

Republic of Yemen

Updated

Stakeholder Engagement Plan (SEP)

for

Yemen Emergency Human Capital Project - Parent Project (P176570)

-Additional Financing (YEHCP-AF1) (P178655) and

Second Additional Financing (EHCP-AF2) (P181317)

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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
LMIS	Logistics Management Information system
LMP	Labour Management Procedures
M&E	Monitoring and Evaluation
MIS	Management Information System
MSP	Minimum Service Package
MOPHP	Ministry of Public Health and Population
MOPIC	Ministry of Planning and International Cooperation
MOWE	Ministry of Water and Environment
NBTCs	National Blood Transfusion Centers
NCD	Non-communicable disease
NGO	Local Non-Governmental Organization
NWRA	National Water Resources Authority
OF	Original Financing
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
YSC	Yemen Service Centre

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 and AF1 P178655) is updated for the Second Additional Financing (AF2 P181317) 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 1 and AF 2.

The updated SEP will be applied upon effectiveness of the AF2 for both parent and AF1 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, AF1 and AF2 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. As per the YEHCP parent and AF 1, AF 2 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 AF2 will expand to include new health facilities that were not covered under the first additional financing, but the components will be the same.

As per the YEHCP parent project and AF 1, AF 2 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 Results Framework will be updated to reflect the newly added activities.

1.2.2 Risks

The environmental and social 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 and social 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 and social 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 and social 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 infections 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.

As per YEHCP parent and AF 1, AF 2 is expected to have localised impacts to the community that could be caused by civil works 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.

As per YEHCP parent and AF 1, interventions under AF 2, 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 nonlocal workers and local communities could result in discrimination in employment and access to services; child employment could be practiced in the project activities.

Learning from the experience gained during COVID-19, additional risks could be attributed to communicable diseases' infection and their spread during consultations and other project activities if no sensitive measures are applied. The project will follow Infection Prevention and Control Recommendations.

As per the YEHCP parent and AF 1, the AF 2 will address these risks and will incorporate the required environmental and social considerations and interventions into its project component design. Inclusion, meaningful participation, and gender considerations will be mainstreamed in the project design, implementation, and monitoring. It will 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, fight against child labour and other type of violations of children's right, 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 1 and 2 ; Labour Management Procedures (LMP) have been developed to address labour risks among the project workers. In addition, UNOPS has 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 or to denial of permission by local authorities, 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. In case this happens, 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 those cases where face-to-face consultations may be restricted because of local authorities' resistance in authorizing the activity, remote or alternative means will be employed.

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 share 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 Lessons Learned

Among the many lessons that the implementing agencies (UNICEF, WHO, and UNOPS) 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 and of AF 1:

- 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 both its AF, 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), sexual harassment (SH) and other forms of Gender Based Violence (GBV), 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, implementing agencies' staff inspection visits, and during the capacity building sessions on PSEA/SH/GBV, and health and safety for contractors and workers, and throughout the stakeholder engagement process.
- Stakeholders' 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.
 - Stakeholders' 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.
- 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.
- 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 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 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. 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 to:
 - Assess the level of stakeholder interest and support for the project and 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 first 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, project workers, NGOs, and beneficiaries and with the IDPs Coordination meetings between the three implementing agencies and the World Bank have also continued.

The SEP will be continually updated with more details as they are available. This document now reflects the results of these additional consultations carried out by UNICEF, UNOPS and WHO for the second additional financing as implementers of the project's respective components.

2.1 UNICEF

Table 1 below provides details of the consultations conducted by UNICEF for the parent project, first additional (AF1) financing and second additional financing (AF2).

Table (1): summary of the consultations conducted by UNICEF for the OF, AF1 and AF2

PLACE AND TYPE OF ENGAGEMENT	DATE	PARTICIPANTS	KEY CONCERNS AND OUTPUTS
Consultations on the Emergency Health and Nutrition Project used to inform the YEHCP	Throughout EHNP implementation	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	<p>Topics discussed:</p> <ul style="list-style-type: none"> - Need 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; - Importance of managing COVID-19 risks on construction sites to keep workers and engineers safe all the time; - Need to assess, prevent and manage the Environmental and Social risk/impacts; - Focus 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; - Focus 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; - Pre-preparation and awareness of the community about the use of the complaints' mechanism; - Construction of incinerators for improved medical waste management.
First update of YEHCP Stakeholder Consultations	August and September 2021	MoPHP Aden and Sana'a	<p>Presentation of the updated SEP and of the other ESS instruments prepared for the project.</p> <p>Topics discussed:</p> <ul style="list-style-type: none"> - Delays in the continuity between EHNP and YEHCP; - Support to additional health facilities or introduction to new activities or payment of per diem to additional health

PLACE AND TYPE OF ENGAGEMENT	DATE	PARTICIPANTS	KEY CONCERNS AND OUTPUTS
			<p>workers not possible with current funding, but resource mobilization continues;</p> <ul style="list-style-type: none"> - Concerns around the use of third-party contractors for implementation; - Clarification of the criteria used for the selection of the supported health facilities; - Recommendation to form a Steering Committee between MoPHP, UNICEF, and WHO.
<p>Meeting to review Yemen emergency Health & Nutrition Project (EHNP) and introduce and consult on Yemen Emergency Human Capital Project (YEHCP) and Additional Financing</p>	<p>February 2022</p>	<p>MoPHP</p>	<p>Topics discussed:</p> <ul style="list-style-type: none"> - Involvement of MoPHP in the supply management and distribution, but also in the ISM and other review meeting, and in the overall implementation and evaluation of the project; - Establishment of technical coordination meetings.
<p>Meeting on YEHCP Plan and Additional Financing</p>	<p>February 2022</p>	<p>MoPHP</p>	<p>Topics discussed:</p> <ul style="list-style-type: none"> - Expansion of coverage to 200 additional health facilities in the North; - Need of a general practitioner at HC level; - Provision of Basic Emergency Obstetric and Newborn Services in all health centers; - Increase of the quantities and types of medicines to cater for all requirements at PHC levels; - Establishment of Project Coordination Unit at MOPHP; - No protection services; Reduced support to community health workers.
<p>Meeting to discuss Environmental and Social Safeguards</p>	<p>February 2022</p>	<p>MoPHP</p>	<p>Topics discussed:</p> <ul style="list-style-type: none"> - Incinerator construction; - Capacity building plan;

PLACE AND TYPE OF ENGAGEMENT	DATE	PARTICIPANTS	KEY CONCERNS AND OUTPUTS
			<ul style="list-style-type: none"> - PPE provision; - Risk prevention and management.
Meeting on YEHCP Plan and Additional Financing	March 2022	Hodeida GHO and SCHAMCHA	<p>Topics discussed:</p> <ul style="list-style-type: none"> - Insufficient budgeted costs (fuel prices, HW payments, warehouse, and other operational costs); - Need to increase quantities and types of medicines and to focus on quality of care.
Meeting on YEHCP Plan and Additional Financing	March 2022	Hajjah GHO	<p>Topics discussed:</p> <ul style="list-style-type: none"> - Insufficient budgeted costs; - WB funding leaving no footprint on the group as opposed to NGOs.
Meeting with health workers and community beneficiaries at Al Qanawis HC in Hodeida		Health workers and community beneficiaries	<p>Topics discussed:</p> <ul style="list-style-type: none"> - Appreciation of the provided support and improvement in service utilization; - Need to increase operational costs; - Beneficiaries' access challenges – high transport costs; women's need to be accompanied to the delivery room.
Meeting with MOPHP Central and GHOs officials on EHCP AF workplan	June 2022	Directors and GHOs	<ul style="list-style-type: none"> - Implementation update on EHCP AF1; - Development of standard list for health worker payments.
Meeting with MOPHP to discuss the health worker standard list and timelines	August 2022	GHOs	<ul style="list-style-type: none"> - List generation and review process; - Payment schedule; - Role of MOPHP and UNICEF in payment process.
Consultations with MoPHP in Sana'a and Aden on the	September 2022 to June 2023	MoPHP	<p>Topics discussed:</p> <ul style="list-style-type: none"> - Agreement on the shortlisted HF where to implement the activity;

PLACE AND TYPE OF ENGAGEMENT	DATE	PARTICIPANTS	KEY CONCERNS AND OUTPUTS
construction of the incinerators			<ul style="list-style-type: none"> - Agreement on the incinerators' design/model and BoQs.
Consultation with the health workers, visitors, communities, and other affected stakeholders in more than 248 health centers longlisted for the construction of the incinerators, all over the country	October 2022 to January 2023	Health workers, visitors, communities, and other affected stakeholders	<p>8 consultancy firms were contracted to conduct an assessment in 248 health centers longlisted for the construction of the incinerators. While performing the technical site visit, the firms also consulted the affected stakeholders, after being trained by UNICEF.</p> <p>Topics discussed:</p> <ul style="list-style-type: none"> - Information on the proposed construction of the incinerators; - Information on environmental and social risk prevention and management; - Concern about final dispose of medical waste and appreciation of the proposed solution; - Request for additional training for health personnel on medical waste management; - Information on the complaints and feedbacks mechanism.
Meeting with MOPHP on implementation progress	November	Saada and Al Jawf GHOs	
Meeting with MOPHP to discuss implementation progress	December 2022	MOPHP (Sanaa and Aden)	Implementation progress of EHCP and enrolment of additional health facilities under AF1
Meeting with MOPHP to assess implementation progress	January 2023	Sana'a, Amanat Al-Asemah, Dharma, Amran, Bayda, Marib	<p>Discuss, the training plans for health workers under the project</p> <ul style="list-style-type: none"> - Update on payment progress and the need to adhere to the standard list for payments; - Facilitation for incinerator assessment.

PLACE AND TYPE OF ENGAGEMENT	DATE	PARTICIPANTS	KEY CONCERNS AND OUTPUTS
Meeting with MOPHP on supply system strengthening	March 2023	MOPHP	<p>Review of the Yemen Supply chain system</p> <ul style="list-style-type: none"> - Quantification process; - Challenges in the health sector supply chain. <p>There are inefficiencies in the supply chain and there is a need to develop a training plan for MOPHP on supply chain strengthening, assess the Logistics Management Information System(LMIS) capacity and provide recommendations</p>
Meeting with MOPHP to discuss TPM findings	April 2023	MOPHP	<ul style="list-style-type: none"> - GHOs oversight on health facility functionality; - Adherence to the IPC standards at PHC. <p>Findings by governorates shared for MOPHP action.</p>
Meeting with MOPHP to check on project inputs during field visit	May 2023	Hodeida, Hajja and Mahweet GHOs	<p>Supplies were in place, and health workers were waiting for their per diem payments</p> <ul style="list-style-type: none"> - Health workers informed of the upcoming payments schedule in the first week of June.
Consultation with MoPHP on the AF 2	June 2023	MoPHP Sanaa	<p>Topics discussed:</p> <ul style="list-style-type: none"> - Information on the AF 2 scope and timelines; - MOPHP greatly appreciated the continuity of support and proposed scale up on number of supported health facilities and doctors; - Requested for more details once discussion progresses.
Consultation with MoPHP on the AF2	June 2023	MOPHP Aden	<p>Information on AF2 scope and timelines</p> <ul style="list-style-type: none"> - Requested for more details once discussion progresses.

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 pre selected 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 organisations 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 organisations. 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.

2.2.1 Updated consultations for the preparation of the parent project

UNOPS conducted 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. Please refer to annex 3 for more details.

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.

1. On 1st June 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.
2. On 22 June 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.
3. 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:
 - a. The MoWE Ministers, Vice Minister, and Deputy Ministers.
 - b. The MoHP Minister and Deputy Ministers;
 - c. Water and Sanitation Local Corporations (WSLCs) representatives;
 - d. The Urban Water PMU and its local teams;
 - e. The MoPIC Deputy Minister and General Directors of local offices;
 - f. The SCMCHA General Secretary, Deputies, and General Directors of local offices;
 - g. The MoE Vice Minister and Deputy Ministers
 - h. The MoLA Deputy Minister;

- i. Governors and their Deputies;
 - j. Local council members and local district General Directors;
 - k. Representatives of local authority, civil society, and women’s associations;
 - l. Local IDPs and beneficiaries; and
 - m. Public Works Project (PWP) team and its local representatives.
4. 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 prioritisation 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 **organise SEP consultations based on the WASH sector and CSO specialisation**, 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 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 finalise 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.

2.2.2 Updated Consultations for the first 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 2 below. The consultations were carried out during field missions and official meetings, virtual meetings, and phone calls. Please refer to annex 4 for more details.

Table (2): summary of the consultations conducted by UNOPS for AF1

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

1. **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 will be considered as a long list of potential interventions in case of materialisation of the additional financing under YEHCP.

List participants in the meeting were:

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

2. **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.

List of participants in the meeting were:

- 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

3. **On 29 March 2022**, UNOPS conducted a virtual consultation meeting with the UN national WASH cluster coordination national team (with five participants) 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.

4. **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.

List of participants in the meeting were:

- 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
5. **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 fuel price and the emergency water and sanitation need for alternative energy sources (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.
6. **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.
 - List of participants in the meeting were:
 - 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
7. **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.
 - List of participants in the meeting were:
 - 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
8. **Between 26 to 30 June 2022**, UNOPS conducted a mission to Aden to follow up with UNOPS IPs UWS-PMU, MWE, and Aden WASLC.
- On 12 August 2022, UNOPS conducted a consultation meeting with the Rural Water Projects Authority in Sana'a. During the meeting, UNOPS discussed YEHCP scope and the synergy between it and YEHCP AF as both of them target rural areas. The nomination process of water wells
The SCMCHA request of 700 water wells to be shared with MOW to provide their feedback.
9. **Between 17 - 19 August 2022**, UNOPS conducted a mission to Saada, a Coordination meeting with the governorate/local authorities to discuss the ongoing and planned sub-projects.
10. **On 23 August 2022**, UNOPS conducted a consultation meeting with the Local authorities of Taiz -Alhouban, to discuss the progress of the implementation of the project activities in addition to presenting the scope of the additional financing activities.
11. **Between 27 August and 3 September 2022** UNOPS conducted a mission to Sana'a and held several meetings with internal and external stakeholders to discuss the implementation progress and challenges.
12. **On 9 September 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 to discuss
- The implementation progress of YEHCP and the scope of the additional financing.
 - YEHCP additional intervention (Fuel provision) selection criteria in preselected/ targeted areas/sites.
 - The increasing fuel prices and the emergency water and sanitation need for alternative energy sources 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 a rural water implementation unit.
13. **16-17 Jan 2023 Meeting with Aden governorate-PMU, MoWE Aden**
- Several meetings were held with UWS-PMU Aden during the visit of. The meetings aim to coordinate with the local partner (6 technical team in addition to the PMU management and deputy minister) and discuss technical issues related to the sub-projects including:
- Review / update the procurement plan with the UWS-PMU for 2023

- Verify the current situations on the sub-projects under YIUSEP II, AF and YEHCP.
- The capacity building needs assessment and preparation of the MIS and Manuals ToRs by MetaMeta and the PMU feedback and comments on the initial reports delivered by MetaMeta so far. During the meeting UNOPS Capacity building officer emphasised that all the reports of MetaMeta will be accepted by UNOPS only after approval from the partner and ensure that it addresses the real needs of the unit and fulfils the requirements and goals as specified in the ToR. The officer also encouraged the PMU team for more cooperation with the consultants through fast response to the submitted reports to speed up the process.
- The planned rehabilitation of the sewage pumping stations and network in the four districts (Sira, Al-Mualla, Al-Tawahi, and Khormaksar) and connect it to the treatment basins in ALArish. and the involvements and needed arrangements from different authorities before and during the implementation process.
- The climate change aspects

2.2.3 Updated Consultations for the second Additional Financing

- *On 14 June 2023, UNOPS conducted a virtual consultation meeting with the Minister of MoWE in Sana'a and the Urban Water and Sanitation Project Management Unit (UWS-PMU) management to discuss the implementation progress of YEHCP, and the scope of the second additional financing.*
- YEHCP additional intervention (Fuel provision) selection criteria in preselected/ targeted areas/sites.
- The increasing fuel prices and the emergency water and sanitation need for alternative energy sources 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.
- *On 18 June 2022, UNOPS conducted a virtual consultation meeting with the Minister of MoWE in Aden and the Urban Water and Sanitation Project Management Unit (UWS-PMU) management to discuss*
- *The implementation progress of YEHCP, and the scope of the second additional financing.*
- YEHCP additional intervention (Fuel provision) selection criteria in preselected/ targeted areas/sites.
- The increasing fuel prices and the emergency water and sanitation need for alternative energy sources 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.

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. This was made through field visits, virtual meetings and phone calls. The main needs and concerns that were raised are in the below tables 3 and 4 below.


Table (3): 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
<p>National wide: These consultations were made through field visits, virtual meeting and phone calls.</p>	<p>Jan-June 2021</p>	<p>Ministry of Public Health Population (MoPHP) including the management of supported Health Facilities.</p>	<p>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) Facilities functioning 24/7 Out-Patient Department (OPD) consultations Hospital admissions Surgeries</p>
			<p>The childcare will be stopped by the end of EHNP in December 2021 and there is still need for this service.</p>
			<p>The Nutrition support will be stopped by the end of EHNP in December 2021 and there is still need for this service.</p>
			<p>The Communicable diseases support will be stopped by the end of EHNP in December 2021 and there is still need for this service.</p>
			<p>The Reproductive, maternal and new-born 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.</p>
			<p>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.</p>
			<p>The Mental health support will be stopped by the end of EHNP in December 2021 and there is still need for this service.</p>
			<p>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.</p>
			<p>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.</p>
			<p>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.</p>

Table (4): 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 workers need to be improved. <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> <ul style="list-style-type: none"> ☑ 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. ☑ While there is some flexibility to revise the interventions to best meet the needs on the ground, it is essential to remember that the funds are only sufficient to assure continuity of the EHNP, so if new activities or interventions

			<p>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>☑ Despites 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.</p> <p>☑ The Project is going to conduct a meeting with the Cluster and its partners during September 2021 and will cover the:</p> <ul style="list-style-type: none"> ▪ 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: https://www.facebook.com/WHOYemen/posts/2973341402953448</p>

Disclosing of the project environmental and social documents	14 November 2021	Public	 Link to the Project documents is: WHO EMRO Yemen Emergency Human Capital Project Information resources Yemen site
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2.3.1 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 5 below. Details of the meetings, participants and feedback are available in annex 1.

Table (5): 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

WHO Meeting	Date	Location	Participants	Key findings
				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

WHO Meeting	Date	Location	Participants	Key findings
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	

2.3.2 Consultations on YEHCP parent and priorities for Second Additional Financing

Consultations led by WHO involved engagement with more than 500 different stakeholders of diverse ages, sexes, interest and influence, such as MoPHP authorities at central level, YEHCP supported facilities managers and 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 6 below. Details of the meetings, participants and feedback are available in annex 2.

Table (6): 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 MoPHP	12 May 2022	Aden	Vice-Minister and Clinical Services Coordinator	Discussed EHCP implementation and additional financing, mainly the support of NCDs at PHC level and its relevant capacity building
WHO with Aden psychiatric hospital	12 May2022	Aden	5 Aden psychiatric hospital management and staff	Discussed possible maintenance works that could be provided by WHO to the hospital
WHO with Emergency Operations Center (EOC) Coordinator	25 May2022	Aden	15 Emergency Operations Center (EOC) management and staff	Discussed the new EOC site proposed by MoPHP and its rehabilitation needs.
WHO with MoPHP	28 May2022	Sana'a	10 EIDEWS, FETP and RRTs focal points in MoPHP	Discussed improving data sharing mechanisms to showcase the good work done in surveillance and response in Yemen.
WHO with MoPHP	28 May2022	Sana'a	Deputy Minister for Communicable Diseases FETP Coordinator	MoPHP FETP unit had looked for funding since 2019 to conduct the course, and were appreciative of WHO's support
WHO with NBTC management and staff	5 June2022	Sana'a	5 National Blood Transfusion Center (NBTC) management and staff	They appreciated the support of the World Bank and WHO under all projects.
Site visits to: Az Zaydiyah Hospital, Al Hudaydah 1 August 2022 Bajil Hospital, Al Hudaydah 2 August 2022 4 hospital management senior staff, 2 WHO staff Al Thawrah Hospital, Al Hudaydah	1-3 August 2022	Al Hudaydah	3 hospital management senior staff, 2 WHO staff	Discussed with the hospital directors and management team the general situation of the hospital, their remarks on project activities as well as their prioritized needs. Project visibility was promoted across all the facilities

WHO Meeting	Date	Location	Participants	Key findings
EHCP initial briefing and joint planning in Amman	10 August 2022	Amman	1 MoPHP EHCP focal point, 2 WHO staff	Discussed different requests of the MOH and their point of views in a number of interventions implemented under the Project AF.
Update on EHCP WASH activities in Sana'a 11 August 2022, Virtual	11 August 2022	Sana`a	1 MoPHP EHCP focal point, 4 WHO, 1 UNICEF, 1 UNOPS	Discussed UNOPS WASH activities under EHCP and the need to look for opportunities to increase synergies across WASH and health and nutrition areas of work.
Aden 23 August 2022	23 August 2022	Aden	5 MoPHP Hospital Care and Management committee members and 5 trainers, and 2 WHO staff	The following topics were discussed. (1) progress so far and agree on Socotra governorate plan, (2) The next step is to add 2 more modules (HR and financial management trainers and participants selection criteria), (3) Challenges, recommendations and way forward.
Aden	23, 24 and 29 August 2022	Aden	1 MoPHP EHCP focal point and emergency director, 3 WHO staff	Discussed the EHCP AF plan, conducting BLS & ACLS trainings in all EHCP hospitals, MoPHP requested support to establish training centers in Aden, Marib and Mukalla, EHCP focal point also requested a regular progress review meeting (across WHO projects) and the need to strengthen the referral system.
Aden	25 August 2022	Aden	1 MoPHP quality director, EHCP quality consultant, 5 WHO staff	Discussed establishing the national quality strategy, aligning it with Sana'a and conducting a quality situation analysis workshop, and to provide support to the quality unit via the implementation of self-quality assessment, defining the gaps and allocating resources to address those gaps.
Aden	25 August 2022	Aden	1 MoPHP information and research management director, 3 WHO staff	Discussed proceeding with implementing the DHIS2 activities, the possibility of conducting information management workshops and the importance of creating a national health information strategy
Aden	26 August 2022	Aden	4 of Aden University – faculty of medicine senior management, 3 WHO staff	Discussed with senior faculty of the university the importance of increasing partnership between the University and MoPHP and WHO, and the possibility of integrating WHO training with university courses. Proposed conducting BLS and ACLS in the faculty skill lab using WHO-supported mannequins for 1000 to 2000 health workers from EHCP facilities. The plan for the BLS and ACLS training was discussed and modified based on the capacity and availability of halls and tools in the faculty.

WHO Meeting	Date	Location	Participants	Key findings
Aden	26 August 2022	Aden	1 MoPHP quality director, IPC international consultant, 19 participants from different governorates, 7 WHO staff	Discussed the importance of IPC practices in health facilities: (1) hand hygiene, (2) medical waste management, (3) sterilization, and (4) safe injection practices
Aden and Al Dhale'e HeRAMS workshop opening session	26 August 2022	Aden	31 health workers, 6 WHO staff	Discussed the importance of having accurate data to direct support from donors and partners to the right place. Adding two modules to the platform will shed light on important information regarding health workers and equipment available in the health facilities.
Aden	28 August 2022	Aden	5 MoPHP: HE the Minister of public health, Deputy Minister Primary Health Care, general manager of the Minister's Office, MoPHP Communication officer, MoPHP Curative services director, 3 WHO staff	The Minister reiterated the importance of the World Bank partnership and improving coordination by conducting regular meetings. WHO updated the Minister on the remaining balance under EHCP/YCRP and discussed sharing project reports. Discussed ongoing activities such as information management and national and quality strategy. The Minister also requested more support on points of entry, humanitarian-development nexus, and more support for central staff – mainly the admin and finance team and regular field visits by central staff to facilities (supportive supervision/monitoring). MoPHP requested more presence of WHO staff in Aden, such as an NCD technical officer. TPM is an essential tool and MoPHP requested to be engaged from the beginning, sharing CVs of TPM field officer, TPM should be MOPIC registered and have an office in Aden
MoPHP, WHO, UNICEF, and World Bank, first technical coordination meeting	7 September 2022	Virtual	MoPHP, WHO, UNICEF, and World Bank	WHO and UNICEF provided a progress update on EHCP activities and got feedback of the Ministry on the progress of the project and their demands.
The Medical Skills Lab at Aden University	28 September 2022	Aden	Head of the Medical Skills Lab, 2 WHO staff	Discussed upcoming BLS training. The University asked for additional supplies (four televisions, video camera equipment, ventilators etc) in addition to the 125 mannequins WHO purchased with other donors' funds in 2021. The University did not permit to loan or rent the mannequins for use in trainings outside the skills laboratory.
Aden MoPHP EHCP focal point, 3 WHO staff	28 September 2022	Aden	MoPHP EHCP focal point, 3 WHO staff	Discussed the importance of supplying fuel to facilities recently included by MoPHP to receive support, and the importance of these facilities meeting minimum requirements to receive fuel e.g. environmental and social

WHO Meeting	Date	Location	Participants	Key findings
				framework accountability, fuel monitoring device installation and functionality, TPM visits etc.
Amin Nasher Institute, Aden	29 September 2022	Aden	Management of the Institute, 3 WHO staff	Discussed reinvigorating collaboration with the institute, building on the action plan developed with WHO EMRO in 2019. Key areas for partnership include: training, curriculum enhancement, and long-term capacity-building. Agreed that this can start with the BLS training in the coming weeks.
Al Shahead Ali Abdul Mogni Hospital, Ibb	1 October 2022	Ibb Governorate	4 Hospital Manager, his deputy and staff, 4 WHO staff	The hospital director was grateful for WHO's assistance and requested an ELISA machine and resume paying staff incentives (using non-EHCP funds).
Yarim Hospital, Ibb	1 October 2022	Ibb Governorate	4 Hospital Manager, his deputy and staff, 4 WHO staff	The hospital director was grateful for WHO's support in enabling the facility to provide health services to Yarim and four surrounding districts. The hospital requested WHO to reinstate staff incentive payments (under other funds), supply more equipment like incubators, and rehabilitate the TFC
Aden Minister of Health and other MoPHP members, several WHO staff	2-4 October 2022	Aden	Minister of Health and other MoPHP members, several WHO staff	Mid-term review meeting between WHO and MoPHP on all activities. Joint planning on implementation of WHO's World Bank projects was acknowledged by the Minister, and he expressed his hope that World-Bank-supported hospitals will become model hospitals for quality of care. The Minister also again expressed the need for capacity-building of senior and middle MoPHP managers. He also mentioned a draft law was presented to Cabinet on a Health Fund, which will be similar to the Social Fund for Development, with the aim of sustaining health sector funding. Priority activities in key areas e.g. EOCs, outbreaks, trauma, NCDs, mental health, health systems, maternal and child health, nutrition, health information etc were outlined and agreed with MoPHP counterparts
Site visit to: Al Udayn Hospital, Ibb	2 October 2022	Ibb Governorate	4 Ibb Hospital Manager, his deputy and staff, 4 WHO staff	The hospital director developed a video to demonstrate WHO support and thanked WHO for the assistance in enabling the facility to provide health services. The hospital requested an oxygen station, sterilization machine and staff incentive payments (using non-EHCP funds).
Site visit to: Baadan Hospital, Ibb	3 October 2022	Ibb governorate	4 Hospital Manager, his deputy and staff, 4 WHO staff	The hospital director was grateful for WHO's assistance and requested WHO to resume incentive payments (using non-EHCP funds) and to keep up the current support with additional equipment and medical supplies.

WHO Meeting	Date	Location	Participants	Key findings
Site visit to: Al Thawra Hospital, Ibb	3 October 2022	Ibb Governorate	4 Hospital Manager, his deputy and staff, 3 WHO staff	The hospital director recognized WHO PMU and Ibb hub staff with awards and thanked WHO for its support, which allowed the hospital to provide health services for those in need. He requested WHO to continue paying staff incentives (using non-EHCP funds) and to supply more equipment, including a solar panel, 30 beds, and replacement parts for dialysis machines
Site visit: Ali Abduljalil Hospital, Taizz	4 October 2022	Taiz Governorate	3 Hospital Manager, his deputy and staff, 3 WHO staff	The hospital director was grateful for WHO's assistance and requested that WHO maintain the current support, reinstate staff incentive payments (using non-EHCP funds), provide a generator and provide more NCD medications.
Site visit: Hamoud Abdullah Bani Awn Hospital, Taizz,	5 October 2022	Taiz Governorate	Hospital Manager and staff, 3 WHO staff	The hospital director was grateful for WHO's support. The hospital requested WHO to continue the current support and resume incentive payments (using no-EHCP funds)
Site visit: Ibn Khaldoun Hospital, Lahji	5 October 2022	Lahj Governorate	5 hospital staff, Governorate Health Officer (GHO), 2 WHO staff	Both the Manager and GHO were appointed in the past three months. The Manager has taken proactive steps to rehabilitate key areas of the hospital e.g. emergency, CT-scan room etc, and has plans to rehabilitate further (painting, fixing wear and tear etc). This is being done with local/fundraised funds. We introduced the support provided by WHO and said it would be great for Ibn Khaldoun to be a model hospital. We also agreed to share details of training participants, so that the GHO and Manager can be aware and follow-up on post-training application. We also emphasized the importance of environmental and social standards. An eye care campaign was conducted recently and while we were there a heart care campaign was ongoing with visiting specialists from Aden
Site visit to: Somara Emergency Center, Ibb	6 October 2022	Ibb Governorate	Centre staff, 2 WHO staff	Discussed the bed capacity and requirement of diesel by the centre
Sana'a Director of the Field Epidemiology Training Program (FETP16 January 2023	16 January 2023	Sana'a	1 WHO staff MoPHP, WHO, UNICEF, and World Bank, second technical coordination meeting	Discussed the activities of FETP and the graduation ceremony of the 18th batch of Public Health Empowerment Program (PHEP) the last 4 batches were supported by EHNP-EHCP. WHO and UNICEF provided a progress update on EHCP activities and MoPHP colleagues provided many comments, suggestions and requests for future activities including fuel supply, health information, vector-borne diseases and other areas. MoPHP colleagues appreciated the support provided by individual WHO staff members and requested their continued support.

WHO Meeting	Date	Location	Participants	Key findings
Emergency Human Capital Project (EHCP) Progress update meeting of WHO, UNICEF, WB and MOPHP with representation of all technical units involved in implementation of EHCP project	16 Jan 2023	Virtual meeting	45 participants ,10 of them females as follows: 13 MOPHP focal points, 3 UNICEF focal points, 18 WHO's focal points, 11 WB	Emergency Human Capital Project (EHCP) Progress update meeting of WHO, UNICEF, WB and MOPHP with representation of all technical units involved in implementation of EHCP project.
Phone calls with 12 health facility managers	18 Feb.-11 April 2023	Sana`a &Aden	E&S S officer with health facility managers	E&S shared concerns in the TPM findings with hospital managers and follow up with them for compliance with the environmental and social standards of the project.
Site visit to: Dhamar Dhamar General Hospital	7 May 2023	Dhamar Governorate	3 WHO staff, hospital manager and hospital staff	The hospital director was grateful of the continuous support of the WB project and requested to continue the support. The hospital established a separate unit for waste management and are doing continuous trainings of quality. The hospital established a new building for outpatients and cardiac disease departments. They requested equipment for this newly built departments. Also, they requested supply of furniture, oxygen supply, more fuel and TFC furniture.
Site visit to: Dhamar 26 September Hospital in Utomah	8 May 2023	Dhamar Governorate	3 WHO staff, hospital manager and hospital staff	The hospital director thanked WHO for the support and requested WHO to maintain the current support. He informed that the patients receive SAM and NCD services for free in the hospital and looking for these items to continue to be supported cause of the dire need of beneficiaries. Due to space limitations in the hospital and no enough space to separate the units. The hospital requested support for construction works. In addition, they requested empty cylinders, water, equipment, The staff hospital informed that they received various trainings provided by the project including Basic Life Support Training, Referral Training, pocket for children care, Medical Waste Management Training, Nutrition Surveillance Sites, Severe Acute Management Training, and District HIS
Site visit to: Dhamar AlAhad Rural Hospital in Wisab Alsafil	9 May 2023	Dhamar Governorate	3 WHO staff,hospital manager and staff	The hospital director is newly appointed. During the visit the hospital staff were given awareness on GRM system to communicate their suggestions. The hospital requested equipment and empty oxygen cylinders. 250 SAM cases are being treated in the TFC in the hospital monthly and NSS is operating.

WHO Meeting	Date	Location	Participants	Key findings
				Rehabilitation works of toilets, lab trenches and steel chairs done by WHO were in good condition.
Site visit to: Dhamar 10 May 2023 Madinat Alsharq Hospital in Gabal Alsharq district	10 May 2023	Dhamar Governorate	3 WHO staff, hospital manager and staff	The hospital covers Gabal Alsharq area, districts of Utumah, Raymah, external Haimah, Dhawran, Manar. Patients are from marginalized. The hospital serves a crucial role in an area facing a number of epidemics and is often the only source of medical care for those in need. The hospital director has expressed his appreciation for the support which contributed to provision of healthcare to the patients. While the hospital is doing important work in serving marginalized patients, the shortages of essential equipment and supplies were requested to be addressed
Site visit to: Amran Assudah Hospital	14 May 2023	Amran Gov.	3 WHO staff, hospital manager and staff	The hospital manager has expressed his great appreciation for the support of WHO and requested to continue it. He explained that the current hospital building was opened in 2018, at time when there was no budget for fuel, oxygen, water, trainings, equipment. The opening was made possible only with the support of WHO, which provided 90% of the equipment in the hospital. The CPR (cardiopulmonary resuscitation) equipment at the hospital is fully supported by WHO. The hospital has about 480 staff, with the majority of the staff in different departments being female. When asked about this, the hospital manager explained that female staff are more dedicated, as their movements are restricted to working hours and bus transportation. Their productivity is high, so he requested that recruitment of females be encouraged in internal procedures, especially in the departments of paediatrics and internal medicine.
Site visit to: Amran Alshaheed Alsammad Hospital (Previously named 22 May hospital)	15 May 2023	Amran Governorate	3 WHO staff, hospital manager and staff	The hospital manager has expressed his great appreciation for the support of WHO and requested to continue it. He explained that the current hospital building was opened in 2018, at time when there was no budget for fuel, oxygen, water, trainings, equipment. The opening was made possible only with the support of WHO, which provided 90% of the equipment in the hospital. The CPR (cardiopulmonary resuscitation) equipment at the hospital is fully supported by WHO. The hospital has about 480 staff, with the majority of the staff in different departments being female. When asked about this, the hospital manager explained that female staff are more dedicated, as their movements are restricted to working hours and bus transportation. Their productivity is high, so he requested that recruitment of females be encouraged in internal procedures, especially in the departments of paediatrics and internal medicine.

WHO Meeting	Date	Location	Participants	Key findings
Site visit to: Amran, Thula Hospital	16 May 2023	Amran Governorate	3 WHO staff, hospital manager and staff	The team met the DHO manager, Dr. Yahia Alzuhairi, RRT manager and key members in the hospital. The hospital provides services for delivery, lab, radiology unit (Ultrasound, Xray), vaccination, OTP supported by UNICEF), 1 female and 1 male doctors for outpatient. Fuel is used to operate the generators of 70 KVA and 10 KVA used for the whole hospital. No water is received after UNOPs took over. The hospital has reduced the working hours after the fuel is reduced. WASH maintenance has been done to the hospital with support of EHNP and are still of good status
Sana'a authorities, virtual, discussion on EHCP progress, EHCP additional financing, WHO country cooperation strategy development and others	13 June 2023	Sana`a	3 participants (1 Sana'a, 2 WHO) and several members of the health authorities team listening in.	WHO shared updates that EHCP AF2 is in the pipeline for the same activities funded under AF1. The authorities greatly appreciated the project and emphasized the need for fuel support to continue and expand, but they were also opened to shifting to solar alternatives and recognize the need for an exit strategy from fuel. WHO reiterated the importance of social and environmental requirements as prerequisites for activities under EHCP and the authorities agreed to collaborate on enhancing compliance. WHO committed to share the EHCP AF2 proposed budget breakdown for any inputs, along with the planned vs actual expenditures for the parent and AF1. These were shared within two days of the meeting
Communication via email and phone call between EHCP AF2 Grant Manager and Director of Emergency at MOPHP-Aden	14 June 2023	Aden	WHO Grant Manager and one MOPHP official	Discussed on the planning process for the new Additional Financing 2 of the EHCP and next steps.
WHO Training on paediatric critical and Intensive care	17-19 June 2023	Sana`a	19 health workers from five health facilities in four governorates (five of them females)	WHO team informed the participants that WHO with partnership with World Bank will prepare a second additional financing for the Yemen Emergency Human Capital Project. The purpose of this additional fund is to provide essential health, nutrition, water, and sanitation services to the population of Yemen. The final approval will be expected around mid-September 2023 Participants showed appreciation of the support provided by World Bank and pointed out the importance of incentives for health workers, need for increasing support on equipment and capacity-building
Adult learning TOT workshop to build the	20 June 2023	Aden	24 key participants (16 females) from (MoPHP, GHO, EHCP	Within the workshop, WHO briefed the participants on the project and its updates, main activities, requirements in the trainings and gender balance.

	WHO Meeting	Date	Location	Participants	Key findings
	capacity of the national HCM trainers, MoPHP Aden			hospitals, Yemeni medical council, and Aden Universities,2 WHO staff)	
	Virtual meeting and phone calls (EHCP Environmental safeguard officer and 20 participants in the medical waste management training conducted in March 2023)	21 June 2023	Sana`a	20 participants (50% females) who attended training conducted on medical waste management during March 2023	<p>The participants were requested to provide their suggestions on the interventions that would like to see in the AF2 considering that it will continue the same activities under the previous AF1.</p> <p>Main issues raised by the trainees include:</p> <p>install waste treatment units where appropriate to ensure proper final disposal of medical waste, provide necessary materials for waste management, request to conduct refresher training programs on medical waste management for health workers from all units in the health facilities, develop and share educational videos and posters to promote proper waste management practices, supply Personal Protective Equipment (PPEs) for health workers to ensure their safety during waste handling, provide incentives and recognition to waste management workers to encourage adherence to proper waste management practices, implement proper maintenance and regular inspections of waste treatment units to ensure their efficient and safe operation and finally encourage the use of innovative technologies and processes for the effective disposal and recycling of medical waste.</p> <p>WHO response included that: Continuity of the waste management should be maintained by the health facility management as the health workers were trained on the operation and maintenance during the handing over of the waste treatment units to HFs.</p> <p>Full adherence to the proper waste management and OHC is a requirement for the continuity of the support.</p> <p>Capacity building on proper waste management in health facilities including blood banks of health workers will continue targeting waste management and health workers.</p>
	Virtual meeting – phone calls with 10 Health Facilities managers in Sanaa and Aden	22 June 2023	Sana`a and Aden	10 Directors from health and Mental facilities and CPHLS supported by EHCP	<p>WHO briefed the Directors on different aspect of the Additional Financing 2. This includes, the purpose of the fund, the expected date of approval, which is around mid-September 2023, the aim of this fund to avoid essential service delivery disruptions in Yemen.</p> <p>Main issues raised by the directors of hospitals to be considered as needs in the additional financing:</p>

	WHO Meeting	Date	Location	Participants	Key findings
					<p>Develop and expansion of some sectors in the hospitals by providing medical devices, equipment's and furniture, support the hospitals by increasing the quantity of fuel or by installing sustainable solutions.</p> <p>The need for continuous support of medicines to the hospitals</p> <p>Install waste treatment units where appropriate to ensure proper final disposal of medical waste and build the capacity of health workers from all sectors.</p> <p>Provide the mental hospitals with equipment's, medical devices, furniture, and security systems.</p> <p>Provide incentives and recognition to waste management workers to encourage adherence to proper waste management practices.</p> <p>WHO response:</p> <p>WHO informed the directors of health facilities, CPHLs and mental hospitals that the new additional financing will be the same activities implemented under parent and AF1</p> <p>Full adherence to the proper waste management and OHC is a requirement for the continuity of the support.</p> <p>Capacity building on the same activities implemented under parent and AF1 in health facilities including CPHLs will continue targeting the waste and health workers.</p>
	Total Participants		506		

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
- Project workers

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. 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 AF 2 progress. Engagement with the vulnerable groups and individuals will be carried out through a gender-sensitive stakeholder 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
- Children-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 feasible; and venues will be chosen to be easily accessible to people with physical disabilities. In particular, the following tailored measures will apply see table 7 below.

Table (7): 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 or Mahram may make it difficult to participate in 	<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.

Stakeholder group	Limitations to Engagement	Measures/Resources to facilitate Engagement
	<p>events that are far from their health facilities / homes or that are scheduled at certain times.</p>	<ul style="list-style-type: none"> ● 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. ● Call center that is functional six (06) days per week.
Beneficiaries who live in remote areas	<ul style="list-style-type: none"> ● 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.). ● Call center that is functional six (06) days per week.
IDPs, refugees and other marginalized minorities (e.g., Muhamasheen)	<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 marginalized communities to inform them of public consultations. ● Organize separate engagement events specifically for marginalized communities to ensure their particular needs are taken into account ● Call center that is functional six (06) days per week.

3.4 Summary of Project Stakeholder Engagement Needs

The following specific needs were identified based on prior experience of the implementing agencies as shown in table 8 below

Table (8): Project Stakeholder Engagement 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 the targeted areas, including beneficiaries and vulnerable groups mentioned above as well	<ul style="list-style-type: none"> ● In-person meetings ● Banners ● Posters ● Flyers ● Radios ● GM 	<ul style="list-style-type: none"> ● All materials to be shared in Arabic ● Printed material to be in large font ● 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

Stakeholder Group	Consultation Methods	Specific Needs (accessibility, large print, childcare, daytime meetings)
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 YEHCP AF 2 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 9 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 the available media. Information disclosure formats will be determined in discussion between the three implementing agencies and the relevant ministries, following Project effectiveness.

Table (9): 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		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 Official Letter: Correspondence to request support and access to location sites	Within 3 months of effectiveness of the AF 2	Relevant Line Ministries, Governorate and District level officials. Local authority, Governorate and district level SCAMCHA	100%	UNICEF, UNOPS, WHO
			Community Meetings: In person and over the phone involving local actors, influencers and beneficiaries representing different communities		Beneficiaries, individuals and groups (including vulnerable groups) community leaders, NGOs and CSOs	100%	
			Community influencers and leaders: Collaboration with community leaders in targeted locations to inform about project components and gain support of community members Social Media (Facebook, WhatsApp): Visual/written and audio-visual content sent to a network of local actors, female only networks, and all stakeholders		Community leaders, and Community members, including households and vulnerable groups 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)	tbc	
			Print outs including banners, cards, posters, leaflets		Health facility managers, and staff, and WASH institution managers and staff	tbc	
			Monthly Progress updates at WASH and Health clusters		Health, Nutrition, and WASH Clusters,	tbc	

Project Stage	Information to be disclosed	Methods Proposed	Timetable: Locations, Dates	Target Stakeholders	% to be Targeted	Responsibilities
				Community members including households and vulnerable populations		
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)	Posters, Flyers, Banners	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	100%	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 AF1 and AF2.

Table (10): 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 from 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 from technical specialists

With Whom	Channels of Engagement	Venue	Responsible Agency	Frequency	Purpose
<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 	<ul style="list-style-type: none"> Project offices Community premises 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Community premises 	<ul style="list-style-type: none"> 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 10 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 AF2 implementation, as detailed in Tables 9 and 10 above. The stakeholder engagement activities will be documented as part of the Project-AF2 progress reporting requirements, and as indicated in the updated Environmental and Social Commitment Plan (ESCP). An indicative budget update to cover both the Additional Financing 1 and 2 and the parent YEHCP is indicated in table 11 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 (11): Budget allocated for SEP implementation for parent project and Additional Financing

Activity	Cost \$
Stakeholders' consultation at all levels (national, governorate and district levels)	\$ 120,000.00
Information disclosure including translation, communication and visibility dissemination and awareness of project activities including M	\$ 40,000.00
Contingency 10%	\$24,000
Total	\$184,000

▪ UNOPS

UNOPS ESSO Environmental and Social Safeguards Officer 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-AF2 Management Component in which:

- UNOPS is fully covering the cost of the ESSO and 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-AF2. The stakeholder engagement activities will continue to be documented through UNOPS' reporting and documentation as part of the project progress reporting requirements.

The estimated budget for the updated SEP during parent and AF1 and AF2 is as shown in table 12:

Table (12): UNOPS SEP implementation estimated budget for the parent, AF1 and AF2

Stakeholder Engagement Activities	Total Cost (USD)	Remarks
Stakeholder Engagement consultations activities	100,000\$	
Information disclosure including translation, communication and visibility dissemination and awareness of project activities including M	30,000 \$	
Contingency (15 %)	20000\$	
Total	150,000 \$	

▪ **WHO**

WHO continue to implement the stakeholder's 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 AF1 and AF2 is as shown in table 13:

Table (13): WHO SEP implementation estimated budget for the parent, AF1 and AF2

<i>Stakeholder Engagement Activities</i>	<i>Total Cost (USD)</i>	<i>Remarks</i>
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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>	175,000 \$	

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, which relies upon a confidential and toll-free hotline number, the safety of the complainant, the time of response, the referral (cases outside of agencies' mandates that need to be referred to local authorities or other agencies) and appeal processes (in the event the complainant is dissatisfied with the outcome).

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

If a grievance is received by an agency that relates to another implementing agency, the details of the complainant and the nature of the grievance will be forwarded to the concerned agency, with the complainant's permission. In addition, the agency that received the original grievance also gives the contact details of the concerned organization to the complainant.

6.2 Principles

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

- **Protect stakeholder's rights:** 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 the understanding that no retribution will be exacted for their participation.
- **Transparency and accountability:** all complainants will be heard, taken seriously, and treated fairly. The stakeholders will be aware of the expectation from the project and will understand the GM procedures, its purpose, and 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 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.

The entire GM will operate under the direct control of UNICEF's Yemen Service centre (YSC)SC 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 32 call centre agents (both males and females) and 30 active lines, the call centre has capacity to receive over 3,000 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 & amp; regulations, World Bank Policies & amp; 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:

Hotline (Toll free) 8000-190
Email gm-yemen@unops.org
Website www.unops.org
Landlines 01-504914/915
Mobile/SMS 739 888 388

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 5. 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.

Grievance related to Sexual Misconduct:

Cases of SEA/SH can be reported through the Project GRM, the project GRM and SEA focal points will ensure appropriate response by 1) providing a safe, non-judgmental and caring environment and respect the confidentiality and wishes of the survivor; 2) provide reliable and comprehensive information on the available services and support to survivors of GBV; 3) If the survivor agrees, obtain

informed consent and make referrals.

If such cases are reported through the Project GRM, the GRM Operator needs to report the case within 24 hours to the UNOPS Internal Audit and Investigation Group (IAIG) who will then inform the World Bank within 48 hours. The GRM Operator will also inform the survivor about referral pathways and available GBV support services.

The project GM is trained to handle complaints related to sexual misconduct taking in consideration the reporting principles (Confidentially, security, Transparency and accessibility) as well the Survivor Centred Approach by applying the UNOPS protocol on how to handle such cases. Grievances related to sexual exploitation and abuse, as well as sexual harassment in connection with the project, will be registered separately from the project GM log and held in a safe folder to ensure information confidentiality.

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:

GM steps

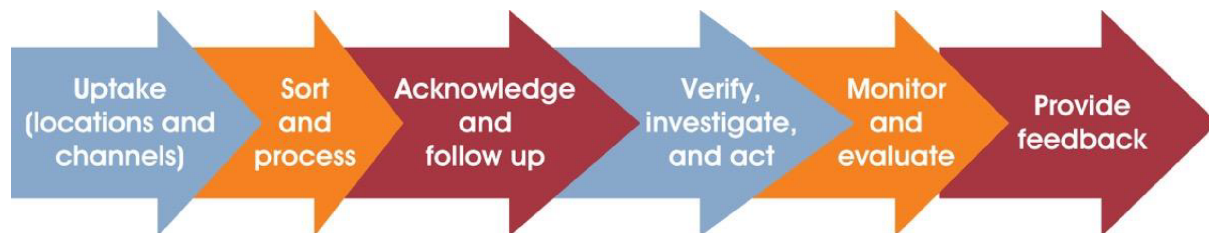


Figure 1: Steps for grievance management handling during SEP implementation

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 yemengrmehcp@who.int & 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 continue conducting direct consultations with the stakeholders to obtain feedbacks on their involvement and to collect their inputs during the activity's execution. UNICEF will continue using the TPM reports as evidence to report on how the project may impact differently male and females and the vulnerable groups, through direct interviews or focus group discussions with them. In addition, the GM platform will remain the main mechanism to receive the feedbacks and complaints from projects affected persons. Finally, UNICEF will keep performing programmatic visits to follow up on the project implementation. The information collected through the previously mentioned systems will continue to 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.

8 Annex 1. 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
1	Epidemiologist	WHO
2	Project Management Officer	WHO
3	PMU Safeguards Officer	WHO
4	Health Systems Officer	WHO
5	PMU Supply Chain Officer	WHO
6	Grants Management Officer	WHO
7	Project Manager	WHO
8	Project Officer	WHO
9	DG for TCIR	MoPHP
10	PHC director	MoPHP

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 Aljumhoria 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.

9 **Annex 2. Second update of WHO Consultation with Stakeholders for the parent project and additional financing**

A. [Meeting with Vice-Minister and Clinical Services Coordinator, Aden 12 May 2022](#)

During the meeting, it was discussed the EHCP implementation and additional financing 1, including WHO initiating support for NCDs at PHC level. MoPHP emphasized focusing on capacity-building (health workforce development) in line with the objectives of the EHCP. It was also discussed the possibility of setting-up a coaching/mentoring programme between WHO staff and MoPHP staff.

B. [Meeting with Aden psychiatric hospital management and staff, Aden 12 May2022](#)

IRC has rehabilitated the women's ward and children's OPD – with a small investment. WHO can support to do maintenance of the men's ward in a similar manner, the patients need enrichment (e.g., walking path). Staff of psychologists nearing retirement could be engaged as trainers – clear need for succession planning & they are willing to share their knowledge. After the visit, WHO did an assessment of maintenance needs. ESMP was planned to be submitted to the Bank.

C. [Meeting with Emergency Operations Center \(EOC\) management and staff in Aden, 25 May2022.](#)

The MoPHP has proposed a new site for EOC which require a substantial rehabilitation. WHO was supporting the EOC and was informed about this update and that WFP will start to do assessment of the needs of the new site of the EOC.

D. Meeting with EIDEWS, FETP and RRTs focal points in MoPHP in Sanaa, 28 May2022.

The WHO team has met with EIDEWS, FETP and RRTs focal points in MoPHP. During the meeting, the way of improving data sharing mechanisms was discussed to show case the good work done in surveillance and response taking place in Yemen for the different epidemiological indicators. This is important to show the success of the surveillance and how it has made impact in early preparedness and response to epidemiology.

E. Visit to hospital management senior staff of Az Zaydiyah Hospital, Bajil Hospital and Al Thawrah Hospital, Al Hudaydah, 1-3 August 2022

Visit conducted to three supported health facilities under WB project (Az Zaydiyah Hospital, Bajil Hospital and Al Thawrah Hospital). During the field visits, hospital managers were met in their health facilities and a discussion took place with each one of them. They were asked to explain the current situation of the hospital and the status of the support and if they have any challenges or needs. The hospital managers were grateful of the support of WHO and requested the support to continue. They were reminded of the importance to comply with the environmental and social standards of the project. The hospitals expressed the appreciation for the WB and WHO support and their hope of more support. More support for supplies, equipment, fuel was requested by the hospital manager.

F. Meeting with the MoPHP EHCP focal point, Amman, 10 August 2022:

Participants:

MoPHP: EHCP focal point, Emergency & Ambulance DG.

WHO: Project manager, Health & KM officer

Two WHO staff met with the MOPHP focal point. They heard from MOPHP focal point the MOH needs related to the project activities. From the different requests for support, MoPHP EHCP focal point requested to add additional hospitals for fuel support as soon as possible, to explore longer-term and accredited/diploma trainings, to rehabilitate the EOC, to share TPMA reports with MoPHP, and include MoPHP when reviewing them, and to meet in Aden soon to review the EHCP-AF plan together line-by-line.

G. Meeting with EHCP MoPHP focal point and MoPHP Emergency Director, Aden 23, 24 and 29 August 2022

Participants:

MoPHP: EHCP focal point, Emergency & Ambulance DG.

WHO: Health & KM officer, EHCP technical officer – Aden & Quality and IPC officer

Went through the EHCP AF plan. Emergency Director said he will discuss with technical officers in MoPHP and we can discuss on Monday, this plan was later adjusted though in discussion with HE the Minister. The civil works and IT rehabilitation of the EOC was discussed during different meetings, with understanding by the end of the week that – WFP had assessed IT needs for the EOC, not civil work's needs. World Bank funds cannot be used for civil works for central facilities. WHO doesn't currently have funding for civil works for the EOC and will look to mobilize for funds for this. Some IT needs for

EOCs can be supported within the budget of EHCP. Agreed also to conduct basic and advanced life support training in collaboration with Aden University, using their skills lab (mannequins). MoPHP would like support to establish three training centres in Aden, Mukalla and Marib – this can be explored, bringing on board relevant partners and stakeholders e.g., universities. Emergency Director also requested more clarity on procurement: what is procured, what is in the pipeline, what is planned, what will not be procured? And requested that WHO do a regular review meeting (mid-term/annual), like UNICEF, to review the progress of all projects led by WHO (not only World Bank projects). Also discussed the need for progress on referrals. Emergency Director has documents that were developed in 2013 that can be reviewed and improved and rolled out towards strengthening understanding of when, why, where, and how to refer hot and cold cases between different levels of care.

H. Meeting with MoPHP Quality Director and EHCP quality strategy consultant, Aden 25 August 2022

Participants:

MoPHP: Quality and IPC DG.

WHO: Project manager, Health & KM officer, EHCP technical officer – Aden, Quality consultant & Quality and IPC officer

The meeting was held between the EHCP project manager and other two Project Management staff in which they discussed the development of the national quality strategy, which is progressing well. Workshop has been planned to be held in this regard. The meeting also discussed the importance of efforts to align the strategy development with activities in both Sanaa and Aden, towards having an aligned national strategy. Requests were raised for printers, laptops, resources for quality focal points. Project Manager asked instead to focus on the baseline assessment using the quality assessment tool – currently done by 10 hospitals – to expand this to as many facilities as possible – perhaps using self-assessment and a digitized version of the tool. And then, to look at the gaps based on the baseline assessment to allocate resources to address those gaps.

I. Meeting with MoPHP information and Research Management Director, Aden 25 August 2022

Participants:

MoPHP: information management & research DG.

WHO: Project manager, Health & KM officer & EHCP technical officer – Aden

The meeting discussed the EMRO HIS assessment, and the importance of proceeding with implementation of DHIS2 activities with available funding from the World Bank, starting with NCD and mental health and continuing in parallel with other activities. Workshops were observed to be needed to (1) define data officer job descriptions and SOPs at each level, (2) to update medical records and indicators, and (3) increase capacities to translate data and information for decision-makers (interpretation). National health information strategy should be developed, this may take time, good if it can be a strategy for all of Yemen (Sanaa and Aden).

J. University, Dean of University, Aden 26 August 2022

Participants:

Aden University: Medical college dean, Training lab supervisor & 2 of medical facility member

WHO: Project manager, Health & KM officer & EHCP technical officer – Aden

During the meeting it was discussed with senior faculty of the University on the importance of increasing partnership between the University and MoPHP and WHO's supportive role. Looking to move away from ad hoc trainings and towards longer-term/linked trainings leading towards accreditation/integration with university courses where possible. Also discussed the immediate priority of the MoPHP to move forward with basic and advanced life support training for all doctors and nurses in EHCP hospitals in the southern governorates (5000 total). WHO toured the skills labs (mannequins) purchased by WHO with ISDB support. While there are too many mannequins for the current available space, there are plans to expand to more rooms. Prof Ahmed Makki who heads up the skills lab advised that there are 125 mannequins, including seven high tech ones (ICU/trauma). Because of the limited space, the University agreed to support training of 1000 to 2000 health workers over the coming month. They did not agree to mannequins being used in other locations /mannequins not to be taken outside of the skills labs.

K. Meeting with IPC international consultant, Aden 26 August 2022

Participants:

MoPHP: Quality and IPC DG., Quality and IPC focal points in health facilities

WHO: Project manager, IPC international consultant Health, KM officer, EHCP technical officer – Aden, Quality consultant, Quality and IPC officer & IPC officer

Discussed the importance of IPC practices in health facilities: (1) hand hygiene, (2) medical waste management, (3) sterilization, and (4) safe injection.

L. HeRAMS workshop opening session in Aden and Aldhalea , 26 August 2022

Participants:

MoPHP: Information management & research DG., Aden GHO, 29 health workers in DHO and GHs

WHO: WHO WR, Project manager, Health & KM officer, EHCP technical officer – Aden, Information management lead & Information management officer

Attended the opening session of the first workshop and gave some remarks. The training will continue through to the end of September engaging 300 health facility focal points. Requested that the World Bank logo be added to the workshop banners going forward & training participation certificate template with World Bank logo to be shared with the Bank for clearance.

M. Meeting with His Excellency the Minister of Public Health and Population (MoPHP), 28 August 2022)

Participants:

MoPHP: H.E. the Minister of public health, Deputy Minister Primary Health Care, General manager of the Minister's Office, Communication officer & Hospital and curative services DG

WHO: Project manager, Health & KM officer & EHCP technical officer – Aden

Also attended by the Deputy Minister of Primary Health Care, during the meeting minister reiterated the importance of the World Bank partnership, that we should meet regularly, and that TPM and progress reports should be shared. He requested an update on the remaining balance under YCRP, for greater consideration of the priorities of the MoPHP, for more clarity on WHO procurement processes and the pipeline of requests and the length of time / multi-year delays in fulfilling requests. He was concerned only 6 isolation units were rehabilitated in the southern governorate's vs 20 in the northern governorates under YCRP. He appreciated the support on information management (EIDEWS, HERAMS,

DHIS2), requested more support on points of entry, humanitarian-development nexus (HDN), and more support for central staff – particularly admin and finance staff and for regular field visits by central staff to facilities (supportive supervision/monitoring).

Project manager replied appreciating the Minister’s leadership in organizing the work of the MoPHP and defining strategies and frameworks e.g., MSP, mental health, nutrition and now we are working together on a national health strategy and quality strategy. His nomination of Dr Mansour as our focal point for EHCP is helping to overcome obstacles at health facility level and we will share all progress reports and TPM reports with him. The remaining balance for YCRP is around 4 million and for EHCP we have committed 25 million and expended 10. We are also looking together at how to build capacities of central senior staff in project management. On procurement, we agreed that with supply chain officer, the quality of items procured by WHO is greatly improving. I said I would look into the IU issue and clarified later that other IUs were rehabilitated with non-World Bank funds. For points of entry, we have the establishment of a cross-border collaboration committee coming up and hopefully some subsequent trainings. For HDN, the TOR for a working group is with the Minister and he agreed to proceed on this. On field visits, we already do many field visits with World Bank funds – RRTs, supervision/monitoring in each area, and need to look at how to do this most efficiently, including developing digital checklists/assessment tools and decentralizing to the governorates. The Minister also requested decentralization of more WHO staff to Aden. For the EHCP additional financing (AF) plan, the Minister requested more time to review.

N. [Virtual meeting with MoPHP, WHO, UNICEF, and World Bank, first technical coordination meeting, 7 September 2022:](#)

WHO and UNICEF provided a progress update on EHCP activities and MoPHP colleagues provided some comments, such as the need to strengthen health information, to share progress reports and TPMA reports, and to have more frequent exchanges. WHO replied that progress reports and TPMA reports are already shared and to make these more accessible, WHO created a google drive folder after the meeting, containing all reports for MoPHP’s reference

O. [Project managers visit to Aden University, Aden 28 September 2022](#)

Participants:

Aden University: Medical training lab supervisor & 2 of medical facility member

WHO: Project manager, EHCP technical officer – Aden

Met with the Head of the Medical Skills Lab (mannequins) at the University conducting basic life support (BLS) training for 5000 doctors and nurses from hospitals in the southern governorates under Human Capital Project (EHCP). The training was to go ahead asap, but during the meeting the University asked for a long and equipment from WHO in order for them to conduct the training e.g., four televisions and video camera equipment, ventilators, monitors, PPE etc. WHO purchased the mannequins for the University last year, some of the mannequins have not yet been used and there is no sufficient space for all 125 mannequins to be used within the University at the same time. The University refused to loan mannequins for use in trainings outside the skills lab (including refusing to let them be used in the University auditorium).

P. Project manager meeting with MoPHP EHCP focal point, Aden 28 September 2022

Participants:

MoPHP: EHCP focal point, Emergency & Ambulance DG.

WHO: Project manager, Health & KM officer and EHCP technical officer – Aden

Caught up with MoPHP EHCP focal point on EHCP and YCRP activities, including discussions with Aden University. Also discussed the importance of supplying fuel to facilities recently included by MoPHP to receive support, and the importance of these facilities meeting minimum requirements to receive fuel e.g., environmental, and social safeguards accountability, fuel monitoring device installation and functionality, TPM visits etc.

Q. Visit to Amin Nasher Institute, Aden 29 September 2022

Participants:

Management of the Institute: The Dean and 7 of faculty members

WHO: Project manager, Health & KM officer and EHCP technical officer – Aden

Amin Nasher Institute is a health training technical institute under the authority of the MoPHP. It was established by Dr Nasher in 1967 and has branches in each of the southern governorates. It has longstanding collaboration with WHO, although this collaboration seems to have subsided during the humanitarian crisis. The Head of the Institute visited EMRO in 2019 and developed an action plan for collaboration with WHO. This action plan has not been implemented due to COVID-19 disruptions. The staff of the Institute expressed their willingness to work with WHO in collaboration on training, curriculum enhancement and expressed their keenness to re-establish a long-term, capacity-building partnership. Agreed that this can start with the BLS training in the coming weeks.

R. Visit to the YEHC supported facilities in Ibb and Taiz, 01–06 October 2022

Visit conducted to seven supported health facilities under WB project (Yarim Hospital-Ibb, Ali Abdulmughni Hospital-Ibb, Baadan Hospital-Ibb, Al-Uddayn Hospital-Ibb, Althawra Hospital-Ibb, Abduljalil Hospital-Taiz, Hamound Abdullah Bani Awn Hospital-Taiz). During the field visits, hospital managers were met in their health facilities and a friendly discussion took place with each one of them. They have been requested to provide their thoughts, ideas, feedback about the support provided by the WB projects. This includes fuel, FMD, water, oxygen, medical supplies, equipment, capacity building, environmental and social safeguards. In addition, they were asked to explain the current situation of the hospital and their HR capacity, utilization and needs of the hospitals. The main outcomes/concerns raised include:

1. The hospitals expressed the appreciation for the WB and WHO support and their hope of more support.
2. The support of the WB and WHO was clearly found to have been helped to save the health system from collapse and to build resilience.
3. Compliance of Environmental and social standards were requested from the hospital managers.

4. Among different requests for support, hospitals requested oxygen stations, sterilization equipment and incentives for staff.
5. More support for supplies was requested.

S. Mid-term review meeting between WHO and MoPHP on all activities, on 2–4 October 2022

Joint planning on implementation of WHO's World Bank projects was acknowledged by the Minister, and he expressed his hope that WB-supported hospitals will become model hospitals for quality of care. The Minister also again expressed the need for capacity-building of senior and middle MoPHP managers. He also mentioned a draft law was presented to Cabinet on a Health Fund, which will be like the Social Fund for Development, with the aim of sustaining health sector funding. Priority activities in key areas e.g., EOCs, outbreaks, trauma, NCDs, mental health, health systems, maternal and child health, nutrition, health information etc were outlined and agreed with MoPHP counterparts.

T. Visit to Ibn Khaldoon Hospital and Isolation Unit, Lahj, Aden 5 October 2022

Met with the Hospital Manager and Governorate Health Officer (GHO) and key members of the hospital team. Both the Manager and GHO were appointed in the past three months. The Manager has taken proactive steps to rehabilitate key areas of the hospital e.g., emergency, CT-scan room etc, and has plans to rehabilitate further (painting, fixing wear and tear etc). This is being done with local/fundraised funds. We introduced the support provided by WHO and said it would be great for Ibn Khaldoon to be a model hospital. We also agreed to share details of training participants, so that the GHO and Manager can be aware and follow-up on post-training application. We also emphasized the importance of environmental and social standards. Notably the COVID-19 isolation unit is being repurposed while the caseload is zero. An eye care campaign was conducted recently and while we were there a heart care campaign was ongoing with visiting specialists from Aden.

U. Meeting with the Director of the Field Epidemiology Training Program (FETP) in Sanaa, 16 January 2023

The activities of FETP have been discussed along with the graduation ceremony of the 18th batch of Public Health Empowerment Program (PHEP) the last 4 batches which was supported by EHNP-EHCP. During the meeting, the WHO and UNICEF provided a progress update on EHCP activities and MoPHP colleagues provided many comments, suggestions and requests for future activities including fuel supply, health information, vector-borne diseases, and other areas. MoPHP colleagues appreciated the support provided by individual WHO staff members and requested their continued support.

V. Phone calls with 12 health facility managers in different governorates, 18 Feb.-11 April 2023

E&S officer shared with health facilities TPM findings on the requirements of the project, including full adherence by waste management workers to wear full set of PPEs during working hours. The facilities need to demonstrate some accountability for adherence to basic environmental and social standards in order to be part of EHCP – this is a project requirement. Health facility managers confirmed that they will make the waste managing workers wear PPEs during operation hours

W. Visit to the YEHCP supported facilities in Dhamar and Amran 07–16 May 2023

Visit conducted by the project management team including the environmental and social safeguards officer and project Support officer to the supported facilities in Dhamar (Dhamar General Hospital Authority, 26 September Utmah Hospital, Alahad Rural in Wusab As Safil Hospital, Madinat Alsharq Rural Hospital) and supported hospitals in Amran (As Sudah Rural Hospital, Thula Rural Hospital, Amran General Hospital 22 May Hospital). The visit aimed to increase stakeholder engagement with EHCP supported health facilities, identify the needs, the status of the WB support and build cooperative relationship with the health facilities management. The WHO team met with management of the health facilities and created a collaborative relationship with them within the project. They heard from the hospital directors, and they addressed concerns of the health facilities to continue operating the Incinerators and strengthen the environmental and social safeguards. The main outcomes/concerns raised include:

1. Hospitals are grateful of the project support and requested to continue the support.
2. It is important to monitor the situation to address any issues that arise especially with the reduction of fuel. Coordinate with UNOPS to prioritize assessing electricity and implementing solar systems in supported hospitals.
3. There is no overlap between WB support and other donor and NGOS to the supported hospitals.
4. Confirmed the support are delivered to the health facilities and identified gaps and requests of the hospitals.
5. Concerns of the hospitals on the continuity of the operation of the incinerators and environmental and social safeguards are addressed. Only infectious wastes neds to be incinerated.
6. Continue the support of drugs, medicines and equipment based on the individual hospital needs.
7. Encourage supported hospitals to improve quality and look at the different quality initiatives of trainings implemented by the hospitals.
8. Ensure the sustainability of TFC services.

X. Meeting, 13 June 2023 Ministry of Public Health and Population (MoPHP), Sana'a authorities, virtual, discussion on EHCP progress, EHCP additional financing, WHO country cooperation strategy development and others Sana'a, Yemen

List of meeting participants

No	Position	WHO/MoPH P
1	Project Manager (YEHCP)	WHO
2	Supply Chain Monitoring Officer	WHO
3	Director of Technical Cooperation and International Relations	MoPHP

Topics

WHO discussed the updates and general overview on the EHCP AF2 which approved by WB.

MoPHP request to give more attention on fuel provision and providing medical equipment such as anaesthesia machines to health facilities under EHCP AF2.

3. WHO emphasize on the importance of Environmental and Social safeguards and donor requirements in this important issue and to be applied in place.
4. MoPHP request to provide per-diems to health staff (doctors and specialists) under EHCP to conduct field visits and quality care improvements in rural areas (piloting suggested)
5. It was agreed that there will be a follow-up meeting where more detailed information will be provided (breakdown of activities, etc.).

Y. Meeting with the supported facilities managers, GHO managers and MoPHP senior officials, Sana'a 14 June 2023

In parallel to the Hospital performance review Workshop, a meeting was held with (Deputy of Therapeutic Medicine, the Director of International Cooperation, and several hospital managers and DHO directors to discuss their recommendations and requests on interventions that the Ministry and hospitals need support with under EHCP AF 2. The meeting participants acknowledged the need of such fund and resources to implement several interventions that would improve healthcare services and strengthen the health system. These interventions include bringing specialists to rural hospitals to provide specialized services to patients in rural areas, procuring and supplying essential medical equipment, providing sustainable training programs for healthcare workers, building the capacity of midwives to improve maternal and child health outcomes, restoring fuel quantities to previous levels to ensure hospitals have a sufficient supply of fuel, installing solar power systems in hospitals to provide a reliable source of electricity, installing more incinerators in hospitals and labs where appropriate to ensure safe final disposal of medical waste, expanding the availability of blood transfusion banks and central public health laboratories to other governorates, and supporting hospitals to set up their own laundries. The WHO team has clarified that the support under the Additional Financing 2 will continue with the same support provided under the parent and additional financing project so that the support will try to address those interventions that fall under the same previous interventions.

Z. Communication via email and phone call between EHCP AF2 Grant Manager and Director of Emergency at MOPHP-Aden, 14 June 2023

WHO shared updates that EHCP AF2 is in the pipeline for the same activities funded under AF1. The ministry greatly appreciated the project. It was agreed to meet again after Eid Al-Adha holidays to discuss the EHCP AF2 plan in detail as the minister has looked at the draft and has some comments that need discussion with the project manager.

AA. Basics of Pediatric Critical and Intensive care training session, Sana'a, 17-19 June 2023

19 health workers participated in this training, which was used as an opportunity to discuss YEHCP second additional project components, activities, supported facilities, and environmental and social aspects were introduced by the project safeguards team.

WHO team informed the participants that WHO with partnership with World Bank will prepare a second additional financing for the Yemen Emergency Human Capital Project. The propose of this finance is to provide essential health, nutrition, water, and sanitation services to the population of Yemen. The final approval will be expected around mid-September 2023 and it will continue till

September 2024.

Participants showed appreciation of the support provided by World Bank and pointed out the importance of incentives for health workers, need for increasing support on equipment and capacity-building,

[BB. Adult learning TOT workshop to build the capacity of the national HCM trainers, MoPHP Aden, 20 June 2023](#)

This training contains 24 key participants (16 females) from (MoPHP, GHO, EHCP hospitals, Yemeni medical council, and Aden Universities, 2 WHO staff). It is held in preparation to conduct Hospital Care and Management training specifically the human resource and finance management module in different southern governorates in Yemen. WHO team briefed the participants on: the E&S activities and its importance for the donor, updates on the EHCP AF2 and its main activities supported under the project; the EHCP supported health facilities (Hospitals, CPHL, TFC and NBC); the new approach for conducting new trainings under WB project to prioritize the use of Public health HFs and halls if available and increase the female participation in each training and target 50% from the total participants.

[CC. Virtual meetings, 10 Directors of Hospitals, Sana`a and Aden, 21 June 2023](#)

In the virtual meeting held on 21 June 2023, WHO team briefed the directors of hospitals about the World Bank's second additional financing for the Yemen Emergency Human Capital Project. The purpose of this financing is to provide essential health, nutrition, water, and sanitation services to the population of Yemen. The final approval for the financing is expected around mid-September 2023. It was emphasized that this additional financing is crucial to avoid disruptions in essential service delivery in Yemen.

The directors of hospitals raised several issues related to the needs of maintenance, electricity, water and sanitation, fuel, medicines, materials and equipment's capacity buildings, waste management and environmental safeguards to be considered in the second additional financing. The main concerns and suggestions were as follows:

Fuel support and sustainable solutions: The reassessment of hospitals' need for diesel and the request for increased support of fuel or the installation of sustainable solutions.

Continuous support for medicines: The need for ongoing support to hospitals in terms of providing essential medicines.

Establishing necessary centres/units: The request for support in establishing necessary centres/units, such as Therapeutic Feeding Centres (TFCs).

Waste treatment units and capacity building: The installation of waste treatment units in appropriate locations to ensure proper final disposal of medical waste and the need to build the capacity of health workers from all sectors.

Equipment and support for mental hospitals: The provision of equipment, medical devices, furniture, and security systems to mental hospitals.

Incentives for waste management workers: The request for providing incentives and recognition to waste management workers to encourage adherence to proper waste management practices.

In response to the raised issues, the WHO provided the following responses:

The new additional financing will support the same activities as implemented under the parent project and the first additional financing.

Full adherence to proper waste management practices and Occupational Health and Safety (OHC) guidelines is a requirement for the continuity of support.

Capacity building on the same activities implemented under the parent project and the first additional financing in health facilities, including the Central Public Health Laboratories (CPHLs), will continue, specifically targeting health and waste workers.

DD. Virtual meeting and phone calls with 20 participants who attended training on the medical waste management during March 2023, Sana`a 21 June 2023

WHO EHCP team called 20 participants (10 females) to inform them about the additional financing for the same activities currently covered for an additional 12 months. The participants appreciated the additional financing and requested:

Refresher training is needed on the waste management, and it should target all health and waste workers in the targeted health facilities.

The health workers are asking for incentive as they are not receiving any salaries.

Install more waste treatment units where applicable to improve the final disposal of waste.

Provide enough hygiene materials, waste management materials and PPEs for waste workers.

Supply Personal Protective Equipment (PPEs) for health workers to ensure their safety during waste handling.

Provide incentives and recognition to waste management workers to encourage adherence to proper waste management practices.

WHO response:

Who informed the trainees the new addition financing will be the same activities implemented under parent and AF1.

Sustainability of services provided i.e.; maintenance of the waste treatment unit should be done by the health facility management as the health workers were trained during the handing over of the waste treatment.

Full adherence to the proper waste management and OHC is a requirement for the continuity of the support.

Capacity building on proper waste management in health facilities including blood banks of health workers will continue targeting waste management and health workers.

10 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	Organization	Title
1	UNOPS	Head of office-Programme Manager
2	UNOPS	Programme Advisor
3	UNOPS	WASH Coordinator
4	UNOPS	Gender Equality Officer
5	UNOPS	Communication Officer
6	UNOPS	Partnership analyst
7	UNOPS	Logistics Officer
8	UNOPS	Municipality and Solid Waste Management Specialist
9	UNOPS	Renewable Energy Specialist
10	UNOPS	Environmental and Social Safeguard Officer
11	UNOPS	Environmental and Social Safeguard Officer
12	UNOPS	City Engineer
13	UNOPS	Procurement Associate
14	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	Organization	Title
1	UNOPS	Programme Advisor

2	UNOPS	WASH Coordinator
3	UNOPS	Gender Equality Officer
4	UNOPS	Partnership analyst
5	UNOPS	Environmental and Social Safeguard Officer
6	UNOPS	City Engineer
7	UNOPS	Logistics Associate
8	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 governorate to address the issue of the hole in Al Huta. Yet, though the project was contracted, it was not implemented due to difficulty in accessing the targeted area and project budget allocation was not sufficient. Would it be possible by UNOPS to cooperate and support this project or any other project with supplementary funds?

- There are two holes (Tourizi & Aushel) in Wahida area where wastewater is collected, especially during rain times.
- There are many holes in Al Huta despite the implementation of sanitation interventions before.
- There is no access to water in Kabelow area.
- Involvement and active participation of local authorities and communities are essential.
- UNOPS have to consider communication aspects to disclose information about the project, its objectives and outcomes.
- Abas School is the only school in Al Mousaimeer district in Lahj governorate. This school is like other schools (e.g., Al Ayman & Mohammed Dourah Schools) in need of solar systems due to unavailability of electrical services and WASH service.
- In some sessions, the presence of local authorities was absent. Active participation and involvement of these authorities would significantly contribute to the effectiveness of implemented projects.
- Conducting training on GBV was requested to increase community awareness about this issue.
- It was highlighted that Al Dalea was part of Lahj governorate and since it has become a separate governorate, it lacks all basic services. Neither government nor international agencies/organizations have included this governorate within their targets. Therefore, Al Dalea governorate is in urgent need of major emergency and development interventions.

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, Saioun & Al-Sherir - Nov 10, 2021

List of UNOPS Team - Mukalla Meetings

S N	Organization	Title
1	UNOPS	Programme Advisor
2	UNOPS	Water and Sanitation Coordinator
3	UNOPS	Gender Equality Officer- Gender Mainstreaming
4	UNOPS	Partnership Analyst
5	UNOPS	Environmental and Social Safeguard Officer
6	UNOPS	MSWM Specialist
7	UNOPS	Procurement Officer

8	UNOPS	Senior Program Assistant
9	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

Organization/ Title
General Director
Deputy Director General

Organization/ Title
Director of the Office of Planning and International Cooperation
Water Corporation Manager
Director of the Public Works Office
Director of the Health and Population Office
Head of the Engineering Department in the Local Administration
water management manager
sewage manager
Head of Projects Department at the Water Corporation
Engineer at public works office
Head of the Women's Department at the Water Corporation
Women's department at the local water institution
Women's department at the local water institution
Director-General of the Directorate
Works office manager
Director of the Industry and Trade Office
Director of Legal Affairs at the Diwan - Secretary of the Tender Committee
Director of the Education Office
Director of electricity in the Directorate
Hygiene fund manager
Director of the Water Corporation in the Directorate
bad finance manager
Administrative and Financial Director of the Diwan
Director of the Women's Department at the Diwan
Resource management manager

Organization/ Title
Director of Project Management at the Health Office - Seiyun
Deputy Director-General of Health for Rural Desert Directorates
Director-General of the Office of Public Works and Roads in the Valley and the Desert
Director of the Roads Department at the Office of Public Works and Roads in the Valley and the Desert
Engineer in the Roads Department at the Office of Public Works and Roads in the Valley and the Desert
Roads and Bridges Maintenance Fund Engineer
Civil Society Organization Coordinator
Civil Society Organization Coordinator
Public Relations Department
Engineer
Consultant Engineer
public works project
Director of the Water Corporation - Mukalla
Water Corporation - Mukalla
Water Corporation - Mukalla
Water Corporation - Mukalla
public works project
public works project
Planning and international cooperation
Planning and international cooperation
Planning and international cooperation
Public works and roads

Organization/ Title
Public works and roads
Director General of the Office of the Ministry of Works
Hygiene and Improvement Fund - Mukalla
Water Corporation - Mukalla
Hygiene and Improvement Fund - Mukalla
Public Authority for Rural Water - Mukalla
Ministry of Public Works and Roads
Local Authority - Mukalla
Director General of Mukalla Directorate
Road Maintenance Fund - Mukalla
civil society organizations
Sawaed Watan Foundation for Development
Adalah Foundation
Laws of the National Committee
Education Office - Mukalla
Education Office - Mukalla
Civil Society Organizations Coordinator - Mukalla
My platform - Mukalla
Hope Foundation
Hope Foundation
THR
Yemeni Architects Association around the world
Media Sac Foundation
Electricity Corporation - Mukalla

Organization/ Title
Electricity Corporation - Mukalla
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.

11 Annex 4: Second Update on UNOPS Stakeholder Engagement and consultation

On 1 April 2022, UNOPS conducted a consultation meeting with the Ministry of Finance (MoF) in Aden. UNOPS provided a brief on the previous project interventions to facilitate UNOPS operations in terms of obtaining the required customs clearances. MoF and UNOPS agreed on a facilitation mechanism for UNOPS operations in the southern governorates.

On 2 April 2022, UNOPS conducted a consultation meeting with The Saudi Development and Reconstruction Program for Yemen (SDRPY in Aden). In the meeting, YEHCP interventions were introduced and cooperation at various levels was discussed. The meeting concluded with a coordination mechanism to coordinate UNOPS operations in the southern governorates with SDRPY activities.

The Advisory Technical Committee Virtual Meeting was conducted on 2 April 2022 for information sharing purposes and to bring IPs in one forum to present project achievement and updates and discuss obstacles that might be faced during the project implementation. In addition, the Investment plan for the project and the coordination between different sectors were discussed. Moreover, it was agreed that UNOPS will recruit an independent capacity-building consultant to work with IPs to support their capacity-building needs.

Between 26 to 30 June 2022, UNOPS conducted a mission to Aden to follow up with UNOPS IPs UWS-PMU, MWE, and Aden WASLC.

On 12 August 2022, UNOPS conducted a consultation meeting with the Rural Water Projects Authority in Sana'a. During the meeting, UNOPS discussed YEHCP scope and the synergy between it and YEHCP AF as both of them target rural areas. .

- The nomination process of water wells
- The SCMCHA request of 700 water wells to be shared with MOW to provide their feedback.

Between 17 - 19 August 2022, UNOPS conducted a mission to Saada, a Coordination meeting with the governorate/local authorities to discuss the ongoing and planned sub-projects.

On 23 August 2022, UNOPS conducted a consultation meeting with the Local authorities of Taiz -Alhouban, to discuss the progress of the implementation of the project activities in addition to presenting the scope of the additional financing activities.

Between 27 August and 3 September 2022 UNOPS conducted a mission to Sana'a and held several meetings with internal and external stakeholders to discuss the implementation progress and challenges.

On 9 September 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 to discuss

- The implementation progress of YEHCP, and the scope of the additional financing.
- YEHCP additional intervention (Fuel provision) selection criteria in preselected/ targeted areas/sites.
- The increasing fuel prices and the emergency water and sanitation need for alternative energy sources 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 a rural water implementation unit.

16-17 Jan 2023 Meeting with Aden governorate UWS-PMU Aden

- Several meetings were held with UWS-PMU Aden during the visit. The meetings aim to coordinate with the local partner (technical team) and discuss technical issues related to the sub-projects including:
 - Review / update the procurement plan with the UWS-PMU for 2023
 - Verify the current situations on the sub-projects under YIUSEP II,AF and YEHCP.
 - The capacity building needs assessment and preparation of the MIS and Manuals ToRs by MetaMeta and the PMU feedback and comments on the initial reports delivered by MetaMeta so far. During the meeting UNOPS CB officer emphasised that all the reports of MetaMeta will be accepted by UNOPS only after approval from the partner and ensure that it addresses the real needs of the unit and fulfils the requirements and goals as specified in the ToR. The officer also encouraged the PMU team for more cooperation with the consultants through fast response to the submitted reports to speed up the process.

17 Jan 2023 Coordination meeting with Ministry of Water and Environment (MWE)

UNOPS team had a meeting with the minister of water and environment, during the meeting the team discussed the ongoing and planned sub projects under YIUSEP II, AF and YEHCP. The main topics discussed were:

- The planned rehabilitation of the sewage pumping stations and network in the four districts (Sira, Al-Mualla, Al-Tawahi, and Khormaksar) and connect it to the treatment basins in ALArish. and the involvements and needed arrangements from different authorities before and during the implementation process.
- The ongoing Capacity building sub project, the CB needs assessment and delivery of the assessment outcome training programs, MIS and manuals for UWS-PMU, and preparation of the ToRs of technical assistance packages and OMS for the water and sanitation local corporations.
- The situation of the ongoing Abdulqawi sub-project
- The climate change aspects

18 Jan 2023 Meeting with Aden governorate

- The meeting with the Deputy Governor of Aden Governorate, the Secretary General of the Local Council, and with him the Undersecretary of the Governorate for the Development Sector, was conducted, during the meeting Engineer (Deputy project manager of the Human Capital Project) briefed them on the mechanism of implementing service projects within the interventions of UNOPS.
- The Deputy Governor listened to a thorough explanation from the UNOPS team on completed and ongoing projects that are part of the 2022 programme.
- As well as the projects approved under the programme for the current year 2023, the most prominent of which is the World Bank-funded project to restore the sewage network at a cost of \$8 million. The goal is to repair the sewage network in four districts (Sira, Al-Mualla, Al-Tawahi, and Khormaksar) and connect it to the ALArish treatment basins.

- The meeting agreed on the importance of project implementation coordination with all parties involved, particularly in infrastructure services such as works, water, electricity, communications, and planning, particularly in the implementation of the sewage network project, to ensure its success at the required level.
- The Deputy Governor of Aden, Secretary General of the Local Council, stressed on the importance of projects and interventions by UNOPS, which resulted in contributing to the provision of basic services, since after 2015.
- Emphasising the need for the commitment of international and donor organisations to deal with the leadership of the local authority, represented by His Excellency the Minister of State, Governor of the capital, Aden, and the Office of Planning and Coordination when implementing projects that the leadership of the governorate deems a top priority that touches the needs of citizens, and to prevent repetition of projects included in the investment program in the governorate .
- To this, Adnan Al-Kaf, the deputy governor of the governorate, indicated the importance of informing the local authority leadership of all the donor organisations' interventions and involving them in supervising the implementation of projects so that they can overcome the difficulties and work for their success according to what is planned.

On 14 June 2023, UNOPS conducted a virtual consultation meeting with the Minister of MoWE in Sana'a and the Urban Water and Sanitation Project Management Unit (UWS-PMU) management to discuss

- The implementation progress of YEHCP, and the scope of the second additional financing.
- YEHCP additional intervention (Fuel provision) selection criteria in preselected/ targeted areas/sites.
- The increasing fuel prices and the emergency water and sanitation need for alternative energy sources 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.

On 18 June 2032, UNOPS conducted a virtual consultation meeting with the Minister of MoWE in Aden and the Urban Water and Sanitation Project Management Unit (UWS-PMU) management to discuss

- The implementation progress of YEHCP, and the scope of the second additional financing.
- YEHCP additional intervention (Fuel provision) selection criteria in preselected/ targeted areas/sites.
- The increasing fuel prices and the emergency water and sanitation need for alternative energy sources 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.

12 Annex 5: 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 Administrativ	نوع الشكوى Complaint Type
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موضوع الشكوى:

Complaint Subject

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

- الجهة التي يجب أن يقدم لها الشكوى:..

.....
: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