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**United Nations Children Fund (UNICEF)  
United Nation Office for Projects Services (UNOPS)  
World Health Organization (WHO)**

**Yemen Emergency Human Capital Project (YEHCP)**

**Republic of Yemen**

# **Stakeholder Engagement Plan (SEP)**

**Preliminary Draft May 30, 2021  
Updated September 2021**

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## Acronyms

CERC	Contingency Emergency Response Components
CPHLs	Central Public Health Laboratories
CHWs	Community Health Workers
CHNVs	Community Health and Nutrition Volunteers
CMWs	Community Midwives
CoC	Code of Conduct
COVID-19	Coronavirus Disease 2019
DHO	District Health Office
EHNP	Emergency Health and Nutrition Project
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESS	Environmental and Social Standards
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GARWSP	General Authority for Rural Water Supply Project
GHO	Governorate Health Office
GM	Grievance Mechanism
GRS	Grievance Redress service
HSE	Health, Safety, Environment
IDA	International Development Association
IDP	Internally Displaced Person
INGO	International Non-Governmental Organization
KII	Key Informant Interview
LMP	Labour Management Procedures

M&E	Monitoring and Evaluation
MIS	Management Information System
MSP	Minimum Service Package
MOPHP	Ministry of Public Health and Population
MOPIC	Ministry of Planning and International Cooperation
MOWE	Ministry of Water and Environment
NBTCs	National Blood Transfusion Centers
NCD	Non-communicable disease
NGO	Local Non-Governmental Organization
NWRA	National Water Resources Authority
PAD	Project Appraisal Document
PCA	Partnership Cooperation Agreement
PDO	Project Development Objective
PMU	Project Management Unit
PPE	Personal protective equipment
PWP	Public Work Project
SCAMCHA	National Authority for the Management and Coordination of Humanitarian Affairs
SEP	Stakeholder Engagement Plan
SEA/SH	Sexual Exploitation and Abuse/Sexual Harassment
TPM	Third Party Monitoring
UN	United Nations
UNICEF	The United Nations Children's Fund
UWS-PMU	Urban Water and Sanitation Project Management Unit
UNOPS	United Nations Office for Project Services
WASH	Water and Sanitation Hygiene

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WBG	World Bank Group
WHO	World Health Organization
WSS	Water and Sanitation Services
WSSLCs	Water Supply and Sanitation Local Corporations
YEHCP	Yemen Emergency Human Capital Project
YIUSEP II	Yemen Integrated Urban Services Emergency Project - second phase

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# 1 Introduction/Project Description<sup>1</sup>

## 1.1 Introduction

This Preliminary Stakeholder Engagement Plan (SEP) was prepared jointly by the United Nations Children’s Fund (UNICEF), the United Nations Office for Projects Services (UNOPS), and the World Health Organization (WHO) for the Yemen Emergency Human Capital Protection Project (YEHCPP) in accordance with the World Bank Environmental and Social Standard on Stakeholder Engagement and Information Disclosure (ESS10). It defines a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle, outlines the ways in which the project team will communicate with stakeholders, and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about the project and any activities related to it.

The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. The project stakeholder engagement is key to communicating the information of project services and scope to all stakeholders and reaching out to disadvantaged and vulnerable groups. Also, in the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

***1.2 Due to the urgency of the project and COVID-19 restrictions, a preliminary SEP has been prepared, but more inclusive consultations have been conducted prior to implementation of project activities, and will continue to be ongoing throughout the project duration, within the scope of this SEP. Project Description and Risks***

### 1.2.1 Project Description

The YEHCP is a World Bank-funded project that aims to contribute to efforts by the international community to maintain and enhance health and nutrition services in line with Yemen’s Minimum Service Package (MSP) and respond to health and nutrition crises, and contribute to the provision of safe water and improving the water and sanitation system capacity. The project targets the whole country, with some interventions focused on specific governorates or districts as per the priorities and needs, which will be identified during project implementation. The Project has four components as follows:

- **Component 1. Improving Access to Healthcare, Nutrition, and Public Health Services:** 1.1: Improving Access to the Minimum Service Package (MSP) at Primary Health Care Level (implemented by UNICEF); 1.2: Preventing Chronic Malnutrition and Treating Acute Malnutrition at the Community and Primary Level (implemented by UNICEF); 1.3: Supporting Health and Nutrition Services at the First Level Referral Centers (implemented by WHO); 1.4: Sustaining the National Health System Preparedness and Public Health Programs (implemented by WHO)
- **Component 2. Improving Access to Water Supply and Sanitation (WSS) and Strengthening Local Systems:** 2.1: Restoring Access and Improving Quality to WSS Services in Selected Urban and Rural Areas (implemented by UNOPS); 2.2: Emergency Support for WASH Interventions in Response to COVID-19 Pandemic and Flash floods (implemented by UNOPS); 2.3: Enhanced Capacity Building of Water and Sanitation Institutions at the Local Level (implemented by UNOPS).
- **Component 3: Project Support, Management, Evaluation and Administration, (implemented by**

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<sup>1</sup> This Section is based on the Project description in the Project Appraisal Document (P175036)

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**UNICEF, WHO, and UNOPS):** 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)**

The zero-dollar CERC is 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. If this component is triggered, an Emergency Response Operational Manual will be prepared jointly and agreed upon with the World Bank to be used and the ESMF and RF will be updated to reflect the newly added activities. .

### 1.2.2 Risks

The environmental risks and impacts of this project are rated 'Substantial' given the nature and scale of the proposed rehabilitation works of water and sanitation systems, provision of health care services to local communities, and sustainable operation of health and nutrition facilities under Components 1 and 2. Environmental risks and impacts which are expected under this project may include: medical waste generation due to health care institution operation; and noise, dust, solid waste generation, as well as workers safety including occupational health and safety due to the civil work for water, sanitation, and hygiene (WASH) service rehabilitation. The environmental risks and impacts are expected to be site-specific, reversible, and of low magnitude that can be mitigated following appropriate measures. To mitigate potential environmental risks and impacts, a Medical Waste Management Plan (MWMP), which also covers Infection Prevention and Control (IPC) measures, has been prepared and will be implemented to manage the risk of the generated medical waste and to limit the spread of COVID-19 during the implementation of project activities. In addition, site-specific Environmental and Social Management Plans (ESMPs) will be prepared during project implementation to mitigate the environmental and social risks associated with the rehabilitation activities and civil works and contractual documents will include environmental, social, health and safety clauses for contractors.

The project is expected to have localised impacts to the community that could be caused by civil works (earth moving activities) during implementation. These impacts could include effects on health and safety of the workers and the local communities, traffic blockage, disturbance to pedestrians and access to homes and daily livelihood activities, and others like infrastructure and services disturbance such as electricity and telecommunication.

Project interventions, additionally, may carry substantial social risks related to exclusion from project benefits, risks of sexual exploitation and abuse and/or sexual harassment (SEA/SH). Possible factors of exclusion could be due to gender, vulnerability, social and economic status. Discrimination against vulnerable groups could be experienced during services provision at the health care facilities and other project services. Female nurses 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; labor influx causing conflict between Internally Displaced Persons (IDPs) and hosting communities could result in discrimination in employment and access to services; child employment could be practiced in the project activities.

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Additional project risks could be attributed to COVID-19 infection and its spread during consultations and other project activities 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, encouraging stakeholders to get vaccinated and provision and monitoring use of masks and appropriate personal protective equipment (PPEs), hand sensitizers and hygiene practices.

The project will address these risks and will incorporate the required environmental and social considerations and interventions into its project component design. Inclusion and gender considerations will be mainstreamed in the project design and implementation. It will apply and require contractors to apply the project Code of Conduct (CoC), or their own as long as it is reviewed and determined to comply with the ESF and national laws and legislation. The agencies will apply the Gender-Based Violence (GBV) Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) Action Plans and procedures developed in the predecessor project (EHNP) to mitigate related risks during the project activities; a stakeholder engagement plan has been prepared to address stakeholder risks and promote stakeholder engagement under the project; Labor Management Procedures (LMP) have been developed to address labor risks among the project workers. In addition, the implementing agencies have prepared a Resettlement Framework (RF) to provide general guidelines for resettlement issues and compensation procedures, in case of activities that require resettlement of local communities. Site-specific Resettlement Plans will be prepared for activities that may involve temporary restriction on land use or access which can have adverse impacts on communities and persons.

Beyond the risks associated with implementing the project, there are also risks inherent in the implementation of this stakeholder engagement plan. Difficulties in accessing project areas due to conflict and insecurity, denial of permission by local authorities, and movement restrictions related to the COVID-19 context could all inhibit access to communities and populations affected by the project. As detailed throughout this document, remote means of consultation will be deployed, but may not reach the same level of engagement as could be achieved through widespread in-person engagement. Further, tensions between communities and IDPs could hamper the stakeholder engagement. The implementing agencies will work towards engaging equitably with both IDPs and host communities to ensure all perspectives and impacts are considered.

### **1.3 Methodology**

The involvement of stakeholders throughout the Project's lifecycle is essential to its success. Key stakeholders must not only be informed, but also consulted and provided with the means to contribute to the Project sustainability and raise complaints or provide feedback. The SEP will also help increase buy-in of the Project by its stakeholders, ensure a smooth collaboration between Project staff and targeted stakeholders, and address environmental and social risks related to Project activities.

In accordance with best practice approaches, the implementing agencies will apply the following principles to their stakeholder engagement activities:

- *Openness.* Public consultations throughout Project preparation and implementation Project lifecycle will be carried out in an open manner, free of external manipulation, interference, coercion or intimidation. Venues will be easily reachable, and not require long commutes, entrance fees, or preliminary access authorization.
- *Cultural appropriateness.* The activities, format, timing and venue will respect local customs and norms.

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- *Conflict sensitivity.* Considering the complex context of Yemen and referring to the humanitarian principles of neutrality and impartiality.
  - *Informed participation and feedback:* Information will be provided and widely distributed to all stakeholders in an appropriate format, and provide opportunities to stakeholders to provide feedback, and will analyse and address stakeholder comments and concerns.
  - *Inclusivity.* Consultations will engage all segments of the local society, including disabled persons, the elderly, and other vulnerable groups. If necessary, the implementing agencies will provide logistical assistance to enable participants with limited physical abilities and those with insufficient financial or limited transportation means to attend public meetings organized by the Project.
  - *Gender sensitivity.* Consultations will be organized to ensure that both females and males have equal access to them. As necessary, the implementing agencies will organize separate meetings and focus group discussions for males and females, engage facilitators of the same gender as the participants, and provide additional support to facilitate access of facilitators.

In addition, the implementing agencies will ensure that consultations are meaningful. As indicated in ESS10, meaningful consultations are a two-way process that:

- Begins early in the project planning process to gather initial views on the project proposal and inform project design;
- Encourages stakeholder feedback, particularly as a way of informing project design and engagement by stakeholders in the identification and mitigation of environmental and social risks and impacts;
- Continues on an ongoing basis, as risks and impacts arise;
- Is based on the prior disclosure and dissemination of relevant, transparent, objective, meaningful and easily accessible information in a timeframe that enables meaningful consultations with stakeholders in a culturally appropriate format, in relevant local language(s) and is understandable to stakeholders;
- Considers and responds to feedback;
- Supports active and inclusive engagement with project-affected parties;
- Is free of external manipulation, interference, coercion, discrimination, and intimidation
- Is documented and disclosed.

#### **1.4 Lesson Learned**

Among the many lessons that the implementing agencies have learned and adopted is the importance of effective engagement and coordination throughout the implementation process with relevant stakeholders while mitigating the following main issues and challenges that currently persist in Yemen:

- Movement restrictions due to current conflict in the country as well as COVID-19 constraints have required the implementing agencies to adapt their engagement approaches to use virtual communication tools, provide health and safety measures where gatherings are unavoidable, and rely more heavily on smaller localized field teams based in decentralized areas.
- Cultural barriers surrounding gender and GBV issues in Yemen society have been addressed by consulting with local experts and designing communication materials using Arabic first (rather than developing in English and then translating) and ensuring to use locally acceptable language and terminology to communicate about these issues. The partners have also developed training for project staff and contracted workers, as well as civil servants, to raise awareness about these issues, for which there are plans to provide refreshers and expand roll-out under the GBV Action Plan. Ultimately, however, it may not be possible to implement GBV mitigation measures to the same extent in the Yemeni context in the immediate term as is possible in other contexts.

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- Delays in obtaining official permissions to access and carry out public consultations and community engagements have resulted in the implementing agencies adjusting work plans and adding time into expected project implementation timelines to more realistically plan for these delays from the beginning. In addition, the implementing agencies have increased their engagement and advocacy with relevant authorities to reduce the time and requirements for securing approvals.
  - Timely communication and relationship-building with project partners and local authorities can improve the timeliness and effectiveness of project implementation. When the implementing agencies' counterparts have a better understanding of the project conditions, requirements, challenges, and intentions, implementation is facilitated much more quickly and easily. This is strongly incorporated into the planning for the YEHCP, and this stakeholder engagement plan.
  - Kick-off meetings with contractors must be better structured and organized to cover all relevant aspects of subprojects, such as risk assessment, health and safety, the objective of the project Grievance Mechanism (GM), the role of third part monitors (TPM), protection against sexual exploitation and abuse (PSEA), gender considerations, procurement and logistics, and implementation plans.
  - GM contact details must be shared with relevant stakeholders (i.e., workers and beneficiaries) during TPM field visits, UNOPS staff inspection visits, Gender Based Violence (GBV), PSEA, and health and safety training for contractors and workers, and throughout the stakeholder engagement process.
  - Citizen Engagement has been a key for successful project delivery if it includes:
    - Context-sensitive public communication plan that is devised and rolled out with the start of subproject implementation and throughout Project duration.
    - Citizen engagement in the identification, prioritization, and monitoring of investment projects, including consultations with local councils/communities and key stakeholders at grass root levels.
    - The establishment of beneficiary committees with equal male and female representation, including stakeholders and local communities.

## **2 Stakeholder Engagement Activities Conducted to Date**

Given the nature of the project and ongoing discussions on the Project's design, including its final targeting strategy, prior to negotiations and board approval, consultations were limited to coordination meetings between the three implementing agencies and the World Bank. Additionally, due to the urgency of the project and COVID-19 restrictions, a preliminary SEP was prepared as the starting point of an iterative process to be developed through a more comprehensive stakeholder engagement strategy and plan. More inclusive consultations were planned to be conducted further, and the SEP is continually updated with more details as they are available. This document is now updated to reflect the results of these additional consultations carried out by UNICEF, UNOPS and WHO as implementers of the project's respective components.

## 2.1 UNICEF

### 2.1.1 Consultations in the Emergency Health and Nutrition Project used to inform the YEHCP

The stakeholders and beneficiaries targeted by the EHNP are similar to those intended to be targeted by YEHCP. Therefore, consultations undertaken during the EHNP are directly relevant to informing the design of the YEHCP generally and the ESCP and SEP. During the EHNP implementation since 2017, a series of technical consultations have been conducted with the main project stakeholders, including the Ministry of Public Health and Population (MoPHP) and the Ministry of Water and Environment, at central and local levels (Health offices at the Governorate and district level, health facilities managers, Water Supply and Sanitation Local Corporations and other institution including the National Water Resources Authority (NWRA) and General Authority for Rural Water Supply Projects (GARWSP), and households and communities affected by EHNP activities. Consultations have been ongoing and continuous, through meeting with health and WASH decision-makers at their offices; as part of the CERC process in 2020; and through consultations with the communities and local stakeholders during the preparation of site-specific ESMPs for the sub-projects funded by the EHNP Additional Financing Three (AF3).

Consultations conducted in relation to UNICEF’s WASH components of the EHNP are listed in Annex X. In general, stakeholders emphasized the importance of the project in improving the water supply, sustainable provision of water, reducing regularity of water cuts, and providing safe and clean water to improve population health by combatting water-borne and vector-borne diseases. One stakeholder mentioned that the project will mitigate risks related to the efforts exerted by women and children in collecting water for their homes. However, concerns were expressed related to project management and implementation, environmental impact, potential water leakages, ensuring access to the water network for poor and vulnerable communities, and sustainability challenges related to spare parts for maintenance of rehabilitation works. UNICEF factored these concerns into the sub-project ESMPs that were prepared prior to implementation.

The comments received and actions taken by UNICEF in response, in relation to the 2020 CERC for COVID-19 and emergency WASH response, were annexed to the CERC ESMF, and are now annexed to this YEHCP SEP (Annex 1). The feedback that has particularly informed the YEHCP includes:

PMU General Director – Urban Water Supply and Sanitation Project	<ul style="list-style-type: none"> <li>To focus more on the associated impact of the socio-economic aspects, pollution, health and safety including occupational health resulting from the proposed water and sanitation interventions and suggest best practice to mitigate them.</li> </ul>	Addressed, through inclusion of updated table related to risks and mitigation both in the CERC ESMF and now in the much expanded and strengthened YEHCP ESMF.
PMU General Director – Urban Water Supply and Sanitation Project	<ul style="list-style-type: none"> <li>Managing COVID 19 risks on construction sites to keep workers and engineers safe all the time.</li> </ul>	Noted. The site-specific ES instrument will contain site specific COVID—19 infection measures and clauses.
Yemen WHO Safeguards Team	The Environmental and Social risk / impacts and mitigations of the activity ( <b>Repair of damaged public buildings, including schools, hospitals and administrative buildings</b> ) neither	Noted, Civil works was added to the CERC ESMF and is now also included in the YEHCP ESMF.

	mentioned nor included in the identification and mitigation of risks within the document.	
Executive Director, Generation without Qat (NGO)	Focusing on speeding up the rehabilitation of the water network in general and the supplies, which will solve the biggest problem that threatens the displaced and residents if the use of wards to deliver water is dispensed with.	Some activities in CERC were related to WASH rehabilitation, In the EHCP, this will be under UNOPS responsibility.
Executive Director, Generation without Qat (NGO)	Focusing on awareness-raising and community mobilization through different media to enhance awareness among people and use awareness-raising methods such as flashes and short videos.	The CERC used a variety of communication channels and means to communicate GRM, project activities etc. The same have been incorporated into the YEHCP design and are generally a part of UNICEF's programming within "communications for development" (C4D) technical area.
Executive Director, Generation without Qat (NGO)	Pre-preparation and awareness of the community about the use of the complaints' mechanism.	Noted and this is planned

Consultation with health managers and the MoPHP personnel are regularly carried out during field visits to health facilities aimed at providing awareness on the medical waste management procedures. Considering the similarity of the component/activities targeted by the EHNP and YEHCP, all of these previous consultations are equally relevant to the new YEHCP. These and similar consultations will continue during the rest of the EHNP lifecycle and during the proposed YEHCP preparation and implementation, either in person if the security and COVID-19 situations allow or via the social media platforms.

In June 2021, UNICEF's Environmental Safeguards Consultant met with the Governorate Health Office (GHO) in Amanat al Asimah to discuss piloting installation of incinerators in five health facilities. The GHO reviewed the plans, including the incinerator model and design, and expressed that they were satisfied with the plans. A similar meeting was held with the Medical Waste Management department in the MOPHP in Sana'a later in June, where the incinerator design was further discussed. The MOPHP Medical Waste Management Department provided verbal approval of the design, and the documentation was provided to them for review and feedback, if any. UNICEF has received written confirmation from both the GHO and the MOPHP to proceed with the incinerator model selected, which will also apply to further installation of incinerators in the YEHCP. Similar consultations were held, and approvals received from the MOPHP and GHO in Aden in August 2021. Further, the consultant has visited all of the targeted pilot health facilities in Sana'a (in July 2021) and three of the five targeted pilot health facilities in Aden (in August 2021). Health facility staff indicated, and the consultant confirmed through observation, that the waste segregation, collection, and storage practices are strong, but the final disposal poses a challenge. Health facilities need to transport waste to an alternate location, or engage in open burning, which generates toxic waste. They are very receptive and welcoming of the incinerator installation. However, one of the health facilities in Sana'a

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and three in Aden were found to have insufficient space to accommodate an incinerator or were in a crowded neighborhood where the smoke generated by incineration could have a negative impact on the surrounding community. Thus these health facilities are proposed to be substituted with others that are more appropriate, and these will also be visited for consultation once selected. The consultant spoke with some health facility clients during these visits, explained how the incinerators will be an improvement over open burning practices currently seen in these health facilities. While open burning produces toxic smoke, the burning in incinerators at over 800 degrees Celsius produces smoke that is free of these toxins, and thus will not pose harm to the community members nor the environment. The clients were initially concerned about this potential harm to their health, but after the explanation of the benefits, they were satisfied and receptive to the intervention.

While many UNICEF staff field visits have been conducted including community consultations during the EHNP implementation, one recent experience that occurred during the preparation of this SEP document is highlighted here as an example. During a UNICEF staff field visit in September 2021, a meeting was held with IDPs in Mukalla (Hadramout Sahel), including women, children, and men. The attendees mentioned that they have received services through both outreach services and mobile teams, and they sometimes attend the health facility in person, although it is difficult for them to reach it frequently due to the distance and cost. Following are some key feedbacks provided:

- They expressed satisfaction with the services and indicated that health workers are respectful and polite with them. However, they noted that most of the services focus on children and mothers, while there are gaps in services for conditions including non-communicable diseases and communicable diseases among older children and adults. They expressed a need for these services to be available, including both consultations and medicines. This aligns well with feedback received through other field visits and community meetings held over the past years of EHNP implementation. UNICEF, WHO, the MOPHPs, and partners including the World Bank have held many discussions on reviewing and updating the Yemen Minimum Service Package (MSP), and UNICEF emphasizes the need for this process to continue and for the MOPHP to provide clarity to partners about the supplies and human resources needed in primary health care facilities in order for these critical services to be provided.
- Additionally, the participants mentioned that previously, the outreach services came regularly, however, in recent months, they have become less frequent. They have had to travel to the health facility for needed services, which poses a financial burden. They requested for outreach and mobile services to be restored in a reliable and predictable way. UNICEF informed them that there has been a gap in funding (due to the gap between the EHNP and EHCP projects), and that outreach services will be restored soon.

For UNICEF's health and nutrition component of the EHNP in primary health care facilities, a Beneficiary Satisfaction questionnaire is administered as part of the project's Third Party Monitoring to people who have used the services in supported health facilities. The questionnaire covers various aspects of the experience in the health facilities and includes questions on whether women feel safe getting to the health facility and in the health facility. UNICEF has engaged its GBV and PSEA specialists to strengthen this component of the questionnaire. During the most recent TPM round (Round 8), Nearly three quarters of the interviewed clients (72.3%) reported being very satisfied with the services received at an EHNP-supported health facility, one quarter (25.3%) were moderately satisfied, and a small proportion (2.4%) were not satisfied. Only 485 beneficiaries (2.4%) in 268 HFs mentioned they are not satisfied. The top reasons for dissatisfaction were that services were not available for adults, PHC services are not available, medical tests were not available, and medicines were not available. In response, UNICEF has revisited the supplies it provides to primary health care facilities by working with the MOPHP to develop a customized Primary Health Care Kit and revised its distribution modalities to provide direct delivery of supplies rather than

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distributing supplies to GHO warehouses. In recent field visits conducted by UNICEF EHNP staff, it has been seen that health facilities have better supply stocks, and health facility staff and managers have reported to UNICEF staff that since the direct delivery modality began, they are better stocked with the required medicines and supplies than previously.

Further, 73% of respondents rated their overall recent visit as 'good' on average, considering all of the following criteria, and 26% of the respondent rated their recent visit as 'average':

- Facility's location
- Length of wait time to receive the service
- Amount of time spent with a doctor or nurse
- Explanation of problem and treatment recommendations
- Quality of clinical services received: Knowledge and abilities/skills of the doctor, nurse, or health professional
- Interaction with HWs: The respect, courtesy, and friendliness with which the beneficiary was treated
- The overall visit

UNICEF is now in discussions with WHO and the MOPHP on a quality improvement initiative, which further improve satisfaction of some of these areas, and is being considered for support under the YEHCP.

Also, in the EHNP, UNICEF developed an ESMF related to the CERC triggered in 2020 for COVID-19 response and emergency WASH interventions. Public consultation and disclosure requirements were followed for this. In the current COVID-19 context, face-to-face consultation has been restricted. However, UNICEF has, following guidance from the WB team, engaged in consultation through remote means. The stakeholders targeted included, but were not limited to, governorate and district health offices, governorate and district water and environment offices, national ministries (health and water in both north and south), and UNICEF implementing partners including the WHO, and national and local partners.

The approaches used included the following:

- The draft CERC-ESMF was disclosed on the UNICEF website in both Arabic and English, providing an email address for any comments, for a week. This was complemented by posts about the document on Facebook and Twitter.
- The CERC-ESMF was shared with the Ministry of Health and Population (MOPHP) and Ministry of Water and Environment (MoWE) in both Sana'a and Aden.
- The CERC-ESMF was sent to the cluster leads in nutrition, WASH, and health and a request made for the cluster leads and sub-cluster coordinators to share the draft with the NGOs and others in the respective clusters.
- The WASH section sent out the CERC-ESMF to all of their implementing partners.
- The CERC-ESMF was shared with relevant UN agencies via email with a request for comments within a week.
- A three-page summary in both English and Arabic was developed and shared via WhatsApp groups to health worker networks.
- Through the Community for Development section in UNICEF, the Arabic summary was shared with implementing partners.

All comments received were considered and incorporated into the project documents and implementation as appropriate. This critical feedback is now informing the design of the YEHCP safeguarding instruments. The full findings are included as Annex 2 to this SEP.

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UNICEF is the lead for the Nutrition cluster in Yemen and is in constant contact with key stakeholders at national, governorate, district and local levels. More specifically, the following stakeholders provided UNICEF with feedback regarding needs and priorities in the nutrition sector: (i) Government Counterparts (MoPHP in Aden, Nutrition authorities in Sana'a), (ii) Nutrition cluster members, including UN Sister Agencies such as WFP; iv) International and national NGOs (INGOS) represented in the country; (v) Water, Sanitation, and Hygiene (WASH), Health and Education actors, both at the National and Regional levels. The results of these consultations are integrated into the much enhanced Nutrition component of the YEHCP, as well as UNICEF's overall Nutrition programming strategies.

UNICEF has five field offices in Yemen (Sana'a, Aden, Ibb, Hodeida, and Sa'ada). The chiefs of these field offices and the respective health and nutrition teams regularly update actors at governorate level, including the governor, security authority, and governorate and district health offices, on ongoing and planned health and nutrition activities.

During the consultation the GM process were also explained to the targeted communities and beneficiaries, in addition to the distribution of the GM communication channels and numbers, by distribution and posting the printed communication materials related to the project (EHNP).

### *2.1.2 YEHCP Stakeholder Consultations*

To update the SEP UNICEF conducted consultation with the main stakeholders to further explain the project activities under Component 1, Sub-Components 1.1 and 1.2; management aspects of the project under Component 3; and the CERC structure of Component 4. The consultation aimed to ensure that the project activities are aligned with the country needs and it responds to the requirements to sustain the primary health care services provisions. In addition to the consultation of the proposed activities, the potential impact associated with their implementation was also discussed. The meeting was held with the Ministry of Public Health and Population (MoPHP) personnel in Sana'a on 3<sup>rd</sup> August 2021 and in Aden on 18<sup>th</sup> August 2021. A follow-up discussion was held with the MOPHP in Sana'a on 18<sup>th</sup> August, and further meetings are planned with the MOPHP in Aden during the first week of September. The consultation included the discussion of the Environmental and Social Safeguard instruments prepared for the YEHCP project, covering the ESMF, SEP, LMP, GRM and GBV.

Some of the key take-away messages from these consultations included:

- The timeline for the project and delays in continuity between the EHNP and EHCP: Implementation of many EHNP activities concluded on June 30<sup>th</sup>, including operational support to health facilities, per diems for health workers, and integrated supportive supervision; there is now a gap until YEHCP is declared effective. As a result, GHOs may have to release some health workers from their posts at health facilities due to lack of funds. UNICEF is now looking for other sources of funding to fill this gap and is in discussions with the World Bank about possibly back-dating the agreement to allow financing of July, August, and September (prior to project signature and effectiveness).
- MOPHP had expectations that the new project would scale up the support to additional health facilities and may introduce new activities. UNICEF explained that this will not be feasible for now given the available funding but will continue to advocate for funds to meet these needs.
- MOPHP in Sana'a has requested for doctors to be added to the list of health workers being paid per diems. UNICEF explained that this is not aligned with the current activity plan and funding structure but can be explored for future consideration.
- Concerns were expressed around use of third-party contractors for implementation, with the perception that they are not cost-effective and could contribute to shortage of funds for scale-up.

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UNICEF explained that this is in line with current operational guidelines and risk mitigation strategies across Yemen country office programs – not only for this specific project. UNICEF senior management is in frequent communication with line ministries and national authorities about this issue at agency level.

- More understanding needed around the criteria used for selection of supported health facilities. This information was provided to the MOPHP in discussions and follow-up communications.
- Recommendation to form a Steering Committee for the project’s health and nutrition components, between MOPHP, UNICEF, and WHO. UNICEF has proposed this to both MOPHPs and project implementing agencies.

For more information on the consultation, including the full discussion points, findings, and participants’ lists, see Annex 3.

- The Preliminary draft ESCP<sup>2</sup> and SEP<sup>3</sup> were publicly disclosed on UNICEF Yemen’s public website and publicized through Facebook and Twitter posts, encouraging public review and comment. These same documents were shared with MOPHP in both Aden and Sana’a through targeted personal communications at the same time. Consultations with vulnerable groups will continue throughout the project, such as governorate-level meetings with women’s groups, youth associations, community and religious leaders; focus group discussions in communities; development and printing of posters and brochures using visual communication for low-literate communities, etc.

## **2.2 UNOPS**

UNOPS has carried out a number of consultations with relevant stakeholders to identify priority WASH needs of 27 preselected areas (11 urban cities and 16 peri-urban and rural areas) under YEHCP with emphasis on the following:

- Supporting national emergency responses to COVID-19 pandemic and flood damages.
- Restoring public services and access to markets with focus on water supply and sanitation services.
- Improving the institutional capacities of local implementing partners and local institutions.
- Ensuring job creation and economic activities for people who lost their works and business as a result of the ongoing conflict, COVID-19, and the flash floods.

Multiple technical consultations and assessments were intensively carried out that aimed at identifying and selecting “urgent” WASH priorities to be implemented on an emergency basis that need to complement the planned interventions in the Yemen Integrated Urban Services Emergency Project - second phase (YIUSEP II). As a result, UNOPS carried out the following main activities:

- Assessing the institutional needs of the urban Water and Sanitation Local Corporations (LCs) while considering the needs of peri-urban and rural LCs.
- Re-assessing the institutional capacity of its Implementing Partners (PWP and UW-PMU) to implement multiple WB funded projects (i.e. YIUSEP II and YEHCP) simultaneously.
- Identifying WASH priority needs of preselected urban, peri-urban, and rural areas.

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<sup>2</sup> [www.unicef.org/yemen/documents/environmental-and-social-commitment-plan-escp](http://www.unicef.org/yemen/documents/environmental-and-social-commitment-plan-escp)

<sup>3</sup> [www.unicef.org/yemen/documents/preliminary-stakeholder-engagement-plan-sep-1](http://www.unicef.org/yemen/documents/preliminary-stakeholder-engagement-plan-sep-1)

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- Preparing initial investment plans for the YEHCP WASH Component based on the approved investment plan of YIUSEP II, which targets 11 urban areas out of 27 preselected areas under YEHCP.

Consultations and coordination with line ministries, local authorities, and other development partners also took place to ensure local and national participatory planning in the identification and selection of priority needs. Those consultations were carried out during field missions and official meetings, virtual meetings, and by phone calls between April and May 2021.

UNOPS has carried out consultations with its Implementing Partners (PWP and UW-PMU) and selected Yemeni civil society organizations to discuss and seek their inputs and feedback on the environmental and social risk management instruments of YIUSEP II and YEHCP. During 28 and 29 April 2021, consultations were carried out with selected Yemeni civil society organizations. These CSOs have strong presence in most of urban cities and rural areas in Yemen and have recognized partnerships with International NGOs and UN agencies such as King Salman Center and UAE Red Crescent and UNDP, IOM, UNFPA, OCHA, and UN Women. Due to the current COVID-19 situation and the poor internet connection in Yemen, those consultations were carried out by phone.

### **Updated consultations**

On 1 Jun 2021, UNOPS conducted a consultation meeting with the Supreme Council for Management and Coordination of Humanitarian Affairs (SCAMCHA) and the Ministry of Water and Environment (MoWE) to inform and discuss: a) the objective and scope of YEHCP, whose Component 2 (WASH component) is being implemented by UNOPS and its local implementing partners, b) the emergency water and sanitation needs of northern governorates, c) YEHCP investment selection criteria in preselected/ targeted areas/sites, and d) enhancing effective coordination between UNOPS, SCAMCHA, MoWE, and local WASH partners.

On 22 Jun 2021, UNOPS conducted a consultation meeting with the Minister of MoWE in Aden and the Urban Water and Sanitation Project Management Unit (UWS-PMU) management team in to inform and discuss:

- a. the objective and scope of YEHCP, whose Component 2 (WASH component) is being implemented by UNOPS and its local implementing partners;
- b. the emergency water and sanitation need across the country and the possibility of updating the investment plan according to the new information and assessment;
- c. YEHCP investment selection criteria in preselected/ targeted areas/sites;
- d. enhancing effective coordination between UNOPS, MoWE, and local WASH partners;
- e. enhancing and building capacity of Aden UWS-PMU, to fulfil the WB and UNOPS Health, Safety, and Environment (HSE) new requirements; and
- f. the emergency sanitation needs in Aden city.

On 26 July 2021, UNOPS conducted a virtual consultation meeting with the UN national WASH cluster coordinator, sub-national coordinators to inform them about the scope and funding of YEHCP in which UNOPS would implement Component 2 of the project and to discuss the following points:

- a. WASH Cluster response gaps (extremely underfunded circumstances),
- b. UNOPS priority target areas to address acute WASH response needs in the country,
- c. YEHCP investment selection criteria in targeted areas/sites,
- d. Means to engage WASH Cluster sub-national coordinators in the monitoring of WASH activities,

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- e. The inclusion of YIUSEP II and YEHCP progress and achievements in WASH Cluster regular updates/ reports.
  - f. Enhancing effective coordination and collaboration among the UN agencies and WASH partners to avoid any potential duplication of efforts.

As per Annex 5 and in accordance with the SEP public information disclosure and consultation, UNOPS conducted 10 public stakeholder consultations workshops in Sana'a, Aden, and Ibb between 9 June and 13 August 2021 to ensure effective stakeholder participation relevant to targeted urban cities and peri-urban and rural areas under the project. Various stakeholder representatives were invited and 696 participants; of whom 285 females (41%), attended the consultation workshops; including:

- The MoWE Ministers, Vice Minister, and Deputy Ministers;
- The MoHP Minister and Deputy Ministers;
- Water and Sanitation Local Corporations (WSLCs) representatives;
- The Urban Water PMU and its local teams;
- The MoPIC Deputy Minister and General Directors of local offices;
- The SCMCHA General Secretary, Deputies, and General Directors of local offices;
- The MoE Vice Minister and Deputy Ministers
- The MoLA Deputy Minister;
- Governors and their Deputies;
- Local council members and local district General Directors;
- Representatives of local authority, civil society, and women's associations;
- Local IDPs and beneficiaries; and
- Public Works Project (PWP) team and its local representatives.

UNOPS has also consulted its local implementing partners; namely, the Public Works Project (PWP) and the Urban Water and Sanitation Project Management Unit (UWPMU) on the proposed investment plan for YEHCP Component 2, the implementation arrangements, and the final draft of the UNOPS Partnership Cooperation Agreement (PCA), which would be signed with both local partners in September 2021.

***Main Consultation Outcomes:***

- ❖ The YEHCP **proposed funding and interventions for WASH were not sufficient** to meet the local increasing priority needs (i.e. the WASH infrastructure of Sana'a Old City and Khanfer).
- ❖ **Project-affected parties needed additional gender-sensitive engagements and consultations** to enhance their awareness of the project institutional arrangements, needs selection and prioritization and the importance of the project GM and its confidentiality.
- ❖ Stakeholders appreciated the prior disclosure and dissemination of relevant project information and requested **more consultations that support active and inclusive engagement with project-affected parties.**
- ❖ UNOPS **implementing partners (PWP and UW-PMU) reaffirmed their understanding of the ESF objectives** and their plans to have adequate resources to implement them (for example by recruiting a full-time Gender Officer). However, they **also expressed concerns regarding: the complexity of these instruments**, particularly the requirements for GBV/PSEA awareness raising stipulated in the SEA/SH Prevention and Response Action Plan, the Security management Plan (SMP), and the Labor Management Procedures (LMP). The "long list" of requirements and the "need to build implementing partners' capacity" to comply with these requirements.
- ❖ The main outcomes of the CSOs' consultations were:
  - The **CSOs have a good understanding and experience** in adopting and implementing safeguard plans and engagements.

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- The CSOs' capacity to comply and deliver environmental and social requirements, including consultation, **is subject to donors' (or main partners') enforced policies and guidelines**, and to the extent of capacity support provided by donors.
  - They hoped that UNOPS could **implement the project SEP as planned because the increasingly challenging situation in Yemen** (i.e., ground fighting, limited access, and the pandemic) could hinder its smooth implementation.
  - They recommended that UNOPS **organize SEP consultations based on the WASH sector and CSO specialization**, to ensure relevant productive discussion and feedback during SEP consultations. UNOPS has taken this recommendation into consideration.
  - All CSOs **expressed their "huge interest" to participate in capacity training and stakeholder consultations** that mutually benefit them and local communities under YEHCP. UNOPS indicated that it would notify these CSO (and others) regarding any upcoming ESF training opportunities, as well as stakeholder consultations in the different target areas.
- ❖ Feedback forms were distributed to 696 participants **to capture the views and suggestions from persons who may have refrained from expressing their views or concerns in public**. The main outcomes suggested that they were generally in favor of the project with:
    - **95.5% of the participants satisfied with the participatory approach in the project** (with whom 42.6% were females) and,
    - **4.5% of the participants recommended the inclusion of per diems** to enhance the stakeholder participation.

**Key Agreed Actions:**

- ❖ **UNOPS to update the investment plan according to the received feedback and to finalize the project procurement plan**. For instance, the investment plans for Lahj and Aden governorates were updated by a) replacing the supply of diesel Generators to Tuban and Saber with the rehabilitation of Alhoutah sanitation network in Lahj and b) by replacing the metal clad with vacuum circuit breaker (VCB), 11Kv, 1600A, needed at Bir Nasser water well field in Aden with the supply and installation of solar systems for the same water wells field.
- ❖ Once the project is effective, UNOPS would ensure **the distribution and the availability of the Project information Booklet (the hard copy of the PAD and ESF)** at the local offices of implementing partners, local authorities, MoPIC and SCHMCHA in targeted areas.
- ❖ UNOPS would carry out **additional follow-up consultations with the project-affected parties** including local CSOs to address received local feedback and comments. Additional consultations would be planned to take place during the preparation of subprojects specific ESMPs and through upcoming consultation workshops.
- ❖ UNOPS and its implanting partners would **keep stakeholders informed as the project develops, including reporting on project environmental and social performance**, and implementation of the stakeholder engagement plan and grievance mechanism through information disclosure through the UNOPS web site and public meetings.

**2.3 WHO**

The stakeholders' consultations were based on the need to continue supporting the EHNP's activities during the last six months, these consultations were conducted with MoPHP including the management of supported Health Facilities. These was made through field visits, virtual meetings and phone calls. The main needs and concerns that were raised are in the below table:

Place and type of engagement	Date	Participants	Key concerns and outputs
<p>National wide: These consultations were made through field visits, virtual meeting and phone calls.</p>	<p>During last six months (2021)</p>	<p>Ministry of Public Health Population (MoPHP) including the management of supported Health Facilities.</p>	<p>The <b>General services and trauma care</b> will be stopped by the end of EHNP in December 2021 and there is still need for these services. Including the following:</p> <ul style="list-style-type: none"> <li>Trauma cases receiving life support</li> <li>Centres providing emergency trauma management</li> <li>Facilities with a functioning operation theater (OT)</li> <li>Facilities functioning 24/7</li> <li>Out-Patient Department (OPD) consultations</li> <li>Hospital admissions</li> <li>Surgeries</li> </ul>
			<p>The childcare will be stopped by the end of EHNP in December 2021 and there is still need for this service.</p>
			<p>The <b>Nutrition</b> support will be stopped by the end of EHNP in December 2021 and there is still need for this service.</p>
			<p>The <b>Communicable diseases support</b> will be stopped by the end of EHNP in December 2021 and there is still need for this service.</p>
			<p>The <b>Reproductive, maternal and newborn health (including BeMONC and CeMONC) support</b> will be stopped by the end of EHNP in December 2021 and there is still need for these services.</p>
			<p>The <b>Non-communicable diseases (NCD) support</b> will be stopped by the end of EHNP in December 2021 and there is still need for this service.</p>
			<p>The <b>Mental health support</b> will be stopped by the end of EHNP in December 2021 and there is still need for this service.</p>
			<p>Environmental <b>health including WASH in health facilities support</b> will be stopped by the end of EHNP in December 2021 and there is still need for this service.</p>
			<p>The <b>Specific services are needed at Central Public Health Laboratories (CPHLs) and National Blood Transfusion Centers (NBTCs) support</b> will be stopped by the end of EHNP in December 2021 and there is still need for this service.</p>
<p>The <b>medicines, medical supplies, equipment, fuel, water, oxygen, Water, Sanitation and Hygiene (WASH), and per-diem support</b> will be stopped by the end of EHNP in December 2021 and there is still need for this service.</p>			

Table 1: WHO Preliminary consultations

**WHO updated consultations**

Place and type of engagement	Date	Participants	Key concerns and outputs
EHNP HFs/ Interviews -beneficiaries' satisfaction survey.	May and June 2021	Beneficiaries	<p><b>The key concerns are:</b></p> <ol style="list-style-type: none"> <li>1- <b>Some medicines and services are not for free at some of the HFs.</b></li> <li>2- <b>Some HFs' doctors are not available because there are no salaries.</b></li> <li>3- <b>Some of the health services need further improvement</b></li> <li>4- <b>Beneficiaries' awareness/massages sessions from health workers need to be improved.</b></li> </ol> <p>The project is going to discuss these findings of each area with the health authorities in a more inclusive manner during the next meetings to find suggestions to improve the provision of health services and address these concerns.</p>
Sana'a/ Meeting	1 September	MoPHP	<p><b>WHO confirmed the upcoming inception of the Yemen Emergency Human Capital Project (Y-EHCP), funded by the World Bank. This project is the successor to the Emergency Health and Nutrition Project (EHNP), and its main objective is to assure continuity. Despite some differences from the previous project (for example, UNOPS will implement the WASH rehabilitation component of the project, the EHCP will closely resemble the EHNP</b></p> <p>It was agreed that there will be a follow-up meeting where more detailed information will be provided (breakdown of activities, etc) on the 27<sup>th</sup> of September. The meeting will cover:</p> <ul style="list-style-type: none"> <li>Introduction and background of the project.</li> <li>Project plan.</li> <li>Health Interventions.</li> <li>Nutrition Interventions.</li> <li>Environmental and social safeguards</li> <li>Any challenges, concerns, lessons learned and suggestions.</li> </ul> <p>Based on the outputs of these consultations, a plan for further engagements might be required.</p>
Sana'a/ Meeting	1 Sept 2021	MoPHP	<p><b>There might be a need to revise the intervention to best meet the needs on the ground, and the below points have been discussed</b></p> <p>Under the EHCP, there are \$39 million for activities and logistics for one year (\$26 million for hospital support and \$13 million for public health programs.</p> <p>While there is some flexibility to revise the interventions to best meet the needs on the ground, it is essential to remember that the funds are only sufficient to assure continuity of the EHNP, so if new activities or interventions</p>

			<p>are added, this will come at the expense of existing activities. Because of limited costs opportunity costs should also be considered and implementing activities for which our dollars will stretch the furthest.</p> <p>Further consultations during the upcoming meetings for any suggested revision.</p>
Sana'a/ Meeting	1 Sept 2021	MoPHP	<p><b>The difference between the two EHNP and EHCP has been explained and discussing that there are no activity's gaps between the two projects</b></p> <p>Despite some differences from the previous project (for example, UNOPS will implement the WASH rehabilitation component of the project, the EHCP will closely resemble the EHNP.</p>
Meeting/ Sana'a	1 Sept 2021	MoPHP	<p><b>The importance of the Social and Environmental safeguards in the project has been discussed</b></p> <p>The importance to appoint at least two focal points for this (one for Social Safeguards and one for Environmental Safeguards) within the Ministry to follow this component of the project.</p>
Health Cluster/ Virtual Meeting	August 2021	Health cluster, UN agencies and INGOs	<p><b>WHO briefly introduced the project during the cluster's meeting</b></p> <p>The health cluster suggested engaging both WHO and UNICEF to avoid duplication of activities with cluster partners.</p> <p>The Project is going to conduct a meeting with the Cluster and its partners during September 2021 and will cover the:</p> <ul style="list-style-type: none"> <li>▪ Project introduction and backgrounds.</li> <li>▪ H&amp;N services.</li> <li>▪ Number and Name of the HFs that will be targeted.</li> <li>▪ E&amp;S key aspect.</li> <li>▪ Any raised concerns, lessons learned and suggestions including their feedback and suggestions on reaching out to disadvantaged and vulnerable groups.</li> <li>▪ Furthermore, for these consultations to be more meaningful, the project may need to develop a survey to ensure the participation of all cluster' partners for maximum engagement and for the data to be more precise and reflect the real situation on the ground. This might include engaging other relevant clusters.</li> </ul> <p>Based on the outputs of these consultations, a plan for further engagement might be required. including, engagement of other humanitarian actors.</p>
Disclosing the preliminary SEP/ social media	31 May 2021	Public	<p><b>The link of the preliminary SEP is:</b>  <a href="https://www.facebook.com/WHOYemen/posts/2973341402953448">https://www.facebook.com/WHOYemen/posts/2973341402953448</a></p>

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Further consultations are also planned with Health Authorities in Aden before the end of September 2021.

### **3 Stakeholder Identification and Analysis**

Project stakeholders include individuals, groups, communities, or other entities that are either affected or likely to be affected by the Project (Project-affected parties), as well as individuals, groups, communities, or other entities that have an interest in the Project (other interested parties).

#### **3.1 Affected Parties**

Affected Parties include local communities, health care receivers, health care institutions, local water and sanitation institutions, and other parties that may be subject to direct impacts from Project activities. They include the following groups or individuals:

- Health Care Institutions
- Local authorities
- Health services beneficiaries (receivers and providers), including IDPs, women, people living with disabilities, and other vulnerable and disadvantaged groups
- Local Water and Sanitation Corporations
- Local branches of Yemen National Water Recourse Authority (NWRA)
- Communities in the vicinity of planned Project activities
- The local water and sanitation service subscribers, including IDPs, women, people living with disabilities, and other vulnerable and disadvantaged groups
- Residents, business entities, and individual entrepreneurs in the area of the project that can benefit from the employment, training and business opportunities
- Government of Yemen – government officials, permitting and regulatory agencies at the national and local levels, including Ministry of Public Health and Population (MoPHP), Ministry of Water and Environment (MoWE) and local offices and environmental protection authorities and Ministry of Planning and International Cooperation (MoPIC).
- Local Authorities in the cities where the Project will intervene
- Community-based groups and non-governmental organizations (NGOs) that represent local residents and other local interest groups, and act on their behalf

#### **3.2 Other Interested Parties**

Other interested parties may not experience direct impacts from the Project. However, they may consider or perceive their interests as being affected by the Project, and thus may affect the Project's implementation. They include:

- The National Authority for the Management and Coordination of Humanitarian Affairs and Disaster Recovery (now called SCHMCHA)
- Community members and decision-makers
- Residents of the other area local communities within the project area, who can benefit from employment and training opportunities stemming from the Project
- Business owners and providers of services, goods and materials within the project area that will be involved in the project's wider supply chain or may be considered for the role of project's suppliers in the future;
- Other humanitarian and development agencies and partners that are engaged in WASH, Health and nutrition activities in target area.

### 3.3 Vulnerable Groups

Vulnerability may stem from a person’s origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. marginalized groups and IDPs), or dependence on other individuals. As this is a preliminary SEP, identification of vulnerable groups has thus far been based on the implementing agencies’ prior sectoral and project experiences and criteria. This will be further refined as the consultations under YECHPP progress. Engagement with the vulnerable groups and individuals will be carried out through a gender-sensitive citizen engagements to facilitate their participation in Project-related decision making, to ensure that their understanding of and input into the overall process are commensurate to those of the other stakeholders.

- Families living in remote locations
- Persons with disabilities
- The poor
- IDPs
- Marginalized groups
- Elderly people
- Women-headed households
- The unemployed
- Youth (Adolescents)

The implementing agencies will continue to seek the views of vulnerable and disadvantaged groups during consultations and take these views into account during Project implementation. Information sharing and consultation techniques will be tailored according to the nature and common types of stakeholders, for example through visuals and sign language interpreters will be used for people with hearing disabilities and illiterate persons, where applicable; and venues will be chosen to be easily accessible to people with physical disabilities. In particular, the following tailored measures will apply see table below.

**Table 1: Tailored Stakeholder Engagement measures (Disadvantaged/Vulnerable Individuals or Groups)**

Stakeholder group	Limitations to Engagement	Measures/Resources to facilitate Engagement
Women and girls	<ul style="list-style-type: none"> <li>● May feel uncomfortable sharing opinions or raising concerns in the presence of men</li> <li>● Childcare / family responsibilities, social and gender norms, need for spousal permission may make it difficult to participate in events that are far from their health facilities / homes or that are scheduled at certain times.</li> </ul>	<ul style="list-style-type: none"> <li>● Female facilitators conduct workshops / KIIs / FGDs and female data collectors conduct TPM / beneficiary interviews.</li> <li>● Locations of public consultation are close to the homes of those whose engagement is sought</li> <li>● Timings of consultations do not interfere with household / family commitments / obligations</li> <li>● Hold small, gender-disaggregated meetings where female health workers / clients / caregivers are more comfortable asking questions or raising concerns</li> <li>● Ensure dissemination of project information through multiple channels including radio, social media, banners, word of mouth / community and religious leaders, including audio-visual materials for illiterate people.</li> </ul>
Beneficiaries who live in remote areas	Challenges associated with transportation to engagement	<ul style="list-style-type: none"> <li>● Transportation costs provided to participants</li> <li>● Workshops / FGDs / Key Informant Interviews</li> </ul>

	events / Focus Group Discussions (FGDs) / face-to-face meetings	(KIIs) conducted in district hubs or health facilities when possible <ul style="list-style-type: none"> <li>Engagement events conducted online</li> <li>Call center that is functional 6 days per week</li> </ul>
Beneficiaries living with disabilities	<ul style="list-style-type: none"> <li>Challenges related to accessibility of venues</li> <li>Format of materials</li> </ul>	<ul style="list-style-type: none"> <li>Ensure facilities for consultations / engagement events are accessible</li> <li>Materials are produced in an accessible format for all audiences and using a variety of audio-visual approaches (print, radio, television, social media, word of mouth / community and religious leaders, etc.)</li> </ul>
IDPs	<ul style="list-style-type: none"> <li>May feel unwelcome to attend events (fear of discrimination)</li> <li>May not be informed about public events because they do not access host community communication channels</li> </ul>	<ul style="list-style-type: none"> <li>Community and religious leaders usually have a good understanding of the people living in their community and can be engaged to facilitate participation in stakeholder engagement activities.</li> <li>Conduct targeted communications aimed at IDP communities to inform them of public consultations.</li> <li>Organize separate engagement events specifically for IDP communities to ensure their particular needs are taken into account</li> </ul>

### 3.4 Summary of Project Stakeholder Needs

The following specific needs were identified based on the prior experience of the implementing agencies:

**Table 2: Project Stakeholder Needs (Summary)**

Stakeholder Group	Consultation Methods	Specific Needs (accessibility, large print, childcare, daytime meetings)
Health and water and sanitation institutions at district, governorate, and Ministry level	<ul style="list-style-type: none"> <li>Official letters</li> <li>Emails</li> <li>Nontechnical summary documents</li> <li>Progress reports</li> <li>In person meetings</li> </ul>	<ul style="list-style-type: none"> <li>Official correspondence and nontechnical documents or progress reports to be shared in Arabic (official language)</li> <li>Meetings during standard working hours</li> </ul>
Local authorities at district, governorate level, who are engaged in the Health and WASH services.	<ul style="list-style-type: none"> <li>Official letters</li> <li>Emails</li> <li>Nontechnical summary documents</li> <li>Progress reports</li> <li>In person meetings</li> </ul>	<ul style="list-style-type: none"> <li>Official correspondence and nontechnical documents or progress reports to be shared in Arabic (official language)</li> <li>Meetings during standard working hours</li> </ul>
Health care institution managers, Local water and sanitation corporation managers	<ul style="list-style-type: none"> <li>Official letters</li> <li>Emails</li> <li>In-person meetings</li> </ul>	<ul style="list-style-type: none"> <li>Communication to go through lines Ministry of reporting procedures</li> <li>If possible direct communication</li> <li>Materials to be shared in Arabic</li> </ul>

National Water resources Authority managers	<ul style="list-style-type: none"> <li>● Nontechnical summary documents</li> <li>● Flyers</li> <li>● Posters</li> </ul>	
Community leaders and the communities living in the targeted areas, including beneficiaries and vulnerable groups mentioned above as well.	<ul style="list-style-type: none"> <li>● In-person meetings</li> <li>● Banners</li> <li>● Posters</li> <li>● Flyers</li> <li>● Radios (during COVID-19)</li> <li>● GRM</li> </ul>	<ul style="list-style-type: none"> <li>● All materials to be shared in Arabic</li> <li>● Printed material to be in large font</li> <li>● Information to be shared in formats accessible to non-literate and low-literate audiences</li> <li>● Meetings during standard working hours</li> <li>● Time bound meetings to enable stakeholders to meet family/professional commitments</li> <li>● Ensure confidentiality and protection of personal information when discussing potentially sensitive topics</li> </ul>
Health and WASH actors working in the targeted areas	<ul style="list-style-type: none"> <li>● Cluster working group in-person meetings</li> <li>● Email</li> <li>● Phone</li> <li>● Flyers</li> </ul>	<ul style="list-style-type: none"> <li>● All materials to be shared in both Arabic and English</li> <li>● Printed material to be in large font</li> <li>● Meetings during standard working hours</li> </ul>
Humanitarian and Development Actors, including NGOs and CSOs	<ul style="list-style-type: none"> <li>● Cluster working group in-person meetings</li> <li>● Email</li> <li>● Phone</li> <li>● Flyers</li> </ul>	<ul style="list-style-type: none"> <li>● All materials to be shared in both Arabic and English</li> <li>● Printed material to be in large font</li> <li>● Meetings during standard working hours</li> </ul>

These needs will be further characterized in the final version of the SEP.

## 4 Stakeholder Engagement Program

### 4.1 Purpose and Timing of Stakeholder Engagement Program

The implementing agencies will continue to apply the following approach to engage stakeholders:

- Identify and liaise with the relevant local actors including authorities and inform them about the YEHCPP and its specific implemented components, thereby gaining acceptance and support to ensure an enabling environment for project implementation within the selected target sites.
- Strengthen links with the local actors by initiating and sustaining dialogue to receive their support in gaining project acceptance and facilitation of access, communicating project goals and rules within their communities or relevant audiences including the targeted beneficiaries and any other stakeholders.
- Inform the relevant actors, including but not limited to beneficiaries and communities, about the Project
- Identify vulnerable groups of beneficiaries with physical impediments or socio-cultural barriers that

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prevent them from benefiting from the Project, and support them with differentiated measures, such as outreach home visits.

#### **4.2 *Proposed Strategy for Information Disclosure***

During Project implementation, the implementing agencies will keep disclosing information on the content of the project as well as related processes to targeted stakeholder audiences as described in the Table below. Key dates for information disclosure are at the start of the project, at mid-term as well as at the end of the lifespan of the project; in addition, each year there will be a joint mid-year review organized between the three direct implementing agencies, Ministry of Public Health and Population (MoPHP), Ministry of Water and Environment (MoWE) and relevant stakeholders. Such a review will serve to take stock, discuss opportunities and challenges, and to take corrective actions where needed. In areas where physical access is limited, alternative channels of information disclosure will be applied, with the possibility to engage a third-party to support the information disclosure process.

Formats of information disclosure are a combination of face-to-face meetings where applicable, accompanied by information shared via radio, television, newspapers, posters, brochures and leaflets as well as via websites and social media. Information disclosure formats will be determined in discussion between the three agencies and the relevant ministries, following Project effectiveness.

**Table 3: Proposed Strategy for Information Disclosure**

Project Stage	Information to be disclosed	Methods Proposed	Timetable: Locations, Dates	Target Stakeholders	% to be Targeted	Responsibilities
Project Start, Mid-Term and at End of Project Reviews	Overall YEHCPP Project: activities, Timeline, Targeting	<p><b>Official Meetings</b> and workshops at national, governorate and district levels: Participative workshops where participants will be informed about the project scope, parameters and asked to support the conduct of the project components and communication to relevant beneficiaries</p> <p><b>Official Letter:</b> Correspondence to request support and access to location sites</p>	Within 3 months of effectiveness	<p>Relevant Line Ministries, Governorate and District level officials. Local authority, Governorate and district level</p> <p>SCAMCHA</p>	100%	UNICEF, UNOPS, WHO
		<p><b>Community Meetings:</b> In person and over the phone involving local actors, influencers and beneficiaries representing different communities</p>		<p>Beneficiaries, individuals and groups (including vulnerable groups) community leaders, NGOs and CSOs</p>	100%	
		<p><b>Community influencers and leaders:</b> Collaboration with community leaders in targeted locations to inform about project components and gain support of community members</p> <p><b>Social Media (Facebook, WhatsApp):</b> Visual/written and audio-visual content sent to a network of local actors, female only networks, and all stakeholders.</p>		<p>Community leaders, and Community members, including households and vulnerable groups.</p> <p>Different social media platforms can be leveraged to access various stakeholder groups. Facebook may be more appropriate for communities whereas WhatsApp groups are effective in communicating with governorate, district, and facility / site-level staff and community groups (such as community volunteer networks).</p>	tbc	
		<p><b>Print outs including banners, cards, posters, leaflets</b></p>		<p>Health facility managers, and staff, and WASH institution managers and staff</p>	tbc	
		<p><b>Monthly Progress updates</b> at WASH and Health clusters</p>		<p>Health, Nutrition, and WASH Clusters,</p> <p>Community members including households and vulnerable populations</p>	tbc	

Implement ation	Assessments , Monitoring, including TPM, Verification	<b>Official Letters:</b> Request for facilitation of access to project areas	Throughout the lifespan of the project	Relevant Line Ministries, SCAMCHA	100%	UNICEF, UNOPS, WHO
Implement ation	E&S instruments (GM, ESMF, LMP, SEP)	<b>Posters, Flyers, Banners</b>	Within three months of the date of effectiveness and throughout the project whenever the instruments are updated.	Communities in the project targeted areas Health Care Workers (HCWs). Community health services providers Project's labour.	tbc	UNICEF, UNOPS, WHO
Implement ation	Information on specific project components, incl. parameters for each sub-project	<b>Methods vary</b> depending on the component and are dependent on final approval of proposed project design and targeting strategy; they may include a range of: Official Meetings, Official Letters, Print/Audio/Social Media, Focus Group Discussion (FGD), Key informant Interview (KIIs) etc.	Throughout the lifespan of the project	Relevant Line Ministries, officials at Governorate and district levels, Community leaders and decision makers, local authorities, health care institution managers, Water and Sanitation Local Corporations, Contractors, SCAMCHA, WASH, Health and Nutrition Clusters.	tbc	UNICEF, UNOPS, WHO

### 4.3 Proposed Strategy for Consultation

The implementing agencies will use a range of channels to communicate with Project stakeholders. The exact strategy for engagement, and details on the timing and location of public meetings, will be decided once the design of the different Project components is finalised, and will be included in the updated SEP.

**Table 4: Proposed Strategy for Consultation**

With Whom	Channels of Engagement	Venue	Responsible Agency	Frequency	Purpose
<ul style="list-style-type: none"> <li>Ministry of Health and population</li> <li>Ministry of Water and Environment</li> <li>Ministry of planning and international cooperation</li> <li>Local Authorities</li> </ul>	<ul style="list-style-type: none"> <li>Official communications</li> <li>Progress reports</li> <li>Meetings, virtual or in-person</li> <li>Press conferences</li> <li>Emails</li> </ul>	<p>MoPHP</p> <p>MoWE</p> <p>MoPIC</p>	<p>WHO, UNICEF, UNOPS</p> <p>UNOPS</p> <p>WHO, UNICEF, UNOPS</p>	Regularly	<ul style="list-style-type: none"> <li>Sharing of information, reviews, clearance and seeking support.</li> </ul>
<ul style="list-style-type: none"> <li>Governorate Health Offices</li> <li>Water and Sanitation local corporation</li> </ul>	<ul style="list-style-type: none"> <li>Official communications</li> <li>Progress reports</li> <li>In person or virtual meetings</li> <li>Emails</li> </ul>	Governorate Premises for both institutions	<p>WHO, UNICEF, UNOPS</p> <p>UNOPS</p>	Regularly	<ul style="list-style-type: none"> <li>Coordination of Project activities</li> </ul>
<ul style="list-style-type: none"> <li>Districts Health Office</li> </ul>	<ul style="list-style-type: none"> <li>Operational meetings</li> <li>Trainings</li> <li>Monitoring, progress reports</li> <li>face-to-face meetings</li> <li>emails</li> </ul>	District health offices premises	<p>WHO, UNICEF, UNOPS</p>	Regularly	<ul style="list-style-type: none"> <li>Implementation of Project activities</li> </ul>
<ul style="list-style-type: none"> <li>Health, Nutrition, and WASH actors working in the targeted areas</li> </ul>	<ul style="list-style-type: none"> <li>Cluster meetings</li> <li>Flyers</li> <li>Emails</li> </ul>	Virtual meetings Meetings at agency premises	<p>WHO, UNICEF, UNOPS</p>	Regularly	<ul style="list-style-type: none"> <li>Coordination or awareness raising to avoid duplications of efforts among actors or cluster members</li> <li>Consultations to have inputs form technical specialists</li> </ul>
<ul style="list-style-type: none"> <li>Humanitarian and Development actors working in the targeted areas (e.g. NGOs, CSOs and others)</li> </ul>	<ul style="list-style-type: none"> <li>Cluster meetings</li> <li>Flyers</li> <li>Emails</li> </ul>	Virtual meetings Meetings at agency premises	<p>WHO, UNICEF, UNOPS</p>	Regularly	<ul style="list-style-type: none"> <li>Coordination or awareness raising to avoid duplications of efforts among actors or cluster members</li> <li>Consultations to have inputs form technical specialists.</li> </ul>
<ul style="list-style-type: none"> <li>Community leaders/members and decision-makers</li> <li>WASH, Health, and Nutrition services receivers in the targeted areas</li> </ul>	<ul style="list-style-type: none"> <li>Community meetings in person or over the phone</li> <li>Workshops</li> </ul>	Project offices Community premises	<p>WHO, UNICEF, UNOPS</p>	Regularly	<ul style="list-style-type: none"> <li>Sharing information</li> <li>Increasing community support for Project activities</li> </ul>
<ul style="list-style-type: none"> <li>Vulnerable Groups.</li> <li>Households</li> </ul>	<ul style="list-style-type: none"> <li>In person consultations and outreach campaigns</li> </ul>	Community premises	<p>WHO, UNICEF, UNOPS</p>	Regularly	<ul style="list-style-type: none"> <li>To ensure their participation in consultations</li> </ul>

	<ul style="list-style-type: none"> <li>• Social media, leaflets, posters, brochures, and hand-outs</li> <li>• GRM hotlines.</li> </ul>				<ul style="list-style-type: none"> <li>• To increase awareness, provide consultations and collect feedbacks</li> <li>• To assess their needs and priorities</li> <li>• Prevention of sexual exploitation and abuse</li> </ul>
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#### **4.4 Proposed Strategy to Incorporate the Views of Vulnerable Groups**

As indicated in Section 3.3 above, each implementing agency will ensure that disadvantaged and vulnerable individuals, groups or communities are purposefully consulted and adequately represented.

UNICEF, UNOPS and WHO will disclose information and receive feedback on the content of the project as well as the related processes to targeted stakeholder audiences, including vulnerable groups.

Information disclosure could use combination of different channels as found suitable for each specific project component and stakeholder. These can include face-to-face meetings where applicable, and accompanied by information shared via, posters, brochures and leaflets as well as the social media.

The project partners will each maintain a grievance mechanism (GM) to allow beneficiaries to raise any feedback on the project to the implementers. This will also provide a channel for vulnerable groups to raise any concerns in a confidential manner and ensure they are addressed.

#### **4.5 Timelines**

Key dates for information disclosure are at the start of the project, at mid-term as well as at the end of the lifespan of the project

#### **4.6 Review of Comments**

Each implementing agency will consider the feedback gathered from the different platforms or channels (e.g., official meetings, consultation workshops, assessments, TPM and Grievance Mechanism) during Project planning and implementation. The implementing agencies will also share with the concerned stakeholders the final decisions regarding program design, delivery of activities, realignments on information sharing or GM channels following stakeholder feedback.

#### **4.7 Future Phases of Project**

The implementing agencies will report back to the concerned stakeholders at least once annually, and more frequently during periods of high activity.

### **5 Resources and Responsibilities for Implementing Stakeholder Engagement Activities**

#### **5.1 Roles and Responsibilities**

UNICEF, UNOPS and WHO will directly implement activities assigned to each in the Project Document, as per their respective Financing Agreements. Each agency will define its own management structure to implement the Project prior to appraisal, and reflect it in the updated SEP. This management structure will oversee the Project activities that each agency implements. The ultimate responsibility for implementation of the SEP rests with the respective Project Managers. The actual implementation will be done by designated individuals within each of the implementing agencies as indicated in Table #4.

UNICEF, UNOPS and WHO will hold monthly coordination meetings to discuss activities specific to the project; additional coordination will also be ensured through agreed established mechanisms. The three agencies will prepare and submit to the World Bank six-monthly progress reports, which will contain updates on the SEP as relevant.

▪ **UNICEF**

UNICEF will be responsible for carrying out stakeholder engagement activities for its components of the project, as detailed in Tables 3 and 4 above. The stakeholder engagement activities will be documented as part of the project progress reporting requirements, and as indicated in the Environmental and Social Commitment Plan (ESCP). An indicative budget is indicated below, which will come from the allocated budget under Sub-Components 1.1 and 1.2 of the project.

<b>Activity</b>	<b>Cost</b>
Official Meetings and workshops at national, governorate and district levels	\$ 90,000.00
Community Meetings: In person and over the phone involving local actors, influencers and beneficiaries representing different communities	\$ 70,000.00
Collaboration with community leaders in targeted locations to inform about project components and gain support of community members	\$ 30,000.00
Social Media (Facebook, WhatsApp): Visual/written and audio-visual content sent to a network of local actors, female only networks, and other stakeholder groups, including those representing vulnerable groups, and collating feedback	\$ 15,000.00
Print outs including banners, cards, posters, leaflets	\$ 20,000.00
Social Media (Facebook, Twitter, etc.): Posting project ESF documents, videos introducing the project, and other promotional materials, and monitoring comments	\$ 15,000.00
Printing health facility one-pagers, GRM posters, and GRM fliers for community distribution	\$ 30,000.00
<b>Total</b>	<b>\$ 270,000.00</b>

▪ **UNOPS**

UNOPS' ESSO and the ESSOs in the Implementing Partners (PWP and UWS-PMU) will ensure the implementation of the stakeholder engagement activities. The stakeholder engagement budget will be part of the Project Management Component in which:

- UNOPS is fully covering the cost of the ESSO and of the Gender Mainstreaming Officers, as well as any associated operational costs.
- The Implementing Partners are covering the cost of their respective ESSOs and Health and Safety Officers as part of their respective Project Cooperative Agreement (PCA) with UNOPS. These ESSOs might not work full time on YEHCP WASH activities, as each Implementing Partners is involved in several projects.
- The cost of due diligence for specific subprojects (preparation of the screening form, consultations, GM, preparation of ESMPs, and monitoring) are included in the costs/budget for each subproject. These costs are thus scalable to the level and scope of the potential risks and impacts and might include the costs of consultants recruited by UNOPS or an Implementing Partner to assist on specific tasks.

UNOPS and its Implementing Partners will be responsible for carrying out stakeholder engagement activities. The stakeholder engagement activities will be documented through UNOPS' reporting and documentation as part of the project progress reporting requirements.

▪ **WHO**

WHO is going to implement the stakeholders engagement activities during the project life cycle and this will be documented and reported during the project progress report.

The implementation of WHO stakeholder engagement activities and the frequency is clarified above in the section stakeholder engagement program. The implementation estimated budget is as follow:

**Table 5:** WHO SEP implementation estimated budget

<i>Stakeholder Engagement Activities</i>	<i>Total Cost (USD)</i>	<i>Remarks</i>
Information disclosure; Communication and Visibility and dissemination and awareness of project activities including GRM.	27,000 \$	
Stakeholder Engagement consultations activities	100,000 \$	
Contingency (10-15 %)	13,000 \$	
<i>Total</i>	<i>140,000 \$</i>	

## **6 Grievance Mechanism**

### **6.1 Overview**

The three implementing agencies have well-established independent Grievance Mechanisms in place, that are based on common principles, have similar processes and policies for receiving and handling complaints and feedback, as well as for data protection; and include inter-agency referral mechanisms. They are designed to be accessible, collaborative, expeditious, and effective in resolving concerns, and each incorporates multiple, relevant entry points/channels for inputs to be submitted.

Each of these GMs is effectively integrated into the management functions of the implementing agency and is sufficiently resourced to be able to absorb the anticipated additional caseload associated with the YCHPP. The implementing agencies intend to extend them to all proposed Project locations in which they operate.

Each implementing agency will brief target communities about the scope of the mechanisms, the safety of the complainant, time of response, the referral (cases outside of agencies' mandates that need to be referred to local authorities or other agencies) and appeal processes (in the event the complainant is dissatisfied with the outcome).

Incidents related to the Project will be notified to the Bank within 24-48 after the learning of the Significant Event, once confirmed, and provide an initial report within 10 days of that notification indicating possible root causes and proposing possible corrective actions. Possible non-compliance incidents will be reviewed, and corrective action implemented as per the environmental and social standards and WB-EHS guidelines.

If a grievance is received by an agency that relates to another implementing agency, the details of the

complainant and the nature of the grievance will be forwarded to the concerned agency, with the complainant's permission. In addition, the agency that received the original grievance also gives the contact details of the concerned organization to the complainant.

## **6.2 Principles**

Each agency's GM is designed to be accessible, collaborative, expeditious, and effective in resolving concerns, and each incorporates multiple, relevant entry points/channels for inputs to be submitted. Furthermore, the three implementing partners are committed to operate their respective GMs according to the following shared principles:

- **Protect beneficiaries and stakeholder's rights:** beneficiaries and stakeholders have the rights to comment and complain, and even raise their complaints to higher management if they are not satisfied with services or receive insufficient solutions. They share their concern freely with understanding that no retribution will be exacted for their participation
- **Transparency and accountability:** All complainants will be heard, taken seriously, and treated fairly. The community and stakeholders will be aware of the expectation from the project; the GM procedures; understand its purpose, have sufficient information on how to access it.
- **Timely response/feedback mechanism:** all complaints will be treated in not more than two-three weeks since the date of its receiving, if more time is required, the complainant will be contacted and explained the reason why and let them know when a full reply can be expected.
- **Neutrality and equity:** All complaints will be treated with respect and equally regardless of the community groups and individuals, types, ages and gender.
- **Accessibility:** The GM will be clear, accessible to all segments of affected communities, living within the vicinity of the project and subprojects sites or location.
- **Confidentiality:** Create an environment in which people are more likely to raise concerns, complain or stand in witness. Confidentiality assures that any information given is restricted to a limited number of people and that it is not disseminated wider, therefore offering an element of protection and security to the complainant.

## **6.3 UNICEF**

UNICEF's GM for the Project will be based and building on already established and functioning systems successfully implemented under existing UNICEF-supported projects in Yemen. The GM will:

- Be responsive to beneficiaries, address and resolve their grievances;
- Serve as a channel to receive suggestions, and to increase community participation;
- Collect information to enhance management and improve implementation performance;
- Promote transparency and accountability on the modality and performance of the project;
- Deter fraud and corruption;
- Include referral pathways to refer Sexual Exploitation and Abuse (SEA) survivors to appropriate support services;
- Mitigate environmental and social risks; and
- Build trust between citizens and Project management.

It will include two components:

1. **Grievance collection**, whereby complaints and inquiries from beneficiaries, community members and project staff are received and logged into UNICEF's Project Management Information System (MIS)
2. **Redressal**, whereby the grievances are analysed and acted upon. The data of the complainant

is collected when filing the grievance.

A complete grievance management workflow has been defined in the EHNP (predecessor project to the YEHCPP) and implemented through the MIS, using tailored MIS modules developed for UNICEF. Project specific grievance categories and types have been defined for each project component, and protocols are in place for grievance collection and redressal. These will be included in the updated SEP version.

The entire GM will operate under the direct control of UNICEF's PMU in collaboration with UNICEF's Health and Nutrition sections. The entire grievance collection and redressal process will be registered and recorded in the MIS and subjected to a comprehensive quality assurance process to ensure the mechanism's integrity and independence.

Standards of performance have been put in place and are regularly monitored by dedicated UNICEF staff managing the grievance redressal teams. Strict beneficiary data protection measures are observed. The data of the complainant is collected when filing the grievance; all complaints are treated with confidentiality and the complainant information is not disclosed to those against whom the complaint is filed.

Affected persons or communities can file their grievances through a toll-free line (**8004090**) to the call centre that UNICEF has established at its premises in Sana'a. The call centre can also be used by callers to obtain information. These calls are recorded as inquiries and immediately responded to by the call centre agents. The call centre is open six days a week and operates for a minimum of 10 hours a day. The number of working hours is increased as required to respond to the demand, based on ongoing monitoring of the number of calls. With 70 call centre agents (both males and females) and 50 active lines, the call centre has capacity to receive over 6,000 calls a day. All agents involved in grievance collection - both males and females - receive specific training and guidance materials on the project. All grievance collection channels will be regularly publicised in all outreach and communication channels that will be used for the project, and which can include social media, direct SMS to project beneficiaries, and printed materials, among others.

Community members and service providers may make complaints on the following issues:

- Adverse social or environmental situation caused by the project;
- Access to project services, for example if an intended project beneficiary has not been reached by the project;
- Deviation in implementation or use of project inputs – (if implementing partners deliver services or pay to beneficiaries an amount less than the standard set by UNICEF for the project);
- Complaints on SEA related issues with ensuring complete confidentiality to protect impacted survivors due to culture norms in the country; and
- Any other concerns

Once a grievance has been filed, the MIS sends automated messages to beneficiaries who submitted grievances providing them with the grievance code to enable them to follow-up on the status of their grievance. This allows beneficiaries' involvement and enhances the quality of the process.

All grievances recorded in the MIS are automatically categorized allowing for redressal. Broadly, grievances are organised and acted upon as follows:

- Grievances of suspected fraud are subject to a first level of desk review to determine which ones require immediate investigation by the third-party monitoring organization; and which ones need a different type of redressal such as review of documentation, clarifications to the beneficiary, etc.
- Grievances associated with the quality of services or mistreatment are referred to the concerned contract manager/programme officer for follow up with the provider.

- Grievances related to beneficiary's challenges in accessing the project's benefits are handled through analysis of the specific situation of each beneficiary and follow up communication with the beneficiary to address the problem. Where relevant, the Ministry of Education may be informed to act upon specific grievances.

The Project will handle SEA/SH grievances as outlined in the note *Grievances Mechanisms for SEA/SH in World Bank-financed Projects*. The mandate of a SEA/SH GM is limited to: (i) referring, any survivor who has filed a complaint to relevant services, (ii) determining whether the allegation falls within the UN definition of SEA/SH, and (iii) noting whether the complainant alleges the grievance was perpetrated by an individual associated with a World Bank project. A SEA/SH GM does not have any investigative function. It has neither a mandate to establish criminal responsibility of any individual (the prerogative of the national justice system), nor any role in recommending or imposing disciplinary measures under an employment contract (the latter being the purview of the employer). All branches of the GM must be sensitive to handling SEA/SH complaints, including multiple reporting channels, the option of reporting anonymously, a response and accountability protocol including referral pathways to connect survivors with needed SEA services.

## **6.4 UNOPS**

### **Grievance Mechanism (GM)**

UNOPS has established and managed Grievance Mechanisms (GM) to enable beneficiaries to communicate their concerns regarding the Project activities. More specifically, the GM details the procedures that communities and individuals, who believe they are adversely affected by the Project or a specific subproject, can use to submit their complaints, as well as the procedures used by UNOPS and its local partners to systematically register, track, investigate and promptly resolve complaints.

### **Responsibility of GM implementation**

The UNOPS Project Manager has the overall responsibility to address project activity-related complaints from project affected communities or individuals regarding any environmental or social impacts due to subproject activities. UNOPS has recruited a dedicated focal point in its Sana'a Office to handle Project activity-related complaints. Each local partner (e.g. PWP and UW PMU) will designate a GM focal point. However, UNOPS is responsible for its GM implementation.

### **Grievance Categories**

The grievance categories are among but not limited to the following:

- Access to project benefits (e.g., no or insufficient jobs created for local communities)
- Disputes (e.g. matters raised by/related to beneficiaries and local services e.g. health centers, schools and households;
- There could be conflicts between hosting community households and IDPs as an example.

### **GM Objectives**

- To provide channel for beneficiaries, stakeholders to submit complaints on project implementation, if any for improvement;
- To enhance level of beneficiaries' satisfaction with the delivery of the project services and maximize community's benefit from the project activities;
- To serve as early warning system and capture any disputes that could expand into more complex conflicts during the project implementation; and,
- To enhance project performance and improve delivery of services.

### **Access points and methods of communication**

Different options of adequate, accessible, doable free of charge access channels and means by which affected stakeholders, local communities and beneficiaries can convey their concern/complaints through:

- Compliant Boxes
- Hotline (Free Toll Numbers)
- Short Messages System SMS
- Mail Address, Email Address, Web-Site and Social Media (i.e. Facebook and Twitter)
- Face- to face during field visits, regular monitoring etc.

### **GM Roles and Procedures**

UNOPS has recruited a dedicated focal point in its Sana'a Office to handle Project activity-related complaints. Environmental and Social Safeguard Officer (ESSO) will exercise supervision of the performance of the staff involved in the grievance redress and will practice study of complaints and discussion of possible resolution decisions with the Project Manager.

Program Manager and related project staff and implementing partners will undertake thorough study of complex complaints, discussion of proposed resolutions options and take decisions especially for complex complaints.

Program Manager will exercise overall supervision of the implementation of the approved Grievance Mechanism (GM) and secure arbitration in cases when some complainants are not satisfied with the proposed resolution of the grievance cases and complaints.

### **Steps to GM**

- Publicizing: stakeholder's consultation, printed materials;
- Receiving and registering complaints: staff at local and central level who will be responsible for receiving registering and tracking complaints;
- Acknowledging: The GM staff (team) acknowledge receipt of the complaint within 2-3 working days. inform the complainant on the eligibility of his/her complaint;
- Anonymous complaints: To be studied as well;
- Reviewing and investigating: Collect, review and analyze related documents;
- Conducting interviews of the involved persons, officers and staff;
- Analyzing the related national legislations & regulations, World Bank Policies & Guidelines and UNOPS standards;

### **Summarizing facts and findings;**

- **Developing resolution options:** on the basis of the collected evidence, the GM staff (team) will draw conclusions and make recommendations for solutions and present it to the complainant. If the solution is not accepted, a complaint will be presented to the Program Manager as a second level to appeal who can make the resolution and/or can delegate an arbitrator to investigate the complaint and propose recommendations for resolution.
- **Implementing resolution:** If the solution is accepted, then it will be implemented.
- **Monitoring and closing:** the complaint should be monitored for a reasonable period of time to make sure that the complainant does not express additional concerns, and then the complaint case could be closed.
- **Reporting (recording):** prepare concise summary reports of the complaints received, with the resolutions taken and status of resolutions implementation, and filled in the database with detailed records.

### **Procedures for Complaints**

### ***Registering Complaints***

UNOPS is providing multiple access points to the UNOPS GRM focal point for beneficiaries to voice their concerns. These access points will be advertised at subproject level, and include complaint box at the UNOPS Office in Sana'a, mail, email, website, and telephone as per the following:

Address	Haddah Street, former European Union Office Building, Sana'a
Hotline	8000-190
Email	<a href="mailto:gm-yemen@unops.org">gm-yemen@unops.org</a>
Website	<a href="http://www.unops.org">www.unops.org</a>

The GM contact information is posted in Arabic in every sub-project site to ensure all groups can easily access contact information and relevant mechanisms to provide feedback.

Grievances can be brought up by affected people in case of: (i) non-fulfilment of contracts or agreements; (ii) disputes related to destruction of assets or livelihoods; and (iii) disturbances caused by construction activities, such as noise, vibration, dust or smell. Anonymous complaints will be admissible.

UNOPS local partners and project contractors will also keep a log of issues brought directly to their attention verbally or in writing by Project affected communities or individuals and will relay these concerns in writing to UNOPS on a next day basis. UNOPS will determine if these concerns rise to the level of a complaint or not.

UNOPS is registering the complaint in a dedicated log by gender, age, and location, including a copy of the complaint and supporting documents. A draft template for registering grievances is found in Annex 4.

UNOPS is recording and documenting complaints received in the subproject file and the subproject progress reports, including the number and type of complaints and the results of their resolution.

### ***Tracking, Investigating and Resolving Complaints***

The GM log maintained by UNOPS is tracking the date the complaint was received, date responded to, the type of response, and if the complaint was resolved to the satisfaction of the plaintiff.

The ESO will coordinate with the local partners, local field staff and local government officials to ensure prompt follow up action in response to each complaint. More specifically, the GM focal point will for named complaints:

- a) Inform the plaintiff if the complaint is accepted or rejected within one week of receiving the complaint; any technical input from Project engineers; if necessary, the response will require input from Project engineers.
- b) If the complaint is accepted, send the plaintiff an officially stamped review card indicating:
  - plaintiff name or legal representative
  - plaintiff address
  - complaint title
  - review date
  - list of annexes submitted with the complaint

Work with engineers, local partners, and contractors to resolve the complaint within 28 days of its submission. UNOPS include the log of complaints to the World Bank as part of project periodic reporting to the World Bank. UNOPS procedure for unresolved complaints during YEHCP will be to escalate their resolution to the corporate level, while also keeping the World Bank informed.

## 6.5 WHO

The main objective of a Grievance Mechanism (GM) is to assist to resolve complaints and grievances in a timely, effective, and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective, and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the implementation of project.
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

The GM can be used to submit complaints, feedback, queries, suggestions, or compliments related to the overall management and implementation of the project activities, including but not limited to:

<i>Who can lodge Grievances</i>	<i>When</i>
All Stakeholders: - Affected Parties - Other Interested Parties - Vulnerable Groups	When the project is not delivering its services and benefits in a fair, equitable and in a timely manner.
	When the ESMF, labour procedures and other safeguards instruments are not complied with.
	Supported Health Facilities do not submit and treat cases.
	Patients are not treated in a respectful manner.
	Corruption and Project fund mismanagement
	Violation of the Code of conduct, Gender Based (Violence) GBV related issues and sexual harassment.
	When there are any concerns about direct and indirect negative impacts from the project intervention (i.e., negative environmental or social impacts)
	Any other concerns.

Having an effective GM in place will also serve the objectives of reducing conflicts and risks such as external interference, corruption, social exclusion or mismanagement; improving the quality of project activities and results; and serving as an important feedback and learning mechanism for project management regarding the strengths and weaknesses of project procedures and implementation processes.

In order for the Grievance system to be effective, from the stage of establishing the GM, it must be accompanied by an awareness phase for the affected people, and the various stakeholders. The GM will be accessible to a broad range of project stakeholders who are likely to be affected directly or indirectly by the project. These will include beneficiaries, community members, project implementers/contractors,

civil society, media—all of whom will be encouraged to refer their grievances and feedback to the GM.

All stakeholders can submit their comments or grievances anonymously and/or may request that their name be kept confidential.

Specific set of grievances will be treated separately because of their sensitiveness and additional requirements on confidentiality: grievances related to Sexual Exploitation and Abuse, Sexual Harassment related to the Project (SEA/SH) and grievances revolving around Labor and Working Conditions of Project workers.

### **Grievances Related to SEA/SH:**

The Project will handle SEA/SH grievances as outlined in the note Grievances Mechanisms for SEA/SH in World Bank-financed Projects. The mandate of a SEA/SH GM is limited to: (i) referring, any survivor who has filed a complaint to relevant services, (ii) determining whether the allegation falls within the WHO definition of SEA/SH, and (iii) noting whether the complainant alleges the grievance was perpetrated by an individual associated with a World Bank project. A SEA/SH GM does not have any investigative function. It has neither a mandate to establish criminal responsibility of any individual (the prerogative of the national justice system), nor any role in recommending or imposing disciplinary measures under an employment contract (the latter being the purview of the employer). All branches of the GM must be sensitive to handling SEA/SH complaints, including multiple reporting channels, the option of reporting anonymously, a response and accountability protocol including referral pathways to connect survivors with needed SEA services.

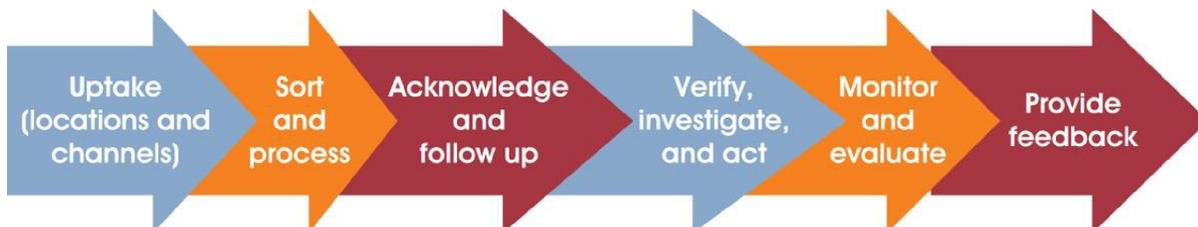
### **Labor and Working Conditions Complaints**

Besides the grievance mechanism for the overall project, each contractor should establish a separate GM for their project workers. Workers will be able to lodge their complaints relating to their work environment or conditions such as a lack of PPE, lack of proper procedures or unreasonable overtime, etc. to the Worker's GM. The contractors will have the primary responsibility for managing work-place grievances for their own. The Project GM functions as the second tier for unresolved grievances and as a mechanism to prevent retaliation.

### **Grievance Management**

The GM's functions will be based on the principles of transparency, accessibility, inclusiveness, fairness and impartiality and responsiveness. The grievances will be handles by the following steps:

*GRM steps*



The project established GM will provide multiple access points (telephone and email) so that beneficiaries will know whom to contact with regard to their concerns.

The GM toll-free number of the joint call centre 8004090 which is managed by UNICEF will be used for this project. If the complaint is still not resolved or the complainant is not satisfied, then s/he can re-open the complaint. Also, the GM email is YEMGRMehnp@who.int

A complete grievance management workflow will be defined and implemented by WHO through the MIS, using tailored MIS-GM modules developed for UNICEF. Project specific grievance categories and types will be defined for each project component once the model is developed, and subsequently protocols will be put in place for grievance collection and redressal. These will be included in the updated SEP version.

## **7 Monitoring and Reporting**

The implementing agencies will monitor and evaluate their stakeholder engagement processes in two distinct but related manners:

- Short-term monitoring while conducting the engagement activities, to allow for adjustments and improvements
- A review of results following the completion of engagement activities, to evaluate their effectiveness.

### **7.1 UNICEF**

#### **7.1.1 *Involvement of stakeholders in monitoring activities***

The project will rely on regular implementing agency reports, Third-Party Monitoring (TPM), Direct Field Monitoring, Media Monitoring, and Remote Monitoring where applicable and verification processes of Project implementation. At decentralized Governorate and District levels, will be included in regular follow-up and monitoring to ensure that activities are carried out according to the objectives and indicators defined in the project document.

UNICEF's responsibilities include:

- Monitoring progress against planned activities, and indicating on the delays and challenges of planned implementation,
- Determining and addressing the causes for the delay or non-implementation of activities in the annual plan.
- Information sharing and reporting on implementation progress, delays and challenges in implementation.

7.1.2 *During implementation*, UNICEF will conduct several type of the planned project activities implementation assurances. Through direct consultation with the stakeholders, local communities targeted areas to obtain feedback on their involvement and stratification during the activity's execution. Using the TPM reports as one the learning process from the beneficiaries and community members and reporting on how different aspects of the project may impact differently male and females and the vulnerable groups. In addition to the GM platform to receive the feedback and any complaints from projects affected persons. Furthermore, additional monitoring tools or modality could be learnt during the project implementation lifecycle. Reports will be prepared regularly, and it will be included in the progress reports.

### **○ 7.2 UNOPS**

#### **○ 7.2.1. *Involvement of Stakeholders in Monitoring Activities***

As part of its engagements and consultations, UNOPS will involve stakeholders in monitoring activities by actively engaging key project stakeholders in reflecting and assessing the progress of their project and achieving the expected results. For this purpose, UNOPS will follow the core principles of Participatory

Monitoring and Evaluation:

- Local people are active participants — not just sources of information.
- Stakeholders evaluate, outsiders facilitate.
- Focus on building stakeholder capacity for analysis and problem-solving.
- Process builds commitment to implementing any recommended corrective actions.

○ **7.2.2. Reporting back to Stakeholders**

UNOPS and its local implanting partners (i.e. PWP and UW PMU) will keep stakeholders informed as the project develops, including reporting on project environmental and social performance, and implementation of the stakeholder engagement plan and grievance mechanism.

The SEP will be periodically revised and updated as necessary in the course of project implementation, in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP.

The ESSO will prepare monthly summaries reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions and transmit these summary reports to UNOPS' Project Manager. The monthly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner.

UNOPS will publish a produce standalone annual report on project's interaction with the stakeholders during the year in which its ESSO will also monitor the following Key Performance Indicators (KPIs) on a regular basis, including the following parameters:

- Number of public hearings, consultation meetings and other public discussions/forums conducted within the year
- Frequency of public engagement activities
- Number of public grievances received within a reporting period the year, including the number of those resolved within the prescribed timeline
- Number of press materials published/broadcasted in the local, regional, and national media]
- Should continue to be reported to UNOPS until it determines the issue is resolved satisfactorily.

## **7.3 WHO**

### **7.3.1 Involvement of stakeholders in monitoring activities [if applicable]**

Monitoring and evaluation of the stakeholder process is considered vital to ensure project is able to respond to identified issues.

Adherence to the following characteristics/commitments/activities will assist in achieving successful engagement:

- Sufficient resources to undertake the engagement.
- Inclusivity (inclusion of key groups) of interactions with stakeholders.
- Promotion of stakeholder involvement.
- Clearly defined approaches; and
- Transparency in all activities.

Monitoring of the stakeholder engagement process allows the efficacy of the process to be evaluated. Specifically, by identifying key performance indicators that reflect the objectives of the SEP and the

specific actions and timings, it is possible to both monitor and evaluate the process undertaken.

The main monitoring responsibilities will be with the project, as the management of the GRM, and overall project related environmental and social monitoring and implementer of the SEP. The GRM will be a distinct mechanism that will allow stakeholders, at the community level, to provide feedback on project impacts and mitigation programs. The ESMF will lay out environmental and social risks mitigation measures, with a dedicated E&S monitoring and reporting plan.

A Third-Party Monitor (TPM) will be engaged by the project on a competitive basis to provide independent operational review of project implementation, as well as verification of all project results. The scope and methodology of the TPM will be agreed with the World Bank, and quarterly monitoring reports will be shared.

### *7.3.2 Reporting back to stakeholder groups*

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. [Regular] summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The regular summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including the following parameters:
  - Number of public hearings, consultation meetings and other public discussions/forums conducted within a reporting period (e.g. monthly, quarterly, or annually)
  - Frequency of public engagement activities.
  - Number of public grievances received within a reporting period (e.g. quarterly, or annually) and Number of those resolved within the prescribed timeline.

### Annex 1. List of Stakeholders Consulted and Issues Raised for UNICEF EHNP Water Projects

No	Name	Affiliation	Place	Issue discussed	Date
1	Eng. Taha Mohammed	DG WSSLC	Dhamar	Project general issues, management and implementation.	August 09 and 19, 2018
2	Eng. Ammar Al Sagier	Eng. WSSLC	Dhamar	Lack of proper water and sanitation equipment and facilities in Dhamar city.	August 09 and 19, 2018
3	Basheer Al Ansi	Eng. WSSLC	Dhamar	Project contribution to water supply, and water distribution capacity.	August 09 and 19, 2018
4	Dr. Abdurahamn Al Masoudi	Researcher, Agriculture	Dhamar	Socio-economic aspects and project benefits.	August 09 and 19, 2018
5	Eng. Nabil Hamoud Ali	Technician, Agriculture	Dhamar	Water expenditures, project contribution to decrease the water cut time off houses and increase water supply time period. .	August 09 and 19, 2018
6	Abdul Majid Al Owsh	L.C. Member	Dhamar	Project implementation timing, management requirement	August 09 and 19, 2018
7	Ammer Muharm	Citizen	Dhamar	Project implementation to improve the water supply to beneficiaries	August 09 and 19, 2018
8	Abdullah Al Thulaia	DG Ministry of Finance office	Dhamar	Project securing and urgent implementation.	August 09 and 19, 2018
9	Mohammed Al Kuhlani	DG. EPA	Dhamar	Environmental issues, impact and regulations, water leakages.	August 09 and 19, 2018
10	Nagib Al shaqbi	Water vendor	Dhamar	Impact of the project on his work. Post the sub-project implementation households water demands may decrease. However, water supply demands increase from water vendors during civil work and sub-projects implementation.	August 09 and 19, 2018
11	Zeed Al Kuhlani	DG WSSLC	Hodeida	Project general issues, management, needs of the local corporations. Project management support and assistance.	April 02-3,2018
12	Amin Al Madhaji	DG Technical Deputy, WSSLC	Hodeida	Project implementation and provisions of water. Deteriorated infrastructure and environment impact.	April 02-3,2018
13	Aref Hamoud	Researcher (Marine)	Hodeida	Water pollution and safe and clean water supply	April 02-3,2018
14	Yasser Al Gubair	DG EPA	Hodeida	Issues related to project environmental impact and regulations	April 02-3,2018

15	Sameer Al Kabsi	Employee	Hodeida	Project to provide clean potable water, control waste water flood into streets.	April 02-3,2018
16	Abdul Molla Al Asbahi	Private sector	Hodeida	Issues related to the importance sustainable water provision, and water management	April 02-03,2018
17	Dr. Fahim Al Kuhlani	Dentist	Hodeida	Project contribution to combat epidemics, eliminate vector disease	April 02-3,2018
18	Ibrahim A. Ben Isehaq	Employee Port	Hodeida	The potable water and waste water need proper management and maintenances.	April 02-3,2018
19	Abdul Karim Al Sumairy	Employee	Hodeida	Importance of water network maintenance and extension to reach poor people	April 02-3,2018
20	Amin Al Mugils	DG WSSLC	Hajah	Issues related to project management and implementation	April 04-05,2018
21	Abdullah Alwashli	WSSLC	Hajah	Low capacity of water supply and water distribution networks.	April 04-05,2018
22	Dr. Ali Hamoud Ali	Dentist	Hajah	Water contamination and epidemic distribution	April 04-05,2018
23	Nabil Al Moutawakel	Citizen	Hajah	Project implementation. Mitigation of women and children effort devoted to secure water for homes.	April 04-05,2018
24	Ahmed Salh Terah	Water tanker	Hajah	Impact of the project on his work. Post the sub-project implementation households water demands may decreases. However, water supply demands increase from water vendors during civil work and sub-projects implementation.	April 04-05,2018
25	AbdulRaqeeb Al Shurmani	DG WSSLC	IBB	Project general issue. Management and implementation	May 06-09 2018
26	AbdulWali M. Saife	Adviser, water and sanitation	IBB	Project contribution to solve water distribution shortages and conflicts	May 06-09 2018
27	Mohammed AbdulWali		IBB	Project implementation. Securing potable water, rather than using open pools water for house uses.	May 06-09 2018
28	Sameer Alshaibani	WSSLC	IBB	Project contribution to water distribution gaps associated to population growth and city expansions.	May 06-09 2018
29	AbdulWahab Hadwan	WSSLC	IBB	Lack of equipment and spare parts	May 06-09 2018

30	Mohammed AbdulWahab	WSSLC adviser	IBB	Project implementation will help removing water leakages and deteriorates pipes continuous damage.	May 06-09 2018
31	Munther Nagi Ahmed	WSSLC engineer	IBB	Issues related to network improvement, equipment and spare parts.	May 06-09 2018
32	Ibrahim Abdul Karim Shidiwah	Private sector	IBB	Water distribution sustainability.	May 06-09 2018
33	Mahmoud Al Hussein	Consultant TECHNOCENTER	Sana'a	Sub-projects implementation timeframe and quality and quantity of civil work	August 13, 2018
34	Eng. Khaled Humied	DG WSSLC	Ammran	Project general issues, management and implementation.	20 October 2018
35	Abdul Malik Al Thaibani	Deputy DG WSSLC	Ammran	Project will enhance the capacity of the corporation to improve water supply to citizens. Ready to help in order for project success.	20 October 2018
36	Aziz AL Duaise	Projects Manager WSSLC	Ammran	Project will have positive impact to the whole community, it will improve the water supply and water quality. Keen to provide help	20 October 2018
37	Ammar Al Aryani	Engineer	Ammran	Project contribution in Improving the water supply of the city	20 October 2018
38	Ibrahim Awadh	Branches Manager, WSSLC	Ammran	Project contribution to decrease water provisions rotational timing in the city regions.	20 October 2018
39	Majid Al Ashwel	Employee	Ammran	Sustainable water provision to mitigate citizens distress.	20 October 2018
40	Magid Daaood	Citizen	Ammran	Project implementation to improve the water supply to beneficiaries and alleviate their issues causing by water cut.	20 October 2018
41	Abdullah Al Harq	Citizen	Ammran	Project securing and urgent implementation. Project contribution to increase water production.	20 October 2018
42	Mejhed Aqlan	Citizen	Ammran	Project contribution in water reach every house.	20 October 2018
43	Hussein AL Muazeb	Citizen	Ammran	Improve water provisions to help the citizens. Because they are suffering from water regular cut.	20 October 2018
44	Ahmed Rasan	Contractor	Ammran	Improve the water provision and decrease the water cut period.	20 October 2018

45	Noor Al Deen Al Aryani	WSSLC Commercial Manager	Ammran	The subprojects will help in improving health of the city inhabitants.	20 October 2018
46	Omer khald Ali Sarran	Citizen	Ammran	Looking forward to have the water supply network repaired and pumping water again	20 October 2018
47	Hadi Seraa	Citizen	Ammran	The water network rehabilitation will help provision clean water to households again, and will improve health	20 October 2018

## Annex 2: UNICEF EHNP CERC Consultations

Comment from	Comment	How addressed
PMU General Director – Urban Water Supply and Sanitation Project	<p>Some suggested changes to the indicators proposed:</p> <ul style="list-style-type: none"> <li>• Number of people with access to improved and safe drinking water in targeted areas (to be deleted, duplicated indicator)</li> <li>• Number of people with access to improved sanitation in targeted areas (to be deleted, duplicated indicator)</li> <li>• Additional number of people added to the sanitation system through the rehabilitation activities</li> <li>• Number of people and isolation units provided improved access to drinking water supply</li> <li>• Number of people and isolation units provided basic sanitation services through UNICEF supported interventions</li> </ul>	Not changed as these have already been agreed with the WB after extensive discussion
PMU General Director – Urban Water Supply and Sanitation Project	<ul style="list-style-type: none"> <li>• To focus more on the associated impact of the socio-economic aspects, pollution, health and safety including occupational health resulting from the proposed water and sanitation interventions and suggest best practice to mitigate them.</li> </ul>	Addressed, through inclusion of updated table related to risks and mitigation (see Table 2)
PMU General Director – Urban Water Supply and Sanitation Project	<ul style="list-style-type: none"> <li>• Managing COVID 19 risks on construction sites to keep workers and engineers safe all the time.</li> </ul>	Noted. The site-specific ES instrument will contain site specific COVID—19 infection measures and clauses.
Yemen WHO Safeguards Team	<ul style="list-style-type: none"> <li>• The abbreviation table is not matching the content of ESMF, several abbreviations in the table are not included in the content and vice versa such as: INGOs, M&amp;E, HFs, ...etc</li> </ul>	Noted and updated
Yemen WHO Safeguards Team	<p>Suggest adding the below under the World Bank Requirements:</p> <p>Other World Bank Group Environmental, Health and Safety Guidelines (EHS Guidelines) relevant to the project are:</p> <ul style="list-style-type: none"> <li>• <a href="#">Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings</a>, issued on March 20, 2020</li> <li>• <a href="#">ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Projects</a>, issued on April 7, 2020</li> <li>• <a href="#">Technical Note on SEA/H for HNP COVID Response Operations</a>, issued in March 2020</li> </ul>	Added in the relevant guidelines and will also keep these in mind when engaging in the screening and the implementation

	<ul style="list-style-type: none"> <li>• <a href="#">Interim Advice for IFC Clients on Preventing and Managing Health Risks of COVID-19 in the Workplace</a>, issued on April 6, 2020</li> <li>• <a href="#">Interim Advice for IFC Clients on Supporting Workers in the Context of COVID-19</a>, issued on April 6, 2020</li> <li>• <a href="#">IFC Tip Sheet for Company Leadership on Crisis Response: Facing the COVID-19 Pandemic</a>, issued on April 6, 2020</li> <li>• <a href="#">WBG EHS Guidelines for Healthcare Facilities</a>, issued on April 30, 2007</li> <li>• Good International Industry Practice (GIIP) such as WHO technical guidance developed for addressing COVID-19 also apply to the Project. WHO resources include technical guidance on: (i) <a href="#">laboratory biosafety</a>, (ii) <a href="#">infection prevention and control</a>, (iii) <a href="#">rights, roles and responsibilities of health workers, including key considerations for occupational safety and health</a>, (iv) <a href="#">water, sanitation, hygiene and waste management</a>, (v) <a href="#">quarantine of individuals</a>, (vi) <a href="#">rational use of PPE</a>, (vii) <a href="#">oxygen sources and distribution for COVID-19 treatment centers</a></li> </ul>	
Yemen WHO Safeguards Team	The Environmental and Social risk / impacts and mitigations of the activity (Repair of damaged public buildings, including schools, hospitals and administrative buildings) neither mentioned nor included in the identification and mitigation of risks within the document.	Noted, Civil works is now included in Table 2
Yemen WHO Safeguards Team	The identification of beneficiaries and selection criteria of the supported facilities is not mentioned within the ESMF. Suggest adding the selection criteria and mitigations for the associated risks.	This is noted. The CERC targets all functional HFs in Yemen, approximately 4000.
Yemen WHO Safeguards Team	Screening form for potential E&S risks is not included. Suggest adding the screening form as annex so determination of the required instruments could be feasible.	We will be using the existing screening form from the YEHP with the necessary revisions for the CERC
Yemen WHO Safeguards Team	Monitoring frequency, quarterly, is not efficient for civil works as well as the other supported activities. Suggest daily monitoring frequency for civil work and includes increased monitoring frequency for other supported activities.	This has been reviewed and the table (table 2) has been revised to monthly, as that is more appropriate.
Yemen WHO Safeguards Team	None of the annexes is referenced in the ESMF content. Suggest adding them in the relevant contents or parts of the ESMF.	Noted. As these were included by the WB, we have left these as is
Yemen WHO Safeguards Team	Annex E: SOPS ON IPC IN PHCs	Now added

	This annex is not available within the ESMF although mentioned in page 19	
Yemen WHO Safeguards Team	Annex C: CURRENT GAPS IN PPE The content is not clear	Noted and we have tried to make the content easier to read
Yemen WHO Safeguards Team	ESMF implementation budget is not included. World Bank team might request provision of such and include it in the ESMF.	The WB in their comments did not request this specifically so it has not been added
Yemen WHO Safeguards Team	Risks and impacts of the storage and transportation of good and supplies is not mentioned in the ESMF. Mitigations for such needs to be addressed.	We do not anticipate any significant risks are associated with this -the original YEHP ESMF still applies and will cover this
Yemen WHO Safeguards Team	Stakeholders engagement activities and procedure not included in the proposed ESMF.	This was not requested by the WB
Yemen WHO Safeguards Team	Other social risks need further details and mitigations: <ul style="list-style-type: none"> <li>• Social tensions due to concerns about infection spread to the communities in the vicinity of the HCFs, quarantine centers, etc.</li> <li>• Risks of pathogen exposure, infection and associated illness, death, for workers engaged in carrying out the testing, transporting samples, delivering training, etc</li> <li>• Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc ..</li> <li>• Stigma and passing on infections to family and community</li> <li>• Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc.</li> <li>• Absence of a mechanism to express grievances and protect rights regarding working conditions and terms of employment</li> </ul>	Noted. Have addressed the relevant risks and mitigation measures in Table 2.
Project Manager, National Organization for Health Development (NGO)	After schools are closed due to the Corona epidemic, schools now need, after opening them, to provide health-enhancing resources to encourage students to return safely after the interruption and for education, as most schools in Taiz Governorate lack a school clinic that contains the minimum requirements in addition to the sanitation facilities in schools, as they are dilapidated and not There are points in schools for providing safe water, as well as health-promoting programs in schools that include behavioral change and information materials	Noted, this is a programmatic intervention
Project Manager, National Organization for	Allocating support for infection control programs, especially in hospitals and health centers, including the establishment of integrated infection control units from training, rehabilitation,	Noted. IPC is a key component of the CERC

Health Development (NGO)	awareness, and information to the provision of all vital safety equipment and supplies and the safe disposal of medical waste. Cholera or Corona epidemic and others.	
Project Manager, National Organization for Health Development (NGO)	I hope that our observations will be successful in identifying priority proposals. Supporting programs that integrate education and health-promoting programs are the greatest means of combating poverty in any society. In addition to fighting the enemy in health institutions, which has become a great danger threatening our society due to the scarcity of resources allocated to these programs and the lack of knowledge and awareness among health sector workers and members of society.	Noted. IPC in HF is a key component of the CERC
Executive Director, Generation without Qat (NGO)	The plan focused on the two most important aspects, namely health and nutrition, as well as water and environmental sanitation, which are the two most important areas we need in light of the response to any emergency.	Noted
Executive Director, Generation without Qat (NGO)	But as I mentioned the risks that have an environmental and social impact, and these risks will continue in the event of a delay in the speed of the emergency response, which will be important for the displaced and displaced from their homes due to natural disasters such as floods and others, or due to displacement from war.	The need for quick action is noted
Executive Director, Generation without Qat (NGO)	Focusing on speeding up the rehabilitation of the water network in general and the supplies, which will solve the biggest problem that threatens the displaced and residents if the use of wards to deliver water is dispensed with.	This is noted and some activities in CERC are related to WASH rehabilitation
Executive Director, Generation without Qat (NGO)	Focusing on awareness-raising and community mobilization through different media to enhance awareness among people and use awareness-raising methods such as flashes and short videos.	The CERC will use a variety of communication channels and means to communicate GRM, project activities etc.
Executive Director, Generation without Qat (NGO)	- Ensure that the supplies, such as bags and other items, are provided before the start of the project and not after the end of the project.	Noted
Executive Director, Generation without Qat (NGO)	- Intensifying the training process for community committees, which have a primary role in educating society, especially the committees run by women, to ensure the safety of the beneficiaries from harassment and sexual exploitation.	SEA/SH will be an important part of this project (as well as YEHNP). Capacity building and consultation will be part of the CERC. We will focus on various vulnerable groups, including women

Executive Director, Generation without Qat (NGO)	Pre-preparation and awareness of the community about the use of the complaints mechanism.	Noted and this is planned
Senior Program Advisor, Atanweer Development Foundation	Can women be engaged in making the masks, sanitisers, soaps, etc? This way, it will be possible to generate employment and women will benefit	This is a programmatic issue
Senior Program Advisor, Atanweer Development Foundation	Rehabilitation of infrastructure too can be done through the CFW modality	As above
Senior Program Advisor, Atanweer Development Foundation	So far, the lockdown in Yemen is not a total lockdown. But if such a case arises, there should be some amount allocated for providing ambulance services to people who are in critical need. Because people around the world have died because they just could not get to the hospitals	This is not part of the CERC
Senior Program Advisor, Atanweer Development Foundation	Another point is about additional beds. Some amount should be kept for opening additional isolation units.	This is not part of the CERC. We believe that the WHO managed COVID 19 project has addressed this issue
MWE Advisor Engineer	<p>While discussing the protocol for Yemen and whether such a protocol had been developed in accordance with the specificity of Yemen for the purposes of combating COVID 19. Of course, with my knowledge that a general protocol was drawn up by the WHO, but in fact I followed how the actions were done to combat COVID 19 in different countries, for example in the Arab countries, the experience of Jordan and Tunisia was effective, and in Spain different from Italy, Britain and America and each had its own experience, and Yemen has its own experience as well. However, the issue of hygiene and hand washing was at the top of all protocols</p> <p>Here, as long as cleanliness is in the foreground, I only preferred to share my experience during the past period during the pandemic, and I list it as follows</p> <p>I had a demand cycle for water supply at home every three days before the pandemic, and the quantity met the need for this period without any shortage. During the pandemic, this quantity became sufficient for a day and a half or two only, and there was a shortage in the quantity as a result of the use of adherence to the part of the protocol related to hand washing and hygiene in the sense that the water by 30% decreased and no longer met the need according to the schedule of use, and also I asked some colleagues and they had the same problem. Long enough</p>	Noted and hand washing is a key component of the CERC Availability of water is a key component of the CERC

MWE Advisor Engineer	This is a lesson learned on a personal level. But is it possible to benefit from this lesson in the future at the general level, so that in the upcoming plans, focus is on increasing the quantities of water as a priority, and thus benefiting from the available funding, so that it is devoted to water sources by raising the efficiency of operation through allocating more funding for this purpose in particular.	Availability of water is a key component of the CERC
MWE Advisor Engineer	I suggest that the institutions be asked to conceptualize their need to raise the operating efficiency of water resources and discussed this matter with the authorities that will finance the operations so that water resources will be an operational focus of top priority in the upcoming implementation programs to confront COVID 19 and agree on this in particular and here the impact will be greater in terms of beneficiaries and combating.	Engaging authorities is a key part of the CERC

### **Annex 3. Updated UNICEF Consultation with Stakeholders results**

#### **A. FINDINGS: UNICEF Yemen Emergency Human Capital Project Inception Meeting with Ministry of Public Health and Population, Sana'a, 3rd of Aug 2021**

##### **1. Introduction/ Opening remarks:**

The MOPHP Deputy Minister mentioned a couple of points in his opening remarks:

- There is on-going assessment of all PHC facilities on the ground to determine the gaps and needs and expecting to get the data soon. The findings from the assessment should inform the implementation of YEHCP
- To have a clear understanding and identifying exactly MSP components for the new project. In some reports the NGOs are mentioning that they are supporting MSP, while they supported only one component from MSP. The Senior Technical Advisor in the ministry also emphasized on this point where he also mentioned the importance of expanding the support to cover the basic needs of Yemenis.
- Involvement of key stakeholders at every stage of the implementation is very important and this can be achieved through a steering committee.

##### **2. Introduction/Background of YEHCP**

- UNICEF presented the new project components, strategies, budget breakdown and Donor conditions.
- The Deputy Minister emphasized on UNICEF to share the details of budget with the ministry for more discussion. This request was raised when EHNP started but the ministry did not get any response from UNICEF.
- The PHC director from the ministry asked how UNICEF will link between component 1.2 and 1.3 under the component 1?

##### **3. Health Interventions (EPI, MNH, IMCI, HSS and QoC)**

The PHC director from the ministry raised some questions:

- Will the project procure the vaccines for the campaign or routine fixed HF's?
  - o UNICEF response: Routine immunization vaccines are supported by Gavi especially the new and under-utilized vaccine while UNICEF supports to mobilize resources to honor the Co-financing obligation of Gavi supported vaccine and to procure traditional vaccine for routine immunization.

- o WB project has supported in the past vaccines procurement for campaigns including polio campaign, Diphtheria campaign; the new project will also contribute to the procurement of vaccine for campaigns and not routine.
- What is UNICEF plan to increase the coverage of PHC facilities and cover the gap?
  - o UNICEF response: While UNICEF supports 55% of PHC facilities with the broad MSP support package including operational costs, health workers per diems, PHC kits, equipment, furniture, etc., other support - for example IMCI supplies - are distributed to all PHC facilities around Yemen.
- Will the project/UNICEF continue supporting the 3-years diploma for the midwife to increase the MNH coverage among the PHC facilities and decrease the mortality among women and children?
  - o UNICEF response: WB supported this training before but stopped in the last year of EHNP. This point will be raised again for consideration subject to the donor to determine if the grant conditions will allow it.

#### **4. Nutrition Interventions**

The PHC director from the ministry raised some questions:

What is the project plan for increasing the awareness for the adolescent beside distributing the MNP?

- UNICEF response: this is well noted and nutrition team will look at it.
- UNICEF response: UNICEF initiated the adolescent nutrition programme through schools sometime back but due to some challenges in collaborating with Ministry of Education, this has now been placed under the responsibility of the CHNV's to deliver the services. The programme includes nutrition education in schools and has a service delivery component; micronutrient supplementation of adolescent boys and girls. UNICEF proposes to assess how this is working by the end of the year to determine next steps to strengthen nutrition promotion through schools.
- This YEHCP World Bank project entails a large focus on nutrition social mobilization, communications and advocacy and therefore will support to strengthen our communications and advocacy approaches across the various health and nutrition platforms. UNICEF Communications for Development and H&N teams will work closely to strengthen these components further.

In the presentation, UNICEF talked about distributing deworming, can deworming distributing for women who they are in the 2<sup>nd</sup> and 3<sup>rd</sup> pre-semester as a treatment? If yes, we will not do that unless you have any documents or guidelines mentioning that this is safe?

- UNICEF response: UNICEF will take this query and look at the data in terms of the evidence and risks. The problem is in the first trimester not after as recommended by WHO below;[https://www.who.int/elena/titles/guidance\\_summaries/deworming\\_pregnancy/en/](https://www.who.int/elena/titles/guidance_summaries/deworming_pregnancy/en/): *Preventive chemotherapy (deworming), using single-dose albendazole (400 mg) or mebendazole (500 mg), is recommended as a public health intervention for pregnant women, after the first trimester, living in areas where both: (i) the baseline prevalence of hookworm and/or T.*
- The National Nutrition Strategy outlines the following:
  - Promote deworming activities for pregnant women during second trimester of pregnancy

For piloting the treatment of acute malnutrition at community level through CHWs, do you have any experience from other countries, or it will be the 1<sup>st</sup> experiment in Yemen?

- UNICEF response: UNICEF will look at improve the quality of CMAM, different countries followed different approaches. And one of them is the quality improvement. UNICEF aims to close the gap between supportive supervision and the recommendations that have been done for the HFs. The relevant focal persons will follow up on this request firstly to determine exactly what role the

CHWs are supposed to have in the treatment of malnourished children. However, it is UNICEF's understanding that this approach has not quite kicked off.

- In relation to available evidence on the use of CHWs for treating uncomplicated severe acute malnutrition, there are studies that have demonstrated that CHWs can successfully treat SAM without complications and achieve cure rates above the minimum standards i.e. >80% and default rates <8%. This was outlined in a research paper (Lopez Ejeda et al., 2019) that reviewed 18 studies. The approach is considered to be a cost effective approach in increasing coverage of SAM services.
- Further consultation between CHW and CHNV focal persons is required to determine how to take this approach forward.
- The CHWs will be trained on CMAM for 2 months, then they will start practicing and refer cases while they continue with on job training.

What about the capacity building for HW from nutrition aspect?

- UNICEF response: UNICEF Nutrition team is required to agree on a joint training plan. UNICEF continues to support health both basic and refresher trainings for Health Workers and CHNVs on the respective programme areas, CMAM, IYCF among others. The details can be obtained from the team.

## **5. Child Protection Interventions**

The PHC director from the ministry raised some questions:

- UNICEF mentioned in the presentation that the Psycho-Social Support was provided to around 149 HF, what was the interventions and what are the exact interventions for the new project?
  - o UNICEF Response: As part of Minimum Service Package agreed with the MoPH, Psychosocial support for children were offered by a network of health and social workers in child friendly spaces which are available within the primary health care facilities or in adjacent structures. Unlike psychiatric or clinical intervention at secondary health care facilities, psychosocial support offered at community and primary health care facilities focuses more on preventative aspect, supporting children and communities to recover from the impacts of conflict and diseases, retain or rebuild social structures, and build their resilience. Early and adequate psychosocial support can: 1) prevent distress and suffering developing into something more severe and long term; 2) help people cope better and resume their normal lives; and 3) meet community-identified needs. It is organized as a community-based initiative including a wide range of activities for different age groups of children, including drawing, handicrafts, drama, writing, storytelling, play, sports, as well as more structured life skills, and resilience building programs.
  - o **PSS included under the new project:** Under the new EHCP project, UNICEF plans to support the scale up on psychosocial support activities 1) through community-based health workers and health volunteer networks with Psychosocial First Aid and awareness raising messages and 2) training of health workers for safe identification and referrals of the vulnerable children and 3) focused but nonspecialized PSS (please refer to the Inter Agency Standing Committee's MHPSS guideline in emergency settings, 2007- this include counselling) can be offered by trained social workers.
- \_\_\_ Need to have more clarification on the strengthen referral linkages between community and PHC service providers and secondary health care service providers level for more specialized mental health services.
- \_\_\_ UNICEF RESPONSE:

- o Service mapping for each community will be developed, which can be used by community health care workers/ volunteers as well as PHC service providers for referral purposes. The service mapping will include community-based PSS services, focused but nonspecialized services offered by social workers and primary health care workers, as well as specialized services offered by secondary health care workers.
- o The service mapping will have contact details and type of the services offered for the easier references made by community-based workers and PHC service providers.

## **6. Procurement plan**

- Following discussions and communication, the recommendation was to have follow up meetings between UNICEF and MoPHP on the project procurement plan. The proposed Yemen PHC Kits that will be procured and distributed to the supported HFs under the new project must be endorsed by MOPHP.

## **7. Result Framework targets**

Deputy of minister and EPI director commented on one indicator in the RFW. MOPHP opposes the idea to involve the LNGOs in service provision under the new project. They clearly mentioned that they don't need any party to facilitate the implementation of activities in any PHC facility, and MoPHP can access and implement the activities in all PHC facilities through Governorate Health Offices.

## **8. Environmental and social safeguards (ESMF, labor management plan, security management plan, medical waste management plan, GBV and PSEA)**

- Dr. Najeeb Al-qubati (PHC director) expressed their interest to be engaged in environmental and social safeguards activities, he requested UNICEF to share any reports have been done for EHNP on this regard.
- Dr. Al Medwahi made mention that the GRM is good as tool to receive complaints, but not always raises the right concern that related to the main services.
- No other comments or questions were raised on the ES Safeguard instruments presented in the meeting. As time was limited for this discussion, a follow-up session on another day was agreed to fully address this topic, and it was agreed that UNICEF would share the relevant disclosed safeguards instrument documents with the MOPHP.

## **9. Key asks**

- The EPI manager in the ministry is expected to have more flexibility on implementing the project and benefit the resources of the new project for non-supported HFs. For example, the ISS when four people from GHO to conduct a supervision visit to small HU which will not take much time from them, they can pass and visit another non-supported HU/HC which is closed to that HU.
- Following the ministry policy for giving more priority to functionalizing fixed PHC facilities rather than IOR and MTs.
- The DG of Amanat Alasima GHO emphasized the need to sort out all the previous challenges like the delays in paying the operational cost and HWs prediem, supporting doctor in the polyconics and the data entries.

## **10. Next Steps**

- UNICEF to have follow up meetings with MOPHP to provide further clarity on the concerns raised during this consultation especially regarding
  - o The scope of the new projects and expanding to additional health facilities
  - o Share financial details of the new project – Supplies, Operational costs, HWs Per-diem, Integrated support supervision

- o Agree on packages of intervention to be supported under MSP
  - o Role of NGOs in the new project
- UNICEF to seek MOPHP approval for all planned procurements under the new project and to review the content of the proposed Yemen PHC kit
- UNICEF to share with MOPHP any assessments conducted on environmental and social safeguards
- MOPHP to share the findings of the on-going assessment of PHC facilities
- Formation of a Steering Committee with all key players including MOPHP, UNICEF, WHO and UNOPS

### List of Meeting Participants

MoPHP			
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## **B. Ministry of Public Health & Population - Aden ESMF and ESP Consultation Results**

**18 August 2021**

Consultation meeting was held with the Deputy Minister and D.G. of Family Health Care. It was held in the Ministry of Public Health and Population venue in Aden Governorate on the 18<sup>th</sup> of August 2021. During the meeting the ES Safeguard instruments mainly the ESMF, and the SEP prepared for the YEHCP were presented and discussed.

- There were concerns raised regarding the different agencies timelines in ending the EHNP, where WHO is continuing its support until December 2021 while UNICEF ended their support in June 2021. This has created a major service gap at Primary health care level.
- They are expecting to have the new project implemented as soon as possible, the DG mentioned that the project plan was to commence in August 2021. It was clarified that the project components and its activities are well known, and the potential positive impact is evident through providing the primary health care services and lifesaving interventions. Terminating the project activities would have led to primary health services collapse.
- The negative environmental and social impact associated with services provision is very minor and the MOPHP agreed that this could be mitigated by improving of the waste management process inside the primary healthcare establishment.
- Overall observation on the WB approach on the consultation especially with local communities and health workers was raised. There are concerns regarding the wrong perception of communities in the implementation of World Bank projects. The expectations from the communities are higher than what the project can provide and most of the time it compromises the ministry reputation.
- MOPHP indicated that, what people need first is reassurance, and
- There is need to move from emergency to development and sustainably.

#### **Participants**

1. Dr. Ali Al Waleedi - Deputy Minister
2. Dr. Mohamed Mustafa Rajimnar - DG Family Health Care Department
3. Lina Al Baz - UNICEF
4. Gamal Al Harrani - UNICEF

Additional consultations with the MOPOP in Aden are planned during a UNICEF YEHCP PMU field mission to Aden, scheduled for the first half of September 2021. The SEP and ESCP will be updated following this.

#### **C. Follow up meeting for the Yemen Emergency Human Capital Project Inception Meeting with Ministry of Public Health and Population, Sana'a, 18<sup>th</sup> of Aug 2021**

Time: 11.00am to 1.00pm

Venue: Director General's Office 4<sup>th</sup> Floor MOPHP

The Objective of the meeting was to follow up on issues raised during the 3<sup>rd</sup> August consultations between UNICEF and MOPHP on the New WB Project, YEHCP.

Table 1: Participants

MoPHP			
No.	Name	Title	Email
1	Murtadha Al-Murtadha	DG for TCIR	ministerassistant@moh.gov.ye
2	Dr Ali Al - Medhwahi	MoPHP advisor	aalmudhwahi@gmail.com
3	Basheer Hamid	UNICEF Coordinator MOPHP	
UNICEF			
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2	Hanan Nasher	Programme Officer	hnasher@unicef.org
3	Abdulbaset Al Dubai	Health and Nutrition Officer WB	aaldubai@unicef.org
4	Najwa Al Dheeb	Nutrition Specialist	naldheeb@unicef.org

Murtadha from the ministry raised some points on the new project EHCP:

- 1) When is the new project expected to start?  
UNICEF clarified the status of signing the new project and the next steps including requirements for signing and the conditionality for project effectiveness which may be next month when ES instruments including ESMP, SEP, GBV Action Plan, SMP and LMP are approved by the World Bank and disclosed by UNICEF. It is only after the project is declared effective that project implementation can start
- 2) What is the plan to cover the gap between EHNP and EHCP?
- 3) UNICEF response: No funds can be committed until the project is declared effective. Any expenditures before the effective date are **NOT eligible** for reimbursement. UNICEF has no other funding source to cover for costs incurred by PHC facilities during this period, from July until project is declared effective.
- 4) Will the new project do any expansion for supporting more HFs?  
UNICEF response: It is also the wish of UNICEF to expand beyond the 2000 PHC facilities supported under EHNP but with the current funding in the new WB project YEHCP, it is not possible to expand beyond the current HFs (1964).
- 5) Ministry wants the project to support the HCs with a doctor to expand the scope of MSP services at PHC level. The ministry indicated that they are reviewing the ministry PHC strategy and approach to include a doctor in order to decongest the overcrowded hospitals.  
UNICEF response: Under the YEHCP agreement, UNICEF will not be able to cover the cost for supporting on doctor in health centers. However, UNICEF will discuss internally on the possibility of a PHC Network pilot where a multisectoral team including a doctor in the Hub will be regularly supporting the lower level PHC facilities including the community. The model will be borrowing a lot from the Kenyan Primary Health Care Framework. Dr Khadija to share the framework with Dr Ali for possible adaptation.

- 6) The ministry wanted to understand the criteria used in selection of health facilities for YEHCP support. UNICEF shared the criteria that was earlier agreed by both parties and no issues were raised.
- UNICEF agreed with Ministry (Ali Al-Medhwahi) to have a meeting on Tuesday 24<sup>th</sup> of August, 2021 to agree on the proposed Yemen PHC kit items. The outcome of this meeting, 2 lists, one will contain the items for the primary health kits and another list is for the items that UNICEF can procure. It is only after the ministry endorses the PHC kits, that UNICEF can start the Procurement process.
  - UNICEF shared the budget breakdown of the new project and other supports details like operational cost and Health worker Per-diem as per the ministry request.
  - UNICEF updated the ministry on paying the 2020 backlog of operational cost in the north.

## Annex 4. Updated WHO Consultation with Stakeholders

### Minutes of Meeting, 1 September 2021 Ministry of Public Health and Population (MoPHP), Sana'a, Yemen

#### List of Meeting Participants

No	Name	Position	WHO/MoPHP	Email
1	Denise Assaf	Epidemiologist	WHO	assaafd@who.int
2	Laura Lloyd-Braff	Project Management Officer	WHO	llloydbraff@who.int
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10	Dr. Nagieb Al-Qubati	PHC director	MoPHP	drnajeb@hotmail.com

#### Topics

1. WHO confirmed the upcoming inception of the Yemen Emergency Human Capital Project (Y-EHCP), funded by the World Bank. This project is the successor to the Emergency Health and Nutrition Project (EHNP), and its main objective is to assure continuity.
2. Despite some differences from the previous project (for example, UNOPS will implement the WASH rehabilitation component of the project, the EHCP will closely resemble the EHNP).

3. Under the EHCP, there are \$39 million for activities and logistics for one year (\$26 million for hospital support and \$13 million for public health programs. While there is some flexibility to revise the interventions to best meet the needs on the ground, it is essential to remember that the funds are only sufficient to assure continuity of the EHNP, so if new activities or interventions are added, this will come at the expense of existing activities. Because of limited costs opportunity costs should also be considered and implementing activities for which our dollars will stretch the furthest.
4. Social and Environmental Safeguards is a critical element of the new project. It will be important to appoint at least two focal points for this (one for Social Safeguards and one for Environmental Safeguards) within the Ministry to follow this component of the project.
5. It was agreed that there will be a follow-up meeting where more detailed information will be provided (breakdown of activities, etc) on the 27<sup>th</sup> of September.

## **Annex 5: Update on UNOPS Stakeholder Engagement and consultation**

### **❖ Introduction**

Ten public consultation workshops with stakeholders were held in different governorates (Sana'a, Ibb, and Aden) between 9 June and 13 August 2021 to ensure effective stakeholder participation relevant to targeted urban cities and peri-urban and rural areas under the project. Various stakeholder representatives were invited and 696 participants; of whom 285 females (41%), attended the consultation workshops; including:

- The MoWE Minister, Vice Minister, and Deputy Ministers;
- The MoHP Minister and Deputy Ministers;
- Water and Sanitation Local Corporations (WSLCs) representatives;
- The Urban Water PMU and its local teams;
- The MoPIC Deputy Minister and General Directors of local offices;
- The SCMCHA General Secretary, Deputies, and General Directors of local offices;
- The MoE Vice Minister and Deputy Ministers
- The MoLA Deputy Minister;
- Governors and their Deputies;
- Local council members and local district General Directors;
- Representatives of local authority, civil society, and women associations; and
- Local IDPs and beneficiaries.

Based on prior official permissions obtained from SMCHA in the North and MoPIC in the South and advance meeting invitations, all consultation workshops were convened as planned in accordance with the following meeting agenda:

- Opening remarks and general introduction to the YEHCP
- Introduction to the project Stakeholder Engagement Plan (SEP)
- Introduction to UNOPS procurement process and eSourcing
- Q&A session
- Coffee break
- Introduction to the Project Environmental and Social Commitment Plan (ESCP) & the Environmental and Social Standards (ESS)
- Introduction to the Project Resettlement Framework (RF) / Environmental and Social Management Framework (ESMF)/ Labor Management Procedures (LMP)
- Q&A session
- Lunch break
- Introduction to the Project SEA/SH Prevention and Response Action Plan / Grievance Mechanism (GM)
- Q&A session
- The Project investment selection criteria and tentative investment plan / Q&A session
- Closing remarks

All consultation workshops were designed and held to encourage stakeholder feedback and to support active and inclusive engagement with project-affected parties in a documented way free of external interferences in which:

- Arabic language was used with more emphasis on verbal and visual methods.

- Large public and easily accessible venues were used with a gender-sensitive setting with sufficient security requirements.
- Transportation allowances were provided to participants from remote locations.
- Participants were maintained a proper social distance and given masks and hand sanitizers as COVID-19 preventive measures.
- A number of UNOPS qualified female and male staff were presenting and facilitating the consultation.
- Project information was disclosed distributed to all participants in a form of hardcopies (Booklets) of the PAD, ESMF, RF, SEP, LMP, and GBV Prevention and Response Plan
- Leaflets containing the Project GM information were also distributed to all participants.
- Evaluation surveys were used during the sessions to get participants' feedback, suggestions and remarks attendance sheets as well, with attendees contact details, organization and title.

UNOPS was keen to ensure interactive participation during the consultation sessions; therefore, participants were given enough time to raise their concerns. Below is a brief of some main points highlighted.

### ❖ Schedule of the Consultation Workshop Meetings

Date	Session	City	Venue	Number of Attendees
Wednesday - June 09, 2021	Session 1	Sana'a	Bustan Hotel - Sana'a	220
Thursday - June 10, 2021	Session 2	Sana'a	Bustan Hotel - Sana'a	
Tuesday - June 15, 2021	Session 1	Aden	Coral Hotel - Aden	199
Wednesday - June 16, 2021	Session 2	Aden	Coral Hotel - Aden	
Thursday - June 17, 2021	Session 1	Abyan	Coral Hotel - Aden	89
Monday - June 21, 2021	Session 1	Lahj	Coral Hotel - Aden	74
Wednesday - June 23, 2021	Session 1	Al Dale	Coral Hotel - Aden	62
Wednesday - June 24, 2021	Session 1	Taiz	Coral Hotel - Aden	52

**Sana'a - June 9, 2021**

List of UNOPS Team - Sana'a Meetings

SN	Name	Organization	Title
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1	Fayyaz Ahmad Faiz Rasul	UNOPS	Head of office-Programme Manager
2	Khaldoun Mohammed	UNOPS	Programme Advisor
3	Abdulwahab Salah	UNOPS	WASH Coordinator
4	Abeer Al-Mas	UNOPS	Gender Equality Officer
5	Nuha Mohammed	UNOPS	Communication Officer
6	Abeer Ahmed	UNOPS	Partnership analyst
7	Rami Yassin	UNOPS	Logistics Officer
8	Mohammed Al-Eryani	UNOPS	Municipality and Solid Waste Management Specialist
9	Marwan Al-Mekhlafi	UNOPS	Renewable Energy Specialist
10	Mahmoud Shidiwah	UNOPS	Environmental and Social Safeguard Officer
11	Zubida Al-Zubaidi	UNOPS	Environmental and Social Safeguard Officer
12	Khalid Basalama	UNOPS	City Engineer
13	Ebtehal Daifalla	UNOPS	Procurement Associate
14	Mohammed Al-Halali	UNOPS	Procurement Officer

- An immediate intervention is required for WASH transfer lines in Hamra Alib area.
- Khamar Hospital is in need of support, namely rehabilitation of hospital WASH services in general and intensive care units (ICUs) & surgery / operating rooms in particular. Furthermore, there is a need for provision of beds in ICUs and finding an alternative for hospital power generation, i.e. connecting to the electricity network rather than using generators.
- Dialysis centers are in urgent need of energy and WASH support, especially with the shortage of diesel.
- There was a request to consider other governorates such as Dhamar, Amran Taiz & Ibb in the investment plan.
- Al Hodeidah is one the most governorates which require interventions due to the increasing needs.
- Can UNOPS share with the concerned/related local authorities the designs and technical specifications of the equipment such as pumps and generators prior tendering?
- It was mentioned that community awareness about environment protection and any implemented project is crucial.
- The workshop for equipment maintenance is 65% out of service and is in need of support.
- It was repeatedly requested to allocate a percentage (for instance 12%) of any project budget for other services related to the project being implemented, so as to ensure project effectiveness and sustainability.
- It was asked why not involve local councils at governorate levels. For instance, though the publication of Damage Needs Assessment (DNA), local councils have not received the update for

two years. Accordingly, it was requested to involve the local councils and authorities in the Damage Needs Assessment and the digital mapping

- Capacity building for staff should be conducted along with project implementation.
- There was a request for the provision of solar systems for cold chain storage of vaccines.
- It was mentioned that there is not much coverage in Taiz and allocation is little.

#### Sana'a - June 10, 2021

- WASH infrastructure of Sana'a Old City is old and needs immediate intervention.
- There was a request for expansion of WASH Services in Al Saila area.
- Local authorities are important partners; do NGOs/Civil Societies have the chance to be partners and implement projects?
- "For All Girls Association" has some projects to be implemented in WASH. How can it cooperate with UNOPS for project execution (cooperation mechanism)?
- Is this consultation meeting aiming to ensure cooperation between NGOs/Civil Societies and UNOPS or just between partners and UNOPS and involving NGOs for awareness about projects and feedback?
- Is there a sustainability plan for projects being implemented?
- Is there a confidentiality and protection policy of callers when reaching UNOPS GRM?
- Do NGOs, local authorities, and Civil Societies have the eligibility to apply for tenders?
- Do UNOPS oblige contractor's personnel to sign code of conducts?
- If a misconduct was done by the contractor or one of his personnel, what are the actions to be taken?
- There are different vulnerable groups who do not have access to their service rights and are not able to pass their complaints. What is UNOPS' role to address this issue?
- There was a request to provide capacity building on GBV.
- Does UNOPS consider the needs for Special Needs Category in sub-projects implementation?
- How does UNOPS involve local communities and beneficiaries in project outcomes?
- How to determine the needs and assess them? Are there selection criteria?

#### Participants List

Name	Title	Organization
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Abdullah Ali Al Nuaimi	Deputy Minister	Ministry of Education
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Mohammed Al-Bakhiti	Governor	Dhamar
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Khaled Al-Ashwal	Journalist	Journalist
Moein Attan	Journalist	Journalist
Zaid Ali Abu Talib	Ministry of Water	General Manager of Urban Cities
Eng. Ramzy Ahmed Al-Muhajry	unit general manager	RMFIU
Ebtihal Fouad Abdo	investment planning	public works project
Arwa Ahmed Mohsen	Program	ADO
Entesar Al-Kadi	chair woman	All Girls Foundation
Hoda Taher	Protection Specialist	YFCA
Fatima Al Saadi	PC	SFGD
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Nabila Lutf Al Nour	Executive Director	Sam Organization for Rights and Development
Iman Salah Al-Raaini	Women's Sector Responsible	Akram Charitable Development Foundation
His mother is King Hassan Ali Al-Abyad	Executive Director	Rafaa Foundation for Community and Human Development
Ahmed Naseer's life	MEAI MANAGER	NFDHR
Randa Muhammed Al Sufi	Data entry	Hala Organization
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**Aden - June 15 & 16, 2021**

List of UNOPS Team - Aden Meetings

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3	Abeer Al-Mas	UNOPS	Gender Equality Officer
4	Abeer Ahmed	UNOPS	Partnership analyst
5	Mahmoud Shidiwah	UNOPS	Environmental and Social Safeguard Officer
6	Ramsess Younis	UNOPS	City Engineer
7	Housam Aboda	UNOPS	Logistics Associate
8	Ahmed Obaed	UNOPS	City Engineer

- There should be a transfer from the emergency phase into the development phase. Sustainability for projects that would have tangible impact. Aden is in need for rehabilitation/reconstruction of WASH infrastructure. There is no pure WASH intervention rather implemented projects are WASH in integration with other sectors such as health.
- There is a clear gap between the local councils and ministries. Sector institutions have to provide their needs separately. There is an exploitation on water selling which should be prevented. Also, capacity building is necessary for staff.
- Intervention of solar systems in school is not enough. There is a need for rehabilitation of schools such as Al Aidaroos school in Sirah District.
- There is an urgent need for coordination between ministries and local authorities that needs to be addressed so as to utilize the granted fund and avoid overlapping.
- There have been efforts to enhance gender mainstreaming and strengthen women's roles in project implementation.
- Could UNOPS provide contractors with the required training for applying for tenders and using e-sourcing?
- Is it possible for a governmental entity to take part in the UNOPS procurement process such as in the evaluation or designing phase?

- Why is any proposed project split into sub-projects distributed in several districts or even areas and hence instead of implementing a big and an effective project, it is ended up with small, sub-projects?
- Drainage of stormwater interventions should be considered.
- Thanking UNOPS for their interventions in the health sector in general and their intervention in obstetric center intervention which embody success in project implementation. Al Sadaka Hospital in Aden still has multi needs, e.g. WASH, dialysis centre support, operational costs, establishment of dialysis centres for children, lack of water desalination in dialysis centre and many others. It was requested from MWE to send a team to assess the situation and take an immediate action in regards to WASH service as a priority.
- Planning Offices should do their functions and coordinate with the Ministry of Planning that in return coordinate between the offices to ensure effectiveness of any implemented project.
- What are UNOPS HSE measures taken into action in field sites? Does UNOPS have monitoring and evaluation mechanisms? What does UNOPS do about conflict of interest?
- What are the actions taken by UNOPS in case a contractor/beneficiary is exposed to violence?
- There was a request to have interventions to address houses damaged by floods and heavy rains in Aden.

#### Participants List

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Admitting Ahmed Ahmed Nasser	Women producer association	Activities officer
Nahla Saleh Abdullah Saleh	Women producer association	Purchasing Officer
Raim Ahmed Ali Ubadi	Al Salwa Foundation	member
Raja Ahmed Mohsen Saleh	Al Salwa Foundation	member
Soha Saleh Ahmed Mohamed	Alwaha foundation for the development	member

Ulfat Mohamed Hassan Mokbel	Public works office	Head of the women's department
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**Abyan - June 17, 2021**

- Abyan has huge needs and despite the conflict-affected damages experienced in the governorate and its increasing population, the number of interventions is still very minimal.
- No interventions have been implemented in Lawder and there is a big need for urgent interventions.
- Civil Society and Women Association not involved in the project.
- There was a request to include Khanfer district within the targeted areas for planned interventions.
- It was requested to allocate a budget for Zinjubar and give a chance for young contractors to take part in tendering.
- Why were there no interventions in Kood area?
- There is a sanitation project in Al Hamra area. This project has started and passed the first stage but is still in need of support for completion of the other remaining stages.

Participants List

Name	Organization
Awad Mashbah	Deputy Minister Ministry of Local Administration
Ahmed Hassan Abdel Karim Jawi	United Nations Project Coordinator Ministry of Planning and International Cooperation
Eng. Ahmed Mohamed Ahmed Thabet	General Manager of the International Project Implementation Unit
Arwa Hammadi	Director general UWSSP
Eng. Fawaz Ismail Yahya Ali	Projects consultant M / metal follow-up occupational safety
Ghassan Mohamed Ahmed Saleh	Environmental sanitation specialist
Marwy Khaled Muhammad Ali	Engineer UWSSP
Ahlam Muhammad Suleiman Ali	Engineer PWP
Ahmed Abdo Ahmed	Deputy Director general PWP
Amani Nasser Mahdi Bashaib	Wishes Association
Haifa Ahmed Hassan Saleh	community committee
Hoda Ahmed Ali Haitham	The head of the pen association
Sinai is a happy box with a bush	Eve flower association
The memory of Mohamed Ahmed Nasser	Arabian Gulf Institute
Mohamed Farid Ashal Nasser	Technical Unit Water Officer
Awad Ali Awad Abdullah	local authority
Noor Qaid Ahmed Mohamed	Women's Development Association
Rafat Ali Osman Hussein	Abyan public works project
Khaleda Muhammed Hussain Al Qadiri	National Women's Committee
Libya Mohamed Hussein the point	Women's community committee
Rafaf Saleh Hadi Doshan	Women's community committee
Ali Muhammad Omar Ali	youth community

Ahmed Ali Abdullah Numan	local authority
Sheikha Mohsen Saeed Mohammed	fruits company
Sonia Farid Ali Moftah	National Women's Committee
Nada Abdel Hamid Said Ali	Family and society association
Attention Abdullah Silan Awad	Women's Martyrs Association
Mona Abdullah Silan Awad	Governor's office
Al-Khidr Masoud Ali Musharraf	Director of the health institute
Nima Nasser Ali Nasser	Research and Media Center
Muhammad Abdullah Talib Muzahim	Health Manager Loader
Nabil Hussein Abdullah Al-Kazmi	Director of Lauder Hospital
Muhammad Abdulaziz Mukred Al-Aghbari	Planning and Cooperation Zanzibar
Sinai Ahmed Mohamed El-Tani	research alone
Mona Ali Mohamed Zaghma	works office
Mahdi Muhammad Abu Bakr Al-Hamid	Governor General Secretary
Marwa Nasser Idris Mohamed Saad	public works project
Mohamed Omar Ali Ahmed	Local Council
Abdul Majeed Farid Ashal Nasser	Imprint of hope association
Emad Ahmed Abdo Haidan	Technical department
Mukhtar Ali Mohsen Al-Shaddadi	Technical department
Laila Khaled Abdel Jalil Shafer	Women's Development Association
Lamia Ali Ahmed Hassan	Reward moment institution
Healing Said Ahmed Bahamish	Reward moment institution
Maida Abdullah Nasser Abboud	Reward moment institution
Nora Jamal Salem Al-Amoudi	human rights activist
Najeba Ali Ghanem Amer	Abdul Qadir Association
Ruqaya Muhammad Ali Bahloul	Building and Capacity Association
Salha Ahmed Mohamed Abdelkader	education
Adela Ahmed Khader Saleh	Secretary-General of the Yemeni Women's Union
Safa Ahmed Mohamed Abdullah	Women's Victory Association
Iqbal Omar Hassan Salem	women's development
Ahmed Hussein Abdel Karim Jawi	Planning and international cooperation
Wadah Ahmed Ali Hammas	Planning and international cooperation
Aida Abdullah Hassan Al-Laqiti	local authority
Blasim Ali Saleh Al-Damakki	Shaqri District, Local Authority
Mona Salah Abboud Salem	local community
Nasser Abdullah Mohammed Hassan	The officer of the Khanfar directorate
Hussein Abdulbari Al-Saqqaf	Director of Al-Razi Hospital
Jamal Nasser Salem Mtheeb	Director General of Health
Salem Akef Awad Mubarak	Chief of Zanzibar District
Abdul Qadir Nasser Bajamil	health office
Ahmed Mohamed Hussein Al-Shubaily	Health Office in Loader
Saleh Fadl Bahath Saleh	Local Council

Yasser Al-Abad Salem is single	General Manager Supply
Niazi Abdo Muhammad Ghaleb	urban water
Suleiman Ahmed Awad	Road Maintenance
Marwa Khaled Muhammad Ali	urban water
Salah Balilil Naji Al-Rahwi	Khanfar Health Office
Abeer Haidara Mohammed Saeed	health office
Bushra Ahmed Mohamed Al-Fadhli	Local Council
Walid Saeed Mohammed Al-Marqashi	water institute
Ghassan Omar Ahmed Saleh	urban water
Mona Khaldoun Hashem Abdel Qader	urban water
Suleiman Abdullah Nasser Al-Wakod	Governorate Projects Manager
Mansour Salem Wadi Belaid	Cleaning Fund
Zizi Abdullah Nasser Salem	Local Council
Maher Saeed Sayel Nagy	water institute
Abdulwali Ahmed Ali Mukard	Project Manager
Abdul Hakim Abdullah Rajeh Alaya	water institute
Radfan Omar Abdullah Masoud	Governor's office
Saleh Mohammed Saleh Belaidy	Abyan water manager
Bashir Ahmed Rizk Al-Zaidi	Governorate representative
Mohsen Saleh Mohammed Dofan	Rural Water Manager
Nasser Abdullah Al-Mansri	Mamour Khanfar
Hussein Ali Omar Abdullah	Local Council
Saleh Hadi Muhammad Al-Jawi	local council
Amon Hassan Abdullah Hassan	Women's association

**Lahj- June 18, 2021**

- UNOPS is one of the few UN agencies that work in coordination with MoPIC for real project implementation.
- There are four major needs for Lahj rehabilitation of Ibn Khaldoun, sanitation (particularly in Al Houta).
- In Huta, there is an urging need for support of health facilities, rehabilitation of WASH services, and many others.
- There is a need for rehabilitation of the Health Institutes in Lahj and conducting capacity building of personnel.
- Unfortunately, there is no coordination with civil societies and no support given for them from local authorities. Furthermore, civil societies are not having the chance to have their leading roles in project implementation.
- Pollution of drinking water in Tuban district is an urgent issue that needs to be addressed. Wastewater is being mixed with drinking water. Suction trucks are required for sucking wastewater and sanitation channels.
- Al Muhsainah School in Huta has been subject to damages due to conflict and is in need for reconstruction and WASH service.
- IDPs camps are in need of sanitation interventions.
- Al Huta is in urgent need of interventions and should be included in the investment plan.

- There is a need for provision of solar systems and WASH service to Al Zahra school as well as some education and health centers.
- Mouqbel Hole was a part of a project that was not completed for a long time and now is a source for disease outbreak as it is becoming a point for waste collection.
- There was a budget allocated by the governorate to address the issue of the hole in Al Huta. Yet, though the project was contracted, it was not implemented due to difficulty in accessing the targeted area and project budget allocation was not sufficient. Would it be possible by UNOPs to cooperate and support this project or any other project with supplementary funds?
- There are two holes (Tourizi & Aushel) in Wahida area where wastewater is collected, especially during rain times.
- There are many holes in Al Huta despite the implementation of sanitation interventions before.
- There is no access to water in Kabelow area.
- Involvement and active participation of local authorities and communities are essential.
- UNOPS have to consider communication aspects to disclose information about the project, its objectives and outcomes.
- Abas School is the only school in Al Mousaimeer district in Lahj governorate. This school is like other schools (e.g. Al Ayman & Mohammed Dourah Schools) in need of solar systems due to unavailability of electrical services and WASH service.
- In some sessions, the presence of local authorities was absent. Active participation and involvement of these authorities would significantly contribute to the effectiveness of implemented projects.
- Conducting training on GBV was requested to increase community awareness about this issue.
- It was highlighted that Al Dalea was part of Lahj governorate and since it has become a separate governorate, it lacks all basic services. Neither government nor international agencies/organizations have included this governorate within their targets. Therefore, Al Dalea governorate is in urgent need of major emergency and development interventions.

#### Participants List

Name	Title	Organization
Ahmed Abdullah Turki	Lahij Governor	Governor of Lahij Governorate,
Awad Mashbah	Ministry of Local Administration	Deputy Minister Ministry of Local Administration
Ahmed Hassan Abdel Karim Jawi	Ministry of Planning and International Cooperation	United Nations Project Coordinator Ministry of Planning and International Cooperation
Afraa Adel Salem Congratulations	Lawyer	Public works
Marina Ahmed Mohamed Abdullah		
Abbad Salem Fadel Zayed	Project Programming Manager	planning office
Hanan Jamal Muhammad Ahmad Kurd	Executive Director	Basma Foundation
Fatima Ahmed Abdel Rahman	Media and Public Relations Officer	Basma Foundation

Hind Hassan Naji Muhammad	Responsible for monitoring and evaluation	Basma Foundation
Abdullah Mohammed Saad Shaml	Director General of the Ministry	Ministry of Education and Education
Nabil Saleh Ali Baghari	Director general	water
Eng. Khaled Muhammad Ali Alwa	Director of Projects Department for the Water Corporation	Water / Lahj
Bushra Abdel-Mannan Ghaleb	Secretary General of the Pandemic Association	Pandemic Association
Mohsen Nasser Abdullah Kurd	General Manager of Al-Hawtah Directorate	Al-Hawtah local administration
Fahmy Bagash Thabet Hawash	Director of the Education Office	Director of the Education Office
Munasser Abu Bakr Al-Haddad	Al-Hawtah Directorate	Houta public works
Eng. Abdul Karim Abdullah Abdul Salam	Public Administration	Public works and roads for Hajj
Rabiah Muhammad Abdullah	Pilgrimage	President of the Association of Days
Sabah Qadri Abdullah Thabet	without	Pandemic Society member
Lina Mohamed Thabet Salem	President of the Association	President of the Pandemic Association
Naglaa Shaif Saeed Saleh	Association President	Hamra Youth Association
Naseem Saleh Mohammed	Responsible for monitoring and evaluation	Basma Developmental Association
Zainab Tariq Muhammad Hassan	Social Affairs Officer	Basma Developmental Association
Arwa Salem Jaber Rizk	Member of the Relations Committee	steadfastness association
Sahar Abdullah Obaid Omar	Financial Officer	steadfastness association
The victory of Salem Saleh Mahout	Secretary General	steadfastness association
Magda Saleh Baawad Muhammad	main member	steadfastness association
Moqbel Saif, Moqbel Saif	member	steadfastness association
Anisa Mohammed Abdo Hassan	President of the Association	steadfastness association
Aghsan Muhammad Yahya	Energy department manager	The Ministry of Planning
Eng. Sbiman Ahmed Awada	Project Officer	road maintenance fund
Haiat Othman Saeed	Director General of Human Rights	Human Rights Office of Lahj
Rasha Ahmed Said Kurd	Al-Omran office contractor	Freedom Foundation
Mohsen Ahmed Jaafar	Director general	Director General of Education
Nabil Aqil Muhammad Nasser	Deputy Director of Education	Deputy Director of Education
Dr. Aref Ayyash Ahmed	Director General of the Health Office of Hajj	Director General of Health for Hajj
Abdo Jaafar Aidarous	Director General of Health	Health director

Eng. Ahmed Mohamed Ahmed Thabet	International Projects Execution Unit Manager	road maintenance fund
Raouf Mohsen Abdullah Mahdi	Cleaning and improvement fund	treasurer
Donia Nabil Mohamed Gohar	Head of Information and Projects Department	Water Foundation Lahj
Iman Abdul Hakim Abdullah	Financial Accountant	Al-Raqqa Association
Afraa Fadl Awad Ba'win	Public relations	Al-Raqqa Association
Fatima Hassan Muhammad Sadaqah	Chief of Oversight	Al-Raqqa Association
Shatha Fadl Awad Ba'win	President of the Association	President of Al Reda Development Association
Mustafa Saeed Hassan	Director general	Ministry of Local Administration
Abdul Halim Allaba	Advisor	urban cities
Eng. Ghassan Omar Ahmed Saleh	Environmental Correction Specialist	urban cities
Eng. Muhammad Amer Al-Bakry	Project Officer	Maintenance and roads fund
Magdy Salah Salem	without	Basma Association
Sonia Abdullah Hassan Al-Faqih	Activities Responsible	Al-Hamra Youth Association
Fatima Fatini Ali Sam	ensorship member	Al-Hamra Youth Association
Arafat Hassan Ali Ahmed	Project Manager	Al-Hamra Youth Association
Hanan Saleh Ali	Assembly President	Basma Association
Raed Muhammad Alawi Al Shaqaf	Project Manager	Health Office of Lahj
Jalal Mohsen Mohammed Al-Shatby	Branch Manager	Public Works Branch Manager
Kamal Abdullah Abdul Majeed	countryside water	public works
Dr. Hisham Mohammed Al Shaqaf	Director general	Planning Manager
Eng. Omnia Muhammed Ali Ibrahim	advisory	public works
Eng. Karimat Mohammed Saleh Ayed	advisory	public works
Helmy Ahmed Mohamed Ali	isolation center	Ibn Khaldoun Hospital
Dr. Mohsen Hassan Mohamed Morshed	General Manager of Ibn Khabdoun	Ibn Khaldoun Hospital
Dr. Sedky Fadel Abdullah Muhammad	boss	central laboratory
Louay Hayel Abdullah	road management	The Ministry of Planning
Abdullah Salem Hussein Manea	pilgrimage	Administration Manager Organizations Coordinator
Shaima Alsallal Saleh Ali	pilgrimage	initiative
Faris Ali Abdullah	The head of the institution	Basma Foundation
Eng. Emotions Mahmoud Hazaa Radman	M/consultant	pwp
Eng.Ahmed Abdo Ahmed Abdo	Deputy Branch Manager	pwp
Shakiba Fadl Ahmed Fadl	without	NGOs
Mohammed Abdullah Ghalib	Journalist	Aden satellite channel
Eng. Jaafar Hashem Baharoun	Engineer	RMF
Ahmed Hussein Abdel Karim Jawi	General Director	Lahj MoPIC

Fathi Ibrahim Yahya Mahdi	Lahj District	Cleaning Fund
Arwa Ahmed Ali	Project manager	Water and Sanitation Project

### Al Dalea - June 23, 2021

- UNOPS was thanked for their tangible contribution for the rehabilitation of six roads in Al Dalea governorate.
- WASH services in Al Dalea are poor and it was requested to provide suction trucks and pumps as part of addressing this issue.
- Needs in Al Dalea can be centralized on WASH services, WWTP, roads, dump sites, schools and hospitals.
- Al Dalea has competent engineers who are seeking for employment and can be involved in the projects being implemented by UNOPS in the governorate.
- A list of valid contactors to be available for ensuring involvement of only good contractors.
- Sustainability of projects is crucial. For instance, the Central Hospital in Al Dalea has been rehabilitated three times by different agencies; yet, it is not being utilized as expected due to lack of project sustainability during implementation.
- Cement concretes of manholes implemented as part of a WASH project in Al Dalea are now eroded and need maintenance.
- There should be treatment for water wells in Khouber & Marfed villages as well as for Khalah, Akmat Al Asoub, and Hajer areas. People are suffering health issues due to drinking from these untreated wells as water has high percentages of fluoride and chlorine substances.
- Is UNOPS intervening with solar systems for power generation?
- How can Civil Societies cooperate with UNOPS?

#### Participants List

Name	Organization
Ali Moqbel Saleh Moqbel	Governor of Al Dhale'e Governorate,
Awad Mashbah	Deputy Minister Ministry of Local Administration
Ahmed Hassan Abdel Karim Jawi	United Nations Project Coordinator Ministry of Planning and International Cooperation
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Mona Khaldoun Hashem	Engineer UWSSP
Eng. Niazi Abdo Muhammad Ghaleb	Engineer UWSSP
Arwa Hammadi	Director general UWSSP
Eng. Fawaz Ismail Yahya Ali	Projects consultant
Ghassan Mohamed Ahmed Saleh	Environmental sanitation specialist
Marwy Khaled Muhammad Ali	Engineer UWSSP
Ahlam Muhammad Suleiman Ali	Engineer PWP
Ahmed Abdo Ahmed	Deputy Director general PWP
Ali Ahmed Ali Muthanna	President of Al Salwa Foundation for Development
Fat Mohamed Hassan Mokbel	Enterprise Project Department
Rain Ahmed Ali Ebadi	Al Salwa Institution

Please Ahmed Mohsen Saleh	Al Salwa Institution
Jalila Ali Qassem Reda	Association of women producer
Sinai Mohamed Hussein Mohamed	Association of women producer
Admitting Ahmed Ahmed Nasser	Association of women producer
The harmony of Walid Saleh Qassem	Association of women producer
Nahla Saleh Abdullah Saleh	Association of women producer
Sadia Mohamed is an impenetrable leader	Association of women producer
Ali Muhammad Ali Al-Oud	Secretary General
Walid Saleh Qahtan Muthana	Governor's office manager
Kamal Obaid Hussein Yahya	county agent
Nabil Qassem Ahmed Al-Afif	Planning office manager
Mahmoud Moqbel Abadi Potato	planning office
Abdul Rahman Ali Hammoud Saleh	Director General of Works in the Governorate
Abdullah Naji Hammoud Saleh	Director of the Works Office, Al Dhale District
Mustafa Abdel Baset Abdel Majid Hussein	Provincial Works Office
Muhammad Ali Abdullah Saleh	Director General of the Health Office
Saleh Hammoud Ali Mohsen	Director of the Health Office of the Directorate
Abdul Qadir Ali Abadi Hassan	Project Manager Health Office
Omar Abdulaziz Mohammed Muthanna	Water Corporation Manager
Ahmed Saleh Qassem Al-Bashtra	Deputy Director of Planning, Water Corporation
Walid Ahmed Mohammed Al-Khatib	Hygiene fund manager
Mohamed Seif Said Ghalib	Janitorial manager
Aidarous Ali publisher of the hero	Fund financial manager
Wejdan Moqbel Hassan Ghalib	Diversity Organization
Abdul Razzaq Muhammad Ali Al-Qushri	Diversity Organization
Ammar Ahmed Mahmoud Ahmed	rescue organization
Abdel-Qattah Fadel Ismail	Takamol Organization for Humanitarian Works
Abdo Mohsen Ali Ahmed	Finance Director of the Governorate Office
Ayed Mahmoud bin Mahmoud Qaid	Social Affairs Office
Akram Qassem Moqbel Saleh	Governor's office
Osama Ahmed Hussein Abdel Karim	community committees
Raed Ali Shaif Ahmed	Media office manager
Abd al-Salam Muhammad al-Jaabi	Environmental office manager
Tariq Muhammad Salih Al-Ateeqi	Unemployed youth association
The path of Ali Mohamed Seif	Women's association
Soha Saleh Ahmed Mohamed	Women's association
Ayman Zaid Thabet Al-Kaldi	countryside water
Abdul Raqib Saeed Mahrez Qassem	the health
Muhammad Salih Muhammad al-Wahishi	local community
Aref Seif Abdel Salam Al Durgham	Journalist
Arafat Naji Muhammad Ali	the health
Kamal Mohammed Nasser Al-Amari	Road Maintenance

Sadiq Hussain Muhammad Al-Wadai'i	Road Maintenance
Aghsan Muhammad Yahya Al-Baseer	planning
Ahmed Ali Ahmed Saleh Al-Musaybili	the health
Zeinab Tariq Hassan Effendi	Women's association
Najeeb Naji Ahmed Qassem	Al Salwa Institution

**Taiz - June 24, 2021**

- Civil Societies in Taiz are not involved in project implementation.
- Taiz has huge needs, particularly in WASH aspects.
- Does UNOPS have a consultation plan for investment to be discussed with all parties?
- The three most priorities for interventions in Taiz are WASH, electricity and roads.
- It was suggested that civil societies and local communities could form monitoring groups to scrutinize local authorities' contribution and implementation of required interventions.
- Who are UNOPS' partners selected for project implementations?
- There are a number of competent engineers who are seeking employment opportunities. Involving them in project implementation would be a good idea.
- UNOPS was thanked for taking gender considerations into account in project implementation.
- Education interventions in Taiz are very minimal and UNOPS has to consider this necessary sector in its interventions.
- Support for WASH service is crucial. The selection of intervention types and areas targeted must be identified by the authorities.
- UNOPS is one of the leading organizations in infrastructure works, interventions being implemented in Al Thawara Hospital in Taiz in rehabilitation and provision of solar systems is suggested to be more addressed and communicated.
- Civil Societies have essential roles in communities. Coordinating with Executive Offices in the governorate to raise concerns and prioritizing interventions would significantly have their tangible impact.
- What is the role of the community in monitoring interventions?
- Cancer patients are in huge need for emergency support. Addressing interventions for this service would help in reducing the suffering of these patients.
- It was repeatedly requested to include Taiz in the investment plan and allocate a higher budget to meet the needs of the governorate.
- It was requested to support women and enhance their involvement and capacity building.

#### Participants List

Name	Organization
Ali Moqbel Saleh Moqbel	Governor of Al Dhale'e Governorate,
Awad Mashbah	Deputy Minister Ministry of Local Administration
Ahmed Hassan Abdel Karim Jawi	United Nations Project Coordinator Ministry of Planning and International Cooperation
Eng. Ahmed Mohamed Ahmed Thabet	General Manager of the International Project Implementation Unit
Mona Khaldoun Hashem	Engineer UWSSP
Eng. Niazi Abdo Muhammad Ghaleb	Engineer UWSSP

Arwa Hammadi	Director general UWSSP
Eng. Fawaz Ismail Yahya Ali	Projects consultant
Ghassan Mohamed Ahmed Saleh	Environmental sanitation specialist
Marwy Khaled Muhammad Ali	Engineer UWSSP
Ahlam Muhammad Suleiman Ali	Engineer PWP
Ahmed Abdo Ahmed	Deputy Director general PWP
Ali Ahmed Ali Muthanna	President of Al Salwa Foundation for Development
Fat Mohamed Hassan Mokbel	Enterprise Project Department
Rain Ahmed Ali Ebadi	Al Salwa Institution
Please Ahmed Mohsen Saleh	Al Salwa Institution
Jalila Ali Qassem Reda	Association of women producer
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Nahla Saleh Abdullah Saleh	Association of women producer
Sadia Mohamed is an impenetrable leader	Association of women producer
Ali Muhammad Ali Al-Oud	Secretary General
Walid Saleh Qahtan Muthana	Governor's office manager
Kamal Obaid Hussein Yahya	county agent
Nabil Qassem Ahmed Al-Afif	Planning office manager
Mahmoud Moqbel Abadi Potato	planning office
Abdul Rahman Ali Hammoud Saleh	Director General of Works in the Governorate
Abdullah Naji Hammoud Saleh	Director of the Works Office, Al Dhale District
Mustafa Abdel Baset Abdel Majid Hussein	Provincial Works Office
Muhammad Ali Abdullah Saleh	Director General of the Health Office
Saleh Hammoud Ali Mohsen	Director of the Health Office of the Directorate
Abdul Qadir Ali Abadi Hassan	Project Manager Health Office
Omar Abdulaziz Mohammed Muthanna	Water Corporation Manager
Ahmed Saleh Qassem Al-Bashtra	Deputy Director of Planning, Water Corporation
Walid Ahmed Mohammed Al-Khatib	Hygiene fund manager
Mohamed Seif Said Ghalib	Janitorial manager
Aidarous Ali publisher of the hero	Fund financial manager
Wejdan Moqbel Hassan Ghalib	Diversity Organization
Abdul Razzaq Muhammad Ali Al-Qushri	Diversity Organization
Ammar Ahmed Mahmoud Ahmed	rescue organization
Abdel-Qattah Fadel Ismail	Takamol Organization for Humanitarian Works
Abdo Mohsen Ali Ahmed	Finance Director of the Governorate Office
Ayed Mahmoud bin Mahmoud Qaid	Social Affairs Office
Akram Qassem Moqbel Saleh	Governor's office
Osama Ahmed Hussein Abdel Karim	community committees
Raed Ali Shaif Ahmed	Media office manager
Abd al-Salam Muhammad al-Jaabi	Environmental office manager

Tariq Muhammad Salih Al-Ateeqi	Unemployed youth association
The path of Ali Mohamed Seif	Women's association
Soha Saleh Ahmed Mohamed	Women's association
Ayman Zaid Thabet Al-Kaldi	countryside water
Abdul Raqib Saeed Mahrez Qassem	the health
Muhammad Salih Muhammad al-Wahishi	local community
Aref Seif Abdel Salam Al Durgham	Journalist
Arafat Naji Muhammad Ali	the health
Kamal Mohammed Nasser Al-Amari	Road Maintenance
Sadiq Hussain Muhammad Al-Wadai'i	Road Maintenance
Aghsan Muhammad Yahya Al-Baseer	planning
Ahmed Ali Ahmed Saleh Al-Musaybili	the health
Zeinab Tariq Hassan Effendi	Women's association
Najeeb Naji Ahmed Qassem	Al Salwa Institution

### ❖ **Main Consultation Outcomes**

- ❖ The YEHCP proposed funding and interventions for WASH were not sufficient to meet the local increasing priority needs (i.e. the WASH infrastructure of Sana'a Old City and Khanfer).
- ❖ Project-affected parties needed additional gender-sensitive engagements and consultations to enhance their awareness of the project institutional arrangements, needs selection and prioritization and the importance of the project GM and its confidentiality.
- ❖ Stakeholders appreciated the prior disclosure and dissemination of relevant project information and requested more consultations that support active and inclusive engagement with project-affected parties. UNOPS implementing partners (PWP and UW-PMU) reaffirmed their understanding of the ESF objectives and their plans to have adequate resources to implement them (for example by recruiting a full-time Gender Officer). However, they also expressed concerns regarding: the complexity of these instruments, particularly the requirements for GBV/PSEA awareness raising stipulated in the SEA/SH Prevention and Response Action Plan, the Security management Plan (SMP), and the Labor Management Procedures (LMP). The “long list” of requirements and the “need to build implementing partners’ capacity” to comply with these requirements.
- ❖ The main outcomes of the CSOs’ consultations were:
  - The CSOs have a good understanding and experience in adopting and implementing safeguard plans and engagements.
  - The CSOs’ capacity to comply and deliver environmental and social requirements, including consultation, is subject to donors’ (or main partners’) enforced policies and guidelines, and on the extent of capacity support provided by donors.
  - They hoped that UNOPS could implement the project SEP as planned because the increasingly challenging situation in Yemen (i.e., ground fighting, limited access, and the pandemic) could hinder its smooth implementation.
  - They recommended that UNOPS organize SEP consultations based on the WASH sector and CSO specialization, to ensure relevant productive discussion and feedback during SEP consultations. UNOPS has taken this recommendation into consideration.
  - All CSOs expressed their “huge interest” to participate in capacity training and stakeholder consultations that mutually benefit them and local communities under YEHCP. UNOPS indicated that it would notify these CSO (and others) regarding any

upcoming ESF training opportunities, as well as stakeholder consultations in the different target areas.

- ❖ Feedback forms were distributed to 696 participants to capture the views and suggestions from persons who may have refrained from expressing their views or concerns in public. The main outcomes suggested that they were generally in favor of the project with:
  - 95.5% of the participants satisfied with the participatory approach in the project (with whom 42.6% were females) and,
  - 4.5% of the participants recommended the inclusion of per diems to enhance the stakeholder participation.

## ❖ **Key Agreed Actions**

- ❖ UNOPS to update the investment plan according to the received feedback and to finalize the project procurement plan. For instance, the investment plans for Lahj and Aden governorates were updated by a) replacing the supply of diesel Generators to Tuban and Saber with the rehabilitation of Alhoutah sanitation network in Lahj and b) by replacing the metal clad with vacuum circuit breaker (VCB), 11Kv, 1600A, needed at Bir Nasser water well field in Aden with the supply and installation of solar systems for the same water wells field.
- ❖ Once the project is effective, UNOPS would ensure the distribution and the availability of the Project information Booklet (the hard copy of the PAD and ESF) at the local offices of implementing partners, local authorities, MoPIC and SCHMCHA in targeted areas.
- ❖ UNOPS would carry out additional follow-up consultations with the project-affected parties including local CSOs to address received local feedback and comments. Additional consultations would be planned to take place during the preparation of subprojects-specific ESMPs and through upcoming consultation workshops.
- ❖ UNOPS and its implementing partners would keep stakeholders informed as the project develops, including reporting on project environmental and social performance, and implementation of the stakeholder engagement plan and grievance mechanism through information disclosure through the UNOPS web site and public meetings.

### *Selected Photos during the consultation works*





## Annex 6: UNOPS Grievance Complaint, and Suggestion Form

استمارة توثيق ومتابعة شكاوى المستفيدين من المشروع

"Documenting and Monitoring Complaints Form of Beneficiaries"

			الاسم الثلاثي للمستفيد: Beneficiary Name
	رقم الهاتف للمتابعة Tel No. for follow-up		رقم البطاقة الشخصية: .ID No
			العنوان الدائم: Permanent Address
			اسم النشاط المنفذ (مركز/وحدة) Name of activity under implementation
المحافظة: Governorate	المديرية: District	القرية: Village	مكان تنفيذ النشاط: Place of activity under implementation

أخرى Other	مالية Financial	فنية Technical	إدارية Administrative	نوع الشكوى Complaint Type

موضوع الشكوى:

Complaint Subject

		الوضع الحالي: Current Situation
		أسباب المشكلة: Reason of the problem
	صاحب الشكوى: Complainant Signature	التاريخ: Date

- الجهة التي يجب أن يقدم لها الشكوى: UNOPS/Sana'a – Tel: 01 504914/915 - SMS:739888388 Email:.....

..... GRM.yemen@unops.org

:The entity which the complaint should be forwarded to

.....-الرأي في جدية الشكوى:

Opinion on the seriousness of the complaint

.....-الجهة المحول لها الشكوى :

The complaint transferred to

.....- المدة الزمنية اللازمة للبت في الشكوى:

Time required for response

.....-مدى رضى المستفيد عن الاستجابة لحل شكواه:

Satisfaction of beneficiary in responding to his/her complaint

		الإجراءات المتخذة :
		Action taken
	التاريخ:	ما ترتب عليها من نتائج:
	Date	The results of the action taken

..... اسم مستلم الشكوى ووظيفته:

Name of person received the complaint and his/her position

توقيع الموظف المختص / Signature

..... : Date التاريخ