Yemen COVID-19 Response project

Preliminary Stakeholder Engagement Plan (SEP)

1. Introduction/Project Description

An outbreak of coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled.

Even though other countries in the region are experiencing an increasing number of confirmed COVID-19 cases, Yemen so far has not reported any, except for a few suspected cases. This is largely due to the limited flow of people traveling in and out of Yemen and the very limited testing capacity. However, once the virus reaches Yemen, the risk of local transmission is high.

Conflict in Yemen continues as the opposing parties struggling to reach a peace agreement despite several attempts. The resulting consequences of conflict are felt in all sectors of the country, with no or significantly reduced income/salaries (including for health workers), food insecurity, damaged infrastructure and compromised availability of basic services, and the list goes on. The authorities have very limited resources to respond to the COVID-19 outbreak. The outbreak further clouds an already strained health sector and will further set back efforts made so far in keeping the functionality of the health system. The outbreak will particularly hit the vulnerable, including the internally displaced persons due to the moving fronts. In some areas, overcrowding and poor living conditions could further exacerbate the spread of virus. The vulnerable groups will also include the elderly population, and those who do not have the optimal health and/or nutrition status, including 2 million children under the age of 5 and a quarter of women who are acutely malnourished. Supporting COVID-19 preparedness and response plan under COVID-19 facility, is of critical importance to minimize the negative impacts on the health system.

The *Yemen COVID-19 Response Project* aims to ensure that essential preparedness and response measures are in place not only for the COVID-19 but also for possible outbreaks in the future. Additionally, the project aims to strengthen the response for port-of-entry screening and strengthen the laboratory capacity and establishment of treatment centers.

The PDO of the proposed operation is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.   strengthen the capacity of Yemen health system to respond to the COVID-19 pandemic and to support health system preparedness for managing existing and future outbreaks.

The Yemen COVID-19 Response Project comprises the following components:
- Component 1: Emergency COVID-19 Response
- Component 2: Strengthening Overall Healthcare Services and Clinical Capacity to Respond to COVID-19
- Component 3: Implementation Management and Monitoring and Evaluation
- Component 4: Contingent Emergency Response Component (CERC)

The Yemen COVID-19 Response Project is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 Stakeholders Engagement and Information Disclosure, the implementing agencies should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project

activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

2. Stakeholder identification and analysis

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. 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.

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 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 and the cultural sensitivities of diverse ethnic groups.

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.

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[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.

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:

- Infected Persons and their families;
- Medical and Emergency personnel, Clinical and laboratory staff;
- Health and non-health workers trained on case definition, management, infection prevention and control;
- Laboratory technicians trained on COVID-19 testing;
- Communities in the vicinity of the project's planned activities and health centers;
- Local population and local communes;
- Residents, business entities, and individual entrepreneurs in the area of the project that can benefit from the employment, training and business opportunities;
- Government officials, including Municipal Administration in the project area, village administrations, environmental protection authorities, health authorities; health workers.

2.3. Other interested parties

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

- Residents of the rural settlements within the project area who can benefit from the project;
- Civil society groups and NGOs on the national and local levels that pursue environmental and socio-economic Interests and may become partners of the project;
- Business owners and providers of services, goods and materials within the project area that will be involved in the project's wider supply chain or may be considered for the role of project's suppliers in the future;
- Government officials, permitting and regulatory agencies at the national and local levels, including Environmental, technical, social protection and labor authorities; and
- Mass media and associated interest groups, including local and national printed and broadcasting media, digital/web-based entities, and their associations
- WHO, Ministry of Planning and International Cooperation (MOPIC) and other UN agencies to be involved in the project implementation;

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to 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 and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups [on infectious diseases and medical treatments in particular,] be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a 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.

Within the Project, the vulnerable or disadvantaged groups may include and are not limited to the following:

- elderly people;
- persons with disabilities and their caretakers;
- women-headed households or single mothers with underage children;
- the unemployed;
- those who do not have the optimal health and/or nutrition status, including 2 million children under the age of 5 and a quarter of women who are acutely malnourished; and

- the internally displaced persons because of the ongoing conflict.

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

Given the emergency situation and the need to address issues related to COVID19, no dedicated consultations beyond engaging with public authorities and health experts, including local representatives of the WHO, have been conducted so far. But engagement of and consultation with relevant stakeholders will be carried out during project implementation by following the requirements of ESS10 as well as the COVID-19 situations in Yemen.

The following are some key principles and methods of stakeholder engagement to be followed and applied during project implementations:

- 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: Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Given Djibouti's particular situation with diverse languages (Afar, Somali and Arabic) and a high illiteracy rate (43% of the population who is 15 years old and older), the SEP will ensure the messages will be transmitted in these different languages and use pictures and oral messaging to ensure the SEP meets these diverse needs;
- Precautionary approach to the consultation process to prevent contagion: given the highly infectious nature of COVID-19, and as long as risk of contagion are present;
- The following are some considerations while 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, including webex, zoom and skype;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups 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 to 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.

3.2. Summary of project stakeholder needs and methods, tools and techniques for stakeholder engagement

The analysis of project stakeholders' needs and engagement methods are summarized in the table below:

Table 1. Summary of Stakeholder Needs and methods of engagement

Stakeholder group	Key characteristics	Engagement methods	Specific needs
COVID-19 infected people	Wide range of people that are affected by COVID-19	SMS messaging, radio, phone	Medical examination and treatment in hospitals, ad-hoc financial support to low-income households with infected family member(s)
Local communities close to the project activities	Concerned residents of local communities and employees of local enterprises/ line organizations	Print outs, information boards; Info sessions by community leaders	Awareness raising, waste management precautions, hand hygiene and PPEs;
People at COVID-19 risks and other vulnerable people	Discouraged elderly 75+; people with chronic medical conditions, such as diabetes and heart disease; travelers	Info sessions by community leaders, health worker consultations and emergency contacts available, phones, print outs, ads, radio	Special sessions for parents with young children to avoid outbreaks
Public health workers;	Unprepared managers, doctors, nurses, lab assistants, cleaners	Trainings, print outs,	Behavior instructions for people with chronic diseases, ad-hoc supportive treatment for HIV/AIDS positive people, instructions on extra personal health safety, awareness raising campaigns, hand hygiene and PPEs
Laboratory workers;	Medical nurses, cleaners, hospital incinerators' workers, waste removal & transfer workers in rural health houses	Written instructions, trainings	Occupational health and biosafety measures, PPEs, hands-on training programs, infection control and risk management planning
Traditional media and journalists;	National, regional and local newspapers, local and national TVs channels	e-mails, social media platforms, websites	Occupational health and safety (OHS) measures, training, PPEs, waste management plans, safe waste transfer vehicles for rural health facilities
Civil society organizations	Non-for-profit organizations on regional, national and local levels that pursue environment-tal and socio-economic interests and may become partners of the project	e-mails, social media platforms, websites	Training to improve knowledge and techniques to arrange for media coverage of COVID-19 related emergency response procedures
Social media platforms users;	Users of Facebook, Instagram etc., active internet users	social media platforms and groups, special COVID-19 webpage to be created	Donor funding to contribute to emergency response procedures

Extended low-income families;	The families have 6 or more members, many of them are underaged to work	Community leaders, family doctors	Reliable information sources, timely updates on real current situation with COVID-19 in the country, online information on how to filter false information and fake news

3.3. Proposed strategy for information disclosure

It is critical to communicate to the public what is known about COVID-19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory, community-based way that are informed and continually optimized according to community feedback to detect and respond to concerns, rumors and misinformation. Changes in preparedness and response interventions should be announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust.

In terms of methodology, it will be important that the different activities are inclusive and culturally sensitive, thereby ensuring that the vulnerable groups outlined above will have the chance to participate in the Project benefits. This can include household-outreach and information boards at the village level, the usage of different languages, the use of verbal communication (audio and video clips, pictures, booklets etc.) instead of direct verbal contacts.

The project will thereby have to adapt to different requirements. While country-wide awareness campaigns will be established, specific communication around borders and international airports, as well as quarantine centers and laboratories will have to be timed according to need and be adjusted to the specific local circumstance.

The preliminary SEP prepared during the project preparation will be disclosed and updated regularly including following virtual consultations.

WHO will follow the steps in Pilar 2 for nation-wide risk communication and community engagement in WHO's Operational Planning Guidelines to Support Country Preparedness and Response.

Table 2: Information Disclosure Proposed Methods

Project stage	List of information to be disclosed	Target stakeholders	Methods proposed	Responsibilities

Stage				
Preparation Stage	The purpose of the project, Project components, project expected timeline, and type of activities, information about training activities and GRM information for filing complaints and providing feedback Health & safety and sub-management plans	1- Population at risk 2- Emergency and medical staff 3- Government agencies 4- Health agencies 5- Contractors, service providers, suppliers and their workers 6- UN agencies	-Notification through Local Radio and TV News. Mosques, leaflets. - Official letters, emails, phone meetings with hierarchy (if needed)	WHO
Implementation Stage	Dates and venues of each activity, type of activity, GRM mechanisms	1- Population at risk 2- Emergency and medical staff 3- Health agencies 4- Government bodies 5- Media 6- UN agencies and development partners	Notification through Local Radio and TV News, Mosques, community outreach organizations, leaflets. - Official letters, emails, phone meetings with hierarchy and medical staff - Phone calls to tribal leaders, disabled and elderly.	WHO
Supervision & Monitoring	Action plan outcomes for training, provision of medical supplies and control of disease, Maintenance plan for medical equipment, long-term expected outcomes, final handover, GRM system	1- Population at risk 2- Emergency and medical staff 3- Health agencies 4- Government bodies 5- Media 6- UN agencies and development partners	Notification through broadcasted and written media, press releases and conferences	WHO

3.4. Stakeholder engagement plan

The following methods will be used during the project implementation to consult with key stakeholder groups, considering the needs of the final beneficiaries, and in particular vulnerable groups. Proposed methods vary according to target audience.

Table 3. Stakeholder Consultation Methods

Topic of consultation	Method	Target stakeholders	Responsibilities
Communication Plan Development	Interviews / phones/ sms/ emails	journalists, CSOs leaders, educators and health workers	WHO
GRM establishment	Phone interviews	Community leaders, CSO leaders and hospital managers	WHO
Communication activities	Multiple channels including XXXX	Public at large	WHO
Information and education materials content and printing	Discussions	Republican Healthy Lifestyle Center, UNICEF, WHO	WHO
Media coverage of COVID-19 risk management procedures	trainings	Traditional and social media journalists	WHO
Medical supply and equipment installation mapping	Discussions	Other donors and relevant government officials	WHO
WHO COVID-19 protocols and treatment advices	Hands-on trainings	Doctors, nurses	WHO
Rehabilitation works at medical facilities, quarantines, isolation and screening centers	Information boards near the sites	Communities nearby the civil works site	WHO
Implementation of Medical and Construction Waste Management Plan	Meetings, site visits	Waste producers and collectors and removers/burners	WHO
Current safety measures taken at the household level	In-house outreach	Vulnerable and disadvantage groups	WHO

3.5. Future of the project

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

WHO will be responsible for stakeholder engagement activities. The SEP activities will be funded under the Component 2 of the project.

4.2. Management functions and responsibilities

WHO will be responsible for project implementation and will also be responsible for carrying out stakeholder engagement activities as documented in this SEP.

5. Grievance Mechanism

The main objective of a Grievance Redress Mechanism (GRM) is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

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

5.1. Description of GRM

Having an effective GRM 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.

The GRM 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 who will be encouraged to refer their grievances and feedback to the GRM.

The GRM can be used to submit complaints, feedback, queries, suggestions or compliments related to the overall management and implementation of the project activities, including:

- Violation of project policies, guidelines, or procedures, including those related to procurement, labor procedures, child labor, health and safety of community/contract workers and gender violence;
- Disputes relating to resource use restrictions that may arise between or among targeted districts and communities;
- Grievances that may arise from members of communities who are dissatisfied with the project planning measures, or actual implementation of project investments;
- Any issues with land donations, asset acquisition or resettlement specifically for project supported activities.

The GRM'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:

Step 1: Submission of grievances:

Anyone from the affected communities or anyone believing they are affected by the Project can submit a grievance by using the following channels:

- By completing a written grievance registration form that will be available in the PIA offices.
- Submitting the complaint electronically via the electronic grievance form that will be available at the project's website.
- Telephone and mobile numbers assigned for complaints at the PMU.

Where possible it is desirable that complaints are submitted in writing by the complainant. Should the complainant not wish to comply with this request and submit the complaint verbally, then the complainant information and the details of the complaint should be entered in the GRM log.

Step 2: Recording of grievance and providing the initial response:

Once a grievance is received, the designated staff at PIU will fill it in accurately. All complaints received should filed in a GRM log. The following information will be registered in the Log:

- Complaint Reference Number
- Date of receipt of complaint
- Name of complainant
- Confirmation that a complaint is acknowledged
- Brief description of Complaint
- Details of internal and external communication
- Action taken: (Including remedies / determinations / result)
- Date of finalization of complaint

Step 3: Investigating the grievance:
The staff at PIU 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 GRM log.

Step 4: Communication of the Response:
The PIU staff shall notify the complainant of the decision/solution/action immediately either in writing, or by calling or sending the complainant a text message. 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.

5.2. Recommended Grievance Redress Time Frame

The GRM 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 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.

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.

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.

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities

The Project will provides the opportunity to stakeholders, especially Project Affected Parties to monitor certain aspects of project performance and provide feedback. GRM will allow PAPs to submit grievances and other types of feedback. Due to the high risk of contamination, frequent and regular meetings and interactions with the PAPs and other local stakeholders will be suspended until decided otherwise by the health authorities.

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. Quarterly 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 quarterly 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:

  - 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.