ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK

FOR THE YEMEN COVID-19 RESPONSE PROJECT

(P173862)

Table of Contents

Executive Summary

World Health Organization (hereinafter the WHO) will implement the **Yemen COVID-19 Response Project (P173862)**. The World Bank, through a grant from the IDA, has agreed to provide financing for the Project. Emphasis will be placed on strengthening capacities at the district level through a model of decentralization. The project will leverage the capacities of other key stakeholders to engage multiple actors and sectors active in Yemen.

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

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

Arrangements, Responsibilities and Capacity Building

This ESMF proposes a clear delineation of responsibilities in compliance with the Environmental and Social Commitment Plan (ESCP). WHO will establish and maintain throughout the project lifespan, a Project Management Unit (PMU) with qualified staff and resources to support management of ESHS risks and impacts of the Project including Environmental and Social Specialists. Such specialists will prepare and submit to the Bank regular monitoring reports (every six months) on the environmental, social, health and safety (ESHS) performance of the Project, including but not limited to, stakeholder engagement activities and grievances log.

WHO therefore is committed to implement the COVID-19 Response Project Components to help the country responding positively to COVID-19 pandemic and at the same time to protect Environment, Workers and Community from any adverse Environmental or Social Impact.

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

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

1. Background

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

Yemen is currently facing a crisis within a crisis, with a dramatic spike of COVID-19cases, about 1,221 cases and 325 deaths as per July 3, 2020. 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; the dire humanitarian situation - some 24 million people, about 80% of the population, depend on aid to survive, and 2 million children are acutely malnourished, while the country has already been struggling with diseases such as dengue fever, malaria and cholera.

Many of Yemen's 3,500 medical facilities have been damaged or destroyed in air strikes, and only half are thought to be fully functioning. Clinics are reported to be crowded, and basic medicines and equipment are lacking - in a country of 30 million people there are only a few hundred ventilator machines.

The present Environmental and Social Management Framework (ESMF) is the overarching instrument for managing environmental and social (E&S) risks along the project cycle by setting the principles, rules and guidelines for managing E&S risks of project activities. The ESMF includes adequate information for managing E&S risks in the subprojects in accordance with the World Bank Environmental and Social Framework (ESF), it adopts the principles of proportionality and flexibility in managing risks and impacts. Given the volatility of the current situation in Yemen, the ESMF can be updated as necessary[1].

2. Project Description

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

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

Component 1: Emergency COVID-19 Response

The aim of this component is to prevent and limit the spread of COVID-19 through providing immediate support to enhance case detection, testing, case management, recording and reporting, as well as contact tracing and risk assessment.

More specifically, this component will finance the procurement of medical and non-medical supplies, medicines, vaccines and equipment as well as training and implementation expenses and limited rehabilitation and upgrading of the existing facilities as needed for activities outlined in the Yemen Preparedness and Response Plan such as:

(i) Rapid detection at the district level and at the POEs identified by assessing air, sea, and land movement/transportation;

(ii) Disease Surveillance, Emergency Operating Centers and Rapid Response Teams (RRT) to allow timely and adequate system of detecting, tracing, and reporting suspected cases;

(iii) Preparation and equipment of isolation and case management centers across the country to ensure adequate and trained clinical capacity to respond to any symptomatic cases;

(iv) Infection prevention and control at facility and community levels to ensure coordinated supply and demand side hygienic practices; and

(v) Testing and laboratory capacity enhancement across the country for COVID-19 response.

Other pillars of the COVID-19 response plan include i) Country level coordination, and ii) Risk communication and community engagement already supported through the existing structures developed by the ongoing Yemen Emergency Health and Nutrition Project (EHNP) in response to cholera epidemic and other outbreaks. This sub-component takes into account the gender-differentiated hygiene practices for women and men and their varying levels of community involvement in preventing the spread (i.e. hand washing, physical distancing, etc.) and messaging toward the community.

Finally, the spread of COVID-19 pandemic in a conflict setting has a disproportionate impact on women and girls, including vulnerable population groups such IDPs. 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 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[2].

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

Component 2: Implementation Management and Monitoring and Evaluation

This component will support administration and monitoring and evaluation (M&E) activities to ensure smooth and satisfactory project implementation. The component will finance: (a) general management support for WHO; (b) hiring of Third-Party Monitoring (TPM) agents and auditors, with terms of reference (TOR) satisfactory to the World Bank; and (c) direct cost for staffing and project management. To the extent possible, data collection and monitoring will be done in a sex and age disaggregated manner to contribute to better understanding of the demographic profile of the affected population.

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

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

Social risks are also considered substantial mainly related to the risk of elite capture of project benefits and exclusion of the poor and vulnerable groups such as elderly people, children under the age of 5 and women who acutely malnourished and unable to access facilities and services, as well as the internally displaced persons (IDPs) because of the ongoing conflict in the country.

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

Key Elements of the Project and their Relevant Risks

- The Project supports several healthcare facilities and laboratories. Examples may include general hospitals, medical laboratories (BSL 2, 3), screening posts, quarantine and isolation centers, infection treatment centers, intensive care units (ICUs), and assisted living facilities. The Project covers all 22 governorates in Yemen.

- The Project involves some minor civil works associated with rehabilitation of existing healthcare facilities and / or waste management facilities. As of location specific or activity specific ESMPs will be prepared to assess and manage relevant E&S risks once exact locations will be identified.

- The Project does not involve land acquisition of existing public or private facilities such as a stadium or hotel and converting them to temporary hospital, quarantine or isolation centers, or other uses, nor expansion of waste management facilities requiring land acquisition.

- The Project involves the management of medical waste and health and safety issues related to the handling, transportation and disposal of healthcare waste generated from labs, treatment facilities/isolation units, and screening posts (tests kits, syringes, bed sheets, PPEs, etc.); liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid, such as wastewater; lab solutions and reagents) and other hazardous materials, which may pose an infectious risk to healthcare workers in contact or handle the waste.

- At present there is no proper management of hospital or health care waste. Although some good basic groundwork has been carried out to bring about improvements, the situation remains deplorable and represents a grave health risk, not only to medical staff but also to public. The project therefore will address this during the implementation stages and the relevant plans and procedures will be implemented to maximum possible extent. In other hand plan is in place to study the option of treatment the generated hazardous waste within the isolation units vicinity by the best applicable option that does not have significant adverse impact neither on personnel nor on Environment.

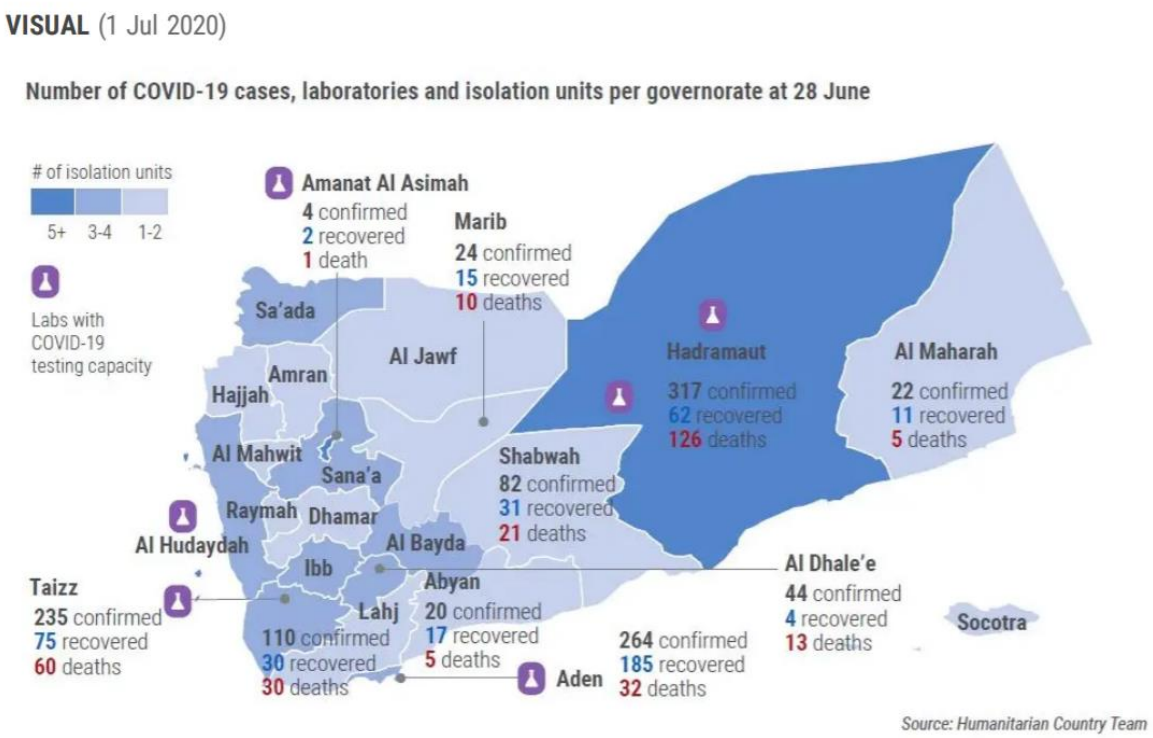
- The Project mainly finances procurement of goods such as medical equipment, personal protective equipment (PPE), chemical/biological reagent, and other medical supplies or materials. The Project will involve movement of specimens, samples or any hazardous materials from hospitals to labs and from hospitals and labs towards waste and wastewater management facilities, but it does not include any transboundary movement.

- The Project will engage direct, government workers, and contractors' workers. The management of such workers will be described in the Labor Management Procedures (LMP).

- The Project will not use security or military forces.

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

Given the contagious nature of the virus, laboratories to be supported by the project will process COVID-19 contaminated items and have the potential to cause serious illness or potentially lethal harm to the laboratory staff and to the community, so effective administrative and containment controls will be put in place to minimize such risks.



Source: Reliefweb- OCHA[3]

ELIGIBILITY AND CRITERIA FOR EXCLUSION OF SUBPROJECTS

The Project excludes the following types of activities:

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

[3] https://reliefweb.int/sites/reliefweb.int/files/resources/Situation%20Report%20-%20Yemen%20-%203%20Jun%202020%281%29.pdf

3. Policy, Legal and Regulatory Framework

Yemen applies legal and regulatory provisions directly relevant to the activities being carried out in the project. The relevant Yemeni Laws as well as the applicable World Bank ESS requirements are detailed below:

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 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 aluminium 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 honour, 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 vis versa, according to the international conventions mentioned in national laws which link the regional and international environmental conventions. National contribution arrangement will be indicated in this and other laws in protection of global environmental concerns e.g. ozone layer and climate change. EPL, Article 90 National law gives priority to the principle of environmental protection and pollution prevention, and not only to the mitigation or compensation of impacts. All new projects must carry out EIAs to prevent adverse impact and must obtain an environmental permit. No project or new structure that could harm, pollute or deteriorate the environment and natural resources is allowed and all new projects should use best available practices for clean production and apply environment protection/pollution prevention measures. Yemeni Law encourages related sectors and projects to provide institutional capacity and training for projects to enhance their capacity and knowledge in handling environmental issues. It also encourages research and development in all environmental aspects.
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. Implementation the required measures with other related authorities to prevent any disease transmission. Isolation of any person with infectious disease and provide the required medical treatment in the treatment facilities Chapter 36 Article 36, 37 Identify any aspect that could cause adverse impact on the public health. Protection of all Environmental Health Components and prevent any cause of adverse Impacts All Health facilities shall perform adequate treatment of Medical Waste following the international regulation Chapter 36 Article 39 Adequate measures shall be made to transport the hazardous material or waste and perform adequate treatment 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 NGO 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 cause 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 World Bank Environmental and Social Standards (ESSs) relevant to the project are the following, as described in the ESCP:

ESS1	**Assessment and Management of Environmental and Social Risks and Impacts** This standard is relevant, it oversights E&S risks associated with the Project as follows: a. The Project will disclose and adopt an Environmental and Social Management Framework (ESMF) based on the Emergency Health and Nutrition Project (EHNP), including measures related to the Project's Contingent Emergency Response Component, and assess the environmental and social risks and impacts of proposed Project activities in accordance with ESS1 and the ESMF, including to ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project. b. Update, disclose and adopt an Infection and Contagious Medical Waste Management Plan (ICMWMP)based on the EHNP, and prepare, disclose, adopt, and implement any other environmental and social management plans or other instruments required for the respective Project activities based on the assessment process, in accordance with the ESSs, the ESMF, the EHSGs, and other relevant Good International Industry Practice (GIIP) including the WHO "Operational Planning Guidelines to Support Country Preparedness and Response", annexed to the WHO "COVID-19 Strategic Preparedness and Response Plan" (February 12, 2020) in a manner acceptable to the Bank. c. Incorporate any environmental and social management plans or other instruments, ESS2 requirements, and any other required ESHS measures, into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. Thereafter ensure that the contractors and supervising firms comply with the ESHS specifications of their respective contracts.
ESS2	**Labor and Working Conditions:** The Project shall be carried out in accordance with the applicable requirements of ESS2, in a manner acceptable to the Bank, including through, inter alia, implementing adequate occupational health and safety measures (including emergency preparedness and response measures), prohibiting child labor (for children under 18) due to the hazardous work environment, setting out grievance arrangements for Project workers, and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. The Borrower shall implement the above measures in accordance with Labor Management Procedures (LMP) to be adopted for the Project and WHO guidelines on COVID-19 in all facilities, including laboratories, quarantine and isolation centers, and screening posts, in a manner acceptable to the Bank and consistent with ESS2.
ESS3	**Resource Efficiency and Pollution Prevention and Management**: Relevant aspects of this standard are relevant and include measures to manage health care wastes and other types of hazardous and non-hazardous wastes and use of resources (water, air, etc.) in accordance with ESS3, the EHSGs, and other relevant Good International Industry Practice (GIIP) including relevant WHO guidelines in a manner satisfactory to the Association.
ESS4	**Community Health and Safety**: This standard is relevant and includes measures to: minimize the potential for community exposure to communicable diseases; ensures that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project; manages the risks of labor influx; and prevent

	and respond to sexual exploitation and abuse, and sexual harassment.
ESS10	**Stakeholder Management Plan:** The Project will update, adopt, and implement the Stakeholder Engagement Plan (SEP), based on a preliminary version which was prepared and disclosed, in line with the WHO guidance on "Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV)" (January 26, 2020), and consistent with ESS10, in a manner acceptable to the Association. The SEP will be updated as necessary. **Grievance Mechanisms:** Accessible grievance arrangements will be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Bank.

Yemeni National legislation presents some gaps in terms of Labor Working conditions, OHS to the Workers and social and environmental management, therefore the ESSs under the ESF will be applied to the project.

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. Additional guidance is listed below in Annex VI.

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 sixth year of conflict, and there are substantial security and political challenges on the ground. Nearly 80 per cent of the population still needs some form of humanitarian aid and protection. Between 10 April, when the first COVID-19 case was reported, and July 1, 2020,

about 25 per cent of Yemenis confirmed to have the disease have died, 5 times the global average. More than 75 per cent of confirmed cases are men and people aged between 45 and 59 have the highest case fatality rate. Other vulnerable social groups include disabled and elderly people; children under the age of 5 and women who are acutely malnourished; migrants and IDPs who are unable to access facilities and services.

According to the IOM's Data Tracking Matrix, close to 1,000 families have moved out of fear of COVID-19 in southern governorates since mid-May, mainly from Aden. Marginalized and migrant groups are particularly vulnerable. There are reports of migrants being blamed for spreading COVID-19, with some pushed out of certain areas. These anti-migrant sentiments are also contributing to people not seeking medical care. Reports continue to indicate that individuals with mild and moderate symptoms are often not seeking treatment until they are critically ill. Fear of stigma concerns about safety, inability to access testing, and the perceived risks of seeking care may explain why people are not seeking treatment earlier. Those with severe symptoms are being turned away from health facilities that are full or unable to provide safe treatment[4].

Yemen's economy has been hard hit as two of the country's primary sources of foreign exchange – remittances and fuel exports – dried up as a result of the global downturn caused by the COVID-19 pandemic. In April and May, half of January 2018 salaries were disbursed to civil servants in the north, while salary payments remained irregular in southern governorates. Meanwhile, a severe fuel shortage in northern governorates is adding to economic woes and affecting humanitarian operations.

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

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

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

[4] https://reliefweb.int/sites/reliefweb.int/files/resources/Situation%20Report%20-%20Yemen%20-%203%20Jun%202020%281%29.pdf

5. Potential Environmental and Social Risks and Mitigation Measures

This section describes in general terms the potential environmental and social risks and impacts of the types of / eligible activities that will be supported by the project. The identification of the potential risks and impacts are grouped into different stages: *Planning*, *Rehabilitation* (should any civil works be involved), *Operational* and *Decommissioning*.

PLANNING AND DESIGN STAGE

- ***Procurement of goods and supplies***: The Project will include the procurement of goods and supplies e.g. equipment such as ventilators or PPE or cleaning materials, list of goods to be procured available in Annex V. This procurement list might be changed based on the need during project implementation phases.

- ***Location, type and scale*** *of healthcare facilities and associated waste management facilities, including waste transport routes*.

  - **Location of facilities**: Location of the faculties the intervention will take place has been identified, 37 facilities identified so far, available in Annex VI, however a plan is in place to extend the intervention to cover 59 health facilities. Supplied goods will be temporarily stored in WHO warehouses and will be distributed to hospitals, laboratories, quarantine and isolation facilities according to WHO guidelines in partnership with MoPHP.

  - **Type and scale of facilities**: The WHO will conduct an assessment and examine the salient characteristics and carrying/disposal capacity of a targeted facility prior to distribution. The assessment should consider the waste processing and transportation arrangements, operational procedures and working practices, and the required capacity of the type of disposal facility needed for the volume of the wastes generated.

  - **Quarantine and isolation centers**: These may be located at Point of Entry, border, urban and/or rural areas. Tents may be used. Requirements on food, water, fuel, hygiene, infection prevention and control, and monitoring the health of quarantined persons should be considered.

  - **Dump sites and medical waste planning:** The ICMWMP describes how Project activities involving the COVID-19 pathogen or waste generated in its identification and quantification will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (such as WHO guidelines), measures in place to prevent or minimize the spread of infectious diseases, emergency preparedness measures.

The Project will ensure the proper design and functional layout of healthcare facilities, which may involve several aspects: i) structural and equipment safety, universal access[5]; ii) nosocomial infection[6]

[5] Refer to ESS 4 Community Health and Safety

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

control; iii) waste segregation, storage and processing. Please note internationally recognized guidelines are available and should be referenced[7]

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

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

REHABILITATION STAGE

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

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

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

OPERATIONAL STAGE

Best practice in avoiding or minimizing the spread of infectious diseases, specifically regarding cross-infection between healthcare facilities and the community, is to implement 'cradle-to-grave' management for infection control. The details of this will differ, depending on the design of the

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

subprojects and the quality of the existing facilities, assets and management systems. Following an assessment of risks along each link of the chain (key aspects of which are discussed below, details of the procedures to be implemented to manage infection control and waste management should be set out in the ICMWMP. Additionally, table in Annex IV Project Environmental and Social Risks and Mitigations, prepared and shall be developed at the varies stages of the projects based on the type and scale of activity in which the relevant implementation partner shall apply the required mitigations. Where the project includes existing facilities and procedures, these may need to be enhanced or strengthened to support mitigation measures to reduce or avoid cross-infection. This includes:

- Delivery and storage of goods, including samples, pharmaceuticals, reagents and other hazardous materials
- Healthcare treatment practices, including provision and use of PPE, appropriate cleaning procedures, testing for COVID-19, and transportation of samples to testing facilities
- OHS of healthcare, contracted, and community workers during operations, as outlined in detail in the LMP, and SEA/SH risks in exchange for project benefits
- Waste processes that align with WHO guidance on Safe Management of Wastes from Healthcare Activities, including with respect to:
  - Waste generation, minimization, reuse and recycling
  - Waste segregation at the point of care, packaging, collection, storage and transport
  - Suitability and capacity of onsite disinfection and waste handling equipment such as autoclave. Onsite treatment facilities may include small-scale incinerator and wastewater treatment works. Their adequacy and compliance should be assessed, and proper measures proposed as necessary
  - Suitability and capacity of off-site disposal facilities, where healthcare wastes will be transported and disposed of in off-site. The adequacy and compliance with transport and disposal regulations and licensing for the transport vehicles and the offsite disposal facilities should be assessed.
  - There will not be transboundary movement of hazardous wastes.

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

- OHS and working conditions for healthcare workers, including access to grievance mechanisms.
- Social issues such as labor influx, GBV/Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) risks, gender or disability. Given the hazardous nature of the project, only workers 18 years old and above will be hired under the Project.

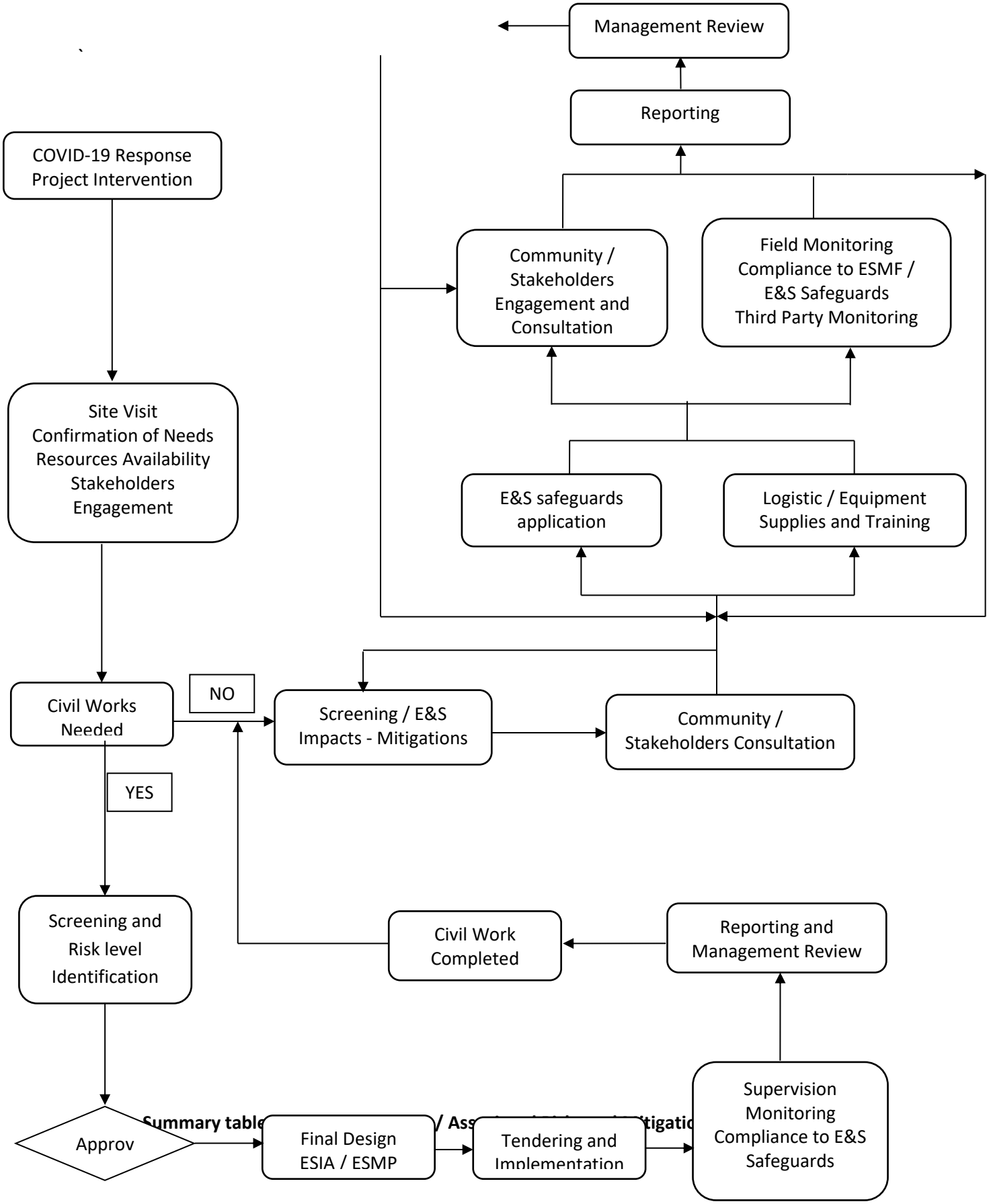
Decommissioning Stage

No decommissioning / dismantling activities are expected, however and if this case faced it will be performed in accordance to the international and World Bank requirements. Environmental and social risks associated with the will be considered. An environmental and social assessment will be included in a decommissioning plan or procedure as part of the ESMPs.

6. Environmental and Social Issues Addressing Procedure

6.1 Implementation Flowchart

Actions and Feedback


Management Review
Reporting
COVID-19 Response Project Intervention
Community / Stakeholders Engagement and Consultation
Field Monitoring Compliance to ESMF / E&S Safeguards Third Party Monitoring
Site Visit Confirmation of Needs Resources Availability Stakeholders Engagement
E&S safeguards application
Logistic / Equipment Supplies and Training
Civil Works Needed
NO
Screening / E&S Impacts - Mitigations
Community / Stakeholders Consultation
YES
Screening and Risk level Identification
Civil Work Completed
Reporting and Management Review
Approv
Final Design ESIA / ESMP
Tendering and Implementation
Supervision Monitoring Compliance to E&S Safeguards

Project Phase	Activities and Associated Risks	Mitigation Measures	Responsibilities
Planning, Design and Monitoring Stage	Assessment of target facilities estimated needs and capacity. Adequate inclusion of vulnerable groups' needs	The WHO will assess target facilities needs in partnership with the Yemeni MoPHP and local authorities. A summary of such needs and location will be included in the ESMP.	**WHO** in collaboration with the MoPHP
	Adequate storage and warehousing	The WHO will make regular inspections of goods and warehouses and will keep a log of inventories for monitoring purposes.	
Rehabilitation / Operation Stage	Delivery and storage of goods, including samples, pharmaceuticals, reagents and other hazardous materials.	The MoPHP, 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[8].	**WHO**
	OHS of workers employed in operations		WHO may engage **Contractors** for rehabilitation, logistics, etc.
	OHS of contractor's personnel during rehabilitation.	**E&S Specialist will prepare the required ESMP for Contractors Work** to manage E&S risks on the working site	Provision on OHS and SEA/SH will be added to bidding documents.
	Transparent and equitable distribution of supplied goods	The WHO will communicate transparently on eligible locations and facilities and will engage with communities to ensure fair access to project benefits, as indicated in the SEP. The MoPHP will have a clear policy on scarce medical equipment[9]	**WHO**
	Healthcare treatment practices, including provision and use of PPE, appropriate cleaning procedures, testing for COVID-19, and transportation of samples to testing facilities	A detailed ICMWMP is procedure prepared and briefed in (Chapter 7) to manage the infection and waste management at health facilities and laboratories.	MoPHP, COVID-19 Health Facilities and laboratories Management
	Waste processes that align with WHO guidance on Safe Management of Wastes from Healthcare Activities	Annex IV therefore provide a guideline table including the activity, the associated Environmental / Social Risks and Mitigation in addition to the implementation responsibility. This is to be prepared by E&S Specialists and implemented by the local authorities	MoPHP, **COVID-19 Health Facilities and laboratories Management**
	OHS and labor and working conditions of healthcare workers, and other workers, including access to grievances	OHS risk and labor related grievances, as detailed in the LMP	
		The ESMF/ESMP will include provisions to mitigate SEA/SH risks stemming from	

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

[9]

Project Phase	Activities and Associated Risks	Mitigation Measures	Responsibilities
	Social issues such as labor influx, GBV/Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) risks, gender or disability	project activities. These include: (i) Contractual obligations to reduce SEA/SH risks due to labor influx, and other medical services; (ii) Strengthening grievances mechanisms (GM) to effectively handle SEA/SH complaints through collaboration with NGOs with the expertise to address cases of SEA/SH; (iii) Enhanced multi-sectoral coordination, training and monitoring mechanism to implement SEA/SH mitigation measures in an effective manner. (iv) Ensure public consultation	WHO will also engage a **Third Party to manage SEA/SH risks**
Decommissioning, If Applicable	Environmental and waste management risks associated with dismantling facilities, OHS risks of workers Social risks associated with child labor and forced labor	Although such activity is not expected, the Project will apply the same guidelines as in the Construction phase and will produce a final assessment of the E&S risks after dismantling before project closure	**WHO** **Contractors** for decommissioning, advisory services, including an external audit, waste management, etc. Provision on OHS and SEA/SH will be added to bidding documents. **an ESMP** that WHO will regularly monitor and supervise.

Infection Control and Medical Waste Management Plan (ICMWMP) (Chapter 7) focusing on infection control and healthcare / laboratories waste management during the operation phase and a screening tool for the development of location or activity specific ESMPs *Annex II: Screening Form for Potential Environmental and Social Issues).* This screening form sets out a list of questions on the screening of E&S risks and impacts, identifies the relevant ESSs and the type of assessments and management tools that can be developed.

6.3 COVID-19 Infection Control Risks Mitigation Measures

Environmentally and socially sound health facilities management will require adequate provisions for minimization of OHS risks, proper management of hazardous waste and sharps, use of appropriate disinfectants, proper quarantine procedure for COVID-19, appropriate chemical and infectious substance handling and transportation procedures, etc. In line with WHO Interim Guidance (February 12, 2020) on "Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)", COVID-19

diagnostic activities and non-propagative diagnostic laboratory work (e.g. sequencing) could be undertaken in BSL2 labs with appropriate care.

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

This would also include minor civil works and retrofitting of isolation rooms in such facilities and treatment centers which might cause impacts such as dust, noise, solid waste generation and management as well as workers' safety including occupational health and safety, and other standard risks and impacts of rehabilitation. However, the environmental risks and impacts are expected to be site-specific, reversible and of low magnitude that can be mitigated following appropriate measures. Furthermore, the application of adequate occupational and community health and safety precautions is expected to be enough to prevent any associated impacts.

The project is not expected to involve any land acquisition or repurposing of land. Social risks emanating from disease identification, prevention and control efforts related to the possibility of ineffective and inappropriate communication surrounding the disease and control efforts, inadvertently harming or excluding marginalized people and communities, or mistreatment of affected communities to enforce the quarantine.

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

WHO will update, consult and disclose the present Environmental and Social Management Framework (ESMF) within one month after project effectiveness, as per the Environmental and Social Commitment Plan (ESCP), in line with the ESF as well as the updated Infection Control and Medical Waste Management Plan (ICMWMP).

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

6.4 Mitigating and Responding to Risks of Exclusion and Elite Capture

Another key social risk is that vulnerable social groups including elderly people; children under the age of 5 and women who are acutely malnourished; and IDPs are unable to access facilities and services. Vulnerable groups within the communities affected by the project will be consulted through dedicated

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

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

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

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

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

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

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

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

- Briefing prospective contractors on Environmental, Social, and Occupational Health and Safety Standards and on SEA-related requirements during pre-bid meetings;

- Incorporating requirements in the bidding documents for contractors to develop a GBV Action Plan, including an Accountability and Response Framework;
- Incorporating requirements in bidding documents to minimize the use of expatriate workers;
- Requiring that contractors and consulting firms submit Code of Conduct (CoC) with their bids;

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

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

.

The Project will handle SEA/SH **grievances** as outlined in the note Grievances Mechanisms for SEA/SH in World Bank-financed Projects. The mandate of a SEA/SH GM is limited to: (i)referring, any survivor who has filed a complaint to relevant services, (ii) determining whether the allegation falls within the World Bank definition of SEA/SH, and (iii) noting whether the complainant alleges the grievance was perpetrated by an individual associated with a World Bank project. A SEA/SHGM does not have any investigative function. It has neither a mandate to establish criminal responsibility of any individual (the prerogative of the national justice system), nor any role in recommending or imposing disciplinary measures under an employment contract (the latter beingthe purview of the employer). Samples of CoC can be found in Good Practice Note: Addressing Sexual Exploitation and Abuse and Sexual Harassment in IPF involving Major Civil Works and examples of Terms of Reference (ToR) for Project-Level Grievance Mechanism (GM) for Allegations of Sexual Exploitation and Abuse, and Sexual Harassment (SEA/SH) in World Bank-Financed Projects are attached in the present ESMF, Annex III.

6.6 Other Contingency Risks and Emergency Response

The contingent emergency response component (CERC) allows WHO to receive support by reallocating funds from other project components to mitigate, respond and recover from the potentially harmful consequences arising from the emergency. Disbursements under this component will be subject to the declaration of emergency and the preparation of an "Emergency Response Operational Manual" (EROM) by UNICEF and WHO, agreed upon by the Bank. The updated ESMF includes requirements managing the environmental and social risks and impacts by following ESF.

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

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

- Screening potential subprojects in relation to eligibility
- Screening each subproject for potential E&S risks and impacts and classifying each subproject according to risk (Annex II, *Screening Form*).

- Conducting E&S assessment for each subproject and developing project specific management plans / instruments.
- Consultation and disclosure of E&S plans and instruments in each relevant location, including remotely, via teleconference and social media, and high frequency phone interviews.
- Review and approval of E&S plans and instruments.
- Implementation and monitoring of E&S plans and instruments.

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

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

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

6.8 Monitoring and Reporting

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

Key objectives of the monitoring plan include:

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

On other hand; other level of monitoring will be performed by Third Party Monitoring. TPM will assess the status and performance of COVID-19 response project implementation phases, compliance status,

or emerging issues through a specialized party and to provide an unbiased perspective on the issue and status, and to make recommendations for improvement, where relevant.

7. Infection Control and Medical Waste Management Plan ICMWMP

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

The effective management of medical waste is an integral part of a national health-care system, and as such needs to be integrated in this project. A holistic approach to medical waste management should include a clear delineation of responsibilities, occupational health and safety programs, waste minimization and segregation, the development and adoption of safe and environmentally-sound technologies, and capacity building.

For this purpose and to ensure safe and adequate handling of Medical Waste from the project intervention facilities, a dedicated and separate procedure has been prepared as reference and guideline to implementation partners. The procedure outlines the required measures need to be applied by the Health Facilities and COVID-19 diagnosis laboratories in addition to the contingency procedure. WHO PMU will follow-up in regular basis the implementation of mentioned procedure as part of the regular monitoring of this project.

8. Public Consultation and Disclosure

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

9. Stakeholder Engagement

A Separate Stakeholder Engagement Plan SEP has been prepared for COVID-19 Project; further information is available within the mentioned procedure.

SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project.

The speed and urgency with which this project has been developed to meet the growing threat of COVID-19 in Yemen, consultations during the project preparation phase 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.

The consultation with the healthcare workers will be conducted starting beginning of August 2020 and regularly in the coming period before and during the provision of supplies. This will help the project to prioritize the supplies that need to be installed and operated first and mitigate any risks and concerns that will be raised by them according to their suggestions.

Grievance Redress Mechanism

The main objective of a Grievance Redress Mechanism GRM is to assist to resolve complaints and grievances in a timely, effective, and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective, and lasting outcomes.
The project established GRM will provide multiple access points (telephone, complaints box, website, email, postal address) so that beneficiaries will know whom to contact with regard to their concerns.

Accordingly; the GRM hotline **8002010** has been established under project supervision and management, for COVID related Grievances that are related to the Yemen COVID-19 Emergency Response and Health Systems Preparedness Project.

In addition, the following methods of communication have been established to receive any grievances related to the project implementation activities, managed by WHO's Project Management:

- Hotline: **8002010**
- Email: **YEMGRMcovid19@who.int**
- Social Media
- Interviews/meetings
- WhatsApp **776663635**
- SMS **776663635**

For Yemen COVID-19 Emergency Response and Health Systems Preparedness Project, **which is managed by MoPHP,** Grievances, enquiries and Covid-19 reporting cases related to the project will be handled at the Administration Division level of the MoPHP (one EOC in Sana'a and one in Aden).

One main source for the intake of calls will be the **24/7 hotlines**:

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

GRM Mechanism Details, Communication Methods, Grievances Handling, Responsibilities, Response are detailed separately in the Stakeholders Engagement Plan and GRM Rollout Plan.

10. Institutional Arrangements, Responsibilities and Capacity Building

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

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

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

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

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

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

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

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

- What capacity building and training should be provided to medical workers, waste management workers and cleaners, as well as third-party waste management service providers.

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

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

Training Activities

Training topics for personnel involved in Project implementation will include:

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

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

11. ESMF Implementation budget

ESMF implementation costs are allocated according to the budget line items in 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 trainings as well as any other stakeholders' engagement and communication.

ESMF Implementation Costs	USD
Training and workshops	
1. Training on E&S good practice rolling out during the lifetime of the project 2. Training on IPC and Medical Waste Management 3. Workshops - OHS for project workers and raising awareness campaigns	200,000

Information and Communication 1. Production and dissemination of communication materials targeting the vulnerable groups	20,000
Supervision, monitoring, and reporting	
1. Travel to for training and conducting monitoring and reporting 2. Monitoring including preparation of monitoring report for application of the ESMF and ICMWMP	40,000
TOTAL	**260,000**

Annexes

I. Abbreviations and Acronyms
II. Screening Form for Potential Environmental and Social Issues
III. ToRs for Grievance Mechanisms in SEA/SH in World Bank financed Projects
IV. Project Environmental and Social Risks and Mitigations
V. Project Procurement List
VI. List of Health Facilities
VII. Resource List: COVID-19 Guidance

I.Abbreviations and Acronyms

AFB	Acid-Fast Bacilli
AMR	Antimicrobial Resistance
BMBL	Biosafety in Micro Biological and Biomedical Laboratories
BMW	Bio Medical Waste Management
BSC	Biological Safety Cabinets
BSL	Biosafety Level
CDC	Centre for Disease Control and Prevention
COVID-19	Coronavirus Disease 2019
EOC	Emergency Operating Centre
ESF	Environmental and Social Framework
ESIA	Environmental and Social Impact Assessment
ESHS	Environmental, Social, Health and Safety
EHS	Environmental, Health and Safety
ERP	Emergency Response Plan
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
GBV	Gender Based Violence
HCF	Healthcare Facility
HCW	Healthcare Waste
HEPA	High Efficiency Particulate Air filter
HIV	Human Immunodeficiency Virus
HWMS	Healthcare Waste Management System
HVAC	Heating, Ventilation and Air Conditioning
ICWMP	Infection Control and Waste Management Plan
IPC	Infection and Prevention Control
MoPHP	Ministry of Public Health and Population
OHS	Occupational Health and Safety
PMU	Project Management Unit
POE	Point of Entry
PPE	Personal Protective Equipment
PPSD	Project Procurement Strategy for Development
Resettlement Action Plan	RAP
Resettlement Policy Framework	RPF
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SOP	Standard Operating Procedures
TA	Technical Assistance
TB	Tuberculosis
WB	World Bank
WHO	World Health Organization
WWTP	Wastewater Treatment Plant

II.Screening Form for Potential Environmental and Social Issues Template

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

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

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

Questions	**Answer**		**ESS relevance**	**Due diligence / Actions**
	Yes	No		
Does the subproject involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities and/or waste management facilities?			ESS1	ESIA/ESMP, SEP
Does the subproject involve land acquisition and/or restrictions on land use?			ESS5	RAP/ARAP, SEP
Does the subproject involve acquisition of assets for quarantine, isolation or medical treatment purposes?			ESS5	
Is the subproject associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?			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?				
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)?				
Does the subproject have a GRM in place, to which all workers have access, designed to respond quickly and effectively?			ESS10	
Does the subproject involve transboundary transportation (including Potentially infected specimens may be transported from healthcare facilities to testing laboratories, and transboundary) of specimen, samples, infectious and hazardous materials?			ESS3	ESIA/ESMP, SEP
Does the subproject involve use of security or military personnel during construction and/or operation of healthcare facilities and related activities?			ESS4	ESIA/ESMP, SEP
Is the subproject located within or in the vicinity of any ecologically sensitive areas?			ESS6	ESIA/ESMP, SEP
Are there any indigenous groups (meeting specified ESS7 criteria) present in the subproject area and are they likely to be affected by the proposed subproject negatively or positively?			ESS7	Indigenous Peoples Plan/other plan reflecting agreed terminology

Is the subproject located within or in the vicinity of any known cultural heritage sites?			ESS8	ESIA/ESMP, SEP
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?			ESS1	ESIA/ESMP, SEP
Is there any territorial dispute between two or more countries in the subproject and its ancillary aspects and related activities?			*OP7.60 Projects in Disputed Areas*	Governments concerned agree
Will the subproject and related activities involve the use or potential pollution of, or be located in international waterways[10]?			*OP7.50 Projects on International Waterways*	Notification (or exceptions)

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

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

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

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

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

[10]International waterways include any river, canal, lake or similar body of water that forms a boundary between, or any river or surface water that flows through two or more states.

1. Screening E&S Risks of Medical laboratories

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

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

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

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

According to WHO:

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

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

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

- contextual risks such as conflicts and presence or influx of refugees
- construction and decommissioning related risks
- land or asset acquisition
- use of security personnel or military forces
- availability of minimum requirements of food, fuel, water, hygiene
- whether infection prevention and control, and monitoring of quarantined persons can be carried out effectively
- whether adequate systems are in place for waste and wastewater management

The following documents provide further guidance regarding quarantine of persons.

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

3. SCREENING E&S RISKS OF TREATMENT CENTERS

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

- WHO Severe Acute Respiratory Infections Treatment Centre
- WHO Covid-19 Technical Guidance: Infection prevention and control / WASH
- WBG EHS Guidelines for Healthcare Facilities

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

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

III. Sample Terms of Reference (ToR)[11]

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

I. MANDATE

1. The World Bank Environmental and Social Framework requires the Borrower to respond to project-related concerns and grievances of project-affected parties through a grievance mechanism.[12] Such a mechanism must be accessible, inclusive, and designed in a manner proportionate to the potential risks and impacts of the project. In this context, a grievance mechanism for allegations of Sexual Exploitation, Abuse, and Harassment ("SEA/SH GM") is one element of the World Bank's approach to addressing SEA/SH in World Bank-financed projects. A SEA/SH GM may take different forms, based on project context, needs, and level of risk. It may be a project-level GM that has been adapted to address SEA/SH allegations, it may link the project GM with an existing grievance mechanism for various types of gender-based violence ("GBV") including SEA/SH, or it may be a stand-alone SEA/SH GM outsourced to a third party.[13] The SEA/SH GM is generally managed by the Project Management Unit ("PMU") and financed by the Project.[14]

2. Only grievances related to SEA/SH allegedly committed by any "individual associated with a World Bank project"[15] fall under the mandate of a SEA/SH GM. The mandate of a SEA/SH GM is limited to: (i) referring, any survivor who has filed a complaint to relevant services, (ii) determining whether the allegation falls within the World Bank definition of SEA/SH, and (iii) noting whether the complainant alleges the grievance was perpetrated by an individual associated with a World Bank project. A SEA/SH GM does not have any investigative function. It has neither a mandate to establish criminal responsibility of any individual (the prerogative of the national justice system), nor any role in recommending or imposing disciplinary measures under an employment contract (the latter being the purview of the employer).

3. A SEA/SH GM operates without prejudice to any other complaint mechanisms or legal recourse to which an individual or community may otherwise have access under national, regional, or

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

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

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

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

[15] See definition below at section VI.

international law, or under the rules and regulations of other institutions, agencies or commissions, including the World Bank's Grievance Redress Service (GRS),[16] or the World Bank's Inspection Panel.

II. GUIDING PRINCIPLES OF A SEA/SH GM

1. Accessibility, transparency, and non-discrimination: A SEA/SH GM must be accessible to all potential complainants and its existence and operation should be transparent to the community in which it is situated. SEA/SH GM accessibility should be sensitive to gender, age, disability, and other potential contextual barriers. Adequate information about the existence and operation of the SEA/SH GM must be provided in a language and manner accessible to any potential project-affected person.[17] The principle of non-discrimination should be respected when receiving, processing, and referring the allegation.

2. Survivor-centered approach: All prevention and response actions must balance the respect for due process with the requirements of a survivor-centered approach under which the survivor's safety, confidentiality, choices, needs, and well-being remain central. The SEA/SH GM should also include processes that protect the rights of the alleged perpetrator, including confidentiality.

3. Safety: The survivor's physical and psychological safety as well as that of their family remains a priority at all times.

4. Confidentiality: Confidentiality should cover all information in a complaint that may lead to the identification of a specific incident or those affected by the allegation. This applies to the survivor and witnesses, but also the identity of the alleged perpetrator. Confidentiality is a key to protecting survivor's and witnesses' safety. Confidentiality requires that information gathered about the allegation not be shared with persons or entities unless there is explicit permission granted by the complainant.[18] Even in such cases, information-sharing should take place on a strict need-to-know basis, limited to essential information,[19] and based on pre-established information sharing protocols which are in line with best practices for the handling of SEA/SH cases.[20] Reports of grievances to the Bank and PMU shall only include an anonymized summary of allegations based on pre-established information sharing protocols.[21]

---

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

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

[18] The identity of witnesses and alleged perpetrators must also be protected at all times.

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

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

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

5. Considerations regarding children and persons with intellectual disabilities: When the survivor is a child, the best interests of the child is the governing principle. Children are considered incapable of providing consent because they do not have the ability and/or experience to anticipate the implications of an action, and they may not understand or be empowered to exercise their right to refuse. The World Bank considers that a child is anyone under the age of 18[22]and, as such, not able to give free and voluntary consent.[23] Similar additional considerations and protective safeguards may also apply where the complainant or survivor is a person with intellectual disabilities.

III. COMPOSITION OF THE SEA/SH GM

1. An SEA/SH GM is composed of: (a) a GM Operator; and (b) a SEA/SH Committee,[24] each with qualifications and experience satisfactory to the World Bank. All SEA/SH GM staff shall have received training on GBV and SEA/SH, and on how to conduct basic fact analysis regarding whether: (i) the allegation in question is one of SEA/SH; and (ii) the alleged perpetrator is associated with a World Bank-financed project. The SEA/SH GM staff shall have relevant knowledge and expertise to: (i) enable them to differentiate SEA from SH; and SEA/SH from other forms of GBV; (ii) address allegations where the survivor is a child; (iii) uphold the guiding principles[25] and ethical requirements for dealing with survivors of SEA/SH; and (iv) communicate in the relevant local language(s). The GM Operator shall have adequate knowledge of GBV services available, how to access said services, who to contact, any financial support that may be provided, and available options for assistance within and outside of the SEA/SH GM.

2. Conflict of interest: Any actual or perceived conflict of interest must be avoided in selecting the SEA/SH GM members.[26] The composition of the SEA/SH GM may need to change depending on the nature and source of the allegation.

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

1. The GM Operator is responsible for: (i) receiving, sorting, and logging allegations; (ii) referring all survivors who come to the GM to relevant GBV service providers; and (iii) notifying the PMU and the World Bank of the allegation in line with pre-established information-sharing protocols.

2. The SEA/SH Committee is responsible for determining whether the allegation: (i) falls within the definition of SEA/SH; and (ii) whether the alleged perpetrator is associated with the Project. Where the SEA/SH Committee determines that: (i) the allegation amounts to SEA/SH and (ii) the alleged perpetrator is associated with the Project, with the survivor's consent, it shall refer the allegation to the employer (and the authorities if required by domestic law).

[22] Even if national law stipulates a lower age.
[23] See SEA/SH GPN (2020), p.8.
[24] The Committee may include, *inter alia,* (i) a SEA/SH specialist from the PMU; (ii) a GBV Service Provider; (iii) [any other additional relevant personnel and their respective qualifications].
[25] See Section II above.
[26] Such actual or perceived conflict of interest include conflicts between an individual's private interests and his or her responsibilities in their official position of trust as an actor in a SEA/SH GM.

V. SPECIFIC STEPS OF THE SEA/SH GM[27]

1. UPTAKE, SORT, AND PROCESS

(i) Upon receipt, the GM Operator sorts and processes the allegation. Allegations can be received by the SEA/SH GM through various means (*e.g.,* online, phone, writing, or in-person), submitted by multiple types of complainants(*e.g.,* survivor, witness, or whistleblower),[28] and received through multiple channels (*e.g.,* the PMU focal point, Contractor, Supervision Consultant, or GBV service provider). When the allegation is received in person, the GM Operator records the survivor's account of the incident; this shall be conducted in a private setting, ensuring that any specific vulnerabilities are taken into consideration.

(ii) The SEA/SH GM should not ask for, or record, information other than the following: (i) the nature of the complaint; (ii) if possible, the age and sex of the survivor; and (iii) if, to the best of the complainant's knowledge, the perpetrator is associated with the Project; and (iv) if possible, information on whether the survivor was referred to services.[29] It is important to seek the survivor's consent during intake and referral to services by clarifying in advance the remit of the GM, what referral services entail, key elements that need to be collected, and informing of mandatory reporting laws as relevant. Standardized incident intake and consent forms should be used.[30] The GM Operator shall record all allegations and information received respecting the principle of confidentiality.

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

2. ACKNOWLEDGE AND FOLLOW UP

(i) With the survivor's consent, the GM Operator shall, within the shortest timeframe possible, refer the survivor to the relevant GBV service provider[31] for any specific service the survivor may need and want in accordance with pre-established and confidential referral procedures.[32] These services may

[27] For further details on specific steps in the GM value chain, see pp. 21-24 of the Technical Note.
[28] Survivors should be encouraged to self-report the alleged SEA/SH incident, but they may choose to do so with the assistance of a trusted individual, *e.g.* close family member, friend or trusted community member.
[29] SEA/SH GPN (2020), at p. 37.
[30] For further details, see the Technical Note.
[31] Such a referral can be made irrespective of whether the allegation is later verified to be a SEA/SH and the alleged perpetrator is associated with the Project.
[32] Survivors should receive care regardless of whether the alleged perpetrator is known to be associated with the project or not. The GM Operator shall refer the allegation to the existing intermediary with GBV expertise or to the dedicated SEA/SH entity when the SEA/SH GM outsourced to a third party. For further details, see the Annex and the Technical Note.

include legal,[33] psychosocial, medical care, safety and security-related support, and economic empowerment opportunities.[34]

(ii) The GM Operator shall, within 24 hours of receiving the allegation, inform the PMU of the SEA/SH incident,[35] copying the World Bank,[36] by sending an anonymized summary of allegation based on pre-established information sharing protocols. The GM Operator shall ensure that the information collected regarding the complainant and allegations respects the principles of confidentiality, anonymity, and consent.[37] Elements to be reported should only include: (i) the age and sex of survivor; (ii) the type of alleged incident (as reported); (iii) whether the alleged perpetrator is employed by the project; and (iv) whether the survivor was referred to a service provider.

3. FACT ANALYSIS

If the survivor wishes to pursue disciplinary action in addition to the referral to services provided, the GM Operator shall refer the case to the SEA/SH Committee to analyze the facts of the allegation by determining whether: (i) the allegation falls within the definition of SEA/SH; and (ii)the alleged perpetrator is an individual associated with a World Bank-financed project. If the SEA/SH Committee confirms these two elements, it shall refer the allegation to the employer, who shall then be responsible for investigating the allegations.[38] If national law requires it, the SEA/SH Committee may be obliged to refer the complaint to the local authorities for further investigation and eventual criminal prosecution. The survivor should be made aware of legal obligations of reporting certain incidents before disclosing the complaint, again consistent with the principle of consent. In all cases when there is no mandatory reporting, referral to local authorities should be done exclusively with the survivor's consent.

4. MONITOR AND EVALUATE

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

5. PROVIDE FEEDBACK

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

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

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

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

[37] This should be read in accordance with any relevant requirements under domestic law.

[38] These ToR acknowledges that the identity of the alleged perpetrator may not always be known.

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

6. CLOSURE OF PROCESS

(i) If the survivor does not wish that disciplinary action be pursued by the employer, and has not pursued legal action independently, the process is closed after the referral to services has been provided.

(ii) In cases where the survivor seeks disciplinary action to be pursued by the employer or where the survivor pursues independent legal action,[39] the process is closed in the SEA/SH GM once that disciplinary or legal action has been initiated.[40] The GM's tracking records should show the results of the referral and the chosen follow-up action (*i.e.,* employment sanction or judicial verdict). Should the survivor seek further assistance from the SEA/SH GM, the survivor may return to the GM.

(iii) All SEA/SH survivors who come forward before the project's closing date should be referred immediately to the GBV service provider for health, psychosocial and legal support. If a project is likely to close with SEA/SH cases still open, appropriate arrangements should be made with the GBV service provider, prior to closing the project, to ensure there are adequate resources to support the survivor for an appropriate time after the project has closed. Since funding cannot be provided by the project after the closing date, other funding arrangements shall be made (Borrower, other projects within the portfolio that may have aligned objectives and budget flexibility, extension of the closing date).[41]

VI. KEY DEFINITIONS

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

Child: refers to a person under the age of 18,[42] and allegations of SEA/SH by or on behalf of a child shall be treated with additional safeguards to protect the child.

[39] This could occur where the survivor is represented by a legal service provider or where the case is being prosecuted by the authorities on behalf of the survivor.
[40] For further details, see SEA/SH GPN (2020) p. 47 on Resolving and Closing a Case.
[41] Id., para 127.

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

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

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

Gender-based violence (GBV): GBV is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (*i.e.*, gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.[43]

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

Sexual exploitation and abuse (SEA)

- **Sexual exploitation:** any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.[44]
- **Sexual abuse:** actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.[45]

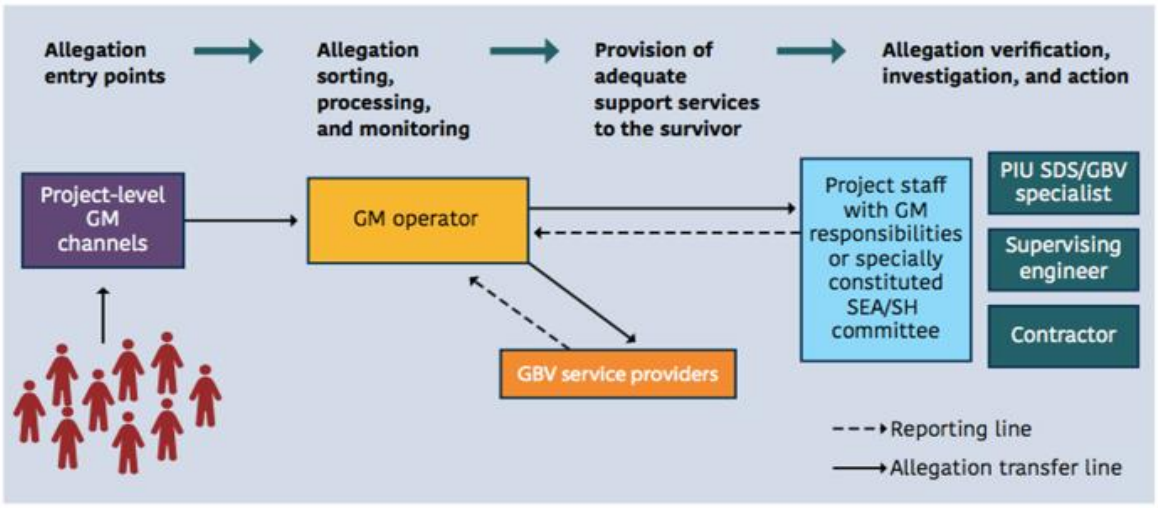
Sexual harassment (SH): Any unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature.[46]

Survivor: A survivor is a person who has experienced the SEA/SH incident in the context of this SEA/SH GM.[47]

Options for Designing a SEA/SH GM

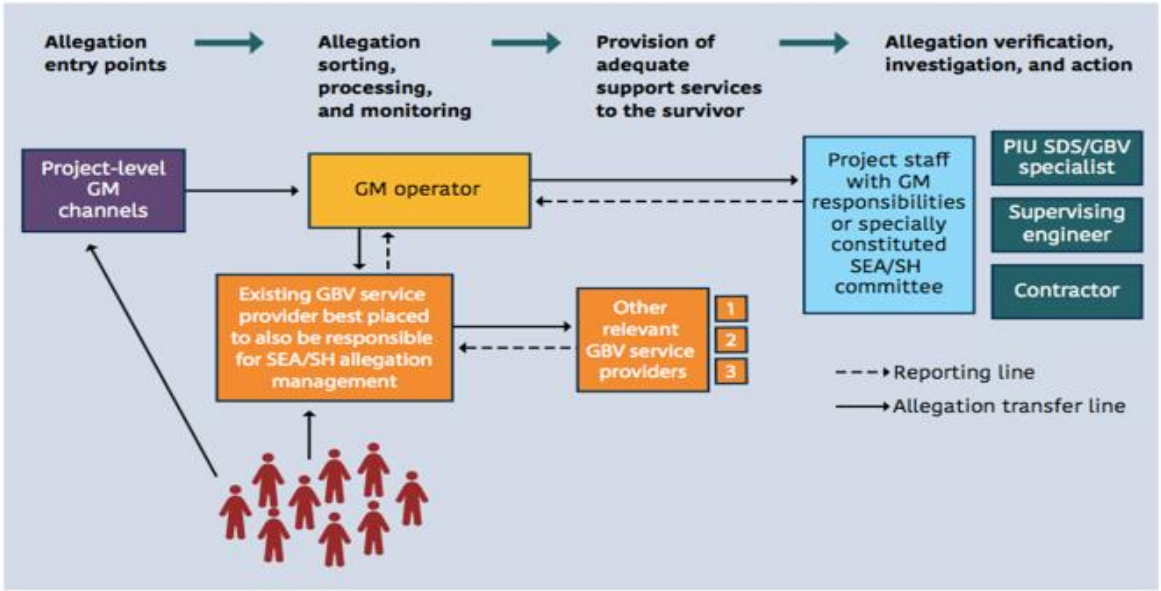
Model 1: Adapt the overall project grievance mechanism to allow for the uptake of SEA/SH allegations

[43] See SEA/SH GPN (2020) Glossary and 2015 Inter-Agency Standing Committee Gender-based Violence Guidelines, p. 5.
[44] See SEA/SH GPN (2020) Glossary and UN Glossary on Sexual Exploitation and Abuse 2017, pp. 5-6.
[45] Id.
[46] See SEA/SH GPN (2020) Glossary.
[47] Id.



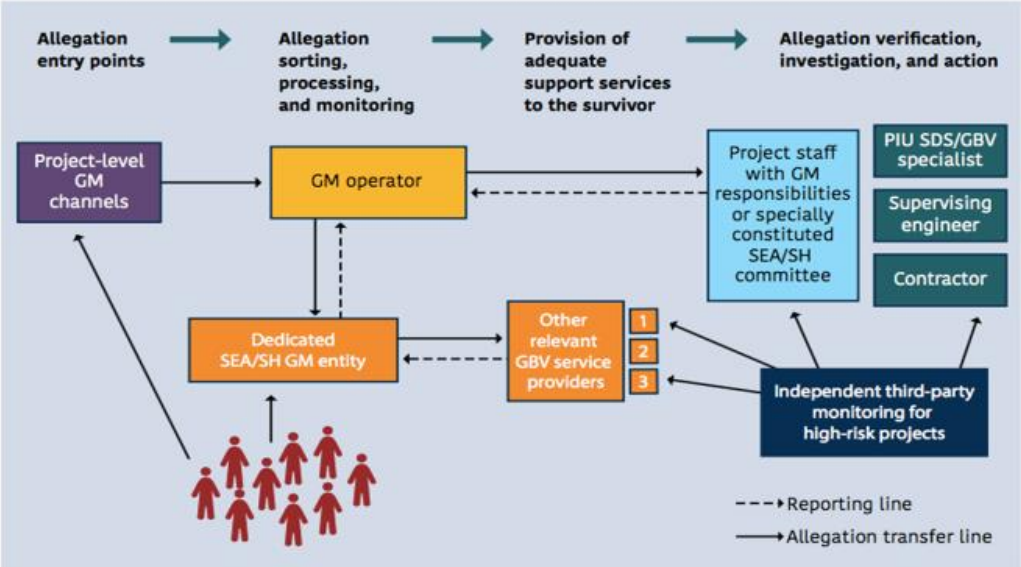
GBV = gender-based violence; GM = grievance mechanism; PIU = project implementation unit; SDS = social development specialist; SEA = sexual exploitation and abuse; SH = sexual harrassment.

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



Note: The intermediary can be an existing government GBV service provider or a NGO GBV service provider.
GBV = gender-based violence; GM = grievance mechanism; PIU = project implementation unit; SDS = social development specialist; SEA = sexual exploitation and abuse; SH = sexual harrassment.

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



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

IV. Project Environmental and Social Risks and Mitigations /ICMWMP

Subproject Name:

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
General HCF operation – Environment	General wastes, wastewater and air emissions				
General HCF operation – OHS issues	- Physical hazards; - Electrical and explosive hazards; - Fire; - Chemical use; - Ergonomic hazard; - Radioactive hazard.				
HCF operation - Infection control and waste management plan					
Waste minimization, reuse and recycling					
Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies					
Storage and handling of specimen, samples, reagents, and infectious materials					
Waste segregation, packaging, color coding and labeling					
Onsite collection and transport					
Waste storage					
Onsite waste treatment and disposal					
Waste transportation to and disposal in offsite treatment and disposal facilities					

HCF operation – transboundary movement of specimen, samples, reagents, medical equipment, and infectious materials					
Emergency events	- Spillage; - Occupational exposure to infectious; - Exposure to radiation; - Accidental releases of infectious or hazardous substances to the environment; - Medical equipment failure; - Failure of solid waste and wastewater treatment facilities; - Fire; - Other emergent events	Emergency response plan			
Operation of acquired assets for holding potential COVID-19 patients					
To be expanded					

IV.Project Procurement List

List Electro-Medical Equipment

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

Critical - ICU	Accessories	YEMDDEFS2A1--A1	(defibrilator beneheartD3) LITHIUM BATTERY	26
Critical - ICU	Consumables	YEMDDEFS2C1--A1	(defibrilator beneheartD3) ELECTRODE PADS, adult, adhesive, disp.	520
Critical - ICU	Consumables	YEMDDEFS2C2--A1	(defibrilator beneheartD3) ELECTRODE PADS, paediat., adhesive, disp.	52
Critical - ICU	Equipment	YEMDECGE2----A1	ELECTROCARDIOGRAPH (Schiller AT-1 G2), portable, 3 ch+ACC including:	26
Critical - ICU	Accessories	YEMDECGE2A02-A1	(ECG Schiller AT-1/G2) PATIENT CABLE 10 leads, 2.400070	26
Critical - ICU	Accessories	YEMDECGE2A03-A1	(ECG Schiller AT-1/G2) SET ELECTRODES, paediat., 6 bulbs and 4 clips	26
Critical - ICU	Accessories	YEMDECGE2A01-A1	(ECG Schiller AT-1/G2) ELECTRODES CLIP, limb, set 4pcs/colors	26
Critical - ICU	Accessories	YEMDECGE2A04-A1	(ECG Schiller AT-1/G2) SUCTION ELECTRODE, adult, 4mm, set of 6	26
Critical - ICU	Consumables	YEMDECGE2C01-A1	(ECG Schiller AT-1 G2) RECORDING PAPER, pack, 2.157044	26
Critical - ICU	Equipment	YDIMULTSME8--A1	ULTRASOUND SYSTEM MOBILE (SonoSite M-Turbo), transducer, trolley, 220V, w/ acc. Including:	26
Critical - ICU	Accessories	YDIMULTSM8A1-A1	(ultrasound Sonosite M-T) LINEAR TRANSDUCER 5.0-7.5 MHz.	26
Critical - ICU	Accessories	YDIMULTSM8A2-A1	(ultrasound Sonosite M-T) PHASED ARRAY CARDIAC TRANSDUCER 5.0-7.5 MHz.	26
Critical - ICU	Equipment		Table, resuscitation, neonate	26
Auxiliary	Equipment	YANTSCALEI2--A1	INFANT/BABY SCALE, electronic, portable, 20kg-10g, remov. baby tray, AA batt.x4	111
Auxiliary	Equipment	YANTSCAL3A---A1	SCALE, mechanical, adult 0-150 kg, grad. 500 g	112

Additional laboratory equipment and supplies including PCR Thermocyclers

No	Item Description	Total Quantity
1	PCR thermocycler machine	9
2	rRT-PCR primer/probe sets for COVID-19 complete kit	50
3	Positive template control	14
4	TaqPath™ 1-Step RT-qPCR Master Mix, CG (ThermoFisher; cat # A15299 or A15300)	14
5	Molecular grade water, nuclease-free	25
6	P2/P10, P200, and P1000 aerosol barrier tips - for each tips of pipettor case of 500 tips	24
7	Sterile, nuclease-free 1.5 mL microcentrifuge tubes Case of 500 tubes	30

8	0.2 mL PCR reaction tube strips or 96-well real-time PCR optical 8-cap strips (box of 300 strips)	25
9	Laboratory marking pen	100
10	Cooler racks for 1.5 microcentrifuge tubes and 96-well 0.2 mL PCR reaction tubes	91
11	Racks for 1.5 ml microcentrifuge tubes	100
12	Micropipettes (2 or 10 µl, 200 µl and 1000 µl)	32
13	Multichannel micropipettes (5-50 µl)	14
14	2 x 96-well cold blocks	14
15	DNAZapTM (Life Technologies, cat. #AM9890)	24
16	RNAse AwayTM (Fisher Scientific; cat. #21-236-21	24
17	Realtime PCR Diagnostic Kit fo Pan - Corona virus - complete with primer/probe mix, master mix and all reagents as per WHO/Charite Berlin protocol (Screening Test)	50
18	Realtime PCR Diagnostic Kit for COVID-19 specific primer/probe mix, master mix and all reagents as per WHO/Charite Berlin protocol (Confirmatory Test).	50
19	Positive template control - COVID-19 Synthetic	14
20	TaqPath™ 1-Step RT-qPCR Master Mix, CG (ThermoFisher; cat # A15299 or A15300)	20

List of Personal Protective Equipment

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

List of Wash Items, Detergents, Disinfections

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

V.List of Health Facilities

S/N	Isolation unit name	Current # of beds	District name	Governorate	Functional (Yes, No)	Triage capability (Yes, No)
1	Sheikh Zaied Maternity Hospital		Alhareth	Amanat Al-Asimah	No	
2	Al Kuwait Hospital			Amanat Al-Asimah	No	
3	Al Jamhouri Authority Hospital			Amanat Al-Asimah	No	
4	Mathna Hospital			Sana'a	No	
5	Jehanah Hospital		Jahanah		No	
6	Al-Wahdah (Ma'aber) Hospital		Jahran	Dhamar	No	
7	Dhamar Authority Hospital		Dhamar	Dhamar	No	
8	Al Thawrah Authority Hospital			Ibb	No	
9	Jeblah Hospital			Ibb	No	
10	22 May Hospital		Amran	Amran	No	
11	Al Tholaia Hospital			Raymah	No	

12	Al-Hwabany Hospital		Hudeidah	Hudaydah	No	
13	Al-Salakhanah Hospital		Al-		No	
14	Al Waharah Centre		Al		No	
15	Al Jamhouri Hospital			Hajjah	No	
16	Al Salam Hospital			Sa'ada	No	
17	Al Talh Hospital			Sa'ada	No	
18	Al Hawban Hospital			Taiz	No	
19	Al-Rahidah Hospital		Al-		No	
20	Al-Dhabab hospital		Dhabab		No	
21	Al Hazm Hospital		Al-Hazm	Al-Jawf	No	
22	Al-Naqa'a hospital		Al-	Marib	No	
23	New University Al Rodah				No	
24	Al-Naser hospital		Al-Dhala	Al-Dhalae	No	
25	Al Somah Hospital			Al Baytha	No	
26	Al Thawrah Hospital		Thi		No	
27	Radaa Hospital		Radaa		No	
28	Al-Jamhouri Hospital			Al-Mahwit	No	
29	Al-Omoma Center			Socotra	No	
30	Ibn Sina hospital (Infectious		Mukalla	Hadramot Al-	No	
31	Sayoun hospital		Sayoun	Hadramot Sayoun	No	
32	Al-Qaidah hospital			Al-Mahrah	No	
33	Al Jamhouri Teaching Hospital			Aden	No	
34	Al-Amal Center				No	
35	Al Mahad Alsehi			Abyan	No	
36	Ateq hospital		Ateq	Shabwa	No	
37	Al-Anad hospital		Tubin	Lahj	No	

VI. Resource List: COVID-19 Guidance

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

WHO Guidance

Advice for the public

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

Technical guidance

- Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected, issued on March 19, 2020
- Recommendations to Member States to Improve Hygiene Practices, issued on April 1, 2020
- Severe Acute Respiratory Infections Treatment Center, issued on March 28, 2020
- Infection prevention and control at health care facilities (with a focus on settings with limited resources), issued in 2018
- Laboratory biosafety guidance related to coronavirus disease 2019 (COVID-19), issued on March 18, 2020
- Laboratory Biosafety Manual, 3rd edition, issued in 2014
- Laboratory testing for COVID-19, including specimen collection and shipment, issued on March 19, 2020
- Prioritized Laboratory Testing Strategy According to 4Cs Transmission Scenarios, issued on March 21, 2020
- Infection Prevention and Control for the safe management of a dead body in the context of COVID-19, issued on March 24, 2020
- Key considerations for repatriation and quarantine of travelers in relation to the outbreak COVID-19, issued on February 11, 2020
- Preparedness, prevention and control of COVID-19 for refugees and migrants in non-camp settings, issued on April 17, 2020
- Coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health, issued on March 18, 2020
- Oxygen sources and distribution for COVID-19 treatment centers, issued on April 4, 2020
- Risk Communication and Community Engagement (RCCE) Action Plan Guidance COVID-19 Preparedness and Response, issued on March 16, 2020
- Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19), issued on March 19, 2020
- Operational considerations for case management of COVID-19 in health facility and community, issued on March 19, 2020
- Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19), issued on February 27, 2020
- Getting your workplace ready for COVID-19, issued on March 19, 2020
- Water, sanitation, hygiene and waste management for COVID-19, issued on March 19, 2020
- Safe management of wastes from health-care activities, issued in 2014
- Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus (COVID-19) outbreak, issued on March 19, 2020
- Disability Considerations during the COVID-19 outbreak, issued on March 26, 2020

WORLD BANK GROUP GUIDANCE

- Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings, issued on March 20, 2020
- Technical Note: Use of Military Forces to Assist in COVID-19 Operations, issued on March 25, 2020
- ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Projects, issued on April 7, 2020
- Technical Note on SEA/H for HNP COVID Response Operations, issued in March 2020

- Interim Advice for IFC Clients on Preventing and Managing Health Risks of COVID-19 in the Workplace, issued on April 6, 2020
- Interim Advice for IFC Clients on Supporting Workers in the Context of COVID-19, issued on April 6, 2020
- IFC Tip Sheet for Company Leadership on Crisis Response: Facing the COVID-19 Pandemic, issued on April 6, 2020
- WBG EHS Guidelines for Healthcare Facilities, issued on April 30, 2007

ILO GUIDANCE

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

MFI GUIDANCE

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