



The World Bank

Yemen COVID-19 Response Project Additional Financing (P176827)

Additional Financing Appraisal Environmental and Social Review Summary

Appraisal Stage

(AF ESRS Appraisal Stage)

Date Prepared/Updated: 05/27/2021 | Report No: ESRSAFA201

**BASIC INFORMATION****A. Basic Project Data**

Country	Region	Borrower(s)	Implementing Agency(ies)
Yemen, Republic of	MIDDLE EAST AND NORTH AFRICA		
Project ID	Project Name		
P176827	Yemen COVID-19 Response Project Additional Financing		
Parent Project ID (if any)	Parent Project Name		
P173862	Yemen COVID-19 Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	5/26/2021	6/11/2021

Proposed Development Objective

To prevent, detect and respond to the threat posed by the COVID-19 pandemic

Financing (in USD Million)	Amount
Current Financing	0.00
Proposed Additional Financing	0.00
Total Proposed Financing	0.00

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

Yes

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

The proposed AF will enable expanding the scope of activities under the YCRP and adjusting its overall design by including support for COVID-19 vaccine deployment and health system strengthening activities. The proposed activities to be funded under the AF for the YCRP are aligned with the original PDO.



D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

The specific locations where project sub-components will be implemented have not yet been identified, but this project will be implemented countrywide in urban as well as rural areas, over a diversity of jurisdictions with different environmental, social, and institutional settings. Like the parent project, this project will contribute to COVID-19 surveillance and response, including the strengthening of selected health facilities and the establishment and equipping of quarantine and treatment centers so that they can manage COVID-19 cases.

Yemen remains highly vulnerable to COVID-19. 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 2021. However, these official figures are likely severe underestimates, given that testing in Yemen remains limited (per WHO, 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. Recent studies have shed light on the magnitude of underreporting; researchers from the UK estimated more than 2,100 deaths attributable to COVID-19 in the Aden region alone from April-September 2020, based on analysis of satellite imagery from gravesites. 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. 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 AF would be supporting the deployment of COVID-19 vaccines provided by COVAX as well as existing healthcare facilities which will be selected by WHO based on the request of local health authorities at the Governorate level. The project will not finance new healthcare facilities' construction. The project will not involve any major civil works. As all penitential activities are within existing facilities, they will not involve any land acquisition and no impacts on biodiversity or cultural physical resources. The activities supported by the project, therefore, are not expected to have significant adverse physical environmental impacts.

Yemen has conducted a vaccine readiness assessment to identify gaps and options to address them with the support of international organizations (World Bank, WHO, UNICEF, and GAVI). This assessment considers the government's vaccine deployment strategy, described below. The COVID-19 National Deployment and Vaccination Plan for Yemen (NDVP) was launched in February 2021. The NDVP covers the first prioritized 20 percent of the population, including healthcare workers (for both public and private sectors), people aged 55 years and older, and people who receive chronic disease services (e.g. for hemodialysis, diabetes, oncology, and cardiology), refugees, migrants and internally displaced persons (IDPs). Vaccines for the first 20 percent of the population have been approved by the COVAX Facility. The MOPHP signed a Model Indemnity Agreement with COVAX and an indemnification agreement with the manufacturer (SII). 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.



Social impacts of the additional financing will follow the parent Project and are also expected to be positive since activities will support prevention, detection, and response efforts in the fight against COVID-19, disease surveillance, deployment of COVID-19 vaccines as well as the strengthening of national systems for public health preparedness. Training will ensure that health care professionals provide care irrespective of social or economic status.

D. 2. Borrower's Institutional Capacity

The proposed project will be directly implemented by WHO. In terms of capacity, WHO has experience with World Bank safeguard policies/ ESF and procedures through the implementation of the ongoing Yemen COVID-19 Response Project (P173862) as well as the Yemen Emergency Health and Nutrition Project (EHNP) (P161809) – which supports health/cholera response as well as Water, Sanitation and Hygiene (WASH) interventions. WHO has currently adequate arrangements for implementing the Bank's environmental and social requirements, including the Project's Environmental and Social Management Framework (ESMF) and Medical Waste Management Plan (MWMP) which are implemented under the EHNP to address environmental and social risks and impacts. WHO has responded to previous epidemics in Yemen such as Cholera, Measles, and Dengue. For ensuring proper implementation of the ESMF and the MWMP, WHO recruited two national WASH experts who support safeguards' aspects. Under the ongoing Yemen COVID-19 Response Project (P173862), WHO has obtained good experience in applying Bank's Environmental and Social Framework (ESF) in Yemen. Under the ongoing project all instruments -ESMF, Infection Control and Medical Waste Management Plan (ICMWMP), Labor Management Plan (LMP), and Stakeholder Engagement Plan (SEP)- are cleared, translated into Arabic, and disclosed in the country. Furthermore, one environmental officer and another social safeguards officer were recruited as part of the project PMU. The project's performance has been satisfactory so far, nonetheless, final disposal of medical waste remains a growing concern. In this context, the TPM report indicates that 11 HFs were observed having the incinerator available and functional, however, only 8 HFs use the incinerator as the final method for disposing of the medical waste. It is mentionable that for this proposed project, the vaccines will be deployed in specific centers, while the issue of inadequate disposal is impacting some decentralized health facilities. Nonetheless, immediate action on enhancing the management and disposal of MW has been already agreed with WHO, and incineration units are being procured to help HFs dealing with this issue. It is mentionable that WHO provided an audit of existing similar incineration units in the country. The incineration units which locally made, manually-run are effective as well as environmentally safe which should help solving this issue without harming people or the environment.

WHO is a leading agency in terms of developing and applying good international practices, including for infection prevention and control, to ensure proper management of any potential environmental and social impacts and risks in Yemen, WHO should retain a dedicated environmental expert with significant expertise in Occupational Health and Safety (OHS) and a social expert with expertise in community mobilization and participation to provide the required support to this operation including hands-on training and support for staff to ensure that the activities are executed following the ESF and internationally recognized best practices. All COVID-19 project-related activities will need to follow an appropriate medical waste management system, infection protection protocols, and communication and awareness process during the implementation of the project. WHO, as the implementation agency of the project, will ensure all entities involved in project implementation shall adhere to WHO Guidelines, WBG EHS Guidelines, Good International Industry Practice (GIIP) including the procedures established for COVID-19.



II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The Environmental Risk Rating is "Substantial" because of the current uncertainty around project location and specific activities, occupational health and safety, and the issue of medical waste management. The main environmental risks are: (i) the occupational health and safety issues related to testing and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; (ii) the occupational health and safety (OHS) issues related to the treatment of COVID-19 patients; and (iii) medical waste management and community health and safety issues related to the handling, transportation, and disposal of healthcare waste. This includes waste resulting from vaccine delivery such as sharps and the disposal of used and expired vaccine vials as a result of the AF activities. Waste materials generated from labs, quarantine facilities, screening, treatment, and vaccination facilities to be supported by the parent project and AF require special handling and awareness, as they may pose an infectious risk to healthcare workers in contact or handle the waste. Other risks associated with the AF activities include community health and safety risks from incorrect vaccine storage, handling, and transportation practices leading to vaccine quality deterioration WHO has reported that 20% of total healthcare waste would be infectious waste, and improper handling of health care waste can cause serious health problems for workers, the community, and the environment. There is a possibility for infectious micro-organisms to be introduced into the environment if they are not contained. Medical wastes can also include chemicals and other hazardous materials used in diagnosis and treatment. The contamination of the laboratory facilities and equipment may result from laboratory procedures: performing and handling of culture, specimens, and chemicals. If the contamination is due to highly infectious agents, it may cause severe human disease, present a serious hazard to workers, and may present a risk of spreading to the community. In sum, the medical wastes from COVID-19 could cause a higher environmental and social risk, if they are not properly handled, treated, or disposed of. Environmental risks remain substantial during the transportation and disposal of such waste if not achieved in line with international good practices and guidelines for healthcare waste acceptance and packaging.

Social Risk Rating

Substantial

The anticipated social risks are considered substantial and may include inequality in access to vaccines and possible exclusion of populations at risk such as elderly people with chronic conditions, frontline health workers, and vulnerable groups. Internally displaced persons (IDPs) are amongst the most susceptible to the virus because of the ongoing conflict in the country, of being left out which could undermine the objectives of the project. The main challenge, therefore, is to make sure the deployment of vaccines is distributed in a transparent manner, ensuring equity and reaching the affected population. To mitigate these risks the Government will work closely with WHO which has experience working in Yemen. WHO and the local health authorities at the governorate level to define, implement and monitor transparent selection criteria for targeting priority beneficiaries. These criteria will be part of the stakeholder engagement process, including public information disclosure and outreach as part of the vaccine rollout Plan for Yemen. Project implementation needs to ensure appropriate stakeholder engagement to (i) set out the principles of prioritization of vaccines and reaching out to disadvantaged and vulnerable groups, (ii) information dissemination, and (iii) grievance mechanism to handle complaints received by WHO hotline number including monitoring and reporting.



B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

The project will have positive environmental and social impacts as it should provide vaccinations and 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 vaccination centers, 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. The laboratories and healthcare facilities will be selected by the WHO based on a request from local health authorities at the governate level based on a transparent set of criteria to be shared with the relevant stakeholders. The vaccination centers, laboratories, and relevant health facilities that will be used for COVID-19 vaccinations, diagnostic testing, and isolation of patients can generate biological waste, chemical waste, and other hazardous byproducts. The laboratories to be supported by the project will process COVID-19 and will, therefore, have the potential to cause serious illness or potentially lethal harm to the laboratory staff and to the community, so effective administrative and containment controls will be put in place to minimize these risks.

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 nonpropagative 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 setting up and equipping vaccination centers, quarantine, and treatment centers, so that they can manage COVID-19 cases. Such intervention might also include minor works in health facilities and vaccination or treatment centers which might cause impacts such as dust, noise, solid waste generation and management as well as workers' safety including occupational health and safety, and other standard risks and impacts of construction. However, the environmental risks and impacts are expected to be site-specific, reversible, and of low magnitude that can be mitigated following appropriate measures. Furthermore, the application of adequate occupational and community health and safety precautions is expected to be enough to prevent any associated impacts.

The project is not expected to involve any land acquisition or repurposing of land. Social risks are attributed to the possibility of ineffective and inappropriate deployment of vaccines, elites capture by fortunate people or excluding vulnerable groups such as elderly people, and women, or mistreatment of affected communities, as well as the internally displaced persons (IDPs) because of the ongoing conflict in the country, which could undermine the objectives of the AF intervention. Vulnerable groups within the communities affected by the project will further be confirmed and consulted through dedicated means under Stakeholder Engagement Plan (SEP), as appropriate as well as the description of the methods of engagement that will be undertaken by the project to reach these groups. It should be indicated that the COVID-19 Project established a free hotline in addition to four landlines dedicated to respond to public concerns. Besides, WHO assigned a GM focal point responsible for documenting and reporting on the overall grievances received on the progress report. The AF activities will adopt the existing GM to address



grievances or concerns and details of the GM will be included in the developed SEP. The voluntary consent of the COVID-19 vaccination has been discussed and agreed with MoPHP officials including other relevant authorities and this issue will be addressed throughout the vaccination campaign implementation.

To ensure the voluntary vaccination is adequately implemented, the Project will monitor the vaccination campaign closely during the various stages and rounds through various monitoring mechanisms including the project safeguards team, WHO internal M&E in addition to specially dedicated TPM responsible for daily monitoring of all vaccination sites.

Other measures to prevent forced vaccination in the targeted sites include:

- Awareness campaigns, social mobilizations, and stakeholders' engagement activities are conducted with a focus on vaccine voluntary basics.
- Training to the workforce involved in the campaign with emphasis on the vaccine voluntary.
- Project Grievance Mechanism channels will be available in the vaccination sites and any related grievances will be addressed seriously with the concerned authorities.

On another hand, there are no mandatory vaccination regulations neither for the public nor for any other specific groups in the country. WHO will work closely with the relevant MoPHP authorities to ensure voluntary vaccination and to follow the necessary WHO guidelines and recommendations in this regard.

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).

To mitigate potential environmental and social risks and impacts, WHO has updated, consulted, and disclosed the Environmental and Social Management Framework (ESMF) -which was prepared under the Yemen COVID-19 Response Project (P173862). A stand-alone Infection Control and Medical Waste Management Plan (ICWMP) was also prepared prior project appraisal for the AF.

The ICWMP provides detailed guidance on how to manage different types of medical wastes and handle medical consumables starting from distribution, use (while applying infection prevention and control measures), collection, temporary storage, transportation, and final safe disposal. The ESMF and the ICWMP include monitoring plans for ensuring proper implementation of procedures and mitigation measures. WHO will be applying -to the extent practicable- 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). It is mentionable that the ongoing Yemen COVID-19 Response Project (P173862) all instruments -ESMF, Infection Control and Medical Waste Management Plan (ICMWMP), Labor Management Plan (LMP), and Stakeholder Engagement Plan (SEP)- are implemented without any significant impact or risk materializing so far, except for the issue of medical waste management as explained in section D above.



ESS10 Stakeholder Engagement and Information Disclosure

WHO has updated the SEP of the ongoing parent Project following the template for COVID-19 Operations to be used for the AF. 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 during the month of February 2021. The coordination aspects considered the preparation of plans, technical guidance, implementation stages, challenges, and the necessary arrangements to ensure safe vaccine deployment. The updated SEP identified the following expected project beneficiaries: infected people, populations at risk, medical and emergency personnel, laboratory and testing facilities, and health agencies across the Country. The AF will support investments to bring immunization systems and service delivery capacity to the level required to successfully deliver vaccines at scale through component 1 of the parent Project including disease surveillance, rapid response, and the deployment of COVID-19. The SEP defines affected parties including population at risk, frontline health workers, vulnerable groups, and other interested parties including health system and official representatives, humanitarian agencies at the national and local levels, and mass media and associated interest groups, including local and national printed and broadcast media, digital/web-based entities, and their associations. In order to ensure that the needs of disadvantaged or vulnerable groups are taken into consideration and that they are reached, WHO will adopt several mechanisms, such as, publishing all information about the project in Arabic and reaching out to these groups. In addition, the grievance mechanism that was established for the parent project, the WHO will consider the availability of needed recourse for affected and interested parties to give feedback, or send a complaint; for example, if internet option is not available to women at villages, WHO will assign a mobile number and contact person so their concerns can be addressed. Particular attention and efforts should also be given to the disadvantaged and vulnerable groups to ensure effective and efficient distribution of information and access of the vaccines and services and avoid capturing of the rich, powerful and privileged, particularly at this time of short supply.

The SEP acknowledges the particular challenges to engage vulnerable social groups such as religious minorities, IDPs, returnees, and persons with disabilities, especially those living in remote or inaccessible areas. while keeping a clear focus on those who are most susceptible to the transmission of the novel coronavirus, such as elderly people, and women who are unable to access facilities and services. Stakeholder engagement strategies adopt the WHO "COVID-19 Strategic Preparedness and Response Plan" (February 12, 2020)" and minimize close contact and follow the recommended good hygiene procedures as outlined in the US-Center for Disease Control (CDC) for patients with confirmed COVID-19 or persons under investigation for COVID-19 in healthcare settings. People affected by or otherwise involved in project-supported activities, including different types of health care workers, will be provided with accessible and inclusive means to raise concerns or lodge complaints, via the Grievance Mechanism (GRM) included in the SEP. Beyond this, project implementation will need to be supported by a strong and well-articulated broader project communication strategy, which will not only help with the implementation of the community mobilization and behavioral change objectives of Component 1, but also tamp down on false rumors about COVID-19, to ensure equitable access to services, and to counteract the isolation and uncertainty that comes from people being kept in quarantine.

B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.



ESS2 Labor and Working Conditions

WHO has updated the LMP of the ongoing parent project following the template for COVID-19 operations to be adopted for the AF. According to the updated LMP, the type of workers that will be involved in the AF are similar to the parent project, i.e. (i) Direct workers of the PMU including WHO technical staff, and staff from local health authorities at governorate level and (ii) Contracted workers (medical and non-medical) who will be hired to respond to a surge in demand for services due to the COVID-19 pandemic and for the deployment of vaccines activities under the AF and to support implementation including training and capacity building, communications. All health workers will have to follow OHS protocols to prevent exposure to the disease developed by the WHO. Most of the direct workers from local health authorities at the governorate level will be civil servants and therefore subject to their existing contracts. Staff working for WHO are likely to be subject to existing policies and procedures which are expected to be aligned with international good practice. Regardless, due to the hazardous nature of the work no children under the age of 18 should be employed on any aspect of the Project. The use of forced labor to carry out any activities is also prohibited. Contracted workers' contracts should be in line with the requirements of ESS2 including details of hours of work, rest periods and compensation, health insurance, and access to Personal Protective Equipment (PPE). It is anticipated that existing contract requirements will be aligned with the requirements of ESS2 including Code of Conduct (CoC) clauses. All workers on activities financed under the ongoing project and AF will be covered by the provisions of ESS2. The grievance mechanism will be made available to all workers to report any issues associated with OHS and/or labor and working conditions. WHO will adopt the established hotline of the ongoing parent project for registering and recording grievances or requests. The mechanism will include contact details for submission of grievances, timelines for responses, and escalation procedures. Laboratory- and or COVID19 health care facilities-associated infections may result from inadequate adherence to occupational health and safety standards and can lead to illness and death among laboratory/healthcare workers. To minimize or avoid this risk for workers deployed to assist in a laboratory setting or medical waste disposal, the client will develop procedures that (i) respond to the specific health and safety issues posed by COVID-19, and (ii) protect workers' rights as set out in ESS2. Each beneficiary medical facility/laboratory will, therefore, develop a procedure for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering, develop a procedure for the protection of workers in relation to infection control precautions and include these in the Labor-Management Procedures (LMP) developed for the AF and in contracts, provide immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and PPE, develop a basic, responsive grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable overtime, ensure adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap, and sanitizer) are available, ensure adequate OHS protections in accordance with General EHSGs and industry-specific EHSGs and follow evolving international best practice in relation to protection from COVID-19.

ESS3 Resource Efficiency and Pollution Prevention and Management

Medical wastes and chemical wastes from the COVID 19 vaccination and other supported activities (drugs, clinical supplies, and medical equipment) can have a significant impact on the environment or human health. Wastes that may be generated from medical facilities and vaccination centers, as well as labs, could include liquid contaminated waste, sharps, chemicals, and other hazardous materials used in diagnosis and treatment. Furthermore, incineration of medical waste in some health facilities can be a source of dioxins, furans and mercury, and heavy metal emissions if medical waste is not segregated and disposed of properly. An ICMWMP was prepared and disclosed. Each



beneficiary medical facility/lab should implement appropriate measures and following the requirements of the ICMWMP , as well as WHO COVID-19 guidance documents and other best international practices to prevent or minimize such adverse risks and impacts. The site-specific instruments (ESMPs) will include related to transportation and management of expired chemical products as well as sustainable ways to use environmental resources (water, air, other relevant solutions/reagents) as recommended in healthcare infection control practices. In addition, site-specific instruments (ESMPs) will include incinerator operations as a risk and provide any mitigation measures that might be required.

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 the emergency room operation office with technical and operational support from WHO and UNICEF. The vaccination storage and warehouse areas are provided with multiple power supply sources including solar power to avoid any outage that may affect the vaccine cold chain requirements. The emergency situations and follow-up actions will be handled in accordance with the Country Expanded Program of Immunization (EPI) that has had the well-established experience of good performance and functionality to manage vaccine shipments since the arrival to the port of entry up to the final destination of the vaccines and ancillary items. Emergency preparedness and response measures will be closely arranged and monitored by the Project in coordination with the MoPHP authorities.

ESS4 Community Health and Safety

Medical wastes and expose 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. It should be emphasized here that the national system requires enhancement to monitor, investigate, and respond to adverse events following the vaccination due to the low capacity of the staff and personnel. In order to provide the necessary support, the ICMWMP, therefore, describes how Project activities involving the COVID-19 pathogen or waste generated in its identification and treatment 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. In addition, the project will actively promote sound community health and safety practices in the management of COVID 19 through training to all workers on WHO guidelines for identification, prevention, and control of COVID-19.

As per information received from WHO, the Project does not intend to engage security personnel for the deployment of vaccines. Additionally, WHO confirmed in the ESCP that 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, equipment, and staff. This arrangement and any additional requirements shall be considered throughout the Project implementation.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

ESS5 is not currently relevant. The project interventions will not involve land acquisition and/or physical resettlement.

**ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources**

No construction or rehabilitation activities are expected in this project that could affect protected areas, flora or fauna.

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

ESS7 is not relevant. No indigenous people are identified.

ESS8 Cultural Heritage

ESS8 is not currently relevant. However, due to the culture beliefs and if people are reluctant to take the vaccine, then this should be respected by the implementing agency.

ESS9 Financial Intermediaries

ESS9 is not currently relevant. There are no financial intermediaries involved in the project.

B.3 Other Relevant Project Risks

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 sixth year of conflict, and there are substantial security and political challenges on the ground.

C. Legal Operational Policies that Apply**OP 7.50 Projects on International Waterways**

No

OP 7.60 Projects in Disputed Areas

No

B.3. Reliance on Borrower's policy, legal and institutional framework, relevant to the Project risks and impacts**Is this project being prepared for use of Borrower Framework?**

No

Areas where "Use of Borrower Framework" is being considered:

Use of Borrower Framework is not considered under this project.



The World Bank

Yemen COVID-19 Response Project Additional Financing (P176827)

IV. CONTACT POINTS

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VI. APPROVAL

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Safeguards Advisor ESSA	Gael Gregoire (SAESSA) Concurred on 27-May-2021 at 07:04:9 GMT-04:00