

ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK

YEMEN COVID-19 RESPONSE PROJECT ADDITIONAL FINANCING

P176827

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Abbreviations and Acronyms

AEFI	Adverse Event Following Immunization
AF	Additional Financing
BSL	Biosafety Level
CDC	Centre for Disease Control and Prevention
CoC	Code of Conduct
COVAX	COVID-19 Vaccines Global Access
COVID-19	Coronavirus Disease 2019
DM	Diabetes Mellitus
EHNP	Emergency Health and Nutrition Project
EHS	Environmental, Health and Safety
EHSGS	World Bank Group Environmental, Health and Safety Guidelines
EIA	Environmental Impact Assessment
EOC	Emergency Operating Centre
EPL	Environment Protection law
EPI	Expanded Program for Immunization
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESS	Environmental and Social Standards
ESHS	Environmental, Social, Health and Safety
ESIA	Environmental and Social Impact Assessment
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
GBV	Gender Based Violence
GIIP	Good International Industry Practice
GM	Grievance Mechanism
GAVI	Global Alliance for Vaccines and Immunization
HCWs	Healthcare Workers
HerAMS	Health Resources and Service Availability Monitoring System
IDPs	Internally Displaced People
HF	Healthcare Facility
HIV	Human Immunodeficiency Virus
ICMWMP	Infection Control and Medical Waste Management Plan
ICU	Intensive Care Unit
IDP	Internally Displaced Persons
IOM	International Organization for Migration
IPC	Infection Prevention and Control
LMP	Labor Management Procedure
MoPHP	Ministry of Public Health and Population
MoPIC	Ministry of Planning and International Cooperation
NGOs	Non-Governmental Organization
OHS	Occupational Health and Safety
PMU	Project Management Unit

POE	Point of Entry
PPE	Personal Protective Equipment
RAP	Resettlement Action Plan
RCCE	Risk communication and community engagement
RRT	Rapid Response Team
SAGE	Strategic Advisory Group of Experts on Immunization
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
ToR	Terms of Reference
TPM	Third Party Monitoring
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees UNHCR
WASH	Water, Sanitization and Hygiene
WB	World Bank
WHO	World Health Organization

Executive Summary

World Health Organization hereinafter (the WHO) implements the **Yemen COVID-19 Response Project (P173862)** hereinafter (the project). The World Bank, through a grant from the IDA, has agreed to provide financing for the Project. The project was launched in April 2020 with an emphasis on strengthening capacities at the district level through a model of decentralization. The project aims to prevent, detect and respond to the threat posed by the COVID-19 pandemic and strengthen national systems for public health preparedness; strengthen the capacity of Yemen health system to respond to the COVID-19 pandemic and to support health system preparedness for managing existing and future outbreaks.

In March 2021 Additional Financing (AF) to the existing Yemen COVID-19 Response Project YCRP has been negotiated/agreed between WHO and World Bank in coordination with the official authorities. The AF will mainly support the COVID-19 vaccine deployment in the Republic of Yemen.

WHO will work with the existing local health system structures at governorate, district levels to preserve the national capacity and maintain the core functions of the health system as well as respond positively to COVID-19 epidemic in the country.

This Environmental and Social Management Framework ESMF assists to the implementation of COVID-19 Response Project inside the Republic of Yemen in term of developing the environmental and social (E&S) management plans in accordance with the World Bank's Environmental and Social Framework ESF¹.

This updated ESMF has been prepared based on the original version to adopt the new components of the project included in the AF.

Arrangements, Responsibilities and Capacity Building

This ESMF proposes a clear delineation of responsibilities in compliance with the Environmental and Social Commitment Plan (ESCP). WHO will establish and maintain throughout the project lifespan, a Project Management Unit (PMU) with qualified staff and resources to support management of ESHS risks and impacts of the Project including one Environmental Specialist and one Social Specialist. Such specialists will prepare and submit to the Bank regular monitoring reports (every six months) on the environmental, social, health and safety ESHS performance of the Project, including but not limited to, stakeholder engagement activities and grievances log. WHO therefore is committed to implement the COVID-19 Response Project Components to help the country responding positively to COVID-19 pandemic and at the same time to protect Environment, Workers and Community from any adverse Environmental or Social Impact.

WHO will provide the Implementation Partners in the country with the material resources, technical guidance, and actions so that the Project is implemented in compliance with the Environmental and Social Standards (ESSs) requirements.

The ESMF hereafter outline the procedures to identify, mitigate the Environmental and Social Risks and impacts associated with the project activities in addition to other chapters explaining the Infection Control and Medical Waste Management Plan ICMWMP, Implementation Budget and Stakeholder engagement requirements and approach.

¹ <http://documents1.worldbank.org/curated/en/383011492423734099/pdf/The-World-Bank-Environmental-and-Social-Framework.pdf>

1. Background

The World Bank is providing support to the Government of Yemen through the WHO for preparedness planning for optimal medical care, essential health services and to minimize risks for patients and health personnel (including training health facilities staff and front-line workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials). As COVID-19 places a substantial burden on inpatient and outpatient health care services, support will be provided for project activities, all aimed at strengthening national health care systems.

Yemen is currently facing a crisis within a crisis, with a dramatic spike of COVID-19 cases. On 10 April 2020, the first COVID-19 case was formally confirmed in the country. COVID-19 cases have been increasing since 3 Feb 2021, to more than 100 cases per day recently, indicating the start of a second wave, bringing the country's total cases to 4,535 cases and total fatalities to 907 as of 1st Apr 2021². Yemeni health system is on the brink of collapse, due to years of conflict – since 2015, millions of people are without access to proper health care, clean water, or sanitation. Many of Yemen's 3,500 medical facilities have been damaged or destroyed during the ongoing crisis, and only half are thought to be fully functioning. Clinics are reported to be crowded, and basic medicines and equipment are lacking - in a country of 30 million people there are only a few hundred ventilator machines.

A total of 20.7 million people, 66 per cent of the population, are estimated to need humanitarian assistance in 2021; 12.1 million people of whom are estimated to be in acute need (severity 4 and 5). This includes 4.6 million women, 5.5 million girls, 4.7 million men, and 5.7 million boys. Of these, 1.8 million are pregnant and lactating women, 2.8 million are children under age 5, 3.1 million are people with disabilities, and 4 million are Internally Displaced People IDPs.³

The present Environmental and Social Management Framework ESMF is the overarching instrument for managing environmental and social (E&S) risks along the project cycle by setting the principles, rules, and guidelines for managing E&S risks of project activities. The ESMF includes adequate information for managing E&S risks in the subprojects in accordance with the World Bank Environmental and Social Framework ESF, it adopts the principles of proportionality and flexibility in managing risks and impacts. Given the volatility of the current situation in Yemen, the ESMF can be updated as necessary⁴.

The ESMF includes the main contents of the Environmental and Social Management Plan ESMP Annex II and the Infection Control and Medical Waste Management Plan ICMWMP (chapter 7). The ESMP identifies potential environmental, social, health and safety issues associated with the rehabilitation and operation of healthcare facilities in response to COVID-19. The ICMWMP focuses on infection control and healthcare waste management practices during the operation of healthcare facilities. The ESMP and ICMWMP will set out appropriate measures for infection control and waste management during operation of the relevant healthcare facility. Project procedures will include as well the Labor Management Procedure LMP which details the applicable labor rules and regulations in addition to the Stakeholders Engagement Plan SEP that details the stakeholders' categories, requirements, and Grievance Mechanism GM.

²https://covid19.who.int/?gclid=CjwKCAjwpKCDBhBPEiwAFgBzjArlAbjbet5FTjxVIEpL0H_yQx5P4Y3Muu2wMxbsSRleE09chbl9BoCrnUQAvD_BwE

³ https://reliefweb.int/sites/reliefweb.int/files/resources/Yemen_HNO_2021_Final.pdf

⁴Where Project changes, unforeseen circumstances, or Project performance result in changes to the risks and impacts during Project implementation, WHO shall provide additional funds, if needed, to implement actions and measures to address such risks and impacts.

2. Project Description

The project aims at supporting Yemen to immediately respond and mitigate risks associated with the COVID-19 outbreak. Based on the Yemen Preparedness and Response Plan, WHO will fill critical gaps in technical areas, such as: points of entry (POE) interventions; national laboratories; infection prevention and control; case management and isolation; and operational support and logistics. These technical areas are identified to immediately strengthen the local capacity to respond and address the current COVID-19 potential challenges in timely manner, while working within the country's existing systems and providing technical assistance as needed for local entities.

The AF will support investments to bring immunization systems and service delivery capacity to the level required to successfully deliver COVID-19 vaccines at scale, through Component 1 (Emergency COVID-19 Response) of the parent project. In addition, to further strengthen public health preparedness and response in Yemen, the AF will further support strengthening surveillance and national laboratory systems. These investments will help Yemeni systems to improve detection and response capacities against COVID-19, but also help build longer-term capacities for future outbreaks. The AF will also support updating Yemen's information system to better assess health service resources and availability in the country.

The parent project including the Additional Financing AF components are detailed below:

Component 1: Emergency COVID-19 Response

This component aims to prevent and limit to the extent possible the spread of COVID-19 in the country by supporting the health system and providing immediate support to enhance case detection, testing, case management, recording and reporting, as well as contact tracing and risk assessment. Activities under this component consist of:

- (i) Rapid detection at the district level and at the POEs identified by assessing air, sea, and land movement/transportation.
- (ii) Disease Surveillance, Emergency Operating Centers and Rapid Response Teams (RRT) to allow timely and adequate system of detecting, tracing, and reporting suspected cases.
- (iii) Preparation and equipment of isolation and case management centers across the country to ensure adequate and trained clinical capacity to respond to any symptomatic cases.
- (iv) Infection prevention and control at facility and community levels to ensure coordinated supply and demand side hygienic practices.
- (v) Testing and laboratory capacity enhancement across the country for COVID-19 response.
- (vi) The deployment of COVID-19 vaccines provided by COVID-19 Vaccines Global Access COVAX.
- (vii) Support for the Health Resources & Services Availability Monitoring System HeRAMS.

The AF will provide additional support to parent project ongoing activities as well as a new set of activities as (vi) and (vii).

Component 2: Implementation Management and Monitoring and Evaluation

This component will support administration and monitoring and evaluation (M&E) activities to ensure smooth and satisfactory project implementation. The component will finance:

- a) General management support for WHO.
- b) Hiring of Third-Party Monitoring TPM agents and auditors, with terms of reference TOR satisfactory to the World Bank.
- c) Direct cost for staffing and project management.

The project including the additional financing activities will have positive environmental and social impacts as it will improve COVID-19 surveillance, monitoring, and containment.

However, **the project might cause substantial environmental, health and safety risks** due to the hazardous nature of the pathogen and reagents and other materials to be used in the project-supported laboratories and quarantine facilities. Healthcare-associated infections due to inadequate adherence to (OHS) measures and infection prevention and control standards can lead to illness and death among health and laboratory workers and further spread of the virus among communities benefitting from health services.

Social risks are also considered substantial mainly related to the risk of elite capture of project benefits and exclusion of the poor and vulnerable groups such as elderly people, and women who are unable to access facilities and services, as well as the Internally Displaced People (IDPs) because of the ongoing conflict in the country.

The main challenge, therefore, is to make sure the procured items needed to prevent, detect, and clinically manage COVID-19, are distributed in a transparent and equitable manner. To mitigate these risks the Government will work closely with WHO to ensure appropriate stakeholder engagement to avoid conflicts resulting from false rumors, vulnerable groups not accessing services. This ESMF includes provisions to prevent and respond to SEA/SH, notably exchange of sexual favors for access to health care and other project benefits.

Key Elements of the Project and their Relevant Risks

- The Project supports several healthcare facilities and laboratories. Examples may include general hospitals, medical laboratories (Biosafety Level (BSL) 2, 3), screening posts, quarantine and isolation centers, infection treatment centers, intensive care units (ICUs), and assisted living facilities. The Project covers all 22 governorates in Yemen.
- The Project involves some minor civil works associated with rehabilitation of existing healthcare facilities and / or waste management facilities. Location specific or activity specific ESMPs will be prepared to assess and manage relevant E&S risks once exact locations will be identified.
- The Project does not involve land acquisition of existing public or private facilities such as a stadium or hotel and converting them to temporary hospital, quarantine or isolation centers, or other uses, nor expansion of waste management facilities requiring land acquisition.
- The Project involves the management of medical waste and health and safety issues related to the handling, transportation and disposal of healthcare waste generated from labs, treatment facilities/isolation units, and screening posts (tests kits, syringes, bed sheets, PPEs, etc.); liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid, such as wastewater; lab solutions and reagents) and other hazardous materials, which may pose an infectious risk to healthcare workers in contact or handle the waste.

- At present there is no proper management of hospital or health care waste within the country. Although some good basic groundwork has been carried out to bring about improvements, the situation remains deplorable and represents a grave health risk, not only to medical staff but also to public. The project therefore will address this during the implementation stages and the relevant plans and procedures will be implemented to maximum possible extent. In other hand the project is currently finalizing the installation plan of Waste Treatment Units to properly dispose the generated hazardous waste within the isolation units' vicinity by the best applicable option that does not have significant adverse impact neither on personnel nor on Environment.
- The Project mainly finances procurement of goods such as medical equipment, personal protective equipment (PPE), chemical/biological reagent, deployment of vaccines, vaccine storage equipment and other medical supplies or materials. The Project will involve movement of specimens, samples, or any hazardous materials from hospitals to labs and from hospitals and labs towards waste and wastewater management facilities, but it does not include any transboundary movement.
- The National COVID-19 Deployment and Vaccination Plan NDVP of Yemen, launched in Feb 2021, promotes the use of a safe and efficacious vaccine to mitigate the impact of the COVID-19. Based on the NDVP and considering the humanitarian situation in Yemen and as classified by the Strategic Advisory Group of Experts on Immunization SAGE epidemiological situation scenarios, the priority groups for COVID-19 Vaccination by the first batch include: Health care Workers and Elderly > 55 years. Vaccination program will cover 3 cohorts over the course of 4 rounds, prioritizing frontline healthcare workers and people over the age of 55 with underlying medical conditions. Once the latter two demographics have been reached, vaccination will then target other vulnerable and priority groups, including adults with comorbidities regardless of age, IDPs, refugees, migrants, other essential workers (POE staff, teachers, social workers, etc.) and detainees/prisoners and related staff servicing correction centers.
- The Project will engage direct workers, contracted workers, and supply workers during the implementation of project activities. The management of such workers is described in the Labor Management Procedures (LMP).
- Security personnel will not be contracted nor hired under the project where the security arrangements in the healthcare facilities and during vaccine deployment activities are managed by the relevant authorities in coordination with MoPHP. In other hands, WHO activities are governed by the United Nations Security Management System (UNSMS), which, through designated officials in collaboration with Heads of UN Offices, ensures the security of the WHO premises and staff. Moreover, WHO will work in coordination with MoPHP to apply mitigation measures to overcome the security risks arise during the implementation of Project activities. Measures to mitigate the security risks and to ensure the safety of Project personnel and stakeholders include:
 - Coordination with security authorities to assess the security risks and avoid operating in high risk areas or environment.
 - Convoy security for transportation of medical supplies and mobile teams as needed.
 - When security personnel will be engaged, the selection and screening of security personnel to verify that they have not engaged in past unlawful or abusive behavior.

- Provision of adequate training on the use of force and appropriate conduct (including in relation to civilian-military engagement and GBV).
- Including the security issues, risks, and mitigations during the Project stakeholders' engagement activities.
- Any concerns or grievances in regards the conduct of security personnel will be received, monitored, documented, and addressed through the Project's grievance mechanism.

Target laboratories and healthcare facilities will be selected by WHO based on a request from local health authorities at governorates level and based on a transparent set of criteria to be shared with the relevant stakeholders. The laboratories and relevant health facilities that will be used for COVID-19 diagnostic testing and isolation of patients can generate biological waste, chemical waste, and other hazardous byproducts.

ELIGIBILITY AND CRITERIA FOR EXCLUSION OF SUBPROJECTS

The Project excludes the following types of activities:

- Activities that may cause long term, permanent and/or irreversible adverse impacts (e.g. loss of major natural habitat)
- New constructions or expansions that may involve permanent resettlement or land acquisition or adverse impacts on cultural heritage.
- Activities that have high probability of causing serious adverse effects to human health and/or the environment not related to treatment of COVID-19 cases.
- Activities that may have significant adverse social impacts and may give rise to significant social conflict.
- Activities that may affect lands or rights of vulnerable minorities.

3. Policy, Legal and Regulatory Framework

3.1 National Laws and Regulations

Relevant Yemeni regulations and laws are indicated below:

Labor and Working Conditions

Labor Law No: 5 / 1995 describe in detail the labors right, women right in addition the occupational Health/ Safety requirements as well as the wage, working hours, leaves and rest times.

Environmental Protection and Water Management

Water Law No. 33 / 2002 and modified in 2006 after the creation of Ministry of Water and Environment (MWE). Its by-law was issued in 2011 by the Cabinet decree.

The environmental related polices and laws in Yemen is including inter alia: The Environment Protection Law (EPL) number 26 / 1995 forms the basis for the protection of the environment, issuance of permits, and Environmental Impact Assessments (EIA's). The provisions of this law are implemented through Executive Regulations (By-Law 148-2000), issued by a decree of the Council of Ministers to protect the environment, natural resources, society, and health. In addition, the law is designed to protect the national environment from activities practiced beyond national boundaries and to implement

international commitments ratified by the Republic of Yemen in relation to environmental protection, control of pollution, conservation of natural resources, and the protection of such globally important environmental issues such as the ozone layer depletion and climate changes. The law equally stipulates the incorporation of environmental considerations in economic development plans at all levels and stages of planning for all sectors. It also requires the preparation of EIAs for projects proposed by the public and private sectors. However, to date there is still no regulatory framework to support the implementation of the EPL and the provision of undertaking EIAs for projects is not strictly enforced. EIAs studies should be undertaken by an independent authority.

Equally important, environmental standards and specifications have been prepared by the former Environment Protection Council as annexes to the Executive Regulations, covering potable water quality, wastewater quality for agriculture, and ambient air quality, emissions, noise, biodiversity, and protected areas. These include standard application forms intended for use by all relevant government bodies. Also, there are other policies, strategies, and programs in Yemen to safeguard the Environment. The list of these policies, strategies and programs are:

- National Environmental Action Plan
- Environment & Sustainable Investment Program
- Biodiversity Strategy
- Environmental Impact Assessment Policy for the Republic of Yemen
- Reports on the State of Environment (by EPA)
- Evaluation of Future Development of the EIA System in Yemen

Waste Management and Pollution Prevention

Law No: 20/ 1999 for establishment the Cleanliness Fund.

Law No: 26 / 1995 EPL Environmental Protection Law.

Law No: 39 / 1999 Regulate the Public Cleanliness requirements in addition to the rules and responsibilities for managing several types of waste.

The Yemeni Government has ratified multilateral environmental agreements on agro-biodiversity and natural resources, oceans and seas, hazardous materials and chemicals, atmosphere and air pollution, and health and workers' safety. The following list provides the multilateral agreements relevant to the project activities:

- The Convention on Biodiversity (CBD) signed on 1/12/2005
- The Convention on the Conservation of Migratory Species (CMS); starting on the 1st of December 2006; Yemen is party No.100.
- The Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES). Signed at Washington, D.C., on 3 March 1973 and amended at Bonn, on 22 June 1979.
- The United Nations Framework Convention on Climate Change (UNFCCC) March 1994 and joined by Yemen on 21 February 1996.
- Kyoto Protocol 1997 and joined by Yemen on 17 January 2008.
- The United Nations Convention on Combating Desertification (UNCCD) October 1994 and joined by Yemen on 14 Jan 1997.
- World Cultural & Natural Heritage, Paris 1982.

- Civil Responsibility for Damage from Oil Pollution, Paris 1979.
- Convention on Wetlands of International Importance Especially as Waterfowl Habitat 1971.
- Law of the Sea 10 December 1982.
- Ozone Layer Protection. On December 19, 1994, the United Nations General Assembly proclaimed 16 September the International Day for the Preservation of the Ozone Layer, commemorating the date in 1987, on which the Montreal Protocol on Substances that deplete the Ozone Layer was signed.
- Republic of Yemen has also signed Stockholm Convention on Persistent Organic Pollutants (Signed: 12/05/2001; Ratified: 01/09/2004), which is a global treaty to protect human health and the environment from chemicals that remain intact in the environment for long periods, become widely distributed geographically and accumulate in the fatty tissue of humans and wildlife.

Public Health and Healthcare System Laws

The Ministry of Health is responsible for the management of healthcare sector in the country and to ensure all required regulations are implemented.

Public Health Law, Law No: 04 / 2009

The law includes the regulations needed to improve the public health and the overall healthcare services at the country in addition to the requirements to control the infectious diseases. Occupational health and safety at the healthcare system in addition to the required rules to prevent any cause of infection from the health facilities.

Law No: 26 / 2002 Regulating the requirements for practicing the Medicine and Pharmaceutical professions in the Republic of Yemen.

3.2 World Bank and International Regulations

The World Bank Environmental and Social Standards ESS relevant to the project are the following, as described in the updated ESCP which includes the AF components:

ESS1	<p>This standard is relevant, it overlooks E&S risks associated with the Project as follows:</p> <p>1.1 organizational Structure</p> <p>The WHO shall establish and maintain Project Management Unit PMU with qualified staff and resources to support management of ESHS risks and impacts of the project including an environmental and a social expert.</p> <p>1.2 Assessment and Management of Environmental and Social Risks and Impacts</p> <p>a. Assess the environmental and social risks and impacts of the parent Project including the Additional Financing (AF) activities, in accordance with [the Environmental and Social Management Framework (ESMF) to be prepared, disclosed, consulted and adopted for the Project,] the ESSs, the Environmental, Health and Safety Guidelines (EHSs), and other relevant Good International Industry Practice (GIIP), including relevant WHO guidelines.</p> <p>b. Prepare, disclose, consult, adopt and implement any environmental and social management plans (Infection Control and Medical Waste Management Plan ICMWMP), instruments or other measures required for the respective Project activities based on the assessment process, in accordance with the ESSs, the ESMF, the EHSs, and other relevant Good International Industry Practice (GIIP), including relevant WHO guidelines to, inter alia, ensure access to and allocation of Project benefits in a fair, equitable and inclusive manner, taking into account the needs of individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable.</p>
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	<p>c. Incorporate the relevant aspects of the ESCP, including, inter alia, any environmental and social management plans or other instruments, ESS2 requirements, and any other required ESHS measures, into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. Thereafter ensure that the contractors and supervising firms comply with the ESHS specifications of their respective contracts.</p> <p>d. Incorporate the relevant aspects of the ESCP, including, inter alia, any environmental and social management plans or other instruments, ESS2 requirements, and any other required ESHS measures, into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. Thereafter ensure that the contractors and supervising firms comply with the ESHS specifications of their respective contracts.</p>
ESS2	<p>Labor and Working Conditions</p> <p>The Project shall be implemented in accordance with the applicable requirements of ESS2, in a manner acceptable to the World Bank, including through, inter alia, implementing adequate occupational health and safety measures (including emergency preparedness and response measures), prohibiting child labor (for children under 18) due to the hazardous work environment, setting out grievance arrangements and signing Code of Conduct (CoC) for Project workers, and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms.</p> <p>The Implementing Agency shall implement the above measures in accordance with the updated Labor Management Procedures (LMP) to be adopted for the Project and WHO guidelines on COVID-19 in all facilities, including laboratories, isolation centers, and screening posts, in a manner acceptable to the World Bank and consistent with ESS2.</p> <p>The grievance mechanism required under ESS2 shall be described in the LMP. A reporting system for GM issues, established for COVID-19 Project shall be easily accessible to the Project Workers as it is described in the LMP in accordance with ESS2.</p> <p>While grievances will be received within the main GM reporting systems of the implementing agencies (WHO), grievances specifically concerning GBV/SEA/SH will be triaged and referred to GBV/SEA/SH specialists for adequate support and redress</p>
ESS3	<p>Resource Efficiency and Pollution Prevention and Management</p> <p>Relevant aspects of this standard shall be considered, as needed, under action 1.2 above, including, inter alia, measures to: carry out the purchase, storage, transportation and handling of vaccines (including, ultra-cold chain management) in a safe manner and in accordance with the EHSG's, and other relevant GIIP including relevant WHO guidelines; and adequately manage and dispose of health care wastes (including, vaccines) and other types of hazardous and non-hazardous wastes.</p>
ESS4	<p>Community Health and Safety</p> <p>Relevant aspects of this standard shall be considered, as needed, under action 1.2 above including, inter alia, measures to: minimize the potential for community exposure to communicable diseases; ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project, manage the risks of labor influx; and prevent and respond to sexual exploitation and abuse, and sexual harassment.</p> <p>GBV AND SEA/SH RISKS</p>

	<p>a. Prepare, adopt, and implement a Gender-Based Violence Action Plan (GBV Action Plan), to assess and manage the risks of gender-based violence (GBV) and sexual exploitation and abuse and sexual harassment (SEA/SH). The action plan will include institutional and services delivery, a Theory of Change, Standard Operating Procedures (SOPs), a referral pathway, and clear mitigation and prevention measures.</p> <p>b. Mapping and situation analysis to identify the gaps and to develop mitigation measures to GBV and SEA safeguards in Yemen.</p> <p>c. Recruit a gender and GBV focal point.</p> <p>d. Awareness raising to the workers in the field.</p> <p>SECURITY MANAGEMENT</p> <p>If there is a need to deploy a security personnel, this should be done in compliance with the requirements of ESS4 and an indicative procedure for this shall be provided in the ESMF, in a manner acceptable to the Association.</p>
ESS10	<p>Stakeholder Management Plan SEP</p> <p>Update, adopt, and implement the Stakeholder Engagement Plan (SEP) which was already prepared and disclosed in line with the WHO guidance on “Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV)” (January 26, 2020), and consistent with ESS10, in a manner acceptable to the World Bank.</p> <p>Grievance Mechanisms GM</p> <p>An accessible grievance mechanism shall be established, publicized, maintained and operated to receive and facilitate resolution of concerns and grievances in relation to the Project, promptly and effectively, in a transparent manner that is culturally appropriate and readily accessible to all Project-affected parties, at no cost and without retribution, including concerns and grievances filed anonymously, in a manner consistent with ESS10.</p> <p>The grievance mechanism shall also receive, register, and address concerns and grievances related to sexual exploitation and abuse, sexual harassment in a safe and confidential manner, including through the referral of survivors to gender-based violence service providers.</p> <p>The grievance mechanism shall also receive, register, and address concerns arising from unintended health consequences after vaccination especially those resulting in serious adverse effects.</p>

Other World Bank Group Environmental, Health and Safety Guidelines (EHS Guidelines) relevant to the project are:

- [Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings](#), issued on March 20, 2020
- [Technical Note: Use of Military Forces to Assist in COVID-19 Operations](#), issued on March 25, 2020
- [ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Projects](#), issued on April 7, 2020
- [Technical Note on SEA/H for HNP COVID Response Operations, issued in March 2020](#)
- [Interim Advice for IFC Clients on Preventing and Managing Health Risks of COVID-19 in the Workplace](#), issued on April 6, 2020
- [Interim Advice for IFC Clients on Supporting Workers in the Context of COVID-19](#), issued on April 6, 2020
- [IFC Tip Sheet for Company Leadership on Crisis Response: Facing the COVID-19 Pandemic](#), issued on April 6, 2020
- [WBG EHS Guidelines for Healthcare Facilities](#), issued on April 30, 2007

Good International Industry Practice (GIIP) such as WHO technical guidance developed for addressing COVID-19 also apply to the Project. WHO resources include technical guidance on: (i) [laboratory biosafety](#), (ii) [infection prevention and control](#), (iii) [rights, roles and responsibilities of health workers, including key considerations for occupational safety and health](#), (iv) [water, sanitation, hygiene and waste management](#), (v) [quarantine of individuals](#), (vi) [rational use of PPE](#), (vii) [oxygen sources and distribution for COVID-19 treatment centers](#), (viii) [vaccine readiness assessment](#), (ix) [surveillance of adverse events following immunization](#)⁵. Additional guidance is listed below in Annex VI.

3.3 Comparison between National Laws and the Applicable World Bank Requirements

World Bank ESS	Relevant Yemeni Regulations
<p>ESS1 Assessment and Management of Environmental and Social Risks and Impacts</p>	<p>Chapter 1 Article 3, EPL 26/1995-By-law 148/2000 The Environmental Protection Council must inform the proposed projects proponents of the screening results within three months from submission of the project proposal and determines the appropriate EA instrument and required studies required to assess potential risks and impacts. The EIA guideline provides the possibility of using regional and international assessment procedures and norms when applicable. If the project is rejected, the rejection note should indicate the basis for the rejection, as well as the relevant sections of the regulatory framework. The EIA guideline also provides the possibility for project proponents to contest any rejection and to appeal to the special court, within a period of 60 days. The court is required to make a final judgment within six months.</p> <p>EPL Article 37 Para (b) The Law requires the preparation of an EIA during the preparation of all projects and the inclusion of mitigation measures in the project's capital and recurrent costs (Cabinet Decree Number 89/1993).The EIA should describe: (i) proposed project activities, design of activity, the surrounding environment that may be affected, including a land use map of the adjacent areas, the requirement and types and source of energy, raw material and infrastructure services and roads emergency plan and safety, waste disposal etc.; (ii) and (iii) alternatives using less polluted inputs, as well as consideration of the 'no-project alternative.</p> <p>EPL Article 4 Para 6 Government planning authority should provide measures to incorporate environmental concerns in socioeconomic plans in all planning cycles and put the environmental concerns as integral part of the development planning to be sustainable in all sectors to avoid any environmental negative impacts in future.</p>
<p>ESS2 Labor and Working Conditions:</p>	<p>Chapter 9 of Labor Law Number 5/1995, Law Number 25/1997 and Law Number 25/2003 address Occupational health and safety and work environment in Articles 113 to 118.</p> <p>Employers are required to provide necessary occupational safety and health conditions, including: ventilation and lighting of workspaces; protection from emissions (gas, dust, etc.) hazards; protection from machine accidents and hazards; provision of gender-specific toilet facilities; provision of safe drinking water for workers; basic firefighting equipment and emergency exits; provision of appropriate personal protection equipment; fair compensation; access to periodic medical examinations; availability of first aid. The competent authority shall ensure the availability of the appropriate work environment and conditions for occupational safety and health. The Ministry of Labor is charged with advising employers in the field of occupational health and safety; organize and implement accident prevention training</p>

⁵ https://www.who.int/vaccine_safety/publications/aefi_surveillance/en/

World Bank ESS	Relevant Yemeni Regulations
	<p>programs; exchange of technical information; identify and evaluate the means of accident prevention measures; etc. The Minister may establish sub-committees for occupational health and safety in the governorates and in the sectors and industries, which include the relevant bodies. The composition decision shall determine the functions of these committees, their terms of reference and the rules governing their work. Where employers fail to implement labor protection and labor safety regulations, they could receive a one week stop order from the Minister, until the reasons for the breach are explained. The Minister must refer the matter to the competent arbitration committee if the partial suspension is extended or if a total suspension is requested. If the risk is still not removed by the employer, the workers who have stopped working are entitled to full wages. The employer can appeal the decision of partial or total suspension if the decision is found to have been arbitrary</p> <p>Chapter 4 of Labor Law Number 5/1995 Article 42 Women shall be equal with men in relation to all conditions of employment and employment rights, duties and relationships, without any discrimination.</p> <p>Minimum age for hazardous work is 18 years. Section 7 of Ministerial Order No. 11 provides a list of 42 industries and occupations, including domestic work, work related to agriculture, fishing, textiles, X-ray and nursing establishments, working with iron and aluminum saws; mechanical work and construction, which are prohibited for children under 18 years. Moreover, section 8 prohibits carrying, pulling or pushing heavy weights while section 15 prohibits night work and overtime work for children under 18 years. In accordance with section 24 of Ministerial Order No. 11, any person who incites a child under the age of 18 years to use, trade or promote drugs, particularly the trafficking of drugs is sentenced to imprisonment for a minimum of five years and a maximum of eight years.</p> <p>There is no specific law in Yemen addressing sexual harassment, however §270-274 of the Criminal Code stipulate that anyone who commits an offending or disgraceful act in public (any act which offends public morality or honor, exposes private areas or involves speaking indecently) can be sentenced to up to six months in prison or fines (1,000 Yemeni Rial). The punishment rises to up to one year in prison and fines for forcing a female to behave immorally. The law does not protect explicitly against sexual harassment however it gives a worker the right to terminate his/her employment contract without prior notice when the employer (or his/her representative) commits a morally offensive act (which includes sexual harassment) or assault him/her or any of his/her family members.</p> <p>Chapter 6 of Labor Law Number 5/1995 Article 71 to 88 Describes the working hours, leaves, rest periods.</p>
ESS3 Resource Efficiency and Pollution Prevention and Management:	<p>(EPL Chapter 2, Article 3). National law commits to implement international environmental convention, pollution control and conservation of natural resource and biodiversity as approved by the Yemeni Parliament</p> <p>EPL Chapter 2 Article 4 All concerned authorities, including those responsible for socioeconomic and development planning, must mainstream environmental concerns and pollution control measures and the conservation of natural resources when planning for development projects and national socioeconomic plans; issue investment permission either with national or international capital investment should not agree on any investment which could significantly harm the environment and increase pollution; and concerned authorities should include pollution impact mitigation measures and environment management plan in all projects and to be also</p>

World Bank ESS	Relevant Yemeni Regulations
	<p>included in the contracts planned to be signed with national and international investments entities</p> <p>EPL Chapter 2 Article 5 and 7 Includes a requirement to protect local environment from transboundary impacts and vis versa, according to the international conventions mentioned in national laws which link the regional and international environmental conventions. National contribution arrangement will be indicated in this and other laws in protection of global environmental concerns e.g. ozone layer and climate change.</p> <p>EPL, Article 90 National law gives priority to the principle of environmental protection and pollution prevention, and not only to the mitigation or compensation of impacts. All new projects must carry out EIAs to prevent adverse impact and must obtain an environmental permit. No project or new structure that could harm, pollute or deteriorate the environment and natural resources is allowed and all new projects should use best available practices for clean production and apply environment protection/pollution prevention measures. Yemeni Law encourages related sectors and projects to provide institutional capacity and training for projects to enhance their capacity and knowledge in handling environmental issues. It also encourages research and development in all environmental aspects.</p>
<p>ESS4 Community Health and Safety</p>	<p>Public Health Law, Law No 04 / 2009 Chapter 5 Article 10,11 Ministry of Health shall Implement the programs and activities to track the infection and diseases and make the necessary arrangement to provide the related information to the public. Implement the required measures with other related authorities to prevent any disease transmission. Isolation of any person with infectious disease and provide the required medical treatment in the treatment facilities. Chapter 36 Article 36, 37 Identify any aspect that could cause adverse impact on the public health. Protection of all Environmental Health Components and prevent any cause of adverse Impacts All Health facilities shall perform adequate treatment of Medical Waste following the international regulation Chapter 36 Article 39 Adequate measures shall be made to transport the hazardous material or waste and perform adequate treatment.</p> <p>EPL Article 60 The EIA guidelines require that ESIA's consider the social acceptability or refusal of the local communities to the proposed project, with evidence and record of public consultations and, if it is accepted, should include baseline data, indicators, and monitoring plan. It also includes requirements for monitoring, capacity building, verification of monitoring results and findings.</p>
<p>ESS10 Stakeholder Engagement and Information Disclosure</p>	<p>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 NGOs participation are considered an essential part of consultation while planning proposed projects, and is a continuous process before, during and after project implementation (EPA EIA Guideline). Furthermore, NGOs and individuals can directly sue any</p>

World Bank ESS	Relevant Yemeni Regulations
	<p>person or entity who cause harm to the environment and natural resources or participate in its deterioration and pollution (EPL Article 4, para 4 and Article 82).</p> <p>National law recognizes the importance of accredited independent consultants or Environmental Non-Governmental Organizations ENGOs and environmentally concerned CBOs (EPA EIA guideline).</p> <p>ESIAs should include a reference list and a non-technical summary for public use and disclosure in a form and language understandable to public (EPA EIA guideline).</p>

The applicable ESSs under the ESF will be applied to compliment the rules and regulation implemented in the Republic of Yemen. In particularly for the stakeholders' engagement requirements, grievances mechanism in addition to the environmental and social impacts assessment requirements in which the Yemeni official requirements are not fully covering such aspects.

4. Environmental and Social Baseline

The Republic of Yemen is in the midst of a complex conflict that is causing massive physical damage, devastating the economy, weakening institutions and generating an unprecedented humanitarian crisis. The country is entering its seventh year of conflict, and there are substantial security and political challenges on the ground.

In 2020, the conflict intensified, the number of frontlines increased from 33 to 49, and 172,000 people were displaced, bringing the number of Internally Displaced People (IDPs) to at least 4 million. The economy and the currency continued to collapse as foreign reserves were depleted and the government was unable to subsidize food and other commodities for which Yemen is 90 per cent import reliant. The situation was exacerbated by the global COVID-19 turndown which led to a sharp drop in remittances – the largest source of foreign currency and a lifeline for many families where 80 per cent of people live below the poverty line. As a result, millions more people cannot afford to meet their basic needs. A fuel crisis in the north led to fuel shortages and price hikes. Government capacity to regularly pay salaries and pensions to public employees has been hindered and public services have been degraded.⁶

As of April 1st, 2021, there were nearly 4,535 confirmed cases of COVID-19 in Yemen, with more than 900 confirmed deaths. Between 10 April 2020, when the first COVID-19 case was reported, and 1 April 2021, about 20 per cent of Yemenis confirmed to have the disease have died, much higher than the global average. More than 75 percent of confirmed cases are men and people aged between 45 and 59 have the highest case fatality rate. These official figures are likely severe underestimates, given that testing in Yemen remains limited (only 26,000 tests have been conducted, less than 1 per 1,000 people, well below the rate of other countries in the region), and case numbers are regularly reported from only certain parts of the country. In addition, COVID-19 has dramatically impacted access to care and service utilization on the ground, and healthcare facilities are widely underprepared to handle the pandemic, leaving the Yemeni population more vulnerable. Due to the pandemic, certain non-pharmaceutical interventions have been adopted, including social distancing rules, city and regional lockdowns, masking policies, and movement restrictions among governorates, but enforcement and compliance have been weak.

⁶ https://reliefweb.int/sites/reliefweb.int/files/resources/Yemen_HNO_2021_Final.pdf

Additionally, some health facilities have been repurposed as COVID-19 isolation units caring exclusively for COVID positive patients, which may further increase challenges with access to care for other essential health services. The spread of COVID-19 pandemic in a conflict setting has a disproportionate impact on women, girls, and vulnerable groups that include disabled and elderly people and women who are acutely malnourished; migrants and IDPs who are unable to access facilities and services.

The effects of the conflict have disproportionately impacted women's access to and participation in the economy, with job losses at an average 28 percent among women compared to 11 percent among men (Al Ammar and Patchet 2019).⁷ For those women who are in the labor force, 25 percent are unemployed compared to 12 percent of men (WDI 2019). Yemeni women represent only 26 percent of the health workforce. According to the ILOSTAT (2019), there are only 19,700 women in health and social work services compared to 75,200 of men in the health sector.⁸ While data on informality is very limited when it comes to the health sector however overall data suggests that over sixty percent of women are in vulnerable employment which puts them at risk of poor working conditions and lack of social protection (WDI 2019).⁹ Health workers such as community health workers or midwives, majority of whom are likely to be women, might be acknowledged for their role but there is no legislation recognizing them as autonomous professions and licensing or training is not required to practice. In fact, only two percent of graduates of mid-wivery education practice and none are employed at official clinics with one year of graduation (2012).¹⁰

The position of women and girls in the Yemeni society was extremely weak before the war as they already had limited access to education, livelihoods, and health services. Within this context, women and girls experience multiple forms of gender-based violence GBV and they are extremely vulnerable to Sexual Exploitation and Abuse SEA and Sexual Harassment SH because of the lack of protection mechanisms due to their role as caregivers and homemakers. According to the United Nations Population Fund UNFPA, the situation has worsened significantly since the beginning of the conflict due to displacement, disrupted livelihoods and lack of access to public services. GBV prevalence in Yemen – including sexual assault, domestic violence, and child marriage – has increased by 63 percent in the past few years¹¹. Elderly women are also among the most vulnerable, representing the majority of the 65 + population (estimated at 54 percent) and are much more likely to have limited access to information about the benefits and availability of the vaccine to them. Reasons for this can be attributed to the constraints in addition to their high levels of illiteracy compared to their male counterparts. Only 35%, of women are literate compared with 73% of men, which further limits opportunities for women to access information (especially the elderly) as well as economic opportunities.¹²

Confidence levels about the safety, efficacy and importance of vaccinations was only recorded between 60-69 percent of the population.¹³ In addition, a recent regional study shows that there is an important

⁷ https://sanaacenter.org/files/Rethinking_Yemens_Economy-policy_brief_13.pdf

⁸ <https://ilostat ilo.org/data/>

⁹ https://www2.unwomen.org//media/field%20office%20arab%20states/attachments/publications/2020/05/yemen%20response%20covid-19_action%20brief.pdf?la=en&vs=2651

¹⁰ <https://www.unfpa.org/data/sowmy/YE>

¹¹ https://www2.unwomen.org/-/media/field%20office%20arab%20states/attachments/publications/2020/05/yemen%20response%20covid-19_action%20brief.pdf?la=en&vs=2651

¹² WDI suggests that illiteracy is higher among older cohorts.

¹³ [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(20\)31558-0.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)31558-0.pdf)

gender gap with only 24 percent of women (compared to 39 percent of men) saying that they will get vaccinated when the COVID19 vaccine is made available. Lack of a full understanding of the benefits and importance of the vaccine could have serious repercussions in the uptake among priority population groups, especially women who may be more exposed and have more limited options to accessing information than men.

Medical and chemical waste from the COVID 19 supported activities (drugs, clinical supplies, vaccination sites, and medical equipment) might have significant impact on environment or human health. Hazardous wastes and exposure itself to COVID 19 have a high potential of carrying micro-organisms that can infect the community at large if not properly managed. There is a possibility for the infectious micro-organism to be introduced into the environment if not sustainably contained within the clinical practice, supplies' transportation, and laboratory operation or due to accidents or emergencies.

WHO recommends that all suspected or probable cases who meet the standard case definition shall be tested for COVID-19. However, and due to the limited resources in Yemen, only 6 laboratories have the COVID-19 testing capacities, the groups or individuals prioritized highly for testing are as follows:

- Suspect or probable cases amongst vulnerable populations, detainees, refugees, IDPs, migrants.
- SARI/pneumonia patients admitted in hospital.
- Health care workers, RRTs, contact tracers, community volunteers, potentially exposed, both in health facilities and at community levels, and who develop symptoms.
- Travelers at POEs (air and land border crossings) who develop symptoms.
- Close household caregivers of confirmed cases, and who develop symptoms.
- Individuals at risk of developing severe disease due to age, presence of comorbidities, or other risk factors.

Challenges and lessons learned from the parent Project implementation include:

- Lack of adequate waste treatment infrastructure within the supported facilities.
- Shortage in the PPE and IPC supplies in the local and international markets.
- Limited availability of high-efficiency particulate air (HEPA) filters and environmental ventilation system in Intensive Care Units (ICUs).
- Lack of data sharing and communication related to COVID-19 from certain parts of the country.
- Limited Infection Prevention and Control human resource and technical capacity in certain areas of the country.
- Irregular salary payment to the public sector employees including the healthcare workers.
- Movement restrictions due to current conflict in the country as well as COVID-19 constraints.
- GM culture is not widely practiced by the Yemenis.
- Taboos surrounding GBV issues in Yemen society.
- Lengthy approval process on the GM channels usage from the concerned authorities.

5. Potential Environmental and Social Risks and Mitigation Measures

This section describes in general terms the potential environmental and social risks and impacts of the types of / eligible activities that will be supported by the project. The identification of the potential risks

and impacts are grouped into different stages: *Planning, Rehabilitation* (should any civil works be involved), *Operational* and *Decommissioning*.

PLANNING AND DESIGN STAGE

- **Procurement of goods and supplies:** The Project will include the procurement of goods and supplies e.g. equipment such as ventilators or PPE or cleaning materials, list of goods to be procured available in Annex IV. This procurement list might be changed based on the need during project implementation phases.
- **Location, type and scale of healthcare facilities and associated waste management facilities, including waste transport routes.**
 - **Location of facilities:** Location of the faculties the intervention will take place has been identified, 37 facilities identified so far, available in Annex V. Supplied goods will be temporarily stored in WHO warehouses and will be distributed to hospitals, laboratories, quarantine, and isolation facilities according to WHO guidelines in partnership with Ministry of Public Health and Population MoPHP.
 - **Type and scale of facilities:** The WHO will conduct an assessment and examine the salient characteristics and carrying/disposal capacity of a targeted facility prior to distribution. The assessment should consider the waste processing and transportation arrangements, operational procedures and working practices, and the required capacity of the type of disposal facility needed for the volume of the wastes generated.
 - **Quarantine and isolation centers:** These may be located at Point of Entry, border, urban and/or rural areas. Tents may be used. Requirements on food, water, fuel, hygiene, infection prevention and control, and monitoring the health of quarantined persons should be considered.
 - **Dump sites and medical waste planning:** The ICMWMP describes how Project activities involving the COVID-19 pathogen or waste generated in its identification and quantification will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (such as WHO guidelines), measures in place to prevent or minimize the spread of infectious diseases, emergency preparedness measures.
- **Vaccine readiness and prioritization:** Yemen has conducted a vaccine readiness assessment to identify gaps and options to address them with the support of international organizations (WHO, UNICEF, and Global Alliance for Vaccines and Immunization GAVI). The COVID-19 National Deployment and Vaccination Plan for Yemen NDVP was launched in February 2021. The NDVP covers first prioritized 20 percent of the population, including healthcare workers (for both public and private sectors), elderly aged over 55 years and people who receive chronic disease services (e.g. for hemodialysis, diabetes, oncology and cardiology), malnourished pregnant and lactating women and children under five years old, refugees, migrants and IDPs. Vaccines for the first 20 percent of the population are secured from the COVAX Facility. The MoPHP signs a Model Indemnity Agreement with manufacturers. COVID-19 vaccination will utilize existing Expanded Program for Immunization EPI system for logistics. Once vaccines are imported, batches will be directly transferred to central stores of the National EPI Program with immediate release processes. Aden International Airport is designated as the only port of entry to receive COVID-19 vaccines. UNICEF cold chain capacity analysis

estimates that the existing cold chain system at the central and governorate level can accommodate approximately three million additional doses for safe storage. The COVID-19 vaccine cold chain monitoring is performed in accordance with the [WHO guidance on temperature monitoring](#) and the vaccine rollout will be monitored by emergency room operation office with technical and operational support from WHO and UNICEF. The Supreme Board of Drugs and Medical Appliances of Yemen (SBDMAY) initiated the National Pharmacovigilance Center (NPC) in 2020, and adverse effects following immunization (AEFI) monitoring is already launched and operational. The NPC includes trained staff and well-developed framework and AEFI forms and has a hotline for community and HCWs to receive information/reports. Coordination mechanism will be established among the SBDMAY, NDVP-TWG, NITAG, vaccinators, supervisors, EPI representative, Emergency Operating Centre (EOC) and NDVP-data management unit. The MoPHP, in cooperation with UNICEF, will lead the development and execution of the Advocacy, Communication, and Social Mobilization (ASCM)/Social and Behavior Change Communication (SBCC) strategy.

The National Expanded Program of Immunization (EPI) has had well established experience of good performance and functionality to manage vaccines shipments since arrival to the port of entry up to the destination of the vaccines and ancillary items. The National EPI is implementing standard precautions during any vaccination activity which will be also valid for COVID-19 vaccine delivery, considering that the population to be vaccinated consists of individuals not presenting signs and symptoms of infection. Preparation phase trainings for HCWs will include dedicated sections on IPC, safe vaccine handling/deployments and waste management practices. The National EPI has a properly established distribution process aiming to reduce the vaccines and ancillary supplies damage that may result from incorrect or improper handling during transportation and storage. This is to minimize the wastage rate from vaccines spoilage and damage due to vaccines exposure to excessive heat or freezing that will lead to losses of vaccines quantity and /or efficacy. One of the most critical factors for managing a proper distribution process is to reduce the transportation time up to the minimum, by taking into consideration factors related to distance, nature and safety of the roads, climate conditions. The past experience of EPI in the planning, implementation and monitoring of this comprehensive vaccines' distribution process including vaccine quantities and all other ancillary supplies to the different governorates, districts and health facilities is as much as accurate in the time schedules and the methods of dispatch. Similarly, the responsible teams for distribution process have extensive experience in managing difficulties, obstacles and emerging incidences and problems during vaccines deployment.

The delivery point for the first rounds of vaccination sites will be hospitals and primary care facilities for health workers and mobile and outreach sites for the elderly. Elderlies will be reached through fixed and temporary sites at first level zones, and by outreach and mobile teams for those in the second and third level zones of the catchment population of each Healthcare Facility (HF). Those in nursing homes will be visited by health teams at their facility. People with chronic diseases will be targeted by provision of vaccination services at fixed / temporary sites (at first level zone) and outreach and mobile teams at second and third level zones. Health teams will be designated to chronic diseases service/clinic sites at public HFs (e.g., Hemodialysis, Diabetes Mellitus (DM) clinics, Oncology departments, Cardiac clinics) to provide vaccination for those who attend there. Malnourished people will be reached through coordination with malnutrition teams and services sites, which are structured as Integrated Health services and have a vaccination member at all zones. Regarding IDPs, Migrants

and Refugees that fulfill the criteria for prioritization (closed gatherings, residential areas, or in hard-to-reach settlements), agreements and coordination will be established with the partners acting in this humanitarian field which are mainly International Organization for Migration IOM, United Nations High Commissioner for Refugees UNHCR and their implementing partners.

- **Surveillance of Adverse Events Following Immunization AEFI:** MoPHP AEFI program supported by WHO has trained staff, a well-developed Framework and forms and has a digital hotline to receive information and complaints from community and Health professionals. Despite limitations, the AEFI surveillance system is setup to detect, report, investigate and analyze all AEFI cases and conduct causality classification for all serious AEFIs. AEFI report Case detection is the first and most important step in AEFI surveillance. The primary reporter may be a public health worker, vaccinator, clinic or hospital staff, volunteer, or caregiver (parent) or any other person who detects the AEFI. Following receipt of complaints from vaccinees or their caregivers, health workers report to their supervisors who will investigate and send report to district health offices.

At district and governorate health office levels, (assigned supervisor for COVID–19 vaccination at district/governorate are also responsible for AEFI monitoring and management) and therefore, he/she will verify the AEFI report and document them on AEFI line lists. All non-serious AEFIs will be documented on the form and no further actions are taken. In the event of serious AEFI cases, case management instituted as soon as possible, and these are immediately reported to the central level. All serious AEFI cases are expected to be investigated by national AEFI committee.

The Project will ensure the proper design and functional layout of healthcare facilities, which may involve several aspects: i) structural and equipment safety, universal access¹⁴; ii) nosocomial infection¹⁵ control; iii) waste segregation, storage, and processing. Please note internationally recognized guidelines are available and should be referenced¹⁶

The Project will take into consideration of the need for differentiated treatment for different users of the facilities, especially of vulnerable groups, women and children.

In the ICMWMP, the Project will estimate of healthcare waste streams, including wastewater, solid wastes and air emissions (if significant), in a healthcare facility. Wastes that may be generated from medical facilities/ labs could include liquid contaminated waste, sharps, chemicals and other hazardous materials used in diagnosis and treatment. Each beneficiary medical facility/lab should implement appropriate measures and following the requirements of the ICMWMP to be adopted for the Project, as well as WHO COVID-19 guidance documents and other best international practices to prevent or minimize such adverse risks and impacts.

Should facilities/labs experience significant gaps at any moment in fulfilling E&S risks minimum mitigation measures – as stated in chapter 7 of this ESMF – the initial ICMWMP will be updated and WHO will provide additional resources to mitigate and monitor such risks.

¹⁴ Refer to ESS 4 Community Health and Safety

¹⁵ Nosocomial infection can be described as an infection acquired in hospital by a patient who was admitted for a reason other than that infection. Also called “hospital acquired infection”.

¹⁶ For example, WHO Manual of Severe Acute Respiratory Infections Treatment Center (March 2020)

REHABILITATION STAGE

The Project will identify key E&S risks and impacts associated with the rehabilitation activities in the healthcare facilities and related waste management facilities and set out generic mitigation measures. Construction works are deemed to be minor, however such risks and impacts may include:

- Environmental risks and impacts associated with resource efficiency and material supply; related solid wastes, wastewater, noise, dust, and emission management; hazardous materials management.
- Risk of infection for patients in addition to the Occupational Health and Safety (OHS) issues for the workers.
- Community health and safety issues, including from pollutants and road safety.
- Social issues, including in relation to labor influx, GBV/Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) risks, especially in the light of intersectional issues such as gender inequality or disability.
- Arrangements for employment and accommodation of workers to be engaged in project activities, and issues relating to working conditions (including in relation to periods of sickness and quarantine), particularly if these are impacted by emergency legislation.
- Cultural heritage and biodiversity issues are not anticipated. However, they will be mitigated through the relevant instruments should they occur.

The Project will follow World Bank guidelines on COVID-19 issues in rehabilitation activities and suggestions on possible mitigation measures, see [World Bank Interim Note on COVID-19 Considerations in Construction/Civil Works Projects](#).

OPERATIONAL STAGE

Best practice in avoiding or minimizing the spread of infectious diseases, specifically regarding cross-infection between healthcare facilities and the community, is to implement ‘cradle-to-grave’ management for infection control. The details of this will differ, depending on the design of the subprojects and the quality of the existing facilities, assets, and management systems. Following an assessment of risks along each link of the chain (key aspects of which are discussed below, and a site-specific evaluation using an assessment tool Annex I, an ESMP which will also include mitigation measures for waste management, as shown in Annex II, will be prepared and adopted at the various stages of the projects based on the type and scale of activity in which the relevant implementation partner shall apply the required mitigations. Such mitigations measures can be revisited and adapted as the situation evolves due to the increased/decreased number of COVID cases and available capacity. Where the project includes existing facilities and procedures, these may need to be enhanced or strengthened to support mitigation measures to reduce or avoid cross-infection. This includes:

- Delivery and storage of goods, including samples, pharmaceuticals, reagents, and other hazardous materials.
- Healthcare treatment practices, including provision and use of PPE, appropriate cleaning procedures, testing for COVID-19, and transportation of samples to testing facilities.
- OHS of healthcare and contracted workers during operations, as outlined in detail in the Labor Management Procedure LMP, and SEA/SH risks in exchange for project benefits.

- Waste processes that align with WHO guidance on Safe Management of Wastes from Healthcare Activities, including with respect to:
 - Waste generation, minimization, reuse, and recycling
 - Waste segregation at the point of care, packaging, collection, storage, and transport
 - Suitability and capacity of onsite disinfection and waste handling equipment such as autoclave. Onsite treatment facilities may include small-scale incinerator and wastewater treatment works. Their adequacy and compliance should be assessed, and proper measures proposed as necessary.
 - Suitability and capacity of off-site disposal facilities, where healthcare wastes will be transported and disposed of in off-site. The adequacy and compliance with transport and disposal regulations and licensing for the transport vehicles and the offsite disposal facilities should be assessed.
 - There will not be transboundary movement of hazardous wastes.

Social issues considered in the ESMF/ESMP will include the following:

- OHS and working conditions for healthcare workers, including access to grievance mechanisms.
- Social issues such as labor influx, GBV/Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) risks, gender, or disability. Given the hazardous nature of the project, only workers 18 years old and above will be hired under the Project.
- Key social issues that will be considered during the vaccination program (reaching the eligible beneficiaries including the vulnerable groups, GBV issues, labor issues including Occupational Health and Safety, community health and safety as well as assuring GM is reachable by beneficiaries during the vaccine deployment) are described and addressed in the country National COVID-19 Deployment and Vaccination Plan NDVP, February 2021, as well as in the operational arrangements including the applicable measures under this ESMF. Summary of such is as below:

To reach priority target groups there will be a mobilization and sensitization plan to run campaigns addressing these groups. However, there will be also enumeration and registration exercises and key informants' activation to strengthen the access and final number on identification of the target groups, sensitization and increasing uptake. This will include the participation of public and private health sector as well as Non-Governmental Organization NGOs at all levels to register all attending HCWs at their facilities (even if temporary or volunteering) by personal data, site of service (to classify them according to risk groups) and if they have any comorbidities. This exercise will be extended to medical unions, Higher Education Institutes and NGOs as the Statistical Bureau, which already started its digitalization of registered applicants. Furthermore, at Chronic Diseases services sites (e.g., Hemodialysis centers, Oncology Department, DM clinics and Public Medical Dispensaries), there will be designated staff to start registering these patients and educate them about vaccines. Therefore, upcoming trainings will include the relevant information from the training manuals. The activities and partners of RCCE pillar will be involved in the advocacy and vaccination acceptance plan and participate in directing the target groups to registration and vaccination sites.

Forced vaccination will be prevented during the campaign through implementing appropriate measures including; awareness campaigns/stakeholders engagements focus on vaccine voluntary, training to the workforce involved in the campaign, GM will be available in the project site and such grievances (if any) will be addressed seriously with the concerned authorities.

As such, WHO in coordination with partners has developed a nuanced vaccination scheme that is tailored to the unique context of Yemen, involving the implementation of several additional measures that will serve to dispel rumors, increase vaccine uptake, and elite capture in this roll out of COVID-19 vaccination. WHO in coordination with the partners will work to address these issues at different stages of the roll-out process by applying the following strategies:

- Detailed national and microplanning, whereby target groups and eligibility criteria are defined and a sequencing plan for the target groups is established.
- Training with an emphasis on ensuring that all involved in the campaign are aware of the eligibility criteria.
- A registry of all recipients of the vaccine based on the targeted groups will be developed. This registry will prevent queue-jumping and will help to ensure that the deployment of the doses received from COVAX is in line with the national plan for sequencing the target groups.
- Increased supervision at multiple levels (central, governorate, and district) to minimize risk and ensure appropriate sequencing. Supervisors will be trained prior to vaccine deployment and will be well versed in eligibility criteria for all target groups. Supervisors will include WHO M&E and contractors at hub and country level, staff from MoPHP employees, and Third-Party Monitoring (TPM).
- Grievance Mechanism (GM) channels will be widely disseminated providing beneficiaries with a means to provide feedback about the service they have received. The related grievances will be handled as per the project Stakeholders Engagement Plan SEP and adequate corrective / preventive measures will be implemented accordingly.
- Targeted social mobilization, considering specifically the gender aspects, will be implemented in governorate, district, and community level to encourage communities to get vaccinated when it is appropriate for their demographic to do so. The Health Cluster will also engage NGOs to conduct social mobilization activities, particularly within any health facilities where the COVID-19 vaccine will be administered and/or there are healthcare workers who will be receiving the vaccine.
- Regular consultation / engagement with all parties involved in the implementation as well as the targeted beneficiaries and communities. Concerns and feedback that raised during such will be seriously handled to ensure the project benefits are fairly distributed.
- The project will provide two main pathways to focus on gender during the implementation of COVID-19 vaccine program, the first is to ensure elderly women are a priority and will have equitable access to the vaccinations and second that female health workers will have access to opportunities for professional advancement through the project's training program and recruitment of vaccinators (especially during mobile outreach visits). The first pathway will comprise of mobile vaccination teams to reach communities and elderly women whose movement may be restricted. Mobile vaccination teams will be provided through the project to reach communities and elderly women whose movement may be restricted; efforts will be in place to have at least one woman in each team deployed as part of the mobile vaccination teams; all vaccinators will receive per diem (additional income support) and professional training which will also help female health professionals to access opportunities for more income that can be earned through participating in vaccination program now and down the road.

Decommissioning Stage

No decommissioning / dismantling activities are expected, however and if this case is faced it will be performed in accordance with the Good International Industry Practice (GIIP) such as WHO technical guidance, as listed in chapter 3. Environmental and social risks associated with the decommissioning / dismantling activities will be considered. An environmental and social assessment will be included in a decommissioning plan or procedure as part of the ESMPs.

6.2 Summary table of Project Activities / Associated Risks and Mitigations

Project Phase	Activities and Associated Risks	Mitigation Measures	Responsibilities
Planning, Design and Monitoring Stage	Assessment of target facilities estimated needs and capacity. Assessment of vaccine deployment storage and requirements	The WHO will assess target facilities needs in partnership with the Yemeni MoPHP and local authorities. Assessment made as well for the vaccine deployment requirements utilizing the current EPI experience and infrastructure that has been used in other immunization campaigns.	WHO in collaboration with the UNICEF and MoPHP
	Adequate inclusion of vulnerable groups' needs including the vaccine deployments priorities.	The distribution of benefits will cover all governates and the project will ensure all citizen, including with disabilities, will have equal opportunity in getting the project benefits. Strengthen communication with communities, at all levels, will be implemented during the implementation stages as well as widely disseminating the GM channels so any affected community member can send his/her grievance. Vaccine deployment and priority criteria has been defined in the NDVP where the priority in vaccination will be given to the HCWs at public and private sector as well as elderlies > 55 years, Once the latter two demographics have been reached, vaccination will then target other vulnerable and priority groups, including adults with comorbidities regardless of age, IDPs, refugees, migrants, other essential workers (POE staff, teachers, social workers, etc.) and detainees/prisoners and related staff servicing correction centers. Registration process for targeted groups is in progress to include all priorities as per the detailed vaccination plan.	
	Adequate storage and warehousing including the vaccine storage.	WHO will make regular inspections of goods and warehouses and will keep a log of inventories for monitoring purposes. The COVID-19 vaccine storage, transportation and deployment will be maintained in central, governorate and district levels where the distribution will be maintained as detailed in the NDVP in accordance with the WHO guidelines. COVID-19 vaccine storage and warehouses are provided with multiple power supply sources including solar power to avoid any power outage that could affect the vaccine safety and cold chain requirements.	
	Delivery and storage of goods, including samples, pharmaceuticals, vaccines, reagents, and other hazardous materials.	The MoPHP, UNICEF, WHO and its contractors will follow WHO guidelines on transport of medicines, pharmacy and bio-hazardous material and will train their personnel on COVID-19 risks ¹⁷ .	WHO / MoPHP / UNICEF

¹⁷ WHO, [Critical Preparedness and Response Actions for COVID 19](#)

Project Phase	Activities and Associated Risks	Mitigation Measures	Responsibilities
Rehabilitation / Operation Stage	OHS and labor and working conditions of healthcare workers, and other workers, including access to grievances.	OHS risk and labor related grievances, as detailed in the LMP.	MoPHP, COVID-19 Health Facilities and laboratories Management
	Risk of infection for patients in addition to the OHS of contractor's personnel during rehabilitation.	With the support of the PMU E&S Specialist, the Contractor will prepare the required ESMP for Contractors' Work to manage E&S risks on the working site.	WHO may engage Contractors for rehabilitation, logistics, etc. Provision on OHS and SEA/SH will be added to bidding documents.
	Transparent and equitable distribution of supplied goods or projects benefits including COVID-19 vaccine.	The WHO in coordination with partners will communicate transparently on eligible locations, vaccination targeted groups and facilities and will engage with communities to ensure fair access to project benefits including vaccination, as indicated in the SEP. The MoPHP will have a clear policy on scarce medical equipment ¹⁸ .	WHO / MoPHP
	Life and Fire Safety Risks in the supported Healthcare facilities.	The project is supporting existing Healthcare facilities and isolation units under the MoPHP authority. The project to the possible extent will work with the MoPHP to implement additional measures include the assessment of relevant risks and impacts as well as the provision of additional supplies, firefighting equipment, training, and capacity building where needed.	WHO / MoPHP
	Healthcare treatment and vaccine deployment practices, including provision and use of PPE, appropriate cleaning procedures, testing for COVID-19, and transportation of samples to testing facilities. Waste processes that align with WHO guidance on safe management of Wastes from healthcare activities	Detailed ICMWMP prepared for the project, briefed in (Chapter 7), which will be applied to manage the infection and waste management at health facilities and laboratories and during the COVID-19 vaccine deployment activities. Generated waste from the COVID-19 supported isolation units and which will be generated during the vaccine deployment shall be managed in accordance with the ICMWMP. The project is in the process of establishing complete Waste Treatment Units, including medical waste incinerators to ensure safe and adequate management of the generated waste within the boundaries of supported facilities. Training of IPC and waste management requirements shall be provided and similar training on safe COVID-19 vaccine management and practices shall be provided to all HCWs who will be involved in the vaccination activities.	MoPHP, COVID-19 Health Facilities and laboratories Management

¹⁸<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/covid-19-critical-items>

Project Phase	Activities and Associated Risks	Mitigation Measures	Responsibilities
	Social issues such as labor influx, GBV/Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) risks, gender or disability	The ESMF/ESMP will include provisions to mitigate SEA/SH risks stemming from project activities. These include: <ul style="list-style-type: none"> (i) Contractual obligations to reduce SEA/SH risks due to labor influx, and other medical services. (ii) Strengthening grievances mechanisms (GM) to effectively handle SEA/SH complaints through collaboration with NGOs with the expertise to address cases of SEA/SH. (iii) Enhanced multi-sectoral coordination, training, and monitoring mechanism to implement SEA/SH mitigation measures in an effective manner. (iv) Ensure public consultation. 	WHO will also engage a Third Party to manage SEA/SH risks.
Decommissioning, If Applicable	Environmental and waste management risks associated with dismantling facilities, OHS risks of workers Social risks associated with child labor and forced labor	Although such activity is not expected, the Project will apply the same guidelines as in the Rehabilitation phase and will produce a final assessment of the E&S risks after dismantling before project closure.	WHO Contractors for decommissioning, advisory services, including an external audit, waste management, etc. Provision on OHS and SEA/SH will be added to bidding documents. an ESMP that WHO will regularly monitor and supervise.

Separate and detailed Infection Control and Medical Waste Management Plan (ICMWMP) (briefed in chapter 7) is prepared for the project focusing on infection control and healthcare / laboratories waste management during the operation phase as well as during the vaccine deployment stages.

Screening tool for the development of specific instruments is available in Annex I, this screening form sets out a list of questions on the screening of E&S risks and impacts, identifies the relevant ESSs and the type of assessments and management tools that can be developed. Additionally, Annex II includes the Environmental and Social Management Plan ESMP template.

6.3 COVID-19 Infection Control Risks Mitigation Measures

Environmentally and socially sound health facilities management will require adequate provisions for minimization of OHS risks, proper management of hazardous waste and sharps, use of appropriate disinfectants, proper quarantine procedure for COVID-19, appropriate chemical and infectious substance handling and transportation procedures, etc. In line with WHO Interim Guidance (February 12, 2020) on “Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)”, COVID-19 diagnostic activities and non-propagative diagnostic laboratory work (e.g. sequencing) could be undertaken in BSL2 labs with appropriate care.

Any virus propagative work (e.g. virus culture, isolation, or neutralization assays) will need to be undertaken at a containment laboratory with inward directional airflow (BSL-3 level). In addition, the project will support activities for strengthening selected health facilities and establishment and equipping of quarantine and treatment centers, so that they can manage COVID-19 cases.

Project implemented activities will meet the WHO standards on COVID-19 response, the international best practice is outlined in the WHO “Operational Planning Guidelines to Support Country Preparedness and Response”, annexed to the WHO “COVID-19 Strategic Preparedness and Response Plan” (February 12, 2020). Further guidance is included in the WHO “Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV” (February 11, 2020).

The following documents provide further guidance on screening of the E&S risks associated with a medical laboratory. They also provide information for assessing and managing the risks.

- [WHO; Prioritized Laboratory Testing Strategy According to 4Cs Transmission Scenarios](#)
- [WHO Covid-19 Technical Guidance: Laboratory testing for 2019-nCoV in humans:](#)
- [WHO Laboratory Biosafety Manual, 3rd edition](#)
- [USCDC, EPA, DOT, et al; Managing Solid Waste Contaminated with a Category A Infectious Substance](#) (August 2019)

To mitigate the COVID-19 risks during the vaccine deployment, a local IPC guidance and standard operating procedures for COVID-19 vaccination will be developed outlining the screening policies for COVID-19 with clear exclusion criteria; key IPC measures in the vaccination area, key IPC measures for safely administration.

Additionally, cleaning and disinfection of the environment; appropriate waste management; visual reminders emphasizing hand hygiene, safe injection practices, safe use of medical masks, respiratory hygiene, and other IPC measures will be implemented and addressed during the vaccine deployment stages.

The present ESMF and the ICMWMP include monitoring plans for ensuring proper implementation of procedures and mitigation measures.

6.4 Mitigating and Responding to Risks of Exclusion and Elite Capture

Another key social risk is that vulnerable social groups including elderly people and women who are acutely malnourished; and IDPs are unable to access facilities and services. Vulnerable groups within the communities affected by the project will be consulted through dedicated means under Stakeholder

Engagement Plan (SEP), as appropriate. The SEP will also include an updated Grievance Mechanism (GM) for addressing any suggestion, concerns, and grievances.

The Project will respond promptly to grievances, as articulated in the SEP, and will keep record of grievances and where possible will improve service delivery based on such suggestions, thus contributing to closing the feedback loop with stakeholders. WHO will regularly consult with stakeholders and update them on grievances received.

The Project can thereby rely on standards set out by WHO as well as international good practice to (i) facilitate appropriate stakeholder engagement and outreach plans towards the differentiated audience (concerned citizens, suspected cases and patients, relatives, health care workers, etc.); and (ii) promote the proper handling of quarantining interventions (including dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; and prevention of Sexual Exploitation and Assault (SEA) and Sexual Harassment (SH) as well as minimum accommodation and servicing requirements.

6.5 Mitigating and Responding to Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH)

The Project will address SEA/SH, during the project cycle and will follow procedures and recommendations, as outlined in [Good Practice Note: Addressing Sexual Exploitation and Abuse and Sexual Harassment in IPF involving Major Civil Works](#). SEA/SH risks are deemed Substantial due to the emergency nature of the operations, the level of vulnerability of the population and weak protection. Most of the laborers hired for rehabilitation are expected to be local, potentially reducing labor influx-related SEA risks, therefore, bidding documents will include specific requirements to minimize the use of expatriate workers and encourage local hiring.

Mitigate SEA/SH risks stemming from project activities as follows:

- Multi-sectoral coordination and monitoring mechanism; capacity building of direct and contracted workers; and community awareness-raising activities to implement these SEA/SH mitigation measures in an effective manner.
- Contractual obligations to prevent SEA/SH risks, through the signing of Codes of Conduct (CoC) and disciplinary actions for offenders.
- Strengthening response mechanisms through survivor-centered mitigation measures and GMs to effectively handle SEA/SH complaints in collaboration with NGOs having expertise on GBV.

The project will introduce **contractual obligations** in rehabilitation contracts to reduce SEA risk by:

- Briefing prospective contractors on Environmental, Social, and Occupational Health and Safety Standards and on SEA-related requirements during pre-bid meetings.
- Incorporating requirements in the bidding documents for contractors to develop a GBV Action Plan, including an Accountability and Response Framework.
- Incorporating requirements in bidding documents to minimize the use of expatriate workers.
- Requiring that contractors and consulting firms submit Code of Conduct (CoC) with their bids.

Based on the project's needs, the World Bank's Standard Procurement Documents and the implementing agency's policies and goals, defining the requirements to be included in the bidding documents for CoC that address GBV; and

- Clearly establishing how adequate GBV costs will be paid for in the contract, as well as worker training on SEA, HIV/AIDS mitigation, and CoC obligations.

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 World Bank 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). Samples of CoC can be found in [Good Practice Note: Addressing Sexual Exploitation and Abuse and Sexual Harassment in IPF Involving Major Civil Works](#) and examples of Terms of Reference (ToR) for Project-Level Grievance Mechanism (GM) for Allegations of Sexual Exploitation and Abuse, and Sexual Harassment (SEA/SH) in World Bank-Financed Projects are attached in the present ESMF, Annex III.

6.6 Other Contingency Risks and Emergency Response

The contingent emergency response component (CERC) allows WHO to receive support by reallocating funds from other project components to mitigate, respond and recover from the potentially harmful consequences arising from the emergency. Disbursements under this component will be subject to the declaration of emergency and the preparation of an “Emergency Response Operational Manual” (EROM) by WHO, agreed upon by the Bank. The updated ESMF includes requirements managing the environmental and social risks and impacts by following ESF. The broad scope of CERC activities is not yet known, however, a CERC-ESMF may be added to this ESMF as an annex, in the early phase of project implementation and before the activation of CERC at the latest, should an emergency be declared.

6.7 Preparation of Specific Environmental and Social Management Plan (ESMP)

After ESMF’s consultation and disclosure, the Project will develop specific and relevant Environmental and Social Management Plans (ESMPs) that will screen all sub-activities in conformity with the present and disclosed ESMF, according to the following criteria:

- Screening potential subprojects in relation to eligibility.
- Screening each subproject for potential E&S risks and impacts and classifying each subproject according to risk (Annex I, *Screening Form*).
- Conducting E&S assessment for each subproject and developing project specific management plans / instruments.
- Consultation and disclosure of E&S plans and instruments in each relevant location, including remotely, via teleconference and social media, and high frequency phone interviews.
- Review and approval of E&S plans and instruments.
- Implementation and monitoring of E&S plans and instruments.

Adequate level of **supervision** of the activities implemented under this project shall be performed in addition to organize regular training on the: Hygienic Practices, Environmental Safeguards and Waste Handling, Transport, and disposal methodologies.

Annex I includes in addition to the screening form, the criteria and guidance for screening and risk evaluation of intervention in COVID-19 diagnosis laboratories and Health facilities as well as the risk evaluation guidance to the labor and working condition.

Certain intervention might be only supporting the health facilities with very limited logistics or equipment; therefore, the screening criteria and E&S assessment will be also based on the level of support and intervention.

6.8 Monitoring and Reporting

WHO PMU, including Environmental and Social specialists will supervise the application of the ESMF / ESMP as well as ICMWMP during rehabilitation and operational phases at the selected HF and COVID-19 diagnosis laboratories. The environmental and social specialists hired for COVID-19 response project, will oversee monitoring and evaluating safeguard compliance of the entirety of the subprojects, as guided by the ESMF. The individual intervention ESMP monitoring reports will provide information about key environmental and social impacts of the project, effectiveness of mitigation measures, and any outstanding issues to be remedied. The PMU will include a section on safeguards compliance in each progress report which will be submitted to the World Bank, with input from local government and other concerned Ministries as needed.

Key objectives of the monitoring plan include:

- Tracking environmental and social performance of the project activities.
- Verify that all requirements of ESMF, ESMP are addressed and implemented.
- Ensure the capacity building of personnel, provide any required support.
- Ensure adequate stakeholders' engagement, proper feedback, and communication.
- Undertaking site visits to review documents and meet with workers, management, and stakeholders.
- Ensure proper implementation of the Project's ICMWMP and to report any deviation.

On other hand; other level of monitoring will be performed by Third Party Monitoring, in compliance with the relevant [World Bank Good Practice Note](#). TPM will assess the status and performance of COVID-19 response project implementation phases, compliance status, or emerging issues through a specialized party and to provide an unbiased perspective on the issue and status, and to make recommendations for improvement, where relevant. The terms of reference (TORs) for the hiring of the TPM are attached in Annex VII.

7. Infection Control and Medical Waste Management Plan (ICMWMP)

The safe and sustainable management of medical waste is a public health imperative and a responsibility of partners working in the health sector. Improper management of medical waste poses a significant risk to patients, health-care workers, the community, and the environment. This problem can be solved. The right investment of resources and commitment will result in a substantive reduction of disease burden and corresponding savings in health expenditures.

The effective management of medical waste is an integral part of a national health-care system, and as such needs to be integrated in this project. A holistic approach to medical waste management should

include a clear delineation of responsibilities, occupational health and safety programs, waste minimization and segregation, the development and adoption of safe and environmentally-sound technologies, and capacity building.

Project has developed a separate procedure that includes the infection control and waste management requirements which has been adopted to cover the AF aspects and vaccine deployment namely Infection Control and Medical Waste Management Plan ICMWMP. The ICMWMP provides the necessary guidelines and requirements as a reference to implementation partners to ensure safe and adequate handling of Medical Waste generated throughout the project intervention. The procedure outlines the required measures need to be applied by the Health Facilities and COVID-19 diagnosis laboratories in addition to the contingency procedure. WHO PMU will follow-up in regular basis the implementation of mentioned procedure as part of the regular monitoring of this project. Waste generated during the vaccine deployment activities shall be handled adequately and treated as per the requirements of ICMWMP where adequate and enough sharp containers and safety boxes shall be distributed to all vaccination sites.

8. Public Consultation and Disclosure

The present ESMF will be consulted and disclosed in consistency with the requirements for Stakeholder Engagement Plan and taking into account COVID-19 related quarantine and lockdown measures, suggestions for consultations carried out remotely will be performed as well in reference to the [Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings](#).

As such the consultation summary, performed in August 2020, is included in Annex VII. Further consultation on the project activities including vaccine deployment risks, mitigations, and concerns will be conducted as stated and detailed in the project SEP.

9. Stakeholder Engagement

Stakeholder Engagement Plan SEP has been prepared for the parent project and updated to include the AF aspects and components. Further information on the stakeholders' engagement during the various stages of the project is detailed within the mentioned procedure.

SEP 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 project and any activities related to the project.

The speed and urgency with which this project has been developed to meet the growing threat of COVID-19 in Yemen, consultations during the project preparation phase of the parent Project were limited to technical discussions with WB and Other UN agencies including and line ministries; MoPHP, MoPIC, relevant stakeholders. Project will continue to coordinate with other Government agencies, NGOs, private sector, etc., as laid out in the SEP to receive additional feedback from stakeholders and use it to refine the approach, procedure, and implementation arrangements of the project components.

For the COVID-19 vaccine deployment planning and implementation, regular coordination maintained between WHO, MoPHP, MoPIC as well as the UN agencies on the necessary arrangements, location of deployment and targeted groups. The coordination aspects considered the preparation of plans, technical

guidance, implementation stages, challenges, and the necessary arrangements to ensure safe vaccine deployment.

Vaccination will target the healthcare workers as well as elderlies and once additional vaccine doses secured it will target the vulnerable groups as well as the people in need. Communication and consultation with the different stakeholders will take place during the various stages of vaccination implementation as outlined in the SEP.

Grievance Mechanism

The main objective of a Grievance Mechanism GM is to assist in resolving 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.

The project established GM provides multiple access points (telephone, website, email, postal address) so that beneficiaries will know whom to contact regarding their concerns in which the acknowledgement timeline of received complaints is within one week of receipt date. The timeframe for resolving the complaint shall not totally exceed 30 days from the time that it was originally received; if an issue is still pending by the end of 30 days the complainant will be provided with an update regarding the status of the grievance and the estimated time by which it will be resolved.

The grievance mechanism will also receive, register, and address concerns arising from unintended health consequences after vaccination especially those resulting in serious adverse effects.

Accordingly, the GM hotline number **8000844** as well as email address, WhatsApp and SMS number have been established under project supervision and management to respond to Grievances related to the Yemen COVID-19 Response Project and AF components including vaccine deployment .

GM channels for the Yemen COVID-19 Response project and AF components (managed by WHO's Project Management Unit) are:

- Hotline: **8000844**
- Email: YEMGRM covid19@who.int
- Social Media
- Interviews/meetings
- WhatsApp **776999014**
- SMS **776999014**

In other hand and for Yemen COVID-19 Emergency Response and Health Systems Preparedness Project, **which is managed by MoPHP**, Grievances, enquiries and Covid-19 reporting cases will be handled at the Administration Division level of the MoPHP (one EOC in Sana'a and one in Aden) where one main source for the intake of calls available **24/7 hotlines** as below:

- **195** North-Yemen
- **02-358259** South-Yemen
- **02-358260** South-Yemen
- **02-354913** South-Yemen
- **02-354914** South-Yemen
- **02-354915** South-Yemen

The project **GM Mechanism Details**, Communication Methods, Grievances Handling, Responsibilities, Response are detailed separately in the Stakeholders Engagement Plan.

10. Institutional Arrangements, Responsibilities and Capacity Building

The ESMF is the overarching document for the screening of environmental and social risks and impacts, including the preparation and consultation of documentation and instruments, and monitoring the implementation of the ESMP, LMP, SEP, ICMWMP, etc.

A clear delineation of responsibilities is determined in the ESMF and will be reflected in the relevant instruments. As established in the Environmental and Social Commitment Plan (ESCP), the WHO will establish and maintain a Project Management Unit with qualified staff and resources to support management of ESHS risks and impacts of the Project including environmental and social specialists.

Two E&S specialists have been hired for this purpose and have joined the PMU. Such specialists will prepare and submit to the Bank regular monitoring reports (every six months) on the environmental, social, health and safety (ESHS) performance of the Project, including but not limited to, stakeholder engagement activities and grievances log.

As the project implementation will be performed through the current Healthcare System Structures in Governorates and Districts, WHO will work closely with the implementation partners to address the associated risks and implement the applicable mitigation measure. Therefore, the level of responsibilities and implementation activities will be monitored through the lifetime of the project.

For this purpose, E&S specialists in the WHO PMU will monitor closely and regularly collect information from the E&S performance on the Project sites as follows:

For **planning and design, and rehabilitation stage**, an institutional arrangement for the authorities, project proponent, consultants, contractors, and supervision engineers should be described. Such arrangements will define the responsibilities of contractors' representatives, HF or COVID-19 diagnosis Laboratories Management.

For the **operational stage of** Health Facilities and COVID-19 diagnosis laboratories, the following aspects should be considered to ensure adequate implementation of the mitigation measures:

- The roles and responsibilities of different parties in implementing the procedures and mitigation measures that have been adopted to avoid or minimize the spread of COVID-19, (with reference to the section entitled **Operational Stage** above), on a process for 'cradle-to-grave' infection control, including the person with overall responsibility for infection control and waste management (e.g. the head of the healthcare facility)
- Whether adequate and qualified staff are in place, including those in charge of infection control and waste management
- Whether additional staff are required: if so, how many, with what qualifications and training
- How relevant departments in a healthcare facility will work together to create an intra-departmental team to manage, coordinate and regularly review the issues and performance of the facility

- Roles and responsibilities for the safe transportation of potentially infected samples to testing facilities
- How the waste streams in the healthcare facilities will be tracked and recorded
- How grievances raised are responded and redressed
- Whether vulnerable and disadvantaged groups face challenges in accessing project benefits, and whether GBV/Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) risks have been adequately managed
- What capacity building and training should be provided to medical workers, waste management workers and cleaners, as well as third-party waste management service providers.
- **COVID-19 vaccination program** will be implemented based on the country National COVID-19 Deployment and Vaccination Plan NDVP. The plan is a result of collaboration and consultation between MoPHP and partners.

Due to the complexity, scale and duration of the proposed vaccination program, a dedicated team from MoPHP, MoPIC, WHO and UNICEF will be assigned to implement, track, monitor, provide technical guidance, and coordinate over the entirety of the COVID-19 vaccination program. This will include a dedicated COVID-19 vaccination team within the WHO Yemen Country Office COVID-19 response framework to support the effective and timely of delivery of the program and minimize disruptions to other WHO Yemen response efforts.

Responsibilities of NDVP implementation are classified as below:

- **MoPHP** is responsible for overall leadership, coordination, management, and activities implementation.
- **WHO** is responsible for technical support with focus to planning, training, coordination of taskforce and proposal development for resource mobilization.
- **UNICEF** leads on demand generation and cold chain and supply management.
- **NGOs** support implementation and independent monitoring

Various implementation and coordination levels are as below:

- At Central level: coordination committee members comprised of MoPHP, WHO, UNICEF and other partners. Various committees such as AEFI and M&E committee members and NITAG (National Immunization Technical Advisory Group).
- At governorate and district level: coordination and supervision team.
- At facility/community level: vaccinators and team supervisors.

Based on the collected information the WHO PMU will address to the implementation partners any deviation and the required corrective or preventive actions.

WHO's implementation partners, COVID-19 diagnosis laboratories and Health Facilities Managements, have the sole responsibility for applying onsite the required mitigation measures as stated in ESMF or the relevant ESMP as well as the applicable WHO / international guidelines and informing WHO on any deviations or further requirements. WHO PMU will ensure the necessary supports / logistics / capacity building have been provided to the partners to ensure all requirements are applied to the maximum possible extent.

Training Activities

Training topics for personnel involved in Project implementation at the isolation units / laboratories will include:

- COVID-19 Infection Prevention and Control Recommendations
- Laboratory biosafety guidance related to the COVID-19
- Specimen collection and shipment
- Standard precautions for COVID-19 patients
- Security management plan.
- Toolbox talks on OHS related to workers in construction sites on:
 - o On-site risk identification and mitigation
 - o Use of PPEs
 - o Emergency Prevention and Preparedness
- Grievance mechanism for workers
- Gender based violence – sexual exploitation and abuse (SEA)

For vaccination deployment, training will be conducted according to WHO guidelines and customized to local context and for AstraZeneca vaccine to the workers in the following topics:

- COVID19 Disease, epidemiology.
- COVID19 vaccine: vaccine administration, precautions, eligible populations, contraindications.
- Planning to reach eligible population: estimating target population, identifying barriers to utilization, and identifying solutions. Preparing vaccination session plan (fixed site, outreach, mobile).
- Effective communication with emphasis to interpersonal communication skills and social mobilization.
- Cold chain and vaccine management: maintaining appropriate vaccine temperature during storage, transportation and at point of use. Handling of unopened and opened vials. Estimating vaccine needs and monitoring vaccine wastage.
- Immunization safety: safe injection practices; observing covid19 prevention measures before, during and after vaccination through application of infection prevention control measures. Understand Adverse event following immunization.
- Waste management: use of sharp and non-sharp waste containers, proper waste disposal.
- Monitoring and surveillance: tools for recording, reporting, and monitoring of COVID19 vaccination including AEFI reporting tools. Detection, reporting of AEFIs.

Training will be conducted in a way that ensures equal participation of both female and male to as much as reasonably practical.

11. ESMF Implementation budget

ESMF implementation costs are allocated according to the table below in which it includes the parent project as well as the AF activities.

Such costs include training, development of E&S due diligence measures and other to be determined tools. Costs for undertaking travel, monitoring and trainings as well as any other stakeholders' engagement and communication.

ESMF Implementation Costs	USD
Training and workshops 1. Training on E&S good practice rolling out during the lifetime of the project and AF 2. Training on IPC, vaccine deployment, and Medical Waste Management 3. Workshops - OHS for project workers and raising awareness campaigns	250,000
GM, Information and Communication 1. Activation and operation of the project GM system 2. Production and dissemination of awareness and GM visibility materials 3. Stakeholders engagement activities	140,000
Supervision, monitoring, and reporting 1. Preparation of the site-specific plans including travel and monitoring cost 2. Monitoring and preparation of compliance reports	60,000
TOTAL USD	450,000

Annexes

- I. Screening Form for Potential Environmental and Social Issues
- II. Environmental and Social Management Plan (ESMP) Template
- III. Sample ToRs for Grievance Mechanisms in SEA / SH in World Bank financed Projects
- IV. Project Procurement List
- V. List of Health Facilities
- VI. Resource List: COVID-19 Guidance
- VII. Template TORs for Third Party Monitoring
- VIII. Stakeholders Consultation Summary

Annex I: Screening Form for Potential Environmental and Social Issues Template

This form is to be used by the Project Management Unit (PMU) to screen for the potential environmental and social risks and impacts of a proposed subproject. It will help the PMU in identifying the relevant Environmental and Social Standards (ESS), establishing an appropriate E&S risk rating for these subprojects and specifying the type of environmental and social assessment required, including specific instruments/plans. Use of this form will allow the PMU to form an initial view of the potential risks and impacts of a subproject. ***It is not a substitute for project-specific E&S assessments or specific mitigation plans.***

A note on *Considerations and Tools for E&S Screening and Risk Rating* is included in this Annex to assist the process.

Subproject Name	
Subproject Location	
Subproject Proponent	
Estimated Investment	
Start/Completion Date	

Questions	Answer		ESS relevance	Due diligence / Actions
	Yes	No		
Does the subproject involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities and/or waste management facilities?			ESS1	ESIA/ESMP, SEP
Does the subproject involve land acquisition and/or restrictions on land use?			ESS5	RP/ SEP
Does the subproject involve acquisition of assets for quarantine, isolation or medical treatment purposes?			ESS5	To be excluded /ineligible
Is the subproject associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?			ESS1/ESS3	ESIA/ESMP, SEP
Is there a sound regulatory framework and institutional capacity in place for healthcare facility infection control and healthcare waste management?			ESS1	ESIA/ESMP, SEP

Does the subproject have an adequate system in place (capacity, processes and management) to address waste?			ESS1/ESS3	ICMWMP
Does the subproject involve recruitment of workers including direct, contracted, primary supply, and/or community workers?			ESS2	LMP, SEP
Does the subproject have appropriate OHS procedures in place, and an adequate supply of PPE (where necessary)?			ESS1/ESS2	ESIA/ESMP
Does the subproject have a GRM in place, to which all workers have access, designed to respond quickly and effectively?			ESS10	SEP
Does the subproject involve transboundary transportation (including Potentially infected specimens may be transported from healthcare facilities to testing laboratories, and transboundary) of specimen, samples, infectious and hazardous materials?			ESS1/ESS3	ESIA/ESMP, ICMWMP, SEP
Does the subproject involve use of security or military personnel during construction and/or operation of healthcare facilities and related activities?			ESS4/ESS1	ESIA/ESMP, SEP
Is the subproject located within or in the vicinity of any ecologically sensitive areas?			ESS6/ESS1	ESIA/ESMP, SEP
Is the subproject located within or in the vicinity of any known cultural heritage sites?			ESS8	ESIA/ESMP, SEP
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?			ESS1	ESIA/ESMP, SEP
Does the subproject carry risk that disadvantaged and vulnerable groups may have unequitable access to project benefits?			ESS1	ESIA/ESMP, SEP

Conclusions:

- 1. Proposed Environmental and Social Risk Ratings (High, Substantial, Moderate or Low). Provide Justifications.**
- 2. Proposed E&S Management Plans/ Instruments to be further developed'**

Guidelines for screening and applicable instruments:

- ESIA is applicable for High Risk activities and those with physical environmental footprints.
- ESIA / ESMP are not applicable for supply activities such as PPE, etc. However, Project ICMWMP shall be applied in such cases.

INFECTION CONTROL: CONSIDERATIONS AND TOOLS TO ASSIST IN E&S SCREENING AND RISK RATING:

In the context of global COVID-19 outbreak, many countries have adopted a containment strategy that includes extensive testing, quarantine, isolation and treatment either in a medical facility or at home.

A COVID-19 response project may include the following activities:

- construction of and/or operational support to medical laboratories, quarantine and isolation centers at multiple locations and in different forms, and infection treatment centers in existing healthcare facilities.
- procurement and delivery of medical supplies, vaccines, equipment, and materials, such as reagents, chemicals, and Personal Protective Equipment (PPEs).
- mass deployment of a safe and effective vaccine.
- transportation of potentially infected specimens from healthcare facilities to testing laboratories.
- construction, expansion or enhancing healthcare waste and wastewater facilities.
- training of medical workers and volunteers.
- community engagement and communication.

a. Screening E&S Risks of Medical laboratories

Yemen COVID-19 response projects include capacity building and operational support to existing medical laboratories. It is important that such laboratories have in place procedures relevant to appropriate biosafety practices. WHO advises that non-propagative diagnostic work can be conducted in a Biosafety Level 2 (BSL-2) laboratory, while propagative work should be conducted at a BSL-3 laboratory. Patient specimens should be transported as Category B infectious substance (UN3373), while viral cultures or isolates should be transported as Category A "Infectious substance, affecting humans" (UN2814). The process for assessing the biosafety level of a medical laboratory (including management of the laboratory operations and the transportation of specimens) should consider both biosafety and general safety risks. OHS of workers in the laboratory and potential community exposure to the virus should be considered.

The following documents provide further guidance on screening of the E&S risks associated with a medical laboratory. They also provide information for assessing and managing the risks.

- [WHO; Prioritized Laboratory Testing Strategy According to 4Cs Transmission Scenarios](#)
- [WHO Covid-19 Technical Guidance: Laboratory testing for 2019-nCoV in humans:](#)
- [WHO Laboratory Biosafety Manual, 3rd edition](#)
- [USCDC, EPA, DOT, et al; Managing Solid Waste Contaminated with a Category A Infectious Substance \(August 2019\)](#)

b. Screening E&S Risks of Quarantine and Isolation Centers

According to WHO:

- **Quarantine** is the restriction of activities of or the separation of persons *who are not ill but who may have been exposed to an infectious agent or disease, with the objective of monitoring their symptoms and ensuring the early detection of cases'*
- **Isolation** is the separation of *ill or infected persons* from others to prevent the spread of infection or contamination.

Many COVID-19 projects include construction, renovation and equipping of quarantine and isolation centers at Point of Entry (POE), in urban and in remote areas. There may also be circumstances where tents are used for quarantine or isolation. Public or private facilities such as a stadium or hotel may also be acquired for this purpose.

In screening for E&S risks associated with quarantine and isolation, the following may be considered:

- contextual risks such as conflicts and presence or influx of refugees
- construction and decommissioning related risks.
- land or asset acquisition
- use of security personnel or military forces.
- availability of minimum requirements of food, fuel, water, hygiene
- whether infection prevention and control, and monitoring of quarantined persons can be carried out effectively'
- whether adequate systems are in place for waste and wastewater management
- provision of accurate information to ill, infected or exposed persons in a simple, accessible and culturally appropriate manner

The following documents provide further guidance regarding quarantine of persons.

- [WHO; Considerations for quarantine of individuals in the context of containment for coronavirus disease \(COVID-19\)](#)
- [WHO; Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV](#)
- [WHO; Preparedness, prevention and control of coronavirus disease \(COVID-19\) for refugees and migrants in non-camp settings](#)

c. SCREENING E&S RISKS OF TREATMENT CENTERS AND FOR DEPLOYMENT OF VACCINES

WHO has published a manual that provides recommendations, technical guidance, standards and minimum requirements for setting up and operating severe acute respiratory infection (SARI) treatment centers in low- and middle-income countries and limited-resource settings, including the standards needed to repurpose an existing building into a SARI treatment center, and specifically for acute respiratory infections that have the potential for rapid spread and may cause epidemics or pandemics.

- [WHO Severe Acute Respiratory Infections Treatment Centre](#)
- [WHO Covid-19 Technical Guidance: Infection prevention and control / WASH](#)
- [WBG EHS Guidelines for Healthcare Facilities](#)
- [WHO: Diagnostics, therapeutics, vaccine readiness, and other health products for COVID-19](#)

d. SCREENING E&S RISKS RELATING TO LABOR AND WORKING CONDITIONS

A COVID-19 project may include different types of workers. In addition to regular medical workers and laboratory workers who would normally be classified as direct workers, the project may include contracted workers to carry out construction and community workers (such as community health volunteers) to provide clinical support, contact tracing, and data collection, etc. The size of the workforce engaged could be considerable. Risks for such a workforce will range from occupational health and safety to types of contracts and terms and conditions of employment. Further details relevant to labor and working conditions for COVID-19 projects are discussed in the Labor Management Procedure of the project.

Annex II: Environmental and Social Management Plan (ESMP) Template

Introduction

Environmental and Social Management Plan (ESMP), setting out how the environmental and social risks and impacts will be managed through the project lifecycle will be prepared. This ESMP template includes several matrices identifying key risks and setting out suggested E&S mitigation measures.

The ESMP will also include other key elements relevant to delivery of the project, such as institutional arrangements, plans for capacity building and training plan, and background information. The Borrower may incorporate relevant sections of the ESMF into the ESMP, with necessary updates.

The matrices illustrate the importance of considering lifecycle management of E&S risks, including during the different phases of the project identified in the ESMF: planning and design, construction, operations and decommissioning.

The issues and risks identified in the matrix are based on current COVID-19 responses and experience of other Bank financed healthcare sector projects. The Borrower should review and add to them during the environmental and social assessment of a subproject.

The WBG EHS Guidelines, WHO technical guidance documents and other GIIPs set out in detail many mitigation measures and good practices and will be used by to develop the ESMP. Proper stakeholder engagement should be conducted in determining the mitigation measures, including close involvement of medical and healthcare waste management professionals.

The Infection Control and Waste Management Plan forms part of the ESMP. The ESMP will identify other specific E&S management tools/instruments, such as the Stakeholder Engagement Plan (SEP), labor management procedures (LMP), and/or Medical Waste Management Plan

Table 1 - Environmental and Social Risks and Mitigation Measures during Planning and Designing Stage

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Identify the type, location and scale of healthcare facilities (HCF) or facilities to be used for deployment of vaccines					
Identify the need for new construction, expansion, upgrading and/or rehabilitation					
Identify the needs for ancillary works and associated facilities, such as access roads, construction materials, supplies of water and power, sewage system					
Identify the needs for acquisition of land and assets (e.g. acquiring existing assets such as hostel, stadium to hold potential patients)					
Identify onsite and offsite waste management facilities, and waste transportation routes and service providers	Inadequate facilities and processes for treatment of waste	<ul style="list-style-type: none"> • Estimate potential waste streams, including sharps and vaccine program wastes • Consider the capacity of existing facilities, and plan to increase capacity, if necessary, through construction, expansion etc. • Specify that the design of the facility considers the collection, segregation, transport and treatment of the anticipated volumes and types of healthcare wastes • Require that receptacles for waste should be sized appropriately for the waste volumes generated, and color coded and labeled according to the types of waste to be deposited. • Develop appropriate protocols for the collection of waste and transportation to storage/disposal areas in accordance with 			

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		WHO guidance. Design training for staff in the segregation of wastes at the time of use			
Identify needs for transboundary movement of samples, vaccines, specimen, reagent, and hazardous materials					
Identify needs for workforce and type of project workers		<ul style="list-style-type: none"> Identify numbers and types of workers Consider accommodation and measures to minimize cross infection Use the COVID-19 LMP template to identify possible mitigation measures 			
Identify needs for using security personnel during construction and/or operation of HCF					
HCF design – general	<ul style="list-style-type: none"> Structural safety risk; Functional layout and engineering control for nosocomial infection 				
HCF design - considerations for differentiated treatment for groups of higher sensitivity or vulnerable (the elderly, those with preexisting conditions, or the very young) and those with disabilities	Some groups may have difficulty accessing health facilities				
Design of facility should reflect specific treatment requirements, including triage, isolation or quarantine		<ul style="list-style-type: none"> The design, set up and management of will take into account the advice provided by WHO guidance for <u>Severe Acute Respiratory Infections Treatment Center</u>. Hand washing facilities should be provided at the entrances to health care facilities in line with WHO <u>Recommendations to Member States to Improve Hygiene Practices</u>. 			

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		<ul style="list-style-type: none"> • Isolation rooms should be provided and used at medical facilities for patients with possible or confirmed COVID-19. • Isolation rooms should: <ul style="list-style-type: none"> ✓ be single rooms with attached bathrooms (or with a dedicated commode). ✓ ideally be under negative pressure (neutral pressure may be used, but positive pressure rooms should be avoided) ✓ be sited away from busy areas or close to vulnerable or high-risk patients, to minimize chances of infection spread. ✓ have dedicated equipment (for example blood pressure machine, peak flow meter and stethoscope ✓ have signs on doors to control entry to the room, with the door kept closed; have an ante-room for staff to put on and take off PPE and to wash/decontaminate before and after providing treatment. 			
Design to consider mortuary arrangements	Insufficient capacity Spread of infection	<ul style="list-style-type: none"> • Include adequate mortuary arrangements in the design • See <u>WHO Infection Prevention and Control for the safe management of a dead body in the context of COVID-19</u> 			
Identify the needs for an effective communication campaign on vaccination, including tailored outreach to different groups (including disadvantaged or vulnerable groups), with different partners					

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Assess the capacity of the Borrower to establish effective vaccine cold chain temperature monitoring	Failure to store and handle vaccines properly can reduce vaccine potency, resulting in inadequate immune responses in patients and poor protection against disease	<ul style="list-style-type: none"> Support the Borrower to design and establish or improve vaccine cold chain temperature monitoring plan. See WHO guidance on temperature monitoring¹⁹ and CDC Vaccine storage and Handling toolkit²⁰ 			
Assess the capacity of the Borrower to monitor adverse events following immunization (AEFI) in line with WHO guidelines	Insufficient capacity for ensuring immunization safety through detecting, reporting, investigating and responding to AEFI.	<ul style="list-style-type: none"> Support the Borrower to design and establish or improve surveillance system of AEFI. See WHO Global manual of surveillance of adverse events following immunization²¹. 			

Table 2 - Environmental and Social Risks and Mitigation Measures during Rehabilitation Stage

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Clearing of vegetation and trees; Construction activities near ecologically sensitive areas/spots	- Impacts on natural habitats, ecological resources, and biodiversity				
General construction activities Foundation excavation; borehole digging	- Impacts on soils and groundwater; - Geological risks				
General construction activities	- Resource efficiency issues, including raw materials, water and energy use; - Materials supply				
General construction activities – general pollution management	- Construction solid waste; - Construction wastewater; - Noise; - Vibration;				

¹⁹ https://apps.who.int/iris/bitstream/handle/10665/183583/WHO_IVB_15.04_eng.pdf;jsessionid=9F079AFFA760DBD35C08B13930268B01?sequence=1

²⁰ <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>

²¹ https://www.who.int/vaccine_safety/publications/Global_Manual_revised_12102015.pdf?ua=1

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
	<ul style="list-style-type: none"> - Dust; - Air emissions from construction equipment 				
General construction activities – hazardous waste management	<ul style="list-style-type: none"> - Fuel, oils, lubricant 				
General construction activities – Labor issues	<ul style="list-style-type: none"> - Workers coming from infected areas - Co-workers becoming infected - Workers introducing infection into community/general public 	<ul style="list-style-type: none"> - Refer to COVID-19 LMP if available. - Consider ways to minimize/control movement in and out of construction areas/site. - If workers are accommodated on site require them to minimize contact with people outside the construction area/site or prohibit them from leaving the area/site for the duration of their contract - Implement procedures to confirm workers are fit for work before they start work, paying special to workers with underlying health issues or who may be otherwise at risk - Check and record temperatures of workers and other people entering the construction area/site or require self-reporting prior to or on entering - Provide daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including cough etiquette, hand hygiene and distancing measures. - Require workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor if they have symptoms or are feeling unwell - Prevent a worker from an affected area or who has been in contact with an infected person from entering the construction area/site for 14 days 			

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		- Preventing a sick worker from entering the construction area/site, referring them to local health facilities if necessary or requiring them to isolate at home for 14 days			
General construction activities – Occupational Health and Safety (OHS)					
General construction activities – traffic and road safety					
General construction activities – security personnel					
General construction activities – land and asset	Acquisition of land and assets				
General construction activities	GBV/SEA issues				
General construction activities – cultural heritage	Cultural heritage	Chance-finds procedure			
General construction activities – emergency preparedness and response					
Construction activities related to onsite waste management facilities, including temporary storage, incinerator, sewerage system and wastewater treatment works					
Construction activities related to demolition of existing structures or facilities (if needed)					
<i>To be expanded</i>					

Table 3 - Environmental and Social Risks and Mitigation Measures during Operational Stage

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
General HCF operation – Environment	General wastes, wastewater, and air emissions				
General HCF operation – OHS issues	<ul style="list-style-type: none"> - Physical hazards. - Electrical and explosive hazards. - Fire. - Chemical substance. - Ergonomic hazard. - Radioactive hazard. 				
HCF operation – Labor issue					
HCF operation - considerations for differentiated treatment for groups with different needs (e.g. the elderly, those with preexisting conditions, the very young, people with disabilities)					
HCF operation – cleaning		<ul style="list-style-type: none"> • Provide cleaning staff with adequate cleaning equipment, materials, and disinfectant. • Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas. • Where cleaners will be required to clean areas that have been or are suspected to have been contaminated with COVID-19, provide appropriate PPE: gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes. If appropriate PPE is not available, provide best available alternatives. • Train cleaners in proper hygiene (including handwashing) prior to, during 			

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials).			
HCF operation - Infection control and waste management plan					
Mass vaccination program involving deployment of vaccines from many facilities (not just HCF), vehicles and locations	Mass vaccination provides a vector for the spread of disease	Develop infection control and waste management plan for vaccination program to consider the use of non-HCF for deployment			
Waste minimization, reuse and recycling	Use of incinerators results in emission of dioxins, furans, and particulate matter	<ul style="list-style-type: none"> • Where possible avoid the use of incinerators • If small-scale incineration is the only option, this should be done using best practices, and plans should be in place to transition to alternative treatment as soon as practicable (such as steam treatment prior to disposal with sterile/non-infectious shredded waste and disposed of in suitable waste facilities) • Do not use single-chamber, drum, and brick incinerators • If small-scale incinerators are used, adopt best practices to minimize operational impacts. 			
Procurement, delivery and set up of equipment for the storage and handling of vaccines and associated medical equipment	Surfaces of imported materials may be contaminated, and handling and processing may result in spread of COVID-19	<p>Technical specifications for procuring equipment should require good hygiene practices in line with WHO technical guidance to be observed when preparing the procured goods.</p> <p>Check national and WHO technical guidance for latest information regarding transmission of COVID on packaging prior to finalization of working protocols at facilities receiving</p>			

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		procured goods and update working methods as necessary.			
Transport of goods or supplies, including the delivery, storage and handling of vaccine, specimen, samples, reagents, pharmaceuticals and medical supplies	<p>COVID-19 is spread by drivers during the transport and distribution of goods or supplies.</p> <p>Traffic accidents occur during transportation of goods</p>	<p>Good hygiene and cleaning protocols should be applied. During the transport, truck drivers should be required to wash hands frequently and /or be provided with hand sanitizer and taught how to use it.</p> <p>Measures to minimize impacts during transportation, including hazardous materials can be found in the EHSGs.</p>			
Waste segregation, packaging, color coding and labeling					
Onsite collection and transport					
Waste storage					
Onsite waste treatment and disposal					
Waste transportation to and disposal in offsite treatment and disposal facilities					
Transportation and disposal at offsite waste management facilities					
HCF operation – transboundary movement of vaccine, specimen, samples, reagents, medical equipment, and infectious or hazardous materials					

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Operation of acquired assets for holding potential COVID-19 patients					
Emergency events	<ul style="list-style-type: none"> - Spillage; - Occupational exposure to infectious disease; - Exposure to radiation; - Accidental releases of infectious or hazardous substances to the environment; - Medical equipment failure; - Failure of solid waste and wastewater treatment facilities - Fire; - Other emergent events 	<ul style="list-style-type: none"> • Emergency Response Plan 			
Mortuary arrangements	<ul style="list-style-type: none"> - Arrangements are insufficient - Processes are insufficient 	<ul style="list-style-type: none"> • Implement good infection control practices (see <u>WHO Infection Prevention and Control for the safe management of a dead body in the context of COVID-19</u>) • Use mortuaries and body bags, together with appropriate safeguards during funerals (see <u>WHO Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19</u>) 			
Vaccination campaign - considerations for communication and outreach for disadvantaged or vulnerable groups					
Stakeholder engagement – considerations for simple, accurate, accessible, and culturally appropriate information					

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
dissemination; combating misinformation; responding to grievances					
Targeting of beneficiaries is not done in a fair, equitable and inclusive manner	Lack of transparency about the vaccination program	<p>Outreach/communication tools to make potential beneficiaries aware of the eligibility criteria, principles and methods used for targeting</p> <p>Ensure project includes a functional Grievance Mechanism</p>			
	Poorest / most needy households are left out	<p>See above. Clear, transparent and unambiguous eligibility criteria</p> <p>Use good quality Government data combined with geographical targeting</p> <p>Use local community structures to identify and select beneficiaries, based on inclusive consultations</p>			
	Lack of diversity and inclusion in vaccination program, resulting in inadequate benefits for other vulnerable groups	<p>Ensure women participate in the program and, where possible, give preference to women within households as transferees</p> <p>Work with community representatives/NGOs so that vulnerable groups such as unaccompanied children, youth, Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) survivors, Indigenous Peoples, refugees, internally displaced peoples, etc. are included in project activities and benefits</p>			
	SEA/SH increase in project area (e.g. requests for sexual favors to receive vaccinations)	<p>Consultations to discuss process for identifying vaccination prioritization</p> <p>Grievance Mechanism (GM) to be established as soon as possible to handle complaints</p> <p>Provide information to potential beneficiaries on eligibility criteria and GM process via various media (radio, SMS, television, online, posters)</p>			

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		Work with local NGOs to provide social services for affected beneficiaries, as well as assistance to register			

Table 4 - Environmental and Social Risks and Mitigation Measures during Decommissioning

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Decommissioning of interim HCF					
Decommissioning of medical equipment					
Regular decommissioning					
To be expanded					

Annex III: Sample Terms of Reference (ToR)²² for Grievance Mechanisms in SEA/SH in World Bank financed Projects

Project-Level Grievance Mechanism (GM) for Allegations of Sexual Exploitation and Abuse, and Sexual Harassment (SEA/SH) in World Bank-Financed Projects

I. MANDATE

1. The World Bank Environmental and Social Framework requires the Borrower to respond to project-related concerns and grievances of project-affected parties through a grievance mechanism.²³ Such a mechanism must be accessible, inclusive, and designed in a manner proportionate to the potential risks and impacts of the project. In this context, a grievance mechanism for allegations of Sexual Exploitation, Abuse, and Harassment (“SEA/SH GM”) is one element of the World Bank’s approach to addressing SEA/SH in World Bank-financed projects. A SEA/SH GM may take different forms, based on project context, needs, and level of risk. It may be a project-level GM that has been adapted to address SEA/SH allegations, it may link the project GM with an existing grievance mechanism for various types of gender-based violence (“GBV”) including SEA/SH, or it may be a stand-alone SEA/SH GM outsourced to a third party.²⁴ The SEA/SH GM is generally managed by the Project Management Unit (“PMU”) and financed by the Project.²⁵
2. Only grievances related to SEA/SH allegedly committed by any “individual associated with a World Bank project”²⁶ fall under the mandate of a SEA/SH GM. 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 World Bank 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).
3. [A SEA/SH GM operates without prejudice to any other complaint mechanisms or legal recourse to which an individual or community may otherwise have access under national, regional, or international law, or under the rules and regulations of other institutions, agencies or commissions, including](#) the World Bank’s Grievance Redress Service (GRS),²⁷ or the World Bank’s Inspection Panel.

II. GUIDING PRINCIPLES OF A SEA/SH GM

1. **Accessibility, transparency, and non-discrimination:** A SEA/SH GM must be accessible to all potential complainants and its existence and operation should be transparent to the community in which it is situated. SEA/SH GM accessibility should be sensitive to gender, age, disability, and other potential contextual barriers. Adequate information about the existence and operation of the SEA/SH GM must be provided in a language and manner

²² These sample ToR may be used by Borrowers to operationalize a SEA/SH GM. They describe the purpose and structure of the GM, providing a documented basis from which to carry out relevant coordination and referral activities. These sample ToR are appended as an annex to the Interim Technical Note “Grievance Mechanism for Sexual Exploitation and Abuse in World Bank-Financed Projects” dated April 2020 (hereafter “Technical Note”) and should be read in conjunction with the Good Practice Note “Addressing Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) in Investment Project Financing Involving Major Civil Works” dated February 2020 (hereafter “SEA/SH GPN”).

²³ The World Bank Environmental and Social Framework, Environmental and Social Standard (ESS) 10 on Stakeholder Engagement and Information Disclosure, paras 26-27 and ESS10 – Annex 1 on Grievance Mechanism.

²⁴ For further details on these models (*i.e.*, Model 1, 2, and 3 respectively), refer to Annex on “Options for Designing a SEA/SH GM” (“Annex”) of these ToR and the Technical Note.

²⁵ In Model 3, however, running the GM may be completely outsourced to the contracted third party. For further details, refer to Annex and the Technical Note pp. 14-20.

²⁶ See definition below at section VI.

²⁷ For further information, see, [Bank Procedure on Bank Grievance Redress Service \(GRS\)](#), issued on and effective from March 1, 2017. For information on how to submit complaints to the World Bank’s corporate GRS, visit <http://www.worldbank.org/GRS>.

accessible to any potential project-affected person.²⁸ The principle of non-discrimination should be respected when receiving, processing, and referring the allegation.

2. **Survivor-centered approach:** All prevention and response actions must balance the respect for due process with the requirements of a survivor-centered approach under which the survivor's safety, confidentiality, choices, needs, and well-being remain central. The SEA/SH GM should also include processes that protect the rights of the alleged perpetrator, including confidentiality.
3. **Safety:** The survivor's physical and psychological safety as well as that of their family remains a priority at all times.
4. **Confidentiality:** Confidentiality should cover all information in a complaint that may lead to the identification of a specific incident or those affected by the allegation. This applies to the survivor and witnesses, but also the identity of the alleged perpetrator. Confidentiality is a key to protecting survivor's and witnesses' safety. Confidentiality requires that information gathered about the allegation not be shared with persons or entities unless there is explicit permission granted by the complainant.²⁹ Even in such cases, information-sharing should take place on a strict need-to-know basis, limited to essential information,³⁰ and based on pre-established information sharing protocols which are in line with best practices for the handling of SEA/SH cases.³¹ Reports of grievances to the Bank and PMU shall only include an anonymized summary of allegations based on pre-established information sharing protocols.³²
5. **Considerations regarding children and persons with intellectual disabilities:** When the survivor is a child, the best interests of the child is the governing principle. Children are considered incapable of providing consent because they do not have the ability and/or experience to anticipate the implications of an action, and they may not understand or be empowered to exercise their right to refuse. The World Bank considers that a child is anyone under the age of 18³³ and, as such, not able to give free and voluntary consent.³⁴ Similar additional considerations and protective safeguards may also apply where the complainant or survivor is a person with intellectual disabilities.

III. COMPOSITION OF THE SEA/SH GM

1. An SEA/SH GM is composed of: (a) a GM Operator; and (b) a SEA/SH Committee,³⁵ each with qualifications and experience satisfactory to the World Bank. All SEA/SH GM staff shall have received training on GBV and SEA/SH, and on how to conduct basic fact analysis regarding whether: (i) the allegation in question is one of SEA/SH; and (ii) the alleged perpetrator is associated with a World Bank-financed project. The SEA/SH GM staff shall have relevant knowledge and expertise to: (i) enable them to differentiate SEA from SH; and SEA/SH from other forms of GBV; (ii)

²⁸ In cases where there are mandatory reporting requirements under national law, information relating to such requirements need to be widely disseminated among affected communities as part of project information dissemination on the GM.

²⁹ The identity of witnesses and alleged perpetrators must also be protected at all times.

³⁰ To protect confidentiality, only the following elements are to be reported when needed: (i) age and sex of survivor; (ii) type of alleged incident (as reported); (iii) whether the alleged perpetrator is reported to be associated with the project (Y/N, as indicated by the survivor); and (iv) whether the survivor is referred to service provision.

³¹ Other measures may need to be taken into account to assure confidentiality, such as not writing down the complaint in a ledger accessible to many people, not noting the personal information in the ledger, or using a coding system to protect the identity of the survivor, using a locked cabinet for file, etc.

³² Before logging the allegation, the complainant must be informed that an anonymized summary of the allegation will be shared with the World Bank and the PMU. For further details, see Sections IV and V of this ToR.

³³ Even if national law stipulates a lower age.

³⁴ See SEA/SH GPN (2020), p.8.

³⁵ The Committee may include, *inter alia*, (i) a SEA/SH specialist from the PMU; (ii) a GBV Service Provider; (iii) [any other additional relevant personnel and their respective qualifications].

address allegations where the survivor is a child; (iii) uphold the guiding principles³⁶ and ethical requirements for dealing with survivors of SEA/SH; and (iv) communicate in the relevant local language(s). The GM Operator shall have adequate knowledge of GBV services available, how to access said services, who to contact, any financial support that may be provided, and available options for assistance within and outside of the SEA/SH GM.

2. Conflict of interest: Any actual or perceived conflict of interest must be avoided in selecting the SEA/SH GM members.³⁷ The composition of the SEA/SH GM may need to change depending on the nature and source of the allegation.

IV. ROLES and RESPONSIBILITIES OF ACTORS IN THE SEA/SH GM:

1. The GM Operator is responsible for: (i) receiving, sorting, and logging allegations; (ii) referring all survivors who come to the GM to relevant GBV service providers; and (iii) notifying the PMU and the World Bank of the allegation in line with pre-established information-sharing protocols.
2. The SEA/SH Committee is responsible for determining whether the allegation: (i) falls within the definition of SEA/SH; and (ii) whether the alleged perpetrator is associated with the Project. Where the SEA/SH Committee determines that: (i) the allegation amounts to SEA/SH and (ii) the alleged perpetrator is associated with the Project, with the survivor's consent, it shall refer the allegation to the employer (and the authorities if required by domestic law).

V. SPECIFIC STEPS OF THE SEA/SH GM³⁸

1. UPTAKE, SORT, AND PROCESS

- (i) Upon receipt, the GM Operator sorts and processes the allegation. Allegations can be received by the SEA/SH GM through various means (*e.g.*, online, phone, writing, or in-person), submitted by multiple types of complainants (*e.g.*, survivor, witness, or whistleblower),³⁹ and received through multiple channels (*e.g.*, the PMU focal point, Contractor, Supervision Consultant, or GBV service provider). When the allegation is received in person, the GM Operator records the survivor's account of the incident; this shall be conducted in a private setting, ensuring that any specific vulnerabilities are taken into consideration.
- (ii) The SEA/SH GM should not ask for, or record, information other than the following: (i) the nature of the complaint; (ii) if possible, the age and sex of the survivor; and (iii) if, to the best of the complainant's knowledge, the perpetrator is associated with the Project; and (iv) if possible, information on whether the survivor was referred to services.⁴⁰ It is important to seek the survivor's consent during intake and referral to services by clarifying in advance the remit of the GM, what referral services entail, key elements that need to be collected, and informing of mandatory reporting laws as relevant. Standardized incident intake and consent forms should be used.⁴¹ The GM Operator shall record all allegations and information received respecting the principle of confidentiality.

³⁶ See Section II above.

³⁷ Such actual or perceived conflict of interest include conflicts between an individual's private interests and his or her responsibilities in their official position of trust as an actor in a SEA/SH GM.

³⁸ For further details on specific steps in the GM value chain, see pp. 21-24 of the Technical Note.

³⁹ Survivors should be encouraged to self-report the alleged SEA/SH incident, but they may choose to do so with the assistance of a trusted individual, *e.g.* close family member, friend or trusted community member.

⁴⁰ SEA/SH GPN (2020), at p. 37.

⁴¹ For further details, see the Technical Note.

(iii) The GM operator shall receive all allegations but shall, where the complainant is not the survivor, encourage the complainant to reach out to the survivor and explain the potential benefit of coming forward alone or with the person reporting to the GM. In the event that there is a credible concern about the safety of the survivor, the GM Operator may attempt to approach the survivor directly to offer a referral to services. Here, as elsewhere, the survivor's consent governs.

2. ACKNOWLEDGE AND FOLLOW UP

- (i) With the survivor's consent, the GM Operator shall, within the shortest timeframe possible, refer the survivor to the relevant GBV service provider⁴² for any specific service the survivor may need and want in accordance with pre-established and confidential referral procedures.⁴³ These services may include legal,⁴⁴ psychosocial, medical care, safety and security-related support, and economic empowerment opportunities.⁴⁵
- (ii) The GM Operator shall, within 24 hours of receiving the allegation, inform the PMU of the SEA/SH incident,⁴⁶ copying the World Bank,⁴⁷ by sending an anonymized summary of allegation based on pre-established information sharing protocols. The GM Operator shall ensure that the information collected regarding the complainant and allegations respects the principles of confidentiality, anonymity, and consent.⁴⁸ Elements to be reported should only include: (i) the age and sex of survivor; (ii) the type of alleged incident (as reported); (iii) whether the alleged perpetrator is employed by the project; and (iv) whether the survivor was referred to a service provider.

3. FACT ANALYSIS

If the survivor wishes to pursue disciplinary action in addition to the referral to services provided, the GM Operator shall refer the case to the SEA/SH Committee to analyze the facts of the allegation by determining whether: (i) the allegation falls within the definition of SEA/SH; and (ii) the alleged perpetrator is an individual associated with a World Bank-financed project. If the SEA/SH Committee confirms these two elements, it shall refer the allegation to the employer, who shall then be responsible for investigating the allegations.⁴⁹ If national law requires it, the SEA/SH Committee may be obliged to refer the complaint to the local authorities for further investigation and eventual criminal prosecution. The survivor should be made aware of legal obligations of reporting certain incidents before disclosing the complaint, again consistent with the principle of consent. In all cases when there is no mandatory reporting, referral to local authorities should be done exclusively with the survivor's consent.

4. MONITOR AND EVALUATE

⁴² Such a referral can be made irrespective of whether the allegation is later verified to be a SEA/SH and the alleged perpetrator is associated with the Project.

⁴³ Survivors should receive care regardless of whether the alleged perpetrator is known to be associated with the project or not. The GM Operator shall refer the allegation to the existing intermediary with GBV expertise or to the dedicated SEA/SH entity when the SEA/SH GM outsourced to a third party. For further details, see the Annex and the Technical Note.

⁴⁴ It is also possible that the survivor independently pursues legal action through the justice system at this stage.

⁴⁵ In Model 2 and 3 where an existing intermediary with specific GBV qualifications or the dedicated entity to which the entire GM is outsourced, the GM Operator shall refer the survivor to these entities. They may refer the survivor to other GBV providers as relevant based on the survivor's consent.

⁴⁶ Other forms of GBV that are received and referred through the GM do not need to be reported further, unless there is a mandatory reporting law that governs reporting of specific instances, like cases of sexual abuse against a minor.

⁴⁷ Such reporting shall be conducted in accordance with the Environmental and Social Incident Response Toolkit (ESIRT) that has been introduced to outline procedures for World Bank Staff to report negative environmental and social incidents linked to IPF operations. ESIRT outlines the requirements for reporting GBV cases and has a protocol that defines incidents using three categories (*i.e.*, "indicative", "serious", and "severe"). Depending on the categorization, incidents are elevated to different actors/units.

⁴⁸ This should be read in accordance with any relevant requirements under domestic law.

⁴⁹ These ToR acknowledges that the identity of the alleged perpetrator may not always be known.

The GM Operator shall compile relevant data about SEA/SH allegations in accordance with the principles of safety and confidentiality. The GM Operator shall issue regular reports to the PMU and the World Bank, containing basic information on the types of SEA/SH allegations, the number of the allegations related to a World Bank-financed project, and the age and sex of the survivor to enable them to track grievances.

5. PROVIDE FEEDBACK

If the survivor wishes to pursue disciplinary action, the GM Operator shall provide feedback to the survivor on the receipt and reporting of the allegation. The GM Operator shall also inform the survivor when the matter has been referred to the employer for disciplinary action. Survivors may also prefer to go directly to the employer themselves or through their legal representative after having consulted with referral services.

6. CLOSURE OF PROCESS

- (i) If the survivor does not wish that disciplinary action be pursued by the employer, and has not pursued legal action independently, the process is closed after the referral to services has been provided.
- (ii) In cases where the survivor seeks disciplinary action to be pursued by the employer or where the survivor pursues independent legal action,⁵⁰ the process is closed in the SEA/SH GM once that disciplinary or legal action has been initiated.⁵¹ The GM's tracking records should show the results of the referral and the chosen follow-up action (*i.e.*, employment sanction or judicial verdict). Should the survivor seek further assistance from the SEA/SH GM, the survivor may return to the GM.
- (iii) All SEA/SH survivors who come forward before the project's closing date should be referred immediately to the GBV service provider for health, psychosocial and legal support. If a project is likely to close with SEA/SH cases still open, appropriate arrangements should be made with the GBV service provider, prior to closing the project, to ensure there are adequate resources to support the survivor for an appropriate time after the project has closed. Since funding cannot be provided by the project after the closing date, other funding arrangements shall be made (Borrower, other projects within the portfolio that may have aligned objectives and budget flexibility, extension of the closing date).⁵²

VI. KEY DEFINITIONS

The definitions of all relevant terms can be found in the Interim Technical Note "Grievance Mechanism for Sexual Exploitation and Abuse in World Bank-Financed Projects" dated April 2020 and the Good Practice Note "Addressing Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) in Investment Project Financing Involving Major Civil Works" dated February 2020. This section includes definitions of a select number of terms that are relevant to the context of these TORs, as well as a number of additional terms introduced in these TORs.

Child: refers to a person under the age of 18,⁵³ and allegations of SEA/SH by or on behalf of a child shall be treated with additional safeguards to protect the child.

⁵⁰ This could occur where the survivor is represented by a legal service provider or where the case is being prosecuted by the authorities on behalf of the survivor.

⁵¹ For further details, see SEA/SH GPN (2020) p. 47 on Resolving and Closing a Case.

⁵² *Id.*, para 127.

⁵³ This is in accordance with Article 1 of the United Nations Convention on the Rights of the Child.

Complainant: A person who brings an allegation of SEA to the GM in accordance with established procedures, whether a SEA/SH survivor or another person who is aware of the wrongdoing.

Consent must be informed, based on a clear appreciation and understanding of the facts, implications and future consequences of an action. In order to give consent, the individual concerned must have all relevant facts at the time consent is given and be able to evaluate and understand the consequences of an action. The individual also must be aware of and have the power to exercise the right to refuse to engage in an action and/or to not be coerced. There are instances where consent might not be possible due to age, cognitive impairments and/or physical, sensory, or developmental disabilities. Consent may be withdrawn at any time, and the choice to withdraw consent must be respected.

Gender-based violence (GBV): GBV is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (*i.e.*, gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.⁵⁴

Individual associated with a World Bank project: Such individuals would include any worker hired with World Bank financing, consultants supervising the operation, consultants undertaking technical assistance activities or studies relating to the operation, security personnel hired to protect the project site, PMU staff (whether financed by the Bank or not), contractors or consultants on the project whose contracts are financed by a co-financier, World Bank staff, or anyone to whom the project GBV requirements apply.

Sexual exploitation and abuse (SEA)

- **Sexual exploitation:** any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.⁵⁵
- **Sexual abuse:** actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.⁵⁶

Sexual harassment (SH): Any unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature.⁵⁷

Survivor: A survivor is a person who has experienced the SEA/SH incident in the context of this SEA/SH GM.⁵⁸

⁵⁴ See SEA/SH GPN (2020) Glossary and 2015 Inter-Agency Standing Committee Gender-based Violence Guidelines, p. 5.

⁵⁵ See SEA/SH GPN (2020) Glossary and UN Glossary on Sexual Exploitation and Abuse 2017, pp. 5-6.

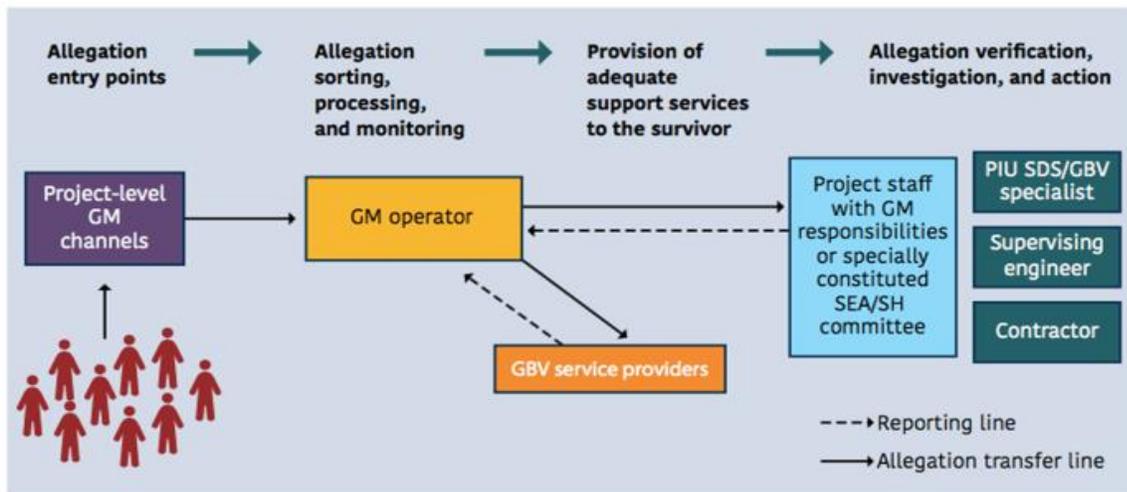
⁵⁶ Id.

⁵⁷ See SEA/SH GPN (2020) Glossary.

⁵⁸ Id.

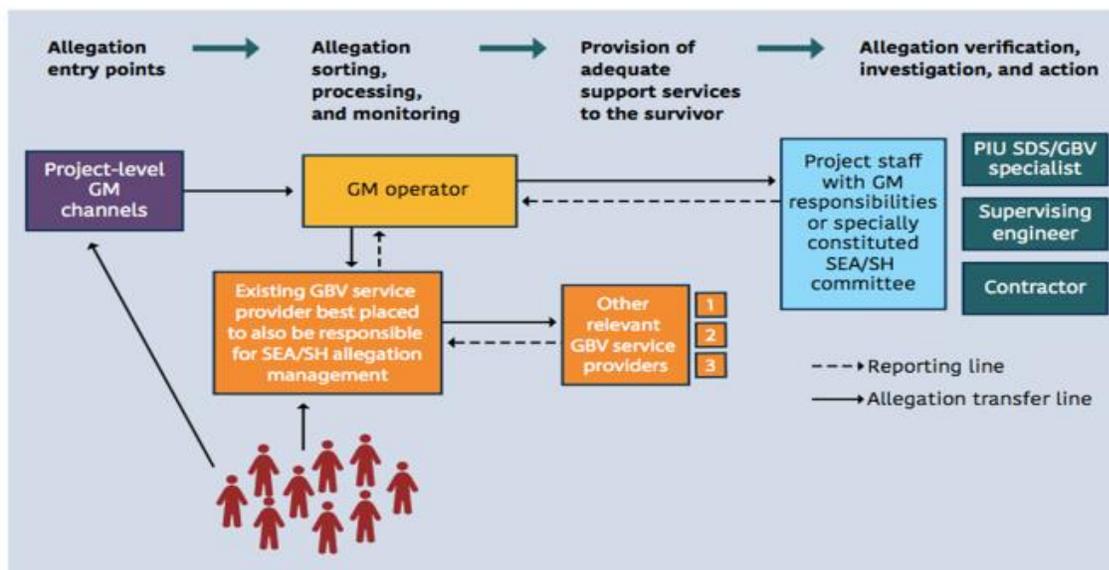
Options for Designing a SEA/SH GM

Model 1: Adapt the overall project grievance mechanism to allow for the uptake of SEA/SH allegations



GBV = gender-based violence; GM = grievance mechanism; PIU = project implementation unit; SDS = social development specialist; SEA = sexual exploitation and abuse; SH = sexual harrasment.

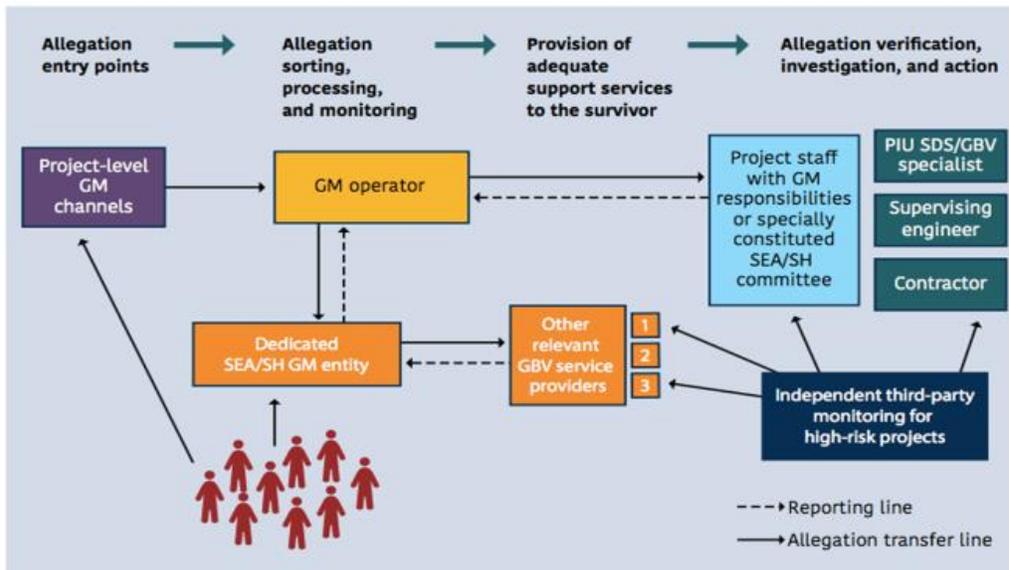
Model 2: Link the project grievance mechanism to an existing intermediary (e.g. a government actor in a given sector or a non-governmental organization with GBV expertise)



Note: The intermediary can be an existing government GBV service provider or a NGO GBV service provider.

GBV = gender-based violence; GM = grievance mechanism; PIU = project implementation unit; SDS = social development specialist; SEA = sexual exploitation and abuse; SH = sexual harrasment.

Model 3: Outsource SEA/SH allegation management to a third party (in most cases a non-governmental organization)



GBV = gender-based violence; GM = grievance mechanism; PIU = project implementation unit; SDS = social development specialist; SEA = sexual exploitation and abuse; SH = sexual harassment.

Annex IV: Project Procurement List

List Electro-Medical Equipment

Medical area	Type	Code	Description	Total Quantity
Severe	Equipment	YEMDMONE3----A1	MONITOR PATIENT, NIBP, w/o ECG (Dinamap Carescape V100), battery, trolley, +acc.	395
Severe	Accessories	YEMDMONA301--A1	(monitor Procare B40/Dinamap) CUFF ADULT M, navy 23-33cm 002203	395
Severe	Accessories	YEMDMONA302--A1	(monitor Procare B40/Dinamap) CUFF ADULT L, wine 31-40cm 002207	395
Severe	Accessories	YEMDMONA303--A1	(monitor Procare B40/Dinamap) CUFF CHILD, green 12-19cm 002201	395
Severe	Accessories	YEMDMONA304--A1	(monitor Procare B40/Dinamap) CUFF NEON., orange 8-13cm 002200	395
Severe	Accessories	YEMDMONA306--A1	(monitor Dinamap) TUBING NIBP adult/child 107363	395
Severe	Accessories	YEMDMONA305--A1	(monitor Procare B40/Dinamap) SENSOR SPO2 adult Nellcor DS100A	395
Severe	Equipment	YEMDPOXE5----A1	OXYMETER, PULSE, finger tip model, SpO2/PR, 2xAAA batt.	395
Severe	Equipment	YEMDCONE1----A1	CONCENTRATOR O2 (New Life Intensity) 10L, 230V, 50 Hz + acc. Including:	260
Severe	Accessories	YEMDCONE1S03-A1	(conc. NL Intensity 10L) OUTLET CONNECTOR, FITTING O2 F0025-1	130
Severe	Accessories	YEMDCONE1S04-A1	(conc. NL Intensity 10L) OXYGEN OUTLET F0007-3	130
Severe	Equipment	YEMDINFEDC1--A1	ELECTRONIC DROP COUNTER (Dripassist), IV fluids infu. gravity monitor, alarm, batt.AA	265
Critical - ICU	Equipment	YHOEVENT02---A1	VENTILATOR PATIENT (Dräger Savina 300 Select), adu/paed/neon., w/acc. Including:	130
Critical - ICU	Consumables	YHOEVENT02C1-A1	(drager savina 300) BREATHING CIRCUIT, adult (tub./balloon/valv./mask), s.u.	2,600
Critical - ICU	Consumables	YHOEVENT02C2-A1	(drager savina 300) BREATHING CIRCUIT, paediatr. (tub./balloon/valv./mask), s.u.	520
Critical - ICU	Consumables	YHOEVENT02C3-A1	(drager savina 300) BREATHING CIRCUIT, neonat. (tub./balloon/valv./mask), s.u.	260
Critical - ICU	Equipment	YEMDINFPE4---A1	INFUSION PUMP (Agilia VP Z019510)	130
Critical - ICU	Consumables	YEMDINFPC401-A1	(inf. pump Agilia) INFUSION LINE VLST00	260
Critical - ICU	Equipment	YEMDDEFSE2---A1	DEFIBRILLATOR, mobile, semi-auto.(BeneHeartD3),multi-paramet,AC/DC, w/acc+trolley including:	26
Critical - ICU	Accessories	YEMDDEFS2A1--A1	(defibrilator beneheartD3) LITHIUM BATTERY	26
Critical - ICU	Consumables	YEMDDEFS2C1--A1	(defibrilator beneheartD3) ELECTRODE PADS, adult, adhesive, disp.	520
Critical - ICU	Consumables	YEMDDEFS2C2--A1	(defibrilator beneheartD3) ELECTRODE PADS, paediat., adhesive, disp.	52
Critical - ICU	Equipment	YEMDECGE2----A1	ELECTROCARDIOGRAPH (Schiller AT-1 G2), portable, 3 ch+ACC including:	26
Critical - ICU	Accessories	YEMDECGE2A02-A1	(ECG Schiller AT-1/G2) PATIENT CABLE 10 leads, 2.400070	26
Critical - ICU	Accessories	YEMDECGE2A03-A1	(ECG Schiller AT-1/G2) SET ELECTRODES, paediat., 6 bulbs and 4 clips	26

Medical area	Type	Code	Description	Total Quantity
Critical - ICU	Accessories	YEMDECGE2A01-A1	(ECG Schiller AT-1/G2) ELECTRODES CLIP, limb, set 4pcs/colors	26
Critical - ICU	Accessories	YEMDECGE2A04-A1	(ECG Schiller AT-1/G2) SUCTION ELECTRODE, adult, 4mm, set of 6	26
Critical - ICU	Consumables	YEMDECGE2C01-A1	(ECG Schiller AT-1 G2) RECORDING PAPER, pack, 2.157044	26
Critical - ICU	Equipment	YDIMULTSME8--A1	ULTRASOUND SYSTEM MOBILE (SonoSite M-Turbo), transducer, trolley, 220V, w/ acc. Including:	26
Critical - ICU	Accessories	YDIMULTSM8A1-A1	(ultrasound Sonosite M-T) LINEAR TRANSDUCER 5.0-7.5 MHz.	26
Critical - ICU	Accessories	YDIMULTSM8A2-A1	(ultrasound Sonosite M-T) PHASED ARRAY CARDIAC TRANSDUCER 5.0-7.5 MHz.	26
Critical - ICU	Equipment		Table, resuscitation, neonate	26
Auxiliary	Equipment	YANTSCALEI2--A1	INFANT/BABY SCALE, electronic, portable, 20kg-10g, remov. baby tray, AA batt.x4	111
Auxiliary	Equipment	YANTSCAL3A---A1	SCALE, mechanical, adult 0-150 kg, grad. 500 g	112

Additional laboratory equipment and supplies including PCR Thermocyclers

No	Item Description	Total Quantity
1	PCR thermocycler machine	9
2	RRT-PCR primer/probe sets for COVID-19 complete kit	50
3	Positive template control	14
4	TaqPath™ 1-Step RT-qPCR Master Mix, CG (ThermoFisher; cat # A15299 or A15300)	14
5	Molecular grade water, nuclease-free	25
6	P2/P10, P200, and P1000 aerosol barrier tips - for each tips of pipettor case of 500 tips	24
7	Sterile, nuclease-free 1.5 mL microcentrifuge tubes Case of 500 tubes	30
8	0.2 mL PCR reaction tube strips or 96-well real-time PCR optical 8-cap strips (box of 300 strips)	25
9	Laboratory marking pen	100
10	Cooler racks for 1.5 microcentrifuge tubes and 96-well 0.2 mL PCR reaction tubes	91
11	Racks for 1.5 ml microcentrifuge tubes	100
12	Micropipettes (2 or 10 µl, 200 µl and 1000 µl)	32
13	Multichannel micropipettes (5-50 µl)	14
14	2 x 96-well cold blocks	14
15	DNAZap™ (Life Technologies, cat. #AM9890)	24
16	RNAse Away™ (Fisher Scientific; cat. #21-236-21)	24
17	Realtime PCR Diagnostic Kit fo Pan - Corona virus - complete with primer/probe mix, master mix and all reagents as per WHO/Charite Berlin protocol (Screening Test)	50
18	Realtime PCR Diagnostic Kit for COVID-19 specific primer/probe mix, master mix and all reagents as per WHO/Charite Berlin protocol (Confirmatory Test).	50
19	Positive template control - COVID-19 Synthetic	14
20	TaqPath™ 1-Step RT-qPCR Master Mix, CG (ThermoFisher; cat # A15299 or A15300)	20

List of Personal Protective Equipment

No	Item Description	Total Quantity
1	APRON PROTECTION, plastic, disposable, thick. 20 um, pack-100	1080
2	BOOTS, rubber, size 42, dark color (green or black), pair	193
3	GLOVES PROTECTION, heavy duty, nitrile, green, cat III, size 7, pair, pack-12	576
4	GLOVES PROTECTION, heavy duty, nitrile, green, cat III, size 10, pair, pack-12	1152
5	Gloves, Examination, Nitrile, L, 100/box	3168
6	Gloves, Examination, Nitrile, M, 100/box	6336
7	Gloves, Examination, Nitrile, S,100/box	3168
8	Gloves, Examination, Nitrile, XL,100/box	3168
9	GLOVES, SURGICAL, latex, s.u., sterile, pair, size 7, box-50	115
10	GLOVES, SURGICAL, latex, s.u., sterile, pair, size 8, box-50	173
11	GOWN, AAMI level 3, non sterile, disp., size M	259200
12	GOWN, AAMI level 3, non sterile, disp., size XL	129600
13	MASK SURGICAL, type IIR, level 2, s.u, non sterile, ear loop	12960
14	RESPIRATOR, mask, N95 (Safetyware 3280), s.u., duckbill, box-100	1440
15	SET, TUNIC + TROUSERS SURGICAL, woven, reusable, green, size XXL	1024

List of Wash Items, Detergents, Disinfections

No	Item Description	Total Quantity
1	HTH Hypochlorite (70%) for decontamination per Kg	15000
2	Detergents-70 % disinfection strength (for surface and floor cleaning)/L	15000
3	Antiseptic soap (72 gm)	25000
4	Hand sanitizers alcohol-based solution (70%) with holder (100 ml Bottle)	50000
5	Soiled linen trolleys (Overall approx. size: 910mmH x 510mmWx965 mmH. MS Tubular framework mounted on four twin wheel, non-rusting castors, 50 mm dia. Top 760mmL x 450mmW made of laminated board. Pretreated and powder coated)	50
6	General waste collection bins with two-wheel 110 liter	100
7	Needle cutters and safety boxes 5 liters	40000
8	Trolleys for transportation of waste hospitals	100
9	Floor mop with the enclosure	1000
10	Broom washing floors	1000
11	Sweepers with a stick	1000
12	Plastic Bags ,black and red /yellow color(Large size)100l (Roll 1 KG)	1000
13	Plastic Bags, black and red /yellow color (20L &30L) (Roll 1 KG)	1000
14	Plastic Bags, black and red/yellow (50l) (Roll 1 KG)	1000
15	Calcium Hypochlorite Powder (Sealed containers)	100

List of procurement plan under Additional Financing (for each round of vaccination)

No	Item Description	Total Quantity	Unit Cost USD	Total Cost USD
1	Hand sanitizer (hand gel)	2330	2.00	4660
2	Antiseptic soap (72 gram)	6250	0.17	1056.25
3	Plastic Bags, black and red /yellow color (Large size)100l (Roll 1 KG)	250	2.70	675
4	Plastic Bags, black and red /yellow color (20L &30L) (Roll 1 KG)	250	2.69	672.5
5	Plastic Bags, black and red/yellow (50l) (Roll 1 KG)	250	2.55	637.5
6	Calcium Hypochlorite Powder (Sealed containers)	25	150.00	3750
7	APRON PROTECTION, plastic, disposable, thick. 20 um, pack-100	831	25.00	20775
8	Gloves, Examination, Nitrile, L, 100/box	831	10.00	8310
9	Gloves, Examination, Nitrile, M, 100/box	831	10.00	8310
10	Gloves, Examination, Nitrile, S,100/box	831	10.00	8310
11	Gloves, Examination, Nitrile, XL,100/box	831	10.00	8310
12	GLOVES, SURGICAL, latex, s.u., sterile, pair, size 7, box-50	831	10.00	8310
13	GLOVES, SURGICAL, latex, s.u., sterile, pair, size 8, box-50	831	10.00	8310
14	Face shield	2330	2.00	4660
15	Mask, Medical	6250	0.17	1056.25

Annex V: List of Health Facilities

No	Isolation unit name	Current # of beds	District name	Governorate	Functional (Yes, No)	Triage capability (Yes, No)
1	Sheikh Zaid Maternity Hospital		Alhareth	Amanat Al-Asimah	No	
2	Al Kuwait Hospital			Amanat Al-Asimah	No	
3	Al Jamhuri Authority Hospital			Amanat Al-Asimah	No	
4	Mathna Hospital			Sana'a	No	
5	Jehanah Hospital		Jahanah		No	
6	Al-Wahdah (Ma'aber) Hospital		Jahran	Dhamar	No	
7	Dhamar Authority Hospital		Dhamar	Dhamar	No	
8	Al Thawrah Authority Hospital			Ibb	No	
9	Jebelah Hospital			Ibb	No	
10	22 May Hospital		Amran	Amran	No	
11	Al Tholaia Hospital			Raymah	No	
12	Al-Hwabany Hospital		Hudeidah	Hudaydah	No	
13	Al-Salakhana Hospital		Al-		No	
14	Al Waharah Centre		Al Khokha		No	
15	Al Jamhuri Hospital			Hajjah	No	
16	Al Salam Hospital			Sa'ada	No	
17	Al Talh Hospital			Sa'ada	No	
18	Al Hawban Hospital			Taiz	No	
19	Al-Rahidah Hospital		Al-		No	
20	Al-Dhabab hospital		Dhabab		No	
21	Al Hazm Hospital		Al-Hazm	Al-Jawf	No	
22	Al-Naqa'a hospital		Al-Malajm	Marib	No	

No	Isolation unit name	Current # of beds	District name	Governorate	Functional (Yes, No)	Triage capability (Yes, No)
23	New University Al Rodah				No	
24	Al-Naser hospital		Al-Dhala	Al-Dhala	No	
25	Al Somah Hospital			Al Baytha	No	
26	Al Thawrah Hospital		Thi Na'am		No	
27	Radaa Hospital		Radaa		No	
28	Al-Jamhuri Hospital			Al-Mahwit	No	
29	Al-Omoma Center			Socotra	No	
30	Ibn Sina hospital (Infectious diseases)		Mukalla	Hadramot Al-	No	
31	Sayoun hospital		Sayoun	Hadramot Sayoun	No	
32	Al-Qaidah hospital			Al-Mahrah	No	
33	Al Jamhuri Teaching Hospital			Aden	No	
34	Al-Amal Center				No	
35	Al Mahad Alsehi			Abyan	No	
36	Ateq hospital		Ateq	Shabwa	No	
37	Al-Anad hospital		Tubin	Lahj	No	

Annex VI: Resource List COVID-19 Guidance

Given the COVID-19 situation is rapidly evolving, a version of this resource list will be regularly updated and made available on the World Bank COVID-19 operations intranet page (<http://covidoperations/>).

WHO Guidance

Advice for the public

- WHO advice for the public, including on social distancing, respiratory hygiene, self-quarantine, and seeking medical advice, can be consulted on this WHO website: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

Technical guidance

- [Infection prevention and control during health care when novel coronavirus \(nCoV\) infection is suspected](#), issued on March 19, 2020
- [Recommendations to Member States to Improve Hygiene Practices](#), issued on April 1, 2020
- [Severe Acute Respiratory Infections Treatment Center](#), issued on March 28, 2020
- [Infection prevention and control at health care facilities \(with a focus on settings with limited resources\)](#), issued in 2018
- [Laboratory biosafety guidance related to coronavirus disease 2019 \(COVID-19\)](#), issued on March 18, 2020
- [Laboratory Biosafety Manual, 3rd edition](#), issued in 2014
- [Laboratory testing for COVID-19, including specimen collection and shipment](#), issued on March 19, 2020
- [Prioritized Laboratory Testing Strategy According to 4Cs Transmission Scenarios](#), issued on March 21, 2020
- [Infection Prevention and Control for the safe management of a dead body in the context of COVID-19](#), issued on March 24, 2020
- [Key considerations for repatriation and quarantine of travelers in relation to the outbreak COVID-19](#), issued on February 11, 2020
- [Preparedness, prevention and control of COVID-19 for refugees and migrants in non-camp settings](#), issued on April 17, 2020

- [Coronavirus disease \(COVID-19\) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health](#), issued on March 18, 2020
- [Oxygen sources and distribution for COVID-19 treatment centers](#), issued on April 4, 2020
- [Risk Communication and Community Engagement \(RCCE\) Action Plan Guidance COVID-19 Preparedness and Response](#), issued on March 16, 2020
- [Considerations for quarantine of individuals in the context of containment for coronavirus disease \(COVID-19\), issued on March 19, 2020](#)
- [Operational considerations for case management of COVID-19 in health facility and community](#), issued on March 19, 2020
- [Rational use of personal protective equipment for coronavirus disease 2019 \(COVID-19\)](#), issued on February 27, 2020
- [Getting your workplace ready for COVID-19](#), issued on March 19, 2020
- [Water, sanitation, hygiene and waste management for COVID-19](#), issued on March 19, 2020
- [Safe management of wastes from health-care activities](#), issued in 2014
- [Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus \(COVID-19\) outbreak](#), issued on March 19, 2020
- [Disability Considerations during the COVID-19 outbreak](#), issued on March 26, 2020

WORLD BANK GROUP GUIDANCE

- [Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings](#), issued on March 20, 2020
- [Technical Note: Use of Military Forces to Assist in COVID-19 Operations](#), issued on March 25, 2020
- [ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Projects](#), issued on April 7, 2020
- [Technical Note on SEA/H for HNP COVID Response Operations](#), issued in March 2020
- [Interim Advice for IFC Clients on Preventing and Managing Health Risks of COVID-19 in the Workplace](#), issued on April 6, 2020
- [Interim Advice for IFC Clients on Supporting Workers in the Context of COVID-19](#), issued on April 6, 2020
- [IFC Tip Sheet for Company Leadership on Crisis Response: Facing the COVID-19 Pandemic](#), issued on April 6, 2020
- [WBG EHS Guidelines for Healthcare Facilities](#), issued on April 30, 2007

ILO GUIDANCE

- [ILO Standards and COVID-19 FAQ](#), issued on March 23, 2020 (provides a compilation of answers to most frequently asked questions related to international labor standards and COVID-19)

MFI GUIDANCE

- [ADB Managing Infectious Medical Waste during the COVID-19 Pandemic](#)
- [IDB Invest Guidance for Infrastructure Projects on COVID-19: A Rapid Risk Profile and Decision Framework](#)
- [KfW DEG COVID-19 Guidance for employers, issued on March 31, 2020](#)
- [CDC Group COVID-19 Guidance for Employers, issued on March 23, 2020](#)

Annex VII: Template TORs for Third Party Monitoring

Objectives:

An introductory section should briefly present the Project, the monitoring goals and objectives and how it fits in the overall scheme of project implementation. B. Tasks divided in major project phase, or location or type of activity This section should provide a general outline of the monitoring program and attach the detailed ESCP/ESMPs, as well as Resettlement Action Plan, Stakeholder Engagement Plan, or other relevant documents. The Borrower should highlight any specific incidents/accidents/events/changes in project or project schedule that need to be taken into account. A link should be provided to the environmental and social documents, where available on a website, so that the prospective monitor can understand the complexity of the assignment.

Planning of monitoring visit: provide proposed parameters (schedule, meetings proposed, locations, any complex travel logistics, and so forth). List of initial documents to be reviewed and data to be made available

Schedule: For single monitoring trips, preferred timing window and duration of visit. For longer monitoring assignments with multiple trips: preferred timing window for first visit, estimate of frequency of visits during each phase (for example, quarterly visits during construction, annual visits during operation, higher frequency during sensitive phases...), expected duration of each visit. Expectation of initial and close out meetings for Borrower/Project Implementation Unit, as appropriate.

Scope of discussions with stakeholders: provide some context, locations of communities to be visited (if large-scale project, suggested numbers and locations to be confirmed by selected monitor), and background on key issues and impacts that might be raised (which can influence which specialist is most appropriate to undertake the assignment)

Methodologies to be used, or request expert/monitoring firm to propose methodology

Any technology requirements, and any specifications for format and content of output needed in monitoring report, so that the Borrower can access and analyze the information for its own use and/or reporting

Reporting/Outputs Clarify the focus/purpose of the reports, how findings should be presented/rated, and how conclusions and recommendations should be presented. Propose changes to ESCP, where appropriate, updates to the Stakeholder Engagement Plan, and so forth. Reports should be sent to the Borrower and the Bank at the same time for feedback on any factual inaccuracy. This allows the Bank to see initial and independent recommendations. To ensure independence and credibility, evidence-based conclusions and recommendations of the third party-monitor should be maintained unless there are factual inaccuracies on which the conclusions and recommendations are based.

The Borrower should provide the Bank with their comments to the monitor regarding the report. In controversial or complex projects, the draft report may be shared publicly for maximum transparency and to build trust. Clarify expected language of reporting and intended audience.

Qualifications: The TORs should list the following:

- *Expertise needed:* minimum or range of number of experts, and specialty areas needed to be covered depending on issues in the scope agreed. These may include project management and specialists on environmental or social issues, indigenous peoples, public health, biodiversity, resettlement, health and safety, labor, communications and stakeholder engagement, and capacity building.
- *Expected level of expertise,* such as types of degree or certification (for example, environmental, social, engineering), and acceptable combination of level of education and years of experience

- Experience with/knowledge of international and World Bank standards, the local context, the project sector, applicable regulations
- Language skills needed, and confirmation that the contractor will provide support for setting up logistics locally, such as meetings, clarity on which party will provide translation, and so forth.

Require CVs of all key personnel and organization's experience and credentials. These are needed to demonstrate to the World Bank that the experts/specialists are appropriate for the required scope of work.

Once a monitor is accepted, personnel should not be substituted without permission and should have equivalent expertise.

Eligibility/independence requirements For example (a) absence of existing contracts with Borrower contractors on the project, and (b) no participation in earlier phases of the project or in the design of environmental or social programs associated with the project. The more complex and controversial the project, the higher the eligibility and independence needed.

Duration of contract and minimum commitment Expected minimum and/or maximum duration of contract, as applicable and any minimal commitment expected from the third-party monitoring provider.

Excluded costs **Logistical support**, travel and accommodation that will be provided by Borrower that should not be included in the cost estimate. **H. Conflicts of Interest disclosure** Any past or current arrangements that would prevent the third-party from providing advice independent of the Borrower and the project

Confidentiality and proprietary information Any specific arrangements for reports and other outputs to be confidential or proprietary to the Borrower **J. Format of proposal** The TORs should indicate how the cost estimate should be made for undertaking the monitoring assignment: by task, sub-tasks, expected number of people, and daily rate and/or lump sum. If tasks in the TORs are not fully defined, clarify how the budget should approach these tasks.

Annex VIII: Stakeholders Consultation Summary

Consultations have been conducted in August 2020 with healthcare workers at different levels and governates across the country, this exercise will be continued during the lifetime of the project and as per the SEP requirements. Several complaints / concerns and suggestions have been received and issues with similar nature or feedback have been categorized in one point. Summary of the feedback is included in the below table:

Queries / Suggestions / Concerns	Project Feedback
Healthcare workers are not fully aware of the PMU GM channels and mechanism.	<p>The GM numbers have been established and distributed in some channels, those numbers also shared with the cluster and with UNICEF responsible for Pillar-2 implementation. However, it will be widely disseminated upon receiving the MoPHP approval on dissemination of those including the tollfree number.</p> <p>Additionally, the GM channels have been shared with the isolation units' Healthcare workers during the survey as well as encouraging them to report their concerns in due time.</p>
Suggestions received to widely install posters, banners, instructions at the isolation units as well as any other relevant areas.	The project in the process of finalizing the installation of COVID relevant posters and instructions in the supported facilities.
Citizens and COVID-19 cases are afraid of reporting to the hospitals and isolation units due to the rumors that include euthanasia syringe.	COVID-19 related messages have been passed to communities in varies channels not to believe such misleading information, issue will be also addressed again with UNICEF to widely communicate the related messages.
<p>Complaints related to the Hazard Payment to the isolation units' workers include.</p> <p>Delay in the payment</p> <p>Why Payment lists include only 21 pax although number of workers in the isolation units is much more than that in some cases.</p>	<p>The project includes hazard payment only for 21 pax for 2 months period due to the limited fund allocated for such. Those 21 pax shall cover the necessary 3 shifts work at the isolation units.</p> <p>Moreover, such payment is linked with availability of COVID-19 cases at the isolation unit.</p> <p>Several reasons behind the delay of such payments in which some are linked with the MoPHP and health facilities managements.</p> <p>To accelerate the process of identifying the eligible staff to receive hazard payment, further communication will take place with the official authorities in central and governates level.</p>
Occupational Health and Safety issues that include lack of PPE and related logistics to protect Healthcare workers at the isolation units.	This risk has been considered, rehabilitation work has been performed in 19 isolation units and the remaining isolation units will follow and it will ensure the provision of adequate OHS measures to protect patients as well as workers. Additionally, the supplies to will include adequate and enough PPE / IPC supplies.

Queries / Suggestions / Concerns	Project Feedback
Inadequate implementation of the Waste Management System due to either lack of infrastructure such as Waste Incinerators	The project will ensure adequate management of generated waste, medical waste treatment units will be implemented in various sites to ensure adequate disposal, installed incinerators will have minimum adverse impacts and 2 chambers incinerators will be used. In addition, the project will ensure waste management workers are aware of the associated risks and properly trained in the appropriate management of medical waste.
Workers are not aware of what support is going to be provided by the project	The project will provide to the isolation units necessary medical equipment, based on the available fund and assessment results, supplies are conditioned with the availability of COVID-19 cases and operationality of the isolation units. Additionally, supplies will include PPE / IPC items as well as rehabilitation and waste management items.
Suggestion made to initiate IPC committee, from the IU own staff, in the isolation units to report and record the findings related to waste management, IPC, PPE and to send it to PMU	Such issue will need the authorities' approval and it might lead to some undesirable conflicts between the staff. However, the suggestion will be furtherly assessed and evaluated.
Some of the waste management workers in HCF are old and not educated and sometimes do not follow the instructions	The project will provide the necessary support to raise the workers' awareness including elderly and not educated. On other hand, this issue will be communicated with official authorities to avoid putting the elderly or unhealthy staff at risk by assigning them to any other non-COVID-19 facilities.
Workers raised the concern of shortage of disinfection materials, sterilizers or PPE	Current shortage in PPE stuff or disinfection substances is not the Yemen's issue only and it has been observed all over the world in the last few months due to COVID pandemic. Procurement and increased prices of such items also become the whole world's concern, however; the project has made the necessary effort to allocate the necessary supplies from different sources and those will be distributed shortly to the supported facilities. On other hand the project workers as well as the communities are advised to follow the other mitigations, in addition to PPE, which includes the social distancing, washing hands and apply adequate other measures where necessary.
Some IUs do not have waste management procedures, waste disposal area or incinerators	The waste management procedure for the project has been prepared. although similar instruction is available with the MoPHP, the procedure will be communicated to all staff as part of the regular trainings. As for waste incineration, it has been included earlier. In addition, the IU management will be made aware of this to make further effort in ensuring all staff are having the necessary information and resources.
Healthcare workers are afraid of the coming winter season and the expected surge in number of COVID-19 cases	This issue is also anticipated, and the supported COVID-19 facilities will be made ready for any increase in the cases. This is a chance to remind the communities as well as all health workers of the importance of following the necessary mitigations which includes but not limited to; social distancing, avoiding crowds and applying the necessary respiratory hygiene measures.

Queries / Suggestions / Concerns	Project Feedback
<p>Workers raised the issue of some communities around the IU are afraid of COVID-19 infection transmission.</p>	<p>This issue was considered, and the mitigations measures were identified to avoid any transmission to communities from the operation of IU. It must be reminded here that the COVID-19 infection transmission is limited to direct contact with the cases, therefore all personnel shall apply the necessary measures to stay away from any suspected cases. As for the waste generated from facilities, project will provide the healthcare authorities with the necessary support to handle it properly in a way neither affecting communities nor environment.</p>