

**YEMEN EMERGENCY HUMAN CAPITAL PROJECT
P176570**

Diesel Fuel Supply Activity to Supported Healthcare Facilities

**SIMPLIFIED ENVIRONMENTAL AND SOCIAL MANAGEMENT
PLAN**

July 2022

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ABBREVIATIONS

EHCP	Emergency Human Capital Project
EHNP	Emergency Health and Nutrition Project
ESIA	Environmental and Social Impact Assessment
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standards
FMD	Fuel Monitoring Device
GBV	Gender-Based Violence
GHO	Governorate Health Office
GM	Grievance Mechanism
MoPHP	Ministry of Public Health and Population
MSDS	Material Safety Data Sheet
MWMP	Medical Waste Management Plan
OHS	Occupational Health and Safety
PMU	Project Management Unit
PPE	Personal Protective Equipment
SEA/SH	Sexual Exploitation and Abuse/Sexual Harassment
SEP	Stakeholder Engagement Plan
TPM-A	Third Party Monitoring Agency
UN	United Nations
UNICEF	United Nations Children’s Fund
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

1. INTRODUCTION

Project description

The Yemen Emergency Human Capital Project (EHCP) P176570, hereinafter referred to as the Project, is financed by the International Development Association, and was approved on June 30, 2021. The grant recipients and implementing agencies are the United Nations Children’s Fund (UNICEF), the World Health Organization (WHO), and the United Nations Office for Project Services (UNOPS). The project became effective on September 27, 2021, and the current closing date for the project is June 30, 2024. The project has four components: (i) improving access to health, nutrition, and public health services; (ii) improving access to water supply and sanitation and strengthening local systems; (iii) project support, management, evaluation, and administration; and (iv) contingent emergency response component.

EHCP is the successor of Emergency Health and Nutrition Project (EHNP) that was successfully implemented in Yemen by UNICEF and WHO from 2017 to 2022.

Project components implemented by WHO within the EHCP include the procurement and delivery of medical and non-medical supplies, such as fuel, to the supported health facilities.

Diesel fuel supply activity description

The sub-project activity of this ESMP is the provision of diesel fuel to the targeted health facilities. The fuel will be supplied and distributed by the World Food Programme (WFP) according to specifications set in the agreement signed between WHO and WFP. The agreed planned fuel quantities will be transported to the premises of the targeted health facilities. The fuel will be loaded into tanker trucks from the WFP fuel storage facilities to the required destinations. The fuel will then be loaded into properly allocated fuel storage tanks.

The fuel shipment will be carried out on a monthly basis. The work will require a maximum of three trained staff in every site. The loading/unloading process will take a very limited time (hours). WFP will be responsible for fuel transportation to the health facility premises.

Fuel supplied to the targeted health facilities is diesel which is used for power generation as there is no sustainable or reliable public electricity service across the country. Diesel has a flash point of 55 degrees Celsius. The flash point is the minimum temperature of a liquid at which sufficient vapor is given off to form an ignitable mixture with the air, near the surface of the liquid or within the vessel used.

Under the EHNP, fuel supply was transported to 76 health facilities on a monthly basis for around five years. This was part of a broader WHO activity to supply fuel to around 200 facilities with support from several donors. In a context of decreasing donor investment to Yemen, the fuel supply activity under EHCP is expected to expand to 97 health-care facilities listed below in Table 1, towards partially covering the most critical gaps left by other donors shifting to priorities in other parts of the world.

Relevant lessons learned from supplying fuel across Yemen under the EHNP include:

- Fuel supply is among the most valued interventions of the project. During every stakeholder engagement, individuals, whether community members, hospital managers, health workers, or senior officials, reiterate how fundamental fuel support is as a prerequisite for hospitals to function.
- Yemen has experienced acute and extreme fuel shortages in recent years, with importation suspended on several occasions for months, adding to the heavy reliance of the health sector on WHO to continue providing fuel supply support.
- WFP as a supplier of fuel, has been able to maintain the supply, even during fuel crises/shortages. They have also provided the fuel at a lower price than the local as no customs or taxes are added. Moreover, WFP charges only for the fuel, no profit margin is added. This makes WFP a reliable and preferred supplier to continue the fuel supply activity with WHO.
- Concerns about potential various uses of fuel, have been addressed proactively and countered, through the introduction of internet-connected fuel monitoring devices and training of hospital managers in their accountabilities for ensuring these devices remain functional.
- While overall stakeholders in Yemen's health sector are committed to shifting towards renewable energy solutions, in the short-term there are no other feasible alternatives to fuel supply. Without this supply, hundreds of thousands of people will immediately lose access to health care.

In Yemen, fuel delivery is performed by World Food Programme (WFP) to facilities supported by WHO and other United Nations (UN) agencies including UNICEF.

The activity is a supply service by nature in which the supplier, WFP, is delivering the agreed amount of diesel fuel to the selected facilities nominated by WHO on a monthly basis. The workers, equipment and vehicles involved in the transportation process are under the supplier or its service provider's liability.

No major work is implemented, and no storage facilities are constructed or assigned by the service. Only the actual amount of fuel delivered to the targeted facilities is invoiced to WHO and these actual amounts are confirmed by Third Party Monitoring Agency (TPM-A) reports and beneficiary facility authorized approval.

Offloading of the fuel to the targeted sites is performed in coordination with facility management by trained and qualified staff. Storage tanks at destination facilities are managed by each facility. The fuel is stored on the premises of each facility in dedicated, fenced off areas (e.g. by concrete walls) with security measures (e.g. security guards and video surveillance). The fuel storage within the health facilities is in well ventilated areas away from heat in tightly closed containers with no potential soil contamination.

Trained personnel (operators) at each facility will be available and supervise the loading/unloading process. Workers managing the fuel storage and consumption at facilities are civil servants. There are 1 to 3 workers assigned to managing the fuel in each facility. WHO is not involved in the recruitment or selection process of these workers.

To monitor fuel consumption, fuel monitoring devices (FMDs) have been installed within the tanks of each beneficiary facility. FMDs provide continuous and online monitoring of the total fuel volume and the consumption rates. The FMDs measure the flow rate and historical consumption data, which are indicators of the primary uses of the fuel. In addition, quantities of fuel delivered to facilities are determined in coordination with MoPHP, hospitals and WHO, based on needs and with reference to service utilization and facility size.

FMD data is accessible to Ministry representatives in Sana'a and Aden and WHO technical officers responsible for fuel supply. A key message delivered by WHO and MoPHP to hospital managements, was that misuse of fuel will result in suspending the service for the offending facility.

This fundamental activity will help to ensure the power needs of facilities are met, so that essential health services can be provided to beneficiaries on a daily basis. This activity will contribute to ensuring continuity of essential health services in Yemen. Fuel supply will avoid systems collapse by facilitating the continuous availability of electricity to power life-saving medical devices. Time and again in stakeholder consultations, fuel supply support is raised as one of the most valued and crucial activities required for the health system to function.

In terms of risks, although unlikely, minor impacts to workers could occur, for example if workers accidentally touch the fuel, while not wearing personal protective equipment, or if fuel were to leak during the loading and unloading process, workers may slip and fall. Pumps and hoses meet the industry standards are used for loading and offloading of fuel. In addition, localized, minor diesel soil contamination or surface water contamination could occur during the loading and unloading process, if workers do not pay due attention or if operators assigned are not well-trained to carry out such tasks. Although with low magnitude, possible traffic incidents might occur, or impacts resulted from poor storage conditions.

As the flash point for diesel is high, the risk of fire or explosion is low. WHO actively informs health facilities and the MoPHP about additional mitigation measures that must be taken to minimize the risk, including storage away from heat sources, limiting access to fuel storage sites to authorized personnel only, using video surveillance to monitor fuel storage security etc.

Such risks are actively mitigated by ensuring all drivers have a national truck-driving license, that they are trained, that trucks are maintained routinely, and inspected before any travel. Further mitigation measures detailed in section 6 of this ESMP are in place to avoid such risks.

ESMP Methodology

The EHCP is implemented under the World Bank (WB) Environmental and Social Framework in which the Environmental and Social Standards (ESS) ESS1, Assessment and Management of

Environmental and Social Risks and Impacts; ESS2, Labor and Working Conditions; ESS3, Resource Efficiency and Pollution Prevention and Management; ESS4, Community Health and Safety; and ESS10, Stakeholder Engagement and Information Disclosure are relevant to the project activities implemented by WHO.

This ESMP consists of a set of mitigation and institutional measures to be taken during implementation of this activity to eliminate adverse environmental and social risks and impacts, offset them, or reduce them to acceptable levels. It also includes the actions needed to implement these measures.

The following resources and data have been used and considered during the preparation process for this ESMP:

- Assessment of the nature of the planned activities, duration, scope as well as the associated hazards and level of complexity.
- Applicable obligations, requirements and level of responsibilities as identified in the EHCP environmental and social documents.
- Evaluation of the stakeholder engagement and consultation outcomes.

2. BASELINE INFORMATION

Environmental and social context in Yemen

Yemen is in a desert region, with significant topographical variations which affect its climate. In the highland regions temperatures remain below 30°C in summer, and below 25°C in the highest parts, whilst the coastal lowlands experience average temperatures of 30–35°C. The temperature is lower throughout in the winter, ranging from lower than 15°C in the highlands, to 22.5–25°C on the coastal lowlands.

The ongoing conflict in Yemen has compromised the availability and accessibility of health care, especially in rural and frontline areas. In 2022, 21.9 million people are expected to need support to access health services, a nine per cent increase compared with 2021. Of those, 12.6 million people are expected to be in acute need of health assistance. The number of people in acute need, and those who will be targeted with health assistance, is also expected to increase by nine per cent compared with 2021.

Yemen's economy has shrunk by half since 2015, with over 80 per cent of the population living below the poverty line. The stark economic collapse has been most apparent in loss of income, depreciation of the Yemeni rial, loss of government revenue, rising commodity prices and commercial import restrictions, including for fuel.

An estimated 90 per cent of the population lacks access to publicly provided electricity, with shortages due to challenges such as chronic under supply and fuel shortages. With Yemen importing some 90 per cent of its food and other critical goods, import restrictions continue to represent challenges. These restrictions have at various times affected the supply of fuel and other commercial goods.

Solar power alternatives have increased in Yemen in recent years, with the support of the World Bank and other partners. However, these alternatives are not yet able to meet the electricity needs of hospitals, to power air conditioning and equipment needed to ensure continuous access to essential services for communities. Hospitals still need fuel to have electricity to operate in a sustainable manner.

Building on five years of successful diesel fuel support under EHNP

Under EHNP, fuel provision to the supported facilities significantly contributed to sustaining health services at those facilities, considering the limited availability of public electricity across the country as well as high fuel prices. The fuel support to facilities was maintained through a supplier. The amount of fuel to be distributed to each facility each month is determined by WHO in coordination with the relevant health authorities, based on need.

This service has been provided by donors for the past five years, during which time the international community has focused on preventing the collapse of Yemen's health system. As other donors have shifted to other priorities, WHO has located temporary funds to cover immediate needs, but is looking to the World Bank as a last resort to cover the gap left by other donors (hence the request from both ministries to expand fuel support to more facilities).

Need to mitigate risks of immediate and significant service disruption

Between 2019 and 2021 with support from several donors WHO was supplying diesel fuel to around 200 health facilities in collaboration with WFP. No incidents or negative impacts were reported during the lifetime of this activity. An incident reporting system existing within the EHCP, and within WHO hubs in the governorates. WFP is also required to report any incident related to the services they provide for WHO.

Due to funding shortfalls, WHO has reduced the diesel fuel supply to supported facilities. The reduction in availability of donor funds for diesel fuel supply will negatively impact the functionality of these facilities, and ultimately will lead to severe disruptions and service provision shortages. Recent reductions of fuel supply support from other donors have led to the following observations:

- Facilities increasingly functioning at partial capacity (only certain departments & certain equipment with minimum power supply).
- Decreased duration of services (only when public electricity is available) and increased absenteeism.
- Increased petitioning to WHO to expand fuel support and constant demands to increase fuel supply to health facilities.
- Damage to some equipment as a result of the unstable power supply or the long power cutoff periods.

To ensure a minimum level of service and avoid system collapse, hospitals require continuous and sustained support. This is essential to save lives and improve population health and well-being.

Table 1. List of health facilities targeted for diesel fuel supply support

No.	Governorate	District	Facility Name
1	Abyan	Khanfar	Al-Razi Hospital
2	Abyan	Rosod	Rosod Hospital
3	Abyan	Zongubar	Zongubar Hospital
4	Aden	Al-Sheikh Othman	AL-Sadaka Hospital
5	Aden	Dar Saed	Dar Saed Hospital
6	Aden	Khormaksar	Aljumouria Hospital
7	Aden	Khormaksar	Aden CPHL
8	Al-Baidhah	Baidhah City	Al-Thawra Hospital
9	Al-Baidhah	Mokairas	Mokairas Hospital
10	Al-Baidhah	Rada'a	Radaa Hospital - Radaa
11	Al-Dhalee	Al-Dhalee	Al-Naser Hospital
12	Al-Dhalee	Al-Shoaeb	Al-Shoaeb Hospital
13	Al-Dhalee	Qatabah	Al-Salam Hospital
14	Al-Hodeidah	Al Hawak	Al-Thawra Public Hospital
15	Al-Hodeidah	Al-Zaydiah	Al-Zaydiah Hospital
16	Al-Hodeidah	Bajil	Bajil Hospital
17	Al-Hodeidah	Hais	Hais Hospital
18	Al-Hoieidah	Al Hawak	Dar Al Salam mental Health Hospital
19	Al-Hoieidah	Bayt Al Faqiah	Bayt al fageh dist Hospital
20	Al-Hoieidah	Zabid	Zabid dialysis Center
21	Al-Hoieidah	Zabid	Zabid hospital
22	Al-Jawf	Al-Hazm	Al-Jawf Hospital
23	Al-Jawf	Barat Al-Anan	Barat Al-Anan Rural Hosp.
24	Al-Mahara	Al Kaidah	Al Kaidah Hospital
25	Al-Mahara	Kashin	Kashin Hospital
26	Al-Mahweet	Al Mahweet City	Al-Jumhuri Hospital
27	Al-Mahweet	Bani Saad	Bani Saad Hospital
28	Amnat Al-Asima	Al-Safiyha	Alamal Psychiatry Hospital
29	Amnat Al-Asima	Alwhda	Emergency Room-MoH
30	Amnat Al-Asima	Alwhda	Physical rehabilitation center
31	Amnat Al-Asima	As Sabain	Al-Sabeen hospital
32	Amnat Al-Asima	At tahrir	Alkuwait hospital
33	Amnat Al-Asima	Bani Al Harith	Palastine Hospital - Zaiied hospital-
34	Amran	Al-Souda	Al-Souda Hospital
35	Amran	Amran	Amran Genral Hospital
36	Amran	Thula	Thula Hospital
37	Dhamar	Dhamar City	Dhamar General Hospital

No.	Governorate	District	Facility Name
38	Dhamar	Jabal Al-Sharq	Jabal Al-Sharq Hospital
39	Dhamar	Maabar	Maabar Hospital
40	Dhamar	Utumah	Utumah Hospital
41	Dhamar	Wasab Al Safil	Al Ahad Hospital
42	Hadhramout		Mukalla CPHL
43	Hadramout Al-Saheel	Al-Mukalla	Ibn Sina Hospital
44	Hadramout Al-Saheel	Al-Raida Al-Sharkia	Al-Raida Hospital
45	Hadramout Al-Saheel	Hager	Hager Hospital
46	Hadramout Al-Wadi	Al-Katin	Al-Katin Hospital
47	Hadramout Al-Wadi	Sayoon	Sayoon Hospital
48	Hadramout Al-Wadi	Shibam	Shibam Hospital
49	Hadramout Al-Wadi	Tarim	Trim Hospital
50	Hajjah	AL-Mahabishah	Al-Mahabishah Hospital
51	Hajjah	Hajjah City	Al-Jumhuri Hospital
52	Hajjah	Khayran Al-Muhharaq	Khayran Al-Muharraaq Hospital
53	Hajjah	Qafil Shammar	Qafil Shammar Hospital
54	Ibb	Ad dihar	Al-Thawra Hospital
55	Ibb	Al-Saddah	Ali Abdul Mogni Hospital
56	Ibb	Al-Udayn	Al-Udayn Hospital
57	Ibb	Ba'adan	Ba'adan Hospital
58	Ibb	Yarim	Yarim Hospital
59	Ibb		IBB CPHL
60	Ibb	Jiblah	Jiblah hospital
61	Ibb	Al mashannah	Mother and Child hospital
62	Ibb	Al mashannah	Naser Hospital
63	Lahj	Al-Hota	Ibn Khaldoon
64	Lahj	Radfan	Radfan
65	Lahj	Tor Al-Baha	Tor Al Baha
66	Lahj	Yafa'a	14 October Hospital
67	Mareb	Al-Gobah	26th September Hospital
68	Mareb	Mareb City	Mareb General hospital
69	Raimah	Al Jabin	Al-Thulaya Hospital
70	Raimah	Bilad Al Ta'am	Al-Mithaq Hospital
71	Sa'adah	Kitaf	Kitaf Hospital
72	Sa'adah	Sada'ah City	Al-Jumhuri Hospital
73	Sa'adah	Munabeh	Munabeh hospital
74	Sa'adah	Razeh	Razeh Rural Hospital
75	Sanaa City Municipality		Sana'a CPHL
76	Sanaa City Municipality	Assafi'yah	Al-Thawra Hospital

No.	Governorate	District	Facility Name
77	Sanaa City Municipality	At tahrir	Al-Jumhuri Hospital
78	Sanaa City Municipality	Moeen	22 May Hospital
79	Sana'a Governorate	Al Haymah Ad Karigeah	Al Manar Hospital - Al Haymah Ad Karigeah
80	Sana'a Governorate	Hamdan	Dheila'a Hospital
81	Sana'a Governorate	Jahanh	Jahana Hospital
82	Sana'a Governorate	Manakhah	Manakah hospital
83	Sana'a Governorate	Arhab	Awmarah Hospital
84	Sana'a Governorate	Bani Matar	Matna 26th Sept Hospital
85	Sana'a Governorate	Saafan	Saafan Hospital
86	Sana'a Governorate	Sanhan	Sayan Hospital
87	Shabwah	As Said	Jamal Abdul Naser Hospital
88	Shabwah	Ataq	Ataq Hospital
89	Shabwah	Azzan	Azzan Hospital
90	Shabwah	Baihan	AL-Dofifah Baihan Hospital
91	Taiz	Al Qahirah	Al-Jamhori hospital
92	Taiz	Al-Maafer	Al-Nashama Hospital
93	Taiz	Al-Ronah	Abdul Jalil Hospital
94	Taiz	Khadir	Al-Rahedah Hospital
95	Taiz	Maqbanah	Al-Barh Hospital
96	Taiz	Shara'ab Al Salam	Al-Faqeed Bani Awn Hospital
97	Taiz		Taiz CPHL

3. STAKEHOLDER ENGAGEMENT

Regular, routine coordination and engagement

In line with the EHCP Stakeholder Engagement Plan (SEP), stakeholders have been identified and the need for their engagement throughout the project cycle has been outlined. Engagement on the diesel fuel supply activity is maintained regularly by virtual and in-person meetings and messaging e.g. WhatsApp, between WHO with the relevant stakeholders including the Ministry of Public Health and Population (MoPHP) officials at central and local level, UN agencies, as well as the supported facilities management, workers and beneficiaries.

Regular coordination meetings are also implemented between the WHO responsible officers and the supplier (WFP) on the activity details and implementation requirements. These meetings take place by phone and in person. The quantities of fuel needed for each facility are determined by WHO in coordination with the facilities management and MoPHP officials. The project requirements for safe and adequate service provision are also communicated with the different parties including the supplier, supported facilities management as well as authorities at central and local levels.

During WHO team site visits, regular reports and other communications, beneficiaries including health workers, patients and community members stressed the importance of this sub-project in sustaining health services within the supported facilities especially in light of the limited / unstable public electricity service and high fuel prices in the country. The beneficiaries emphasized the importance of continuing this sub-project during the EHCP lifetime.

The stakeholders consulted did not express any concerns about potential negative impacts of the fuel supply activity. However, they have repeatedly expressed concerns that the health system will collapse if fuel supply stops. On multiple occasions, authorities have requested to increase and expand the distribution of fuel supply to cover more facilities. Authorities in Sana'a explained that it is incredibly difficult to prioritize which facilities should receive fuel, as they know that for facilities not receiving fuel, services will be disrupted, and lives may be lost.

Beneficiaries consulted did not see any potential negative impacts from the fuel loading and unloading process. Their resounding concern was that services would stop if the fuel supply stopped. Beneficiaries in the northern governorates also expressed concerns about the high price of fuel for consumers in the local market, long queues to purchase fuel, and the unavailability of fuel during certain periods e.g. in February and March 2022.

EHCP management workshops emphasizing environmental and social standards and the diesel fuel supply activity

Workshops on the EHCP management were conducted in Sana'a and Aden in April and May 2022 with the participation of the WHO technical team, WHO Project Management Unit and 180 MoPHP officials including supported facilities managers, Governorate Health Office (GHO) managers and senior officials at central level. Each workshop lasted three days and included detailed discussions on environmental and social safeguards and the diesel fuel supply activity.

Participants were familiarized with the environmental and social requirements of the project including those applicable on medical waste management, occupational health and safety (OHS), community health and safety, and pollution prevention.

The diesel fuel supply activity, including its scope, procedures and project requirements were clarified to ensure safe service provision. This includes accountability of MoPHP for maintaining appropriate storage conditions, commitment to pollution prevention, training personnel and adequate monitoring on the fuel supply and consumption process. Training was provided on FMD function and necessity as an essential requirement to maintain the service continuity. WFP provides awareness and training on proper storage and handling of diesel its personnel and the requirements are maintained during the fuel offloading in the targeted facilities. WHO also conducts awareness and training on storage and handling considering the Material Safety Data Sheet (MSDS) requirements for health facility staff as part of E&S awareness sessions integrated in all trainings under the project.

Project Grievance Mechanism (GM) channels were introduced to the participants and the role of third-party-monitoring agencies (TPM-As) was reiterated, along with the importance of health facility managers facilitating the work of TPM-As. During these workshops, participants once again requested to increase the allocated support for fuel and committed to implement the necessary requirements to continue this sub-project.

4. GRIEVANCE MECHANISM

The main objective of a GM is to assist to resolve complaints and grievances in a timely, effective, and efficient manner that satisfies all parties. 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.

The project GM channels are routinely circulated by social media, during trainings conducted under the project, TV commercials, and posters at the supported facilities.

The project's GM officer is responsible for following up the grievances received and ensuring adequate follow-up and closure of all grievances. Grievances are referred to the relevant WHO officer, to the MoPHP, and/or to WHO management as appropriate.

GM is accessible to a broad range of stakeholders including beneficiaries, community members, project implementers/contractors, health facility workers, fuel workers, civil society and the media. These stakeholders are informed that they have the option of submitting their comments or grievances anonymously through the toll-free number, email, or WhatsApp/SMS messages.

All grievances received are recorded within one day, while the timeframe for redress depends on the nature of the grievance. However, health and safety concerns in the work environment or any other urgent issues are addressed immediately. The complainant has the right to appeal by reopening the grievance in the system if s/he is not satisfied with the resolution. Further consultation might be needed with the complainant to consider her/his suggestions on the mitigation measures that might help.

<u>EHCP – GM Channels</u>	
Toll free number	8004090
Email	yemgrmehnp@who.int
Complaint boxes	Inside the supported facilities

Sexual Exploitation and Abuse Sexual Harassment (SEA/SH) Grievances

SEA/SH-related grievances received through the Project GM channels detailed above and related to the project intervention will be handled by the Gender Based Violence (GBV) officer with strict confidentiality in accordance with the Good Practice Note on Addressing Sexual Exploitation and

Abuse in World Bank-Financed Project¹ as well as the applicable WHO guidance. This will include referrals to GBV service providers, if the survivor approves, to support as appropriate.

Relevant training has been provided to the GM focal points on the GBV SEA/SH grievances appropriate handling method as well as the referral channels. This included training on how to collect SEA/SH cases confidentially and empathetically (with no judgement). The guidelines on how to address SEA/SH grievances in accordance with Good Practice Note on Addressing Sexual Exploitation and Abuse in World Bank-Financed Projects are integrated in the training provided for any focal points that are part of the SEA/SH grievances mechanism and resolution mechanism. Any suspect misconduct or SEA issues could be reported by the staff or beneficiaries to WHO's [Integrity Hotline](#) which facilitates the reporting across the Organization. It is an independent service which takes in reports in confidence and, where warranted, anonymously. A [web intake form](#) and an email address (ethicsoffice@who.int) are available to report SEA issues and it will be dealt as a priority, and WHO's relevant Regional Directors and the Director-General will be informed immediately upon receipt of such a report.²

5. POTENTIAL ENVIRONMENTAL AND SOCIAL IMPACTS

This activity is supply by nature. No major work will be conducted. The fuel will be distributed to fuel storage tanks, prepared well for receiving the fuel required quantities. The fuel supply will be carried out on a monthly basis. The fuel loading will not take more than a few hours in every site and will not require more than three staff to do the work.

The work will not differ from the routine work carried out by WFP and allocated trained staff during the last several years. The activity will involve minor work and will not take more than a few hours for every site/facility.

The fuel loading/unloading activities will be carried out on the health facility premises/property, in targeted fuel storage areas that are fenced off and secured. The fuel storage is located in well ventilated areas away from heat in tightly closed containers with no potential contamination for the soil. Fire extinguishers are available in majority of the locations and WHO will work towards providing one time purchase for any site lacking such.

An initial evaluation of potential impacts associated with this activity was carried out, based on the nature of the activity, location characteristics, screening checklist, and the expected intervention. The potential positive impacts are particularly evident, as millions of beneficiaries use the supported health facilities every year, and without fuel supply, the facilities will not be able to function.

There are no expected negative impacts to the environment and people. However, minor and localized impacts could affect workers' safety. While unlikely, this could occur in association with

¹ [Good Practice Note – Addressing SEA/SH in World Bank Financed Projects](#)

² [WHO Sexual Exploitation and Abuse Prevention and Response, Policy and procedures, March 2017](#)

the fuel loading and unloading process. In addition, if the tanker truck is not fit for fuel cargo and the driver is not well-trained and well-aware of how to operate the tanker, an unexpected fuel leak/spill during transportation could occur. However, this risk is significantly mitigated by investments by the service provider by procuring quality tankers, recruiting qualified staff, and ensuring they are properly trained. Localized minor diesel soil contamination and possibly ground water contamination and surface water contamination if present could occur in association with fuel loading and unloading, and storage, if operators do not take care, and are not well-trained to carry out their work and regularly inspect fuel storage tanks. Although with low magnitude, possible traffic incidents might occur, or impacts resulted from poor storage conditions.

As the flash point for diesel is high, the risk of fire or explosion is low. WHO actively informs health facilities and the MoPHP about additional mitigation measures that must be taken to minimize the risk, including storage away from heat sources, limiting access to fuel storage sites to authorized personnel only, using video surveillance to monitor fuel storage security etc.

Table 2. Sub-project environmental and social screening in line with the EHCP ESMF

Subproject Name	Diesel fuel supply activity to facilities supported under the EHCP. The activity is procurement and transportation of diesel fuel.			
Subproject Location	Yemen – 97 health facilities across the governorates of Yemen			
Subproject Proponent	WFP as supplier for fuel delivery service			
Estimated Investment	US\$ 7 million annual			
Start/Completion Date	During the project lifetime			
Questions	Answer		ESS relevance	Due diligence / Actions
	Yes	No		
Does the subproject involve civil works including new construction, expansion, upgrading or rehabilitation of health facilities and/or waste management facilities?		<input checked="" type="checkbox"/>	ESS1	ESIA/ESMP, SEP
Is the subproject associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for health waste disposal?		<input checked="" type="checkbox"/>	ESS1/ESS3	ESIA/ESMP, SEP
Is there a sound regulatory framework and institutional capacity in place for health facility infection control and health waste management?	NA		ESS1	ESIA/ESMP, SEP
Does the subproject have an adequate system in place (capacity, processes and management) to address waste?	<input checked="" type="checkbox"/>		ESS1/ESS3	MWMP
Does the subproject involve recruitment of workers including direct, contracted, primary supply, and/or community workers?	<input checked="" type="checkbox"/>		ESS2	LMP, SEP
Does the subproject have appropriate OHS procedures in place, and an adequate supply of PPE (where necessary)?	<input checked="" type="checkbox"/>		ESS1/ESS2	ESIA/ESMP
Does the subproject have a GM in place, to which all workers have access, designed to respond quickly and effectively?	<input checked="" type="checkbox"/>		ESS10/ESS2	SEP
Does the subproject involve use of security or military personnel during construction and/or operation of health facilities and related activities?		<input checked="" type="checkbox"/>	ESS4/ESS1	ESIA/ESMP, SEP
Is the subproject located within or in the vicinity of any known cultural heritage sites?		<input checked="" type="checkbox"/>	ESS8	ESIA/ESMP, SEP

Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?		<input checked="" type="checkbox"/>	ESS1/ESS4	ESIA/ESMP, SEP
Does the subproject carry risk that disadvantaged and vulnerable groups may have unequitable access to project benefits?		<input checked="" type="checkbox"/>	ESS1	ESIA/ESMP, SEP

Based on the above screening checklist and expert discussion, WHO and the World Bank team agreed that the preparation of this simplified ESMP is recommended as a precautionary measure to strengthen the quality of implementation of the sub-project.

It is expected that there will be no negative impacts to the environment and people. The potential positive impacts include enhancing and sustaining the availability of essential health services at the supported facilities, improving population health and well-being, and contributing to stronger human capital in Yemen.

Any potential negative impacts on the environment and workers, while unlikely, if occurring, would be minor and localized. For example, worker safety could be impacted during the fuel loading and offloading process. Minor impacts on the environment and community could be caused by an unexpected fuel leak or spill during transportation, if the workers in charge of this task are not well-trained. The recommended mitigation measures below are expected to be sufficient to prevent and significantly reduce the risk of any unintended harmful impacts resulting from this activity. The importance of reducing GHGs and energy efficiency and this will be communicated with stakeholders as part of awareness raising on climate co-benefits planned under the EHCP.

6. RECOMMENDED MITIGATION MEASURES

During implementation of this activity, the environmental and social impacts will be directly under the control of the supplier and the facilities management and will be mitigated directly by each party. The parties engaged in the transportation activities are already well experienced and trained having conducted this activity for several years under the EHNP and with support from other donors and partners. This service has been performed for the last five years to more than 200 facilities, including health facilities, wastewater treatment plants, and water supply corporation premises, with support from the World Bank and other donors.

Further to enforcing the compliance of environmental management, supplier and facilities management are responsible and liable for the safety of site equipment, laborers and daily workers attending the operation sites, and safety of citizens for each of the subproject areas, as mandatory measures.

The supplier provides insurance cover for all its staff, against injuries and incidents, including third parties as per the national laws and regulations. The supplier and health facilities management are accountable for any environmental or social damage caused by their workers.

They are responsible for putting proper controls and procedures in place to ensure that environmental and social aspects are properly and efficiently managed. Noncompliance, or in case of non-remedy of any environmental and social damage, penalties covering the damage remedy will be calculated and deducted for each of the submitted invoices.

Standardized environmental and social clauses will be included in tender and agreement documents, so that the engaged parties will be aware of environmental and social obligations required during the contract period. Where applicable, WHO will work with health authorities towards ensuring the obligations that fall under their responsibility are understood and implemented.

WHO field officers, monitoring and evaluation team, and project safeguards team will carry out regular supervision visits during the fuel offloading process to ensure implementation of the applicable mitigation measures below:

A. Occupational health and safety measures

1. Safeguards and OHS-related requirements will be included in the contract, mainly focusing on the health and safety of workers, the work site, and proper waste management.
2. Training sessions and meetings related to safe handling of fuel loading and offloading implemented with health facility workers and management.
3. The supported facilities management ensures all workers involved in the fuel offloading are trained and comply with PPE requirements.
4. Facilities management ensures only authorized personnel are allowed to perform the fuel offloading activity with the supplier.
5. The supplier ensures all workers involved in the fuel loading, transportation, and offloading are qualified and trained and provided regularly with the necessary refreshment and awareness sessions on the safe handling and transportation of hydrocarbon substances.
6. The supplier ensures all PPE including masks, gloves, helmet, safety goggles and safety shoes are provided to the workers and follows-up on the level of compliance.
7. Ear plugs will be provided and used in high noise areas.
8. The supplier ensures that the drivers engaged are over 18 years of age, qualified, trained and provided with a proper driving license.
9. The supplier ensures all the fuel truck drivers are following the road and traffic regulations including speed limits, seat belts and any other requirements.
10. The supplier provides first aid boxes in fuel transportation trucks.
11. The supplier ensures only authorized personnel are allowed to transport and stay during the fuel loading, transportation, and offloading activities.
12. The supplier and supported facilities management ensure the offloading process is performed by qualified personnel and to prevent the exposure of vehicles and or storage tanks to any source of ignition at any point of time.
13. The supplier informs WHO about fuel supply work-related incidents within 24 hours of occurrence.
14. Workers under the age of 18 shall not be engaged by the supplier nor by the health facilities.

15. first aid kits should be provided, and workers should be trained to carry out first aid procedures.
16. In case workers come into contact with diesel fuel, follow first aid safety measures for Diesel according to MSDS.

B. COVID-19 precautionary measures

1. The supplier ensures full adherence to COVID-19 precautionary measures by all workers as per the national and WHO rules, and guidelines.
2. The supplier ensures awareness sessions are conducted on COVID-19 for all workers.
3. The supplier ensures availability of PPE, hygiene kits, soap, clear water, and hygiene etiquette is followed.
4. The supplier ensures physical distancing is applied in the work site where applicable.

C. Fuel loading and distribution

1. The supplier ensures only maintained tanker trucks specified for fuel loading and equipped with the proper fuel loading/offloading accessories are used.
2. The supplier ensures there is no likely fuel leakage during transportation and loading/offloading process, and that the fuel cargos are transported to the health facilities premises with the required quantities.
3. The supplier ensures the fire extinguishers are provided within the fuel transportation trucks.
4. The supplier ensures that fuel tanks do not experience any leakages and avoids any overfilling during operation/use.
5. The supplier ensures that all the requirements are implemented during the fuel loading, offloading and transportation activities.
6. In case of fuel leak during loading, offloading and transportation, the source of the leak shall be closed and then any contaminated soil shall be cleaned and removed to the designated areas.
7. The supplier prepares and applies a Spill Management and Emergency Response Plan.
8. The supplier shall use well-maintained specified tanker trucks and machinery suitable for loading the fuel and make thorough inspection and ensure that the tanker trucks are fit for such cargos.
9. WHO ensures that the supplier-provided fuel is of good quality as per the agreed specifications and standards.
10. The supplier checks the tanker truck efficiency before and after fuel loading at the fuel storage station, prior to its departure to the targeted destination. The supplier ensures all requirements are addressed, including those related to the tankers, trucks and staff involved in the activity.
11. The supplier ensures that all the fuel loading/offloading hoses are in good condition, meeting the quality requirements and stored in a dedicated storage. Hoses should always be correctly connected.
12. The supplier and facilities management ensure that the fuel cargoes are sealed (truck openings are sealed). It should only be unsealed by the operators at destination with observation of the TPM-A.

13. The supplier ensures that the fuel cargos are loaded with the required quantities and specifications, unloaded to the authorized facilities by WHO targeted sites. The shipment shall not exceed the storage capacity available at the targeted stations, and there should be sufficient vacant storage space (spare at least one tank with enough capacity at every site) to be used in case of leakages/spill incidents.
14. The supplier is responsible for any fuel spill during transportation, to immediately contain the fuel spill, clean the fuel spill, prevent/minimize and compensate any damage that could likely occur by the fuel spill, and involve the national responsible authorities for spill management. The supplier should report immediately to WHO in case of any fuel spill incidents.
15. The health facility should provide secondary containment capable of holding at least one fuel tank's contents. Otherwise, the health facility should spare at least one of the available storage tanks with enough capacity to be used in case of fuel leak or spill at any of the targeted sites.

D. Fuel offloading in the targeted beneficiary facilities

1. The supplier ensures that the fuel cargo is loaded with the required quantities and specifications, unloaded to the facilities authorized by WHO.
2. The shipment shall not exceed the storage capacity available at the targeted stations, and make sure that there is sufficient vacant storage space (spare at least one tank with enough capacity at every site) to be used in case of leakages/spill incidents.
3. The supplier ensures that all the fuel loading/offloading hoses are in good condition, meeting the quality requirements and stored in a dedicated storage. Hoses should always be correctly connected.
4. The supplier and supported facilities management ensure that the fuel cargo is sealed (truck openings are sealed). It should only be unsealed by the operators at destination with observation of the Third Party Monitoring –Agency (TPM-A).
5. The supplier and targeted facility workers shall ensure the fuel tanks/cargos are located at properly ventilated areas and away from heat sources.
6. The supplier and supported facilities management ensure the offloading process is performed by qualified personnel and to prevent the exposure to any source of ignition at any point of time.
7. During the offloading process, the operators periodically check for leaks and if leaks exist at any point of time the offloading process shall be immediately stopped.
8. In case of fuel leak during loading, offloading and transportation, the source of leak shall be closed and then any contaminated soil shall be removed to the designated areas. Any contaminated fuel resulting from leakage shall be collected in appropriate containers and reused/disposed in approved sites.
9. The supplier will arrange for appropriate disposal of any generated solid waste at designated permitted sites landfill allocated by the local authorities and cleaning funds.
10. The health facility management will arrange for clean-up of all sites before starting and after completing the works to remove oil and waste properly in environmentally good practices and safe disposal.

11. Supported facilities should implement engineering and administration control measures to avoid uncontrolled release of fuel into the environment, provide alternative secondary spill containment. Health facility management will keep the entry to the fuel storage site restricted to authorized personnel only.
12. WHO will carry out regular monitoring and inspection visits to the facilities and to work with the authorities towards ensuring compliance with requirements.
13. Installation of the FMD is a prerequisite for fuel supply. Functionality of FMD is the responsibility of the beneficiary health facilities.
14. The working area/site shall be kept properly arranged and remain clean before, during and after the work/activities.

E. Pollution prevention measures

1. Transfer of fuel and refueling process will not be conducted during bad weather conditions
2. Offloading and or refueling tanks activities shall be located at insulated areas from the ground (concrete base) to prevent soil contamination, and potential contamination of groundwater and surface water if present. Tanks should remain located in those areas.
3. The location of the tanks shall be away from zones with potential runoff risks.
4. Ensure good housekeeping practices
5. Closely monitor the FMD and check for any changes in soil color around diesel fuel tanks/cargos and offloading unloading areas
6. Closely monitor fuel usage to decrease waste of fuel

F. Energy efficiency measures

1. Ensure all electricity or equipment powered by fuel is turned off when not in use to save energy and reduce GHG emissions.
2. Offer resource efficiency awareness sessions to hospital staff.

G. Gender-based violence

1. Contractual obligations in place to reduce SEA/SH risks and enforcement of code of conduct requirements on the project and contracted staff.
2. Training and awareness sessions implemented regularly to prevent and response to any instances of gender-based violence.

Monitoring for fuel supply activities include the below:

Offloading is monitored by a TPM.

Fuel consumption is monitored by FMDs.

Facility operations are monitored by TPMs, WHO M&E, and project-specific safeguards visits.

7. Budget

Budget has been considered within the total project cost for fuel supply, training and awareness raising activities, and monitoring and evaluation (including FMDs and TPMA).

100,000 USD Purchase for fire extinguishers and any other accessories needed for fuel storage areas within the facilities will be considered where needed.

Annex 1. Photos of fuel storage areas and supporting tools in the targeted health facilities





FMD Controller



Video surveillance in facility premises including fuel storage

Annex 2. EHCP GM Channels Posters

YEHCP Yemen Emergency Human Capital Project



OBJECTIVE
To provide essential health, nutrition, water and sanitation services to the population of Yemen.



Submit a suggestion through the following channels:



Toll Free 8004090



yemgrmehnp@who.int

Share your ideas and use your voice!



THE WORLD BANK
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World Health Organization

YEHCP مشروع رأس المال البشري الطارئ في اليمن



هدف التنمية
توفير الخدمات الأساسية في مجالات الصحة والتغذية والمياه والصرف الصحي لسكان اليمن.



يرجى التواصل على العناوين التالية:



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