WHO-EM/YEM/015/E

Stakeholder Engagement Plan (SEP)

Yemen COVID-19 Response Project (P173862) &

Yemen COVID-19 Response Project Additional Finance (P176827)

May 2021

World Health Organization | THE WORLD BANK IBRD • IDA | WORLD BANK GROUP

ABBREVIATIONS AND ACRONYMS

AEFI	Adverse Event Following Immunization
AF	Additional Finance
BSL	Biosafety level
COVID-19	Coronavirus Disease 2019
DHO	District Health Office
EHNP	Emergency Health and Nutrition Project
EOC	Emergency Operations Center
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
FCV	Fragile, Conflict and Violence
GHO	Governorate Health Office
GM	Grievance Mechanism
IDA	International Development Association
IDP	Internally Displaced Person
KAP	A Knowledge, Attitude and Practices
INGO	International Non-Governmental Organization
MOPHP	Ministry of Public Health and Population
MOPIC	Ministry of Planning and International Cooperation
NGO	Local Non-Governmental Organization
NITAG	National Immunization Technical Advisory Group
PAD	Project Appraisal Document
PAI	Project Area of Influence
PDO	Project Development Objective
PPE	Personal protective equipment
PSEA	Prevention of Sexual Exploitation and Abuse
RCCE	Risk Communication and Community Engagement
SEP	Stakeholder Engagement Plan
SEA/SH	Sexual Exploitation and Abuse/Sexual Harassment
UN	United Nations
UNICEF	The United Nations Children's Fund
WASH	Water and Sanitation Hygiene
WBG	World Bank Group
WHO	World Health Organization

1. Introduction/Project Description

Over five years of humanitarian crisis, conflict, and severe economic decline have taken an enormous toll on the population of Yemen. In particular, the crisis has devastated the health system in Yemen, leaving it at the brink of collapse. As per the Humanitarian Needs Overview (HNO) 2021, 20.1 million people in Yemen require assistance to ensure adequate access to healthcare, with only 51% of health facilities fully functional. Poor vaccination coverage, critical water shortages and related poor hygiene, a collapse of sanitation systems, and massive population movements and displacement have given way to a surge in the spread of disease and overwhelming the surveillance system and National Laboratories. Given the current situation the Health Information System does not effectively capture data, which in turns affects capacities to properly manage the health system.

On 10 April 2020, the first COVID-19 case was formally confirmed in the Republic of Yemen. Yemen is currently facing a crisis within a crisis, with a dramatic spike of COVID-19 cases. COVID-19 cases have been increasing since 3 Feb 2021, to more than 100 cases per day recently, indicating the start of a second wave, bringing the country's total cases to 4,535 cases and total fatalities to 907 as of 1st Apr 2021.

The Additional Financing (AF) request highlighted here represents the foundations of the COVID-19 strategy to save lives.

As COVID-19 vaccines begin to roll out globally, efforts to secure access and the means to effectively conduct COVID-19 vaccination activities for Yemen countrywide are underway. The COVAX initiative seeks to provide enough vaccine for 20% coverage of the population.

The deployment of vaccines is provided in the form of Additional Financing to the existing COVID-19 response project, the existing project SEP is updated to reflect the activities under the Additional Financing.

Key element of the project and their relevant risks

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

- The Project involves some minor civil works associated with temporary rehabilitation of existing healthcare facilities and/or waste management facilities. Exact locations have been identified and civil work ESMP is under preparation to assess and manage relevant E&S risks.

- 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 in-situ 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.

- The Project mainly finances procurement of goods such as medical equipment, personal protective equipment (PPE), chemical/biological reagent, and other medical supplies or materials. 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 addresses this during the implementation stages and the relevant plans and procedures will be implemented to maximum possible extent.

- The Project will not use security or military forces.

Key social risks and mitigations include:

Applicable for the parent project as well as for the additional financing components.

- ✓ **Exclusion of vulnerable social groups such as the elderly, people with chronic conditions** and those who are unable to easily access facilities and services during an epidemic could undermine the objectives of the project. Vulnerable groups within the communities affected by the project will further be confirmed and consulted through dedicated means under this plan as appropriate as well as the description of the methods of engagement that will be undertaken by the project to reach these groups. The Grievance Mechanism of the parent project has been established for addressing any concerns and grievances raised and will be used throughout the life time of the project including the additional finance.
- ✓ **Misinformation, stigma and discrimination of vulnerable groups, healthcare workers, etc**. The SEP proposes appropriate stakeholder engagement activities, proper awareness raising and timely information dissemination to (i) avoid conflicts resulting from false rumors; (ii) facilitate to the maximum possible equitable access to services for all who need it; The Project can thereby rely on standards set out by WHO as well as international good practice to (1) facilitate appropriate stakeholder engagement and outreach plans towards differentiated audience (concerned citizens, suspected cases and patients, relatives, health care workers, etc.); and (2) 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 Abuse (SEA) and Sexual Harassment (SH) as well as minimum accommodation and servicing requirements). The project will continuously assess how to best address these GBV/sexual exploitation and abuse/sexual harassment.
- ✓ **SEA/SH risks in exchange for project benefits**. The Project engages with stakeholders on GBV and SEA/SH mitigation in the project's communications and engagement plan. This will aim to provide information on the GBV risks associated with the project, the expectations regarding what constitute as SEA/SH and the processes in place to address this, services that survivors can access, and how to place grievances in a confidential, survivor-centered fashion.
- ✓ **Unfair and inequitable distribution of the COVID-19 vaccine,** particularly in conflict contexts and fragile states. A nuanced vaccination scheme that is tailored to the unique context of Yemen has been developed, involving the implementation of several additional measures that will serve to dispel rumors, increase vaccine uptake, and avoid elite capture in this roll out of COVID-19 vaccination. WHO will address these issues at different stages of the roll-out process by applying the following strategies:
  - Detailed national and microplanning, whereby target groups and an eligibility criteria are defined and a sequencing plan for the target groups is established.
  - Training with an emphasis that all involved in the campaign are aware of the eligibility criteria.
  - WHO will explore the options with the MOPHP of developing a registry of all planned recipients of the vaccine based on the targeted groups. This registry will then be used to follow up with these planned recipients until each recipient receives the required number of doses. This registry will also prevent queue-jumping and will help to ensure that the deployment of the doses received from COVAX is in line with the national plan for sequencing the target groups.
  - This vaccination campaign will have increased supervision at multiple levels (central, governorate, and district) to minimize risk and for appropriate sequencing. Supervisors will be trained prior to vaccine deployment and will be well versed in eligibility criteria for all target groups. Supervisors will include WHO M&E and contractors at hub and country level, staff from INGOs, MoPHP employees, and Third Party Monitors (TPM).
  - The project Environmental and Social instruments will be implemented

- An operational and effective Grievance Mechanism (GM) will be in place during the vaccination campaign for providing beneficiaries with a means to share feedback about the service they have received or for stakeholders to comment on the project in general.
- Targeted social mobilization will be necessary at national, governorate, district, and community level to encourage communities to get vaccinated when it is appropriate for their demographic to do so. Elderly women are also among the most vulnerable, representing the majority of the 65 + population (estimated at 54 precent) and are much more likely to have limited access to information about the benefits and availability of the vaccine to them. It will be critical to engage other partners such as UNICEF, to conduct social mobilization at the community levels so that all targeted groups can be reached. The Health Cluster will also engage INGOs to conduct social mobilization activities, particularly within any health facilities where the COVID-19 vaccine will be administered and/or there are healthcare workers who will be receiving the vaccine.
- The YCRP Risk Register will be updated to incorporate the dynamics of the COVID-19 vaccine deployment and will identify mitigation strategies in identified cases of elite capture, queue jumping, vaccine hesitancy, etc.

Project Objective and components

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

The AF will support investments to bring immunization systems and service delivery capacity to the level required to successfully deliver COVID-19 vaccines at scale, through Component 1 (Emergency COVID-19 Response) of the parent project. To this end, the AF activities will be used by WHO, UNICEF and other development partners to overcome bottlenecks as identified in the COVID-19 vaccine readiness assessment in the country. In addition, to further strengthen public health preparedness and response in Yemen, the AF will further support strengthening surveillance and national laboratory systems. These investments will help Yemeni systems to improve detection and response capacities against COVID-19, but also help build longer-term capacities for future outbreaks. The AF will also support updating Yemen's information system to better assess health service resources and availability in the country.

The project components including the Additional Financing AF activities are as below:

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 Centres 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 centres across the country to ensure adequate and trained clinical capacity to respond to any symptomatic cases.

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

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

(vi) The deployment of COVID-19 vaccines provided by COVID-19 Vaccines Global Access COVAX.

(vii) Support for the Health Resources & Services Availability Monitoring System HeRAMS.

The AF will provide additional support to ongoing activities under (ii) and (v), namely, strengthening disease surveillance, rapid response, and national laboratories as well as a new set of activities under (vi) and (vii). The Health Resources & Services Availability Monitoring System HeRAMS provides core information on essential health resources and services to decision-makers at national, regional, and global levels and serves as a solid foundation to the country health information systems.

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:

(i) General management support for WHO.

(ii) Hiring of Third-Party Monitoring TPM agents and auditors, with terms of reference TOR satisfactory to the World Bank.

(iii) Direct cost for staffing and project management.

2. Stakeholder identification and analysis

Project's Stakeholders' Interest and Level of Influence

- The level of influence and interest of various stakeholders will determine the type and frequency of engagement activities necessary for each group. Adding and populating a matrix such as the one presented below can be helpful to determine where to concentrate stakeholder engagement efforts.

Level of Influence			
High	**Involve/engage**	**Involve/Engage**	**Partner**
Medium	**Inform**	**Consult**	**Consult**
Low	**Inform**	**Inform**	**Consult**
	Low	**Medium**	**High**
	Level of Interest		

Color-coding	**Engage closely and influence actively:** require regular and frequent engagement, typically face-to-face and several times per year, including written and verbal information
	Keep informed and satisfied: require regular engagement (e.g. every half-a-year), typically through written information
	Monitor: require infrequent engagement (e.g. once a year), typically through indirect written information (e.g. mass media).

Project's Stakeholders' Interest and Level of Influence is reflected in the below table:

Stakeholders Groups	Stakeholders sub-Groups	Nature of interest in the project	Interest High, Medium, Low	Influence High, Medium, Low
Affected Parties	**Population at risk** • Affected individuals and their families • Those in quarantine centers • Local communities close to the project activities.	Rights, fairness, treatment, Opportunities to raise their concerns	High	Low
	Frontline Health workers • Isolation Units personnel. • Laboratories personnel. • Rapid Response Teams members.	Interest in project impact on their OHS, Opportunities to raise their concerns. Obtaining COVID-19 Vaccination	High	High
Vulnerable groups	**Very exposed to risk** • Vulnerable/Disadvantaged groups in the parent project. • Vulnerable/Disadvantaged groups ✓ People 55 years and older and adults with comorbidities ✓ Internally Displaced People (IDPs) ✓ Refugees and Migrants ✓ Public health workers and health personnel.	Rights, fairness, Opportunities to raise their concerns. Obtaining COVID-19 Vaccination	High	Low
Other Interested Parties	**Health system and Official representatives** • Ministry of Public Health and other officials.	Opportunities for greater influence, Opportunities to raise their concerns	High	High
	Humanitarian Networks/ institutions/Agencies/Media • Public at large • Health agencies • Government agencies • UN agencies. • Clusters. • NGOs/INGOs. • Religious institutions • Media • Education Institutions • Private sectors • Influencers. • Others interested parties.	Opportunities to participate, Opportunities for greater influence, Fairness, Rights of people.	Medium	Medium

Project stakeholders are defined as individuals, groups or other entities who:

(i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and

(ii) may have an interest in the Project ('interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication /liaison link between the Project and targeted communities and their established networks. Community representatives, cultural leaders and women leaders may also be helpful intermediaries for information dissemination in a culturally appropriate manner, building trust for government programs or vaccination efforts.

Women can also be critical stakeholders and intermediaries in the deployment of vaccines as they are familiar with vaccination programs for their children and are generally the caretakers of their families.

Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way. With community gatherings limited or forbidden under COVID-19, it may mean that the stakeholder identification will be on a much more individual basis, requiring different media to reach affected individuals.

2.1 Methodology

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- Openness and life-cycle approach: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- Informed participation and feedback: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- Inclusiveness and sensitivity: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times are encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly, people with different abilities, displaced persons, those with underlying health issues, and the cultural sensitivities of diverse ethnic groups.
- Flexibility: if social distancing inhibits traditional forms of engagement, the methodology should adapt to other forms of engagement, including various forms of internet communication. (See Section 3.2 below).

For the purposes of effective and tailored engagement, stakeholders of the proposed project(s) can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in

identifying impacts and their significance, as well as in decision-making on mitigation and management measures;

- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status,[1] and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

Stakeholders Groups	Stakeholders sub-Groups	Nature of interest in the project	Interest High, Medium, Low	Influence High, Medium, Low
Affected Parties	**Population at risk** • Affected individuals and their families • Those in quarantine centers • Local communities close to the project activities.	Rights, fairness, treatment, Opportunities to raise their concerns	High	Low
	Frontline Health workers • Isolation Units personnel. • Laboratories personnel. • Rapid Response Teams members.	Interest in project impact on their OHS, Opportunities to raise their concerns. Obtaining COVID-19 Vaccination	High	High

[1] Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project including the additional finance. Specifically, the following individuals and groups fall within this category:

✓ **Infected Persons in hospitals and isolation units and their families.**	
Risks and impacts	• Stigma and discrimination due to infection or being associated with the infected. • The lack of adequate treatment and attention to service requirements. • Lack of attention to culturally specific interests, especially for vulnerable groups. • Feeling of isolation affecting mental health • Lack of vaccination awareness and the right to be vaccinated.
Mitigation	• The primary project beneficiaries however are these infected people who will benefit from the emergency health system capacity strengthening for COVID-19 case management under the project which includes strengthening laboratory and diagnostic capacity; and assistance for containment and treatment efforts in health care facilities. • continue to update and share information and increase the awareness about COVID-19 and risk for severe illness. • Increase the awareness of EOCs hotlines and GM toll-number. • Increase the awareness about the vaccination, the eligible beneficiaries, and GM channels.
✓ **People in quarantine/isolation centers and their families & relatives, elderly people, and People with Underlying Medical Conditions**	
Risks and impact	• Lack to access information and facilities, and thus the inability to benefit from project interventions. • Lack of minimum requirements for accommodation and service • Risks of GBV and SEA / SH in quarantine/ isolation centers. • Lack of vaccination awareness and the right to be vaccinated.
Mitigation	• They will benefit from strengthening the capacity of the emergency health system to manage COVID-19 cases, which will include strengthening laboratory and diagnostic capacity; And assist in containment and treatment efforts in health care facilities. • continue to update and share information and increase the awareness about COVID-19 and risk for severe illness. • Increase the awareness of EOCs hotlines and GM toll-number. • Awareness raising/training and dedicated GM channel. • Increase the awareness about the vaccination, the eligible beneficiaries, and GM channels.
✓ **Medical and Emergency personnel, Clinical and laboratory staff.** ✓ **Health and non-health workers trained on case definition, management, and IPC.** ✓ **Laboratory technicians trained on COVID-19 testing.**	
Risks and impact	• Occupational health and safety risks and hazards. • Inability to access appropriate personal protective equipment, training, and facilities (such as transportation, accommodation, etc. during night shifts) required for effective and effective functioning. • Failure to meet the special needs of health workers, including pregnant women. • Stigma and discrimination in association with the infected people. • Increased pressure due to overwork and isolation from families for long periods. • Poor working conditions, and the lack of access the GM. • GBV risks, SEA and SH, especially for women workers. • continue to update and share information and increase the awareness about COVID-19 and risk for severe illness. • Increase the awareness of EOCs hotlines and GM toll-number. • Lack of vaccination awareness and the right to be vaccinated.
Mitigation	• These Groups will benefit from the Emergency Response component of COVID-19, which includes: • Providing essential protection equipment and other essential materials; Risk communication, community engagement and behavior change; • In addition to the component on strengthening the capabilities of the Emergency Health System for

	COVID-19 case management, which includes strengthening laboratory and diagnostic capabilities; • And assist in containment and treatment efforts in health care facilities. • They will also benefit from the Labor Management procedures that have been developed for the project. • Continue to update and share information and increase the awareness about COVID-19 and risk for severe illness. • Increase the awareness of EOCs hotlines and GM toll-number. • Signing Code of conduct. • Awareness raising/training and dedicated GM channel. • Increase the awareness about the vaccination, the eligible beneficiaries, and GM channels.
✓ **Communities in the vicinity of the project's planned activities and health centers.** ✓ **Residents, business entities, and individual entrepreneurs at the area of the project that can benefit from the employment, training, and business opportunities.**	
Risks and impact	• The risk of social tensions due to misinformation / rumors regarding contamination risks. • The lack of access information and facilities, and thus the inability to benefit from project interventions. • Community health and safety risks due to improper Medical waste management. • Stigmatized and singled out communities near COVID treatment centers. • Lack of vaccination awareness
Mitigation	• Measures have been put in place for effective waste management, containment efforts and contingency plans in health care facilities to address community health and safety risks. In addition, activities related to risk reporting, community engagement and behavior change focus mainly on benefiting this population. • continue to update and share information and increase the awareness about COVID-19 and risk for severe illness. • Increase the awareness of EOCs hotlines and GM toll-number. • Increase the awareness about the vaccination, the eligible beneficiaries, and GM channels.
✓ **Local population and local communities.**	
Risks and impact	• The risk of social tensions due to misinformation / rumors regarding contamination risks. • The lack of access to information and facilities, and thus the inability to benefit from project interventions. • Lack of vaccination awareness and the right to be vaccinated.
Mitigation	• continue to update and share information and increase the awareness about COVID-19 and risk for severe illness. • Increase the awareness of EOCs hotlines and GM toll-number. • Increase the awareness about the vaccination, the eligible beneficiaries, and GM channels.
✓ **Government officials, including governorates Administration in the project area, village administrations, environmental protection authorities, health authorities; health workers.**	
Risks and impact	• Occupational health and safety risks. • Increased pressure due to overwork • The lack of access to the GM. • Lack of vaccination awareness and the right to be vaccinated.
Mitigation	• This group will benefit from procured protection equipment and other basic materials, containment and treatment, occupational health and safety measure. • Increase the awareness of EOCs hotlines and GM toll-number. • Increase the awareness about the vaccination, the eligible beneficiaries, and GM channels.

2.3. Other interested parties

The projects' stakeholders also include parties other than the directly affected communities, including:

Stakeholders Groups	Stakeholders sub-Groups	Nature of interest in the project	Interest High, Medium, Low	Influence High, Medium, Low
Other Interested Parties	**Health system and Official representatives** • Ministry of Public Health and other officials.	Opportunities for greater influence, Opportunities to raise their concerns	High	High
	Humanitarian Networks/ institutions/Agencies/Media • Public at large • Health agencies • Government agencies • UN agencies. • Clusters. • NGOs/INGOs. • Religious institutions • Media • Education Institutions • Private sectors • Influencers. • Others interested parties.	Opportunities to participate, Opportunities for greater influence, Fairness, Rights of people.	Medium	Medium

2.4. Disadvantaged / vulnerable individuals or groups for all components including additional financing.

It is particularly important to: (1) understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project; (2) raise awareness and engage with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatments in particular; (3) take into account such groups or individuals' particular sensitivities, concerns and cultural sensitivities in order to facilitate full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

The table below shows these groups' need and the Preferred means of notification /consultation.

Vulnerable groups, needs and engagement methods (for All project components including additional financing).			
Vulnerable Groups and Individuals	**Characteristics/ Needs**	**Preferred means of notification /consultation**	**Additional Resources Required**
People living in existing humanitarian emergencies/ malnourished individuals	the access to timely and accurate information vaccine for elderly	Disseminate information through diverse and appropriate communication channels to reach different groups of people. Make information available and accessible to women, men, girls, boys and persons with disabilities. ● Identify trusted sources of information or key influencers to support messages. ● Diversify communication tools and format and simplify messages; ensuring to test messages with target group. KAP survey	Feedback from Humanitarian clusters working in Yemen.
Women and girls	Equitable access to health care. Prevention of SEA/SH risks. Awareness on COVID-19 and risk prevention support	Frontline medical personnel to be gender balanced and health facilities to be culturally and gender sensitive. Provide specific advice for people - usually women - who care for children, the elderly and other vulnerable groups in quarantine, and who may not be able to avoid close contact. Design online and in-person surveys and other engagement activities so that women in unpaid care work can participate. KAP survey	Feedback from UNFPA/UNICEF and GBV sub-cluster.
Gender-Based Violence survivors	Equitable access to health care; Safety, security	Update GBV referral pathways to reflect primary and secondary health care facilities. Inform key communities and service providers about the updated pathways. Ensure that GBV risk-mitigation measures are in place in quarantine facilities and evacuation processes. Circulate PSEA Codes of Conduct and other safeguarding measures and remind staff of the need to comply with them. KAP survey	Feedback from UNFPA/UNICEF and GBV sub-cluster
Pregnant women	Awareness on COVID-19 and risk prevention support. Awareness where they can seek the care.	Develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns. KAP survey	Feedback from UNFPA/UNICEF and related cluster/sub-cluster
IDPs/ refugees and migrants	Equitable access to health care; Awareness on COVID-19 and risk prevention support vaccine	Advocate for inclusion and non-discriminatory access of IDPs/ refugees and migrants to public health services. Partner with refugee and migrant community network to monitor risks associated with human mobility in affected areas. Registration sites *for vaccination* CHVs and outreach activities *for vaccination* KAP survey Registration *for vaccination*	Feedback from IOM/UNHCR and related clusters.
Elderly and people with existing medical conditions	Awareness their family about the elderly people risks. Equitable access to health care; Awareness on COVID-19 and risk prevention support. Get vaccine	Develop information on specific needs and explain why they are at more risk. Encourage them to be prepared in case there is a shortage of medication or they cannot access Registration sites *for vaccination* CHVs and outreach activities *for vaccination* KAP survey *for vaccination.* Registration at HFs *for vaccination*	Feedback from related agencies/ clusters.

Vulnerable groups, needs and engagement methods (for All project components including additional financing).			
Vulnerable Groups and Individuals	**Characteristics/ Needs**	**Preferred means of notification /consultation**	**Additional Resources Required**
Persons with disabilities	Access to information. Equitable access to health care; Awareness on COVID-19 and risk prevention support	Disseminate information that uses clear and simple language. provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology. Involve organizations of persons with disabilities in consultation and decision making.	Feedback from related agencies/ clusters.
Illiterate or those with limited education	Access to information. Equitable access to health care; Awareness on COVID-19 and risk prevention support	use audio and visual communication techniques to engage, which would include use of graphics, photos, drawings, videos and storytelling techniques. KAP survey for their families.	Feedback from UNICEF or related clusters.
Children	Access to information. Parent should understand child's special needs.	Design information and communication materials in a child-friendly manner. Provide parents with skills to handle their own anxieties and help manage those in their children. Promote fun activities that parents, and children can do together to reduce anxieties and tension.	Feedback from UNICEF.

Table 1 Vulnerable groups, needs and engagement methods (for All project components) including additional finance..

3. Stakeholder Engagement Program

3.1 Summary of stakeholder engagement activities

3.1.1 Summary of stakeholder engagement during project preparation. (parent project)

Given the emergency situation and the need to address issues related to COVID19, preliminary consultations carried out on [March 2020] were of limited to technical consultations with public authorities and Other UN agencies and line ministries; Ministry of Public Health and Population (MoPHP), and Ministry of Planning and International Cooperation (MoPIC) and health experts, including local representatives of the WHO, have been conducted so far. However, a continuous engagement and consultations with relevant stakeholders are carried out during project implementation as laid out in the SEP to receive additional feedback from stakeholders and use it to refine the approach, procedure and implementation arrangements of the project components. For detailed engagement during project implementation refer to section *3.1.3 Summary of stakeholder engagement during project implementation. (parent project)*

Concerns and Suggestions Raised During Preliminary Consultations (Parent project):

The key concerns raised & suggestions provided by the stakeholders during the preliminary consultations are categorized as follows:

Brief Summary of Previous Stakeholder Engagements				
Place and type of engagement	**Date**	**Participants**	**Key issues discussed and documentation**	**Mitigations on ESMF**
Nationwide. (South and North). **Through multiple methods**; interviews/ meetings/ discussions/ **Over channels;** Virtual meetings/ emails/ letters/	During Project preparation Phase (March 2020) there were Consecutive meetings/ consultations/ negotiations.	Line ministries; Ministry of Planning and International Cooperation (MoPIC), Ministry of Public Health and Population (MoPHP)	Concerns over resource allocation, Donors, capacity of the Health system, service delivery, etc.	The project will provide necessary supports / logistics / capacity building to the partners so that all requirements are applied to the maximum possible extent. ESMF page 17
Nationwide. (South and North). **Through multiple methods**; interviews/ meetings/ discussions/ **Over channels;** Virtual meetings/ emails/ letters/	During Project preparation Phase (March 2020) there were Consecutive meetings/ consultations/ negotiations.	Ministry of Public Health and Population (MoPHP)	Concerns over the project coverage; to target all the governorates.	The WHO will assess target facilities needs in partnership with the Yemen MoPHP and local authorities. In Addition, the project will cover all governates to the extent possible. ESMF Page 15 Planning and design Stage
Nationwide. (Sana'a and Aden). **Through multiple methods**; interviews/ meetings/ discussions/ **Over channels;** Virtual meetings/ emails/ letters/	During Project preparation Phase (March 2020) there were Consecutive meetings/ consultations/ negotiations.	Ministry of Public Health and Population (MoPHP)	Impact of the covid-19 on Health Facilities that will become Isolation Units. How to continuously provide the Health services. And to prepare/rehabilitate a separate divisions/ departments and entrances for COVID-19 cases without affecting the regular health services.	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. Page 15 ESMF Page 20 ESMF COVID-19 Infection Control Risks Mitigation Measures
Nationwide. (Sana'a and Aden). **Through multiple methods**; interviews/ meetings/ discussions/ **Over channels;** Virtual meetings/ emails/ letters/	During Project preparation Phase (March 2020) there were Consecutive meetings/ consultations/ negotiations.	IOM	The need to check the people who are coming through the point of entry. Pillar-4	The IOM is responsible of Pillar-4 and the project support is limited to supply the thermo-scanners and portable thermal detectors.
Nationwide. (Sana'a and Aden). **Through multiple methods**; interviews/ meetings/ discussions/ **Over channels;** Virtual	During Project preparation Phase (March 2020) there were Consecutive meetings/	Ministry of Public Health and Population (MoPHP), Local authorities	Select the isolation units' sites, what facilities more suitable to cover the all governorate. And engagement the	The WHO will communicate transparently on eligible locations and facilities and will engage with communities for fair access to project benefits, as indicated in the SEP. The MoPHP will have a clear policy on scarce medical equipment

Brief Summary of Previous Stakeholder Engagements				
Place and type of engagement	**Date**	**Participants**	**Key issues discussed and documentation**	**Mitigations on ESMF**
meetings/ emails/ letters/	consultations/ negotiations.		local Authorities to support the MoPHP	ESMF P-19
Nationwide. (Sana'a and Aden). **Through multiple methods**; interviews/ meetings/ discussions/ **Over channels;** Virtual meetings/ emails/ letters/	During Project preparation Phase (March 2020) there were Consecutive meetings/ consultations/ negotiations.	Ministry of Public Health and Population (MoPHP)	The necessity to provide the PPE for the health care workers.	Project will aim to have adequate implementation of 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 ESMF Page 17
Nationwide. (Sana'a and Aden). **Through multiple methods**; interviews/ meetings/ discussions/ **Over channels;** Virtual meetings/ emails/ letters/	During Project preparation Phase (March 2020) there were Consecutive meetings/ consultations/ negotiations.	Ministry of Public Health and Population (MoPHP)	Equipped the Isolation units (shortage in the ventilators).	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 ESMF-Annex V. This procurement list might be changed based on the need during project implementation phases. ESMF page 15
Nationwide. (Sana'a and Aden). **Through multiple methods**; interviews/ meetings/ discussions/ **Over channels;** Virtual meetings/ emails/ letters/	During Project preparation Phase (March 2020) there were Consecutive meetings/ consultations/ negotiations.	Ministry of Public Health and Population (MoPHP)	Oxygen supply to the isolation units and operational cost.	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 ESMF-Annex V. This procurement list might be changed based on the need during project implementation phases. ESMF page 15
Nationwide. (Sana'a and Aden). **Through multiple methods**; interviews/ meetings/ discussions/ **Over channels;** Virtual meetings/ emails/ letters/	During Project preparation Phase (March 2020) there were Consecutive meetings/ consultations/ negotiations.	Ministry of Public Health and Population (MoPHP)	The capacity of disease surveillance to cover all Yemen, and the necessity to increase the numbers and capacity.	Disease Surveillance, Emergency Operating Centers and Rapid Response Teams (RRT) to allow timely and adequate system of detecting, tracing, and reporting suspected cases; ESMF P-5.
Nationwide. (Sana'a and Aden). **Through multiple methods**; interviews/ meetings/ discussions/ **Over channels;** Virtual meetings/ emails/ letters/	During Project preparation Phase (March 2020) there were Consecutive meetings/ consultations/ negotiations.	Ministry of Public Health and Population (MoPHP)	The need to capacity building for the Health care workers.	WHO PMU will provide necessary supports / logistics / capacity building to the partners so that all requirements are applied to the maximum possible extent. ESMF P-28

Table 2. Brief Summary of Stakeholder Engagement during project preparation (Parent project)

3.1.2 YCRP AF: Summary of stakeholder engagement done during additional financing preparation.

For the COVID-19 vaccine deployment planning and implementation, regular coordination has been maintained between WHO, MoPHP, MoPIC as well as the UN agencies on the necessary

arrangements, location of deployment and targeted groups. The coordination aspects considered the preparation of plans, technical guidance, implementation stages, challenges, and the necessary arrangements for safe vaccine deployment.

Stakeholder engagements in this stage were challenged by the prevailing restrictions Infection Prevention and Control (IPC) for COVID-19. The consultations were possible by video conference and online meetings and emails.

Concerns and Suggestions Raised During Preliminary Consultations (Additional Financing):

Brief Summary of AF Preliminary consultation				
Place and type of engagement	**Date**	**Participants**	**Key concerns**	**Outputs**
South. Through multiple methods; interviews/meetings/ discussions/ Over channels; Virtual meetings/ emails/ letters/	February 2021	Line ministries; Ministry of Planning and International Cooperation (MoPIC), Ministry of Public Health and Population (MoPHP), and WHO	Priority groups for vaccination	The priority groups and numbers have been identified. . **First:** • Healthcare Workers • People 55 years and older and adults with comorbidities **Second:** • Internally Displaced People (IDPs) • Refugees and Migrants • Other essential and frontline workers as well as other people unable to practice social distancing - detainees/prisoners and staff in correction and rehabilitation centers. For detail refer to *Table 4: Priority groups for vaccination Yemen*
South. Through multiple methods; interviews/meetings/ discussions/ Over channels; Virtual meetings/ emails/ letters/	February 2021	Line ministries; Ministry of Planning and International Cooperation (MoPIC), Ministry of Public Health and Population (MoPHP), and WHO	Strategy to reach the various target population.	Strategy to reach the various target population has been prepared. The priority groups have been selected. **First:** • **Healthcare Workers** Main strategy: *(Fixed site at health facilities)* Additional Strategy: *Some nearby health facilities can be clustered under big health facility to serve others.* • **People 55 years and older and adults with comorbidities** Main strategy: *Fixed sites in health facilities* *Outreach for resident at 2nd level zone* *Mobile for residents at 3rd level zone* Additional strategy: *Outreach sites in the community; home care centers* **Second:** • Internally Displaced People (IDPs) Main strategy: *Fixed/temporary fixed in the IDP camps* • Refugees and Migrants Other essential and frontline workers as well as other people unable to practice social distancing - detainees/prisoners and staff in correction and rehabilitation centers.

Brief Summary of AF Preliminary consultation				
Place and type of engagement	**Date**	**Participants**	**Key concerns**	**Outputs**
South. Through multiple methods; interviews/ meetings/ discussions/ Over channels; Virtual meetings/ emails/ letters/	February 2021	Line ministries; Ministry of Planning and International Cooperation (MoPIC), Ministry of Public Health and Population (MoPHP), and WHO	Vaccination sites No, No. of teams and vaccinators.	The number of sites, teams and vaccinators have been prepared.
South. Through multiple methods; interviews/meetings/ discussions/ Over channels; Virtual meetings/ emails/ letters/	February 2021	Ministry of Public Health and Population (MoPHP), WHO, and UNICEF	Supply chain management (ensure best possible capacity to receive, store and deliver the COVID-19 vaccine and related ancillary items safely and in optimum quality to the recipients within the required time period.)	Supply chain management aimed to ensure best possible capacity to receive, store and deliver the COVID-19 vaccine and related ancillary items safely and in optimum quality to the recipients within the required time period. This vaccine deployment plan is prepared for the whole Yemen. However, initially, only the South will implement vaccination hence, UNICEF will manage the vaccine cold chain
South. Through multiple methods; interviews/ meetings/ discussions/ Over channels; Virtual meetings/ emails/ letters/	February 2021	Ministry of Public Health and Population (MoPHP), WHO, and UNICEF	Biohazard and immunization waste management	In the COVID-19 vaccine deployment process waste disposal will be done according to national guidelines and best practices and will be the responsibility of one of the NDVP Subcommittee at the central level and the corresponding focal point at district level. Therefore, MoPHP has intensified its focus on systematization of disposal of medical waste
South. Through multiple methods; interviews/ meetings/ discussions/ Over channels; Virtual meetings/ emails/ letters/	February 2021	Ministry of Public Health and Population (MoPHP), WHO, and UNICEF	Vaccine acceptance and uptake	In order to have a proper vaccine acceptance and uptake plan, the Ministry of Public Health and Population (MoPHP) will focus to building its strategy and planning on the existing coordination mechanism mainly through the Supreme National Emergency Committee for COVID-19 and the Risk Communications and Community Engagement (RCCE) working group which is originated from EOC members. Also, senior officials in the cabinet and at the governorate level will lead these coordination efforts. UNICEF will be responsible for RCCE activities.

Brief Summary of AF Preliminary consultation				
Place and type of engagement	**Date**	**Participants**	**Key concerns**	**Outputs**
South. Through multiple methods; interviews/meetings/ discussions/ Over channels; Virtual meetings/ emails/ letters/	February 2021	Ministry of Public Health and Population (MoPHP), WHO, and UNICEF	Training: availability of adequate numbers of trained, skilled and motivated staff to support the vaccine deployment process.	Mechanism for training human resources has been developed: - Training of Trainers (TOT) program (4 from each governorate) at the center level. - The TOTs will train (3 from each district) at the governorate level. The TOTs will be responsible to conduct training programs in their respective districts for those who will be responsible for vaccinating heath staff and public through their own immunization sites. Trainers will also conduct training on supervision for all supervisory staff which should act as supervisors of the program. The national training will be a three-days program. District training will also take two days. Majority of facilities will need two days while a few larger facilities may take 3-4 days for awareness/training sessions for all the staff. Training for all relevant staff in the country should be covered within 3 weeks. **Areas of training:** Training for all these categories will include vaccination procedures, maintaining records & registers, reporting requirements, AEFI surveillance & reporting and detailed investigation of severe AEFI according to the current guidelines of the Ministry. All the subjects relevant to COVID-19 vaccination will be adopted from WHO training manual.

Table 3: Brief Summary of AF Preliminary consultation

Priority	Population group	Number of people	% of population
First	*Healthcare Workers*	979,408	*3%*
	People 55 years and older and adults with comorbidities	2,056,757	*6.3%*
Second	*Internally Displaced People (IDPs)*	*946,762*	*2.9%*
	Refugees and Migrants	*195,882*	*0.6%*
	Other essential and frontline workers as well as other people unable to practice social distancing -detainees/prisoners and staff in correction and rehabilitation centers	*TBC*	*TBC*
Total		6,338,809	*20%*

Table 4: Priority groups for vaccination Yemen

3.1.3 Summary of stakeholder engagement during project implementation (parent project)

3.1.3.1 Summary of Health care workers Engagement (parent project)

Health care workers (HCWs) in the front lines especially in the Isolation unit are very exposed to pandemic risks. They play the main role in the project because of their high interest and influence. Therefore, project engaged them closely on a regular basis to discuss their concerns and suggestions to promote their preparedness at Isolation Units.

The outcomes and concerns were about the Hazard payment, capacity building, the provision of PPEs, WASH items, and Medical waste management.

It is noteworthy to mention that one of the outcomes that a plan is to engage some of the IPCs HCWs trainees in the project by empowering them by training and providing WASH and IPC materials and coordinating with MoPHP the visibility of establishing IPC committees at Isolation Units level, and assigning to them clear roles and responsibilities to engage them directly to daily check and monitor the IPCs procedures, aware and correct any wrong behaviours and report to the project any concerns and risks to develop the needed mitigations. Moreover, the GRM channels were shared with them to help to increase the engagement of stakeholders. The details of stakeholder engagement concerns and mitigations are reflected in ESMF.

Trainings conducted for 1,748 pax on IPC so far and additional training will be arranged where necessary in addition to increase awareness on OHS and installation educational materials. The PPEs and WASH items are in the distribution plan and the ICMWMP has been developed to mitigate Medical waste management.

The below table summarizes the consultations dates, participants types, and engagement methods.

Cconsultation Date	**Participants**		**Engagement Method**
	Male	**Female**	
Aug 2020	*35*	*25*	Online survey and phone calls on: Social& Environmental safeguards
D*ec 2020*	17	13	Face-to-Face and phone calls on: Social& Environmental safeguards
Jan-Feb 2021	23	19	Face-to-Face on: Social& Environmental safeguards
Feb-March 2021	13	13	Face- to- Face on: Social& Environmental safeguards
Feb-Mar 2021	22		Face-to-face and phone calls on: GBV consultations

Table 5: summary figures of HCWs consultations

For the complete stakeholders' engagement during the project implementation refer to Annex IV: Stakeholder's Engagement Activities

3.1.3.2 Stakeholder engagement with vulnerable groups

The outcomes according to UN sisters' agencies reports to ensure the high confidence levels in the results under their interventions. The main concerns and mitigation are as follow:

Regarding the IDPs; the IOM activities reported that restrictions on new arrivals and visitors to IDP camps in the north, while sites in the south remain open with limited restrictions on

both visitors and humanitarian staff entering those sites with formal security presence, such as Al Jufainah Camp, the largest IDP hosting side in Marib governorate. In many governorates, markets remain open but IDPs and host community members observe a curfew of 6:00 pm. Restrictions on access to medical facilities and employment opportunities remain of concern for IDP, and while these limitations were present prior to COVID-19, they have likely been exacerbated since the outbreak. Also, in a recent survey conducted by an IOM CCCM and WASH partner, 53 per cent of respondents in Lahj IDP sites reported facing new challenges related to accessing services because of COVID-19. Of those who experienced new challenges in accessing services, 74 per cent were related to health, 42 per cent to food and 26 per cent to education. SNFI, WASH and Cash teams are working together to providing a basic shielding kit to families with members at a higher risk of contracting COVID-19. The kits are composed of infection prevention and control (IPC) materials, supplementary hand washing and latrine facilities, and extra shelter materials as needed. The shielding pilot will target 6 IDP sites in Yemen.[2]

Also, IDPs are covered by the UNHCR report[3] and they are addressing the needs of the IDPs and promote the Awareness among the IDPs, providing masks and hygiene kits.

COVID19 has a negative impact on Children beside the persistent conflict, the main concern is the Number of malnourished children could reach 2.4 million by end of year, a 20 per cent increase.[4] UNICEF is seeking solutions to overcome these risks.

Priorities for Gender Equality in Yemen's COVID-19 Response is important and there are many concerns with main suggestion "The needs and priorities of women and girls must be integrated and addressed in Yemen's COVID-19 crisis response mechanisms and plans by all actors."[5]

In addition to agencies' interventions mentioned above which provide the humanitarian aids, COVID-19 awareness, and the required prevention materials. It was necessary to consolidate the solutions and filling the gaps by ensuring that these groups are aware of the YCRP intervention and the provided services. Therefore, the project is coordinating with UNICEF to share the EOCs hotlines and GM channels with UNFPA, UN women, UNHCR and IOM to mainstream with vulnerable groups to increase their awareness and to let them raise their needs, concerns, and complaints.

Needs of vulnerable groups including the vaccination already mentioned above page 16 *Table1: Vulnerable groups, needs and engagement methods (for All project components including additional finance)* mainly focus on the appropriate awareness to affected parties and the access rights to the Health Facilities. On the other hand, by strengthening the collaboration between WHO and the other agencies and clusters to integrate the solutions to combat COVID19Including vaccination activity.

[2] https://reliefweb.int/sites/reliefweb.int/files/resources/Impact%20on%20IDPs%20-%20Weekly%20Update%2018%20June_PDF.pdf

[3] https://reliefweb.int/sites/reliefweb.int/files/resources/77773.pdf

[4] https://www.unicef.org/press-releases/yemeni-children-face-deadly-hunger-and-aid-shortages-covid-19-pandemic-spreads

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

3.2 Summary of project stakeholder needs and methods, tools and techniques for stakeholder engagement including the Additional financing.

Stakeholder engagement is carried out for (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and complaints, (ii) awareness-raising activities to sensitize communities on risks of COVID-19 and get vaccination. The engagement methods will be revised and updated regularly to meet the people needs based on their feedback.

A precautionary approach will be taken to the consultation process to prevent infection and/or contagion, given the highly infectious nature of COVID-19. The following are some considerations for selecting channels of communication, in light of the current COVID-19 situation:

- Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings.
- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels.
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chat groups appropriate for the purpose, based on the type and category of stakeholders.
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders and allow them to provide their feedback and suggestions.
- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators.
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.
- Identify trusted local civil society, ethnic organizations, community organizations and similar actors who can act as intermediaries for information dissemination and stakeholder engagement; engage with them on an ongoing basis. For effective stakeholder engagement on COVID-19 vaccination, prepare different communication packages and use different engagement platforms for different stakeholders, based on the stakeholder identification above. The communication packages can take different forms for different mediums, such as basic timeline, visuals, charts and cartoons for newspapers, websites and social media; dialogue and skits in plain language for radio and television; and more detailed information for civil society and media. These should be available in different local languages. Information disseminated should also include where people can go to get more information, ask questions and provide feedback.

In line with the above precautionary approach, different engagement methods are proposed and cover different needs of the stakeholders as below:

Proposed strategy for Stakeholder Engagement Activities, including needs and methods, tools and techniques for stakeholder engagement including additional finance.		
Stakeholders Groups	**Engagement Topics**	**Proposed Engagement Methods**
Preparation phase		
Population at risk • Affected individuals and their families • Those in quarantine centers • Local communities close to the project activities. **Frontline Health workers** • Isolation Units personnel. • Laboratories personnel. • Rapid Response Teams members. Public health workers and health personnel **Very exposed to risk** • Vulnerable/Disadvantages groups of the parent project. • Vulnerable/Disadvantages groups of the (AF) ✓ People 55 years and older and adults with comorbidities ✓ Internally Displaced People (IDPs) ✓ Refugees and Migrants ✓ Public and private health workers and health personnel. **Humanitarian Networks/ institutions/Agencies/Media** • Health agencies • Public at large • Government agencies • UN agencies. • Clusters. • NGOs/INGOs. • Religious institutions • Media • Education Institutions • Private sectors • Influencers.	• Awareness about COVID-19. • Needs of the project, Scope & planned activities. • Environment and Social principles, risk, and impact management • EOCs and national hotlines. • Medical examination and treatment in Isolation Units. • Awareness raising, waste management precautions, hand hygiene and PPEs; • Grievance mechanisms (GM) • Security issues. • Vaccination selection criteria. • vaccination doses and time	✓ Consultations over many channels (Phone, emails, letters, Virtual Meetings, One-on-one meetings, SMS, WhatsApp, emails ✓ Awareness about the updated WHO COVID-19 advice by using of (audio-visual materials, technologies such as telephone calls, SMS, emails, brochures, flyers, posters, etc.) ✓ Outreach activities that are culturally appropriate (e.g. phones calls, audio- visual communication. ✓ vaccination registration. ✓ KAP survey
Health system and Official representatives Ministry of Public Health and others	• Numbers and locations of Isolation units and laboratories, type of services, • Keeping the current health system functional. • Needs of the project, Scope & planned activities • Environment and Social principles, risk, and impact management • Grievance Mechanism (GM) • Security issues. • Vaccination selection criteria. • vaccination doses and time	✓ Consultations over many channels (Phone, emails, letters, Virtual Meetings, One-on-one meetings, SMS, WhatsApp,) ✓ Awareness about the updated WHO COVID-19 advices by using of (audio-visual materials, technologies such as telephone calls, SMS, emails, brochures, flyers, posters, etc.) ✓ vaccination registration. ✓ KAP survey

Proposed strategy for Stakeholder Engagement Activities, including needs and methods, tools and techniques for stakeholder engagement including additional finance.		
Stakeholders Groups	**Engagement Topics**	**Proposed Engagement Methods**
Implementation Phase		
Population at risk • Affected individuals and their families • Those in quarantine centers • Local communities close to the project activities. **Very exposed to risk** • Vulnerable/Disadvantages groups • Public at large • Vulnerable/Disadvantages groups of the (AF) ✓ People 55 years and older and adults with comorbidities ✓ Internally Displaced People (IDPs) ✓ Refugees and Migrants ✓ Public and private health workers and health personnel. **Humanitarian Networks/ institutions/Agencies/Media** • Health agencies • Government agencies • UN agencies. • Clusters. • NGOs/INGOs. • Religious institutions • Media • Education Institutions • Private sectors • Influencers.	• Regular update of the WHO COVID-19 advices. • Report cases. • Submit complaints • Updates/needs of Project scope and ongoing activities • Grievance Mechanism (GM) • Security issues • Vaccination selection criteria. • vaccination doses and time	✓ Trainings print outs for HCWs. ✓ Occupational health and biosafety measures, PPEs, hands-on training programs, infection control and risk management planning for HCWs. ✓ Emergency operation centers (EOCs). ✓ GRM channels ✓ Consultations over many channels (Phone, emails, letters, Virtual Meetings, One-on-one meetings, SMS, WhatsApp,) ✓ Awareness about the updated WHO COVID-19 advices by using of (audio-visual materials, technologies such as telephone calls, SMS, emails, brochures, flyers, posters, etc.) ✓ Outreach activities that are culturally appropriate (e.g. phones calls, audio- visual communication ✓ vaccination registration. ✓ KAP survey
Health system and Official representatives Ministry of Public Health and others **Frontline Health workers** • Isolation Units personnel. • Laboratories personnel. • Rapid Response Teams members. Public health workers and health personnel	• Updates/needs of the project, Scope & planned activities management • Report cases. • Submit complaints. • Updates/needs of the project, Scope & planned activities management • Security issues. • Vaccination selection criteria. • vaccination doses and time	✓ Training and workshops. ✓ Emergency operation centers. (EOCs). ✓ GRM channels ✓ Consultations over many channels (Phone, emails, letters, Virtual Meetings, One-on-one meetings, SMS, WhatsApp,)
Closing Phase		
Population at risk • Affected individuals and their families • Those in quarantine centers • Local communities close to the project activities. **Very exposed to risk** • Vulnerable/Disadvantages groups • Public at large • Vulnerable/Disadvantages groups of the (AF)	• Lessons learnt Project and Pandemic Impact	Consultations over many channels (Phone, emails, letters, Virtual Meetings, One-on-one meetings, SMS, WhatsApp,)

Proposed strategy for Stakeholder Engagement Activities, including needs and methods, tools and techniques for stakeholder engagement including additional finance.		
Stakeholders Groups	**Engagement Topics**	**Proposed Engagement Methods**
✓ People 55 years and older and adults with comorbidities ✓ Internally Displaced People (IDPs) ✓ Refugees and Migrants ✓ Public and private health workers and health personnel. **Humanitarian Networks/ institutions/Agencies/Media** • Health agencies • Government agencies • UN agencies. • Clusters. • NGOs/INGOs. • Religious institutions • Media • Education Institutions • Private sectors • Influencers.		
Health system/ Official representatives Ministry of Public Health.	• Exit strategy • Lessons learnt Project and Pandemic Impact	Consultations over many channels (Phone, emails, letters, Virtual Meetings, One-on-one meetings, SMS, WhatsApp,)

Table 6. Proposed strategy for Stakeholder Engagement Activities

To ensure effective communication WHO developed the Risk Communication and Community Engagement (RCCE) readiness and response to the 2019 novel coronavirus to guide governments. The document provides checklists of actionable guidance for countries shown in Figure below to implement effective strategies that will help protect the public's health during the early response to COVID-19. To support these efforts, the parent project included resources for RCCE, encompassing behavioral and sociocultural risk factor assessments, production of communication materials, media and community engagement, and documentation in line with WHO guidance on risk communication and community engagement found at https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/risk-communication-and-community-engagement.

The approaches ensure that information is meaningful, timely, and accessible to all affected stakeholders, including use of materials in the local language, addressing cultural sensitivities, as well as challenges deriving from illiteracy or disabilities.

The adopted the RCCE developed by WHO described above, as the implementation strategy of this objective through the following activities:

- Develop a national RCCE plan for COVID-19
- Conduct a baseline to measure people acceptance, knowledge, and perceptions of the people and health workers towards the vaccine. (KAP survey).
- Prepare and pre-test local messages through various media.
- Train health care workers and outreach team.

Step	Actions to be taken
1	☐ Implement national risk-communication and community engagement plan for COVID-19, including details of anticipated public health measures (use the existing procedures for pandemic influenza if available)
	☐ Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels
	☐ Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups
	☐ Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women's groups, youth groups, business groups, traditional healers, etc.)
2	☐ Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels
	☐ Engage with existing public health and community-based networks, media, local NGOs, schools, local governments and other sectors such as healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication
	☐ Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media such as U-Report where available, and radio shows, with systems to detect and rapidly respond to and counter misinformation
	☐ Establish large scale community engagement for social and behaviour change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations
3	☐ Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations
	☐ Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.
	☐ Document lessons learned to inform future preparedness and response activities

WHO checklists for risk communication and community engagement (RCCE) readiness

- Identify relevant communication channels and disseminate messages.
- Conduct radio and TV talk shows and develop public service announcements (PSAs).
- Establish community information and feedback mechanism.
- Document lessons learned to inform future preparedness and response activities.
- Print Information and Education Communication (IEC) materials.
- Print factsheets for travelers, Community Health Workers (CHWs), volunteers, religious leaders, local authorities, schoolteachers and drivers of public transport.
- Produce and air a short video on COVID-19 prevention and basic infection prevention and hygiene messages.
- Disseminate daily tips on COVID-19 prevention on TV and radios.
- Send SMS messages on COVID-19 prevention to the general population.

3.4. Proposed strategy for information disclosure

In order to have a proper vaccine acceptance and uptake plan, the Ministry of Public Health and Population (MoPHP) will focus to build its strategy and planning on the existing coordination mechanism mainly through the Supreme National Emergency Committee for COVID-19 and the Risk Communications and Community Engagement (RCCE) working group which is originated from EOC members. Also, senior officials in the cabinet and at the governorate level will lead these coordination efforts.

As recommended and agreed with the COVAX taskforce, the vaccine will be offered to a selected targeted group; front-line health workers and most at risk (elderly < 55 years old with comorbidity) who will be targeted by the first batch of the provided vaccine through the COVAX initiative. Therefore, tailored messages including accurate and updated information about the current COVID-19 pandemic and its vaccine will be available and accessible to the public through proper and available mass media such as local TV channels, local community radios, local newspapers, and social media. The key stakeholders will be involved in disseminating the tailored messages such as Ministry of Media, Ministry of Endowment, Ministry of Youth and Sport, Ministry of Education and Higher Education as well as WHO, UNICEF, and Health partners. Also, the role of the private sector will not be omitted as it can be a supportive tool to promote for taking the vaccine by the targeted group through financing the community awareness campaigns. For example, MTN (mobile phone company) has submitted their official commitment to support some component of Vaccine demand generation plan.

MoPHP will develop focused but simple messages in order to let the community understand the cause of prioritizing the mentioned targeted group in the first batch of vaccine. Also, to prevent any misinterpretation like the health sector prioritizing themselves first or that the government thinks of negatively impacting the elderly sick people. Thus, it is important to have a supportive environment to boost the vaccine deployment process and to gain community acceptance for the agreed targeted groups.

Several researches and data have been conducted and gathered by the MoPHP during the pandemic that can be useful to inform the design of interventions. One of the main sources is the Rapid Assessment of Knowledge, Attitudes, and Practices related to COVID-19 in Yemen conducted by UNICEF in July 2020. The information collected through this assessment indicated that the overall, knowledge on COVID-19 was generally high and the top 3 main sources of information were TV, WhatsApp, and Social Media while the most trusted sources were TV, Health Workers, Social Media, and volunteers. Despite the high awareness of the danger of COVID-19, there was a low-risk perception; only 1/3 of the participants in the assessment see themselves at risk and about 1/5 do not see themselves at risk. In addition, it was mentioned that there was a high perception of certain groups being stigmatized due to COVID-19.

During the COVID-19 pandemic (first wave), a platform has been established by UNICEF Yemen in coordination with WHO to track rumors and negative practices by the community. This platform will be reactivated and used as a supportive tool to support re-development/revision of the crisis communication and media plan, as well as a mechanism for tracking and addressing rumors/misconceptions and adverse effects following vaccinations.

Furthermore, RCCE working group members will scale up their efforts during the COVID-19 immunization campaign to collect data and feedback on behavioral and social data, digital listening and media monitoring, and other relevant sources in addition to increasing the number of the working group's meetings to address any potential refusals of the COVID-19 vaccine, misinformation, and issues of mistrust.

MoPHP in cooperation with UNICEF will lead the development and execution of the Advocacy, Communication, and Social Mobilization (ASCM)/ Social and Behavior Change Communication (SBCC)

strategy in collaboration with key partners to guide the design, testing, and revision of communication and messaging content as well as management of misinformation. Hotline led by MoPHP is another platform that will be used to build the trust in the community. Besides that, the communication and media landscape and other community networks available will be assessed and reviewed in real-time to recommend engagement plans as part of advocacy and social mobilization approaches. This will be coupled with regular review of communication materials (print, visual and audio) and messages, ensuring appropriate adaptation of global messages and products based on an assessment of community knowledge and attitudes, as well as the local context of audience groups. Also, qualitative studies will be conducted by RCCE members to generate social data and assess the reach and effectiveness of messages and responses to vaccine-related events and Adverse Events Following Immunization (AEFI). Meanwhile, the best practices and success stories will be documented.

On the other hand, and in collaboration with partners, MoPHP and UNICEF will lead and conduct training of community volunteers including religious and traditional leaders as well as key influencers to disseminate messages and engage communities. Also, Health offices in the governorates will be guided to provide regular feedback on activities, challenges, and bottlenecks with suggested steps for improvement, in addition, to support them in developing detailed budgeted communication and social mobilization micro plans.

Proposed strategy for Information Disclosure Activities (During the project life cycle) including the additional finance.			
	Stakeholders Groups	**information to be disclosed**	**Methods**
During the project life cycle	**Population at risk** • Affected individuals and their families • Those in quarantine centers • Local communities close to the project activities. **Frontline Health workers** • Isolation Units personnel. • Laboratories personnel. • Rapid Response Teams members. Public health workers and health personnel Very exposed to risk • Vulnerable/Disadvantages groups Public at large **Humanitarian Networks/ institutions/Agencies/Media** • Health agencies • Government agencies • ءUN agencies. • Clusters. • NGOs/INGOs. • Religious institutions • Media • Education Institutions • Private sectors • Influencers. Health system and Official representatives Ministry of Public Health and others	**Regular updates on:** - Planning and design activities. - Project implementation activities and progress. - Emergency operations centers hotlines and other dedicated hotlines. - GM channels. - National Isolation Units. - Cases statistics, - Awareness about COVID-19, considering all group's needs). - Vaccination program - Beneficiary selection CRITERIA. - Beneficiary eligibility for vaccination, - Timing and locations of vaccination program	✓ Dissemination of information via electronic copies through WHO site, clusters, TWGs, Humanitarian sites, MoPHP site, Social media, mass media. ✓ Awareness posters at designated Isolation units and HFs. ✓ Information leaflets and brochures; TVs, Radios. And during all engagement activities and another outreach activity and campaigns. ✓ Timing: Before and during start of project activities

- In line with WHO guidelines on prioritization, the initial target for vaccination under the World Bank COVID-19 Multi Phase Programmatic Approach financing [YCRP AF] is to reach [20%] of the population in each country, prioritizing health care workers, other essential workers, and the most vulnerable, including the elderly and people with underlying co-morbidities. As all people will not receive vaccination all at the same time, inadequate or ineffective disclosure of information may result in distrust in the vaccine or the decision-making process to deliver the vaccine.

Therefore, the government represented by the Ministry of Public Health and Population will ensure that information to be disclosed:

- Is accurate, up-to-date and easily accessible.
- Relies on best available scientific evidence.
- Emphasizes shared social values.
- Articulates the principle and rationale for prioritizing certain groups for vaccine allocation.
- Includes an indicative timeline and phasing for the vaccination of all the population.
- Includes explanation of measures that will be used to ensure voluntary consent, or if measures are mandatory that they are reasonable, follow due process, do not include punitive measures and have a means for grievances to be addressed.
- Includes explanation of vaccine safety, quality, efficacy, potential side effects and adverse impacts, as well as what to do in case of adverse impacts.
- Includes where people can go to get more information, ask questions and provide feedback.
- Includes the expected direct and indirect economic costs of the vaccines and addresses measures should there be serious adverse impact on stakeholders due to the vaccine, such as serious side effects; and
- Is communicated in formats taking into account language, literacy and cultural aspects.

Over time, based on feedback received through the Grievance Mechanism and other channels, information disclosed should also answer frequently asked questions by the public and the different concerns raised by stakeholders.

- Misinformation can spread quickly, especially on social media. During implementation, the government will assign dedicated staff to monitor social media regularly for any such misinformation about vaccine efficacy and side effects, and vaccine allocation and roll out. The monitoring should cover all languages used in the country.

In response, the government will disseminate new communication packages and talking points to counter such misinformation through different platforms in a timely manner. These will also be in relevant local languages.

- If the engagement of security or military personnel is being considered for deployment of vaccines, ensure that a communication strategy is in place to inform stakeholders of their involvement and the possibility of raising concerns and grievances on their conduct through the Grievance Mechanism.

3.4. Stakeholder engagement plan For additional Finance.

For complementarity and collaboration with other stakeholders. This additional financing has allocated $300,000 to WHO to Risks Communication, which would suffice for a social mobilization campaign at the national level. However, to properly prepare the country for a novel vaccine, community-level social mobilization will be necessary to promote vaccine uptake. WHO with collaboration of UNICEF to conduct the necessary Risks Communications activities at the community level.

The detailed Proposed strategy for Stakeholder Engagement Activities, including needs and methods, tools and techniques for stakeholder engagement. Refer to the table *Proposed strategy for*

Stakeholder Engagement Activities, including needs and methods, tools and techniques for stakeholder engagement including additional finance. Page 25.

• Targeted social mobilization will be necessary at national, governorate, district, and community level to encourage communities to get vaccinated when it is appropriate for their demographic to do so. This AF allocates a sum of money that will be sufficient for WHO to conduct social mobilization at the national level; however, it will be critical to engage other partners such as UNICEF, to conduct social mobilization and the community levels in order to reach all targeted groups. The Health Cluster will also engage INGOs to conduct social mobilization activities, particularly within any health facilities where the COVID-19 vaccine will be administered and/or there are healthcare workers who will be receiving the vaccine.

3.5. Proposed strategy to incorporate the view of vulnerable groups

The project will carry out targeted stakeholder engagement with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at workplaces and in their communities. Special attention will be paid to engage with women as intermediaries. The details of strategies that will be adopted to effectively engage and communicate to vulnerable group will be considered during project implementation[6]

For the purpose of incorporating the view of vulnerable groups, a set of tools will be applied.

1. A KAP study will take place prior to the launching of the vaccination campaign, that would serve as;
   a. A baseline to measure people acceptance, knowledge, and perceptions of the people and health workers towards the vaccine.
   b. The outcomes from the KAP will help to design an awareness campaign for public to enhance their acceptance to the vaccine and improve the coverage and avoid any complications that might result from public rejection.
2. By the end of the deployment plan an evaluation as a post-vaccine introduction survey will be done and the results will be tested against the baseline KAP survey.
3. Templates will be designed to gather lessons learned, capture stories and alternative solutions to deal with issues, this will be done on national and subnational level and will utilize the available technologies.

To reach priority target groups there will be a mobilization and sensitization plan to run campaigns addressing these groups. However, there will be also enumeration and registration exercises and key informants' activation to strengthen the access and final number on identification of the target groups, sensitization and increasing uptake. This will include the participation of public and private health sector as well as NGOs (as they also recruit independently HCW, CHW, CMW and CHV) at all levels to register all attending HCWs at their facilities by personal data, site of service (to classify them according to risk groups) and if they have any comorbidities. This exercise will be extended to medical

[6] Examples may include (i) women: ensure that community engagement teams are gender-balanced and promote women's leadership within these, design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider provisions for childcare, transport, and safety for any in-person community engagement activities; (ii) Pregnant women: develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns; (iii) Elderly and people with existing medical conditions: develop information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers; (iii) People with disabilities: provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology; and (iv) Children: design information and communication materials in a child-friendly manner & provide parents with skills to handle their own anxieties and help manage those in their children.

unions, Higher Education Institutes and NGOs as the Statistical Bureau, which already started its digitalization of registered applicants.

Furthermore, at Chronic Diseases services sites (e.g., Hemodialysis centers, Oncology Department, DM clinics and Public Medical Dispensaries), there will be designated staff to start registering these patients and educate them about vaccines. Later on, these sites will be vaccination sites of those particular groups. Health programs and its related staff will participate in these activities too, such as CMAM program, C4D workers, Shielding and WASH projects. Therefore, upcoming trainings will include the relevant information from the training manuals. The activities and partners of RCCE pillar will be involved in the advocacy and vaccination acceptance plan and participate in directing the target groups to registration and vaccination sites.

3.6. Reporting back to stakeholders

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism.

4. Resources and Responsibilities for implementing stakeholder engagement activities.

4.1. Resources

The project will be responsible for stakeholder engagement activities. The SEP activities will be funded under the Component 1 of the project. Approximately $100,000 for Implementation of the Stakeholder Engagement Plan (SEP), Pillar-8 [7]for 12 months.

The below table show the YCRP SEP budget in more details.

Stakeholder Engagement Plan - Estimated Budget					
Stakeholder Engagement Activities	Quantity	Unit Cost (USD)	Times	Total Cost (USD)	**Remarks**
Workshops and meetings with stakeholders' cost	59	61	8	28,792.00	
Communication and visibility Materials	59	85	1	5,015.00	
Contingency (10%)				6,761.40	
Sub-Total - Stakeholder Engagement				40,568.40	
Grievance Redress Activities	Quantity	Unit Cost (USD)	Times	Total Cost (USD)	Remarks
GRM service and operational cost	1	3220	29 months	93,380	
GRM's channels mainstreaming cost	59	79.55	1	4,693.45	
Sub-Total - Grievance Redress				98,073.45	
Total				138,641	almost 138K

Table 7. Stakeholder Engagement Plan - Estimated Budget

[7] Pillar 8- Operational support and logistics.

Additional financing has allocated $300,000 to WHO to Risks Communication, which would suffice for a social mobilization campaign at the national level.

Stakeholder Engagement Activities	Total Cost (USD)	Remarks
Social Mobilization: Public messaging to sensitize beneficiaries about campaign, including IEC materials, radio campaigns, public messaging at national level	300,000	
Total	300,000	

4.2. Management functions and responsibilities

The project implementation arrangements are as follows: The WHO is responsible for implementing the SEP including AF while working closely with other entities such as UNICEF, MoPHP, media outlets, health workers, etc. The capacity of the PMU however will need to be strengthened particularly to manage environmental and social aspects of the project. During the preparation of the environmental and social instruments for the Project, Project Team is developing these instruments. the environmental and social specialists will manage the day-to-day social and environmental support to the project. In addition to the WHOs, there will also be the Emergency Operations Centers (EOC: MoPHPs on south and north) that was specifically established for COVID-19 response. The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank.

The stakeholder engagement activities will be documented through regular reporting and in the updated SEP.

5. Grievance Mechanism

The main objective of a Grievance Mechanism (GM) 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. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects.
- Identifies and implements to the satisfaction of complainants appropriate and mutually acceptable redress actions; and
- Avoids the need to resort to judicial proceedings.

Description of GM

Grievances will be handled at the below levels, depending on different levels or grievance management at community/Division, district, governorate and national levels.

Level 1: (Division level) hospitals, hospitals where case are treated and isolation/quarantine centres level.

Level 2:(District level): General Health Officer at District level.

Level 3 (Governorate level): General Health Office at Governorate Level.

Level 4 (National level): MoPHP level.

Level 5: Judiciary

Note: Usually the grievances solved at MoPHP level or HFs level.

Having an effective GM in place will also serve the objectives of reducing conflicts and risks such as external interference, corruption, social exclusion or mismanagement; improving the quality of project activities and results; and serving as an important feedback and learning mechanism for project management regarding the strengths and weaknesses of project procedures and implementation processes.

In order for the Grievance system to be effective, from the stage of establishing the GM, it must be accompanied by an awareness phase for the affected people, and the various stakeholders. The GM will be accessible to a broad range of project stakeholders who are likely to be affected directly or indirectly by the project. These will include beneficiaries, community members, project implementers/contractors, civil society, media—all of whom will be encouraged to refer their grievances and feedback to the GM.

All stakeholders can submit their comments or grievances anonymously and/or may request that their name be kept confidential.

Who can lodge Grievances	When - But Not Limited to
All Stakeholders: - Affected Parties - Other Interested Parties - Vulnerable Groups or Their Representatives	When the project is not delivering its services and benefits in a fair, equitable and in a timely manner.
	When the ESMF, labor procedures and other safeguards instruments are not complied with.
	Isolation centers and hospitals do not receive and treat cases.
	Patients are not treated in a respectful manner.
	Corruption and Project fund mismanagement
	Violation of the Code of conduct, Gender Based (Violence) GBV related issues and sexual harassment.
	When there are any concerns about direct, indirect or cumulative negative impact from the project intervention (i.e., negative environmental or social impacts)
	When the Hotlines do not receive calls or respond in a timely manner
	When field teams (RRTs) do not respond to the affected people.
	W*hen the eligible people are not registered in the vaccination.*

Table 8. When and Who can submit a grievance

Specific set of grievances will be treated separately because of their sensitiveness and additional requirements on confidentiality: grievances related to Sexual Exploitation and Abuse, Sexual Harassment related to the Project (SEA/SH) and grievances revolving around Labor and Working Conditions of Project workers.

The GM will provide an appeal process if the complainant is not satisfied with the proposed resolution of the complaint. Once all possible means to resolve the complaint has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

It is important to have multiple and widely known ways to register grievances. Anonymous grievances can be raised and addressed. Several uptake channels under consideration by the project include:

- Toll-free telephone hotline / Short Message Service (SMS) line
- E-mail
- Letter to Grievance focal points at local health facilities and vaccination sites
- Complaint form to be lodged via any of the above channels
- Walk-ins may register a complaint on a grievance logbook at healthcare facility or suggestion box at clinic/hospitals

The project will have other measures in place to handle sensitive and confidential complaints, including those related to Sexual Exploitation and Abuse/Harassment (SEA/SH) in line with the WB ESF Good Practice Note on SEA/SH.]

Once a complaint has been received, by any and all channels, it should be recorded in the complaints logbook or grievance excel-sheet/grievance database.

Grievances Related to SEA/SH:

The project developed a grievance registration system as one of the entry points for SEA complaints. The complaints registered in this system is managed by a dedicated trained administrator to receive reports on SEA with strict confidentiality and, if the survivor approves, liaise with a Third Party to receive proper care.

The project and the GBV officer evaluate the efficacy of the GM (and compliance with a survivor-centred approach) as an entry-point for SEA cases and recommend capacity building if needed. For

this, training conducted to the call centre operators who receive the grievances on survivor-centred approach and other GBV standards. More on the design of a survivor-centred[8] approach is provided in the Annex1.

Issues and concerns related to GBV have arisen in community engagement discussions and the project risk was considered substantial. For this reason, during the parent project, engagements and consultations are conducted with other NGOs and relevant organizations in term of managing GBV risks and updating the GBV service mapping within the humanitarian context in Yemen. This GBV service mapping helps the project to refer the GBV survivors (if any) to receive the necessary support to ensure that people potentially affected by the project identify the different entry points to the referral pathway in case of incidents of SEA.

Considering the Yemeni context and cultural constraints, there are barriers and challenges to conduct awareness at community level. Due to this and as part of the community awareness raising was limited to the visibilities (posters and banners) of project GM channels which have been installed at all vaccination sites to help the GBV survivors to access these channels.

Other consultations are being conducted with HCWs through different means of engagement ('feedback from the Third-Party Monitoring (TPM), online surveys, and other NGOs related surveys'), whereas, consultations with beneficiaries are being conducted through different means of engagement (' Third-Party Monitoring (TPM) and other NGOs surveys')

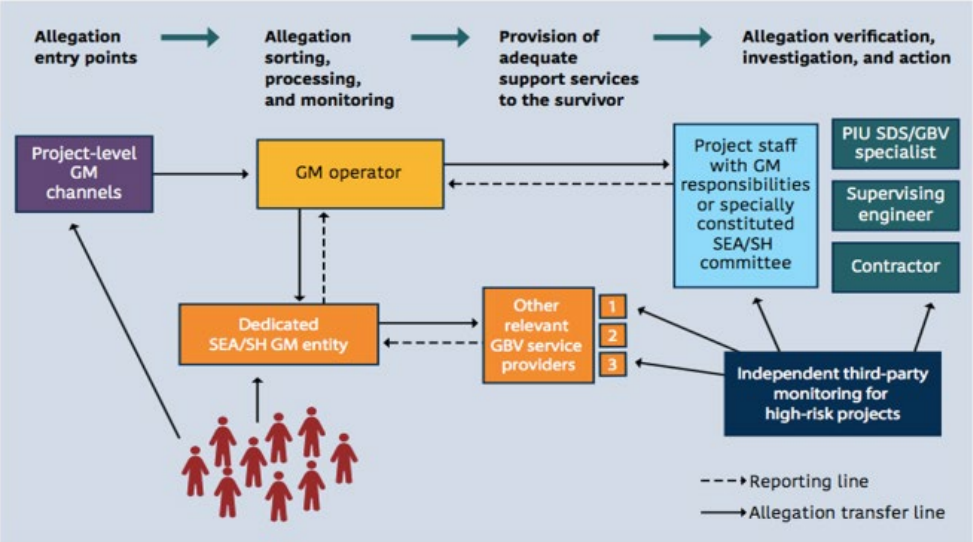
Further consultations[9] with secondary stakeholders (NGOs or partners) will take place to better determine the needs and strategy for community dialogue and awareness raising and will be detailed further. Trainings and dissemination activities about the different entry points, among other activities, will ensure the sustainability of the actions taken and will prepare the community to address cases properly in the future, after project completion.

It is important that the stakeholders be aware, to the extent possible, of:

- The purpose, nature and scale of the project.
- The duration of the proposed project activities;
- Potential risks to and impacts on workers and local communities, and related to SEA/SH:
- The employer's (i.e., Government) ESHS policy as required in the World Bank
- The Code of Conduct (CoC) standards to be used in the project, with clear communication on what constitutes a violation and how a violation can be reported; this can be applied to project workers except civil servants.
- Who the local GBV service providers are, how to contact them, and the support services offered?
- The channels available for parent project including the AF to lodge complaints through the Grievance Mechanism (GM) and how they will be addressed. Also, complainant have the right to appeal and re-open the grievance if they are not satisfied with the resolution.

[8] Survivor-centered approach: 1) GM operator should engage the complainant with empathy and non-judgmental listening; 2) the complainant should be allowed to provide information on the nature of the complaint (what the complainant says in her/his own words); 3) No additional questions should be asked immediate referral to service providers should be made; and lastly, 4) Confidentiality on the complaint should be kept at all time

[9] Ethics section of the Violence Against Women and Girls Resource Guide.



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

Labor and Working Conditions Complaints

Besides the grievance mechanism for the overall project, a separate GM will be established by the contractors for their workers. Workers will be able to lodge their complaints related to their work environment or conditions such as a lack of PPE, lack of proper procedures or unreasonable overtime, etc. to the Worker's GRM. The contractors will have the primary responsibility for managing work-place grievances for their own workforce (such as workers for laboratory service providers, construction workers and medical supply workers). The GM focal person at the PMU will function as the second tier GM for unresolved grievances and as a mechanism to prevent retaliation.

The workers grievance mechanism will include:

- A procedure to receive grievances such as comment/complaint form, suggestion boxes, email, a telephone hotline.
- Stipulated timeframes to respond to grievances.
- A register to record and track the timely resolution of grievances.
- A responsible department to receive, record and track resolution of grievances.

The mechanism for workers' GM will be based on the following principles:

- Handling of grievances will be objective, prompt and responsive to the needs and concerns of the aggrieved workers.
- The process will be transparent and allow workers to express their concerns and file grievances.
- There will be no discrimination against those who express grievances.
- All grievances will be treated confidentially, and individuals who submit their comments or grievances may request that their name be kept confidential.
- Anonymous grievances will be considered, and anonymous grievances will be treated equally as other grievances, whose origin is known.

Management will treat grievances seriously and take timely and appropriate action in response. Information about the existence of the grievance mechanism will be readily available to all project workers (direct and contracted) through notice boards, the presence of "suggestion/complaint boxes", websites, emails, and other means as needed.

Different ways in which workers can submit their grievances will be allowed, such as submissions in person, by phone, text message, mail and email. Contract workers will be informed of the grievance

mechanism at the induction session prior to the commencement of work, and the contact information of the GM focal person and the PMU will be shared with contract workers.

Further, considering that in the context of COVID-19, allowing workers to quickly report labor issues, and allowing the project to respond and take necessary action immediately, would be important. Thus, the grievance raised will be recorded within one day. While the timeframe for redress will depend on the nature of the grievance, health and safety concerns in work environment or any other urgent issues will be addressed immediately.

Grievances raised by workers will be recorded with the actions taken by each unit and/or the contractor. The summary of grievance cases will be reported to the PMU as part of contractor's, healthcare facilities', and other relevant parties' periodic report. Where the aggrieved workers wish to escalate their issue or raise their concerns anonymously and/or to a person other than their immediate supervisor, the workers may raise their issue with the PMU.

The Project workers' grievance mechanism will not prevent workers to use conciliation procedure provided in the Labour Code.

Grievance Management

The GM's functions will be based on the principles of transparency, accessibility, inclusiveness, fairness and impartiality and responsiveness. The grievances will be handles by the following steps:

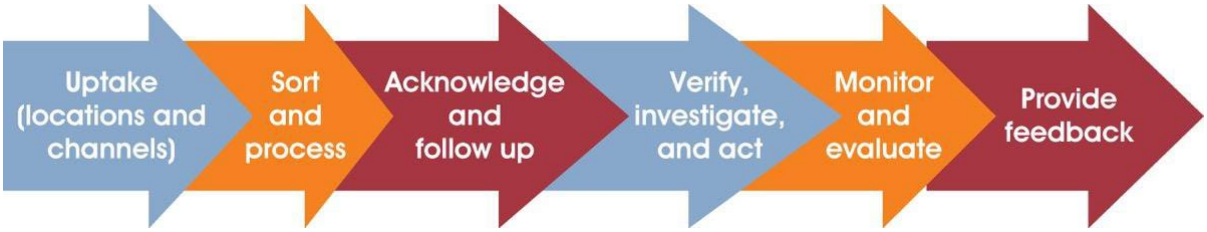


Figure 1. GM steps

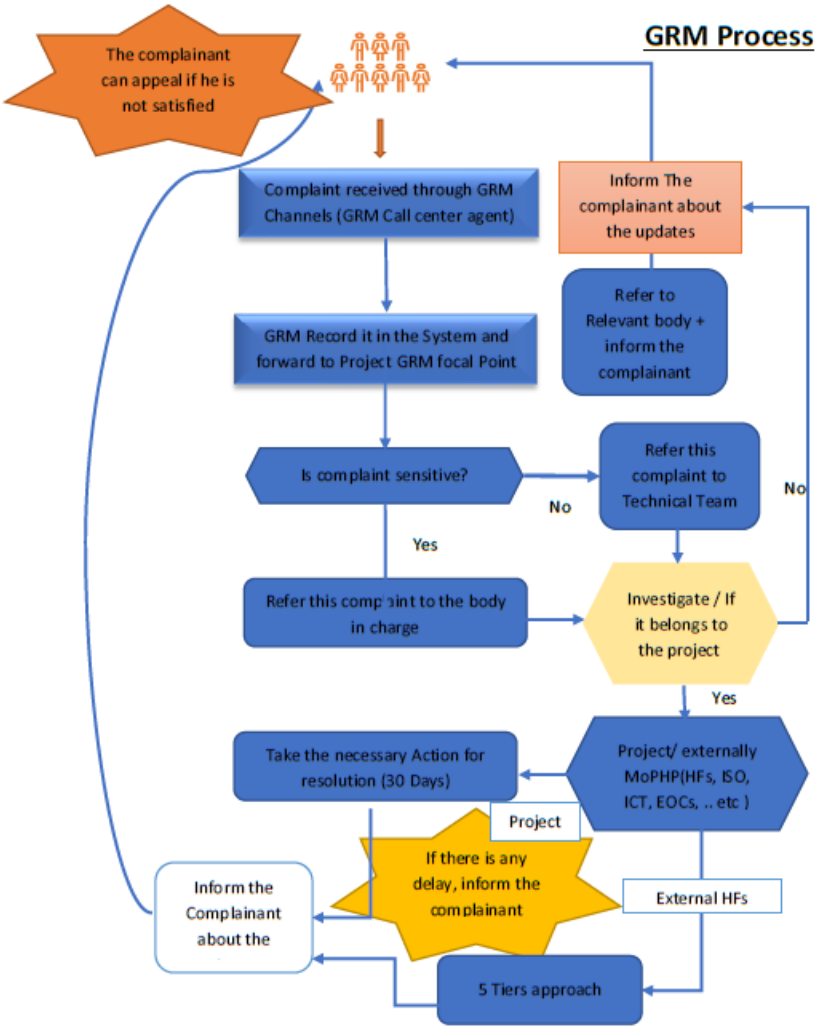
The main objective of a Grievance Mechanism GM is to assist to resolve complaints and grievances in a timely, effective, and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective, and lasting outcomes.
The project established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

For details information about the contents of the GM log please see the Annex2

the GM hotline 8000844 has been established under project supervision and management, for COVID related Grievances that are related to the Yemen COVID-19 Response Project will also be used to respond to grievances and complaints for the AF additional finance.

The below chart illustrates the GM steps and processes in more details:

Figure 2. GM steps and processes



In the diagram above, the sensitive complaints are GBV or corruption.

To illustrate the responsibilities and the time frame of GM establishment and processes the follow table contains more details:

GM establishment and processes			
Step	**Description of process**	**Timeframe**	**Responsibility**
Setting the GM implementation structure	- Contracted a Call Centre provider to receive the grievances over available channels. - The GM log developed. - The SEP and GM section developed. - The grievances categories developed. - The referral mechanism developed.	April – July. 2020	GM officer. Social safeguard officer.
	- Take the permission to mainstream the GM channels at national wide. - Mainstream and aware about GM's channels national wide and its purpose. (National wide, Isolation Units/HFs, project labours, … - Train the project staff about the GM and GBV in the project.	April-August 2020	GM officer. Social safeguard officer. Communication and Visibility officer. GBV specialist
Grievance uptake	Anyone from the affected communities or anyone believing they are affected by the Project can submit a grievance by using the following channels: - Hotline: (8000844). - Email:YEMGRMcovid19@who.int - Social Media - Interviews/meetings - WhatsApp 776999014 - SMS 776999014 Once a grievance is received, the designated staff at PMU will fill it in accurately. All complaints received should filed in a GM log. The following information will be registered in the Log: • Complaint Reference Number • Date of receipt of complaint • channel • Name of complainant • Gender. • Sensitivity of the grievance. • Gov/District/HFs/Isolation Unit. • Category of the complainant. • Confirmation that a complaint is acknowledged • Description of Complaint • Category of Grievance.	Project life cycle.	Stakeholders.
Sorting, processing	Any complaint received is forwarded to technical officers, logged in the GM log, Categorized according to the GM types, (under development).	Upon receipt of complaint	Local grievance focal points
Acknowledgement and follow-up	Receipt of the grievance is acknowledged to the complainant by the call centre operator	Within 1 week of receipt	Local grievance focal points

GM establishment and processes			
Verification, investigation, actions	The staff at PMU will investigate the grievance by following the steps below: • Verify the validity of the information and documents enclosed. • Ask the complainant to provide further information if necessary. • Refer the complaint to the relevant department. • The relevant department shall investigate the complaint and prepare recommendation to the PIU of actions to be taken and of any corrective measures to avoid possible reoccurrence. • The staff shall register the decision and actions taken in the GM log. For Investigation of the complaint is led by the GM officer and the technical officers/GM committee. A proposed resolution is formulated by the technical officers and the GM officer and communicated to the complainant by the GM officer /or call centre operator.	For Isolation units/HFs complaints; Within 7 working days. At each level.	Complaint Committee composed of GM officer, project's member, pillar leads.
Provision of feedback	Feedback from complainants regarding their satisfaction with complaint resolution is collected Complainant's response: Either close the grievance or take additional steps if the grievance remains open. If the grievance remains open, the complainant will be given an opportunity to appeal to the Ministry of Health or refer to judiciary. When providing a response to the complainant, the staff must include the following information: • A summary of issues raised in the initial complaint. • Reason for the decision.	10 days, Appeal will take 15 days.	Call centre operator/GM officer.
Monitoring and evaluation	Data on complaints are collected in… and reported to PMU on monthly bases, and for other stakeholders every three months.	Monthly basis	GM officer, social safeguard officer.
Training	Training needs for staff/consultants in the PMU, Contractors and Supervision Consultants are…	2 weeks.	GM officer, Social Safeguarding officer.

Table 9. GM processes, responsibility, and time.

Recommended Grievance Redress Time Frame

The GM will establish clearly defined timelines for acknowledgment, update, and final feedback to the complainant. To enhance accountability, these timelines will be disseminated widely to the project stakeholders. The timeframe for resolving the complaint shall not totally exceed 30 days from the time that it was originally received; if an issue is still pending by the end of 30 days the complainant will be provided with an update regarding the status of the grievance and the estimated time by which it will be resolved; and all grievances will be resolved within 45 days of receipt. For the urgent issues it is resolved immediately.

Appeal Mechanism. If the complaint is still not resolved to the satisfaction of the complainant, then s/he can submit his/her complaint to the appropriate legal procedures in Yemen. For unresolved complaints the will be escalated to PMU management level or WHO level for resolution.

In the instance of the COVID 19 emergency, existing grievance procedures should be used to encourage reporting of co-workers if they show outward symptoms, such as ongoing and severe coughing with fever, and do not voluntarily submit to testing.

The diagram below shows the grievances referral path and resolution time with responsibilities at every Health service level:

Reporting COVID-19 cases, Grievances and enquires at country level/EOCs

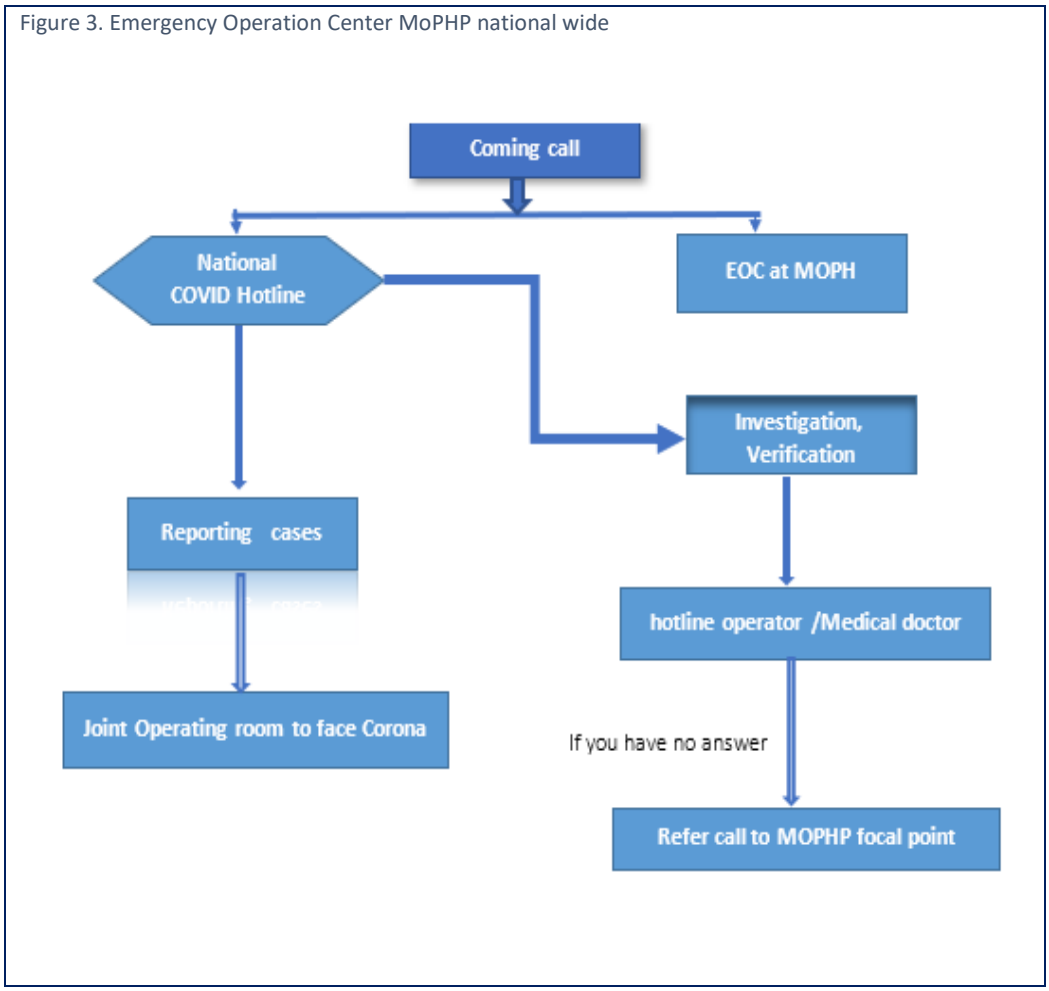
For Yemen COVID-19 Emergency Response and Health Systems Preparedness Project, **which is managed by MoPHP,** Grievances, enquiries and Covid-19 reporting cases related to the project will be handled at the Administration Division level of the MoPHP (one EOC in Sana'a and one in Aden).

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

For more details about the functions of the Emergency Operation Centers (EOCs) please see the Annex3

Figure 3. Emergency Operation Center MoPHP national wide



6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities [if applicable]

Monitoring and evaluation of the stakeholder process is considered vital to ensure project is able to respond to identified issues.

Adherence to the following characteristics/commitments/activities will assist in achieving successful engagement:

• Sufficient resources to undertake the engagement.

• Inclusivity (inclusion of key groups) of interactions with stakeholders.

• Promotion of stakeholder involvement.

• Clearly defined approaches; and

• Transparency in all activities.

Monitoring of the stakeholder engagement process allows the efficacy of the process to be evaluated. Specifically, by identifying key performance indicators that reflect the objectives of the SEP and the specific actions and timings, it is possible to both monitor and evaluate the process undertaken.

The main monitoring responsibilities will be with the PMU, as the management of the GRM, and overall project related environmental and social monitoring and implementer of the SEP. The GM will be a distinct mechanism that will allow stakeholders, at the community level, to provide feedback on project impacts and mitigation programs. The ESMF will lay out environmental and social risks mitigation measures, with a dedicated E&S monitoring and reporting plan.

A Third-Party Monitor (TPM) is engaged by PMU on a competitive basis to provide independent operational review of project implementation, as well as verification of all project results. The scope and methodology of the TPM will be agreed with the World Bank, and quarterly monitoring reports will be shared.

6.2. Reporting back to stakeholder groups

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. [Monthly] summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The [monthly] summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including the following parameters:[10]

[10] *[Examples include: number of public hearings, consultation meetings and other public discussions/forums conducted within a reporting period (e.g. monthly, quarterly, or annually); frequency of public engagement activities; number of public grievances received within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline; number of press materials published/broadcasted in the local, regional, and national media]*

- Number of public hearings, consultation meetings and other public discussions/forums conducted within a reporting period (e.g. monthly, quarterly, or annually);
- Frequency of public engagement activities.
- Number of public grievances received within a reporting period (e.g. quarterly, or annually) and Number of those resolved within the prescribed timeline.

Annexes

ANNEX I. Stakeholder Engagement About SEA/SH Risks and GMs

The Project team will work with the relevant government ministries and service providers, including the existing Gender-based Violence (GBV) and Child Protection sub-clusters or working groups, to integrate referral pathways for assistance and support within SEA complaint channels in the Project. The Project team will work with relevant stakeholders to train COVID-19 responders on how to safely and confidentially report and refer survivors to trained GBV actors and will ensure that the SEA network utilizes the most updated GBV referral pathways.

Gender Assessment and Analysis

As a part of the SEP, a consultant (GBV Specialist(s) or a firm) will (i) examine gender gaps and inequalities and differing constraints and opportunities in relations to participation, access to Project benefits and (i) identify potential adverse impacts on women and men; (ii) seek opportunities to increase and promote women's and girls' participation. The assessment should also include information from the consultations to examine gender equity in relation to women's voices/rights, access to opportunities such as in relation to gender-balanced employment and economic development.

Existing data can be used to assess on women's decision-making, women as heads of households, women's and girls' human development and even national or governorate-level incidence of gender-based violence[11], for example:

(i) Assess the sociocultural and legal situation in the project locations
(ii) Assess the potential for the project activities and project workers to increase exposure of young girls and women to SEA risks; and recommend measures to prevent or mitigate the risks
(iii) Identify, map out and assess the state of support services for GBV survivors in the project areas and the mechanisms in place to respond to cases of violence in a safe and ethical manner
(iv) Map and assess access to supporting services for GBV survivors
(v) Assess prevalence and effectiveness of existing mechanisms and initiatives for responding to GBV and SEA in the project area; and recommend ways by which the project can complement/use such initiatives

Such analysis will allow to assess gender risks for the project that might unintentionally create or exacerbate GBV/sexual exploitation and abuse during the project implementation and can explore/provide recommendations for enhancing the capacity of local communities, local institutions and relevant stakeholders to prevent incidence of GBV during project activities.

In undertaking this task, the Gender consultant consult NGOs and local community organizations (e.g., women and child advocates, social workers, health teams) and collaborate with them to:

(i) Inform project communities about GBV risks, as a part of the stakeholder consultations.
(ii) Understand which groups are most vulnerable to harm and how they currently deal with GBV incidences;
(iii) Inquire about existing channels of reporting GBV complaints and identify if these channels follow a survivor-centered approach (e.g., respect for survivors' choices and confidentiality).

[11] *It is recommended NOT to collect data on GBV, given the sensitiveness and ethical implications of such endeavor. Existing data can be used for the project purpose.*

Providing Information, Protection and Support

The SEP will also draw from the recent 7 Steps to Designing Effective SEA/SH Messages in COVID-19 Operations.[12]

Step 1: Identify specific behaviors, and beliefs/mindsets the Project wants to address

Step 2: Identify the audience and their relevant characteristics

Step 3: Analyze the context, including risks

Step 4: Craft and design the content of the message

Step 5: Select a credible and trusted messenger

Step 6: Choose appreciated channels

Step 7: Implement, considering outreach constraints (such as COVID-related restrictions)

The Project will make information available and promote a two-way communication between health authorities and communities amidst COVID-19. This may include the development, adaptation, translation and dissemination of communication materials (through local radio, posters, banners, etc.) outlining unacceptable behavior on SEA/SH and - where relevant - referencing existing staff rules for civil servants that may already be in place.

Key messages should be disseminated focusing on : i) No sexual or other favor can be requested in exchange for medical assistance; ii) Medical staff are prohibited from engaging in sexual exploitation and abuse; iii) Any case or suspicion of sexual exploitation and abuse can be reported to [Toll-free number 8000844, YEMGRMcovid19@who.int , WhatsApp 776999014, - SMS 776999014, or citizen engagement/feedback mechanism].

Collaborating with Partners for a Survivor-Centered Approach

The SEP will help develop key messages for the Resident/Humanitarian Coordinator (RC/HC) to reinforce SEA requirements and help ensure that the requisite systems are in place and functioning so that allegations are responded to and risks are mitigated. Management personnel of humanitarian organizations should reaffirm the zero tolerance commitments in respect of SEA when communicating with humanitarian responders and underline that SEA focal points and investigative bodies are on high alert given the heightened risks of SEA. There will be sustained scrutiny of responders; every effort will be made so that complaint channels remain open and perpetrators are held accountable.

The Project will help ensure that the following measures are in place to deliver minimum quality services to address gender risks during implementation:

- Check that essential medicines like PEP kits and emergency contraception are available through health systems and there is a system for referrals to services outside the health system for other support. This may require updating referral pathways.
- Train health care workers to properly identify GBV and Intimate Partner Violence (IPV) risks and cases; handle disclosures in a sensitive manner and know to whom to refer patients for additional services.
- Interventions that need to be considered when women and children report a case of GBV, and if they need protection.
- Use social media, radio, etc. to include information on how to seek services during periods of social distancing.

[12] *Prepared by the Mind, Behavior, and Development Unit (eMBeD) housed in the Poverty and Equity Global Practice. A more detailed version of this note can be found.*

- Consider using technology and mass communication to diffuse information on healthy conflict resolution, healthy parenting, managing stress and anger in a positive way. Saturate communities with empathy messages to apply within the home and with others.

SEA/SH Grievances

The Project will establish community feedback mechanisms for healthcare providers focusing on overall service provision (including adequacy of the response, areas where corrective action would be needed) and that would also cover SEA/H. The Stakeholder Engagement Plan (SEP) would be an effective mechanism to set up and monitor community feedback, and especially so that appropriate modalities are in place for SEA/H.

Such feedback mechanisms should be developed based on consultations with affected communities (in particular with women and girls) to determine the preferred alternative to in-person complaints (e.g. phone, online, other). Guidance on consultations in the context of social distancing is available **here**. Any change in traditional grievance mechanisms should be sufficiently highlighted to communities in relevant languages and through relevant sources (e.g. message trees, radio announcements, social media, community groups, etc.).

This could include the development of additional rapid guidance on how to deal with SEA/H complaints in operations with existing GMs or using hotlines (where COVID response builds on existing health operations with functioning grievance mechanisms) or in cases where new GMs are being set up through the project.

Sample Terms of Reference (ToR)[13]

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.[14] 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.[15] The SEA/SH GM is generally managed by the Project Management Unit ("PMU") and financed by the Project.[16]

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[13] 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").

[14] 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.

[15] 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.

[16] 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.

2. Only grievances related to SEA/SH allegedly committed by any "individual associated with a World Bank project"[17] 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).

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.[18] 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.[19] Even in such cases, information-sharing should take place on a strict need-to-know basis, limited to essential information,[20] and based on pre-established information sharing protocols which are in line with best practices for the handling of SEA/SH cases.[21] Reports of grievances to the Bank and PMU shall only include an anonymized summary of allegations based on pre-established information sharing protocols.[22]
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

[17] See definition below at section VI.

[18] 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.

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

[20] 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.

[21] 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.

[22] 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.

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[23]and, as such, not able to give free and voluntary consent.[24] 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. A SEA/SH GM is composed of: (a) a GM Operator; and (b) a SEA/SH Committee,[25] 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[26] 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.[27] 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).

V. SPECIFIC STEPS OF THE SEA/SH GM[28]

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),[29] and received

[23] Even if national law stipulates a lower age.

[24] See SEA/SH GPN (2020), p.8.

[25] 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].

[26] See Section II above.

[27] 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.

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

[29] 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.

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.[30] 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.[31] 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[32] for any specific service the survivor may need and want in accordance with pre-established and confidential referral procedures.[33] These services may include legal,[34] psychosocial, medical care, safety and security-related support, and economic empowerment opportunities.[35]

(ii) The GM Operator shall, within 24 hours of receiving the allegation, inform the PMU of the SEA/SH incident,[36] copying the World Bank,[37] 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.[38] 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

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[30] SEA/SH GPN (2020), at p. 37.

[31] For further details, see the Technical Note.

[32] 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.

[33] 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.

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

[35] 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.

[36] 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.

[37] 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.

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

perpetrator is employed by the project; and (iv) whether the survivor was referred to a service provider.

3. ACT 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.[39] 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

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,[40] the process is closed in the SEA/SH GM once that disciplinary or legal action has been initiated.[41] 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

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

[40] 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.

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

(Borrower, other projects within the portfolio that may have aligned objectives and budget flexibility, extension of the closing date).[42]

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,[43] and allegations of SEA/SH by or on behalf of a child shall be treated with additional safeguards to protect 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.[44]

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.[45]
- **Sexual abuse:** actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.[46]

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[42] *Id., para 127.*

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

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

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

[46] Id.

Sexual harassment (SH): Any unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature.[47]

Survivor: A survivor is a person who has experienced the SEA/SH incident in the context of this SEA/SH GM.[48]

[47] See SEA/SH GPN (2020) Glossary.

[48] Id.

ANNEX II. Code of Conduct

This template must be adapted to the project

Introduction

The company is committed to ensuring a work environment which minimizes any negative impacts on the local environment, communities, and its workers. The company also strongly commits to creating and maintaining an environment in which Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) have no place, and where they will not be tolerated by any employee, sub-contractor, supplier, associate, or representative of the company. The purpose of this Code of Conduct is to:

1. Create a common understanding of what constitutes Sexual exploitation and abuse, and sexual harassment
2. Create a shared commitment to standard behaviors and guidelines for company employees to prevent, report, and respond to SEA and SH, and
3. Create understanding that breach of this code of conduct will result in disciplinary action.

Definitions

Sexual Exploitation and Abuse (SEA)[49]

Is defined as 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[50].

- Sexual Abuse: "The actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions."
- Sexual Harassment: [51] Unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of sexual nature.
- Sexual Harassment versus SEA[52] SEA occurs against a beneficiary or member of the community. Sexual harassment occurs between personnel/staff of an organization or company and involves any unwelcome sexual advance or unwanted verbal or physical conduct of a sexual nature. The distinction between the two is important so that agency policies and staff trainings can include specific instruction on the procedures to report each.
- Consent is the choice behind a person's voluntary decision to do something. Consent for any sexual activity must be freely given, ok to withdraw, made with as much knowledge as possible, and specific to the situation. If agreement is obtained using threats, lies, coercion, or exploitation of power imbalance, it is not consent. Under this Code of Conduct[53] consent cannot be given by anyone under the age of 18, regardless of the age of majority or age of consent locally. Mistaken belief regarding the age of the child is not a defense.

There is no consent when agreement is obtained through:

- the use of threats, force or other forms of coercion, abduction, fraud, manipulation, deception, or misrepresentation.
- the use of a threat to withhold a benefit to which the person is already entitled, or
- a promise is made to the person to provide a benefit.

[49] As defined in the UN Secretary's bulletin – Special Measures for protection from sexual exploitation and abuse October 9, 2003 ST/SGB/2003/13

[50] In the context of World Bank Financed operations exploitation occurs when access to or benefit from a World Bank Financed good or service is used to extract sexual gain.

[51] Inter-Agency Standing Committee Protection against Sexual Exploitation and Abuse (PSEA): Inter-agency cooperation in community-based complaint mechanism. Global standard Operating Procedures. May 2016

[52] Ibid

[53] In accordance with the United Nations Convention on the Rights of the Child.

While all forms of violence against a community resident or a co-worker are forbidden, this code of conduct is particularly concerned with the prevention and reporting of sexual exploitation and abuse (SEA) and sexual harassment which constitute gross misconduct, is grounds for termination or other consequences related to employment and employment status:

(1) Examples of sexual exploitation and abuse include, but are not limited to:

- A project worker tells women in the community that he can get them jobs related to the work site (cooking and cleaning) in exchange for sex.
- A worker that is connecting electricity input to households says that he can connect women headed households to the grid in exchange for sex.

(2) A project worker gets drunk after being paid and rapes a local woman.

(3) A project worker denies passage of a woman through the site that he is working on unless she performs a sexual favor.

(4) A manager tells a woman applying for a job that he will only hire her if she has sex with him.

(5) A worker begins a friendship with a 17-year-old girl who walks to and from school on the road where project related work is taking place. He gives her moto rides to school. He tells her that he loves her. They have sex.

(6) Examples of sexual harassment in a work context include, but are not limited to:

- Male staff comment on female staffs' appearances (both positive and negative) and sexual desirability.
- When a female staff member complains about comments male staff are making about her appearance, they say she is "asking for it" because of how she dresses.
- A male manager touches a female staff members' buttocks when he passes her at work.
- A male staff member tells a female staff member he will get her a raise if she sends him naked photographs of herself.

Individual signed commitment:

I,_____ , acknowledge that sexual exploitation and abuse (SEA) and sexual harassment, are prohibited. As an (employee/contractor) of (contracted agency / sub-contracted agency) in (country), I acknowledge that SEA and SH activities on the work site, the work site surroundings, at workers' camps, or the surrounding community constitute a violation of this Code of Conduct. I understand SEA and SH activities are grounds for sanctions, penalties or potential termination of employment. Prosecution of those who commit SEA and SH may be pursued if appropriate.

I agree that while working on the project I will:

Treat all persons, including children (persons under the age of 18), with respect regardless of sex, race, color, language, religion, political or other opinion, national, ethnic or social origin, gender identity, sexual orientation, property, disability, birth or other status.

- Commit to creating an environment which prevents SEA and SH and promotes this code of conduct. In particular, I will seek to support the systems which maintain this environment.
- Not participate in SEA and SH as defined by this Code of Conduct and as defined under (country) law (and other local law, where applicable).
- Not use language or behavior towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
- Not participate in sexual contact or activity with anyone below the age of 18. Mistaken belief regarding the age of a child is not a defense. Consent from the child is also not a defense. I will not participate in actions intended to build a relationship with a minor that will lead to sexual activity.
- Not solicit/engage in sexual favors in exchange for anything as described above.
- Unless there is the full consent by all parties involved, recognizing that a child is unable to give consent and a child is anyone under the age of 18, I will not have sexual interactions with

members of the surrounding communities. This includes relationships involving the withholding or promise of actual provision of benefit (monetary or non-monetary) to community members in exchange for sex—such sexual activity is considered "non-consensual" under this Code.

I commit to:

- Adhere to the provisions of this code of conduct both on and off the project site.
- Attend and actively partake in training courses related to preventing SEA and SH as requested by my employer.

If I am aware of or suspect SEA and SH, at the project site or surrounding community, I understand that I am encouraged to report it to the Grievance Reporting Mechanism (GRM) or to my manager. The safety, consent, and consequences for the person who has suffered the abuse will be part of my consideration when reporting. I understand that I will be expected to maintain confidentiality on any matters related to the incident to protect the privacy and security of all those involved.

Sanctions: I understand that if I breach this Individual Code of Conduct, my employer will take disciplinary action which could include:

- Informal warning or formal warning
- Additional training.
- Loss of salary.
- Suspension of employment (with or without payment of salary)
- Termination of employment.
- Report to the police or other authorities as warranted.

I understand that it is my responsibility to adhere to this code of conduct. That I will avoid actions or behaviors that could be construed as SEA and SH. Any such actions will be a breach this Individual Code of Conduct. I acknowledge that I have read the Individual Code of Conduct, do agree to comply with the standards contained in this document, and understand my roles and responsibilities to prevent and potentially report SEA and SH issues. I understand that any action inconsistent with this Individual Code of Conduct or failure to act mandated by this Individual Code of Conduct may result in disciplinary action and may affect my ongoing employment.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Annex III. Grievance Log

Grievance uptake

Grievance ID	Date Grievance received (dd/mm/yy)	Grievance Received By (channel)	Name of Complainant or Anonymous	Sex of complainant (male/female)	Complainant category	Phone number to deliver response to (if permitted and available)	Governorate	District	Name of Hospital	Level (Hospital, DHO, GHO, MoPHP)

Sort

Grievance ID	Response wanted? (Y/N)	Can we call the complainant? (Y/N)	Can we visit the complainant? (Y/N)	Description of Grievance	Short Details	Grievance/feedback category	Sensitivity	Urgency

Acknowledge and Follow up

ID	Date of the last response sent to complainant	Response	Complainant Satisfaction	Why he is not satisfied?	Was the Grievance accepted/rejected?	Date Complainant Received Formal Acknowledgment of Grievance	What is the reason of rejection?	For Accepted/ Description of Resolution	Staff member who communicated resolution to complainant	Name of Staff2

Investigate

ID	Category	Sub-Category	Person Grievance referred to (WASH, Nutrition Officer, etc.)/Unit/Office	Name of Staff	All feedbacks /Description of investigations and resolution process (by Technical Unit, field staff, etc.) Date	Point of Contact for the Investigation	The updated date of the feedback from the staff in charge.	All contacts with Complainants/ Dates

Monitor and Report

ID	Date closed (dd/mm/yy)	Status	Days	Was there an appeal made?	Referred to judiciary?	Communicated to Stakeholders?

Annex IV: Stakeholder's Engagement Activities

Engagement activities during project implementation

YCRP consultations at national level

Consultations with MoPHP, line ministries, and other UN agencies and cluster level during the project implementation is crucial to ensure the integration and develop the project design. Because of the COVID-19 precautions, the consultations have been made mainly through calls, emails, conferences, and virtual meetings. The consultations outputs at this level are as follow:

- Project concept and appraisal document have been shared with MoPHP, IOM, and UNICEF (May 2020).
- Stakeholder engagement across all the pillars; UN Agencies committee was established.
- RRTs from 84 districts were identified.
- Finalization of the selection of the Isolation Units.
- Emergency Operation Centres (EOCs) were selected and operationalised.
- Coordination with MOPHP on the activation of the hotlines.
- The risk communication activities took place in coordination of WHO, UNICEF, Ministry of Endowments, Ministry of Education, National Centres for Health Education and Communication
- Project concept note was shared with Humanitarian Coordinator.
- Participated in the discussions with other donors; Islamic Development Bank, and the MoPIC for complementary support to COVID-19.
- Health cluster meetings and COVID-19 partners meetings takes place every two weeks since inception of the C19 response.
- Weekly coordination meetings with UNICEF to update on COVID 19 pillars response.
- Coordination with MOPHP on selecting the CPHLs.
- Selection of the awareness messages that would go out.
- Presentation on YCRP to partners during the cluster meeting in October 2020.

The consultation activities that have been conducted at isolation unit level during the project activities are as follow:

HCWs Consultations

Health care workers (HCWs) working in front lines and very exposed to risks, were consulted during the survey. Includes all cohorts of workers which are working in Isolation units. The HCWs play an important in this project as they are the main influencers. Therefore, project started engaging them very closely and on quarterly basis.

First consultation: August 2020

Because of the movement restrictions and the pandemic, the first consultation was conducted through online survey and phone calls in August 2020 with 60 HCWs. 25 female and 35 males. The HCWs participated in the survey are from five governorates and 7 Isolation Units and different workforce level were involved e.g. doctors, nurses, and waste management workers, etc. The isolation units were randomly selected for consultation.

NO	Governorate	Isolation Unit
1	Al-Baidah	Al Thawrah Hospital
2	Al-Hodeida	Al Salakhanah Hospital
3	Amanat Al-Asima	Al Kuwait Hospital
4	Amanat Al-Asima	Sheikh Zayed Maternity Hospital
5	Ibb	Technical Institute, Sahol Area
6	Ibb	Jeblah Hospital
7	Shabwah	Ateq hospital

Key concerns:

Category	HCWs concerns	Feedback/Suggested Mitigation measures
Hazards pay	Reasons for not paying the hazards pay to all HCWs in the isolation units, and only for limited period. (two months).	The project support and allocated fund for payment is only limited for two months for 21 pax per isolation unit.
Occupational Health and Safety Measures in the IU	More trainings and occupational posters/materials that HCWs required on adherence to disinfection procedures (IPC)	Additional training will be arranged where necessary and installing the OHS posters.
Provided Supplies	To the extent possible, provide supply of disinfectants and hygiene materials	The project distributed IPC items in addition to the necessary PPE to the supported facilities despite the current procurement challenges in local and international market. Procurement process for additional supplies is ongoing and will be distributed accordingly
Waste Management and Training	On job training on medical waste management New incinerators installation	As part of the IPC training, waste management training was conducted, and additionally other sessions dedicated on waste management will be implemented in 2021 first quarter. BoQ, layout and design for waste treatment unit's installation has been finalized and procurement / contractual process is ongoing
GRM	Increase the GM awareness	Installing the GM posters inside the Isolation units.

Second consultation: December 2020

The second consultation with HCWS was conducted through field visit in December 2020. The HCWs interviewed are from Aden and Lahj (three isolation Units and one laboratory) and different workforce level were involved; doctors, nurses, administrative staff, and waste management workers. 13 females and 17 Males.

NO	Governorate	Isolation Unit
	Aden	Alamal Isolation Unit – Aden
	Lahj	Ibn Khaldoon Isolation Unit
	Lahj	Al habilayn Isolation Unit
	Aden	Aden CPHL / PCR Unit

Key concerns

Category	HCWs concerns	Suggested Mitigation measures
Occupational Health and Safety Measures in the IU	More trainings and occupational posters/materials that HCWs required on adherence to disinfection procedures (IPC)	Additional training will be arranged where necessary and installing the OHS posters.
Provided Supplies	To the extent possible, provide supply of disinfectants and hygiene materials	The project distributed IPC items in addition to the necessary PPE to the supported facilities despite the current procurement challenges in local and international market. Procurement process for additional supplies is ongoing and will be distributed accordingly
Waste Management and Training	On job training on medical waste management New incinerators installation	As part of the IPC training, waste management training was conducted, and additionally other sessions dedicated on waste management will be implemented in 2021 first quarter. BoQ, layout and design for waste treatment unit's installation has been finalized and procurement / contractual process is ongoing
GRM	Increase the GM awareness	Installing the GM posters inside the Isolation units.

Third consultation: Jan-Feb 2021

The third consultation with HCWs was conducted through field visit in Jan-February 2021, in Sana'a governorate (Al Humyat Center Hospital) and from Amanat Al Aasima (Al Jamhouri Hospital) and different workforce level were involved; doctors, nurses, administrative staff, and waste management workers. 19 females and 23 males.

NO	Governorate	Isolation Unit
	Amanat Al-Asima	Al Jamhouri Hospital
	Sana'a	Al Humyat Center Hospital

Key concerns

Category	HCWs concerns	Suggested Mitigation measures
Hazards pay	There is no hazards pay	The project support and allocated fund for payment is only limited for two months for 21 pax per isolation unit.
Occupational Health and Safety Measures in the IU	More trainings and occupational posters/materials that HCWs required on adherence to disinfection procedures (IPC)	Additional training will be arranged where necessary and installing the OHS posters.
Provided Supplies	To the extent possible, provide supply of disinfectants and hygiene materials	The project distributed IPC items in addition to the necessary PPE to the supported facilities despite the current procurement challenges in local and international market. Procurement process for additional supplies is ongoing and will be distributed accordingly

Fourth consultation: Feb-March 2021

The Fourth HCWs consultation was conducted through field visit in Feb-March 2021. The HCWs interviewed are from Aden and Lahj (two isolation Units and MoPHP representative) and different workforce level were involved; doctors, nurses, administrative staff, and waste management workers. 11 females and 13 males.

NO	Governorate	Location	Notes
1	Aden	MoPHP representative	Discussing the incident mechanisms
2	Aden	Al-Jomhouria	
3	Lahj	Ibn Khaldoon Isolation Unit	In addition to follow up the recent incident occurred in the health facility.

Key Concerns

Category	HCWs concerns	Suggested Mitigation measures
Occupational Health and Safety Measures in the IU	More trainings and occupational posters/materials that HCWs required on adherence to disinfection procedures (IPC)	The number of trainees on IPC from IU is around 1,748 pax. Additional training will be arranged where necessary and installing the OHS posters.
Provided Supplies	To the extent possible, provide supply of disinfectants and hygiene materials	The project distributed IPC items in addition to the necessary PPE to the supported facilities despite the current procurement challenges in local and international market. Procurement process for additional supplies is ongoing and will be distributed accordingly
Waste Management and Training	On job training on medical waste management New incinerators installation	As part of the IPC training, waste management training was conducted, and additionally other sessions dedicated on waste management will be implemented in 2021 first quarter. BoQ, layout and design for waste treatment units installation has been finalized and procurement / contractual process is ongoing
GRM	Increase the GM awareness	Installing the GM posters inside the Isolation units.

Emergency Operation Center Consultation (March 2020)

Field visit was conducted to Aden EOC in Jan 2021, and discussed with two of the staff (two men) their challenges and suggestions:

Their concerns:

- *They are requesting training in communication skills to enhance their responses to callers.*
- *The number of hotlines is very long in the south governorates which is not easier number for communities use as emergency number.*
- *There is glitch in the system which prohibits some of the calls transfer through 195 to Aden's hotlines from southern governorate, WFP will work on the new upgrades.*

Their suggestions:

- *They need training.*
- *Coordination with UNICEF regarding the hotlines.*
- *Working to ensure that that all calls to 195 from south went to Aden's hotline and with no cost.*

HCWs/ GBV Consultation: Jan-Mar 2021

*The GBV consultations were conducted **through field visit in Jan-Mar 2021** with 22 of the female HCWs and The HCWs interviewed are from Sana'a, Amanat Al-Asima, Lahj, Aden, and Abyan (two isolation Units and MoPHP representative) and different workforce level were involved; doctors, nurses, administrative staff, and waste management workers. 22 females through field visits and phone call.*

NO	Governorate	Location
1	Amanat Al Asima	Al Jamhori Hospital
2	Aden	Al-Jomhouria Hospital
3	Lahj	Ibn Khaldoon Hospital
4	Abyan	Zongubar Hospital

HCWs/ GBV raised concerns and suggested mitigation measures:

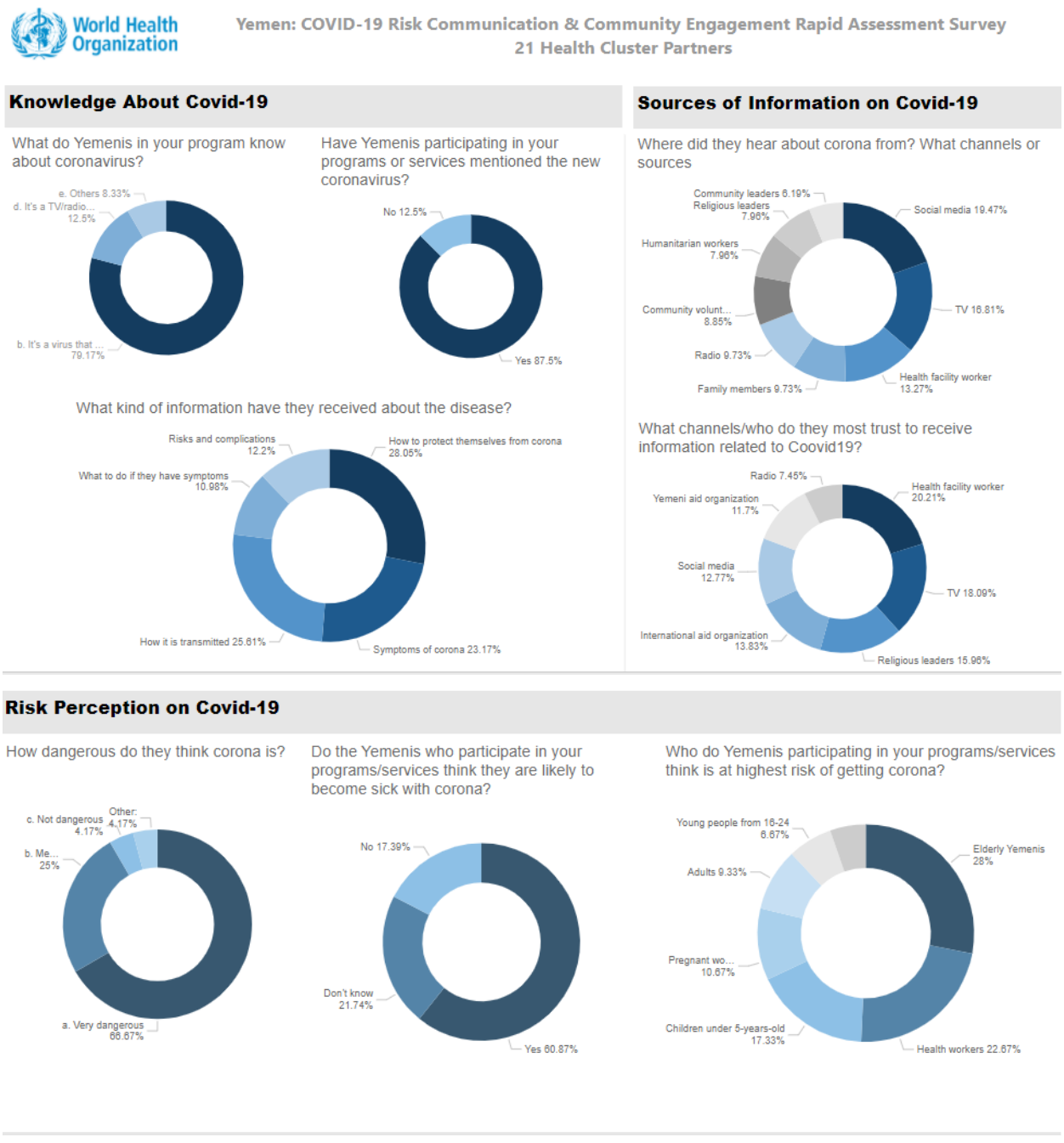
Location	Stakeholders' groups	Main concerns	Suggested mitigation measures
Al Jamhori Hospital	Female Health Care workers	• Lack of privacy for women due to the large patient's turnover • The abuse of the GM from some beneficiaries	• Extension of women's section to ensure privacy
Ibn Khaldoon Hospital	Female Health Care workers	• Inappropriate language toward HCWs by the people who accompany the patients. • Lack of female HCWs	• Awareness raising for beneficiaries • Hiring of more female doctors/nurses.
Al Jamhouri Hospital	Female Health Care workers	• Female HCWs faces lack of privacy in rooms during nights shifts • No privacy in toilets in the IU for the patients. • Use of inappropriate language from people who accompany patients.	• Dedicate room for female HCWs for night shifts. • Better arrangement to respect privacy of both female and male beneficiary. • Awareness for people on respect and good conduct
Zongubar Hospital	Female Health Care workers	• Lack of safety/security for female HCWs • People enter with guns • No female guards.	• Awareness/ no admission for people with weapons • Hiring of female guards

Risk Communication& Community Engagement

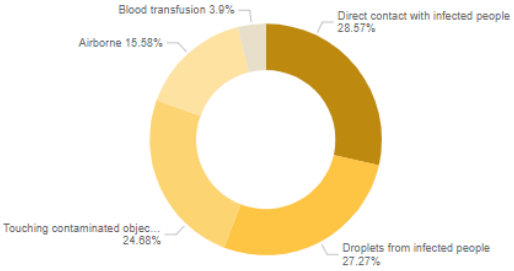
As part of the Engagement activities there were some of the engagement activities with beneficiaries at the community level.

WHO: The Yemen COVID-19 RCCE assessment Survey conducted by Health Cluster.

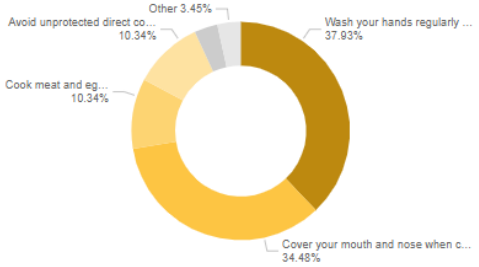
The Yemen COVID-19 Risk Communication& Community Engagement Rapid Assessment Survey https://app.powerbi.com/view?r=eyJrIjoiMTAxOGJhYjktOTM5MS00Mzc4LTgwNDItNDliNDg2ODg1YjhkIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9 conducted in the Period: March- April 2020through 21 Health Cluster Partners and the results are as follow:



How do they think corona spreads?

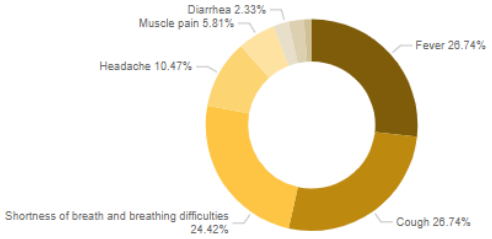


Do the Yemenis participating in your programs know how to prevent corona?



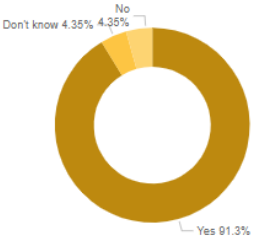
Knowledge of Symptoms

What are the main symptoms?

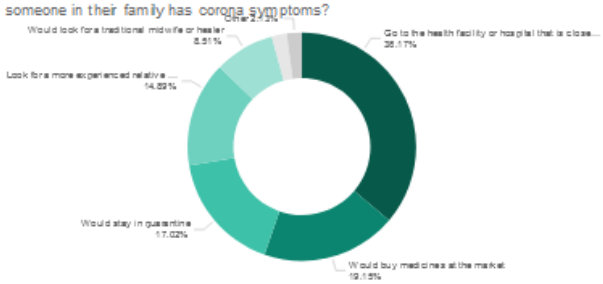


Prevention Knowledge

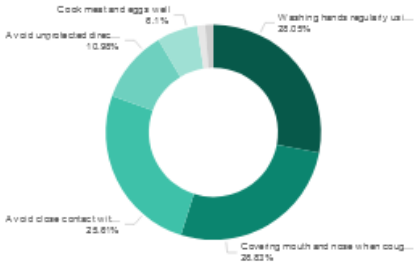
Is it important to the Yemenis who participate in your program to take actions to prevent the spread of coronavirus in your community?



What have the Yemeni participants of your programs or services told you they would do if someone in their family has corona symptoms?

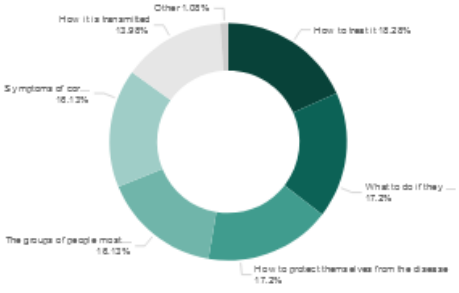


What kind of measures have you or your family taken to prevent coronavirus in the recent days?



Information Needs

What other information about corona have the Yemeni participants of your programs or services told you they would like to know?



Data source: Health Cluster Partners Survey Period: March - April 2020
Disclaimer: Names, designation and opinions do not imply official endorsement by the United Nations WHO will not be held liable for the use and misinterpretation of the content reflected here. This is to be used only as proxy indicators

UNICEF: Yemen –Rapid Assessment of Knowledge, Attitudes and Practices related to COVID19.

The information collected through this assessment https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/yemen_covid-19_rapid_assessment_july_2020.pdf indicated that the overall, knowledge on COVID-19 was generally high and the top 3 main sources of information were TV, WhatsApp, and Social Media while the most trusted sources were TV, Health Workers, Social Media, and volunteers. Despite the high awareness of the danger of COVID-19, there was a low-risk perception; only 1/3 of the participants in the assessment see themselves at risk and about 1/5 do not see themselves at risk. In addition, it was mentioned that there was a high perception of certain groups being stigmatized due to COVID-19.

DRC: COVID-19 Impact Assessment Report: Yemen | Sana'a, Amran, Taiz, Lahj, Hodeidah & Hajjah July 2020

The assessment targeted the IDPs and you could open the assessment through this link https://reliefweb.int/sites/reliefweb.int/files/resources/NRC%20COVID-19%20Impact%20Assessment%202020%20-%20Combined.pdf

- Engagement through EOCs hotlines (March 2020 till Feb 2021)

14,121 Total Calls
3,502 Total calls reporting suspected cases.
8,876 total calls seeking COVID-19 information.
1,743 other calls

Information Disclose

The purpose of the information Disclose mechanism is to ensure that the information needed is reached to the intended people during the life of the project. The below sections illustrate the areas of the information that are being disclosed.

Environmental and social documents

Publishing the E&S documents in the WHO- Yemen page and the summary as follow:
Instruments: (ESMF, SEP, IPCMWM, and LMP).
English: (Published in October 2020)
Arabic: (Published in March 2021)
The link: WHO EMRO | Yemen COVID-19 Response Project | Information resources | Yemen site
The updated documents with additional financing activities will be disclosed after the clearance of the WB.

GRM awareness

Tweets on GM channels (Facebook and Twitter) starting from 15 Jun 2020 and shared with health cluster as well to be shared with all vulnerable groups.

Project activities

Information disclosure of the COVID-19 activities in Yemen is illustrated in the below link with a comprehensive Dashboard:
WHO Yemen - COVID19 Information Dashboards (immap-mena.info)

This dashboard illustrates the activities of the below areas:

- ✓ Epidemiological Update
- ✓ Timeseries
- ✓ Logistics
- ✓ Procurement
- ✓ Isolation Units
- ✓ HC Workers Risk Assessment
- ✓ Oxygen Cylinders in HFs
- ✓ WASH Fit C19 Summary
- ✓ Response timeline
- ✓ COVID19 impact on service Continuity
- ✓ Risk Communication & Community Engagement
- ✓ COVID-19 Cases Statistics

We can find the Covid-19 cases statistics through the following links as well:
https://covid19.who.int/region/emro/country/ye
https://app.powerbi.com/view?r=eyJrIjoiY2IzNTc1M2ItMDI5Zi00ZmM5LTk2YjAtMzZkMjczN2Y1MzNmIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9
Yemen - COVID-19 Information Dashboard | Humanitarian Response

Note: This is the resource of Humanitarian networks/Agencies when they publish their humanitarian reports that related to COVID-19. For example:
https://reliefweb.int/sites/reliefweb.int/files/resources/Yemen_COVID%20Monthly%20Report_January2021_V02.pdf

COVID-19 Awareness

These activities are not supported by YCRP because these activities under Pillar-2 RCCE.

*The progress, indicators and achievements that have been achieved under pillar-2 managed by UNICEF as part of their RCCE plan with support of WHO (*Oct 2020*):*

1- *4 million engaged through H2H: 639,392 visits, sessions.*
2- *3.5 million: Engaged through 11,000 WhatsApp groups/trees created by CVs,RLs,M2M members*
3- *3.6 million engaged through Mosque Events in 5,000 Mosques*
4- *8.4 million 428 PA vehicles in communities with poor access to mass media*
5- *1.52 million Reached in community gatherings and social events*
6- *16.5 million reached by TV and Radio: 18 TV and 44 Radio Stations*
7- *20,100 C4D Network (CVs, RLs, SHFs, M2M) engaged in COVID-19 response and 18,000 CHVs.*
8- *32,030 feedback hotlines and radio phone-in*

Training activities

*Training is part of stakeholder Engagement activities and the training areas that the Health care workers took are as follow: (*Dec 2020*)*

- IPC Training: 1,748 HCWs and 1,665 RRT members were trained on (Pillars 6 and 3)
- RRT refresher training done in October for Aden Governorate and MoPHP (central). A total of 43 people trained from 8 districts in Aden and 5 from central level.
- Case management training: Since the inception of this project, the total number of individuals who have been trained is 1,134.