

Republic of Yemen

Updated

Stakeholder Engagement Plan (SEP)

for

**Yemen Emergency Human Capital Project -Additional Financing (YEHCP-AF)
(P178655)**

Prepared by

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

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Acronyms

AF	Additional Financing
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
MOPIIC	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
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

1 Introduction

1.1 Introduction

This Stakeholder Engagement Plan (SEP) that 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 Project (YEHCP) (the parent project; P176570) is updated for the Additional Financing (AFP178655) in accordance with the World Bank Environmental and Social Standard on Stakeholder Engagement and Information Disclosure (ESS10). Unless specified, the term (project) hereinafter is referring to both YEHCP parent and AF.

The updated SEP will be applied for both parent and AF projects and 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 stakeholder engagement plan 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 Project Description and Risks

1.2.1 Project Description

The YEHCP parent and AF are World Bank-funded projects that aim to contribute to efforts by the international community to maintain, expand 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 (WSS) capacity. The YEHCP parent and AF target 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 AF will expand to include new health facilities that were not covered under the parent project, but the components will be the same.

The YEHCP parent project and AF components are:

- **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: Improving Access to Essential Preventive and Curative Nutrition Services (implemented by UNICEF); 1.3: Improving Access to the MSP at Secondary and Tertiary Healthcare Levels (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 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.

YEHCP parent and AF are 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 telecommunications.

Interventions under the parent and AF projects, 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; labour 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.

Additional 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 sanitizers and hygiene practices.

The YEHCP parent and AF 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 Environmental and Social Framework (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 Emergency Health and Nutrition 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 YEHCP parent and AF ; Labour Management Procedures (LMP) have been developed to address labour 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 (SEP). 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 the current COVID-19 context, where face-to-face consultations were restricted, remote means were employed for the consultations.

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. Consultation details are available within the subsequent sections in which face to face meetings, workshops and virtual meetings were conducted.
- *Cultural appropriateness.* The activities, format, timing and venue will respect local customs and norms.
- *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 which have been faced during the implementation of the YEHCP parent project:

- 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.
- 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 sub-projects, 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 sub-project 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.
- **Some of the lessons learned from the implementation of the SEP for the parent project include** Authorities have imposed more control over project implementation so the need to engage them early enough to avoid implementation delays is important
- The need for regular dialogues/ engagements on the project to help clarify what is possible within the project scope to align stakeholder priorities and manage expectations
- Early engagements with sub- national structures such as GHOs and DHOs remains critical to mitigate against potential delays in implementation **lesson learned by UNICEF**
- The provided support is not sufficient to address the increasing demand for healthcare services in the supported facilities.
- Healthcare facilities management have expressed interest in being more engaged in the TPM activities, tools and reports.
- Governorate Health Offices (GHO) participation is recommended in the planning and implementation of related project activities. **Lesson learned by WHO**
- Addressing underlying root causes is crucial to results sustainability (i.e. water non-technical loss)
- Reinforcing decentralized approaches to identify and address local specific needs and to further enhance the institutional capacity of local service providers and institutions
- Diverse WASH response needs not limited to conflict-affected populations and public health challenges but also to the urban populations due to economic turndown including lack of / price hike of fuel
- Enhancing the institutional capacity of local water service providers and institutions is a key to using a risk-based approach with important advances in areas such as labor, climate change mitigation, and adaptation, community health and safety, and stakeholder engagement expanding the role of public participation and grievance mechanisms.
- Stakeholders and UNOPS implementing partners) appreciated and reaffirmed their understanding of the ESF objectives. However, they also expressed hesitation and concerns regarding the

complexity and sensitivity of these instruments, particularly the requirements for GBV/PSEA awareness-raising stipulated in the SEA/SH Prevention and Response Action Plan. **Lesson learned by UNOPS**

1.5 LEGAL, REGULATORY AND INSTITUTIONAL FRAMEWORK

World Bank Environmental and Social Standard on Stakeholder Engagement and Information Disclosure (ESS10) will be applied during the project lifetime. Where there is a gap between local regulations and the World Bank requirements, the implemented agencies shall follow the World Bank ESF requirements. This applies to the parent project as well as the AF.

Relevant Yemeni regulations on the stakeholder engagement requirements include:

- Article 35 of the Yemeni Constitution declares that Environment protection is the responsibility of the state and the community and that it is a duty for every citizen. Community and Local Non-Governmental Organization (NGO) participation are considered an essential part of consultation while planning proposed projects, and is a continuous process before, during and after project implementation (Environmental protection agency and Environmental impact assessment Guideline). Furthermore, NGOs and individuals can directly sue any person or entity who causes harm to the environment and natural resources or participate in its deterioration and pollution (environmental protection law Article 4, para 4 and Article 82).
- Environmental and social impact assessment should include a reference list and a non-technical summary for public use and disclosure in a form and language understandable to general public (Environmental protection agency and Environmental impact assessment Guideline).
- Article 51 of the Constitution allows for recourse to the courts. The Public Eminent Domain Law and the Local Administration Law provide for the right of grievance before the Estimation Committee/courts. To address grievances, project affected people can first seek satisfaction through local customary practices for resolving conflict. They can then initiate legal proceedings in accordance with provincial national law.
- Local Administration Law includes the requirements for:
 - Assessment the level of stakeholder interest and support for the project and to enable stakeholders' views to be considered in project design and environmental and social performance.
 - Promote and provide means for effective and inclusive engagement with project affected parties throughout the project life cycle on issues that could potentially affect them

2 Stakeholder Engagement Activities Conducted to Date

During the first phase of the parent project and preparation for additional financing, a range of consultations have been performed by the three implementing agencies with stakeholders of diverse ages, sexes, locations and levels of interest and influence in the project. The participants in the consultation are from mixed sexes and ages including the official authorities, NGOs, beneficiaries and with the IDPs Coordination meetings between the three implementing agencies and the World Bank have also continued. COVID-19 precautionary measures including awareness raising activities, social distancing, proper ventilation, availability of masks and sanitizers have been considered during the meetings and workshops to

avoid transmission of COVID-19 among the participants.

The SEP will be 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 while observing physical distancing and making use of well-ventilated rooms in observance of COVID-19 protocols 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 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 feedback received that has particularly informed the YEHCP-AF includes:

PMU General Director – Urban Water Supply and Sanitation Project	<ul style="list-style-type: none"> 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. 	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-AF ESMF.
PMU General Director – Urban	<ul style="list-style-type: none"> Managing COVID 19 risks on construction sites to keep workers and engineers safe all the time. 	Noted. The site-specific ES safeguards instrument will contain

Water Supply and Sanitation Project		site specific COVID—19 infection measures and clauses.
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 was added to the CERC ESMF and is now also included in the YEHCP-AF ESMF.
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 YEHCP, 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 GM, 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 (MWMP). 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.

Specifically, for the parent YEHCP, 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 received written confirmation from both the GHO and the MOPHP to proceed with the incinerator model selected, and incinerators are now being piloted in seven (07) health facilities. Similar consultations were held, and approvals received from the MOPHP and GHO in Aden in August 2021. 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) have been visited. 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 either 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 and three in Aden were found to have insufficient space to accommodate an incinerator or were in a crowded neighbourhood 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 updated 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 YEHCP 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 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'. The indicators used to rate respondent's experience included:

- 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 health workers (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 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.

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; (iii) International and national NGOs (INGOS) represented in the country; (iv) 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 First update of 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 3rd August 2021 and in Aden on 11th August 2021. A follow-up discussion was held with the MOPHP in Sana'a on 18th August, meetings were conducted with the MOPHP in Aden on the 21 of August and the 11th September. The consultation included the discussion of the Environmental and Social Safeguard instruments prepared for the YEHCP project, covering the ESMF, SEP, LMP, GM 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 YEHCP: Implementation of many EHNP activities concluded on June 30th 2021 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 2021 (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. 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 1.

The final ESCP¹ and SEP² for the parent YEHCP 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.

2.1.3 YEHCP-AF Stakeholder Consultations

UNICEF consulted stakeholders specifically for the additional financing for the YEHCP. Below is an outline of meetings convened to discuss AF.

2.1.3.1 Meeting with MOPHP to Review Yemen emergency Health & Nutrition Project (EHNP) and Introduce and consult on Yemen Emergency Human Capital Project (YEHCP) and Additional Financing - 21 & 27 Feb 2022

UNICEF team presented the review of the EHNP which was well received with following feedback:

- Concerns raised over huge quantities of supplies distributed without central ministry involvement as these supplies were not registered in the central MOPHP inventory.
- UNICEF requested to share DP of EHNP (now EHCP) supplies with the authorities, and later a (quarterly) report on the actual distribution of those supplies once completed.
- Technical coordination meetings to start after Ramadhan. UNICEF can continue with the current modality used to pay for operational cost until a decision is made after Ramadhan.
- Having another meeting to go into details of YEHCP with all MOPHP relevant programs – to get feedback and endorsement. UNICEF is requested to share TPM report, EHNP Progress report (in Arabic) to inform the discussion of the YEHCP Planning meeting. This meeting was held on the 27th of February 2022
- MOPHP has requested to be involved in the Implementation Support Mission and any other Review meeting for the project.
- Involvement of MOPHP in the evaluation of MSP and be part of the project during implementation.
- MOPHP expressed concerns over UNICEF's level of representation which didn't have the organization's leadership. They compared this meeting with the one held with WHO where the WHO representative in Yemen and all WHO leadership from CO and FO were in attendance. It was explained that the Minister of health will be happy to be part of the review process in the presence of UNICEF leadership.
- There were allegations of UNICEF proceeding with YEHCP implementation without MOPHP involvement and that UNICEF continued to implement third party modality without consideration of concerns raised in several meetings. UNICEF clarified the several meetings held with Aden MOPHP and explained that the CO modality was continued for continuity of services as the team waits for best way forward.
- Technical coordination meetings to start after Ramadhan 2022. UNICEF can continue with the current modality of payment for operational cost through TP (Al Nada) until a decision is made after Ramadhan 2022

¹ www.unicef.org/yemen/documents/environmental-and-social-commitment-plan-escp

² www.unicef.org/yemen/documents/preliminary-stakeholder-engagement-plan-sep-1

Participants:

UNICEF: Khadija, Ali Al Nowirah, Abdulbaset Al Dubai, Nasser Qadora, Asia Kassim, Lina, Wael and Marwan
MOPH Aden: The deputy minister for PHC Dr Ali Waleedi, Dr Musleh Al Tawalei the Deputy minister for Population sector, Dr Ashraq the deputy minister assistant for MNH and Dr Jalal the deputy minister for curative services and therapeutics; were all present together with other MOPHP colleagues (Nutrition Manager, and EPI consultant), as described in table 1 below.

2.1.3.2 Meeting with MOPH Sanaa - Monday 28 Feb 2022

The purpose of the meeting was to discuss the YEHCP Plan and Additional Financing with MOPH. The MOPH technical team headed by the deputy and the minister requesting UNICEF to make some amendments on the plan of the YEHCP project so that the activities can meet the priorities of MOH under EHCP. UNICEF and MOPH are continuing discussion to finalize the plan.

Table 1: List of Participants: Meeting with MOPHP, Sanaa
MOPHP Participants

MOPHP Participants	UNICEF Participants
Deputy minister	
DG for TCIR	Immunization Specialist
PHC director	Health Manager
MoPHP advisor	Nutrition Specialist
Child health Director	Child protection Specialist
IT support	Health Manager WB
Deputy director of ES safeguards	Health Officer
Nutrition	Maternal & Child Health Specialist
DG – RH	Programme Officer
DG – Disease center	Supply & Logistic Officer (H&N Section)
Assistant	Programme Officer
Assistant	Health Officer (Cold chain & Vaccine Management)
EPI	Immunization Specialist
UNICEF MOPHP Coordinator	Child protection Specialist
	Health and Nutrition Officer WB
	C4D Specialist
	Health officer
	Immunization officer
	Chief child protection
	Health Manager
	Chief C4D

Major concerns raised with very clear priorities of the ministry include.

- To expand coverage of health facilities (HFs) to improve access to basic services at primary healthcare center (PHC) level. The ministry has proposed 200 additional HFs in the North. Ministry has opted to drop less priority interventions including reducing scope of integrated support supervision, MHSPP, trainings at community and HF level, to cater for additional HFs

- The need to have a general practitioner at Health Centers to improve quality of care and to attract communities to PHC services to reduce congestion in secondary and tertiary hospitals
- All Health centers should be supported to provide Basic Emergency Obstetric and Newborn Services (BEmONC) by providing appropriate equipment and renovations
- Increase the quantities and types of medicines to cater for all requirements at PHC levels, UNICEF should not limit drug supplied for a particular age group or conditions
- Establishment of Project Coordination Unit at MOPHP – to draw on good practices from similar arrangements prior to the conflict and also existing PMUs in other sectors like Water, Social Protection and Education.
- No Protection services should be provided in Yemen – to avoid introducing negative influence on a conservative society
- Reduced scope of community health worker training from this project and requested UNICEF to support community health workforce using other donors

2.1.3.3 Meeting with MOPH to discuss Environmental and Social Safeguards-15 February 2022

The UNICEF ESS Officer met with MOPH officials to discuss on incinerator construction, capacity building plan and PPE provision. The ES safeguard measures, and the various instruments put together by the project and their implementation were discussed during the meeting. The discussion was centred on bringing to the attention of the MOPH officials what the project was doing to mitigate the environmental and social risks associated with the project and initiatives such as incinerator constructions that were being undertaken. Full consultation details on these issues are included in Annex 1

2.1.3.4 Meeting with Hodeida General Health Officer (GHO) & SCHAMCHA- Tuesday 29 March 2022

The purpose of the meeting was to monitor YEHCP implementation progress as well as consult on Additional Financing

The GHO raised several concerns with EHNP implementation, and these included

1. Increased cost of living especially with fuel price hikes with no adjustments in the project. The GHO is requesting for an increase in rate for HW payments, and increased operational cost to HFs.
2. The GHO is not satisfied with operational cost payment by Third Party (Al Nada)
3. The need to increase rate of payments to supervisors
4. The need to increase quantities and types of medicines
5. High cost of warehouse rents: The DG has requested support to complete the construction of GHO warehouse for safe storage of the project supplies
6. Need to have more focus on quality of care as opposed to expanding coverage of services

UNICEF gave the details of the project support to respond to the GHO concerns. Budget ceiling, central ministry priorities and the needs on the ground informs and guides the selection of priority interventions.

Participants: UNICEF Mission team: Khadija Abdalla- Project Manager, Ali Al Nowirah- Supply and Logistics Officer, Abdulbaset Al Dubai-Health and Nutrition Officer and Sami Jassar, Communication Specialist

Hodeida UNICEF team: Abdijabar (Chief of Hodeida Field Office), Khaled Al Shaibani (Health Specialist) and Farah Faouz (C4D)

Hodeida government authorities: Dr Khaled Al Madani (DG) and Gaber (SCHAMCHA)

2.1.3.5 Meeting with Hajjah GHO - Thursday 31st March 2021

The purpose of the meeting was to monitor YEHCP implementation progress as well as consult on Additional Financing. The GHO team highly appreciated the support provided by WB and UNICEF. They noted that Hajjah governorate has over 120 HFs that are not supported by any partner and will appreciate if support is extended to those HFs.

The following were issues raised by the governorate:

- The need to increase rate of payments to HWs
- Add a cleaner and guard for HF to be supported by YEHCP
- Governorate not satisfied with payment of operational costs by TP (Al Nada)
- The need to increase rate of payments to supervisors and pay to coordinator
- Increase quantities of medicines
- WASH in HFs require a lot of support, large proportion of PHC HFs do not have adequate WASH facilities
- Most HFs were dilapidated and requires renovations
- A concern was raised regarding humanitarian response supported by WB with large amount of funds since 2016 but with no footprints on the ground as opposed to other NGO who spend much less but leaving a mark on development projects including infrastructure work.

Participants from Hajjah GHO:

UNICEF Mission team: Khadija Abdalla- Project Manager, Ali Al Nowirah- Supply and Logistics Officer, Abdulbaset Al Dubai-Health and Nutrition Officer and Sami Jassar, Communication Specialist

GHO participants: Dr Ahmed Al Kohlani, DG-GHO and Dr Akram Nassar EHNP coordinator, Dr Taha Ahmedwahi – Director of PHC, Mr Mohamed Al Foras – Director of Nutrition Directorate, Mr Talal Al Ghorbani, and Abdulrazaq Abu Salem – Hajja City district DHO Director.

2.1.3.6 Meeting with Health Workers and community beneficiaries at Al Qanawis HC in Hodeida

- The meeting was held with the direct project beneficiaries at the health facility. The beneficiaries (HWs, Patients and Support staffs) expressed appreciation of the support from UNICEF and World Bank
- Improvement in service utilisation was recorded from 30-50 patients visiting the HF to over 120 pats daily
- Free services provided at the HF including lab tests and medicines
- The Operational Cost payment was keeping the health facility run well with a facelift including painting and minor repair which enables the facility to attract more patients to access skill services
- Some of the concerns raised includes.
 - The HF is congested (also observed during the field visit/consultation) with patients not having space to sit. The HF manager requested for support to expand the HF to meet the increasing demands
 - The per-diem costs need to be increased given the increasing fuel price and rising inflation in Yemen
 - The doctor at the HC, needs to be supported with incentives
- We interviewed Mothers and caregivers present at the clinic who said they were satisfied with services provided at the HC
- Out of the six (06) mothers interviewed, only one said she delivered her baby in hospital. All of them said the main reason for not delivering in HF is lack of family support in the delivery room, so they prefer to deliver at home with skilled midwives where they get a lot of care and social support. Their recommendation for additional financing is to have a program that will allow mothers to be

accompanied by their relatives to the delivery room. Midwives present cited an example of a state of art MSF supported maternity home, but mother don't go because no one is allowed to accompany them including midwives of their choice

- The women also mentioned the high transport cost as another barrier to HF delivery

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.
- 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.

To prevent the transmission of COVID-19, the following measures were taken when face-to-face

consultation meetings were held:

- Provide a briefing on COVID-19 and the measures that were taken to make the consultation event safe for participants.
- Wearing a mask, that covers the nose and mouth and fits snugly against the sides of the face.
- Display dispensers of alcohol-based hand rub prominently around the venue.
- Arrange seats so that participants are at least one meter apart.
- Open windows and doors whenever possible to make sure the venue is well ventilated.

Updated consultations for the preparation of the parent project

UNOPS conducted a several consultation meetings for the preparation of the parent project and, project kick-off and during the project disclosure, in addition to the consultations with the local communities to confirm the selection criteria and sub-project list.

The consultations during the implementation at the subproject level. It is conducted along with the preparation of the ESMP of each sub-project, which is usually shared with the WB team for review and approval. The update will be done in sequence once we receive the WB team clearance.

On 1st 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.

As per Annex 3 and in accordance with the SEP public information disclosure and consultation, UNOPS conducted 10 public stakeholder consultations workshops in Sana'a, Aden, Ibb, and Mukalla between 9 June and 11 November 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 926 participants; of whom 340 females (37%), 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.

All of these consultation meetings were attended by participants of both sexes and from a range of relevant age groups.

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 Labour 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 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 926 participants for the parent project **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 favour of the project with:
 - 97.5% of the participants were satisfied with the participatory approach in the project and,
 - 2.5% of the participants were not satisfied and recommended the inclusion of per diems to enhance stakeholder participation and was agreed to pay different transportation rates according to the distance where people were coming from.

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 will carry out **additional follow-up consultations with the project-affected parties** including local CSOs to address received local feedback and comments. Additional consultations will be planned to take place during the preparation of sub-projects-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.

Updated Consultations for the Additional Financing

Despite the emergency situation and the current COVID-19 pandemic, with taking the measures mentioned in (UNOPS 2.2) when face-to-face consultation meetings. UNOPS consulted with public authorities between February and March 2022 as per the table 1 below. The consultations were carried out during field missions and official meetings, virtual meetings, and phone calls.

Date	Category	Organization	Methodology of the meetings held
02 February 2022	Central Authority	Minister of Public Health and Population-Sana'a	Face-to-face in general meetings
27 March 2022	Central Authority	Ministry of Water and Environment Aden	Face-to-face in general meetings
29 March 2022	United Nations	National WASH cluster coordination team	Virtual meeting
29 March 2022	Central Authority	Minister of Public Health and Population-Aden	Face-to-face in general meetings
31 March 2022	Local Authority	with Local authorities of Abyan, Lahij and Al-Dhale'e	Face-to-face in general meetings
16 April 2022	Central Authority and Local Authority	Ministry of Water and Environment Sana'a, UWS-PMU Sana'a, and SWSLC.	Face-to-face in general meetings

On 02 February 2022, UNOPS conducted a consultation meeting with the Minister of Public Health and Population and management of the Technical Cooperation and International Relations team at MoPHP, Sana'a. UNOPS health interventions were discussed with the Ministry of health as well as the new projects funded by the World Bank-IDA such as YEEAP- II and YEHCP.

Current interventions in health facilities were discussed as part of the exit strategy of the water trucking. The Minister highlighted the need for more areas to be covered such as Health facilities, wastewater disposal and requested its team to provide a preliminary list of the health care districts and hospitals, UNOPS appreciated receipt of the list and clarified that the nominations be considered as a long list of potential interventions in case of materialisation of the additional financing under YEHCP. The table 2 below shows the attendance from UNOPS and MoPHP.

Table 2: the list of attendance to the consultation for YEHCP-AF from UNOPS and MoPHP.

The Minister of Public Health and Population-Ministry Sana'a General Manager of Technical Cooperation and International Relations at Ministry of Public Health and Population- Sana'a UNOPS Programme Manager- Head of Office
Programme Advisor
YEHCP Deputy project manager
YEEAP Project Manager,

On 27 March 2022, 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 to inform and discuss:

- The implementation progress of YEHCP, whose Component 2 (WASH component) is being implemented by UNOPS and its local implementing partners and the scope of the newly additional financing;
- YEHCP additional intervention (Fuel provision) selection criteria in preselected/ targeted areas/sites;
- The Increasing of fuel price and the emergency water and sanitation need for alternative energy source across the country and the possibility of updating the investment plan according to the new information and assessment to be part of the exit strategy of the fuel provision;
- Enhancing effective coordination between UNOPS, MoWE, and local WASH partners;
- The establishment of rural water implementation unit; and,
- enhancing and building capacity of Aden UWS-PMU, to fulfil the WB and UNOPS Health, Safety, and Environment (HSE) new requirements.

Table 3 below shows the attendance from UNOPS and MoWE as the following.

The Minister of Water and Environment Ministry Aden
General Manager of UWS-PMU Aden
YEAP Project Manager, UNOPS
Programme Advisor UNOPS
Aden city UNOPS engineer UNOPS
Energy specialist UNOPS

On 29 March 2022, UNOPS conducted a virtual consultation meeting with the UN national WASH cluster coordination national team (with five participation) to discuss the scope and funding of YEHCP in which UNOPS implement Component 2 of the project and to discuss the following points:

- WASH Cluster response gaps (extremely underfunded circumstances),
- The Additional fund for YEHCP-WASH component (water trucking for health facility and provision of fuel to some of Water and sanitation local corporation,
- The huge need in water supply and sanitation services across the country.
- The importance of effective women participation in the project life cycle.
- UNOPS priority target areas to address acute WASH response needs in the country,
- Enhancing effective coordination and collaboration among the UN agencies and WASH partners to avoid any potential duplication of efforts.

On 29 March 2022, UNOPS conducted a consultation meeting with the Minister of MoPHP in Aden and his Deputy. The YEHCP social and environmental framework was further discussed in which UNOPS would ensure the distribution of the hard copies of the ESF in Arabic for easy reference. UNOPS additional Health interventions (Water trucking) was discussed with the Ministry of Health as well as additional projects funded by the World Bank-IDA as part of the exit strategy of current water trucking scheme. The Minister highlighted the need for more areas to be covered such as the wastewater disposal of the central Hospitals and the need of water trucking activities; the table 4 below shows the attendance to the consultation meeting from UNOPS and MoPHP as the following:

Table 4: The attendance to the consultation meeting from UNOPS and MoPHP

The Minister of Public Health and Population- Ministry Sana'a
Deputy Minister for Health Care Sector at of Public Health and Population- Ministry
Deputy Minister for Population Sector at of Public Health and Population- Ministry
Deputy Minister for Planning and Health Development Sector at of Public Health and Population- Ministry
Deputy Minister for Therapeutic Medicine Sector at Public Health and Population- Ministry
Director General of the Minister's Office at Public Health and Population- Ministry
General Manager of the Medical Services Department at Public Health and Population- Ministry
General Manager of the Equipment Department of Public Health and Population- Ministry
General manager of engineering department at Public Health and Population- Ministry
YEAP Project Manager UNOPS
Programme Advisor UNOPS
Aden city UNOPS engineer UNOPS
Energy specialist UNOPS

On 31 March 2022, UNOPS conducted a consultation meeting with Local authorities of Abyan, Lahij and Al-Dhale'a (with 6 participants) to discuss YEHCP additional intervention (Fuel provision) selection criteria in preselected/ targeted areas/sites. The Increasing of fuel price and the emergency water and sanitation need for alternative energy source (solar systems) to operate the water and sanitation facilities and the possibility of updating the investment plan according to the new information and assessment to be part of the exit strategy of the fuel provision. Participants highlighted the urgent need of sanitation services at these governorates.

On 16 April 2022, UNOPS conducted a consultation meeting with the Minister of MoWE in Sana'a, Urban Water and Sanitation Project Management Unit (UWS-PMU) management team and Sana'a water and sanitation management. to inform and discuss:

- The implementation progress of YEHCP, whose Component 2 (WASH component) is being implemented by UNOPS and its local implementing partners and the scope of the newly additional financing;
- YEHCP additional intervention (Fuel provision) selection criteria in preselected/ targeted areas/sites;
- The Increasing of fuel price and the emergency water and sanitation need for alternative energy source across the country and the possibility of updating the investment plan according to the new information and assessment to be part of the exit strategy of the fuel provision;
- The Ministry requests UNOPS to not adopt the Fuel provision as its main activity unless UNOPS has a clear exit strategy.

The table 5 below shows the attendance from UNOPS and MoWE as the following.

The Deputy Minister of Water and Environment Ministry
General Manager of UWS-PMU Sana'a
YEHCP Deputy project Manager UNOPS
Programme Advisor UNOPS
Manager Sana'a Water and sanitation local cooperation
WASH officer at UWS-PMU Sana'a

2.3 WHO

The stakeholders' consultations were based on the need to continue supporting the EHNP's activities during the Jan-June 2021, 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 tables 6 and 7 below.

Table 6: The main needs and concerns that were raised from the consultations conducted with MoPHP-

Place and type of engagement	Date	Participants	Key concerns and outputs
National wide: These consultations were made through field visits, virtual	Jan-June 2021	Ministry of Public Health Population (MoPHP) including the management	The General services and trauma care will be stopped by the end of EHNP in December 2021 and there is still need for these services. Including the following: Trauma cases receiving life support Centres providing emergency trauma management Facilities with a functioning operation theater (OT)

meeting and phone calls.		of supported Health Facilities.	Facilities functioning 24/7 Out-Patient Department (OPD) consultations Hospital admissions Surgeries
			The childcare will be stopped by the end of EHNP in December 2021 and there is still need for this service.
			The Nutrition support will be stopped by the end of EHNP in December 2021 and there is still need for this service.
			The Communicable diseases support will be stopped by the end of EHNP in December 2021 and there is still need for this service.
			The Reproductive, maternal and newborn health (including BeMONC and CeMONC) support will be stopped by the end of EHNP in December 2021 and there is still need for these services.
			The Non-communicable diseases (NCD) support will be stopped by the end of EHNP in December 2021 and there is still need for this service.
			The Mental health support will be stopped by the end of EHNP in December 2021 and there is still need for this service.
			Environmental health including WASH in health facilities support will be stopped by the end of EHNP in December 2021 and there is still need for this service.
			The Specific services are needed at Central Public Health Laboratories (CPHLs) and National Blood Transfusion Centers (NBTCs) support will be stopped by the end of EHNP in December 2021 and there is still need for this service.
The medicines, medical supplies, equipment, fuel, water, oxygen, Water, Sanitation and Hygiene (WASH), and per-diem support will be stopped by the end of EHNP in December 2021 and there is still need for this service.			

Table 7 WHO updated consultations for the parent project preparation

Place and type of engagement	Date	Participants	Key concerns and outputs
EHNP HFs/ Interviews -beneficiaries' satisfaction survey.	May and June 2021	Beneficiaries	<p>The key concerns are:</p> <ol style="list-style-type: none"> 1- Some medicines and services are not for free at some of the HFs. 2- Some HFs' doctors are not available because there are no salaries. 3- Some of the health services need further improvement 4- Beneficiaries' awareness/massages sessions from health

			<p>workers need to be improved.</p> <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 Sept 2021	MoPHP	<p>WHO confirmed the upcoming inception of the Yemen Emergency Human Capital Project (YEHCP), 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 YEHCP will closely resemble the EHNP</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 27th of September. The meeting will cover:</p> <ul style="list-style-type: none"> Introduction and background of the project. Project plan. Health Interventions. Nutrition Interventions. Environmental and social safeguards Any challenges, concerns, lessons learned and suggestions. <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>There might be a need to revise the intervention to best meet the needs on the ground, and the below points have been discussed</p> <p>Under the YEHCP, 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 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>The difference between the two EHNP and YEHCP has been explained and discussing that there are no activity's gaps between the two projects</p> <p>Despite some differences from the previous project (for example, UNOPS will implement the WASH rehabilitation component of the project, the YEHCP will closely resemble the EHNP.</p>

Meeting/ Sana'a	1 Sept 2021	MoPHP	<p>The importance of the Social and Environmental safeguards in the project has been discussed</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>WHO briefly introduced the project during the cluster's meeting</p> <p>The health cluster suggested engaging both WHO and UNICEF to avoid duplication of activities with cluster partners. 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"> ▪ Project introduction and backgrounds. ▪ H&N services. ▪ Number and Name of the HFs that will be targeted. ▪ E&S key aspect. ▪ Any raised concerns, lessons learned and suggestions including their feedback and suggestions on reaching out to disadvantaged and vulnerable groups. ▪ 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. <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>The link of the preliminary SEP is:</p> <p>https://www.facebook.com/WHOYemen/posts/2973341402953448</p>
Disclosing of the project environmental and social documents	14 November 2021	Public	<p>Link to the Project documents is:</p> <p>WHO EMRO Yemen Emergency Human Capital Project Information resources Yemen site</p>

Consultations on YEHCP parent and priorities for Additional Financing

Consultations led by WHO involved engagement with more than 1,000 different stakeholders of diverse ages, sexes, interest and influence, such as MoPHP authorities at central level, YEHCP supported facilities managers, Cluster partners including NGO and civil society groups, health care workers and beneficiaries. The below consultations have been implemented by the project team in which the YEHCP project details, risks, impacts and mitigation measures were introduced and discussed in detail. To ensure meaningful consultations, documentation (e.g., power point slides), MSP documentation etc., were all made available in Arabic and/or English depending on the preferences of the audience. These consultations are summarized in the table 8 below. Details of the meetings, participants and feedback are available in annex 2.

Table 8: Summary of the consultations led by WHO with MoPHP authorities at central level, NGOs and civil

society groups, health care workers and beneficiaries

WHO Meeting	Date	Location	Participants	Key findings
WHO with senior MoPHP authorities	8–9 December 2021	Amman	20 government officials 30 WHO staff	YEHCP plan reviewed and supported by authorities
WHO with MoPHP DGs	14–15 December 2021	Aden	20 government officials 5 WHO staff	Environmental and social safeguards reviewed in detail
Health Cluster	4 and 12 January 2022 7–8 February 2022 6 and 17 April 2022 And updates in monthly Cluster meetings	Virtual	70 representatives of partner agencies	YEHCP additional financing components, MSP review, referrals, complementarity and the key environmental and social aspects introduced. More than 15 partners also provided written inputs to the MSP review process as part of YEHCP.
WHO with MoPHP	22 December 2021, 14 February, 17 March, 5 April 2022	Sana'a and virtual	5 government officials 3 WHO staff	YEHCP plan reviewed, updated and importance of ongoing joint planning emphasized
WHO with MoPHP	21 February 2022	Aden	6 government officials 4 WHO staff	Key progress and priorities discussed e.g., quality of care, health information, hospital support etc.
WHO with MSF	14 February 2022	Sana'a	3 MSF staff, 1 WHO staff	Focused on primary health care (PHC) challenges in Yemen e.g., lack of access to NCD care, and the need for close monitoring of the proper utilization of supplies and equipment in hospitals and isolation centers.
WHO with UNICEF	17 February 2022	Aden	8 UNICEF staff, 4 WHO staff	Issues discussed include the various areas of support including cholera, PHC, MSP, DHIS2, EHCP, COVID-19, polio, mental health. Agreed on the importance of good partnership together in these areas.
WHO with Director of Al Sadaka hospital and isolation unit	20 February 2022	Aden	7 hospital staff 3 WHO staff	Good practices in Al-Sadaka to be shared more widely, need for increasing support, particularly incentives
WHO with Managers of the Central Public Health Laboratory (CPHL) and Al Jumhori hospital	20–21 February 2022	Aden	5 hospital staff 3 WHO staff	Appreciate of the support provided by World Bank, need for increasing support on equipment, rehabilitation, capacity-building etc.

WHO with Emergency operation center training	3 March 2022	Aden	30 health-care workers	Request for more support from EHCP, particularly incentives
WHO with MSP review workshop	21–22 March 2022 17–19 April 2022	Sana'a Aden	115 government participants and staff from WHO, UNICEF and IOM	Determined draft services to be included in updated MSP
WHO ICU Training of trainers	22-30 March 2022	Aden	30 nurses and 30 doctors working in the COVID-19 isolation units and healthcare facilities	Importance of more capacity-building for ICU staff and incentives to counter private sector pull
WHO Quality-of-care training	27-31 March 2022	Aden	45 healthcare workers	Importance of investing in quality of care concepts, principles and activities
WHO Water quality – operation and maintenance training sessions	3–20 April 2022	Aden and Sana'a	550 maintenance workers and engineers working in EHCP-supported facilities, environmental health department, national authorities etc.	Importance of ongoing maintenance and incentives for health workers
YEHCP management workshop	17–19 April 2022	Aden and Sana'a	160 participants across Aden and Sana'a (EHCP-supported facilities managers, governorate health office manager and senior MoPHP officials)	Collectively considered project achievements, challenges, and priorities, to review environmental and social standards and responsibilities, and hospital managers provided training in assuring the functionality of fuel monitoring devices.
Total participants			1139	

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 YECHP 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 8 below.

Table 9: 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"> • May feel uncomfortable sharing opinions or raising concerns in the presence of men • 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. 	<ul style="list-style-type: none"> • Female facilitators conduct workshops / KIIs / FGDs and female data collectors conduct TPM / beneficiary interviews. • Locations of public consultation are close to the homes of those whose engagement is sought • Timings of consultations do not interfere with household / family commitments / obligations • Hold small, gender-disaggregated meetings where female health workers / clients / caregivers are more comfortable asking questions or raising concerns • 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.
Beneficiaries who live in remote areas	Challenges associated with transportation to engagement events / Focus Group Discussions (FGDs) / face-to-face meetings	<ul style="list-style-type: none"> • Transportation costs provided to participants • Workshops / FGDs / Key Informant Interviews (KIIs) conducted in district hubs or health facilities when possible • Engagement events conducted online • Call center that is functional six (06) days per week
Beneficiaries living with disabilities	<ul style="list-style-type: none"> • Challenges related to accessibility of venues • Format of materials 	<ul style="list-style-type: none"> • Ensure facilities for consultations / engagement events are accessible • 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.)
IDPs	<ul style="list-style-type: none"> • May feel unwelcome to attend events (fear of discrimination) • May not be informed about public events because they do not access host community communication channels 	<ul style="list-style-type: none"> • 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. • Conduct targeted communications aimed at IDP communities to inform them of public consultations. • Organize separate engagement events specifically for IDP communities to ensure their particular needs are taken into account

3.4 Summary of Project Stakeholder Needs

The following specific needs (in table 8 below) were identified based on the prior experience of the implementing agencies:

Table 10: 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"> • Official letters • Emails • Nontechnical summary documents • Progress reports • In person meetings 	<ul style="list-style-type: none"> • Official correspondence and nontechnical documents or progress reports to be shared in Arabic (official language) • Meetings during standard working hours
Local authorities at district, governorate level, who are engaged in the Health and WASH services.	<ul style="list-style-type: none"> • Official letters • Emails • Nontechnical summary documents • Progress reports • In person meetings 	<ul style="list-style-type: none"> • Official correspondence and nontechnical documents or progress reports to be shared in Arabic (official language) • Meetings during standard working hours
Health care institution managers, Local water and sanitation corporation managers National Water resources Authority managers	<ul style="list-style-type: none"> • Official letters • Emails • In-person meetings • Nontechnical summary documents • Flyers • Posters 	<ul style="list-style-type: none"> • Communication to go through lines Ministry of reporting procedures • If possible direct communication • Materials to be shared in Arabic
Community leaders and the communities living in	<ul style="list-style-type: none"> • In-person meetings • Banners 	<ul style="list-style-type: none"> • All materials to be shared in Arabic • Printed material to be in large font

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

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 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 10 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 implementing agencies and the relevant ministries, following Project effectiveness.

Table 11: 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>Official Meetings 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>Official Letter: Correspondence to request support and access to location sites</p>	Within 3 months of effectiveness	<p>Relevant Line Ministries, Governorate and District level officials.</p> <p>Local authority, Governorate and district level</p> <p>SCAMCHA</p>	100%	UNICEF, UNOPS, WHO
		<p>Community Meetings: In person and over the phone involving local actors, influencers and beneficiaries representing different communities</p>		<p>Beneficiaries, individuals and groups (including vulnerable groups)</p> <p>community leaders, NGOs and CSOs</p>	100%	
		<p>Community influencers and leaders: Collaboration with community leaders in targeted locations to inform about project components and gain support of community members</p> <p>Social Media (Facebook, WhatsApp): 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>Print outs including banners, cards, posters, leaflets</p>		<p>Health facility managers, and staff, and WASH institution managers and staff</p>	tbc	
		<p>Monthly Progress updates at WASH and Health clusters</p>		<p>Health, Nutrition, and WASH Clusters,</p>	tbc	
				<p>Community members including households and vulnerable populations</p>		

Project Stage	Information to be disclosed	Methods Proposed	Timetable: Locations, Dates	Target Stakeholders	% to be Targeted	Responsibilities
Implementation	Assessments, Monitoring, including TPM, Verification	Official Letters: Request for facilitation of access to project areas	Throughout the lifespan of the project	Relevant Line Ministries, SCAMCHA	100%	UNICEF, UNOPS, WHO
Implementation	E&S instruments (GM, ESMF, LMP, SEP)	Posters, Flyers, Banners	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
Implementation	Information on specific project components, incl. parameters for each sub-project	Methods vary 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 determined based on the project implementation stages, and will be included in the updated SEP for both the parent project and AF.

Table 12: Proposed Strategy for Consultation

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

<ul style="list-style-type: none"> Community leaders/members and decision-makers WASH, Health, and Nutrition services receivers in the targeted areas 	<ul style="list-style-type: none"> Community meetings in person or over the phone Workshops 	Project offices Community premises	WHO, UNICEF, UNOPS	Regularly	<ul style="list-style-type: none"> Sharing information Increasing community support for Project activities
<ul style="list-style-type: none"> Vulnerable Groups. Households 	<ul style="list-style-type: none"> In person consultations and outreach campaigns Social media, leaflets, posters, brochures, and hand-outs GM hotlines. 	Community premises	WHO, UNICEF, UNOPS	Regularly	<ul style="list-style-type: none"> To ensure their participation in consultations To increase awareness, provide consultations and collect feedbacks To assess their needs and priorities Prevention of sexual exploitation and abuse

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 parent or AF project, at mid-term as well as at the end of the lifespan of the projects.

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 updated 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 11 above.

UNICEF, UNOPS and WHO will continue holding monthly coordination meetings to discuss activities specific to the project; additional coordination will also be ensured through agreed established mechanisms. The 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 continue to be responsible for carrying out stakeholder engagement activities for its components of the project during the AF implementation, as detailed in Tables 10 and 11 above. The stakeholder engagement activities will be documented as part of the Project-AF progress reporting requirements, and as indicated in the updated Environmental and Social Commitment Plan (ESCP). An indicative budget update to be cover both the Additional Financing and the parent YEHCP is indicated in table 13 below, which will come from the allocated budget for both Additional Financing and the parent project under Sub-Components 1.1 and 1.2.

Table 13: Budget allocated for SEP implementation for parent project and Additional Financing

Activity	Cost
Official Meetings and workshops at national, governorate and district levels	\$ 120,000.00
Community Meetings: In person and over the phone involving local actors, influencers and beneficiaries representing different communities	\$ 80,000.00
Collaboration with community leaders in targeted locations to inform about project components and gain support of community members	\$ 40,000.00
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	\$ 20,000.00
Print outs including banners, cards, posters, leaflets	\$ 30,000.00
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, GM posters, and GM fliers for community distribution	\$ 40,000.00

Total	\$ 345,000.00
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▪ **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-AF 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.
- As of the parent project the cost of due diligence for specific sub-projects under the addition fund (preparation of the screening form, consultations, GM, preparation of ESMPs, and monitoring) will be included in the costs/budget for each sub-project. 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 during the implementation of the project-AF. The stakeholder engagement activities will continue to be documented through UNOPS’ reporting and documentation as part of the project progress reporting requirements.

▪ **WHO**

WHO continue 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 for the updated SEP during parent and AF is as follow:

Table 14: WHO SEP implementation estimated budget for the parent and AF

<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 GM.	40,000 \$	
Stakeholder Engagement consultations activities	120,000 \$	
Contingency (10-15 %)	15,000 \$	
<i>Total</i>	<i>175,000 \$</i>	

6 Grievance Mechanism

6.1 Overview

The three implementing agencies (UNICEF, UNOPS, WHO) 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 YEHCP. 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.

The progress report shared by UNICEF shows 269 grievances received, addressed and closed. Some of the received grievances were from health workers and facility managers were related to delay in per diem, operational costs and medicines. Additionally, 686 general inquiries were received from health facilities or health workers. Some of these included checking on status of their payment and when the cycle will take place, project related processes like per diem payment dates, requests for inclusion onto the supported list either for operational cost or HWs per diem, project activities and type of support that the project is providing.

All GBV Action Plans states that the Project GRM will be used handle grievances related SEA/SH. Additionally, all implementing partners provided training for the call center staff on GBV/SEA/SH. For example, UNICEF trained 136 GRM call center personnel (67 Sana'a call center and 69 Amman Centre) on prevention of sexual exploitation and abuse (PSEA) and GBV core concepts and safe referrals to enhance their understanding of GBV and its consequences and build their skills on how to communicate services, receive survivors' consent, and refer them safely to services. Additionally, a safety audit tool has been developed for use by health frontlines and/or community outreach workers to identify possible protection risks for women and girls around the health facilities and access roads leading to the health facilities.

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 was received, 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 sub-projects 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 continue to be used 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 includes 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 YEHCP) 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 sub-project, 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 sub-project 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 centres, 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 concerns/complaints through:

- Compliant Boxes
- Hotline (Free Toll Numbers)
- Short Messages System SMS
- Mail Address, Email Address, Website 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 analyse related documents;
- Conducting interviews of the involved persons, officers and staff;
- Analysing 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 GM focal point for beneficiaries to voice their concerns. These access points will be advertised at sub-project level, and include complaints' 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	gm-yemen@unops.org
Website	www.unops.org

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 are 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 sub-project file and the sub-project 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, 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 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 Labour 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.

Labour 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 in figure 1 below:

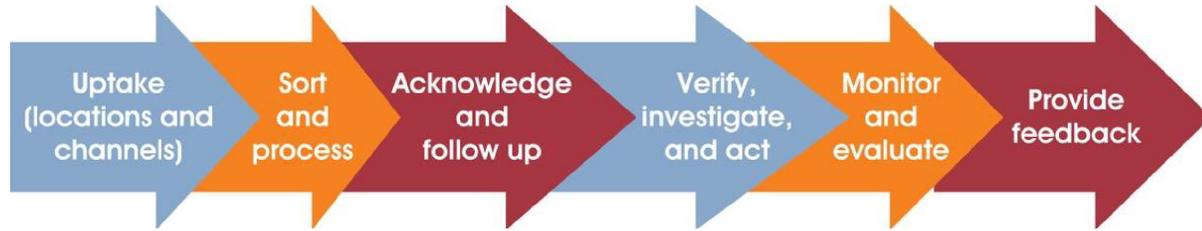


Figure 1: Steps for grievance management handling during SEP implementation

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 types 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 present SEP will be periodically revised and updated as necessary in the course of parent project and AF 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 parent project and AF context and specific phases of the development. Any major changes related to the parent project and/or AF activities and to its schedule will be duly reflected in the SEP.

The ESSO will prepare monthly summary 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 GM, and overall project related environmental and social monitoring and implementer of the current SEP. The GM 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 current SEP will be periodically revised and updated as necessary in the course of parent project and AF 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 updated 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 parent project and AF'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. First Update of 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 2nd and 3rd 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/: ***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 1st 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 HF's. 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 HFs, 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 MoPHP, 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 YEHCP 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 GM 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-Sana'a		
No.	Title	Email
1	Deputy minister	malmansour2018@yahoo.com
2	DG for TCIR	ministerassistant@moh.gov.ye
3	PHC director	drnajeb@hotmail.com
4	MoPHP advisor	aalmudhwahi@gmail.com
5	Child health Director	Khjamrah2010@gmail.com
6	IT support	ammerameensaeed@gmail.com
7	Accountign manager	almedhwahisalam@gmail.com
8	Assistant	
9	Deputy director of ES safeguards	faisl.ameer.2016@gmail.com
10	Nutrition	hsalmontaser@gmail.com
11	DG – RH	zainab.albadoy@gmail.com
12	EPI manager	ghadashawqi@gmail.com
13	DG – Disease center	Khaled.moayed@yahoo.com
14	Assistant	fatimahabarri234@gmail.com
15	Assistant	alawer3131992@gmail.com
16	EPI	hakimalnohari@hotmail.com
17	UNICEF MOPHP Coordinator	
18	MoH	Alsharfi21@gmail.com
UNICEF		
1	Immunization Specialist	vsule@unicef.org
2	Health Manager	hmostafa@unicef.org
3	Nutrition Specialist	bkmuwaga@unicef.org
4	Nutrition Specialist	mkyalo@unicef.org
5	Child protection Specialist	rogawa@unicef.org
6	Health Manager WB	kabdalla@unicef.org

7	Health Officer	abaider@unicef.org
8	Maternal & Child Health Specialist	eal-kubati@unicef.org
9	Communication Specialist	sal-aghbari@unicef.org
10	Programme Officer	hnasher@unicef.org
11	Supply & Logistic Officer (H&N Section)	aalnowirah@unicef.org
12	Programme Officer	jabdulatef@unicef.org
13	Health Officer (Cold chain & Vaccine Management)	malhaboub@unicef.org
14	Immunization Specialist	aknoorzad@unicef.org
15	Environmental and social safeguards consultant	gnasser@unicef.org
16	Child protection Specialist	zalihassan@unicef.org
17	Health and Nutrition Officer WB	aaldubai@unicef.org
18	C4D Specialist	falagil@unicef.org
19	C4D Officer	aalawadhi@unicef.org
20	Health officer	imabdullah@unicef.org
21	Immunization officer	mabdulkarem@unicef.org
22	Gender and Development officer	halmedhwahi@unicef.org
23	Chief child protection	myamano@unicef.org
24	Health Manager	sfarrukh@unicef.org
25	Chief C4D	dchimenya@unicef.org

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 18th 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, 18th of Aug 2021

Time: 11.00am to 1.00pm

Venue: Director General's Office 4th Floor MOPHP

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

Table 1: Participants

MoPHP-Sana'a		
No.	Title	Email
1	DG for TCIR	ministerassistant@moh.gov.ye
2	MoPHP advisor	aalmudhwahi@gmail.com
3	UNICEF Coordinator MOPHP	
UNICEF		
1	Health Manager WB	kabdalla@unicef.org
2	Programme Officer	hnasher@unicef.org
3	Health and Nutrition Officer WB	aaldubai@unicef.org
4	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 24th 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 2. First update of WHO Consultation with Stakeholders for the parent project and additional financing

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

List of Meeting Participants

No	Position	WHO/MoPHP	Email
1	Epidemiologist	WHO	assafd@who.int
2	Project Management Officer	WHO	lloydbraff@who.int
3	PMU Safeguards Officer	WHO	alsharafia@who.int
4	Health Systems Officer	WHO	algohalyf@who.int
5	PMU Supply Chain Officer	WHO	darweesho@who.int
6	Grants Management Officer	WHO	alsaloula@who.int
7	Project Manager	WHO	qirbin@who.int
8	Project Officer	WHO	lababdehl@who.int
9	DG for TCIR	MoPHP	ministerassistant@moh.gov.ye
10	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 YEHCP 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 are critical elements 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 27th of September.

B. MoPHP meeting with WHO senior management Amman 8–9 December 2021 on YEHCP and priorities for additional financing

Meeting participants included H.E the minister of health and deputies as well as WHO senior management of Yemen Country Office.

Main meeting outcomes were:

1. Scheduled activities with MoPHP and implementing agencies (WHO, UNICEF, World Bank) to take forward the MSP review and costing,
2. Proceed with WHO internal impact evaluation of the EHNP, with participation of MoPHP,
3. Schedule quarterly steering committee meetings with UNICEF, WHO and MoPHP,
4. Information sharing facilitated by WHO to MoPHP:
 - o TPM reports submitted to WHO and World Bank,
 - o Biannual progress reports submitted to World Bank,
 - o Environmental and social safeguards documents.
5. Technical teams of MoPHP and WHO to meet routinely on a monthly basis to work on joint activities,
6. The need to expand the supported facilities and activities under YEHCP.

C. MoPHP meeting Aden 14-15 December 2021

Meeting participants included 16 officials (director generals) from MoPHP and 10 participants from WHO.

The main outcomes were:

1. The YEHCP components, background as well the environmental and social requirements introduced and discussed with the participants,
2. The ministry officials raised the need for capacity building on medical waste management and Infection Prevention and control of the health care workers. The team assured that trainings are planned for the lifetime of the project covering health care workers and waste management workers. A number of training sessions have been already started in March 2022,
3. WHO team pointed out the need for the Ministry to appoint a focal point for environmental and social safeguards. The focal point has been appointed in January 2022 and is in regular contact with WHO,
4. There is a need for continuous support of the hygiene materials for the health facilities as well as the containers and plastic bags for the collection, internal transportation and disposal of health care waste and the necessary PPEs for both health care workers and waste management workers. This need is being met in collaboration with the ministry and WHO will support the needed procurement.

D. MoPHP meeting Sana'a – 14 February 2022

Meeting with H.E the Minister and deputies with the YEHCP project manager and key members. Key issues discussed were:

1. Dialysis as one of the ministry top priorities and their request to redistribute fuel amid a very difficult situation of fuel shortages and limited resources,
2. Emphasis made on the need to focus on NCD prevention and early screening - developing the NCD strategy, clinical protocol, referral pathway etc in order to limit the need for tertiary interventions,
3. Adjusting fuel distribution, fuel monitoring devices installation and functioning is a prerequisite,
4. Technical briefing on the MSP disease burden analysis.

E. MoPHP meeting Aden – 21 February 2022

Meeting with H.E the Minister and deputies with the YEHCP project manager and key members including the environmental and social safeguards officer. Follow-up to the last meeting in Amman in December 2021.

Key topics included:

1. MSP review,
2. EHCP priorities,
3. YCRP implementation progress,
4. Observations on the need to address and improve waste management at Al Jumhori governorate hospital in Aden in order for the hospital to receive further World Bank support,
5. Setting-up a quarterly steering/monitoring meeting with MoPHP, WHO.

F. Visit to the YEHCP supported facilities in Aden 20–21 February 2022

Visit conducted by the project management team including the environmental and social safeguards officer to the supported facilities in Aden in which the project supports, environmental and social aspects were discussed. Facilities visited are Alsadka hospital and its COVID-19 isolation unit, Aden CPHL and Aljumhouria governorate hospital. Main outcomes include:

1. Excellent director demonstrating impressive leadership of this 650-bed hospital in Alsadaka hospital,
2. Distributing supplies and equipment in this context will be a good investment, discussion made on the type of supported equipment and the improvement needed,
3. Good, visible support has been provided in terms of equipment and rehabilitation to the CPHL in Aden. Investment is needed to improve the storage and cold room within the CPHL,
4. The need to evaluate the feasibility of installing waste treatment unit within the Aden CPHL premises,
5. Issue of the accumulated waste in Aljumhuria hospital addressed with the facility manager in which the overall condition shall be improved.

G. MSP Services and review workshop, Sana'a 21-22 March 2022

Workshop has been organized and led by the WHO YEHCP project team with participation of WHO and UNICEF technical officers in addition to the MoPHP senior officials. The workshop aimed to improve and expand the MSP services supported by the YEHCP and implemented within the primary and secondary healthcare facilities. The participants in the workshop are 34 from MoPHP, 15 from WHO and 10 from UNICEF. Key outcomes included developing a preliminary determination of the services to be included

under each domain of the MSP (Trauma care, NCD, child health, RH, Nutrition, Mental health, Communicable diseases and Environmental health) based on the disease burden in Yemen Occupational health and safety requirements, waste management, grievance mechanism and female workers availability were proposed as essential components that need to be added within the updated MSP services.

H. Water quality – operation and maintenance training sessions, Sana’a 3–5 April 2022

101 healthcare workers participated in this training, which was used as an opportunity to discuss YEHCP project components, activities, supported facilities, and environmental and social aspects were introduced by the project safeguards team. The main outcomes/concerns raised include:

1. Additional support is required in terms of equipment and training to the newly established environmental health department of the MoPHP. This request was noted, along with the limitations of available funding and the importance of ensuring value for money, cost-effective activities are implemented.
2. Participants requested support related to the per diem or incentive to the workers in light of the current economic situation in the country. It was explained that such intervention is not currently included in the project support scope, but will be raised to the authorities and partners for their awareness and consideration.
3. Participants raised the importance of environmental health department within the MoPHP, which will improve the overall condition within the society and healthcare facilities. The department was established within the MoPHP in 2021 and WHO is providing support to build its capacities, with funding from other donors.

I. Meeting with the supported facilities managers, GHO managers and MoPHP senior officials, Sana’a 16–18 April 2022

The meeting conducted and led by the WHO YEHCP team and the MoPHP focal points with the attendance of 100 participants from MoPHP senior officials including the supported facilities managers and GHO managers. The meeting aimed to detail the achievements of the former EHNP as well as to provide updated information on the YEHCP components, supported activities and additional financing plans. The YEHCP environmental and social requirements including the instruments were clarified and detailed. Moreover, the fuel provision requirements were introduced including the principles and functionality of the fuel monitoring devices.

Annex 3: First Update on UNOPS Stakeholder Engagement and consultation

❖ Introduction

Ten public consultation workshops with stakeholders were held in different governorates (Sana'a, Ibb, Aden, and Mukalla) between 9 June and 11 November 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 926 participants; of whom 340 females (37%), 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 for the parent project**

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
Thursday – June 24, 2021	Session 1	Taiz City	Coral Hotel – Aden	52
Wednesday – August 11, 2021	Session 1	Ibb	Grand Ibb Hotel – Ibb	90
Thursday – August 12, 2021	Session 1	Taiz Alhawban	Grand Ibb Hotel – Ibb	70
Wednesday – November 10, 2021	Session 1	Mukalla ,Sauon , Al-Shahir	Ramada Hotel – Mukalla	70
Total				926

1. Sana'a - June 9, 2021

List of UNOPS Team - Sana'a Meetings

SN	Name	Organization	Title
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.

2. 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 GM?
- 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?

3. Aden - June 15 & 16, 2021

List of UNOPS Team - Aden Meetings

S N	Name	Organization	Title
1	Khaldoun Mohammed	UNOPS	Programme Advisor
2	Abdulwahab Salah	UNOPS	WASH Coordinator
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 are 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.

4. 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.

5. 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 centres.
- 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 governernate 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.

6. 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?

7. 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

8. Mukalla, Saion & Al-Sherir - Nov 10, 2021

List of UNOPS Team - Mukalla Meetings

S N	Name	Organization	Title
1	Khaldoun Mohammed	UNOPS	Programme Advisor
2	Abdulwahab Salah	UNOPS	Water and Sanitation Coordinator
3	Abeer Al-Mas	UNOPS	Gender Equality Officer- Gender Mainstreaming
4	Abeer Ahmed	UNOPS	Partnership Analyst
5	Mahmoud Shidiwah	UNOPS	Environmental and Social Safeguard Officer
6	Mohammed Al-ERYANI	UNOPS	MSWM Specialist
7	Maher Abdulkareem	UNOPS	Procurement Officer
8	Marwa Obaid	UNOPS	Senior Program Assistant
9	Ahmed Obaed	UNOPS	City Engineer

- Stakeholders' participation before and during project implementation.
- UNOPS New Funding.
- Environmental and Social Safeguard instructions
- It was mentioned that the increase in IDPs number is affected the coverage of services such as water and sanitation and solid waste management and roads.
- It was mentioned that there is not much intervention in Hadramout and allocation is little.
- Cancer patients are in huge need for emergency support. Addressing interventions for this service would help in reducing the suffering of these patients.
- 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?
- 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, there is a need for the rehabilitation of the school, health centers, and provision of solar systems is suggested to be more addressed and communicated.
- 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?
- It was mentioned that community awareness about environment protection and any implemented project is crucial.
- Is there a sustainability plan for projects being implemented?
- It was mentioned that climate conditions and environmental protection should consider for any implemented project, as it is crucial.
- Are there interventions in the economic aspect, such as building the capacities of farmers and supporting farms?
- An acute shortage of energy needs support from organizations for it
- Capacity building for staff should be conducted along with project implementation in particular the solid cleaning fund employee.

Participants List

Name	Organization/ Title
Mr. Adel Ahmed Baakaba	General Director
Mr. Mosbeh Al-Abed Al-Bahsani	Deputy Director General
Eng. Ahmed Ibrahim Bamkhtar	Director of the Office of Planning and International Cooperation
Eng / Hani Salem Baakim	Water Corporation Manager
Said Abdullah bin Ishaq	Director of the Public Works Office
Dr. Omar Saeed Al-Sabban	Director of the Health and Population Office
Eng . Sami Muhammad Al-Habroush	Head of the Engineering Department in the Local Administration
Eng / Mohamed Jamal Bakhder	water management manager
Eng . Abdullah Faraj Basaleh	sewage manager
Eng / Mohamed Ahmed Baabad	Head of Projects Department at the Water Corporation
Eng . Ahmed Ramadan Belhaddad	Engineer at public works office
Aida Abboud Badawi	Head of the Women's Department at the Water Corporation
Manal Omar Al-Rabbaki	Women's department at the local water institution
Narges Awad Jamaan	Women's department at the local water institution
Muhammad Awad Al-Abed Al-Amri	Director-General of the Directorate
Hussein Saleh Omar bin Abdul Aziz	Works office manager
Anis Saleh Abdullah Al Ameri	Director of the Industry and Trade Office

Name	Organization/ Title
Mohamed Aboud Saleh Shaaran	Director of Legal Affairs at the Diwan - Secretary of the Tender Committee
Khaled Saleh Abdel Belfas	Director of the Education Office
Zaki Salem Farag Bahamdoun	Director of electricity in the Directorate
Gilani Abdul Rahman Abdul Qadir Al-Jafri	Hygiene fund manager
Nabil Hadi Ahmed Bahchwan	Director of the Water Corporation in the Directorate
Yasser Ramadan Ahmed Shamla	bad finance manager
Murad Hassan Muhanna Al-Amri	Administrative and Financial Director of the Diwan
Qamar Abdullah Ahmad bin Ali Jaber	Director of the Women's Department at the Diwan
Rami Ghaleb Amer Radhi	Resource management manager
Ghazi Awad Salem Belhoisel Al Jabri	Director of Project Management at the Health Office - Seiyun
Khaled Abdullah Salem Al Ameri	Deputy Director-General of Health for Rural Desert Directorates
Eng. Alawi Muhammad Aqeel bin Yahya	Director-General of the Office of Public Works and Roads in the Valley and the Desert
Eng. Tamim Ali Issa bin Shamlan	Director of the Roads Department at the Office of Public Works and Roads in the Valley and the Desert
Eng. Ali Alawi Muhammad bin Yahya	Engineer in the Roads Department at the Office of Public Works and Roads in the Valley and the Desert
Eng. Murad Abdel Qader Ahmed Basalamah	Roads and Bridges Maintenance Fund Engineer
Ali Saeed Othman Al-Amoudi	Civil Society Organization Coordinator
Ahmed Abdullah Saleh Banafa	Civil Society Organization Coordinator
Adel Zaid Salem Al-Tamimi	Public Relations Department
Omar Abdullah Mohammed Baojia	Engineer
Adeeb Zaid Salem Al-Tamimi	Consultant Engineer
Eng. Abdel Rahim Omar Ahmed Houry	public works project
Eng. Wahib delivers Ghanem	Director of the Water Corporation - Mukalla
Ali Mohamed Habashi Al Kaf	Water Corporation - Mukalla
Eng. Khaled Abdullah Bamarouf	Water Corporation - Mukalla
Eng. Sami Abdullah Al-Moallem	Water Corporation - Mukalla
Eng. Nayef Salem Bashamkha	public works project
Eng. Enaiat Mubarak Al-Tarbi	public works project
Omar Salem Al-Acholi	Planning and international cooperation
Abda Ahmed Abdoun	Planning and international cooperation
Khaled Sheikh Al-Hamid	Planning and international cooperation
Eng. Omar Salem Al-Bayti	Public works and roads
Eng. Nayef Saleh bin Shamlan	Public works and roads
Dr. Mohamed Salem Bakhlgaha	Director General of the Office of the Ministry of Works
Eng. Haider Mohsen Al-Attas	Hygiene and Improvement Fund - Mukalla

Name	Organization/ Title
Eng. Fadi Awad Al-Qunzel	Water Corporation - Mukalla
Eng. Salem Yasser Salem Bafarj	Hygiene and Improvement Fund - Mukalla
Eng. Salah Mohamed Awad Badros	Public Authority for Rural Water - Mukalla
Eng. Abdul Rahman Mahrous Barshid	Ministry of Public Works and Roads
Eng. Sami Abdul Rahim Al-Amoudi	Local Authority - Mukalla
Eng. Saleh Fayez Al-Omari	Director General of Mukalla Directorate
Eng. Awad Rabie Barfaa	Road Maintenance Fund - Mukalla
Iman Muhammad Ahmad Al-Zubayri	civil society organizations
Abeer Muhammad Al-Hadrami	Sawaed Watan Foundation for Development
Shorouk Saleh Al-Ramadi	Adalah Foundation
Afnan Abdullah Al-Batati	Laws of the National Committee
About Awad bin About Sheikh	Education Office - Mukalla
Khaled Awad bin Sobeih	Education Office - Mukalla
Abdul Rahman Nabil Bahbara	Civil Society Organizations Coordinator - Mukalla
Safa Hamdi Abdel Rahim Yousef	My platform - Mukalla
Maryam Muhammad Obaid Al-Maari	Hope Foundation
Reem Rais Nahdi	Hope Foundation
Taiba Muhammad Obaid Al-Maari	THR
Eng. Maria Othman Salmin Al-Ajili	Yemeni Architects Association around the world
The doctrine of Abdullah Hammam	Media Sac Foundation
Eng. Ehab Awad Al Jaidi	Electricity Corporation - Mukalla
Eng. Sabri Awad Al-Duqail	Electricity Corporation - Mukalla
Ayat Mohamed Ahmed Salah	Silah Foundation

- ❖ 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 926 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:
- 97.5% of the participants were satisfied with the participatory approach in the project and,
 - 2.5% of the participants were not satisfied and recommended the inclusion of per diems to enhance stakeholder participation and was agreed to pay different transportation rates according to the distance where people are coming from.

❖ **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.

Selected Photos during the consultation for the parent project



Selected Photos during the Consultations for the Additional Financing



- **Annex 4: 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 الشكاوى Complaint Type
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موضوع الشكاوى:

Complaint Subject

			الوضع الحالي: Current Situation
			أسباب المشكلة: Reason of the problem
	صاحب الشكاوى: Complainants' 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: Date	ما ترتب عليها من نتائج: The results of the action taken

..... اسم مستلم الشكوى ووظيفته:

Name of person received the complaint and his/her position

..... التاريخ : Date

توقيع الموظف المختص / Signature