



Combined Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS)

Appraisal Stage | Date Prepared/Updated: 21-Feb-2019 | Report No: PIDISDSA25855



BASIC INFORMATION

A. Basic Project Data

Country Yemen, Republic of	Project ID P167195	Project Name Yemen Emergency Health and Nutrition Project Third Additional Financing	Parent Project ID (if any) P161809
Parent Project Name Emergency Health and Nutrition Project	Region MIDDLE EAST AND NORTH AFRICA	Estimated Appraisal Date 21-Feb-2019	Estimated Board Date 28-Mar-2019
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) United Nations Children's Fund, World Health Organization	Implementing Agency United Nations Children's Fund, World Health Organization

Proposed Development Objective(s) Parent

To contribute to the provision of basic health and essential nutrition services for the benefit of the population of the Republic of Yemen.

Components

Improving Access to Health, Nutrition, Public Health, and Water and Sanitation Services
Project Support, Management, Evaluation and Administration
Contingent Emergency Response

PROJECT FINANCING DATA (US\$, Millions)

Financing (in US\$, millions)

Financing Source	Amount
IDA Grant	200.00
	200.00
Total Project Cost	400.00

SUMMARY

Total Project Cost	200.00
Total Financing	200.00
of which IBRD/IDA	200.00



Financing Gap	0.00
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DETAILS

World Bank Group Financing

International Development Association (IDA)	200.00
IDA Grant	200.00

DETAILS

Private Sector Investors/Shareholders

Equity	Amount	Debt	Amount
Total			

Payment/Security Guarantee

Total	
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Environmental Assessment Category

B-Partial Assessment

Decision

The review did authorize the team to appraise and negotiate

B. Introduction and Context

Country Context

1. The ongoing conflict in Yemen remains unresolved. At present, the conflict is riddled with a cob-web of actors, regional powers, dynamics and armed groups on the ground and is deepening societal fragility and fault lines in Yemen. Many factors such as tribal, regional and sectarian divisions, long-standing grievances, elite capture of resources and corruption have been the major causes of fragility drivers operating across Yemen. Three conflicts have divided the torn country into many areas of territorial, political control and static frontlines; the national-level conflict, the Southern Secession conflict and violent extremists. Since the initial phases of the conflict, especially at the front lines, the brunt of violence and suffering that the population has been experiencing have changed little. However, latest peace talks hosted by the UN shown a few positive signs.

2. Prior to the start of the conflict in 2014, Yemen had a very sluggish economy in 2011 and was highly reliant on diminishing oil and gas resources for public revenue; their reserves represented 25 percent of Yemen’s GDP, nearly three quarters of Government revenues, and 90 percent of the country’s exports. The gradual depletion in oil reserves before the onset of the conflict has steeply declined the oil revenues, which raised the budget deficit to 10 percent of



GDP. The economy of Yemen has been collapsing since the conflict erupted in 2015, and the real GDP has contracted by 35 percent since late 2014. In addition, the public revenues have declined by about 50 percent in 2015 and by additional 20 percent in 2016 due to the fall in oil revenues (77 percent) and non-oil revenues (34 percent).

3. Additionally, the conflict affected the trade in the country, with an estimated drop by 51 percent and 54 percent in exports and imports, respectively, between 2014 and 2015 owing to the decrease of the foreign exchange reserves of the Central Bank of Yemen (CBY). The latter has become dysfunctional at the end of 2016 and unable to curb runaway inflation. The labor markets have been severely affected. Participation in the public sector has steeply declined; employment decreased by 13 percent in Al-Hodeidah, Sana'a city and Aden, while for the private sector, enterprises are operating with half of the capacity they had before the conflict. About 40 percent of the workforce was lost with reduced operating hours by almost half, and 74 percent of the firms have reported physical damage.

Sectoral and Institutional Context

4. Although the Bank, through its partnership with UNICEF and WHO, has been supporting the health and WASH sectors with the largest IDA funding for health in the region (US\$483 million), the situation is still deteriorating due to the conflict and the immense needs of the population across the country.

5. The health care system continues to be a victim of Yemen's conflict where poverty, hunger and unsafe drinking water have taken their toll; the already dire humanitarian situation in Yemen has been exacerbated by successive outbreaks of diseases such as cholera (see Box 1) and diphtheria in the last year with a worsening situation owing to the upsurge in conflict in the country. The recent conflict in Al-Hodeidah has also added more strain on the local population specifically and on the population at large due to the seaport closures. Since the conflict escalation, the continuous shortages of staff and supplies, mainly fuel, have put further strains on facilities. Moreover, since 2015, more than 160 health centers and hospitals were caught in conflict situations.

6. Multiple disease outbreaks requiring emergency response - cholera, diphtheria, measles, dengue, scabies - often emerge in several and unpredictable locations. After the decline of cholera cases at the end of 2017, Yemen's shattered health system started to battle diphtheria, which was a challenge given the ongoing conflict and blockades creating daily threats to public health. Moreover, given the ongoing logistical difficulties, bringing the needed medical equipment and supplies with specialized medical staff into the needy areas in Yemen is difficult rendering all the humanitarian and health actors struggling. According to the Health Cluster analysis, the main causes of avoidable deaths in Yemen are communicable diseases, maternal, perinatal and nutritional conditions (together accounting for 50 percent of mortality) and non-communicable diseases (39 percent of mortality).

7. Failing to meet the MDG 1 of eradicating extreme poverty and hunger, food insecurity and malnutrition are two of the most serious health challenges in Yemen. Food supply chains have been affected by the conflict resulting in soaring food prices coupled with an already reduced purchasing power owing to the conflict's economic impact. The latter has gradually devastated the livelihoods of Yemenis, which has made it more difficult for them to meet minimal food needs. Yemen is currently witnessing one of the world's highest malnutrition rates, and a child dies every 10 minutes from preventable causes. Some 1.4 million children are suffering from Moderate Acute Malnutrition (MAM) and nearly 370,000 children under 5 have Severe Acute Malnutrition (SAM), while Global Acute Malnutrition (GAM) rates are as high as 28 percent in some locations – around twice the emergency threshold of 15 percent.

8. Furthermore, there has been an overall decline in access to improved sources of water from 66 percent to 55 percent between 1990 and 2010. In 1990, more than 96 percent of urban areas had access to improved water (84



percent piped and the remaining 12 percent other improved sources). This fell to 72 percent in 2010. Similarly, in rural areas, access to an improved source of water has declined from 59 percent to 47 percent for the same time period. In a nutshell, since 2015, access to improved water sources reduced by almost half, cost of water increased by 45% and purchasing power has been decreasing. Yemen's water and sanitation infrastructure has suffered significant damage. The latest DNA shows, since 2015, the costs for WSS over 5 years among the 16 cities included in the DNA varies between \$650 million and \$795 million, and between \$1 billion and \$1.2 billion for the corresponding governorates of these cities. It also shows that 21% of water and sanitation assets have been damaged, and less than 70% of water facilities in the assessed areas are functioning (44% fully and 24% partially). Direct attacks on the infrastructure have been combined with the lack of energy (electricity and fuel), spare parts, operation and maintenance funds, and three years of unpaid salaries of civil service staff. This confluence of factors has undermined the water and sanitation systems in Yemen and contributed to the repeated waves of cholera outbreaks. Currently, only 22 percent of rural and 46 percent of urban populations are connected to partially functioning public water networks, whilst the lack of electricity or revenues creates significant reliance on humanitarian support. With reduced safe water access, communities resort to unsafe water sources, while only 24 percent of households treat water at home.

9. An increase in access to improved sanitation – though with a wide disparity between rural and urban areas – achieved over the years is now being compromised. About 12 percent of the population in rural areas and 70 percent in urban areas had access to improved sanitation in 1990, which has improved to 34 percent and 93 percent, respectively, in 2010. Access to improved facilities also increased mainly in urban areas. Open defecation has been mostly prevalent in rural areas with 44 percent of the rural population practicing it in 1990. Although it has declined over time, 22 percent still practiced it in rural areas in 2010. Since the conflict started, sanitation and waste water treatment services have been overwhelmed. Open defecation or exposed sewage has been observed in 60 percent of cholera response observations. Significantly, districts in acute need of sanitation increased over four-fold from 36 to 167 districts. 86 of those districts have the highest severity (6), where over 85 percent of households do not have access to safe sanitation.

C. Proposed Development Objective(s)

Original PDO

To contribute to the provision of basic health and essential nutrition services for the benefit of the population of the Republic of Yemen.

Current PDO

To contribute to the provision of basic health, essential nutrition, water and sanitation services for the benefit of the population of the Republic of Yemen.

Key Results

10. No major changes are proposed for the project's results framework, and the following indicators will continue to be used to measure the achievement of the PDO.

- People who have received essential health, nutrition and population services (reported in number, with disaggregation by percentage female, IDPs and children under 5)
- People provided with access to improved water sources in cholera affected areas (reported in number, disaggregated by rural and urban)



D. Project Description

11. The proposed AF3 will maintain the overall design of the project and support the scale-up on the ongoing activities. The Project Development Objective (PDO) will not be modified: “to contribute to the provision of basic health, essential nutrition, water and sanitation services for the benefit of the population of the Republic of Yemen”. For Component 1, the ongoing activities will be maintained and expanded with a focus on the integrated package of nutrition and WSS interventions, cholera activities and essential health interventions that have been supported by the parent project and the AFs. In addition, the AF3 will have an intensified focus on providing mental and psycho-social support on the levels of primary and secondary health care as well as expanding the support to the Community Health and nutrition program. The focus and activities under Component 2 will also remain the same. The closing date will be extended by 2 years to June 30, 2022 to ensure adequate time to complete all activities, especially those with a system perspective. Finally, target values for several existing PDO-level and intermediate results indicators are being revised to account for the expanded scope of services. WHO and UNICEF will remain the IDA grant recipients. The bilateral joint program agreement between UNICEF and the World Food Programme (WFP), which was initiated under the AF1, is expected to continue to undertake complementary nutrition activities, particularly with regard to prevention and management of MAM along with the provision of fortified nutritious supplements/food.

12. This proposed package, building on lessons learned from the implementation of the original project and its 2 AFs, will follow a 3 pronged approach that groups different project activities together and helps to address: i) Response: to the short term needs for health, nutrition and WSS at the community, facility and hospital levels; ii) Prevention: of acute and chronic malnutrition, disease outbreaks e.g. cholera, diphtheria, Dengue Fever, etc.; and iii) Institutional and Capacity Building: that will help ensure long-term development outcomes through relying on the local systems. Supporting the local health institutions and key water utilities and institutions will maintain the operational and technical capacity of the staff and therefore minimize future shocks to the health and water sectors.

13. The proposed AF3 will enable WHO and UNICEF to deliver the proposed services, operating through a network of local health and water and sanitation institutions and partners. The AF3 will maintain and scale up the scope of component 1 to allow for sustained provision of health and WSS activities.

Component 1: Improving Access to Health, Nutrition, Public Health and WSS (US\$190.5 million).

14. This component will support the coverage of the population of Yemen with health and nutrition services as outlined in the Minimum Services Package (MSP)¹ and WSS services at both primary health care (PHC) level and at referral secondary care centers. The services will integrate the PHC model with the referral services, and thus ensuring a continuum of care for the population. In addition, the component will prioritize the funding of psycho-social support at all levels of care and expand the Community Health program horizontally by covering more geographic regions and vertically through integrating more services into their domain.

Subcomponent 1.1: Strengthening the Integration of Primary Health Care Model (implemented by UNICEF - US\$95.25 million)

¹ The MSP was designed by WHO in collaboration with UNICEF and the Bank along with other partners and is supported through the EHNP. It includes the following categories of services: general services and trauma care; child care at all levels; nutrition; communicable diseases; reproductive, maternal, and newborn health; non-communicable diseases; mental health; and environmental health in health facilities.



15. This subcomponent will ensure continued service delivery at the PHC level to provide the essential health and nutrition services to the population, which includes: i) integrated outreach (outreach and mobile teams) health and nutrition services; ii) community-based health and nutrition services; iii) PHC facility-based health and nutrition services; iv) provision of Targeted Food Supplementation Program (TFSP), Blanket Supplementary Feeding Program (BSFP) and distribution of nutritious supplements and fortified food; v) operational and maintenance costs of cholera preparedness and prevention activities such as, but not limited to, supporting the rapid response teams, and cholera case management; and vi) facilitating community engagement and generating demand for health, nutrition and WSS services through community sensitization and promoting key healthy behaviors.

16. The subcomponent will aim to ensure the delivery of MSP services with a particular focus on integrating the maternal and newborn health (MNH), child nutrition (SAM children without complication, infant and young child feeding (IYCF), micronutrients supplementation, integration of Early Childhood Development (ECD) interventions with nutrition, and prevention of chronic malnutrition), Integrated Management of Childhood Illness (IMCI), and routine delivery of selected public health programs and immunizations through different delivery models.

17. The proposed AF3 will also improve access to psycho-social support (PSS) to children in need through a network of health and social workers in child friendly spaces (CFSs) which are available within the primary health care facilities or in adjacent structures. Further, the proposed AF will support mental health services at the hospital level to complement psycho-social support services at primary care and community levels, which are also supported by other agencies (see Annex 1).

Subcomponent 1.2: Supporting Health and Nutrition Services at the First Level Referral Centers (implemented by WHO - US\$40.96 million)

18. This subcomponent will complement the PHC model and ensure the continuum of care by supporting: i) management of SAM cases with complications and for patients who failed Outpatient Therapeutic Program (OTP) at Therapeutic Feeding Centers (TFCs); ii) provision of Basic Emergency Obstetric and Neonatal Care (BEmONC) and Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) services in targeted referral centers; iii) management of cholera cases through supporting the diarrhea treatment centers (DTCs) and oral rehydration points (ORPs); iv) management of non-communicable diseases and its complications including diabetes, hypertension, and tumors; and v) provision of the required equipment, medical and non-medical supplies, operating costs, and related trainings for the targeted health facilities.

Subcomponent 1.3: Sustaining the National Health System Preparedness and Public Health Programs (implemented by WHO - US\$19.05 million)

19. This subcomponent will support nationwide public health programs and measures in the form of: i) prevention to support nationwide public health campaigns, including vaccination, to prevent disease outbreaks; ii) Integrated Nutrition Surveillance System (INSS) which is meant to provide ongoing nutrition, health, and food security information to inform decisions in a timely manner; iii) system strengthening and resilience measures to support the epidemiological and diagnostic laboratory capacity of the local institutions particularly the reference labs at the governorate levels; iv) maintaining the electronic disease early warning system (eDEWS); and v) sustaining the national capacity of blood banks through supporting its operating costs and required supplies. In addition, this subcomponent will enhance the preparedness of the public health system to respond to disease outbreaks through supporting



nationwide rapid response teams at the district and governorate levels, which will ensure immediate multi-sectoral coordination and response to outbreaks.

Subcomponent 1.4: Improving Access to WSS and Strengthening Local Systems (US\$35.24 million)

Subcomponent 1.4 (a) Improving Access to Safe Water and Sanitation at Households, Schools, Health Facilities, Public Markets and Other Communal Gathering Places: (implemented by both UNICEF and WHO)

20. The proposed AF3 will aim to sustain the operationalization of water supply system and waste water treatment plants in major cities and expand the ongoing EHNP WSS interventions in urban and rural areas. WSS activities will be expanded to new areas in terms of restoration of services and basic rehabilitation of key WSS facilities.

21. Key short-term interventions will be maintained with a focus on the cholera preparedness and prevention approach. This will include: i) bulk chlorination of water sources, piped network and private water trucks; ii) distribution of consumable hygiene kits, chlorine tablets, jerry cans, cleaning, disinfection materials and storage; (iii) awareness raising and communication for adoption of positive preventive hygiene practices. Moreover, this will also include quick-fix interventions to address the public health risks through quick impact projects (QIP's). The medium-term interventions will include basic rehabilitation of key water and sanitation facilities in urban and rural areas, as needed.

22. WHO will be responsible for water supply activities to health facilities through the existing public water supply system and water trucking, as needed.

Subcomponent 1.4 (b): Systems/institutional strengthening toward further prevention and resilience building (implemented by UNICEF)

23. Strengthening the local water institutions is a key to ensure sustainability of water and sanitation and hygiene promotion service delivery and the operational capacity of WSS institutions. It will also support the prevention of and preparedness for future outbreaks.

24. (i) *Supporting the operation and maintenance of WSS systems*, including water supply system and waste water treatment plants (WWTPs), to provide access to sustainable services through: a) expanding basic rehabilitation for selected WSS facilities, both in rural and urban areas; b) provision of necessary parts, supplies, essential fuel and other implementation expenses for system operations; and c) supporting the regulator, National Water Resources Authority, local corporations, and water laboratories with instruments for monitoring groundwater abstraction and controlling the quality of source water. This also includes continuous capacity building of key staff and critical cadre of frontline volunteers for continuous hygiene promotion and social change discourse.

25. (ii) *Enhancing water security* by protecting water resources in selected urban and rural areas through the demarcation of well-fields and their catchment areas (hydrological basin mapping in some locations). The development of regulatory mechanisms will be explored to strengthen partnerships with private water providers for sustainable access to safe water and sanitation.

26. (iii) *Improving local capacity at the institutional, community and household levels* through water safety planning,



including water quality testing and monitoring; and, capacity building and training of water user associations to address public health outbreaks from the WSS perspective.

Component 2: Project Support, Management, Evaluation and Administration (US\$9.5 million).

27. The proposed AF3 will continue to support administration and monitoring and evaluation (M&E) activities to ensure smooth and satisfactory project implementation. The component will finance: (a) general management support for both WHO and UNICEF; (b) hiring of a Third-Party Monitoring (TPM) agency, with terms of reference (TOR) satisfactory to the World Bank, that will complement the existing TPM arrangements for both agencies; and (c) technical assistance.²

Component 3: Contingent Emergency Response Component (CERC) (UNICEF and WHO - US\$0)

28. Having been triggered twice since the start of the project (for famine risk and cholera outbreak), the zero-dollar CERC will continue to be in place to provide expedited response in case of emergency. There is a probability that, during the life of the project, an epidemic or outbreak of public health importance or other emergencies may occur, causing major adverse economic and/or social impacts. An Emergency Response Operational Manual has been prepared and agreed upon by the Bank to be used if this component is triggered.

E. Implementation

Institutional and Implementation Arrangements

29. The proposed AF3 would follow the same technical design and implementation arrangements as the parent project.

F. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)

While the project activities have no specific geographical targeting, activities financed by the project aim at delivering health, nutrition, water and sanitation service nationwide. With the ongoing conflict, the locations' selection will draw on the needs while considering Yemen's security map and the security situation of each governorate. So far, the project has been providing customized package of health and WASH interventions at different levels (national, governorate, institutional, facility, community and household) to maximize implementation efficiency and achieve optimal complementarity. The three prongs entail: i) Cholera Response and Case Control Measures: aiming at containing the disease attacks, limiting morbidity and decreasing fatalities; ii) Prevention Measures aimed at decreasing the likelihood of a resurgence of wide-scale disease outbreaks (notably cholera); and iii) System Strengthening & Resilience

² Technical assistance means the agencies' advisory services other than consultants' services on account of monitoring, evaluation and supervision of activities under components 1, 2 and 3 of the project, including direct staff time for the agencies' staff assigned from time to time to perform needed services under the project.



Measures to boost the readiness and resilience needed in health and water sectors to promptly detect, adequately respond to and effectively contain any future disease outbreaks. The proposed AF3 will aim to sustain and scale up the ongoing EHNP interventions in urban and rural areas. WASH activities will be expanded to new areas as needed in terms of restoration of services and basic rehabilitation of key WASH facilities.

G. Environmental and Social Safeguards Specialists on the Team

Amer Abdulwahab Ali Al-Ghorbany, Environmental Specialist
Ibrahim Ismail Mohammed Basalamah, Social Specialist

SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	
Performance Standards for Private Sector Activities OP/BP 4.03	No	
Natural Habitats OP/BP 4.04	No	
Forests OP/BP 4.36	No	
Pest Management OP 4.09	No	
Physical Cultural Resources OP/BP 4.11	No	
Indigenous Peoples OP/BP 4.10	No	
Involuntary Resettlement OP/BP 4.12	No	
Safety of Dams OP/BP 4.37	No	
Projects on International Waterways OP/BP 7.50	No	
Projects in Disputed Areas OP/BP 7.60	No	



KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT

A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:

According to the OP 4.01 on Environmental Assessment, this proposed third AF is classified as Environmental Category "B". Activities to be supported are expected to scale up ongoing interventions by the parent project. Potential impacts might arise from improper management and disposal of vaccination kits, vials, syringes, etc. Cholera-specific integrated interventions will continue to be supported, notably: rehabilitation of water and sewerage networks in urban areas; the rehabilitation of water networks in rural areas; and supporting the epidemiological and diagnostic laboratory capacity of the local institutions particularly at the governorate levels through providing equipment and supplies. Potential environmental impacts of such activities are expected to be site-specific, limited and mitigatable, including common negative environmental impacts such as waste, wastewater, dust, and noise generation, as well as traffic deviation, and/or occupational health and safety which might arise during the implementation of WASH activities such as the rehabilitation of water and wastewater networks; or when providing health care services such as injuries caused by sharp objects or infections. It is anticipated that for sub-projects with negative impacts identified, implementation of EMP generic guidelines, or preparation and implementation of site-specific Environmental and Social Management Plans (ESMPs), will be sufficient. No large scale, significant or irreversible impacts are anticipated as a result of implementing the interventions under this AF.

The proposed AF3, similar to the parent project, will have broad social benefits because it will maintain and scale up the scope of component 1 to support the provision of an integrated package of health and nutrition services as well as water and sanitation services to the Yemeni population nationwide. The proposed AF3 will also improve the access to psycho-social support and mental health services within the primary health care facilities. The activities also cater to the needs of the population in remote areas and the areas without functioning fixed facilities through mobile teams.

The proposed activities under the AF3 will not involve any land acquisition; as a result, OP 4.12 is not triggered. However, there are non-safeguard elements (social issues) that may negatively impede the successful implementation of the project. The first social issue would be the difficulty to reach the severely affected areas under conflict which could hinder the supply of the needed services. The second social issue would be the difficulty to access the areas under the control of religious factions where the vulnerable groups are residing and could lead to inadequate delivery of health and WSS services. The mitigation measures for social risks are addressed under #4 below. The AF3 is not expected to have any negative impacts or issues related to gender-based violence or harm on individuals because the types of activities are meant to enhance the provision of services that benefit families, especially mothers and children. Additionally, the project will ensure continued service delivery to vulnerable and most needed groups, especially in rural and remote areas.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:
There is no potential indirect or long term impacts due to anticipated future activities in the project area.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.

The alternative of not implementing the project would likely have severe negative impacts on the health and nutrition status of the population, the spread of Cholera and other water-borne diseases and on the socio-economic aspects in Yemen.



4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.

To ensure proper management of potential environmental impacts, the existing MWMP and ESMP will continue to be implemented under the proposed AF3. Following existing procedures, and during subprojects' selection phase, sub-projects will be screened against criteria in the ESMF, and subsequent subproject-specific environmental assessment instruments such as site-specific Environmental and Social Management Plans (ESMPs), including provisions on Occupational Health and Safety (OHS) will be prepared, if needed, and incorporated as part of subprojects' contracts for implementation and monitoring during the implementation phase.

Currently, and under the parent project, UNICEF and WHO implement the vaccination campaigns jointly, meaning that both organizations share the same arrangements for implementing these campaigns. This includes the following: a) Vaccine management: by ensuring proper storage of vaccines to prevent generation of waste that would result from improper storage or expiration of vaccines. To that end, the project provided refrigeration units to some health care units as well as solar panels to secure continuous supply of energy to storage units b) Mitigating the risk of transferring infectious diseases to health care workers: by training health care staff on infection control measures and medical waste management at health facilities. For the implementation of the measures mentioned in the MWMP, both organizations use standard checklists for monitoring the management and disposal of medical solid waste that result from the vaccination campaigns. For outreach campaigns, the implementing agencies ensure that outreach teams are trained on implementing vaccination campaigns, including the management of medical waste and are provided with required safety boxes for collecting hazardous medical waste. Generally, vaccination's medical wastes are usually collected in safety boxes/bags and then are disposed of either through underground incineration in standard holes or collected and incinerated in fixed health facilities which are equipped with incinerators. It should be mentioned that so far, and under the parent project the implementing agencies have been managing environmental safeguards, including occupational health and safety aspects, without any significant impact or risks that is recorded or reported. Environmental plans and measures are included as part of contracts and are monitored and reported on as per site-specific ESMP. It should be mentioned that the security situation in the country has been limiting the ability of some health facilities to incinerate medical waste due the lack of fuels used for incineration. Going forward, UNICEF and WHO should ensure proper implementation of measures, and provision of resources to ensure safe disposal of medical waste as per the MWMP.

The project will use the existing institutional arrangements which include two Environmental and Social Officers at the central level for supervising the implementation of safeguards' measures and procedures which are provided under the Project's ESMF and MWMP. At the regional level and for the purpose of on-site management and monitoring of environmental and social safeguards aspects, five safeguard Focal Points are assigned under each implementing agency. It should be mentioned that the project will continue to use TPM agent to enhance on-site monitoring and reporting.

The mitigation measure for the first social issue is to adopt UNICEF and WHO modalities through their network of service providers (local offices all over the country which proved to be successful in reaching remote areas). The mitigation measure for the second social issue would be to cooperate with the neutral communities at the local level and NGOs.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.

Governorate Health Offices (GHOs), District Health Offices (DHOs), Local Water and Sanitation Corporations (LCs), and



International and local NGOs are the key stakeholders. The existing MWMP and the ESMP will continue to be implemented with the proposed AF3.

Given the nature of the project, public consultations with relevant stakeholders and the intended beneficiaries were critical under the current circumstances of the country. As an alternative mechanism for public consultations, focused group discussions and individual interviews are carried out by preparing questionnaires and incorporating key concerns. Additionally, questions related to beneficiary satisfaction are included in the interviews as part of the TPM activities. UNICEF and WHO have made progress in setting up the grievance redress mechanism (GRM) system for handling complaints and inquiries, and feedbacks are being submitted through phone calls and mobile texts. The GRM will be further developed and rolled out nationwide with the proposed AF3.

B. Disclosure Requirements (N.B. The sections below appear only if corresponding safeguard policy is triggered)

Environmental Assessment/Audit/Management Plan/Other		
Date of receipt by the Bank	Date of submission for disclosure	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors

"In country" Disclosure

The review of this Safeguards has been Deferred.

Comments

If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.

If in-country disclosure of any of the above documents is not expected, please explain why:

C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting) (N.B. The sections below appear only if corresponding safeguard policy is triggered)



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APPROVAL

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Approved By

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Country Director:	Marina Wes	26-Feb-2019