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REPUBLIC OF YEMEN

WORLD HEALTH ORGANIZATION

YEMEN EMERGENCY HUMAN CAPITAL PROJECT, FIRST AND SECOND ADDITIONAL FINANCING

(P176570)

ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK

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Abbreviations and Acronyms

AF1	First Additional financing
AF2	Second Additional financing
CERC	Contingent Emergency Response Component
CoC	Code of Conduct
COVID-19	Coronavirus Disease 2019
E&S	Environmental and Social
eDEWS	electronic disease early warning system
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
ESCP	Environmental and Social Commitment Plan
ESF	World Bank Environmental and Social Framework
ESS	World Bank 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
HCWs	Healthcare Workers
HeRAMS	Health Resources and Service Availability Monitoring System
IDPs	Internally Displaced Persons
HF	Healthcare Facility
HIV	Human Immunodeficiency Virus
ICU	Intensive Care Unit
IDP	Internally Displaced Persons
INSS	Integrated Nutrition Surveillance System
IOM	International Organization for Migration
IPC	Infection Prevention and Control
LMP	Labor Management Procedures
MAM	Moderate Acute Malnutrition
MoPHP	Ministry of Public Health and Population
MoPIC	Ministry of Planning and International Cooperation
MSP	Minimum Service Package
MWMP	Medical Waste Management Plan
NGOs	Non-Governmental Organization
OHS	Occupational Health and Safety
PMU	Project Management Unit
PPE	Personal Protective Equipment

RCCE	Risk communication and community engagement
RRT	Rapid Response Team
SAM	Severe acute malnutrition
SEA/SH	Sexual Exploitation and Abuse / Sexual Harassment
SEP	Stakeholder Engagement Plan
ToR	Terms of Reference
TPM	Third Party Monitoring
UN	United Nations
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
UNOPS	United Nations Office for Project Services
WASH	Water, Sanitation and Hygiene
WB	World Bank
WHO	World Health Organization
WSS	Water Supply and Sanitation
YCRP	Yemen COVID-19 Response Project
EHCP	Emergency Human Capital Project

Executive Summary

The Yemen Emergency Human Capital Project (EHCP) P176570 (the parent project) and EHCPAF1 is jointly implemented in the Republic of Yemen by World Health Organization (WHO), United Nations Children's Fund (UNICEF) and United Nations Office for Project Services (UNOPS) with the support of the World Bank. The project development objective is to provide essential health, nutrition, water, and sanitation services to the population of Yemen. Second Additional financing (AF2) project (P176570) for the EHCP is planned in which similar components/activities under parent project will be financed and implemented. Unless specified, the term "project" hereinafter is referring to EHCP parent, AF1 and AF2.

During the various implementation stages of the project, WHO will work with the existing local l healthcare sector structure at the country to preserve the national capacity and maintain the core functions of the health system as well as to achieve the Project development objectives. Based on the project scope, WHO will provide the implementing partners in the country with the material resources, technical guidance, and actions so that the Project is implemented in compliance with the World Bank Environmental and Social Standards (ESSs) requirements.

Summary of environmental and social risks and impacts for the project components that is implemented by WHO is:

Environmental risks are substantial. The environmental risks and impacts might be generated from activities to be financed under Component 1: 'Improving Access to Health, Nutrition and Public Health Services' which will finance, inter alia, medical and non-medical supplies, essential drugs and vaccines, specifically under subcomponent 1.4 which will finance nationwide public health campaigns, including vaccination and neglected tropical diseases, to prevent disease outbreaks; and system strengthening and resilience-building measures to support the epidemiological and diagnostic laboratory capacity of the local institutions particularly the reference labs at the governorate level. The main environmental risks associated with such interventions are: (i) medical waste management and community health and safety issues related to the handling, transportation, and disposal of vaccines, labs materials and tests, medical consumables and associated healthcare waste; and (ii) the Occupational Health and Safety (OHS) issues related to vaccination, lab testing, handling of medical supplies and the possibility that they are not safely used by medical crews.

Potential environmental impacts might result from minor civil works (if implemented under the WHO Project components) such as dust emissions, debris and other solid waste generation and management, ground/surface water contamination, social annoyance and community safety due to traffic increase, noise, dust and unsafe civil work sites as well as workers safety including occupational health and safety. Nonetheless, such 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 safety precautions following the World Bank Environmental, Health and Safety Guidelines is expected to be sufficient to prevent any associated impacts.

Social risks are substantial. The project activities may entail social risks and impacts, these risks are mainly related to possible inequality and discriminatory practices, particularly due to gender, vulnerability, and other social and economic factors, in the provision of healthcare and nutrition services, and in the access

to water supply and sanitation services under the project. There could also be risks of Sexual Exploitation and Abuse / Sexual Harassment (SEA/SH) in the provision and access to project services.

A standalone Gender Based Violence (GBV) action plan will be updated to address potential risk of SEA/SH during project implementation. Labor influx due to the project could also lead to conflicts between IDPs and hosting communities, discriminatory practices in employment as well as possible use of child labor in the project. COVID-19 infection is a serious risk to stakeholders in the project implementation process, including both project workers as well as targeted beneficiaries.

The Environmental and Social Management Framework (ESMF) has been prepared by WHO and will assist to the implementation of its respective components of the project in term of developing the environmental and social management instruments in accordance with the World Bank's Environmental and Social Framework (ESF[1]). This updated ESMF will apply to EHCP parent, AF1 and AF2.

In addition to the WB regulations, the Project will be implemented in accordance with the applicable rules and regulations in the Republic of Yemen as well as the relevant WHO guidelines.

This ESMF proposes a clear delineation of responsibilities in compliance with the project Environmental and Social Commitment Plan (ESCP). In addition to describing the rules, regulations, and guidelines applicable for the project, this ESMF outlines the procedures to identify and mitigate the environmental and social risks and impacts associated with the project's activities during the various implementation stages. WHO will establish and maintain throughout the project lifespan a Project Management Unit (PMU) with qualified staff and resources to support management of Environmental, Social, Health and Safety (ESHS) risks and impacts including one Environmental Specialist and one Social Specialist. Regular monitoring reports (every six months) will be submitted to the bank on the Project ESHS performance, including but not limited to, stakeholder engagement activities and grievances log. WHO therefore is committed to implement its respective Project components and to protect environment, Project workers and community from any adverse environmental or social impact.

The ESMF hereafter outline the:

- Project description, key activities and potential risks and impacts.
- Applicable legal requirements and regulations.
- Environmental and social risks and impacts as well as the necessary mitigation and management measures.
- Institutional arrangements, capacity building in addition to the monitoring and evaluation requirements.
- 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 and implementation of 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 the national health care system.

WHO has prior experience in the implementation of Environmental and Social (E&S) policies of the World Bank financed projects in the Republic of Yemen. These include the Emergency Health and Nutrition Project (EHNP) P161809, jointly implemented with UNICEF, and the Yemen COVID-19 Response Project (YCRP) P173862. For the EHNP, Environmental and Social Management Framework and Medical Waste Management Plan (MWMP) were prepared and implemented to address environmental and social risks and impacts. Under the ongoing YCRP Infection Control and Medical Waste Management Plan (ICMWMP), Labor Management Procedures (LMP), and Stakeholder Engagement Plan (SEP) have been prepared and implemented to address environmental and social risks and impacts.

Yemen is currently facing a crisis within a crisis, with a dramatic spike of COVID-19 cases. 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, a total of 20.7 million people, 66 percent 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 Persons (IDPs).[1]

The present ESMF is the overarching instrument for managing environmental and social risks along the project cycle by setting the necessary principles, rules, and guidelines. Given the volatility of the current situation in Yemen, the ESMF can be updated as necessary[2].

For adequate management of projects risks and impacts, the Environmental and Social Instruments package of the Project includes in addition the ESMF:

- Medical Waste Management Plan (MWMP) which focuses on medical waste management practices during the Project implementation stages.
- Labor Management Procedure (LMP) which details the applicable labor rules, regulations, and the associated risks, impacts and mitigations.
- Stakeholders Engagement Plan (SEP) that details the stakeholders' categories, engagement methods, and Grievance Mechanism (GM).

[1] https://reliefweb.int/sites/reliefweb.int/files/resources/Yemen_HNO_2021_Final.pdf

[2] Where Project changes, unforeseen circumstances, or Project performance result in changes to the risks and impacts during Project implementation, Project funds might be reallocated, if needed, to implement actions and measures to address such risks and impacts.

- GBV Action Plan.
- Security Management Plan (SMP) that details the relevant security risks and mitigations.

2. Project Description

The project development objective is to provide essential health, nutrition, water, and sanitation services to the population of Yemen.

Project Development Level Indicators are:

- Beneficiaries of health, nutrition and/or population services provided through the project (cumulative number – disaggregated by gender, children under the age of 5, and Internally Displaced Persons (IDPs)).
- People provided with access to improved water and sanitation services in selected urban and rural areas (cumulative number – disaggregated by gender).

The parent project components are:

Component 1: Improving Access to Healthcare, Nutrition, and Public Health Services

This component aims to continue to ensure the delivery of Minimum Service Package (MSP) services and strengthen the integration of the primary, secondary, and tertiary healthcare and community levels through four subcomponents described below.

Subcomponent 1.1: Improving Access to MSP Services at Primary Healthcare Level (implemented by UNICEF)

Subcomponent 1.2: Improving Access to Essential Preventive and Curative Nutrition Services (implemented by UNICEF)

Subcomponent 1.3: Improving Access to the MSP at Secondary and Tertiary Healthcare Levels (implemented by WHO)

This subcomponent will ensure the continuum of care at the first referral centers and hospitals by supporting, inter alia:

- Management of severe acute malnutrition (SAM) cases at in-patient Therapeutic Feeding Centers/Stabilization Centers for patients with complications or who failed home-based Outpatient Therapeutic Program.
- Provision of Basic Emergency Obstetric and Neonatal Care (BEmONC), Comprehensive Emergency Obstetric and Neonatal Care (CEmONC), and other MSP services in targeted referral centers.
- Diarrhea treatment centers to manage cholera cases.
- Screening and case management of non-communicable diseases and its complications including diabetes, hypertensions, tumors, and mental health.
- Sustaining the national capacity of blood banks.
- Strengthening the capacity of central public health laboratories.

Subcomponent 1.4: Sustaining the National Health System Preparedness and Public Health Programs (implemented by WHO)

This subcomponent will sustain the National Health System Preparedness and Public Health Program by, inter alia, supporting:

- Disease prevention and public health campaigns, including in relation to vaccine preventable diseases and neglected tropical diseases, to prevent disease outbreaks.
- The Integrated Nutrition Surveillance System (INSS), to provide ongoing nutrition, health, and food security information to inform decisions in a timely manner.
- Strengthening systems and resilience-building measures to support the epidemiological and diagnostic laboratory capacity of the local institutions, particularly the reference labs at the governorate level
- Disease surveillance, including maintaining the electronic disease early warning system (eDEWS).

In addition, this subcomponent will enhance the preparedness of the public health system to respond to disease outbreaks through nationwide rapid response teams at the district and governorate levels to ensure immediate multi-sectoral coordination and response to outbreaks.

Component 2: Improving Access to Water Supply and Sanitation (WSS) and Strengthening Local Systems (implemented by UNOPS)

Subcomponent 2.1: Restoring Access and Improving Quality to WSS Services in Selected Urban and Rural Areas (implemented by UNOPS).

Subcomponent 2.2: Emergency Support for WASH Interventions in Response to COVID-19 Pandemic and Flash floods (implemented by UNOPS).

Subcomponent 2.3: Enhanced Capacity Building of Water and Sanitation Institutions at the Local Level (implemented by UNOPS).

Component 3: Project Support, Management, Evaluation and Administration (implemented by UNICEF, WHO, and UNOPS)

This component will support the implementation, administration, management, monitoring and evaluation, and environmental and social aspects of the Project, including: (i) Direct Cost; (ii) Indirect Cost; (iii) provision of consultancy services required for Project monitoring, evaluation and coordination at the local level; (iv) conducting independent audits of Project activities; (v) audit; and (vi) Third-Party Monitoring. It will also support the provision of technical assistance for system strengthening and service delivery improvement.

Component 4: Contingent Emergency Response (implemented by UNICEF, WHO, and UNOPS)

The zero-dollar Contingent Emergency Response Component (CERC) will be in place to provide expedited response in case of emergency. An Emergency Response Operational Manual will be prepared jointly and agreed with the World Bank for use if this component is triggered.

Components and subcomponents included under the parent project will be supported by the AF with expansion to include additional health facilities. The only subcomponent added under the AF project is:

Subcomponent 1.5: Health System Strengthening (Implemented by WHO and UNICEF)

To continue building individual and institutional capacities, the AF will support better health information systems, quality-of-care improvements, and enhanced public financial management for the health sector.

Key elements of the parent, AF1 and AF2 projects components that will be implemented by WHO

- The EHCP parent, AF1 and AF2 will continue financing the activities supported by the former EHNP in the country.
- EHCP parent, AF1 and AF2 will continue supporting the healthcare facilities included under EHNP. A list of healthcare facilities which will be updated as necessary is available in annex IV. Based on the official authorities' request, the list of supported facilities will be revised and updated accordingly, proposed change is available within the annex IV.
- The project will mainly finance the procurement and distribution of medical and non-medical supplies to the supported health facilities.
- The project will include the provision of operational and logistic supplies to the supported facilities.
- If needed, the project will support minor civil work activities including incinerators establishment within the supported facilities.
- Management of healthcare waste generated from the supported facilities is the responsibility of official authorities and the Project will support the provision of supplies and training implementation within the supported facilities.
- The project will engage direct workers, contracted workers, and primary supply workers during the implementation of project activities. The management of such workers is described in the LMP.

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 describes in detail the rights of workers including women. and the occupational Health/ Safety requirements as well as the wage, working hours, leave and rest times.

Environmental Protection and Water Management

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

Environmental policies and laws in Yemen include 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 change. 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 2005–2010
- Environment & Sustainable Investment Program 2005–2015
- Biodiversity Strategy 2004
- Environmental Impact Assessment Policy for the Republic of Yemen 1996
- Evaluation of Future Development of the EIA System in Yemen 2001

Waste Management and Pollution Prevention

Law No: 20 / 1999 establishment of 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 Public Health and Population is responsible for the management of the 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 in the country in addition to the requirements to control infectious diseases. Occupational health and safety requirement within the healthcare system in addition to the required rules to prevent any cause of infection from the healthcare facilities operation.

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

World Bank Environmental and Social Standards which are relevant to the project components implemented by WHO are described below:

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

ESS2 Labor and Working Conditions

ESS3 Resource Efficiency and Pollution Prevention and Management

ESS4 Community Health and Safety

ESS10 Stakeholder Engagement and Information Disclosure

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[1].

3.3 Comparison between National Laws and the Applicable World Bank Requirements

World Bank ESS	Relevant Yemeni Regulations
ESS1 Assessment and Management of Environmental and Social Risks and Impacts	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. 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. 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.
ESS2 Labor and Working Conditions:	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. 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 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

[1] https://www.who.int/vaccine_safety/publications/aefi_surveillance/en/

World Bank ESS	Relevant Yemeni Regulations
	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 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. 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. 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. Chapter 6 of Labor Law Number 5/1995 Article 71 to 88 Describes the working hours, leaves, rest periods.
ESS3 Resource Efficiency and Pollution Prevention and Management:	(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 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 included in the contracts planned to be signed with national and international investments entities EPL Chapter 2 Article 5 and 7 Includes a requirement to protect local environment from transboundary impacts and vice 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. 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

World Bank ESS	Relevant Yemeni Regulations
	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.
ESS4 Community Health and Safety	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 public health. Protection of all Environmental Health Components and prevent any 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. EPL Article 60 The EIA guidelines require that ESIAs 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.
ESS10 Stakeholder Engagement and Information Disclosure	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 person or entity who causes harm to the environment and natural resources or participate in its deterioration and pollution (EPL Article 4, para 4and Article 82). National law recognizes the importance of accredited independent consultants or Environmental Non-Governmental Organizations ENGOs and environmentally concerned CBOs (EPA EIA guideline). 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).

The relevant ESSs requirement under the ESF will be applied to compliment the rules and regulation implemented in the Republic of Yemen. In particularly for the risk mitigation hierarchy, community health and safety, 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.

Parties to the conflict have weaponized the economy as part of the larger war effort. Since 2015, the economy has shrunk by half, and more than 80 percent of Yemenis now live below the poverty line. This collapse is most visible in loss of income, depreciation of the Yemeni rial, loss of Government revenue, commercial import restrictions and rising commodity prices. More than 40 percent of Yemeni households are estimated to have lost their primary source of income. As jobs became scarcer, remittances from Yemenis working abroad have become the largest source of foreign exchange in the country. It was estimated that up to 80 percent of remittances, worth 3.8 billion in 2019, have dried up in the wake of the COVID-19 global economic slowdown.[1]

In 2020, the conflict intensified, the number of frontlines increased from 33 to 49, and 172,000 people were displaced, bringing the number of 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 percent 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. 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.[2]

According to the 2020 Health Resources and Services Availability Monitoring System (HeRAMS), only 51 percent of health facilities in Yemen are fully functional. Functional health facilities often cannot offer adequate care. Fewer than 40 percent of secondary health facilities provide non-communicable disease and mental health services. Only 20 percent provide integrated maternal and child healthcare. The indirect and multiplying impact of armed violence on the health system includes attrition of medical personnel and the destruction or closure of health-care facilities, depriving communities of access to essential services. [3]

COVID-19 pandemic 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. 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.

Insecurity and impediments to humanitarian service delivery have a detrimental effect on the nutritional status of vulnerable children and women. Based on the 2020 Nutrition Cluster estimates, 69,572 cases of

[1] https://reliefweb.int/sites/reliefweb.int/files/resources/Yemen_HNO_2021_Final.pdf
[2] https://reliefweb.int/sites/reliefweb.int/files/resources/Yemen_HNO_2021_Final.pdf
[3] https://reliefweb.int/sites/reliefweb.int/files/resources/Yemen_HNO_2021_Final.pdf

Severe Acute Malnutrition (SAM - about 19.4 percent of the national SAM caseload) and 290,434 cases of Moderate Acute Malnutrition (MAM - about 16.4 percent of the national MAM caseload) were children living in 49 front line/hard-to-reach districts where there is an increased risk of missing nutrition treatment services and of associated mortality. It is estimated that the risk of death among untreated SAM cases with complications is 9 out of 10 and for SAM cases without complications it is 1 out of 5 cases. The Integrated Food Security Phase Classification results also confirm that food insecurity is more severe in areas with active fighting or bordering areas with limited access and is particularly affecting IDPs and marginalized groups.

At present there is limited capacity in appropriate management of hospital or healthcare waste across the country. Although some good basic groundwork has been carried out to bring about improvements, the situation remains deplorable and represents a health risk, not only to medical staff but also to the public. In other hand and under the ongoing EHNP and YCRP, the WHO is currently finalizing the installation plan of Waste Treatment Units to properly dispose the generated hazardous waste within the supported healthcare facilities by the best applicable option that does not have significant adverse impact neither on personnel nor on environment.

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).[1] 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.[2] 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).[3] 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).[4]

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 years[5]. Elderly women are also among the most

[1] https://sanaacenter.org/files/Rethinking_Yemens_Economy-policy_brief_13.pdf
[2] https://ilostat.ilo.org/data/
[3] https://www2.unwomen.org//media/field%20office%20arab%20states/attachments/publications/2020/05/yemen%20response%20covid-19_action%20brief.pdf?la=en&vs=2651
[4] https://www.unfpa.org/data/sowmy/YE
[5] https://www2.unwomen.org/-/media/field%20office%20arab%20states/attachments/publications/2020/05/yemen%20response%20covid-19_action%20brief.pdf?la=en&vs=2651

vulnerable, representing the majority of the 65 + population (estimated at 54 precent) and are much more likely to have limited access to information about the benefits and availability of the services 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.[1]

Challenges and lessons learned from the EHNP Project implementation include:

- Final waste disposal is a persistent challenge due to the lack of adequate waste treatment and disposal infrastructure within the healthcare system in the country.
- Shortage in the Personal Protective Equipment (PPE) and Infection Prevention and Control (IPC) supplies in the local and international markets due to COVID-19 Pandemic.
- 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 and degraded security condition 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.

Lessons learned from the parent project and first additional financing implementation include:

- The provided support is not sufficient to address the increasing demand for healthcare services in the supported facilities.
- Authorities and supported facilities management have expressed interest in being more engaged in the TPM activities, tools and reports.
- GHOs participation is recommended in the planning and implementation of related project activities.
- The need for regular dialogues/ engagements on the project to help clarify what is possible within the project scope to align stakeholder priorities and manage expectations.
- Early engagements with sub-national structures such as Governorate Health Offices (GHO) remains critical to mitigate against potential delays in implementation.
- The environmental and social requirements across the country is new where the overall knowledge and capacities are limited.
- Integrating brief introduction of the environmental and social requirements including the GM channels across the project activities such as training sessions, workshops or meetings is essential to raise the overall awareness about such topic.
- Facilities managers and senior MoPHP officials play critical role towards enforcing the environmental and social aspects including IPC and medical waste management. WHO strives continuously to increase understanding of managers for their accountability in ensuring compliance and encourages the allocation of limited operational budgets in each facility to E&S compliance
- The importance of continuous capacity-building for health workers, ensuring a sustainable supply of waste management materials, and regular monitoring and evaluation to identify areas for improvement.
- The importance of establishing medical waste treatment and disposal units, based on need.

[1] WDI suggests that illiteracy is higher among older cohorts.

5. Environmental and Social Risks and Mitigations

5.1 Risk Classification and Management Procedure

The Project components that will be implemented by WHO will mainly support the procurement and delivery of medical and non-medical supplies to the supported healthcare facilities detailed in annex IV.

For subprojects that need to be implemented under the Project, the screening process is concluded below:

- Screening potential subprojects in relation to eligibility.
- Screening subproject for potential E&S risks and impacts and classifying each subproject according to risk. Annex 1 includes the screening form while the risk level assessment is detailed here below.
- Conducting E&S assessment for each subproject and developing subproject 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 with clearance from the WB.
- Implementation and monitoring of E&S plans and instruments.

The risk classification and management procedure for subprojects implemented under the project will be performed in accordance with **WHO Corporate Risk Management Policy** in which the risk level will be determined, and risk response actions will be implemented.

The potential Environmental and Social risk levels of activities can be classified as below in which both WHO risk classifications with the equivalent WB classifications are indicated:

- **Severe Risk (High)**: The proposed subproject is likely to produce significant and/or irreversible adverse environmental and/or social impacts that are sensitive, diverse, or unprecedented. This type of risk will need appropriate actions and continuous monitoring where Environmental and Social Impact Assessment (ESIA) and/or Environmental and Social Management Plan (ESMP) need to be developed.
- **Significant Risk (Substantial)**: The proposed subproject is likely to produce substantial adverse environmental and/or social impacts. This type of risk will need appropriate actions and continuous monitoring as detailed in the project environmental and social instruments.
- **Moderate Risk (Moderate):** The proposed subproject is likely to produce adverse impacts on human populations or environmentally important areas lower than those of Severe/Significant-Risk activities. Impacts are likely be reversible, few and site-specific. This type of risk requires action as defined in the project environmental and social instruments. The risk must be monitored continuously.
- **Low Risk (Low):** The proposed subproject is likely to have minimal or no adverse social and/or environmental impacts, or sufficient review has already been conducted and social and environmental management recommendations have been incorporated into the project. This type of risk can be tolerated and can be managed through appropriate controls as defined in the Project Environmental and Social instruments.

Defining a risk response is selecting the action that will bring the criticality level of a risk into line with its acceptance level. Based on the determined risk level, the response can include:

- Terminate: avoiding the risk either by not undertaking associated activities or changing the scope of related activities, the procurement process, supplier, or activity sequencing.
- Tolerate: accept the risk if the opportunities outweigh the threat and the existing controls are adequate to contain the risk. This option may be applied when exposure is tolerable, control is

impossible, or the cost of control exceeds potential benefit. It may be supplemented by contingency planning for handling the potential impact. Whether a particular risk can be tolerated is a key decision.

- Mitigate: reducing the risk's impact, probability and/or strengthen existing controls to develop new controls to reduce risk to acceptable levels.
- Exploit: seek to exploit the event/circumstance(s) that can generate a risk to the benefit of WHO and its objectives or the circumstances of which also present opportunities which could add value to the Project.

Compensation could be considered if the other risk response methods cannot be effectively achieved or implemented. Further details on the Project risks, impacts, significance, and response are available in the annex II Moreover, the subsequent sections are detailing the mitigation measures applicable for the Project Environmental and Social risks.

5.2 Mitigations and Response to Vulnerable Exclusion and Elite Capture Risks

The project activities may entail social risks and impacts mainly related to possible inequality and discriminatory practices, particularly due to gender, vulnerability, and other social and economic factors, in the provision of healthcare and nutrition services. The below measures will be implemented during the various Project stages to overcome such challenges:

- Determination of needs and requirements will be performed by the WHO in cooperation with the relevant health authorities with transparent criteria and public communication of the project services, benefits, supported facilities, and any other benefits.
- The distribution of benefits will cover all governates and the Project will work with the relevant authorities towards ensuring all citizens will have equal opportunities in getting the project benefits including the recruitment chances.
- Strengthen communication with stakeholders, at all levels, during the various Project stages.
- Widely disseminating the GM channels that enable affected community members or beneficiaries to send his/her grievance. The Project will respond promptly to grievances and whereas possible will improve service delivery based on such suggestions, thus contributing to closing the feedback loop with stakeholders. Project will regularly consult with stakeholders and update them on grievances received.

5.3 Mitigations and Response to GBV, SEA/SH Risks

Risks of GBV, SEA/SH in the provision and access to project services/benefits might arise and the below measures will be considered during the various implementation stages:

- Training to Project workers on the GBV, SEA/SH risks and applicable mitigations.
- Strengthening GM to effectively handle SEA/SH complaints through collaboration with NGOs with the expertise to address cases of SEA/SH.
- Enhanced multi-sectoral coordination, training, and monitoring mechanism to implement SEA/SH mitigation measures in an effective manner.
- Contractual obligations to reduce SEA/SH risks and enforcement of CoC requirements on the contractors and contracted staff.
- Consultation where applicable.
- Monitoring the development and implementation of the GBV action plan.

5.4 Mitigation and response to Labor Risks (Child and/or Forced Labor)

As the work force will be engaged to implement the Project activities, Child and/or Forced Labor might be faced, and the below measures will be implemented as appropriate response:

- Documentary evidence (passport, identity card or birth certificate) of all direct workers prior to involving them in activities of the project.
- Contractual obligations through CoC and legal requirements enforcement on prevention of child labor, minimum age of 18 and age verification for the contractors involved in project implementation.
- Functional GM channels that can be used as reporting channel of any deviation where such grievances shall be treated with high priority.

5.5 Mitigations and Response to Occupational Health and Safety Risks

The OHS risks including disease transmission might affect work force involved in the project implementation (direct workers, contracted workers, or primary supply workers) and the measures necessary to reduce the impacts include:

- Contractual obligations through CoC and legal requirements enforcement so all contractors and suppliers involved in Project implementation are addressing fully the workers OHS requirements.
- Identify and evaluate risks and normalize the activities (rules, instructions, and procedures).
- Evaluate and implement the OHS training requirements and materials.
- Competent and trained workers shall be engaged in the activities' implementation.
- Workers to be equipped with the necessary Personal Protective Equipment PPE such as: hard helmets, safety boots and protective gloves and/or other PPE equipment as needed.
- Adequate provision of hygiene facilities (toilets, hand-washing basins), resting areas etc. separated by gender as needed and with distancing guidelines in place.
- Workplace health and safety incidents to be properly recorded in a register detailing the type of incident, injury, people affected, time/place and actions taken, and reported to WHO and the World Bank maximum within 48 hours in compliance with the terms set in the project ESCP.
- Project workers (irrespective of contracts being full-time, part-time, or temporary) to be covered by insurance against occupational incidents as determined in the applicable labor law.
- Where necessary, signs and instructions on the relevant safe working procedures are provided in the work areas, in Arabic language as required, including on hand hygiene and cough etiquette, as well as on symptoms of COVID-19 and steps to take if suspect have contracted the virus.
- Project GM channels availability for workers in which the handling and response to such grievances is implemented with high priority.

OHS of civil servants involved in the supported facilities will be considered by the Project by providing the PPE and relevant training while the day-to-day supervision is the responsibility of the health authority ensuring appropriate adherence to PPE requirements and any other OHS measures. Monitoring of adherence and implementation of OHS measures at the supported facilities will be performed by WHO internal monitoring and evaluation team as well as by the Third-Party Monitoring (TPM).

5.6 Mitigations and Response to Supplies Procurement, Storage and Distribution Risks

The project will include the procurement of goods and supplies, medical and nonmedical equipment such as ventilators or PPE or cleaning materials. Risks that might arise from such are inadequate provision and storage, shortage of the necessary supplies, equipment damage, pollution from the hazardous substances, vehicles incidents and accidents.

Measures necessary to overcome such impacts or consequences include:

- Selection and procured equipment and supply as per the WHO guidelines and standards.
- Determination of needs and requirements will be performed by the WHO in cooperation with the relevant health authorities with transparent criteria and public communication of the project services, benefits, supported facilities, and any other benefits.
- Planning, identifying and distribution of needs to be performed based on adequate assessment following WHO guidelines
- WHO will make regular inspections of goods and warehouses and will keep a log of inventories for monitoring purposes.
- Appropriate warehousing and logistics management as per the WHO guidelines and procedures.
- Supplied goods will be temporarily stored in WHO warehouses in accordance with WHO guidelines and procedures.
- 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[1].
- Close supervision in addition to the involvement of qualified and trained personnel in the logistics and supply chain process in addition to use the appropriate PPE during the implementation of such activities.
- Effective management of emergencies and tracking of preventive measures.

5.7 Mitigations and Response to Hazardous Substances and Healthcare Waste Management Risks

The effective management of medical waste is an integral part of a national healthcare system, Improper management of such waste poses a significant risk to patients, healthcare workers, the community, and the environment. As such this aspect will be considered within this Project where:

- Each supported healthcare facility should implement appropriate measures following the local regulations as well as the MWMP that has been developed based on Environment, Health and Safety (EHS) Guidelines of the World Bank and Good International Industry Practice (GIIP), in addition to the applicable WHO guidance documents and other best international practices to prevent or minimize such adverse impacts.
- Monitoring of the implementation of adequate waste management practices during the various project stages and the necessary corrective/preventive actions will be determined and tracked.
- WHO is in the process of establishing 50 Waste Treatment Units including medical waste incinerators under the World Bank financed projects (YCRP and EHNP), to provide safe and adequate management of the generated waste within the boundaries of supported facilities.
- Training on IPC and waste management requirements will be provided under the Project to HCWs involved in the supported healthcare facilities or activities.
- Under the Project scope, supported healthcare facilities will be provided with waste management supplies and PPE for appropriate protection from any adverse impacts.

5.8 Mitigations and Response to Security Risks

Security risks might arise during the various stages of project implementation and in particularly during the equipment and/or workers transportation. Such risks might affect the WHO warehouses, premises, and staff due to the volatile condition in the country. Security personnel will not be contracted nor hired under the project where the security arrangements in the supported healthcare facilities and during the public health campaigns 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

[1] WHO, Critical Preparedness and Response Actions for COVID 19

(UNSMS), which, through designated officials in collaboration with Heads of UN Offices, ensures the security of the WHO premises and staff.

The WHO where applicable will work in coordination with MoPHP to overcome the security risks that might arise during the implementation of Project activities (particularly at the supported health facilities). Security Management Plan for the project has been prepared to address and mitigate the security risks and it includes the following principles:

- Implementation and update of the security management plan requirements and risk mitigations.
- Coordination with authorities to assess the security risks and avoid operating in high-risk areas or environment.
- Including the security issues, risks, and mitigations during the stakeholders' engagement activities.
- Any concerns or grievances about the security issues will be received, monitored, documented, and addressed through the grievance mechanism.

5.9 Mitigations and Response to Waste Treatment Units Establishment Risks

The Project might support the establishment of Waste Treatment Units including incinerators and burial pits within the supported facilities during the Project lifetime. The associated environmental and social risks and impacts shall be determined and assessed, and the necessary mitigations need to be applied accordingly by the Project. Establishment and operation of incinerators have the potential of causing significant environmental and social risks. These could include air pollution due to toxic fumes resulting from poor site selection, inadequate stack height, burning of unsegregated waste at low temperatures etc. Heavy metals in the incinerator ash could pollute soil and water, if not properly disposed in a safe burial pit. Inadequate storage facilities for fuel could result in fire hazards during operations. During construction, good quality materials are critical to ensure longevity of the incinerator, along with close attention to aspects of sealing and temperature management. Worker health and safety issues also need to be well managed during civil works phase. Incinerators should be installed in a protective enclosure or suitably ventilated building to prevent access by unauthorized persons and to protect the equipment. Community health and safety risks due to air and soil pollution, noise, odor etc. will need to be managed during civil works and operations phase.

Accordingly for any incinerators work under parent or AF projects, a dedicated Environmental and Social Management Plan shall be prepared to cover the risks, impacts and the mitigation measures needed during the establishment and operation of such units. The ESMP shall include requirements and best practices on the incinerators design, location selection guidelines, burial pits design, civil work activities in addition to the monitoring and reporting requirements. Moreover, the MWMP includes dedicated section and guidelines on the safe operation and monitoring requirements of the established waste treatment units including the incineration temperature, loading frequency, segregation, and workers OHS requirements.

General requirements that should be addressed during the design, establishment, and operation process of waste treatment units include but not limited to:

- Dedicated Environmental and Social Management Plan shall be prepared for such activity in accordance with the WBG EHS guidelines for health facilities and the WBG General EHS guidelines. The ESMP needs to cover the risks, impacts and the proposed mitigation measures during the establishment and operation of such units.
- Civil work risks and impacts associated with the waste treatment unit's establishment shall be determined and assessed, the necessary mitigations shall be applied accordingly. Guidelines on the

civil work risks, impacts and mitigations are described further in section 5.10 and the ESMP template is available in annex III which needs to be adopted to cover any civil work associated with the waste treatment unit's establishment.

- Incinerators' design shall meet the applicable standards and regulations including WHO and WBG EHS Guidelines. The incinerators design shall include requirements for appropriate stack height, dual combustion chambers, combustion temperature, high temperature resistance materials and any other design criteria deemed necessary for complete waste combustion with minimum pollutants emission.
- Selected locations for waste treatment units and targeted healthcare facilities shall consider appropriate distance from communities, households, healthcare premises and any sensitive areas that might be affected by the incinerators or waste treatment units' operation. Incinerators' locations shall be determined in coordination with the local authorities following the applicable regulations as well as the healthcare facilities management recommendations and considering the affected communities concerns.
- Establishment of dedicated burial pits shall be associated with any incinerators' installation for final disposal of generated ash, organic or sharp waste. Burial pits design and selected location shall meet the applicable requirements to prevent any potential land or water pollution including leak prevention and safe distance above the water layer.
- Contracting and procurement process to consider involvement of qualified contractors and appropriate selection of the materials that meet the design criteria.
- Setting up monitoring program to ensure all mitigation measures are adequately implemented during the waste treatment unit's establishment activities.

5.10 Mitigations and Response to Rehabilitation and Civil Work Risks

The Project will identify key E&S risks and impacts associated with the civil work activities (if any) in the healthcare facilities and set out the necessary management plans. Civil works under the Project (if any) are deemed to be minor, the associated risks and impacts shall be determined and included in the Subproject Environmental and Social Management Plan that needs to consider:

- Screening the activity as per the provision of annex I that detailed in section 5.1.
- 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, SEA/SH risks, especially in the light of intersectional issues such as gender inequality or disability.
- Arrangements for employment 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.
- Institutional arrangements of the contractors and monitoring requirements.

For any civil works activities, Environmental and Social team shall prepare the subproject ESMP (as per the template available in annex III) and subsequently the contractors to develop their own ESMP and to deliver regular reporting on the work progress and status of the E&S requirements implementation.

5.11 Mitigations and Response to diesel fuel supply activity to supported health facilities

During implementation of this activity, the environmental and social impacts will be directly under the control of the supplier and the facilities management and will be mitigated directly by each party. The

parties engaged in the transportation activities are already well experienced and trained having conducted this activity for several years under the EHNP and with support from other donors and partners.

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

A. Occupational health and safety measures

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

B. Communicable diseases precautionary measures

1. The supplier ensures full adherence to communicable diseases precautionary measures by all workers as per the national and WHO rules, and guidelines.
2. The supplier ensures awareness sessions are conducted on communicable diseases for all workers.
3. The supplier ensures availability of PPE, hygiene kits, soap, clear water, and hygiene etiquette is followed.

C. Fuel loading and distribution

1. The supplier ensures only maintained tanker trucks specified for fuel loading and equipped with the proper fuel loading/offloading accessories are used.
2. The supplier ensures there is no likely fuel leakage during transportation and loading/offloading process, and that the fuel cargos are transported to the health facilities premises with the required quantities.
3. The supplier ensures the fire extinguishers are provided within the fuel transportation trucks.
4. The supplier ensures that fuel tanks do not experience any leakages and avoids any overfilling during operation/use.
5. The supplier ensures that all the requirements are implemented during the fuel loading, offloading and transportation activities.
6. In case of fuel leak during loading, offloading and transportation, the source of the leak shall be closed and then any contaminated soil shall be cleaned and removed to the designated areas.
7. The supplier prepares and applies a Spill Management and Emergency Response Plan.
8. The supplier shall use well-maintained specified tanker trucks and machinery suitable for loading the fuel and make thorough inspection and ensure that the tanker trucks are fit for such cargos.
9. WHO ensures that the supplier-provided fuel is of good quality as per the agreed specifications and standards.
10. The supplier checks the tanker truck efficiency before and after fuel loading at the fuel storage station, prior to its departure to the targeted destination. The supplier ensures all requirements are addressed, including those related to the tankers, trucks and staff involved in the activity.
11. The supplier ensures that all the fuel loading/offloading hoses are in good condition, meeting the quality requirements and stored in a dedicated storage. Hoses should always be correctly connected.
12. The supplier and facilities management ensure that the fuel cargoes are sealed (truck openings are sealed). It should only be unsealed by the operators at destination with observation of the TPM-A.
13. The supplier ensures that the fuel cargos are loaded with the required quantities and specifications, unloaded to the authorized facilities by WHO targeted sites. The shipment shall not exceed the storage capacity available at the targeted stations, and there should be sufficient vacant storage space (spare at least one tank with enough capacity at every site) to be used in case of leakages/spill incidents.
14. The supplier is responsible for any fuel spill during transportation, to immediately contain the fuel spill, clean the fuel spill, prevent/minimize, and compensate any damage that could likely occur by the fuel spill, and involve the national responsible authorities for spill management. The supplier should report immediately to WHO in case of any fuel spill incidents.
15. The health facility should provide secondary containment capable of holding at least one fuel tank's contents. Otherwise, the health facility should spare at least one of the available storage tanks with enough capacity to be used in case of fuel leak or spill at any of the targeted sites.

D. Fuel offloading in the targeted beneficiary facilities

1. The supplier ensures that the fuel cargo is loaded with the required quantities and specifications, unloaded to the facilities authorized by WHO.
2. The shipment shall not exceed the storage capacity available at the targeted stations, and make sure that there is sufficient vacant storage space (spare at least one tank with enough capacity at every site) to be used in case of leakages/spill incidents.
3. The supplier ensures that all the fuel loading/offloading hoses are in good condition, meeting the quality requirements and stored in a dedicated storage. Hoses should always be correctly connected.
4. The supplier and supported facilities management ensure that the fuel cargo is sealed (truck openings are sealed). It should only be unsealed by the operators at destination with observation of the Third-Party Monitoring –Agency (TPM-A).

5. The supplier and targeted facility workers shall ensure the fuel tanks/cargos are located at properly ventilated areas and away from heat sources.
6. The supplier and supported facilities management ensure the offloading process is performed by qualified personnel and to prevent the exposure to any source of ignition at any point of time.
7. During the offloading process, the operators periodically check for leaks and if leaks exist at any point of time the offloading process shall be immediately stopped.
8. In case of fuel leak during loading, offloading and transportation, the source of leak shall be closed and then any contaminated soil shall be removed to the designated areas. Any contaminated fuel resulting from leakage shall be collected in appropriate containers and reused/disposed in approved sites.
9. The supplier will arrange for appropriate disposal of any generated solid waste at designated permitted sites landfill allocated by the local authorities and cleaning funds.
10. The health facility management will arrange for clean-up of all sites before starting and after completing the works to remove oil and waste properly in environmentally good practices and safe disposal.
11. Supported facilities should implement engineering and administration control measures to avoid uncontrolled release of fuel into the environment, provide alternative secondary spill containment. Health facility management will keep the entry to the fuel storage site restricted to authorized personnel only.
12. WHO will carry out regular monitoring and inspection visits to the facilities and to work with the authorities towards ensuring compliance with requirements.
13. Installation of the FMD is a prerequisite for fuel supply. Functionality of FMD is the responsibility of the beneficiary health facilities.
14. The working area/site shall be kept properly arranged and remain clean before, during and after the work/activities.

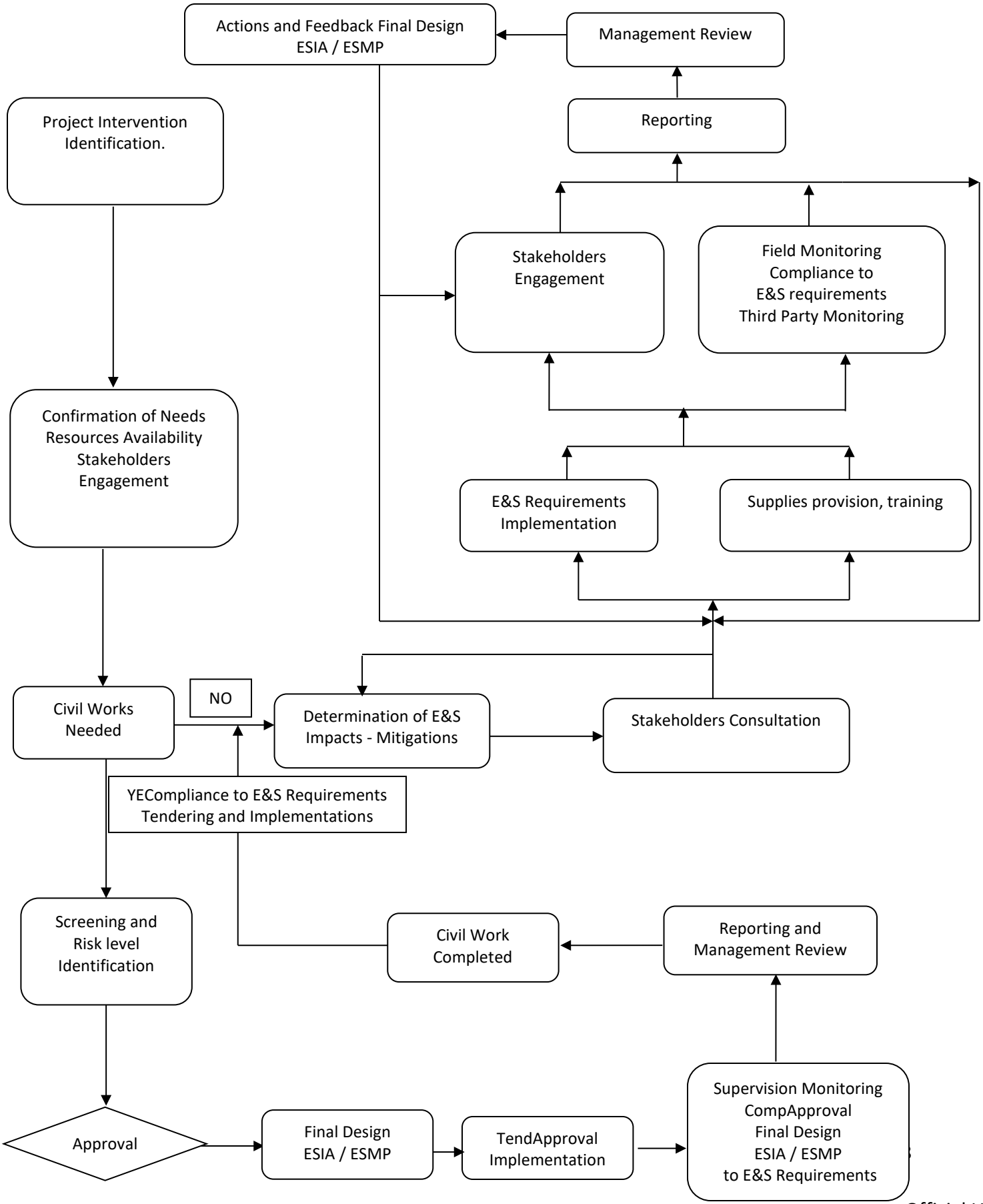
E. Pollution prevention measures

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

F. Energy efficiency measures

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

5.12 Environmental and Social Management Flowchart



6. Stakeholder Engagement and Information Disclosure

6.1 Public Consultation and Information Disclosure

The present ESMF is being consulted and will be disclosed in consistency with the requirements of Stakeholder Engagement Plan 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.

The speed and urgency in which the parent project has been developed, consultations during the project preparation 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 Environmental and Social Instruments of the parent project, the below has been implemented:

- Preliminary SEP and Project ESCP have been disclosed in the WHO Yemen Facebook page with brief introduction of the Project activities.
- All environmental and social instruments of the parent project have been disclosed in Arabic and English in the WHO EMRO website; WHO EMRO | Yemen Emergency Human Capital Project | Information resources | Yemen site.
- Environmental and social instruments of the parent project have been shared in Arabic and English with the relevant healthcare authorities and healthcare workers during the various preparation stages.

For the AF, the project team has engaged the following partners on the planned components, associated risks and proposed mitigation measures:

- Relevant health authorities at central and local level,
- Supported facilities managers,
- Relevant organizations active in the healthcare sector of the country, health cluster partners,
- Healthcare workers and targeted beneficiaries.

Consultation details and outcomes that related to AF2 are available in the relevant section of the SEP.

Once finalized, the updated environmental and social instruments will be disseminated in the WHO websites.

6.2 Stakeholder Engagement

Stakeholder Engagement Plan SEP has been prepared for the Project in which further information on the stakeholders' categories and engagement methods during the various stages of the project is detailed.

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.

Grievance Mechanism

The main objective of 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 established GM system for parent project provides multiple access points (telephone, website, email) and the same channels will be used during the AF project 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.

Grievances received through the GM system which are related to the OHS or labor issues will be handled with high priority where the resolution timeframe shall not exceed 3 working days.

Accordingly, the GM hotline number **8004090** as well as email address have been established under project supervision and management to respond to grievances related to the WHO Project components.

GM channels for the project (managed by WHO's PMU) are:

- Hotline: **8004090**
- Email: **yemengrmehcp@who.int & yemgrmehnp@who.int**
- Social Media Platforms.
- Interviews/meetings.

The **Grievances Mechanism** handling, responsibilities, and response mechanism are detailed separately within the Project Stakeholder Engagement Plan.

Contractors shall undertake the primary responsibility for their staff grievances and an appropriate mechanism shall be provided. Work-place grievances will be addressed by each contractor in a timely manner and a list of grievances shall be maintained.

7. Institutional Arrangements, Responsibilities and Capacity Building

The WHO will establish and maintain the existing Project Management Unit with qualified staff and resources to support management of ESHS risks and impacts of the Project including specialists on environmental, OHS, gender and social. Under the ongoing EHNP and YCRP WB financed projects, the WHO PMU includes environmental, OHS, social and gender specialists. Such specialists will prepare and submit to the Bank as part of the semiannual progress report, reports on ESHS performance of the Project, including but not limited to, stakeholder engagement activities and grievances log.

As the project will support the Healthcare facilities included in the current healthcare system structures in Governorates and Districts, WHO will work closely with the implementing partners to address the associated risks and implement the applicable mitigation measure WHO will provide the necessary supports / logistics / capacity building the partners to ensure all requirements are implemented accordingly. Therefore, the level of responsibilities and implementation activities will be monitored through the lifetime of the project. WHO's implementing partners, Local Authorities and supported

Healthcare Facilities Managements, have the sole responsibility for applying onsite the required mitigation measures as stated in this ESMF or other relevant instruments and informing WHO on any deviations or further requirements. In addition, the monitoring of compliance at the supported facilities will be performed by WHO monitoring and evaluation team as well as the project TPM, regular reports shall be issued, and the necessary corrective or preventive needs be implemented and tracked.

Training Activities

Where applicable, the training topics during Project implementation will include:

- COVID-19 Infection Prevention and Control Recommendations.
- Toolbox meeting on OHS issues including the use of PPEs.
- Grievance mechanisms for workers and communities.
- GBV, including Code of conduct to prevent GBV and SEA/SH.
- Occupational Health and Safety.
- Stakeholder engagement.
- Labor Management Procedures.
- Community health and safety (including emergency prevention and preparedness, response arrangements to emergency).

The estimated budget for the capacity building is around 200,000 USD as indicated in the table under item.9 ESMF implementation budget.

Target groups include the following:

- Stakeholders including Contractor.
- Support Consultants (Labor Management Procedures; OHS guidelines; community health and safety).
- Project workers (OHS guidelines, provisions relating to LMP, GBV Risk).

8. Monitoring and Reporting

Project PMU including Environmental Social specialists will supervise the implementation of the Project Environmental and Social requirements during the various Project stages. In addition to evaluating the Project risks level as well as the safeguards implementation and the level of compliance as guided by this ESMF.

Monitoring the establishment of waste treatment units shall be performed by Project assigned personnel responsible for the supervision of the implementation of environmental and social requirements and issue the necessary compliance reports as well as by the Project TPM. Monitoring requirements, frequency and responsibilities need to be determined in the relevant ESMP.

Where applicable, the individual intervention ESMP monitoring will provide information about key environmental and social impacts of such intervention, effectiveness of mitigation measures, and any outstanding issues to be remedied.

Project safeguards compliance and implementation status shall be included in each semiannual progress report that is submitted to the World Bank.

Key objectives of the monitoring and reporting include:

- Tracking environmental and social performance of the project activities.
- Verify that all environmental and social risks and impacts management requirements 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.
- Follow up the implementation of Project's MWMP, LMP and any other instruments and to report any deviation.
- Whether vulnerable and disadvantaged groups face challenges in accessing project benefits, and whether GBV, SEA/SH risks have been adequately managed.

The monitoring of environmental and social requirements compliance will be performed by the Third Party Monitoring Agency, in accordance with the relevant World Bank Good Practice Note and relevant E&S Standards. TPM will assess the status and performance of 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. Each monitoring report prepared by the TPM shall cover a period of three (3) months.

Incident reporting

Incidents or accidents related to the Project, which has or is likely to have a significant adverse effect on the environment, the affected communities, the public or workers including without limitation, explosions, spills, and any workplace accidents that result in death or serious injuries, any violent and exceptional labor incident or dispute involving the Project or security forces in the Project area, and local communities or any GBV, SEA/SH suffered by beneficiaries receiving support under Respective Parts of the Project or Project workers.

Project PMU will notify the WB within 48 hours after learning of the incident or accident, once confirmed, and provide an initial report within 10 days of that notification indicating possible root causes and proposing possible corrective actions, as requested by the WB.

9. ESMF Implementation Budget

ESMF expected implementation costs are allocated according to the table below. Such costs include training, development of E&S due diligence measures and other to be determined tools. Costs for undertaking travel, monitoring and training as well as any other stakeholders' engagement and communication. Project activities including the trainings and workshops will involve participants from all governorates and supported facilities based on the need and in coordination with the relevant authorities.

ESMF Implementation Costs	USD
Training and workshops 1. Training on IPC, and Medical Waste Management. 2. Awareness on the E&S good practice rolling out during the lifetime of the project. 3. Workshops - OHS for project workers and raising awareness campaigns.	200,000
GM, Information and Communication 4. Activation and operation of the project GM system. 5. Production and dissemination of awareness and GM visibility materials. 6. Stakeholder engagement activities.	140,000
Supervision, monitoring, and reporting 7. Preparation of the site-specific plans including translation, travel, and monitoring cost. 8. Monitoring and preparation of compliance reports.	60,000
TOTAL USD	**400,000**

Annexes

I. Screening Form for Potential Environmental and Social Issues
II. Project Risk Assessment Template
III. Environmental and Social Management Plan (ESMP) Template
IV. Waste Management Guideline
V. List of Healthcare Facilities Supported by the project

Annex I: Environmental and Social Potential Risks Screening 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
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	MWMP
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 GM in place, to which all workers have access, designed to respond quickly and effectively?			ESS10	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 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?			ESS4/ESS1	ESIA/ESMP, SEP
Does the subproject carry the risk that disadvantaged and vulnerable groups may have unequitable access to project benefits?			ESS1/ESS10	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 Severe (High) Risk activities and those with physical environmental footprints.
- ESIA / ESMP are not applicable for procurement and distribution activities such as medical equipment, PPE, etc. However, MWMP needs to be applied in such cases.
- Risk rating to be determined as guided by this ESMF.

Annex II: Project Risk Assessment Template

A Risk is an event that is not certain but that if it were to occur would have a negative impact on the Project objectives/intended benefits.
A Risk is something that could occur in the future.
Risk management is the process of identifying risks, evaluating them, and developing mitigating actions to counteract them.
PR. = Likelihood or Probability of occurrence. **SE.** = Severity of consequences / Impact of the risk.
Assessment result is based on the activity overall risk level.

			Impact, Severity of Consequences				
			Very Low	Low	Medium	High	Very High
			1	2	3	4	5
Likelihood or Probability	Very low	1	1	2	3	4	5
	Low	2	2	4	6	8	10
	Medium	3	3	6	9	12	15
	High	4	4	8	12	16	20
	Very high	5	5	10	15	20	25
			Low		**Moderate**	**Significant**	**Severe**
			Risk Level and Criticality				

Risk Assessment Matrix

Key Activities	Potential Risks and Impacts	Risk Assessment			Risk Response and Mitigation Measures	Responsibilities
		PR.	SE.	Risk Level		
Identify the type, location, and scale of supported healthcare facilities and type of support provision including the recruitments and engagement of workers.	Exclusion of vulnerable and people or areas in need. Inequity and discrimination during the selection process. Inadequate supplies provision. Shortage and delay in providing in the necessary and urgent supplies. Lengthy procurement process. Lengthy process of administrating approving the distribution plans.	2	2	Low	Determination of needs and requirements will be performed by the WHO in cooperation with the relevant health authorities with transparent criteria and public communication of the project services, benefits, supported facilities, and any other benefits. Planning, identifying and distribution of needs to be performed based on adequate assessment following WHO guidelines Selection and procured equipment and supply as per the WHO guidelines and standards. The distribution of benefits will cover all governates and the Project will work with the relevant authorities towards ensuring all citizens will have equal opportunities in getting the project benefits including the recruitment chances. Strengthen communication with project stakeholder, at all levels, during the various Project stages. Transparent/fair selection and engagement process of workers according to WHO regulation. Widely disseminating the GM channels that enable affected community member or beneficiaries to send his/her grievance.	WHO in coordination with responsible authorities
Storage / transportation of medical and medical equipment or supplies.	Equipment damage. Pollution from the hazardous substances. Road incidents and accidents.	3	2	Moderate	Regular inspections of supplies and warehouses and will keep a log of inventories for monitoring purposes. Appropriate warehousing and logistics management as per the WHO guidelines and procedures. Supplied goods will be temporarily stored in WHO warehouses in accordance with WHO guidelines and procedures.	WHO / Contractors

Key Activities	Potential Risks and Impacts	Risk Assessment			Risk Response and Mitigation Measures	Responsibilities
		PR.	SE.	Risk Level		
	Supplies expiry during warehousing periods. Fire and other emergencies.				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. Strengthen communication and consultation with authorities for quick and effective distribution. Provision of the necessary firefighting means and equipment with adequate design of warehouses following the applicable standards and procedures. Involvement of qualified contractors and trained personnel in the logistics and supply chain process. Effective management of emergencies and tracking of corrective and preventive actions.	
Engagement of contractors/suppliers in the Project implementation.	Child labor / Forced labor GBV - SEA/SH Contractor workers exposure to workplace hazards/diseases Occupational incidents and diseases Discrimination or elite capture	3	2	Moderate	Contractual obligations through CoC and legal requirements enforcement so all contractors and suppliers involved in Project implementation are addressing fully the legal requirements. Transparent bidding and selection criteria based on the competency and professionalism. Monitoring the LMP and legal requirements implementation including staff training. Functional GM that can be used as reporting channel of any deviation where such grievances shall be treated with high priority. Contractors shall undertake the primary responsibility for their staff grievances and appropriate mechanism shall be provided. Work-place grievances should be addressed by each contractor in a timely manner and list of grievances shall be maintained.	WHO / Contractors
General Healthcare Facilities operation / Public Health campaigns – Environment.	Improper handling and disposal medical waste and hazardous substances.	3	3	Moderate	Each supported healthcare facility should implement appropriate measures following the local regulations as well as the Project MWMP, in addition to the applicable WHO guidance documents and other best international practices to prevent or minimize such adverse impacts. Monitoring of the implementation of adequate waste management practices during the various project stages and the necessary corrective/preventive actions will be determined and tracked. Enforcement of appropriate and close supervision by trained and qualified staff. Effective management of emergencies and tracking of corrective and preventive actions.	Responsible authorities
					Training on IPC and waste management requirements will be provided under the Project to HCWs involved in the supported healthcare facilities or activities. WHO is in the process of establishing 50 Waste Treatment Units including medical waste incinerators under the World Bank financed projects (YCRP and EHNP), to provide safe and adequate management of the generated waste within the boundaries of supported facilities. Under the Project and to the extent possible, supported healthcare facilities will be provided with waste management supplies and PPE for appropriate protection from any adverse impacts. Monitoring of the implementation of adequate waste management practices during the various project stages and the necessary corrective/preventive actions will be determined and tracked.	WHO

Key Activities	Potential Risks and Impacts	Risk Assessment			Risk Response and Mitigation Measures	Responsibilities
		PR.	SE.	Risk Level		
					Functional GM that can be used as reporting channel of any deviation where such grievances shall be treated accordingly. Effective consultation and engagement with the authorities and beneficiaries.	
Healthcare Facilities operation / Public Health campaigns – Labor issues.	Child labor / Forced labor GBV - SEA/SH Worker's exposure to workplace hazards/diseases Occupational incidents	2	3	Moderate	All workers in the supported facilities are civil servants under the MoPHP authority and they subjected to applicable laws. Enforcement of appropriate and close supervision by trained and qualified staff. Appropriate coordination with WHO on the implementation of necessary requirements and correct deviations, if any. All supported facilities are existing healthcare facilities under the authority of MoPHP where appropriate working condition as well as rules and regulation should be maintained.	Responsible authorities
					Training and capacity building to the workers involved in the supported healthcare facilities or activities. Under the Project scope, supported healthcare facilities will be provided with supplies and PPE for appropriate protection from any adverse impacts. Functional GM that can be used as reporting channel of any deviation where such grievances shall be treated accordingly. Effective consultation and engagement with the authorities and beneficiaries at facilities level. Monitoring of the implementation of workplace condition during the various project stages and the necessary corrective/preventive actions will be determined and tracked.	WHO
Healthcare Facilities operation / Public Health campaigns – Community Health and Safety.	GBV, SEA/SH Exclusion of vulnerable groups and people in need Disease transmission and exposure to hazardous environment	2	3	Moderate	Appropriate coordination with WHO on the implementation of necessary requirements and correct deviations, if any. All supported facilities are existing healthcare facilities under the authority of MoPHP where appropriate community protection as well as rules and regulation should be maintained. Distribution of project supported activities to all citizens without any discrimination.	Responsible authorities
					Functional GM that can be used as reporting channel of any deviation where such grievances shall be treated accordingly. Effective consultation and engagement with the authorities and beneficiaries at facilities level. Monitoring of the implementation of workplace condition during the various project stages and the necessary corrective/preventive actions will be determined and tracked.	WHO
Project implementation with volatile security conditions.	Security risks that include kidnapping, road incidents, mines, working in conflict condition and workers injuries.	3	3	Moderate	Implementation and update of the Project security management plan requirements and risk mitigations. Coordination with authorities to assess the security risks and avoid operating in high-risk areas or environment. 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. Including the security issues, risks, and mitigations during the Project stakeholders' engagement activities. Any concerns or grievances about the security issues will be received, monitored, documented, and addressed through the Project's grievance mechanism.	WHO

Key Activities	Potential Risks and Impacts	Risk Assessment			Risk Response and Mitigation Measures	Responsibilities
		PR.	SE.	Risk Level		
Establishment of waste treatment units including incinerators and burial pits in the supported healthcare facilities.	Inappropriate incinerator or burial pits design that resulted in environmental pollution. Risks and impacts associated with the civil work. Inappropriate operation of the waste treatment units and incinerators. Occupational incident for workers involved in the establishment or operation of waste treatment units.	3	3	Moderate	Dedicated Environmental and Social Management Plan shall be prepared by the Project team, WB review and approval of such ESMP is required. Incinerators' design shall meet the applicable standards and regulations including WHO and WBG EHS Guidelines so minimum adverse impacts on the environment, workers or communities resulted. Incinerators' locations shall be determined in coordination with the local authorities following the applicable regulations as well as the healthcare facilities management recommendations and considering the affected communities concerns. Establishment of dedicated burial pits shall be associated with any incinerators' establishment for final disposal of generated ash, organic or sharp waste. Burial pits design and selected location shall meet the applicable requirements to prevent any potential land or water pollution including leak prevention and safe distance above the water layer. Civil work risks and impacts associated with the waste treatment unit's establishment shall be determined and assessed, the necessary mitigations shall be applied accordingly. Safe operation and monitoring requirements of the established waste treatment units including the incineration temperature, loading frequency, segregation, and workers OHS requirements need to be addressed by the Project with the responsible healthcare authorities and actions needed to enforce compliance shall be determined and monitored accordingly.	WHO
Minor civil works activities (if implemented under the project).	Child labor / Forced labor GBV, SEA/SH Contractor workers exposure to workplace hazards Occupational incident Community disturbance Noise/dust/falling objects.	2	2	Low	Screening the activity as per the provision of annex 1 that detailed in section 5.1. Environmental risks and impacts associated with resource efficiency and material supply; related solid wastes, wastewater, noise, dust, and emission management; hazardous materials management. Institutional arrangements of the contractors and monitoring requirements to be assessed. Project Environmental and Social Team shall prepare the subproject ESMP. Enforcement of CoC as well as the applicable rules and regulations. Functional GM that can be used as reporting channel of any deviation where such grievances shall be treated accordingly. Effective consultation and engagement with the authorities and beneficiaries. The contractors to develop their own ESMP and to deliver regular reporting on the work progress and status of the E&S requirements implementation.	WHO / Contractors

Annex III: Environmental and Social Management Plan Template

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.

Waste Management Guideline as part of the Subproject ESMP is available below as standard template and to be updated according to the specific criteria of any Subproject.

Subproject ESMP might include the below main outlines:

1. Introduction
2. Baseline Information
3. Subproject Activities Description
4. Responsibilities and Institutional Arrangements
5. Communication and Stakeholder Engagement
6. Grievance Mechanism
7. Subproject Environmental and Social Management
8. Monitoring and Reporting
9. ESMP Implementation Cost
10. Waste Management Guidelines

The below table includes main risks and impacts associated with civil work and might be used as guideline during the development of Subproject ESMP to identify the necessary mitigation and level of responsibilities.

Environmental and Social Risks and Mitigation Measures during Civil Works

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	• The work areas shall be located inside the healthcare facility that does not have any potential impacts on the natural habitats. • Civil work areas to be reinstated to the original condition and restoring the natural trees or vegetations to the possible extent. • Civil work activities to be limited in the targeted areas.	Contractors Project Environmental and social team	Design and implementation phase of the civil work	Subproject budget
General civil work activities Foundation excavation; borehole digging	• Impacts on soils and groundwater. • Geological risks.	• Activities to be implemented in the hospital vicinity and sites suitability to be confirmed prior any civil work start. • Excavation activities to be implemented in accordance with the approved design under close supervision	Contractor Project Environmental and social team	Design and implementation phase of the civil work	Subproject budget
General civil work activities	• Resource efficiency issues, including raw materials, water and energy use. • Materials supply.	• Design to include subprojects with renewable power or low energy. • Materials to be sourced from authorized quarries. • Reduction of energy, water and resources consumption during the subproject stages.	Contractor Project Environmental and social team	Design and implementation phase of the civil work	Subproject budget
General civil work activities – general pollution management	• Construction solid waste • Construction wastewater • Nosie • Vibration. • Dust • Air emissions from construction equipment	• developing and implementing appropriate waste management procedure to include the best practices for adequate segregation, storage, treatment and disposal of water and wastewater resulted from civil work activities. • Reduction of waste generation. • Awareness to workers on the appropriate waste management as well as the necessary PPE requirements. • Close supervision and implementing the required corrective or preventive actions. • Occupational health and safety training to the workers with provision of the necessary PPE relevant to each task with close supervision to ensure the adherence. • Usage of machines with low noise generation level as well as implementing the necessary tests and regular maintenance. • Water spraying during dust generation activities	Contractor	Implementation phase of the civil work	Subproject budget
General civil work activities – hazardous waste management	• Fuel, oils, lubricant	• Appropriate storage shall be arranged for the hazardous substance provided with the lighting and ventilation. • Regular inspection for the storage of hazardous substances and track the implementation of corrective or preventive actions.	Contractor	Implementation phase of the civil work	Subproject budget

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		• Provision of secondary containment for the hazardous substances that is sufficient to contain 110% of the stored hazardous substance. • Provision of spill kits at the areas where hazardous substances are used or stored. • Provision of the training on appropriate handling of hazardous substances.			
General civil work activities – Labor issues	• Workers coming from infected areas • Co-workers becoming infected • Workers introducing infection into community/ general public	• Implement of the Project LMP requirements. • Consider ways to minimize/control movement in and out of civil work areas/site. • 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 for COVID-19 symptoms developed on the workers • Regular briefing and awareness on the COVID-19 • 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 • Preventing a sick worker from entering the civil works area/site, referring them to local health facilities if necessary or requiring them to isolate at home for 14 days	Contractor	Implementation phase of the civil work	Subproject budget
General civil work activities	GBV/SEA issues	• Enforcement of CoC implementation among the contractor and workers. Ensure the CoC details are well enforced among all workers. • Project GM channels availability at the project site and any related grievances shall be handled as per the applicable guidelines.	Contractor	Implementation phase of the civil work	Subproject budget
General civil work activities – emergency preparedness and response		• Contractor to prepare his own emergency response procedure that is relevant to his tasks providing the necessary details on the actions to be take, responsible person and the resources needed	Contractor	Implementation phase of the civil work	Subproject budget
To be expanded					

Annex IV: List of Healthcare Facilities supported by the parent, AF1 and AF2 projects

NO.	Governorate	District	Hospital Name	Hospital Type
1	Al-Hodeidah	Al Hawak	Al-Thawra Public Hospital	GH
2	Al-Hodeidah	Hais	Hais Hospital	DH
3	Al-Hodeidah	Al-Zaydiah	Al-Zaydiah Hospital	IDH
4	Al-Hodeidah	Bajil	Bajil Hospital	IDH
5	Hajjah	Hajjah City	Al-Jumhouri Hospital	GH
6	Hajjah	AL-Mahabishah	Al-Mahabishah Hospital	DH
7	Hajjah	Khayran Al-Muhharaq	Khayran Al-Muharraq Hospital	DH
8	Hajjah	Qafl Shammar	Qafl Shammar Hospital	DH
9	Al-Mahweet	Al Mahweet City	Al-Jumhouri Hospital	GH
10	Al-Mahweet	Bani Saad	Bani Saad Hospital	DH
11	Raimah	Al Jabin	Al-Thulaya Hospital	GH
12	Raimah	Bilad Al Ta'am	Al-Mithaq Hospital	DH
13	Ibb	Ad dihar	Al-Thawra Hospital	GH
14	Ibb	Yarim	Yarim Hospital	IDH
15	Ibb	Al-Udayn	Al-Udayn Hospital	IDH
16	Ibb	Ba'adan	Ba'adan Hospital	DH
17	IBB	Al-Saddah	Ali Abdul Mogni Hospital	DH
18	Taiz	Al Qahirah	Al-Jamhori hospital	GH
19	Taiz	Maqbanah	Al-Barh Hospital	DH
20	Taiz	Shara'ab Al Salam	Al-Faqeed Bani Awn Hospital	DH
21	Taiz	Al-Maafer	Al-Nashama Hospital	DH
22	Taiz	Al-Ronah	Abdul Jalil Hospital	DH
23	Saadah	Sada'ah City	Al-Jumhouri Hospital	GH
24	Saadah	Kitaf	Kitaf Hospital	DH
25	Sana'a Governorate	Bani Matar	Matna 26th Sept Hospital	GH
26	Sana'a Governorate	Sanhan	Sayan Hospital	DH
27	Sana'a Governorate	Saafan	Saafan Hospital	DH
28	Sana'a Governorate	Arhab	Awmarah Hospital	DH
29	Amran	Amran	Amran Genral Hospital	GH
30	Amran	Thula	Thula Hospital	DH
31	Amran	Al-Souda	Al-Souda Hospital	DH
32	Dhamar	Dhamar City	Dhamar General Hospital	GH
33	Dhamar	Jabal Al-Sharq	Jabal Al-Sharq Hospital	DH
34	Dhamar	Utumah	Utumah Hospital	DH
35	DHamar	Wasab Al Safil	Al Ahad Hospital	DH
36	Sanaa City Municipality	Assafi'yah	Al-Thawra Hospital	GH
37	Sanaa City Municipality	At tahrir	Al-Jumhouri Hospital	GH
38	Sanaa City Municipality	Moeen	22 May Hospital	DH
39	Al-Baidhah	Baidhah City	Al-Thawra Hospital	GH
40	Al-Baidhah	Rada'a	Radaa Hospital - Radaa	IDH
41	Al-Baidhah	Mokairas	Mokairas Hospital	DH
42	Al-Jawf	Al-Hazm	Al-Jawf Hospital	GH
43	Al-Jawf	Barat Al-Anan	Barat Al-Anan Rural Hosp.	DH
44	Aden	Al-Sheikh Othman	AL-Sadaka Hospital	GH
45	Aden	Dar Saed	Dar Saed Hospital	DH
46	Lahj	Al-Hota	Ibn Khaldoon	GH
47	Lahj	Radfan	Radfan	DH
48	Lahj	Tor Al-Baha	Tor Al Baha	DH

NO.	Governorate	District	Hospital Name	Hospital Type
49	Lahj	Yafa'a	14 October Hospital	DH
50	Al-Dhalee	Al-Dhalee	Al-Naser Hospital	GH
51	Al-Dhalee	Al-Shoaeb	Al-Shoaeb Hospital	DH
52	Al-Dhalee	Qatabah	Al-Salam Hospital	DH
53	Abyan	Khanfar	Al-Razi Hospital	GH
54	Abyan	Zongubar	Zongubar Hospital	DH
55	Abyan	Rosod	Rosod Hospital	DH
56	Hadramout Al-Saheel	Al-Mukalla	Ibn Sina Hospital	GH
57	Hadramout Al-Saheel	Hager	Hager Hospital	DH
58	Hadramout Al-Saheel	Al-Raida Al-Sharkia	Al-Raida Hospital	DH
59	Hadramout Al-Wadi	Sayoon	Sayoon Hospital	GH
60	Hadramout Al-Wadi	Tarim	Trim Hospital	DH
61	Hadramout Al-Wadi	Shibam	Shibam Hospital	DH
62	Hadramout Al-Wadi	Al-Katin	Al-Katin Hospital	DH
63	Mareb	Mareb City	Mareb General hospital	GH
64	Mareb	Al-Gobah	26th September Hospital	DH
65	Al-Mahara	Al Kaidah	Al Kaidah Hospital	GH
66	Al-Mahara	Kashin	Kashin Hospital	DH
67	Shabwah	Ataq	Ataq Hospital	GH
68	Shabwah	Azzan	Azzan Hospital	DH
69	Shabwah	As Said	Jamal Abdul Naser Hospital	DH
70	Shabwah	Baihan	AL-Dofifah Baihan Hospital	DH
71	Socotra	Qalansia	Qalansia Hospital	DH
72	Aden	Khormaksar	Aljumouria Hospital	GH

The below table includes the proposed change in the supported facilities under the parent and AF1 projects, this change is not yet finalized or approved:

Governorate	Hospitals proposed to be added	Hospitals that can be replaced
Amanat Al Asimah	Sabeen Hospital for Mother and Children	Matnah Hospital
Amanat Al Asimah	Palestine Hospital	22 May Hospital
Sana'a	Al-Madeed Hospital in Nihm	Omarah Hospital
Al Hudaydah	Zabyed Hospital	Al-Zaydyah Hospital
Taizz / تعز	Al-Rahedah Hospital	Al-Barh Hospital
Ibb / إب	Naser Hospital	Baadan Hospital
Dhamar / ذمار	Al-Wehdah educational hospital	Jabal Al-ShaRQ Hospital
Sadaa	Razeh Hospital	
Aden	22 May Hospital	Dar Sad hospital
Marib	Kara Hospital	
Abyan	Ahwar Hospital	
Aden	Psychiatric hospital	
Taiz	Psychiatric hospital	
Taiz	Al thawra hospital	
Taiz	Khalifa hospital	

The below table includes the proposed change in the supported facilities under the parent, AF1 and AF2 projects, this change is not yet finalized or approved:

Governorate	Hospitals proposed to be added, district	Hospitals that can be replaced
Abyan	Lawder Hospital,Lawder	
Aden	National Center of Public health Laboratories,Aden	
Aden	Alburaika Health Complex,Al Buraiqah	
Aden	National Blood Transfusion and Research Center,Khur Maksar	
Al Hudaydah	Bayt Al Faqiah Rural H,Bayt Al Faqiah	
Al Hudaydah	Central Lab and Blood Bank, AlHali	
Al Hudaydah	Almuneera Hospital,Al Munirah	
Al Hudaydah	Aldhahi Rural Hospital, Ad Dahi	
Al Hudaydah	Kamaran AlKhairi rural Hospital,Al MaRAWI`AH	
Al Hudaydah	ALmANSURIYAH Rural H.,Al Mansuriyah	
Amanat Al Asimah	Alkwit Educational H,At Tahrir	
Amanat Al Asimah	Central Public Health Laboratory,At Tahrir	
Amanat Al Asimah	Alzobbiri HC,Old City	
Amanat Al Asimah	National Blood Transfusion Center,As Sabain	
Amran	Amran Mother and Child H,Amran	
Amran	Raydah Rural H., Raydah	
Amran	Harf Sufyan Rural H., HarfSufyan	
Amran	Central Health Laboratory,Amran	
Dhamar	Kharbah Abuyabes Rural H,Anss	
Hadramout	Alraida Alshakia District H., Ar Raydah Wa Qusayar	
Hadramout	National Center for Public Health Laboroatoies,Al Mukall City	
Hadramout	Sayoon CPHL,Sayun	
Hadramout	Al Mukalla Maternity and Chilshood Hospital,Al Mukalla City	
Hadramout	Blood Bank & Research Center, AL Mukalla City	
Hadramout	Blood Bank & Research Center, Sayoun City	
Hajjah	Trauma Center in Hajjah ,Hajjah City	
Hajjah	Aslam Hc,Aslem	
Hajjah	Ku`aydinah Rural Hospital,Ku`aydinah	
Hajjah	Altour HC,Bani Qa`is	
Hajjah	Alshaghadera Rural Hospital,Ash Shaghadirah	
Hajjah	Blood Bank inside Al-Jumhoori H in Hajjah City	
Ibb	Jiblah H.Jiblah	
Ibb	Naser Hospital, Al Mashannah	
Ibb	Alqaidah H., Dhi As Sufal	
Ibb	Central Laboratory in AlDhhar District	
Ibb	National Blood Transfusion Center, Al Dhihar	
Marib	Central Health Laboratory,Marib	
Raymah	Almasjidin Almihwari H(Alsalafiah)	
Sa`ada	Saqqayn Rural hospital,saqayn	
Sa`ada	Blood Bank -Kihzah HC	
Sa`ada	Central Lab.-Kihzah HC	
Sana`a	Alshaheed Mohamed Alduraah H., Jihanah	
Sana`a	Hamdan H.,Hamdan	
Sana`a	Bani Mansour H.,Al Haymah Al Kharijyah	
Sana`a	Al Wahdah H., Manakhah	
Shabwah	Central Health Laboratory in Ataq,Ataq	

Governorate	Hospitals proposed to be added, district	Hospitals that can be replaced
Taiz	Psychiatric H., Al Mudhaffar	
Taiz	Al-Rahedah Hospital,Khadir	
Taiz	Khalefa General Hospital, Ash shamayatayn	
Taiz	National Public Health Lab., Salh	
Taiz	Althwrh H., Salh	
Taiz	Blood Bank & Research Center, Salh	