet: while smartphones had a high penetration rates among youth met by the SIA (and among Gazan youth more generally), they seemed to have significantly less access to computers. Similarly, their access to the internet is limited due to high cost of data and data limits set by the their individual phone plans. Recognizing that these requirements pose limits on the success of their application for their participation in digital work and training, some youth –according to participants- may opt to self-exclude themselves from applying in the first place. Other examples of limiting eligibility criteria provided by participants included requirements of not having participated in paid-training or cash-for-work programs in the past 3-6 months prior to application. While participants acknowledged the importance of such requirements in emergency response programs, they criticized them as being exclusionary and inappropriate for development programs that seek to promote employment and economic opportunities.

2.2.3. Stakeholders Most at Risk of Exclusion and Drivers of Exclusion

56. Based on the preceding analysis and feedback from key stakeholders met during the field mission, the following table presents the Project's risks of exclusion and their drivers, and profiles the Project's stakeholders most likely to be excluded under the Project's two components. Profiles are presented for two categories of stakeholders, namely: groups at risk of exclusion from being beneficiaries from the project, and target groups at risk of exclusion from the benefits of the project. This distinction is made not only to respond to the requirements of the ToR, but also to underscore that risks of exclusion extend beyond the initial identification and selection process of beneficiaries and implementing partners as some target beneficiaries may face risks that make them unable to fully benefit from the Project. Chapter 3 of this report presents recommendations to mitigate against these risks.

Table 1. Project exclusions risk and stakeholders affected

Stakeholder category / Sub Categories	**Exclusion risk**	**Causes of risk**	**Target group(s) at risk of exclusion**	
			General Profile	**Those most likely to be affected**
Stakeholder groups at risk of being excluded as beneficiaries from the Project				
Trauma victims and individual with mental illness targeted under Component 1	Population groups in need across Gaza not reached by Project	Implementing partners have limited reach, leaving some communities without support	Entire target population living in remote areas across Gaza, particularly those outside Gaza Governorate and in Access Restricted Areas (ARA).	Women, children, elderly and people with disabilities, particularly if: - from a poor household - having low educational level - low social capital.
		Lack of coordination on targeting, leaves some population groups behind		As above. Particularly vulnerable are people with disabilities and elderly as those groups are more difficult to serve and reach. The extreme poor among this group may be disproportionately affected as they and their caretakers face higher costs to access the service. Their access to the service is also likely to be more physically challenging.
	Target groups do not come forward to receive support	Lack of awareness of mental illness and available services	Entire target population across Gaza Strip, particularly members of households with low educational levels.	Single women (as stigma affects social status and marriage potential), children (fear of parents/adult family members, fear from peer bullying and harassment), boys and girls.
		Fear of stigma		
		Family does not support/prevent participation due to social norms and/or concerns for safety	Entire target population across Gaza Strip, particularly members of male-headed households who have low educational levels and/or deep-seated beliefs in existing social norms.	Women. Particularly vulnerable are those women who are single, divorced, and with disability. Within this group those living in remote areas are especially vulnerable

Stakeholder category / Sub Categories	**Exclusion risk**	**Causes of risk**	**Target group(s) at risk of exclusion**	
			General Profile	**Those most likely to be affected**
				as geographic distance from service providers compounds barriers to access. Within this group, those with disability (particularly women) are likely to be most vulnerable as their needs for MHPSS may not be well recognized/acknowledged by their caretakers and families.
		Inability to cover transport costs to attend activities/sessions	Poor households, representing more than 53% of the target population in Gaza.	Individuals with no personal source of income. Women, children, and elderly are particularly vulnerable. Within this group, those with disabilities and in need of specialized MHPSS may be the most impacted as their need for accompaniment increases their costs to receive service. Their needs may also be less acknowledged.
Youth targeted under Component 2	Project limited outreach to target group	Project selects partners with requisite technical capacity, but limited outreach capacity and/or orientation, and/or narrow outreach channels and tools	Youth living in remote target areas, including ARAs, particularly those with no previous experience in or knowledge of opportunities in digital work. And have limited internet access who may not know about the training and work opportunities.	Young women within the Project target group, particularly those with no previous experience in or knowledge of opportunities in digital work. Disability compounds vulnerability of this group.
	Youth do not apply for training, or do not complete	Self-exclusion due to lack of confidence and/or out of disbelief in transparency of selection process	Youth across Gaza with limited prior experience in or knowledge of digital work and/or those whose repeated applications to similar training and work opportunities were not successful.	Young women and men with disabilities as their self-confidence could affected by their social status and, for the latter group, disability.

Stakeholder category / Sub Categories	**Exclusion risk**	**Causes of risk**	**Target group(s) at risk of exclusion**	
			General Profile	**Those most likely to be affected**
	their application requirements	Youth are discouraged or prevented by their families to participate	Youth across Gaza generally, and particularly those from households that rely on them for non-paid work or care.	Young women as they often shoulder the burden of care and reproductive work and have generally less agency compared to their male peers.
		Youth unable to cover costs associated with participation, particularly transportation, self-exclude	Youth across Gaza, particularly those belonging to poor families.	Youth from remote areas are particularly vulnerable. Even more vulnerable are young women from these areas as other barriers compound their vulnerability. Youth with physical disabilities as their access work/training opportunities is further complicated by their special needs (transport, caretaker to facilitate mobility, etc.)
		Youth unable to demonstrate requirements of access to computer and internet, self-exclude	Youth from poor households in particular.	Youth living in extreme poverty.
Target groups at risk of exclusion from the benefits of the project				
Beneficiaries from Component 1	Beneficiaries do not get screened properly, thereby do not get the treatment or referral they need in time	Weak assessment, screening and supervisions systems and procedures; staff burnout and heavy workload; staff not appropriately trained.	All beneficiaries from MHPSS services supported by the Project.	Individuals within beneficiary groups receiving clinical services because of exposure to severe trauma and those diagnosed with complex mental health issues.
	Beneficiaries forced to stop treatment due to sudden changes	Lack of systems to monitor services and track client treatment progress; lack of a holistic approach to	All beneficiaries from MHPSS services supported by the Project.	--

Stakeholder category / Sub Categories	**Exclusion risk**	**Causes of risk**	**Target group(s) at risk of exclusion**	
			General Profile	**Those most likely to be affected**
	in their socio-economic conditions, or exposure to shocks, but go unnoticed by the Project	MHPSS; staff burnout and heavy workload.		
	Beneficiaries who face stigma in connection with the MHPSS they receive from the project and either disengage without getting the support they need or experience worse mental health issues		All beneficiaries from MHPSS services supported by the project.	Women and children (particularly those with disabilities) and elderly beneficiaries of MHPSS services.
	Beneficiaries get exposed to sexual harassment in connection with the MHPSS they receive, and are either prevented by their families from continuing their treatment, or stop returning	Causes of harassment: Lack of clear and well-instituted gender policy and codes of conduct against sexual harassment, sexual exploitation, and GBV. Lack of awareness of codes of policy and codes of conduct among beneficiaries. Grievance mechanisms do not offer appropriate and culturally acceptable redress to incidents of sexual harassment.	Women and children beneficiaries of Project supported MHPSS services.	Young and unmarried women and girls and boys.

Stakeholder category / Sub Categories	**Exclusion risk**	**Causes of risk**	**Target group(s) at risk of exclusion**	
			General Profile	**Those most likely to be affected**
	for treatment themselves.	Victims of SE are not offered the support they need by Project, including psychosocial support at the household level.		
	Trainees employed with support from the project do not get the guidance or supervision they need to develop professionally as envisaged	Lack of clear job descriptions and for trainees. Lack of monitoring and follow-up by Project, in assessments of performance of implementing partners vis-à-vis the training activities. Staff overworked and unable to provide proper training, coaching and supervision to staff trainees supported by the project.	All trainee MH graduates supported by the Project.	--
	Staff of beneficiary MHPSS organizations suffer burnout as a result of increased demand and supervision requirements because of the Project	Lack of staff wellness and care programs. Pressure to deliver quantitative service targets by the Project.	All staff of implementing partner MHPSS organizations.	--
Beneficiaries of Component 2	Youth beneficiaries forced to drop out due to sudden changes in their socio-economic	External factors such as loss of household income or exposure to shocks. This risk may be compounded if there is no system to monitor retention of trainees, and	All youth beneficiaries of the Project's Digital work activities.	Young women beneficiaries in particular. Young women with disabilities are particularly vulnerable.

Stakeholder category / Sub Categories	**Exclusion risk**	**Causes of risk**	**Target group(s) at risk of exclusion**	
			General Profile	**Those most likely to be affected**
	conditions, or exposure to shocks	mitigate –to the extent possible- against drop-out.		
	Youth beneficiaries get exposed to sexual harassment or sexual exploitation connection with their participation in the Project. They are prevented from continuing, and are disempowered as a result.	Causes of harassment: Lack of clear and well-instituted gender policy and codes of conduct against sexual harassment, sexual exploitation, and GBV. Lack of awareness of codes of policy and codes of conduct among beneficiaries. Grievance mechanisms do not offer appropriate and culturally acceptable redress to incidents of sexual harassment. Victims of SE are not offered the support they need by Project to continue, including psychosocial support at the household level.	Young women beneficiaries of the Project's Digital work activities.	Those with no previous experience in co-educational settings and mixed work environments. Those with limited exposure to working outside their homes, particularly young women and youth with disabilities.
	Youth beneficiaries get exposed to GBV within their households to coerce them to surrender the income they earn in connection with the Project	Causes are primarily due to social context and norms, particularly patriarchal societal norms, misogyny, and weak protection systems. It is also a factor or lack of gender awareness among the general population, and lack of ability to manage coercive environment, particularly among youth. Project does not offer gender awareness to beneficiaries, and does	Young women beneficiaries of the Project's Digital work activities	Young women beneficiaries belonging to poor families with an unemployed male breadwinner. Particularly vulnerable within this group are those with disabilities.

Stakeholder category / Sub Categories	**Exclusion risk**	**Causes of risk**	**Target group(s) at risk of exclusion**	
			General Profile	**Those most likely to be affected**
		not sensitize them on issues of GBV or provide them with information on organizations they can approach for help. Project GRM lacks appropriate mechanisms for addressing complaints about GBV.		
	Beneficiaries get exposed to training- or work-related accidents and sustain injuries that force them to disengage from participating in the Project	Occupational and safety hazards not assessed or not mitigated. Support is not provided by the Project to facilitate reintegration into the Project activities during or after	All beneficiaries of the Project's Digital work activities	--

2.3. Risks Associated with Inability to Maintain the "Do-No-Harm" Principle

57. With the Project's planned large-scale support to MHPSS, positive social impacts on the mental health and wellbeing of the target population in Gaza are envisaged. Discussions with MHPSS providers in Gaza revealed that most of these organizations have developed and applied codes of conduct, frameworks and tools to alleviate suffering and promote well-being of the affected population, while ensuring their safety and security, and safeguarding the do-no-harm principle. Nevertheless, findings also suggest that application of these codes of conduct and frameworks is not consistent or adequately monitored. In some organizations not all staff have been trained on it, and there are lacking institutional arrangements –for example, data protection systems and internal supervision arrangements- to ensure that it is adhered. Key risks associated with this include release of patient information, unnecessary delays in diagnosis, treatment and referral of patients; creating dependency; and, ineffective investigation, follow-up and action on grievances and complaints.

58. Interviews with caregivers and medical staff give an indication of the complexity of cases encountered by MHPPS providers with families demanding early interventions and urgent referrals to mental health providers. The seriousness and complexity of needs requires considerable expertise and skill on the part of MHPSS service provides, a requirement that many MHPSS organizations are struggling to meet. As funding for MHPSS programs decrease, staff are required to do more with limited resources. Most programs have not been able to scale-up responses significantly and demand is increasing. Organizations met reported that their staff are experiencing fatigue and burnout due to the heavy workload and ongoing exposure to traumatic events. In many organizations, staff have not received professional development training in years, and in some of these staff capacities is reported to be a real issue.

59. The Project's intention of supporting MHPSS organizations to hire additional staff, while highly relevant to and lauded by MHPSS organizations met, will undoubtedly add a supervision burden on existing staff which puts the quality of care at risk, with considerable implications for clients and the skills and experience trainees financed by the Project may gain. This needs to be recognized by the Project to ensure not only that Project support does not negatively impact the quality of care, but also to ensure that adequate welfare and self-care programs are in place for the staff of partner organizations and trainees placed with support by the Project in these organizations. The issue of implementing partners human resource capacity to deliver MHPSS in a holistic manner needs to also be carefully assessed as this is a critical element for assessing needs for and delivering appropriate MHPSS services for the clients (including monitoring and addressing stigma and/or violence that clients may get exposed to as a result of re, including through referrals, thereby mitigating against risk of, inter alia, misdiagnosis, late intervention, and wrong referrals.

60. There are also a few risks of unintended harm that could materialize in conjunction with the training, apprenticeships and on-the-job training planned under the Project's second component; and these too may be caused unintentionally by staff of implementing partner organizations and capacity limitations within these organizations. Some of these risks stem from exclusion risks identified earlier in this report, namely: exposure of target youth to sexual harassment, sexual harassment, and GBV as result of their participation in the Project activities (including violence at home over control of income from the project); and exposure to accidents while in training or work, including while in route. Given the high demand compared to opportunities available, additional risks include a moderate likelihood of social

conflict as a result of decisions by implementing partners to accept certain applicants and turn down others for training/work.

61. A few of digital training and work providers met did not have a clear policy on gender and did not seem to be proactive in promoting and facilitating young women's collaboration with male colleagues or ascendance to the more complex (and sometime more financially rewarding) digital work. There thus may be a risk of relegating young women beneficiaries to simple e-work tasks, thereby disempowering them, and locking their potential to fully benefit from the development opportunities the Project seeks, however indirectly, to unlock; inadvertently contributing to reinforcing negative socially constructed social norms and expectations.

2.4. Risks Associated with Covid-19

62. At the time of drafting this report, the West Bank and Gaza was entering its sixth wave of Covid-19, with more than 1,000 new cases infected in late June 2022. Neighboring Israel, where hundreds of thousands of Palestinian from the West Bank and thousands from Gaza go to work or do business, has also been reporting a serious surge of new daily cases put at around 10,000. This prompted the Palestinian Health Minister to issue a public statement to call on the public to get their booster vaccinations and take precautions against the spread of the virus. She said that her ministry could call for new restriction to halt the spread of the virus. The de-facto authorities in Gaza, however, declared that the situation remains under control and that it is too early to impose any restrictions as the number of confirmed Covid-19 cases in Gaza between 25 and 27 June 2022 was 12 cases. Since the pandemic began, Ministry of Health recorded 659,453 infected cases, including 334,567 in the West Bank, 75,210 in East Jerusalem, and 249,676 in Gaza. In addition, about 5,660 fatalities, including 3,377 deaths in the West Bank, 304 in East Jerusalem and 1,979 in Gaza[10].

63. For the foreseeable future, Covid-19 remains a serious risk in Gaza as is it is the case around the world. The risk it poses to the project is not only operational in nature, but it also has social dimensions as it exposes project beneficiaries and stakeholders to the risk of infection in a context where important mitigation measures seem to be largely absent; even downplayed by some stakeholders. While Project beneficiaries and stakeholders are all vulnerable to infection, children are particularly vulnerable given that vaccination rates among them are reportedly very low. Another beneficiary group particularly vulnerable is that of elderly, particularly those seeking support MHPSS under the Project's first component.

[10] https://themedialine.org/corona-updates/sixth-wave-of-virus-hits-west-bank-palestinian-health-ministry-says/

3. Recommendations

64. There are many safeguards (policies, procedures, etc.) already planned within the framework of the Project to mitigate against social risks identified in this SIA. These include the Project's Stakeholder Engagement Plan, systems in place for redress of complaints and grievances by Project beneficiaries and stakeholders, and well-established due-diligence policies and procedures at NDC to ensure proper screening, selection, and oversight of its Project implementing partners. The following recommendations do not include suggestions for maintaining already planned safeguards. The focus is on operational actions needed to further strengthen already good measures and introduce others to mitigate the three categories of risks identified in the SIA. The key recommendations are presented below and are mainly directed to NDC:

Issue	**Recommended Mitigation**	**How**	**Respon-sibility**	**When**	**Budget to be Allocated**
Risk of exclusion form the project and its benefits	Ensure a diverse selection of MHPSS organizations with capacity to geographically cover the entire area of the Gaza Strip.	Hold information sessions with potential partner organizations to announce the project and its requirements. Use various communication means to announce the Call for Proposals from NGOS and IT companies.	Project Manager	At Project Effectiveness	US$ 5,000
	Require all implementing partner organizations to use multiple outreach strategies and media tools to promote public knowledge of available support under the Project's two components.	Integrate minimum requirements for this purpose in, both, the Call for Proposals and the Project Operating Manual. To the extent possible, require partners to leverage and collaborate with local (and other) community-based organizations in their outreach activities, and ask them to clearly demonstrate in their proposals how they plan to do this and show what resources they plan to allocate for it.	Project Manager	2022-2023	-
	Linked to the previous: require partner C4S NGOs delivering MHPSS to undertake mental health awareness in targeted communities at the start of implementation, with the aim of raising public	Ask applicant NGOs to detail their public awareness strategy and the costs associated with its implementation in their proposals, and engage with them in assessing and updating/revising this strategy during contracting and implementation as appropriate. During implementation, facilitate coordination	Project Manager	2022-2023	US$ 10,000

Issue	Recommended Mitigation	How	Respon-sibility	When	Budget to be Allocated
	awareness of mental health issues and combating stigma of mental illnesses.	meetings between partner organizations to maximize the Project's geographic coverage and outreach, as well as strengthen referrals between them as needed. Use these coordination meetings to share and review outreach strategies, disseminate results to partner organizations, and use learning generated to update the Operating Manual as appropriate throughout the lifetime of the Project.			
	Emphasize the need for partner organizations to demonstrate in their proposals the arrangements they will put in place during Project implementation to (i) promote and facilitate access to the Project financed services and benefits for groups most vulnerable to exclusion, particularly – under component 1- women, people with disabilities, elderly and children living in remote areas and from households living in deep poverty who may have difficulties to access MHPSS services, and – under component 2- young women who may face constraints in accessing to digital tools (computers,	Assess outreach strategies to vulnerable and most-likely-to-be-excluded groups in proposals, and work with applicant organizations to improve these strategies as needed. Encourage e-work partner organizations to secure safe workspaces and tools for their beneficiaries, including through loaning equipment to those beneficiaries demonstrating need. During implementation, pay particular attention to assessing outreach strategies, and require partner NGOs to report on the implementation of these strategies.	Project Manager	2022-2023	-

Issue	Recommended Mitigation	How	Respon-sibility	When	Budget to be Allocated
	laptops, tablets and other digital necessities) needed for access to the Project training and longer-term job opportunities; and (ii) monitor, assess and report on the effectiveness of these arrangements.				
Ensuring adherence to the Do-No-Harm principle	Convene and facilitate dialogue among partner MHPSS NGOs on issues of screening and referrals with the view of strengthening these processes and ensuring a holistic approach to project-financed MHPSS.	Hold a monthly meeting for partner organizations to discuss issues of referrals and screening.	Project Manager	2022-2023	US$ 8,000
	Put in place a mechanism for monitoring the effectiveness of all types of training programs financed by the Project under both components to ensure that these trainings deliver benefits to the beneficiaries of the Project's C4S component and the e-work component.	Require partner organizations to undertake evaluation of the training they conduct within the framework of the project, to include pre- and post-training assessment of knowledge and skills. Undertake an independent assessment of the main training programs implemented by partner organizations within the framework of the project to validate results reported by these partners and draw lessons for future trainings.	Monitoring Officer	2022-2023	US$ 12,000
	For all MHPSS beneficiaries supported by the Project, and in consultation with partner MHPSS	Review job descriptions of MHPSS beneficiaries placed to work at partner MHPSS organizations to ensure that these job descriptions are clear and fit for purpose.	Project Manager	2022-2023	-

Issue	Recommended Mitigation	How	Respon-sibility	When	Budget to be Allocated
	organizations, ensure that clear job descriptions exist for every individual beneficiary and that these include skills and competency development objectives to be achieved in conjunction with Project financing. Ensure that adequate NDC staff time is dedicated to monitoring progress against these metrics.	Regularly visit beneficiaries while at work and seek their feedback on the training they receive. Collaborate with partners MHPSS organizations to identify ways to improve the value of training beneficiaries receive on the job.			
	Applicant MHPSS NGOs should be explicitly asked to assess their staff wellbeing and propose staff wellness activities to be financed by the Project to mitigate against the risks of burnout, trauma and increased work and supervision burden.	Ask each partner organization to develop a staff wellness program to be financed by the Project, while ensuring that this program is properly justified. Earmark budget in the grant agreements for staff wellness activities,	Project Manager	2022-2023	--
	Reaffirm NDC's zero-tolerance policy towards sexual harassment, sexual exploitation and GBV.	Integrate policy into contracts with partner organizations', setting minimum requirements and standards for safeguards that need to exist, assessing partner organizations against these minimum standards. Support partner organizations through training and other forms of capacity building and technical assistance in meeting these requirements and standards during implementation.	Project Manager	2022-2023	US$ 20,000 (for auditing adherence)

Issue	Recommended Mitigation	How	Respon-sibility	When	Budget to be Allocated
		Make it a contractual requirement to audit adherence to this policy in practice, including through feedback from beneficiaries.			
	Coordinate meetings and communication between partner MHPSS NGOs and e-work component partner organizations to assess and monitor exposure of e-work beneficiaries, particularly young women, to GBV (particularly economic exploitation) and encourage collaboration among partners under the two components to extend support to these beneficiaries as needed.	At the onset of Project implementation, hold a workshop between partner organizations under the Project's two components to establish a mechanism to help e-work partner organizations to identify beneficiaries that may be exposed to GBV, and refer these beneficiaries to MHPSS partner organizations. During Project implementation, hold at least two workshops to discuss the collaboration between partner organizations under the two components.	Project Manager	2022-2023	US$ 3,000
	Ensure that partner organizations adherence to their contractual obligations of providing accident insurance coverage to all Project-supported beneficiaries under the Project's two components.	Earmark resources in the Grant Agreement with partner organizations for accident insurance for all Porject supported beneficiaries. Require that partner organizations share copies of accident insurance policies with NDC.	Project Manager	2022-2023	
Mitigating against the risk of Covid-19	In close collaboration with implementing partners, put in	Include provisions in the Grant Agreement with partner organizations to make them responsible for specific	Project Manager	2022	-

Issue	Recommended Mitigation	How	Respon-sibility	When	Budget to be Allocated
	place clear operational measures to prepare for, mitigate and monitor the spread of Covid-19 among project beneficiaries, and integrate this into the Project's Operating Manual.	operational measures to mitigate the risk of spread of Covid-19 among and between staff and beneficiaries, including provisions for providing personal protective equipment for staff and beneficiaries whenever needed.			

4. Annexes

Annex A. SIA Terms of Reference

Gaza Emergency Support for Social Services Project

Terms of Reference

Social Impact Assessment

1. Background

The Gaza Emergency Support for Social Services Project will respond to the immediate needs arising from the emergency situation in Gaza through increased access of vulnerable populations to social services, particularly mental health and psychosocial services (MHPSS), while also contributing to medium-term development goals, including increased economic inclusion of youth, improved service delivery and private sector development. To respond to both, unemployment as a cause of children's Psychosocial deprivation (PSD) and high rates of youth inactivity and vulnerability in a context where job opportunities are very limited, the Project will focus on providing target youth with short-term employment opportunities (cash for services, C4S) while strengthening the delivery of MHPSS and will include a targeted e-work support component to provide vulnerable youth with increased access to internet-enabled employment opportunities.

The project will be targeting the Gaza population and will include the following components:

Component 1: Cash for Services to enhance psychosocial support provision in Gaza. This component will provide tailored training and sub-grants to selected NGOs to implement Cash for Service (C4S) sub-projects aimed to provide MHPSS to communities affected by the recurrent outbreaks of violence in Gaza, including the recent May 2021 conflict. Services will include mental health and psychosocial support through either direct interventions or prevention activities. Services provided will be mostly targeted towards women and children.

Component 2: Support to youth empowerment through e-work (e-work). Replicating the approach taken by the Gaza Emergency Cash for Work and Self-Employment Support Project (P167726) this component will finance support for target youth to become e-workers/online freelancers and will aim to ensure significant reach to women beneficiaries to address existing gender gaps in the labor market and disproportionate impact of crisis on women. The type of e-work to be supported by the project includes both complex and simple tasks (e.g. software development, graphic design, media production, content development, website design, animations, e-marketing, translation, voice over, virtual assistance, labelling photos or videos, describing products, transcribing scanned documents, data gathering, answering calls). These tasks are linked to larger projects through online networks and platforms at the regional and global levels. Online freelancers can work on their own or as part of local freelancing companies

Component 3: Project Management and Monitoring. This component will strengthen the NGO Development Center's (NDC's) capacity for Project management, monitoring, and evaluation through financing of office equipment, consultants' services, including audit, training, and incremental operating costs.

Component 4: Contingent Emergency Response Component. In the event of a future eligible crisis or emergency, the project will provide an immediate response, as needed. This component would draw from uncommitted funds under the other components of the project. If the CERC is activated, the restructuring of the project would need to occur within three months after activation.

The Project will be implemented by the NGO Development Centre (NDC), making NDC the official Project Implementing Agency (PIA). NDC was identified as the most suitable project implementing agency (PIA) for this operation given its long history as a World Bank implementing agency with a high-performing and positive track record.

2. Potential Social Risks and Impacts

The project is expected to have overall positive social impacts. Under Component 1, the project will support (i) C4S sub-projects, implemented by partner NGOs, to provide MHPSS and related health services to women and children who have been affected by recurrent outbreaks of violence in Gaza, including the recent May 2021 War; and (ii) capacity enhancement of partner NGOs to provide MHPSS. For the provision of MSPSS/social services, partner NGOs will employ people including youth, recent university graduates and specialists (ages 22 to 40) in Gaza who have been unemployed for at least 1 year. MHPSS supported under this component will include direct interventions and prevention activities to be provided, as required, by both professionals (e.g. trained mental health and protection specialists) and lay persons including (but not limited to): recreational and cultural activities for children and women, including those living in camps; support groups for children and women, including survivors of GBV/violence; individual and groups counselling sessions; in-house provision of specialist mental health services where qualified professionals are available; and identification of and referrals to specialists (e.g. psychologists, psychiatrists, doctors, lawyers, Ministry of Social Development etc.) for cases needing specialized care/support. The exact nature of the activities and mode of delivery of services (e.g. in community centres, local schools etc.) will be detailed in the sub-grant proposals submitted by partner NGOs. Under Component 2, the project will finance support for target youth (18-34 years) who have the potential to become e-workers/online freelancers and will aim to ensure significant reach to women beneficiaries. The type of e-work to be supported by the project includes both complex and simple tasks (e.g. software development, graphic design, e-marketing, translation, virtual assistance, labelling, describing products, transcribing, answering calls). The support package will include up to 3 months of skills training (including freelancing skills and technical skills) and up to 5 months of on-the-job support (including co-working space, equipment—as needed, and mentorship/technical support). E-work beneficiaries will also receive transportation allowance during the support period.

Key social issues and risks of the project identified at project appraisal stage are related to exclusion of certain beneficiary groups, SEA/SH and GBV, and health and safety of communities due to potential exposure to COVID-19, for example during face-to-face trainings. Preliminary description of these issues/risks is as follows:

Exclusion - The main social risk across both Components 1 and 2 pertains to exclusion and inequitable access to project benefits for certain marginalized or vulnerable groups. The project will be implemented across Gaza and there is a potential risk that persons living in underserved and marginalized areas (e.g. access reduced areas (ARAs), rural and remote locations) may not benefit equitably from opportunities and services under both components due to limited project outreach to such locations. Similarly, while the project is focusing on women and children under Component 1, particularly people with mental health issues, there is a risk that certain groups that are more vulnerable among the target groups (e.g. elderly women, children with disabilities) may not receive proper attention. PWD may also not be able to access project support under the e-work component.

SEA/SH/GBV –The project will also be implemented in rural/remote locations where the risk of SEA/SH is potentially higher and there is reduced access to GBV support service providers. There is a risk of SEA/SH due to interaction between beneficiaries and service providers/trainers during face-to-face activities and trainings for MHPSS under Component 1 and face-to-face trainings for e-work under Component 2. Furthermore, there is some risk of SEA/SH due to interaction in the digital space during online trainings and e-work activities. At project appraisal stage, based on preliminary design information, the SEA/SH/GBV risk was rated as moderate. However, this risk needs to be properly assessed and requisite mitigation measures (e.g. implementation of Code of Conduct (CoC) for workers; special features in the project GMs (for beneficiaries and workers) to address potential cases of SEA/SH/GBV and provision of requisite training to personnel in this regard etc.) need to be proposed and included in the design of activities, grant agreements, E&S instruments etc., as required, and implemented.

"Do No Harm" - Under Component 1, there may also be some risks associated with maintaining the "Do No Harm" principle in the provision of MHPSS (e.g. due to weak screening of potential C4S beneficiaries for protection concerns and insufficient training and supervision of service providers, particularly lay persons; burnout of MHPSS service providers due to lack of proper "care for caregivers" etc.); and potentially causing social tension and increase in stigma and isolation of people seeking care/support if there is resistance to provision of specialized support or referrals among affected families or communities.

Community Heath and Safety - The main community health and safety risks are related to transmission of COVID-19, potential exposure of beneficiaries and project workers to communicable diseases during implementation of project activities; and risks associated with potential cases of SEA/SH and GBV in the community.

Some additional risks pertain to health and safety of workers and labor and working conditions, and these risks have been assessed and mitigation measures provided in the Labor Management Procedures (LMP) prepared for the project.

The Stakeholder Engagement Plan (SEP) for the project, provides details of the project Grievance Mechanism (GM) which also includes measures to address any SEA/SH/GBV related complaints, including survivors' referral mechanisms.

3. Objective of the assignment:

The objective of this SIA is to determine and analyze - among other details nature and extent – project related social issues and risks pertaining to i. exclusion, ii. SEA/SH and GBV, iii. maintaining the "Do No Harm" principle in the provision of MHPSS, iv. community health and safety, and v. any other risks identified during the assessment. Mitigation measures recommended in the SIA will be used to inform the design of activities/interventions (as appropriate) and included in the risk mitigation measures in the Project Operational Manual (POM), sub-project grant agreements, and any relevant guidelines, Standard Operating Procedures (SOPs) and technical specifications prepared for implementation.

4. **Scope of Work**

The Consultant will undertake the following tasks:

(a) **Review the social context** within which the project will be implemented. Based on secondary sources provided by NDC, the Consultant will undertake a brief desk review focused on the socio-cultural, institutional and political context in Gaza. Existing relevant studies, surveys, and other secondary literature as well as project reports and materials should be reviewed.

(b) **Verify key stakeholders.** A Stakeholder Engagement Plan was prepared that identified the key stakeholders and includes measures for stakeholder consultation and information dissemination and disclosure. The Consultant will verify and map relevant stakeholders, identifying/verifying project affected people (PAPs), interested people and vulnerable groups. Particular attention is to be paid to identifying groups that are vulnerable to being marginalized or excluded as project beneficiaries in the project area. Based on the desk review and consultations with key informants and stakeholders, the Consultant should identify varying levels of vulnerability within groups; for example, children, widows and female-headed households, women in polygamous households, and instances where there might be multiple vulnerabilities due to age, gender, and disabilities.

(c) **Conduct an analysis of groups that are vulnerable to exclusion from project benefits.** Following from (b) above, and *the identification of groups that are vulnerable to exclusion*, the Consultant will provide an analysis of key factors or reasons rendering these groups vulnerable, and identify elements in the proposed project interventions that may contribute to accentuating vulnerability. The analysis will include a brief description of vulnerability including –to the extent possible- demographic information and socio-economic traits.

(d) **Identify and analyse potential social issues and risks** related to the proposed project activities and provide recommendations on how to mitigate risks and negative impacts, enhance positive impacts for beneficiaries, and mitigate the risks of vulnerability and exclusion.

5. Suggested Data Collection, Research Methods

The SIA will rely on available secondary data, literature reviews and qualitative assessments using –as appropriate- focus groups, in-depth interviews, small case studies, consultative group meetings, press clipping analysis, and field observation of the project's key stakeholder groups (in

the project area). Discussions and interviews should also involve, among others, groups and individuals with experience in MHPSS, provision of support services for GBV survivors, issues of disability etc. The identification of stakeholders and potential beneficiaries to be interviewed shall be the responsibility of the consultant, but to be carried out in close consultation with relevant staff of NDC.

6. Expected Outputs

The Consultant will prepare a short report in English of no more than 25 pages which will include, but not be limited to, the following sections: an executive summary, introduction and background (including literature review), objectives of the assessment, data and methodology, analysis and findings, and recommendations and mitigation measures. The report should be a stand-alone document, hence the need for annexes should be minimized.

Recommendations and mitigation measures included in the SIA will be used to inform the design of activities/interventions (as appropriate) and included in the risk mitigation measures in the Project Operational Manual (POM), sub-project grant agreements, and any relevant guidelines, Standard Operating Procedures (SOPs) and technical specifications prepared for implementation. The SIA would also propose, to the extent possible, necessary implementation arrangements and a tentative budget for implementation of recommendations/mitigation measures.

7. Consultant's Services

The Consultant will be responsible for preparing the SIA including, but not be limited to:

i. Define the scope of the social impact assessment in consultation with NDC and produce a brief methodology note outlining the purpose of the SIA, the approach, tools to be used in data collection, and an indicative schedule of meetings and interviews.
ii. Literature review, documentation of existing data.
iii. Field execution of the qualitative assessment including focus groups, interviews, etc.
iv. Data analysis, write-ups and preparation of the draft final and final reports.

8. Deliverables

The consultancy assignment is expected to be completed within a maximum of 35 days from the day of contract signing. The table below is an illustrative presentation of the consultancy schedule and deliverables.

Week	Main Activities	Deliverables and Timing
1	• Preparation of the methodology note and work schedule	• Inception report and work plan to be submitted within 6 days after commencement of the assignment
2	• Qualitative data collection; data analysis and preliminary report	• To be submitted within 22 days of commencement of assignment
3	• Final report	• Final report with comments addressed to be submitted within 7 days after receiving comments from the NDC and the Bank.

9. Qualifications

The SIA should be prepared by a qualified and experienced social scientist with an advanced degree in a social science such as sociology, gender, anthropology, development studies, other related discipline and at least 5 years of experience in conducting social assessment, gender assessment and other sociological related research. He/She must have in-depth knowledge of qualitative research methods and their application in development-based interventions. He/She must have excellent and proved report writing skills and experience of similar assessments.

Interested Consultants must provide information evidencing that they are qualified and experienced to perform the services. For that purpose, Consultant's CV including documented evidence of recent and similar services shall be submitted.

10. Type of Contract

Individual Consultants will be asked to submit their financial proposals as a lump-sum amount based on the identified scope of work. A lump-sum contract will be signed with the selected Consultant.

Payments will be made based on a payment request submitted by the Consultant and supported by the achievement of deliverables.

11. Key documents

The following key Project documents will be provided to the Consultant:

i. Project Appraisal Document (PAD) for the Gaza Emergency Support for Social Services
ii. Stakeholder Engagement Plan (SEP)
iii. Labor Management Plan (LMP)
iv. Environmental and Social Commitment Plan (ESCP)

Annex B. Stakeholders Met

List of people interviewed – June 2022

Name	Institution
Amal Siyam	Women's Affairs Center
Ayman Abu Asser	Al-Mustaqbal Association for Care of Victims of Violence
Ayman Sirsawi	Al-Mustaqbal Association for Care of Victims of Violence
Bael Qandil	IT Incubator-Islamic University
Bassam Zaqout	Palestinian Medical Relief Committees
Buthaina Suboh	Wifaq Association for Child and Woman Development
Dina Abu Shahla	Women Technical Affairs Committee
Haifa'Al-Shakhshir	Women University Graduates' Association
Hatem Abu Al-Qaraya	Palestinian Red Crescent Society
Ibrahim Al-Mazzroui	Palestinian Association for Development
Kamal Abu Shawish	Community Rehabilitation and Training Association
Mohamad Al-Jaja	Women University Graduates' Association
Mohamad Hassouna	University College for Applied Sciences
Mohamed Al-Muza'nen	Ajyal Association for Innovation and Development
Nadia Abu Nahla	Women Technical Affairs Committee
Nahed Hanouneh	Basma Association for Culture and Arts
Ra'fat Majdalawi	Al-Awda Association for Community Health
Rami Suwan	Muntada Al-Tawasul Association
Reem Faraina	Aysha Association for the Protection of Women and Children
Yasser Abu Jame'	Gaza Community Mental Health
Sabah Al-Farra	Bayt Al-Mustaqbal Association
Suha Abu Saloum	Al-Amal Association for Rehabilitation of Disabled
Ahmad Al-Hilou	Right to Life Association
Zaher Sbeih	Life and Hope Association
Mohamed Al-Alami	Life and Hope Association
Rose Al-Utsath	Gaza Gateway
Mohamed Farwana	Gaza Gateway

List of Focus Group Participants – June 2022

Beit Lahia Focus Group Discussion			
No.	**Name**	**Locality**	**Profile**
1.	Maisa Munir Al-Radee'	Bait Lahia	Studying, Public Relations
2.	Asala Ibrahim Salman	Bait Lahia	Studying, Technician
3.	Amna Sufian Al-Barrawi	Bait Lahia	Studying, Administration
4.	Rola Ramzi Hamouda	Bait Lahia	Studying, Civil Engineering
5.	Olfat Saeed Ma'rouf	Bait Lahia	Studying, Law & Shari'aa
6.	Ansaf Fadel Al-Badri	Bait Lahia	Studying, Administration
7.	Rola Mansour Al-Masri	Bait Hanoun	Studying, Agricultural Engineering
8.	Maram Sufian Rajab	Bait Lahia	Studying, Business Administration
9.	Isaraa Adnan Rajab	Bait Lahia	Studying, Health Care Administration
10.	Remah Fathi Ma'rouf	Bait Lahia	Studying, Secretary
11.	Nashwa Naser Shabat	Bait Hanoun	Studying, Computer Science
Beit Hanoun Focus Group Discussion			
1.	Reema Mansour Abu Shamalakh	Bait Lahia	Engaged in a family business, Embroidery
2.	Shirin Hasan Ma'rouf	Bait Lahia	Engaged in a family business, Dairy
3.	Amna Anan Al-Berrawi	Bait Lahia	Engaged in a family business, Handcraft
4.	Sanaa Isamail Shabat	Bait Hanoun	Runs a Business, Recycling
5.	Israa Mohammad Za'aneen	Bait Hanoun	Runs a Business, Nursery
6.	Samar Saeed Abu Jrad	Bait Lahia	Runs a Business, Embroidery & Sewing
7.	Islam Ammar Al-Kilani	Bait Lahia	Engaged in a family business, Hairdresser
8.	Anwar Wasfi Nasser	Bait Hanoun	Engaged in a family business, Sheep & Cow farm
9.	Fida' Adham Jaradat	Bait Hanoun	Engaged in a family business, Pastry making
10.	Najat Al-Sayyed Khamees Abu Jarad	Bait Lahia	Runs a business, Pastry making
11.	Amani Ziyad Al-Bahri	Bait Lahia	Runs a Business, Embroidery & Handcraft
12.	Nermeen Yaser Athamneh	Bait Hanoun	Engaged in a family business, Strawberry production
13.	Iman Faraj Ghaben	Bait Lahia	Engaged in a family business, Rabbit Husbandry
14.	Samar Othman Al-Baa	Bait Hanoun	Runs a Business, Bee Keeping
Zaytoun Focus Group Discussion			
1.	Ibrahim Jamal Nahhal	Beach Refugees Camp	Imam of local mosque (religious leader)
2.	Mohammad Abed Hussein	Al-Rimal	School principal
3.	Ahmad Abdel Aziz Abu Sharia	Sabra	Local member of a group of political group calling for reforms

Beit Lahia Focus Group Discussion			
No.	**Name**	**Locality**	**Profile**
4.	Fadel Khaled Zahhar	Zaytoun	Former Council member – Gaza Municipality
5.	Mohammad Ishtawi	Zayttoun	Head of the Palestinian Council for University Affairs
6.	Nasser Abde Badawi	Zaytoun	Local member of a group of political group calling for reforms
7.	Ibrahim Sha'ban Dahdouh	Zaytoun	Mokhtar (local community leader)
8.	Mohammad Ali Saleh Ishtasi	Zaytoun	School teacher
9.	Ramadan Omar Ishtawi	Zaytoun	Chairman – Zaytoun for Development (CBO)
10.	Mohammad Yasin Saqallah	Zaytoun	Executive Director – Olive Tree Association (CBO)
11.	Zohair Atta Madi	Gaza	Vice Chairman – Arab Knight for Development (CBO)
Central Gaza Focus Group Discussion			
1.	Amal Ahmad Abu Khaled	Al-Nusairat	Studying, has an idea about food processing
2.	Rawand Alaa Zaqout	Al-Nusairat	Studying, Interior Design
3.	Yusri Abdulkareem Al-Rawagh	Al-Nusairat	Business idea, Barber
4.	Doaa Eyad Shubair	Al-Nusairat	Studying, Business Administration
5.	Aya Mohammad AlMubasher	Al-Nusairat	Studying, Law
6.	Rawan Atef Abu Sweereh	Al-Nusairat	Studying, Nursing
7.	Fedaa Ismail Saqer	Al-Nusairat	Engaged in a family business, Embroidery
8.	Zainab Said Al-Muasy	Al-Nusairat	Studying, Business Administration
9.	Sabreen Sulaiman Abu Lamoon	Al-Nusairat	Engaged in a family business, Livestock
10.	Maisa Bahjat Abu Sweereh	Al-Nusairat	Studying, Engineering Assistant
11.	Maryam Mohammad Abu Ayadeh	Al-Bureij	Engaged in a family business, Dairy Processing
12.	Iman Awad Hussein	Al-Bureij	Runs a Business, Recycling
13.	Asmahan Awad Hussein	Al-Bureij	Studying, Accounting

Annex C. Assessment Tools

Interview checklist with MHPSS providers and e-work organizations in Gaza

KQ1: Could you please describe your services/programmes in the area of MHPSS/Health Service Provision/E-Freelancing/Entrepreneurship Support?

KQ2: Have you had any experience in C4W/C4T in conjunction with these programmes/services? Please describe how that worked?

KQ3: What are the primary target areas/target groups for these services? Please provide a socio-economic profile?

KQ4: Among these target groups, who are the most vulnerable/marginalized and why?

- Women
- Young girls and boys
- PWDs
- Elderly
- Women in polygamous households
- IDPs
- Others?

KQ5: How would you assess these groups' access to and continuous use of your services? What are the main constraints/challenges they face in this regard?

KQ6: What measures do you currently take to ensure outreach to these groups and mitigate against the risk of their exclusion from services? What more do you think can be done, particularly within the framework of the NDC/World Bank project?

- What do you do to ensure and facilitate access to your services by these groups?
- What would you like to do in this regard and unable to?
- Assuming that you have done these things, what exclusion risks may remain? What can be done to mitigate against them?

KQ7: Other than exclusion, what are the most important social risks associated with the provision of the services we have been discussing? What do you do to mitigate them? What more can be done to mitigate against them?

- Stigma
- Social norms that restrict women's access to services/participation in training/E-work
- Disbelief in MHPSS

KQ7: Does your organization have a formal written policy on SEAH/SH? What has been your experience in this regard? How can the Project support you further in this area?

KQ8: Do you have any final thoughts/remarks?

FGD Guiding Questions

KQ1: Could you please introduce yourself. Tell us your age and whether you have had any experience in digital work or training/MHPSS services?

KQ2: Would you be interested in training in digital work/access to MHPSS, and why?

KQ3: Are there any barriers to your engagement in digital work/training / Access to MHPSS? What are these?

KQ4: Lets' look at these barriers in a bit more detail and identify the profile of youth in Gaza who may face these barriers?

- Age
- Sex
- Household characteristics
- Other

KQ5: Of these groups we just identified, are there sub-groups that may be disproportionately impacted by these barriers? Who?

KQ6: Assuming that you were offered an e-training/e-work opportunity / participated in MHPSS, what might be the main challenges or problems that you may face that could either force you to drop out or expose you to problems/risks?

- Are there groups that are particularly vulnerable to this?
    - Young men vs. young women for example
    - Youth living in remote areas versus youth living in urban areas or communities close to urban centers?
    - Youth with disabilities?

KQ7: What could be done in your opinion to reduce:

- Participation barriers
- Problems/risks associated with participation

KQ8: Do you have any final thoughts/remarks?