# Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 31-May-2021 | Report No: PIDA31910

## BASIC INFORMATION

### A. Basic Project Data

| Country | Project ID | Project Name | Parent Project ID (if any) |
|---|---|---|---|
| Yemen, Republic of | P176570 | Yemen Emergency Human Capital Project | |
| **Region** | **Estimated Appraisal Date** | **Estimated Board Date** | **Practice Area (Lead)** |
| MIDDLE EAST AND NORTH AFRICA | 31-May-2021 | 24-Jun-2021 | Health, Nutrition & Population |
| **Financing Instrument** | **Borrower(s)** | **Implementing Agency** | |
| Investment Project Financing | United Nations Office for Project Services, World Health Organization, United Nations Children's Fund | United Nations Children's Fund, World Health Organization, United Nations Office for Project Services | |

Proposed Development Objective(s)

The project development objective is to provide essential health, nutrition, water and sanitation services to the population of Yemen.

Components

Improving Access to Healthcare, Nutrition, and Public Health Services
Improving Access to Water Supply and Sanitation and Strengthening Local Systems
Project Support, Management, Evaluation and Administration
Contingent Emergency Response

The processing of this project is applying the policy requirements exceptions for situations of urgent need of assistance or capacity constraints that are outlined in OP 10.00, paragraph 12.
Yes

## PROJECT FINANCING DATA (US$, Millions)

### SUMMARY

| | |
|---|---|
| **Total Project Cost** | 150.00 |
| **Total Financing** | 150.00 |
| **of which IBRD/IDA** | 150.00 |
| **Financing Gap** | 0.00 |

## DETAILS

### World Bank Group Financing

| | |
|---|---|
| International Development Association (IDA) | 150.00 |
| IDA Grant | 150.00 |

Environmental and Social Risk Classification

Substantial

Decision

## B. Introduction and Context

Country Context

Violent conflict, now in its seventh year, has crippled Yemen's economy and created an unprecedented humanitarian crisis. Yemen has been embroiled in conflict, inflicting considerable physical damage to infrastructure, ravaging its economy, weakening institutions, and protracting what has already been the world's worst humanitarian crisis in a long time. Diverse factors including tribal, regional and sectarian divisions, long-standing grievances, elite capture of limited resources and rampant corruption have been the major causes of fragility drivers operating across Yemen. While conflict has been a key factor in the gradual breakdown of national structures essentially crippling service delivery, particularly in life-critical sectors such as health, violence alone cannot account for the magnitude of suffering with other factors like fragmentation, poor coordination, limited transparency and weak governance further complicating the picture on the ground.

The country has suffered extensive damage to its human capital which will require time and steady resources to undo. A large swathe of the population is food insecure, upwards of 10 million people are at risk of famine, and two million children require treatment for acute malnutrition, causing irreparable damage to human capital. Over three million children were born in Yemen since the escalation of violence in March 2015. An estimated 4.3 million people have fled their homes since the start of the conflict, of which 3.3 million remain internally displaced with the numbers rising. The conflict has further limited already fewer opportunities open to women to access economic activities with their mobility and participation in the public domain further curtailed, while a climate of intensified gender-based violence, increased rates of child marriage, and reduced educational opportunities remain pervasive. At the same time, the operating environment for aid delivery is highly constrained further complicating operational conditions for international agencies on the ground.

Socio-economic conditions deteriorated further in 2020, leading to a significant worsening of poverty. Distortions created by the fragmentation of institutional capacity and the divergent policy decisions between the areas of control have further compounded the economic and humanitarian crisis. As a result, anecdotal evidence indicated a likely contraction of the economy from an already low base in 2020. More than 50 percent of Yemenis between the ages of 18 and 24 were unemployed in 2017 (UNDP 2017). This dramatic deterioration of conditions in Yemen has translated into an estimated 80 percent of the population (around 24 million) living below the poverty line even before the crisis brought about by the

COVID19 pandemic (World Bank 2019). In addition to monetary poverty, up to 80 percent of households experience overlapping monetary and non-monetary deprivations (World Food Program 2020).

The COVID-19 outbreak, flooding, locust infestation and climate-related hazards have further compounded the impacts of the conflict on people and country systems and underscored their vulnerability to shocks. In recent years, the already dire humanitarian situation in Yemen has been exacerbated by multiple and overlapping infectious disease outbreaks such as cholera and dengue. The COVID-19 pandemic has further strained an already weak health system. The fatality rate is high, estimated around 25 percent, and COVID-19 has reduced demand for routine health services such as immunization and maternal care, while school closures have left over six million children out of school, amid soaring food prices. Yemen is not only one of the most water insecure countries in the world; it is also vulnerable to climate change. Massive flooding and the threat of locusts had a devastating effect on food security and livelihoods. In April and August 2020, floods severely impacted more than 100,000 people and displaced thousands. At the same time, Yemen is facing significant cuts to humanitarian assistance despite mounting challenges.

## Sectoral and Institutional Context

Yemen's health sector is suffering from the cumulative impact of more than half a decade of conflict, economic recession, and institutional collapse. Latest OCHA estimates indicate that close to 20.7 million people require some form of humanitarian or protection assistance. Currently, only about half of health facilities are functioning, and the system is riddled with a severe shortage of human resources and supplies. Health indicators are among the worst globally, with malnutrition impacting a large portion of the population, and maternal and child health being disproportionally affected. Communicable diseases including cholera, diphtheria, dengue and measles have been rampant due to poor water and sanitation conditions and proliferated causing further morbidity and mortality. Even more worryingly, the weak health system has also left the country vulnerable to pandemics such as COVID-19, with the virus spreading rapidly and exacerbating the humanitarian situation. While governance and service delivery arrangements rely predominantly on partners, there remain significant funding gaps, which raises further uncertainty regarding the provision of health services. Despite encouraging attempts to close the humanitarian-development gap through focusing on integrated service delivery and governance, conflict and COVID-19 could very likely threaten the gains achieved to date.

Difficulties in the provision of health services are reflected through worsening health outcomes. Reporting on the health status of Yemenis points to deteriorating health conditions amidst the ongoing conflict. These include high levels of child malnutrition, low immunization rates and outbreaks of communicable diseases. UNICEF's latest estimates for Yemen categorize mothers and babies as highly vulnerable, with one mother and six newborns dying every two hours because of complications during pregnancy or birth. Additionally, conflict has also taken a direct toll on the health of the population and is now estimated to be the third main cause of death in Yemen, following ischemic heart disease and neonatal disorders.

Challenges to service provision particularly in rural areas include sporadic access to essential medicines, equipment shortages and lack of access to basic utilities including electricity especially in rural areas. Prior to the conflict, distance to facilities was a significant problem: 59% of women surveyed in two studies in 2013 cited this as a barrier to accessing reproductive care. Finally, although the literature on quality of care in Yemen is sparse, available evidence suggests that curative care services were of generally poor quality (measured through patient perceptions of care) and were neither readily available nor accessible across the country, especially in rural areas. According to the IHME Healthcare Access and Quality Index (HAQ), which ranks countries in terms of the incidence of morbidity and mortality that should not occur in access to quality health care (e.g., amenable mortality), on a 0-100 scale, Yemen has one of the highest rates of amenable

mortality in the world. A study by the World Bank's Emergency Health and Nutrition Project (EHNP) assessed quality of care for antenatal care (ANC) visits, looking at the effective coverage for ANC through the availability of key clinical practices, availability of tracer medications, and availability of key supplies, demonstrating that in every governorate, the effective coverage of ANC interventions was lower than the coverage of ANC interventions, and in certain governorates the difference was more than 50% and that effective coverage of ANC remained below 30%, highlighting the significant quality gaps that are potentially evident in other health services.

Due to its geographical location within an arid to semi-arid zone, Yemen suffers from acute water scarcity/crisis coupled with serious incidents of flood. The current annual renewable freshwater resources in Yemen are estimated at 80 m3 per capita, compared to a global average of 8,900 m3 per capita and below the absolute scarcity threshold of 500 m3 per capita. Over 90 percent is used for agricultural activities, 8 percent for municipal water supply sector, and 2 percent for the industrial sector. Several major cities are already bearing the brunt of water scarcity such as Sana'a and Taiz. The coastal cities, including Aden and Al-Hodaida - the economic and commercial hubs - lack safe drinking water mainly due to sea water intrusion and deterioration of water quality due to the seepage of untreated wastewater from manholes, septic tanks, and non-operational wastewater treatment plants. The main groundwater aquifers supplying some major cities, including the capital Sana'a, are at risk of being fully depleted in the foreseeable future.

Access to improved water has been in decline for several years and significant access gaps persist in sanitation. There is a sanitation crisis in Yemen. According to UNICEF, as of October 2020, about 18 million people lacked adequate access to sanitation. There is an urgent need to restore the functioning of sanitation infrastructure inside major cities, as the recent Damage and Need Assessment (DNA: updated2020)found that 38% of WASH facilities have been damaged and only 21% are functioning in the 16 cities included in the DNA study OBJ The conflict has exacerbated service gaps and institutional challenges in the water and sanitation sector. Access to improved drinking water sources has declined by up to 50 percent because of the conflict OBJ Service delivery, which used to be intermittent in most cities before the conflict, has become even more uneven, forcing consumers to seek costly alternative sources of water supply with questionable quality, including private water tankers. In addition to the destruction of water and sanitation facilities, many Water and Sanitation Local Corporations ( WSLCs) partially or totally halted services because of physical damages, lack of fuel, electrical outages, inadequate revenue collection, water theft, tampering of water meters, and high absenteeism among unmotivated technical staff who have not received salaries in over three years. In addition, there has been a dramatic increase in the number of sewage system breakdowns since the armed conflict began due to lack of maintenance caused mainly by the reduction of revenues to pay the workers.

## C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

The project development objective is to provide essential health, nutrition, water and sanitation services to the Yemeni population.

Key Results

**PDO Level Indicators**

- People who have received essential health, nutrition, and population services (cumulative number disaggregated by gender, children and IDPs).[1]
- People provided with access to improved water and sanitation services in selected urban and rural areas (cumulative number – disaggregated by gender).

## D. Project Description

**Component 1: Improving Access to Healthcare, Nutrition, and Public Health Services (US$104.95 million equivalent).**

This component aims to ensure continuity of delivery of Minimum Services Package (MSP) services and provision of an integrated package of services at Primary and Secondary Health Care levels including facility, outreach, mobile, and community with a particular focus on integrating the maternal and newborn health (MNH), and child nutrition services including treatment of children with SAM without complication. In addition to ensuring continuity of services, the aim will be to strengthen quality of treatment and scale-up to reach the most vulnerable and marginalized populations. The component will sharpen the focus on strengthening prevention of acute malnutrition including infant and young child feeding, micronutrient supplementation targeting children and women (including adolescent girls). It will also make emphasis on the integration of mental health and psychosocial support (MHPSS) interventions with health and nutrition. The component will introduce activities focused on the prevention of chronic malnutrition through school health and outreach programs that promote healthy diet, integrated management of childhood illness (IMCI), and routine delivery of selected public health programs and immunizations (EPI) through different delivery models and platforms. Inputs from this project will include per diems, provision of operating costs, basic supplies, equipment, maintenance, medical and non-medical supplies, essential drugs, vaccines, micronutrients, therapeutic foods, fortified nutritious supplements, training, per diem and transportation allowances, and minor rehabilitation of existing facilities.

**Component 2: Improving Access to Water Supply and Sanitation (WSS) and Strengthening Local Systems (Implemented by UNOPS - US$26.24 million equivalent).**

This component will support the provision of WSS services for the population of Yemen through rehabilitation of medium to large WSS infrastructure and strengthening the capacity building of the local water and sanitation institutions. The Project will help preserve and strengthen the WSS system through supporting, inter alia, procurement and contract management, social and environmental standards, low carbon and climate resilient infrastructure, technical design, asset management, grievance redress and gender-sensitive citizen engagement, O&M of WSS facilities, supply chain management, and information management, safeguard and leadership capacities of local institutions. Funding for this component will cover rehabilitation of WSS infrastructure, basic supplies, equipment, maintenance, water trucking, WASH consumables and kits (e.g. iodine tablets, menstrual products for women, soap

[1] A composite indicator with the sum of: (a) children immunized; (b) women and children who have received basic nutrition services; and (c) deliveries attended by skilled health personnel.

for Health Facilities, schools etc, alcohol-based hand rubs, etc.), training, and transportation allowances, and minor rehabilitation of existing WASH facilities in Key Health Centers and schools. The design of this component is consistent with the Yemen WASH Poverty Diagnostic Study published by the World Bank Water and Poverty Global Practices (June 2017), Damage assessment Study of GIZ (2018), Sanitation Mapping Study of Sana'a and Aden cities (2020), Damage and Need Assessment of World Bank (2020). The design builds on the important lessons learned from EHNP, YEUSEP and other Bank-financed projects in Yemen and from Bank engagements in emergency health and nutrition and WSS operations in other fragility, conflict and violence (FCV) countries.

**Component 3: Project Support, Management, Evaluation and Administration (implemented by UNICEF, WHO, and UNOPS - US$18.81 million equivalent).**

This component will support administration and monitoring and evaluation (M&E) activities to ensure smooth and satisfactory project implementation. The component will finance: (i) general management support for WHO, UNICEF and UNOPS; (ii) hiring of Third-Party Monitoring (TPM) agents, with terms of reference satisfactory to the World Bank, that will complement the existing TPM arrangements for the implementing agencies; and (iii) technical assistance.

**Component 4: Contingent Emergency Response (implemented by UNICEF, WHO, and UNOPS - US$0)**

The zero-dollar Contingent Emergency Response Component (CERC) will be in place to provide expedited response in case of emergency. There is a probability that an epidemic or outbreak of public health importance or other emergencies may occur during the life of the project, causing major adverse economic and/or social impacts. An Emergency Response Operational Manual will be prepared and agreed upon with the World Bank to be used if this component is triggered.

Legal Operational Policies

| | Triggered? |
|---|---|
| Projects on International Waterways OP 7.50 | No |
| Projects in Disputed Areas OP 7.60 | No |

Summary of Assessment of Environmental and Social Risks and Impacts

**Environmental Risk Rating**

The environmental risks and impacts are expected to be substantial and be generated from activities which will be financed under Component 1: 'Improving Access to Health, Nutrition, Public Health Services and Water and Sanitation Services' including, inter alia, medical and non-medical supplies, essential drugs and vaccines, cholera rapid response teams, and cholera case management as well as routine delivery of selected public health programs and immunizations, nationwide public health campaigns, including vaccination and neglected tropical diseases, epidemiological and diagnostic laboratory capacity of the local institutions particularly the reference labs at the governorate level. The main environmental risks are the following : i) medical waste management and community health and safety issues related to the handling, transportation, and disposal of vaccines, labs materials and tests, medical consumables and associated healthcare waste; and (ii) the occupational health and safety (OHS) issues related to vaccination, lab testing, handling of

medical supplies and the possibility that they are not safely used by medical crews. Furthermore, potential environmental impacts might result from supporting component 2, particularly the maintenance and rehabilitation of water supply and sanitation systems, including wastewater treatment plants both in rural and urban areas. Potential environmental impacts of such interventions include dust emissions, sludge, debris and other solid waste generation and management, ground/surface water contamination, social annoyance and community safety due to traffic increase, blocked streets, noise and unsafe construction sites as well as workers safety including occupational health and safety. In addition, supporting the installation and operation of small-scale incineration units might have risks and impacts which are associated with the combustion of plastics and other materials containing polyvinyl chloride results in emissions of dioxins, furans, and other air pollutants that are toxic, persistent in the environment, and bio-accumulative. Conventional pollutants, e.g., sulfur and nitrogen oxides, are also emitted. These emissions may pose chronic risks, e.g., cancer, and possibly acute risks. Nonetheless, such risks and impacts are expected to be site-specific, reversible and of low magnitude that can be mitigated following appropriate measures. Furthermore, the application of adequate occupational and community safety precautions following the World Bank Environmental, Health and Safety Guidelines is expected to be sufficient to prevent any associated impacts.

The project will prepare an ESMF that will lay out subproject planning requirements and steps to further screen, assess and plan to mitigate social and environmental risks and impacts. These will cover social exclusion risks for their assessment and mitigation, including stakeholder risks and issue of possible elite capture. Vulnerable groups within the communities affected by the project will further be confirmed and consulted through dedicated means under Stakeholder Engagement Plan (SEP), as appropriate as well as the description of the methods of engagement that will be undertaken by the project to reach these groups. Subprojects – including those that might be supported by the Contingent Emergency Response Component (CERC)– will be screened against environmental and social criteria that will be included in the ESMF, and subsequent site-specific environmental assessment instruments will be prepared -if needed- during the implementation phase and before the commencement of any activities. The project will also prepare Labor Management Procedures to address labor risks such as occupational health and safety risks for project workers administering vaccines, lab tests, WASH works and other interventions under the project. Due to the limited timeframe for preparing this operation, the ESMF and LMP will be prepared and disclosed before the project effective date. The preliminary SEP shall be further updated and disclosed no later than the effective date based on inclusive consultations that will be carried out which will include key findings, date of consultations, list of participants, etc.

**Social Risk Rating**

The anticipated social risks are considered substantial mainly due to risk of inequality in the provision of healthcare and nutrition services to targeted beneficiaries, and in the access to water suppy and sanitation services under components 1 and 2 respectively. Project interventions may face possible risks of exclusion of project benefits due to gender, vulnerability, social and economic status. There could also be risks of sexual exploitation and abuse and/or sexual harassment (SEA/SH) in the project implementation. Female medical workers could be subject to or could face SEA/sexual harassment issues; female visitors could be vulnerable to sexual abuse/harassment in return for the services provision; discrimination against vulnerable groups could be experienced during services provision at the health care facilities and other project services. The civil works of WSS component would need teams of construction workers and their management staff. The size of the work force is expected to be small, but nonetheless there is potential of impacts upon and conflicts with IDPs and hosting communities, discriminatory practices in employment as well as possible use of child labor in the project activities. It should be indicated that the activities under the WASH component will not increase the nominal capacity nor the footprint of the infrastructures that will be rehabilitated.

Additional project risks could be attributed to COVID-19 infection and its effects on project activities during consultations if no sensitive measures are applied. The project will follow WHO guidelines and advisories, as well as the World Bank advisory note on public consultations and stakeholder engagement in the current COVID-19 pandemic situation.

Mitigation measures to be applied include raising awareness of measures to prevent against COVID-19 transmission among workers, vaccination and provision and monitoring use of masks and appropriate PPEs, hand sensitizers and hygiene practices.

The project will address these risks, and will incorporate the required social considerations and interventions into its project component design. Inclusion and gender considerations will be mainstreamed in the project design. Desgin of the medical service delivery mechanisms and WASH activities will factor in inclusion and gender cosniders in their support need assessment, beneficiary targeting, delivery mechanims and arrangeemtns to promote promote social inclusion and maximize development development benefits. The approach will be further detailed in the project ESMF. The project will apply and requires contractors to develop and apply code of conduct for their work forces. The agencies will apply the developed GBV/SEA/SH Action Plans and procedures under the (EHNP) project to mitigate related risks during the project implementation; a preliminary stakeholder engagement plan has been prepared to address stakeholder risks and promote stakeholder engagement under the project; labor management procedures will be developed to address labor risks among the proejct workers.

## E. Implementation

### Institutional and Implementation Arrangements

Under the proposed project, WHO, UNICEF and UNOPS will be the grant recipients as well as the managing and implementing entities on an exceptional basis, where each organization is responsible for several activities based on the project design and the implementation experience under the YEHNP, YCRP and YIUSEP I. All organizations managed to set implementation mechanisms in place for these projects, through the existing local public system structures, to deliver various results on the ground during the ongoing conflict in Yemen. Throughout the implementation of YEHNP and YIUSEP since 2017, these agencies have further strengthened and expanded their operational capacities and presence in the country to address the health, nutrition, and WASH issues at different levels. Similar to what has been done for the YEHNP, YCRP, YIUSEP I and II, the World Bank and the three implementing agencies will keep the Government of Yemen appraised on implementation progress through periodic consultative meetings where the relevant ministries will be represented.

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## APPROVAL

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### Approved By

| | | |
|---|---|---|
| Practice Manager/Manager: | | |
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