



Stakeholder Engagement Plan (SEP)

Yemen COVID-19 Response Project (P173862)

Final August 2020



ABBREVIATIONS AND ACRONYMS

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
GRM	Grievance Mechanism
IDA	International Development Association
IDP	Internally Displaced Person
INGO	International Non-Governmental Organization
MOPHP	Ministry of Public Health and Population
MOPIC	Ministry of Planning and International Cooperation
NGO	Local Non-Governmental Organization
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

I.	INTRODUCTION	4
II.	PROJECT DESCRIPTION.....	6
	COMPONENT 1: EMERGENCY COVID-19 RESPONSE.....	6
	COMPONENT 2: IMPLEMENTATION MANAGEMENT AND MONITORING AND EVALUATION.....	7
	KEY ELEMENTS OF THE PROJECT AND THEIR RELEVANT RISKS.....	7
	<i>Other key social risks include:.....</i>	8
III.	BRIEF SUMMARY OF PREVIOUS STAKEHOLDER ENGAGEMENTS	9
	CONCERNS AND SUGGESTIONS RAISED DURING PRELIMINARY CONSULTATIONS:.....	9
	<i>summary of Health care workers Engagement</i>	12
	<i>Vulnerable groups engagement</i>	12
	SUMMARY OF STAKEHOLDER ENGAGEMENT AND OUTREACH ACTIVITIES DURING PROJECT PREPARATION	14
IV.	OBJECTIVES OF THE STAKEHOLDER ENGAGEMENT PLAN	14
V.	METHODOLOGY: STAKEHOLDER IDENTIFICATION AND ANALYSIS.....	17
	METHODOLOGY	17
	STAKEHOLDER IDENTIFICATION AND ANALYSIS	18
	<i>Project’s Stakeholders’ Interest and Level of Influence</i>	18
	<i>Affected Parties</i>	20
	<i>Other Interested Parties</i>	23
	<i>Disadvantaged / Vulnerable Individuals or Groups.....</i>	23
VI.	STAKEHOLDER ENGAGEMENT PROGRAM.....	24
	PROPOSED STRATEGY FOR STAKEHOLDER ENGAGEMENT ACTIVITIES.....	24
	<i>Proposed strategy for engaging vulnerable groups</i>	26
	PROPOSED STRATEGY FOR INFORMATION DISCLOSURE.....	29
	<i>Considerations Amidst the Current COVID-19 Situation:.....</i>	29
VII.	RESOURCES AND RESPONSIBILITIES FOR IMPLEMENTING STAKEHOLDER ENGAGEMENT ACTIVITIES	30
	RESOURCES	30
	MANAGEMENT/STAFF FUNCTIONS AND RESPONSIBILITIES.....	31
VIII.	GRIEVANCE REDRESS MECHANISMS	32
	DESCRIPTION OF GRM.....	32
	<i>Grievances Related to SEA/SH:.....</i>	33
	<i>Labor and Working Conditions Complaints</i>	35
	GRIEVANCE MANAGEMENT	36
	RECOMMENDED GRIEVANCE REDRESS TIME FRAME.....	40
	<i>Reporting COVID-19 cases, Grievances and enquires at country level/EOCs.....</i>	42
IX.	MONITORING AND REPORTING.....	43
	INVOLVEMENT OF STAKEHOLDERS IN MONITORING ACTIVITIES.....	43
	REPORTING BACK TO STAKEHOLDER GROUPS.....	43

X.	ANNEX I. STAKEHOLDER ENGAGEMENT ABOUT SEA/SH RISKS AND GMS	45
	<i>Gender Assessment and Analysis</i>	45
	<i>Providing Information, Protection and Support</i>	46
	<i>Collaborating with Partners for a Survivor-Centred Approach</i>	46
	<i>SEA/SH Grievances</i>	47
	SAMPLE TERMS OF REFERENCE (TOR)	47
XI.	ANNEX II. CODE OF CONDUCT	54
XII.	ANNEX III. GRIEVANCE LOG	57
	GRIEVANCE UPTAKE	57
	SORT	58
	ACKNOWLEDGE AND FOLLOW UP	59
	INVESTIGATE	60
	MONITOR AND REPORT	61
I.	ANNEX IV. PRACTICAL GUIDE FOR HOTLINE OPERATORS	0
	INTRODUCTION	2
	<i>Figure 1: COVID-19 hotline Organogram</i>	5
	SECTION 1: <i>REPORTING</i>	6
	<i>Figure 2: Calls Flow chart</i>	7
	SECTION 2: <i>INQUIRES</i>	8
	SECTION 3: <i>MYTHS</i>	10

TABLE OF TABLES:

Table 1. Brief Summary of Previous Stakeholder Engagements	12
Table 2. Stakeholders' Interest and Influence.....	19
Table 3. Proposed strategy for Stakeholder Engagement Activities.....	26
Table 4. Proposed strategy for engaging vulnerable groups	28
Table 5. Proposed strategy for Information Disclosure Activities (project life cycle)	30
Table 6. Stakeholder Engagement Plan - Estimated Budget.....	31
Table 7. Stakeholder engagement responsibilities	32
Table 8. When and Who can submit a grievance.....	33
Table 9. GRM processes, responsibility, and time.	40

TABLES OF FIGURES:

Figure 1. COVID-19 Cases per governorate- Yemen (27 th June)	5
Figure 2. GRM steps.....	36
Figure 3. GRM steps and processes	37
Figure 4. GRM 5 Tiers approach at Health services level	41
Figure 5. Emergency Operation Center MoPHP national wide	42

I. INTRODUCTION

The World Bank is providing support to the Government of Yemen for preparedness planning for optimal medical care, essential health services and to minimize risks for patients and health personnel (including training health facilities staff and front-line workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials). This Stakeholder Engagement Plan (SEP) assists the Government of Yemen in engaging with stakeholders in mitigating environmental and social risks and impacts for the **Yemen COVID-19 Response Project (P173862)**.

World Health Organization (hereinafter the WHO) will implement the Yemen COVID-19 Response Project (P173862). The World Bank, through a grant from the IDA, has agreed to provide financing for the Project. Emphasis will be placed on strengthening capacities at the district level through a model of decentralization. As COVID-19 places a substantial burden on inpatient and outpatient health care services, support will be provided for project activities, all aimed at strengthening national health care systems. The Project will leverage the capacities of other key stakeholders to engage multiple actors and sectors in Yemen.

While conflict in Yemen continues - as the opposing parties struggling to reach a peace agreement despite several attempts - the consequences of conflict are felt in all sectors of the country, with unpaid or significantly reduced income/salaries (including for health workers), food insecurity, damaged infrastructure and compromised availability of basic services, and the list goes on. Yemeni authorities have very limited resources to respond to the COVID-19 outbreak. Many of Yemen's 3,500 medical facilities have been damaged or destroyed in air strikes, and only half are thought to be fully functioning. Clinics are reported to be crowded, and basic medicines and equipment are lacking - in a country of 27.5 million people there are only a few hundred ventilator machines.

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 of COVID-19 has particularly hit the vulnerable, including the internally displaced persons (IDPs) due to the moving fronts. In some areas, overcrowding and poor living conditions could further exacerbate the spread of virus. Vulnerable groups also include the elderly population, and those who previous health conditions and/or poor nutrition status, including 2 million children under the age of 5 and a quarter of women who are acutely malnourished. Yemeni health system is on the brink of collapse, due to years of conflict – since 2015, millions of people are without access to proper health care, clean water or sanitation; the dire humanitarian situation - some 24 million people, about 80% of the population, depend on aid to survive, and 2 million children are acutely malnourished, while the country has already been struggling with diseases such as dengue fever, malaria and cholera.

With the increasing incidence of COVID-19 in Yemen, the public health system is under tremendous pressure. The first confirmed case was on ¹(April 10, 2020). The total number of registered the novel coronavirus COVID-19 cases in the country is 1132² including 305 deaths (as per June 28, 2020). The national death average comparing to infected cases is substantially higher than the international

¹ <https://covid19.who.int/region/emro/country/ye>

average. COVID-19 cases are registered in Yemen especially in southern areas– the recent registered cases indicating further geographic spread.

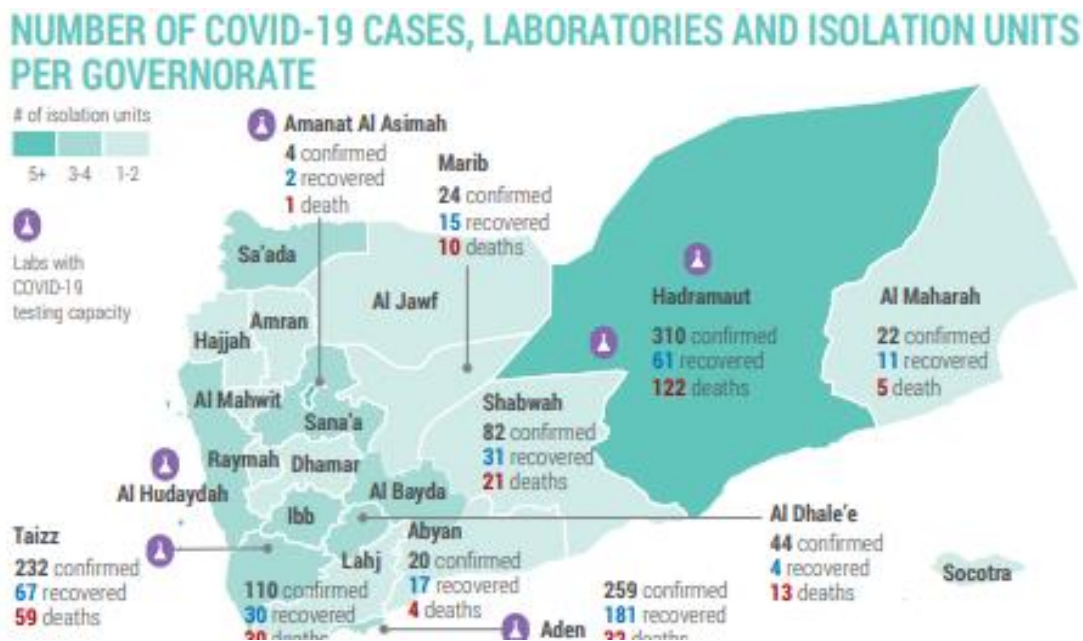


Figure 1. COVID-19 Cases per governorate- Yemen (27th June³)

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

UN Partners are operating on the ground to ensure life-saving treatment and communicate about COVID 19 transmission and prevention: about 16.5M people have already been reached via multiple platforms, including religious leaders, who have raised awareness over COVID-19 reaching 3.6M in 5,000 mosques. One million people were reached via WhatsApp, 8.5 million people were reached via 451 mobile cars with megaphones, COVID-19 visuals on various social media platforms have received 10 million views.

The Government of Yemen has sent COVID-19 messages to 13.5M subscribers, while the Ministry of Public Health and Population has received over 5,600 hotline calls, 14,730 calls received via radio phone-in programs, nearly 10, 000 community gatherings with 626,730 people reached and over 9,640 women social events. Home visitation by social workers has reached 2.6 million people reached

³ https://reliefweb.int/sites/reliefweb.int/files/resources/Yemen_COVID_Weekly_Snapshot_28%20June.pdf

via over 450,000 house-to-house visits and mother-to-mother sessions, and 33,980 people reached through 920 awareness sessions in health facilities⁴.

II. PROJECT DESCRIPTION

The Project development objective (PDO) of the Yemen COVID-19 Emergency Response and Health Systems Preparedness Project (P173862) is to prevent, detect and respond to the threat posed by the COVID-19 pandemic 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. PDO will be achieved through the implementation of activities that support further prevention of COVID-19 transmission along with activities that enhance the Yemen health system's capacity to respond to the diseases. Both approaches are essential for immediate response and will serve the dual purpose of strengthening the health system simultaneously after the current crisis in the medium term.

The *Yemen COVID-19 Response Project* aims at ensuring 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 (POE) screening and strengthen the laboratory capacity and establishment of treatment centers. Development partners have supported the elaboration of a recently developed and costed Contingency Preparedness and Response Plan (CPRP) based on the eight pillars⁵ of the WHO's global COVID-19 Strategic Preparedness and Response Plan. The Yemen CPRP takes stock of the status of preparedness along each of these pillars and identifies gaps.

The Yemen COVID-19 Response Project comprises the following components⁶:

COMPONENT 1: EMERGENCY COVID-19 RESPONSE

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

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 Points of Entry (POEs) identified by assessing air, sea, and land movement/transportation; (ii) Disease Surveillance, Emergency Operating Centers and Rapid Response teams to allow timely and adequate system of detecting, tracing, and reporting suspected cases; (iii) Preparing and equipping isolation and case management centers across the country to ensure adequate and trained clinical capacity to respond to any symptomatic cases; (iv) Infection prevention and control at facility and community

⁴ https://reliefweb.int/sites/reliefweb.int/files/resources/Yemen_COVID_Weekly_Snapshot_28%20June.pdf

⁵ **Pillar 1:** Country-level coordination, planning and monitoring; **Pillar 2:** Risk communication and community engagement; **Pillar 3:** Surveillance, Rapid Response Teams, and case investigation; **Pillar 4:** Points of entry. **Pillar 5:** National laboratories; **Pillar 6:** Infection prevention and control; **Pillar 7:** Case management; **Pillar 8:** Operational support and logistics; **Pillar 9:** Protection and Continuity of Essential Medical Services

⁶ Project Appraisal Document (PAD3842)

levels to ensure coordinated supply and demand side hygienic practices; and (v) Enhance the testing and laboratory capacity across the country for COVID-19 response. Training will be conducted in a way that ensures equal participation of both female and male health and surveillance workers.

Other pillars of the COVID-19 response plan including i) country level coordination, and ii) risk communication and community engagement are already supported through the existing structures developed by the ongoing EHNP in response to cholera epidemic and other outbreaks, taking into account the different habits that women and men typically adopt and their varying community roles in preventing the spread (i.e. hand washing, social distancing, etc.) and messaging accordingly.

To address increased risks of gender-based violence during crisis situations, communications can also embed messages related to healthy conflict resolution and parenting, stress and anger management.

COMPONENT 2: IMPLEMENTATION MANAGEMENT AND MONITORING AND EVALUATION.

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

KEY ELEMENTS OF THE PROJECT AND THEIR RELEVANT RISKS

- The Project supports several healthcare facilities and laboratories. Examples may include general hospitals, medical laboratories (BSL 2, 3), screening posts, quarantine and isolation centers, infection treatment centers, intensive care units (ICUs), and assisted living facilities. The Project covers all 22 governorates in Yemen.
- The Project involves some minor civil works associated with temporary rehabilitation of existing healthcare facilities and/or waste management facilities. Exact locations are not known at this stage. A set of location specific or activity specific ESMPs will be prepared to assess and manage relevant E&S risks once exact locations will be identified.
- The Project does not involve land acquisition of existing public or private facilities such as a stadium or hotel and converting them to temporary hospital, quarantine or isolation centers, or other uses, nor expansion of waste management facilities requiring land acquisition.
- The Project involves the 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. At present there is no proper management of hospital or health care waste. Although some good basic groundwork has been carried out to bring about improvements, the situation remains deplorable and represents a grave health risk, not only to medical staff but also to public. The project therefore will address this during the implementation stages and the relevant plans and procedures will be implemented to maximum possible extent. The Project will engage direct, contracted and community workers. The management of such workers will be described in the Labor Management Procedures (LMP).
- The Project will not use security or military forces.

OTHER KEY SOCIAL RISKS INCLUDE:

- 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 SEP will also include an updated Grievance Redress Mechanism for addressing any concerns and grievances raised.
- Misinformation, stigma and discrimination of vulnerable groups, healthcare workers, etc. The SEP will ensure appropriate stakeholder engagement, proper awareness raising and timely information dissemination to (i) avoid conflicts resulting from false rumors; (ii) ensure to the maximum possible equitable access to services for all who need it; and (iii) address issues resulting from people being kept in quarantine, including gender-based violence.
- 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 will engage 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.

III. BRIEF SUMMARY OF PREVIOUS STAKEHOLDER ENGAGEMENTS

Given the emergency situation and the need to address issues related to COVID19, preliminary consultations carried out on [March 2020] were of limited to consultations with public authorities and health experts, including local representatives of the WHO, have been conducted so far. However, a continuous engagement and consultations 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.

Consultations during the project preparation phase were limited to technical discussions with WB and Other UN agencies and line ministries; Ministry of Public Health and Population (MoPHP), and Ministry of Planning and International Cooperation (MoPIC). The Project will continue to coordinate with other Government agencies, NGOs, private sector, etc., as laid out in the SEP to receive additional feedback from stakeholders and use it to refine the approach, procedure and implementation arrangements of the project components.

CONCERNS AND SUGGESTIONS RAISED DURING PRELIMINARY CONSULTATIONS:

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

<i>Brief Summary of Previous Stakeholder Engagements</i>				
<i>Place and type of engagement</i>	<i>Date</i>	<i>Participants</i>	<i>Key issues discussed and documentation</i>	<i>Mitigations on ESMF</i>
National wide. (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 ensure the necessary supports / logistics / capacity building have been provided to the partners to ensure all requirements are applied to the maximum possible extent. ESMF page 17
National wide. (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. ESMF Page 15 Planning and design Stage
National wide. (Sana'a and Aden). Through multiple methods; interviews/ meetings/ discussions/ Over	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	Type and scale of facilities: The WHO will conduct an assessment and examine the salient characteristics and carrying/disposal

Brief Summary of Previous Stakeholder Engagements				
Place and type of engagement	Date	Participants	Key issues discussed and documentation	Mitigations on ESMF
channels; Virtual meetings/ emails/ letters/	tions/ negotiations.		provide the Health services. And to prepare/rehabilitate a separate divisions/departments and entrances for COVID-19 cases without affecting the regular health services.	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
National wide. (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.
National wide. (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), Local authorities	Select the isolation units' sites, what facilities more suitable to cover the all governorate. And engagement the local Authorities to support the MoPHP	The WHO will communicate transparently on eligible locations and facilities and will engage with communities to ensure fair access to project benefits, as indicated in the SEP. The MoPHP will have a clear policy on scarce medical equipment ESMF P-19
National wide. (Sana'a and Aden). Through multiple methods; interviews/ meetings/ discussions/ Over channels; Virtual	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 ensure adequate implementation of healthcare treatment practices, including provision and use of PPE, appropriate cleaning procedures,

Brief Summary of Previous Stakeholder Engagements				
Place and type of engagement	Date	Participants	Key issues discussed and documentation	Mitigations on ESMF
meetings/ emails/ letters/				testing for COVID-19, and transportation of samples to testing facilities <ul style="list-style-type: none"> • 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
National wide. (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
National wide. (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
National wide. (Sana'a and Aden). Through multiple methods; interviews/ meetings/	During Project preparation Phase (March 2020) there were Consecutive	Ministry of Public Health and Population (MoPHP)	The capacity of disease surveillance to cover all Yemen, and the necessity to increase the	Disease Surveillance, Emergency Operating Centers and Rapid Response Teams (RRT) to allow timely and

Brief Summary of Previous Stakeholder Engagements				
Place and type of engagement	Date	Participants	Key issues discussed and documentation	Mitigations on ESMF
discussions/ Over channels ; Virtual meetings/ emails/ letters/	meetings/consultations/ negotiations.		numbers and capacity.	adequate system of detecting, tracing, and reporting suspected cases; ESMF P-5.
National wide. (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 ensure the necessary supports / logistics / capacity building have been provided to the partners to ensure all requirements are applied to the maximum possible extent. ESMF P-28

Table 1. Brief Summary of Previous Stakeholder Engagements

SUMMARY OF HEALTH CARE WORKERS ENGAGEMENT

Health care workers (HCWs) which are working in front lines and very exposed to risks. Includes all types of workers which are working in Isolation unit. They play the main role in the project because they are very interested and have high influence. Therefore, project started engaging them closely and in regular basis. A survey has been developed and shared with HCWs to provide their feedback and raise their concerns and suggestions on regular basis.

Some of Health care workers have been contacted to discuss their concerns and suggestions to promote their preparedness at Isolation Units. Mainly of their concerns were about the capacity building, the provision of PPEs and WASH items, and Medical waste management. The trainings are being conducted, the PPEs and WASH items are in the distribution plan and the ICMWMP has been developed to mitigate Medical waste management. Also, the project set some pre-defined risks and mitigations which have been addressed earlier based on the international experiment *please see [Affected Parties](#)* .

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 and 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 that was preferred by them which has been already established to help to increase the engagement of stakeholders. The details of stakeholder engagement concerns and mitigations is reflected in ESMF.

VULNERABLE GROUPS ENGAGEMENT

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 site 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 Yemen⁷.

Also, IDPs are covered by the UNHCR report⁸ 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.⁹ 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."¹⁰

ONGOING STAKEHOLDER ENGAGEMENT WITH VULNERABLE GROUPS

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 GRM channels with UNFPA, UNwomen, UNHCR and IOM to mainstream with vulnerable groups to increase their awareness and to let them raise their needs, concerns, and complaints.*

Another needs under YCRP also mentioned in another sections please see [PROPOSED STRATEGY FOR ENGAGING VUL Group](#). Which mainly focus on, ensuring the appropriate awareness to affected parties and the access rights to the Health Facilities. On

⁷ https://reliefweb.int/sites/reliefweb.int/files/resources/Impact%20on%20IDPs%20-%20Weekly%20Update%2018%20June_PDF.pdf

⁸ <https://reliefweb.int/sites/reliefweb.int/files/resources/77773.pdf>

⁹ <https://www.unicef.org/press-releases/yemeni-children-face-deadly-hunger-and-aid-shortages-covid-19-pandemic-spreads>

¹⁰ https://www2.unwomen.org/-/media/field%20office%20arab%20states/attachments/publications/2020/05/yemen%20response%20covid-19_action%20brief.pdf?la=en&vs=2651

the other hand, by strengthening the collaboration between WHO and the other agencies and clusters to integrate the solutions to combat COVID19.

SUMMARY OF STAKEHOLDER ENGAGEMENT AND OUTREACH ACTIVITIES DURING PROJECT PREPARATION

Additional stakeholder engagement activities have revolved around outreach to the general public through the following mass media, printed media, and social media channels, which were aired between [March-April 2020]

TV CHANNELS:

- 11 TV channels reaching across Yemen.
- 4,372 broadcasted flashes.
- 146 health programs.
- 9,600 messages on news lines broadcasted 20 times a day for 60 days on 8 channels.

RADIO CHANNELS:

- 20 channels reaching across Yemen including: Sana'a Radio, Taiz, Hajjah, Hodeidah, Ibb, Sam FM Shabab, Watan, Yemen Times, September, al-Ula, Barq, Panorama, Samarah FM.
- 11,473 broadcasted clips.
- 1,451 health programs.
- 15,000 interactive talk programs.
- 3,255 information messages in news programs.

TELECOM COMPANIES: (MTN, SABAFON, AND YEMEN MOBILE).

- 8 voice messages to 13.5M subscribers.
- 60 SMS to 13.5M subscribers

MEDIA RESOURCES:

- 1,253 CDs with COVID-19 media resources were distributed to Yemen POEs, Ministries, TV and Radio channels to be further utilized.

IV. OBJECTIVES OF THE STAKEHOLDER ENGAGEMENT PLAN

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 ESS10 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 roadmap for stakeholder engagement, including public information disclosure and consultation of safeguard instruments, 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 and sustainability of the project in order to ensure smooth collaboration

between the Government of Yemen, project staff, and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities.

One of the key activities under Component 1 – Pillar 2 of the project is ‘Risk Communication, Community Engagement (RCCE) plan which is implemented with cooperation with UNICEF. The resulting plan will facilitate effective RCCE, two-way communication between health authorities and at-risk populations in response to COVID-19. It includes planning for engagement with and within local at-risk communities, broader segments of the public at the country-level, and other relevant stakeholders (such as health care providers).

There are 3 sections to the RCCE action plan¹¹:

1. " The Key Steps" to developing a COVID-19 RCCE plan.
2. A related planning template for Yemen to fill in related to each step.
3. Additional guidance and resources: an audience assessment questionnaire, a process for identifying objectives and audiences, a method for identifying key information needs about COVID-19, and a list of sources for existing content and messaging.

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. Following the [Risk Communication and Community Engagement \(RCCE\) Action Plan Guidance on COVID-19 Preparedness and Response](#) the objectives of the Stakeholder Engagement Plan are:

- Ensure that people have the life-saving information they need to protect themselves and others (from the virus and to reduce its impact on health, social life, and the economy)
- Put in place effective feedback mechanisms to ensure two-way communication between health/response authorities and communities, the public and stakeholders.
- Ensure that healthcare workers know how to engage with patients and care givers, detect possible cases, communicate with patients about COVID-19, and report to the relevant health authorities and also to protect themselves in context of their exposure to the disease.
- Position country health officials as the main/first trusted source of information about COVID-19.
- Ensure consistency in information and language from all partners and avoid misinformation/rumors.
- Inform the general public how the public health response is being conducted and health authorities are being pro-active in monitoring, detecting, and preventing the spread of COVID-19.
- Enable participation of and engagement with relevant communities to work out barriers to the implementation and uptake of public health measures.

The following steps are going to be completed during the project lifecycle:

Step 1. Assess and collect existing information and conduct rapid qualitative and/or quantitative assessments to learn about the communities (knowledge, attitudes and perceptions about COVID-19, most at risk population, communication patterns and channels, language, religion, influencers, health services and situation). Analyses and assess the situation.

Step 2. Coordinate by using existing coordination mechanisms or create new ones to engage with RCCE counterparts in partner organizations at all levels of the response: local and national. These

¹¹ https://www.who.int/docs/default-source/coronaviruse/covid19-rcce-guidance-final-brand.pdf?sfvrsn=6602b069_1&download=true

include health authorities, ministries and agencies of other government sectors, UN agencies, INGOs, NGOs, academia, etc. Develop and maintain an up-to-date contact list of all partners and their focal points. Regular contact with all partners will help avoid duplication and identify potential gaps in the RCCE response.

Step 3. Defining and prioritizing the key RCCE objectives with partners. Reviewing them regularly to ensure they are responding to your priorities as COVID-19 evolves.

Step 4. Identifying key audiences and influencers Identify target audiences and key influencers. These include policy-makers, influential bloggers or other social media leaders, local leaders, women and youth groups, religious and elders' groups, local and international NGOs health experts and practitioners, volunteers, and people who have real-life experience with COVID-19 (those who have had COVID-19 or their family members have contracted the virus). Matching audiences and influencers with channels and partners that reach them.

Step 5. Developing RCCE strategy Based on the qualitative analysis' results, defined key objectives and audiences, developing an RCCE strategy that fits into the country's comprehensive COVID-19 response strategy. Adapting to the local context: focusing on messages that are tailored to the relevant national and local context, reflecting key audience questions, perceptions, beliefs, and practices.

Defining and prioritizing COVID-19 Yemen strategic objectives with partners in alignment with the general objectives of the country's COVID-19 response. Reviewing them regularly with partners and community to ensure they are responding to evolving priorities. Work with the different technical groups of the response to ensure alignment, coordination, and internal dialogue between RCCE leadership/field staff and other response teams.

Defining and describing actions/activities that will contribute to achieve the RCCE objectives. Developing messages, and materials to transmit health protection steps and situation updates in line with WHO's message. Messages and materials should be tailored to reflect audience perceptions and knowledge at the level to which the RCCE products are targeted whether national, regional, or local.

While defining the list of activities tailored to Yemen, simultaneously disseminating recommendations from the WHO/UNICEF and Ministry of Health. These sources provide accurate information that can mitigate concerns and promote prevention actions, even though they are not tailored to local communities.

Creating relevant information, education, and communication (IEC) materials tailored for and pre-tested with representatives of audiences for whom they are intended. Pre-testing messages and materials with target audiences ensures that messages are context specific and increases ownership from communities and at-risk populations and other stakeholders. As much as possible IEC materials should contain actions that people can take: (i) instructions to follow; (ii) behaviors to adopt; (iii) information you can share with friends and family.

Step 6. Implementing, Developing, and implementing the endorsed RCCE plan with relevant partners to engage with identified audiences and community. This should include capacity building and integration of RCCE counterparts from international, national, regional, local groups, ensuring participation and accountability mechanisms are co-defined. Making sure to identify human, material, and financial resource needs. Defining staff and partners who will do the work (number of people required in the team/organizations) and budget according to the resources. Ensure strong and regular supervision and coordination mechanisms. Close monitoring of field work is essential, and mechanisms should be defined before starting implementation.

Setting up and implementing a rumor tracking system to closely watch misinformation and report to relevant technical partners/sectors. Make sure to respond to rumors and misinformation with evidence-based guidance so that all rumors can be effectively refuted. Adapting materials, messages and methodologies accordingly with help of the relevant technical group.

Step 7. Monitor Develop a monitoring plan to evaluate how well the objectives of the RCCE plan are being fulfilled. Identify the activities the RCCE team will perform and the outcomes they are designed to achieve with target audiences (communities, at-risk populations, stakeholders, etc.) Establish a baseline (for example, note the level of awareness or knowledge of a community at the time before the RCCE plan is implemented). Measure the impact of the RCCE strategy by monitoring changes in the baseline during and after RCCE strategy activities are implemented.

If minimal or no positive changes are achieved, finding where the problems are: check if the activities are fit for purpose, check the content of the narratives, the methodologies, the quality of work conducted by the teams (it is very important to supervise the way team members conduct the activities). Developing checklists to monitor activities and process indicators for every activity.

V. METHODOLOGY: 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/liason 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.

METHODOLOGY

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 lifecycle, 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 are undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders always 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, women, youth, elderly and the cultural sensitivities of diverse ethnic groups.

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 table is reflected in the below table:

<i>Stakeholders Groups</i>	<i>Stakeholders sub-Groups</i>	<i>Nature of interest in the project</i>	<i>Interest High, Medium, Low</i>	<i>Influence High, Medium, Low</i>
Affected Parties	Population at risk <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Isolation Units personnel. Laboratories personnel. Rapid Response Teams members. Public health workers and health personnel. 	Interest in project impact on their OHS, Opportunities to raise their concerns	High	High
Vulnerable groups	Very exposed to risk <ul style="list-style-type: none"> Vulnerable/Disadvantages groups 	Rights, fairness, Opportunities to raise their concerns	High	Low
Other Interested Parties	Health system and Official representatives <ul style="list-style-type: none"> Ministry of Public Health and other officials. 	Opportunities for greater influence, Opportunities to raise their concerns	High	High
	Humanitarian Networks/institutions/Agencies/Media <ul style="list-style-type: none"> 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

Table 2. Stakeholders' Interest and Influence

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 status¹², and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

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 in hospitals and isolation units and their families.	
<u>Risks and impacts</u>	<ul style="list-style-type: none"> • Stigma and discrimination due to infection or associated with 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 • 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 GRM toll-number.
<u>Mitigation</u>	<ul style="list-style-type: none"> • 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 GRM toll-number.
✓ People in quarantine/isolation centers and their families & relatives, elderly people, and People with Underlying Medical Conditions	
<u>Risks and impact</u>	<ul style="list-style-type: none"> • Lack to access information and facilities, and thus the inability to benefit from project interventions. • Lack of minimum requirements for accommodation and service

¹² 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.

	<ul style="list-style-type: none"> • Risks of GBV and SEA / SH in Guaranine/ isolation centers.
<u>Mitigation</u>	<ul style="list-style-type: none"> • 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 GRM toll-number. • Signing Code of conduct. • Awareness raising/training and dedicated GRM channel.
	<ul style="list-style-type: none"> ✓ 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.
<u>Risks and impact</u>	<ul style="list-style-type: none"> • 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 GRM. • 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 GRM toll-number.
<u>Mitigation</u>	<p>These Groups will benefit from the Emergency Response component of COVID-19, which includes:</p> <ul style="list-style-type: none"> • 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 GRM toll-number. • Signing Code of conduct. • Awareness raising/training and dedicated GRM channel.

<p>✓ Communities in the vicinity of the project’s planned activities and health centers.</p> <p>✓ Residents, business entities, and individual entrepreneurs at the area of the project that can benefit from the employment, training, and business opportunities.</p>	
<u>Risks and impact</u>	<ul style="list-style-type: none"> • 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. • Stigmatize and distinguish communities near COVID treatment centers.
<u>Mitigation</u>	<ul style="list-style-type: none"> • Measures have been put in place to ensure 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 GRM toll-number.
<p>✓ Local population and local communities.</p>	
<u>Risks and impact</u>	<ul style="list-style-type: none"> • 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.
<u>Mitigation</u>	<ul style="list-style-type: none"> • 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 GRM toll-number.
<p>✓ Government officials, including governorates Administration in the project area, village administrations, environmental protection authorities, health authorities; health workers.</p>	
<u>Risks and impact</u>	<ul style="list-style-type: none"> • Occupational health and safety risks. • Increased pressure due to overwork • The lack of access the GRM.
<u>Mitigation</u>	<ul style="list-style-type: none"> • This group will benefit from procure protection equipment and other basic materials, containment and treatment, occupational health and safety measure. • Increase the awareness of EOCs hotlines and GRM toll-number.

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
- Schools, universities, and other education institutions closed due to the virus
- The WHO, Ministry of Planning and International Cooperation (MOPIC) and other UN agencies to be involved in the project implementation.

DISADVANTAGED / VULNERABLE INDIVIDUALS OR GROUPS

Women, children, people with disabilities, the marginalized and the displaced, all pay the highest price in conflicts and are also most at risk of suffering devastating losses from COVID-19. It is a common enemy that does not care about ethnicity or nationality, faction or faith. "It attacks all, relentlessly."

Women, the elderly, adolescents, youth, and children, persons with disabilities, indigenous populations, refugees, migrants, and minorities experience the highest degree of socio-economic marginalization. Marginalized people become even more vulnerable in emergencies. This is due to factors such as their lack of access to effective surveillance and early-warning systems, and health services. The COVID-19 outbreak is predicted to have significant impacts on various sectors. The populations most at risk are those that: • depend heavily on the informal economy; • occupy areas prone to shocks; • have inadequate access to social services or political influence; • have limited capacities and opportunities to cope and adapt and; • limited or no access to technologies.¹³

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.
- Individuals with chronic diseases and pre-existing medical conditions and pregnant women, and Persons with Disabilities
- Women-headed households or single mothers with underage children.

¹³https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19_CommunityEngagement_130320.pdf

The development of this guide was led by UN Women and Translators without Borders on behalf of the Risk Communication and Community Engagement Working Group on COVID-19 Preparedness and Response in Asia and the Pacific, co-chaired by WHO, IFRC and OCHA.

- The unemployed.
- Homeless
- Illiterate or those with limited education
- Survivors of GBV, SEA/SH
- 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 (IDPs), refugees and returnees because of the ongoing conflict.
- Marginalized people.

Stakeholder engagement with

VI. STAKEHOLDER ENGAGEMENT PROGRAM

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 analysing and addressing comments and concerns.
- **Inclusiveness and sensitivity:** Sensitivity to stakeholders’ needs is the key principle underlying the selection of engagement methods. Given Yemenis’ particular situation with a high illiteracy rate 54.1%¹⁴(73.16% Male and 35% Female) of the population who is 15 years old and older), the SEP will ensure the messages will be transmitted to the whole population 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 if risk of contagion is present.

PROPOSED STRATEGY FOR STAKEHOLDER ENGAGEMENT ACTIVITIES

Stakeholder engagement will be 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. The engagement methods will be revised and updated regularly to meet the people needs based on their feedback.

Proposed strategy for Stakeholder Engagement Activities		
Stakeholders Groups	Engagement Topics	Engagement Methods
Preparation phase		
Population at risk <ul style="list-style-type: none"> • Affected individuals and their families • Those in quarantine centers 	<ul style="list-style-type: none"> • Awareness about COVID-19. • Needs of the project, Scope & planned activities 	<ul style="list-style-type: none"> ✓ Consultations over many channels (<i>Phone, emails, letters, Virtual Meetings,</i>

¹⁴ <http://uis.unesco.org/en/country/ye>

Proposed strategy for Stakeholder Engagement Activities		
Stakeholders Groups	Engagement Topics	Engagement Methods
<ul style="list-style-type: none"> Local communities close to the project activities. <p>Frontline Health workers</p> <ul style="list-style-type: none"> Isolation Units personnel. Laboratories personnel. Rapid Response Teams members. <p>Public health workers and health personnel</p> <p>Very exposed to risk</p> <ul style="list-style-type: none"> Vulnerable/Disadvantages groups <p>Public at large</p> <p>Humanitarian Networks/institutions/Agencies/Media</p> <ul style="list-style-type: none"> Health agencies Government agencies UN agencies. Clusters. NGOs/INGOs. Religious institutions Media Education Institutions Private sectors <p>Influencers.</p>	<ul style="list-style-type: none"> Environment and Social principles, risk, and impact management <p>Grievance Redress mechanisms (GRM)</p>	<p><i>One-on-one meetings, SMS, WhatsApp,)</i></p> <ul style="list-style-type: none"> ✓ 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)
<p>Health system and Official representatives</p> <p>Ministry of Public Health and others</p>	<ul style="list-style-type: none"> 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 <p>Grievance Redress mechanisms (GRM)</p>	<ul style="list-style-type: none"> ✓ 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.)
Implementation Phase		
<p>Population at risk</p> <ul style="list-style-type: none"> Affected individuals and their families Those in quarantine centers Local communities close to the project activities. <p>Very exposed to risk</p> <ul style="list-style-type: none"> Vulnerable/Disadvantages groups <p>Public at large</p> <p>Humanitarian Networks/institutions/Agencies/Media</p> <ul style="list-style-type: none"> Health agencies 	<ul style="list-style-type: none"> Regular update of the WHO COVID-19 advices. Report cases. Submit complaints Updates/needs of Project scope and ongoing activities 	<ul style="list-style-type: none"> ✓ Emergency operation centers (EOCs). ✓ GRM channels ✓ Consultations over many channels (<i>Phone, emails, letters, Virtual Meetings, One-on-one meetings, SMS, WhatsApp,)</i> ✓ Awareness about the updated WHO COVID-19 advices by using of (audio-visual materials, technologies such as telephone calls, SMS,

Proposed strategy for Stakeholder Engagement Activities		
Stakeholders Groups	Engagement Topics	Engagement Methods
<ul style="list-style-type: none"> Government agencies UN agencies. Clusters. NGOs/INGOs. Religious institutions Media Education Institutions Private sectors Influencers.		emails, brochures, flyers, posters, etc.) Outreach activities that are culturally appropriate (e.g. phones calls, audio- visual communication)
Health system and Official representatives Ministry of Public Health and others Frontline Health workers <ul style="list-style-type: none"> Isolation Units personnel. Laboratories personnel. Rapid Response Teams members. Public health workers and health personnel	<ul style="list-style-type: none"> Updates/needs of the project, Scope & planned activities management Report cases. Submit complaints Updates/needs of the project, Scope & planned activities management 	<ul style="list-style-type: none"> ✓ 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 <ul style="list-style-type: none"> Affected individuals and their families Those in quarantine centers Local communities close to the project activities. Very exposed to risk <ul style="list-style-type: none"> Vulnerable/Disadvantages groups Public at large Humanitarian Networks/institutions/Agencies/Media <ul style="list-style-type: none"> Health agencies Government agencies UN agencies. Clusters. NGOs/INGOs. Religious institutions Media Education Institutions Private sectors Influencers.	<ul style="list-style-type: none"> Lessons learnt Project and Pandemic Impact 	Consultations over many channels (Phone, emails, letters, Virtual Meetings, One-on-one meetings, SMS, WhatsApp,)
Health system/ Official representatives Ministry of Public Health.	<ul style="list-style-type: none"> Exit strategy Lessons learnt Project and Pandemic Impact 	Consultations over many channels (Phone, emails, letters, Virtual Meetings, One-on-one meetings, SMS, WhatsApp,)

Table 3. Proposed strategy for Stakeholder Engagement Activities

PROPOSED STRATEGY FOR ENGAGING VULNERABLE GROUPS

The project will carry out targeted consultations with vulnerable groups to understand their concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at workplaces and in their communities. Some of the strategies that will be adopted to effectively engage and communicate to vulnerable group will be:

Proposed strategy for engaging vulnerable groups (for All project components)			
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	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. <ul style="list-style-type: none"> ● 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. 	Feedback from Humanitarian clusters working in Yemen.
ELDERLY	Equitable access to health care. Special care at their live place.	Tailor messages and make them actionable for living conditions (including assisted living facilities), and health status. Engage the elderly to address their specific feedback. Develop specific messages to explain the risk for elderly and how to care for them, especially in homecare. Target family members, health care providers and caregivers.	
WOMEN AND GIRLS	Equitable access to health care. Prevention of SEA/SH risks. Awareness on COVID-19 and risk prevention support	Ensure frontline medical personnel are gender balanced and health facilities are 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.	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	Feedback from UNFPA/UNICEF and GBV sub-cluster

Proposed strategy for engaging vulnerable groups (for All project components)			
Vulnerable Groups and Individuals	Characteristics/ Needs	Preferred means of notification/consultation	Additional Resources Required
		and remind staff of the need to comply with them.	
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.	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	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.	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	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 medical facilities.	Feedback from related agencies/ clusters.
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.	Feedback from UNICEF or related clusters.
CHILDREN	Access to information. Parent should understand child' 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 4. Proposed strategy for engaging vulnerable groups

PROPOSED STRATEGY FOR INFORMATION DISCLOSURE

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 at the project preparation on 21 March and this is the first updated version and will be disclosed and updated regularly.

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

CONSIDERATIONS AMIDST THE CURRENT COVID-19 SITUATION:

- Avoid public gatherings (considering 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 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

Proposed strategy for Information Disclosure Activities (During the project life cycle)		
Stakeholders Groups	information to be disclosed	Methods
<p>Population at risk</p> <ul style="list-style-type: none"> • Affected individuals and their families • Those in quarantine centers • Local communities close to the project activities. <p>Frontline Health workers</p> <ul style="list-style-type: none"> • Isolation Units personnel. • Laboratories personnel. • Rapid Response Teams members. <p>Public health workers and health personnel</p> <p>Very exposed to risk</p> <ul style="list-style-type: none"> • Vulnerable/Disadvantages groups <p>Public at large</p> <p>Humanitarian Networks/institutions/Agencies/Media</p> <ul style="list-style-type: none"> • Health agencies • Government agencies • UN agencies. • Clusters. • NGOs/INGOs. • Religious institutions • Media • Education Institutions • Private sectors • Influencers. <p>Health system and Official representatives</p> <p>Ministry of Public Health and others</p>	<p>Regular updates on:</p> <ul style="list-style-type: none"> - <i>Planning and design activities.</i> - <i>Project implementation activities and progress.</i> - <i>Emergency operations centers hotlines.</i> - <i>GRM channels.</i> - <i>National Isolation Units.</i> - <i>Cases statistics,</i> - <i>Awareness about COVID-19, considering all group's needs).</i> 	<p>✓ Dissemination of information via electronic copies through WHO site, clusters, TWGs, Humanitarian sites, MoPHP site, Social media, mass media, hard copies at designated Isolation units; Information leaflets and brochures; TVs, Radios. And during all engagement activities and another outreach activity</p>

Table 5. Proposed strategy for Information Disclosure Activities (project life cycle)

VII. RESOURCES AND RESPONSIBILITIES FOR IMPLEMENTING STAKEHOLDER ENGAGEMENT ACTIVITIES

RESOURCES

The WHO will be responsible for stakeholder engagement activities. The SEP activities will be funded under the Component 1 of the project. Approximately

US \$100,000 for Implementation of the Stakeholder Engagement Plan (SEP), Pillar-8¹⁵ for 12 months.

¹⁵ Pillar 8- Operational support and logistics.

The below table show the SEP budget in more details.

Stakeholder Engagement Plan - Estimated Budget					
<i>Stakeholder Engagement Activities</i>	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	
<i>Grievance Redress Activities</i>	Quantity	Unit Cost (USD)	Times	Total Cost (USD)	Remarks
GRM call center/ establishment cost	1	3220	17	54,740.00	
GRM's channels mainstreaming cost	59	79.55	1	4,693.45	
Sub-Total - Grievance Redress				59,433.45	
Total				100,001.85	almost 100K

Table 6. Stakeholder Engagement Plan - Estimated Budget

MANAGEMENT/STAFF FUNCTIONS AND RESPONSIBILITIES

The WHO is responsible for implementing the SEP 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.

Roles and responsibilities of different actors are presented as follow:

<i>Actor</i>	<i>Engagement responsibilities</i>
Social safeguard officer.	<ul style="list-style-type: none"> • Ensure the social safeguard complies to project safeguarding policies. • Ensure the stakeholder engagement are always in place. • Ensure the functionality of EOCs and the reported cases are smoothly referred for treatment.
GRM officer	<ul style="list-style-type: none"> • Manage the GRM system, develop the grievances dataflow and referral mechanism. • Ensure the strengthening of stakeholder’s engagement. • Ensure that different stakeholders are aware of GRM system. • Ensure the functionality of EOCs.
Communication Officer Hired by PMU	<ul style="list-style-type: none"> • Develop a communications strategy covering the lifetime of the project • Liaise with and manage the relationship with any contracted companies producing communication materials (posters, flyers, video/TV spots...) • Plan and manage the project’s communications via all media channels (social media, TV, radio, written press...)
GRM Third party’s call center	<ul style="list-style-type: none"> • Receive grievances over all available channels and forward them to GRM officer.

Table 7. Stakeholder engagement responsibilities

VIII. GRIEVANCE REDRESS MECHANISMS

The main objective of a Grievance Redress Mechanism (GRM¹⁶) 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 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.

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:

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

¹⁶ GRM and GM are used interchangeably for the same meaning.

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 GRM.

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

<i>Who can lodge Grievances</i>	<i>When - But Not Limited to</i>
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.

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.

GRIEVANCES RELATED TO SEA/SH:

The project will develop a grievance registration system as one of the entry points for SEA complaints. The complaints registered in this system will be managed by a dedicated trained administrator to receive reports on SEA with strict confidentiality and, if the survivor approves, liaise with a Third Party¹⁷ to receive proper care. The contracted NGO will evaluate the efficacy of the GRM (and compliance with a survivor-centred approach) as an entry-point for SEA cases and recommend. More on the design of a survivor-centred¹⁸ will be provided in the [Annex1](#).

¹⁷ The project’s risks are substantial, so an independent consultant may be helpful to support the gender analysis and the development and monitoring of effective GMs.

¹⁸ Survivor-centered approach: 1) GRM 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

Issues and concerns related to GBV have arisen in community engagement discussions and the project risk was considered substantial. For this reason, community dialogue and awareness raising will be carried out in the communities to ensure that people potentially affected by the project identify the different entry points to the referral pathway in case of incidents of SEA (including specifications about the role of the GM). This community dialogue and awareness raising will be carried out by the partner NGO, considering previous similar successful experiences in many countries on the issue of GBV/SEA.

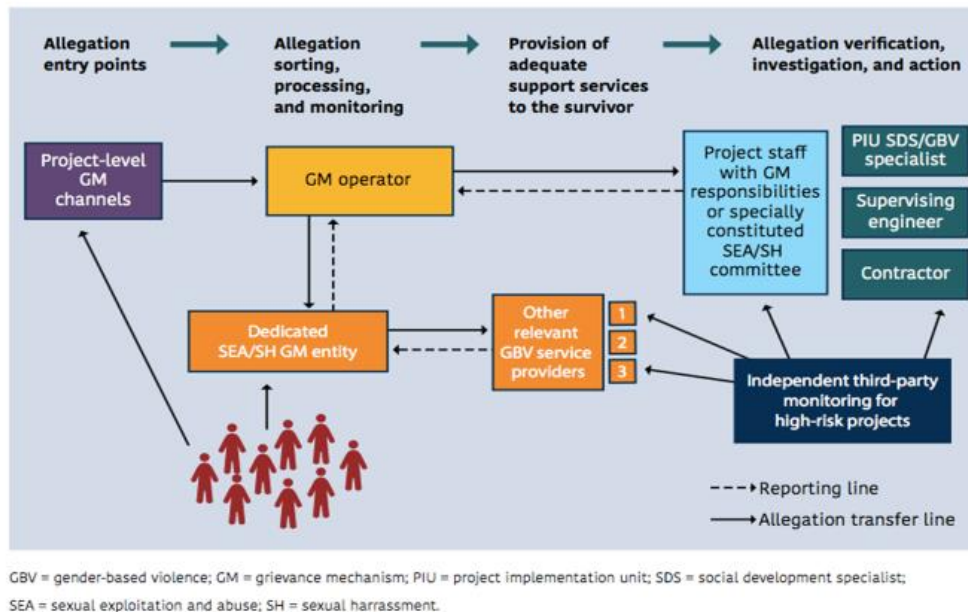
Further consultations¹⁹ with secondary stakeholders (NGOs or partners) will take place to better determine the needs and strategy for community dialogue and awareness raising and will be detailed further. Awareness campaigns, trainings, dissemination activities about the different entry points, among 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, at a minimum, 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; and
- Who the local GBV service providers are, how to contact them, and the support services offered?
- The channels available to lodge complaints through the Grievance Mechanism (GM) and how they will be addressed.

immediate referral to service providers should be made; and lastly, 4) Confidentiality on the complaint should be kept at all time.

¹⁹ [Ethics section](#) of the [Violence Against Women and Girls Resource Guide](#).



LABOR AND WORKING CONDITIONS COMPLAINTS

Besides the grievance mechanism for the overall project, a separate GRM will be established for the project workers. Workers will be able to lodge their complaints relating 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 GRM focal person at the PMU will function as the second tier GRM 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’ GRM 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 GRM 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.

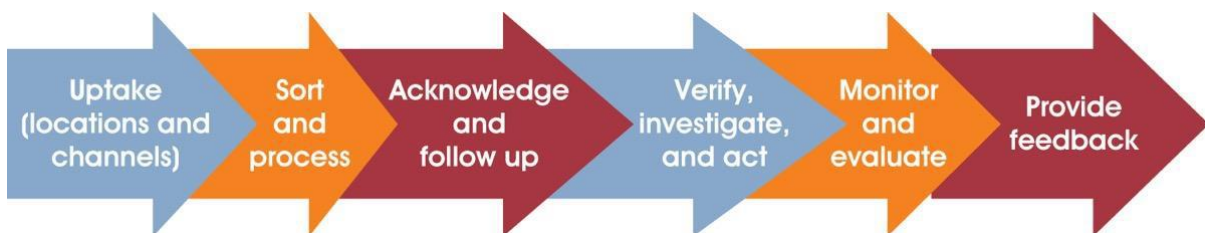
Grievances raised by workers will be recorded with the actions taken by each unit and/or the contractor. The summary of grievance cases will be reported to the PMU as part of contractor’s, healthcare facilities’, and other relevant parties’ periodic report. Where the aggrieved workers wish to escalate 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 Labor 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 2. GRM steps



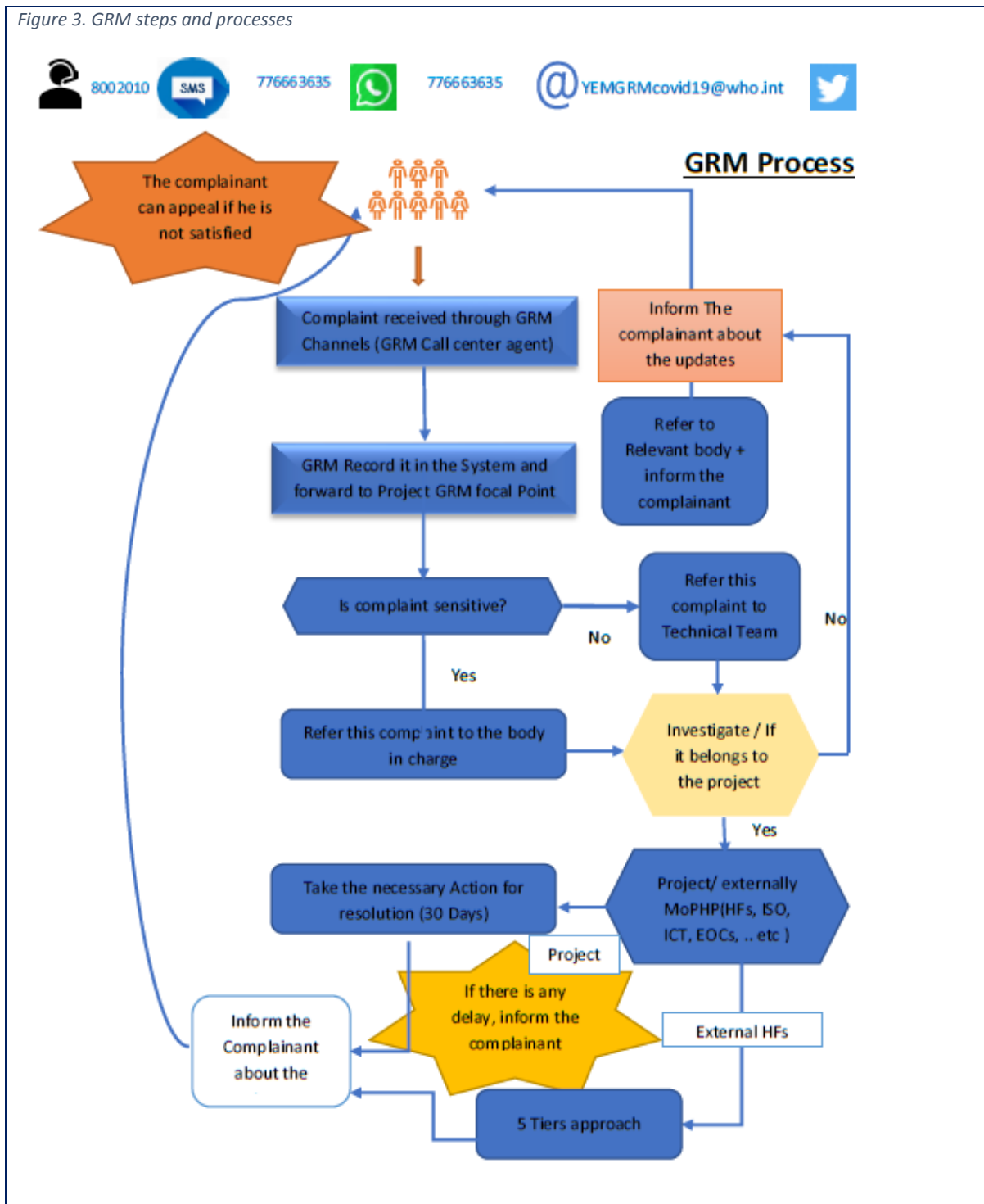
The main objective of a Grievance Mechanism GM is to assist to resolve complaints and grievances in a timely, effective, and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective, and lasting outcomes.

The project established GM will provide multiple access points (telephone, complaints box, website, email, postal address) so that beneficiaries will know whom to contact with regard to their concerns.

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

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

Figure 3. GRM 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	<ul style="list-style-type: none"> - Contract a Call Centre provider to receive the grievances over available channels. - Develop the GM log. - Develop the SEP and GM section - Develop the grievances categorizes. - Develop the referral mechanism. 	April – July.	GM officer. Social safeguard officer.
	<ul style="list-style-type: none"> - 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	GM officer. Social safeguard officer. Communication and Visibility officer.
Grievance uptake	<p>Anyone from the affected communities or anyone believing they are affected by the Project can submit a grievance by using the following channels:</p> <ul style="list-style-type: none"> - Hotline: (8002010). - Email: YEMGRM covid19@who.int - Social Media - Interviews/meetings - WhatsApp 776663635 - SMS 776663635 <p>Once a grievance is received, the designated staff at PMU will fill it in accurately. All complaints received should filed in a GRM log. The following information will be registered in the Log:</p> <ul style="list-style-type: none"> • 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.

GM establishment and processes			
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
Verification, investigation, actions	<p>The staff at PMU will investigate the grievance by following the steps below:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>	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	<p>Feedback from complainants regarding their satisfaction with complaint resolution is collected ...</p> <p>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.</p> <p>When providing a response to the complainant, the staff must include the following information:</p> <ul style="list-style-type: none"> • 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.

GM establishment and processes			
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. GRM processes, responsibility, and time.

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. For details information about the contents of the GM log please see the [Annex2](#)

The project established GM will provide multiple access points (telephone, complaints box, website, email, postal address) so that beneficiaries will know whom to contact with regard to their concerns.

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

RECOMMENDED GRIEVANCE REDRESS TIME FRAME

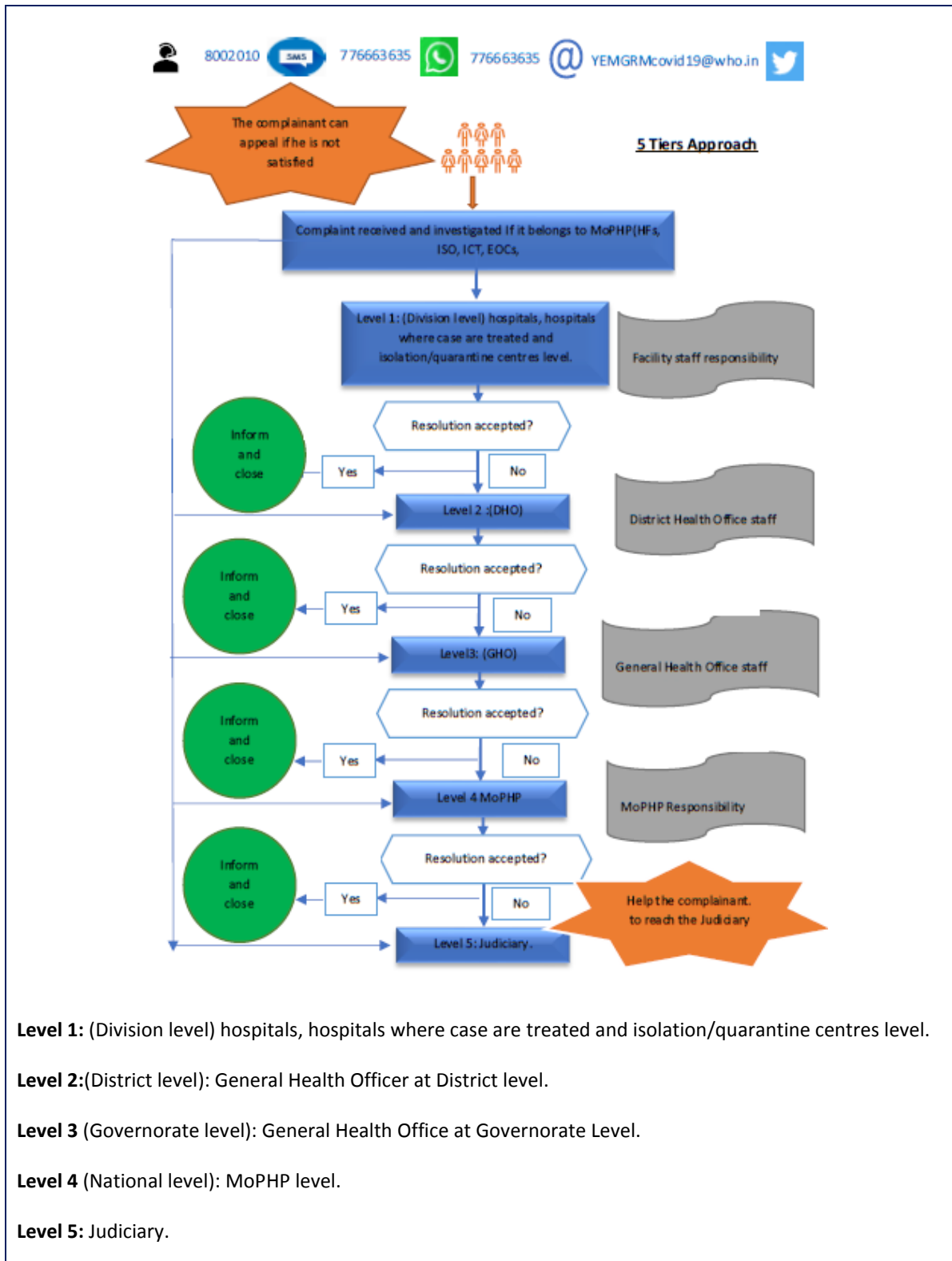
The GM will establish clearly defined timelines for acknowledgment, update, and final feedback to the complainant. To enhance accountability, these timelines will be disseminated widely to the project stakeholders. The timeframe for resolving the complaint shall not totally exceed 30 days from the time 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.

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.

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

Figure 4. GRM 5 Tiers approach at Health services level

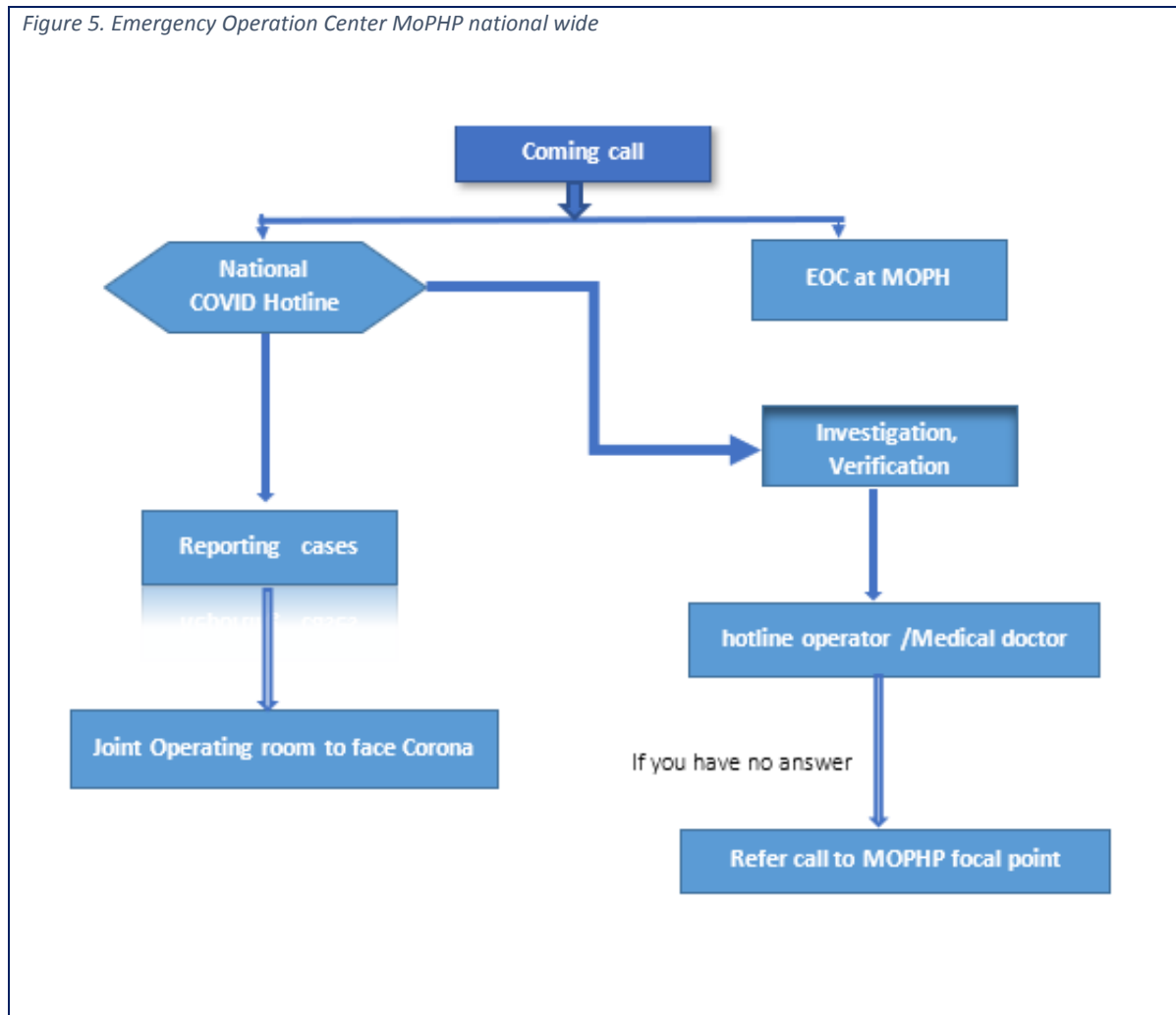


REPORTING COVID-19 CASES, GRIEVANCES AND ENQUIRES AT COUNTRY LEVEL/EOCS

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](#)

IX. MONITORING AND REPORTING

INVOLVEMENT OF STAKEHOLDERS IN MONITORING ACTIVITIES

The Project will provide 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.

Establishment a community committee from the Health facilities' personnel with gender perspective, Aware them about the project activities and what are their roles inside the project. By empowering and involving them directly in the monitoring process will increase the project performance, and continuously the project will mitigate the raised concerns.

Awareness through posters and banners with clear information about the project activities and clearly demonstrate the suggestions and complaints channels, which the people can use to reach the project.

At mid-point and end stages of the project, developed survey will be conducted among project-affected people to receive feedback on the project performance.

All stakeholders' inputs will be integrated to influence the project implementation, their comments, suggestions, and complaints will be categorized and reported as key findings and will be shared with PMU, to fill up the gaps. Direct contact with stakeholders to discuss their suggestions and points of views, and engage other stakeholders who has part of resolution, and the process the project will take to respond.

Stakeholders engagement activities will be reported to the WB team on bi-annual basis, to keep the team informed about the stakeholder's level of interest. They will provide feedback and suggestions to increase the performance.

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.

- 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.

X. 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 violence²⁰, 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).

²⁰ 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.²¹

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 8002010, YEMGRM-covid19@who.int , WhatsApp 776663635, - SMS 776663635, or citizen engagement/feedback mechanism].

COLLABORATING WITH PARTNERS FOR A SURVIVOR-CENTRED APPROACH

The SEP will help to also develop key messages for the Resident/Humanitarian Coordinator (RC/HC) to reinforce SEA requirements and 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 to ensure complaint channels remain open and perpetrators are held accountable.

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

- Ensure that essential medicines like PEP kits and emergency contraception 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.

²¹ 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.

- Use social media, radio, etc. to include information on how to seek services during periods of social distancing.
- 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)²²

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.²³ 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”)

²² 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”).

²³ 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.

including SEA/SH, or it may be a stand-alone SEA/SH GM outsourced to a third party.²⁴ The SEA/SH GM is generally managed by the Project Management Unit (“PMU”) and financed by the Project.²⁵

2. Only grievances related to SEA/SH allegedly committed by any “individual associated with a World Bank project”²⁶ fall under the mandate of a SEA/SH GM. The mandate of a SEA/SH GM is limited to: (i) referring, any survivor who has filed a complaint to relevant services, (ii) determining whether the allegation falls within the World Bank definition of SEA/SH, and (iii) noting whether the complainant alleges the grievance was perpetrated by an individual associated with a World Bank project. A SEA/SH GM does not have any investigative function. It has neither a mandate to establish criminal responsibility of any individual (the prerogative of the national justice system), nor any role in recommending or imposing disciplinary measures under an employment contract (the latter being the purview of the employer).
3. The World Bank’s Grievance Redress Service (GRS),²⁷ or the World Bank’s Inspection Panel.

II. GUIDING PRINCIPLES OF A SEA/SH GM

1. **Accessibility, transparency, and non-discrimination:** A SEA/SH GM must be accessible to all potential complainants and its existence and operation should be transparent to the community in which it is situated. SEA/SH GM accessibility should be sensitive to gender, age, disability, and other potential contextual barriers. Adequate information about the existence and operation of the SEA/SH GM must be provided in a language and manner accessible to any potential project-affected person.²⁸ 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

²⁴ 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.

²⁵ 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.

²⁶ See definition below at section VI.

²⁷ For further information, see, issued on and effective from March 1, 2017. For information on how to submit complaints to the World Bank’s corporate GRS, visit <http://www.worldbank.org/GRS>.

²⁸ 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.

about the allegation not be shared with persons or entities unless there is explicit permission granted by the complainant.²⁹ Even in such cases, information-sharing should take place on a strict need-to-know basis, limited to essential information,³⁰ and based on pre-established information sharing protocols which are in line with best practices for the handling of SEA/SH cases.³¹ Reports of grievances to the Bank and PMU shall only include an anonymized summary of allegations based on pre-established information sharing protocols.³²

5. **Considerations regarding children and persons with intellectual disabilities:** When the survivor is a child, the best interests of the child is the governing principle. Children are considered incapable of providing consent because they do not have the ability and/or experience to anticipate the implications of an action, and they may not understand or be empowered to exercise their right to refuse. The World Bank considers that a child is anyone under the age of 18³³ and, as such, not able to give free and voluntary consent.³⁴ 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,³⁵ 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 principles³⁶ 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.³⁷ The composition of the SEA/SH GM may need to change depending on the nature and source of the allegation.

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

²⁹ The identity of witnesses and alleged perpetrators must also be protected at all times.

³⁰ 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.

³¹ 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.

³² 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.

³³ Even if national law stipulates a lower age.

³⁴ See SEA/SH GPN (2020), p.8.

³⁵ 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].

³⁶ See Section II above.

³⁷ 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.

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 GM³⁸

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),³⁹ and received through multiple channels (*e.g.*, the PMU focal point, Contractor, Supervision Consultant, or GBV service provider). When the allegation is received in person, the GM Operator records the survivor's account of the incident; this shall be conducted in a private setting, ensuring that any specific vulnerabilities are taken into consideration.
- (ii) The SEA/SH GM should not ask for, or record, information other than the following: (i) the nature of the complaint; (ii) if possible, the age and sex of the survivor; and (iii) if, to the best of the complainant's knowledge, the perpetrator is associated with the Project; and (iv) if possible, information on whether the survivor was referred to services.⁴⁰ 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.⁴¹ 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 provider⁴² for any specific service the survivor may need

³⁸ For further details on specific steps in the GM value chain, see pp. 21-24 of the Technical Note.

³⁹ 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.

⁴⁰ SEA/SH GPN (2020), at p. 37.

⁴¹ For further details, see the Technical Note.

⁴² 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.

and want in accordance with pre-established and confidential referral procedures.⁴³ These services may include legal,⁴⁴ psychosocial, medical care, safety and security-related support, and economic empowerment opportunities.⁴⁵

- (ii) The GM Operator shall, within 24 hours of receiving the allegation, inform the PMU of the SEA/SH incident,⁴⁶ copying the World Bank,⁴⁷ 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.⁴⁸ Elements to be reported should only include: (i) the age and sex of survivor; (ii) the type of alleged incident (as reported); (iii) whether the alleged perpetrator is employed by the project; and (iv) whether the survivor was referred to a service provider.

3. FACT ANALYSIS

If the survivor wishes to pursue disciplinary action in addition to the referral to services provided, the GM Operator shall refer the case to the SEA/SH Committee to analyze the facts of the allegation by determining whether: (i) the allegation falls within the definition of SEA/SH; and (ii) the alleged perpetrator is an individual associated with a World Bank-financed project. If the SEA/SH Committee confirms these two elements, it shall refer the allegation to the employer, who shall then be responsible for investigating the allegations.⁴⁹ 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

⁴³ 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.

⁴⁴ It is also possible that the survivor independently pursues legal action through the justice system at this stage.

⁴⁵ 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.

⁴⁶ 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.

⁴⁷ 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.

⁴⁸ This should be read in accordance with any relevant requirements under domestic law.

⁴⁹ These ToR acknowledges that the identity of the alleged perpetrator may not always be known.

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

6. CLOSURE OF PROCESS

- (i) If the survivor does not wish that disciplinary action be pursued by the employer, and has not pursued legal action independently, the process is closed after the referral to services has been provided.
- (ii) In cases where the survivor seeks disciplinary action to be pursued by the employer or where the survivor pursues independent legal action,⁵⁰ the process is closed in the SEA/SH GM once that disciplinary or legal action has been initiated.⁵¹ The GM's tracking records should show the results of the referral and the chosen follow-up action (*i.e.*, employment sanction or judicial verdict). Should the survivor seek further assistance from the SEA/SH GM, the survivor may return to the GM.
- (iii) All SEA/SH survivors who come forward before the project's closing date should be referred immediately to the GBV service provider for health, psychosocial and legal support. If a project is likely to close with SEA/SH cases still open, appropriate arrangements should be made with the GBV service provider, prior to closing the project, to ensure there are adequate resources to support the survivor for an appropriate time after the project has closed. Since funding cannot be provided by the project after the closing date, other funding arrangements shall be made (Borrower, other projects within the portfolio that may have aligned objectives and budget flexibility, extension of the closing date).⁵²

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 18,⁵³ 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

⁵⁰ 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.

⁵¹ For further details, see SEA/SH GPN (2020) p. 47 on Resolving and Closing a Case.

⁵² *Id.*, para 127.

⁵³ This is in accordance with Article 1 of the United Nations Convention on the Rights of the Child.

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.⁵⁴

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.⁵⁵
- **Sexual abuse:** actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.⁵⁶

Sexual harassment (SH): Any unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature.⁵⁷

Survivor: A survivor is a person who has experienced the SEA/SH incident in the context of this SEA/SH GM.⁵⁸

⁵⁴ See SEA/SH GPN (2020) Glossary and 2015 Inter-Agency Standing Committee Gender-based Violence Guidelines, p. 5.

⁵⁵ See SEA/SH GPN (2020) Glossary and UN Glossary on Sexual Exploitation and Abuse 2017, pp. 5-6.

⁵⁶ *Id.*

⁵⁷ See SEA/SH GPN (2020) Glossary.

⁵⁸ *Id.*

XI. 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)⁵⁹

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 another⁶⁰.

- **Sexual Abuse:** “The actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.”
- **Sexual Harassment:** ⁶¹ Unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of sexual nature.
- **Sexual Harassment versus SEA⁶²** 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 Conduct⁶³ 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.

⁵⁹ As defined in the UN Secretary’s bulletin – Special Measures for protection from sexual exploitation and abuse October 9, 2003 ST/SGB/2003/13

⁶⁰ 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.

⁶¹ 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

⁶² Ibid

⁶³ In accordance with the United Nations Convention on the Rights of the Child.

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.

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: _____

XII. ANNEX III. GRIEVANCE LOG

GRIEVANCE UPTAKE

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

SORT

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

ACKNOWLEDGE AND FOLLOW UP

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

INVESTIGATE

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

MONITOR AND REPORT

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

I. ANNEX IV. PRACTICAL GUIDE FOR HOTLINE OPERATORS



Yemen Field Epidemiology Training Program YFETP

Coronavirus Disease (COVID 19) Hotline Protocol

INTRODUCTION	2
<i>Figure 1: COVID-19 hotline Organogram</i>	5
SECTION 1: REPORTING	6
<i>Figure 2: Calls Flow chart</i>	7
SECTION 2: INQUIRES.....	8
SECTION 3: MYTHS.....	10

INTRODUCTION

A hotline is a specialized telephone service that provides an effective way to listen to and counsel callers, disseminate information, and refer callers to services and resources for further help. Hotlines are used in many countries for a variety of reasons, such as crisis lines or providing information on family planning, reproductive and sexual health, HIV/AIDS, and human rights. Hotlines cannot operate in a vacuum, because they rely on a network of organizations that offer face-to-face counseling, medical services, or access to more information. Hotlines provide accurate information to many people quickly and anonymously. In offering anonymity, hotlines serve as a source of information that will not embarrass, label, or judge a caller. Also, hotlines can be excellent tracking systems. Hotlines show trends in the way people think, misconceptions they may have, and how they get their information. Tracking information can lend support when evaluating ongoing programs (i.e., if callers report that program materials referred them to the hotline) and in developing new interventions (i.e., providing correct information to callers responding to rumors)

The Yemeni Ministry of public health and population (MOPHP) has announced two hotline numbers (01-255942-52) to respond public questions and reports on suspected coronavirus cases

What is the aim of COVID 19 hotline guide & How to use it?

COVID 19 guide is a practical guide for hotline operators. It contains key recommendations and examples of existing practices that MOPHP can draw inspiration from and make use of. This guide is primarily conceived as a tool to be used in the day-to-day running of 01-255942-52 hotlines. It has not been devised as a set of mandatory rules or as an exhaustive manual for a “perfect running” of the service. On the contrary, it should be seen as a living document that can and will be changed, updated, and improved on the basis of experience.

Who are the direct beneficiaries of this guide?

The staff members of MOPHP who running the hotline:

- A. **Hotline operators:** Those who have the first contact with people calling to report or have inquiry about COVID 19. The guide addresses their needs in so far as it reports some general suggestions on how to handle a call, as well as concrete examples of standard questions to ask callers -depending on the case. The Hotline operators could be medical or psychology students or individual from any other relevant field.
- B. **Medical staff that are support the hotline operators:** Each shift will be linked with at least one physician – medical doctor who has the sufficient knowledge of COVID-19.

- C. **Other support mechanisms:** in case an individual call that shows symptoms of increased psychological distress, there should be a referral points of support to consult with or refer to – counsellor or psychotherapist.

Minimum quality standards in operating 01-255942-52 hotlines.

All staff members (remunerated and volunteers) must receive a training corresponding to their task/function:

- **Frontline operators:**
 - How to handle the caller when answering an inquiry.
 - Active listening – ask about the purpose of the call.
 - Provide feedback: confirm if you the operator heard is what the caller meant.
 - Be supportive and assertive.
 - Classify the call – define the type of call purpose and which protocols to follow.
 - Offering support when required.

General Principles:

- **SAFETY**
 - Avoid putting people at further risk of harm as a result of your actions.
 - Make sure people you are helping are safe from physical or psychological harm.
- **DIGNITY**
 - Treat people with respect and according to their cultural and social norm.
- **RIGHTS**
 - Make sure people can access help fairly and without discrimination.
 - Help people to claim their rights and access available support.
 - Act only in the best interest of any person you encounter.

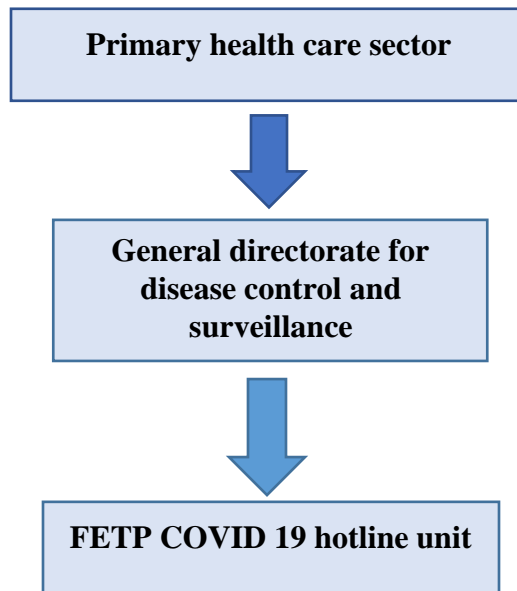
Recommendations for hotline operators in terms of general attitude

On a general basis, all telephone operators need to be trained to very high standards on how to respond to calls. Please note that this section only provides basic recommendations concerning the general attitude to adopt when responding to a call. It does not represent an exhaustive list of listening skills, nor is it intended to replace the essential training all operators must undertake to be able to deal effectively with any call.

General recommendations:

- Start by asking open ended questions in order to get as much information as possible, then go back over the information, ask for details and confirm the accuracy of the information gathered.
 - Attempt to get as many details as possible, including names and telephone numbers and place
 - Help the callers more efficiently by making them feel better.
 - Always maintain a comforting tone.
 - If you feel you are unable to deal with the caller refer to another colleague. Always be respectful avoiding judgement towards callers who's getting the disease, even if there appears to be some negligence on their part.
 - Explain to the caller that what they are going through is a normal reaction towards an unnatural situation.
- ✓ **Operator principles: People who are calling are most probably afraid and anxious. Therefore, they might react in an agitated and/or aggressive manner or they might refuse to listen:**
- Be honest and trustworthy.
 - Remain clam.
 - Behave appropriately by considering the person's culture, age, and gender.
 - If they refuse now, make it clear help is available in the future.
 - Set aside your own biases and prejudices – it's not about you it's about them.
- ✓ **The operator keeps in mind that people are under a lot of stress and are not always able to provide a coherent picture of the situation. However, this does not mean that they are not telling the truth.**
- Follow the protocol.
 - Explain your role clearly to the caller and the limitation of what you can do and provide.
 - Ask the right questions to learn more about the event (the purpose of the call).
 - Listen actively to their story.
 - Find out what is most important to them at this specific time.

FIGURE 1: COVID-19 HOTLINE ORGANOGRAM



SECTION 1: REPORTING

General questions

This section provides you with a few examples of questions you can ask in order better to understand the case, to get a clear picture of the reporting.

Information about operator and the call

Name of who receive the call

Date of the call

Time of the call

Transfer the report to the Central Rapid Response Team (CRRT)

Action Taken

Information about the caller

Name and Family name

Contact details (address, phone number, mobile number)

What is your relation to the case? (Relative, neighbor, friend, other)

Place of reporting (Governorate, district, sub district, others)

Information about the person with the corona infection

Name and family name

Gender

nationality

Address

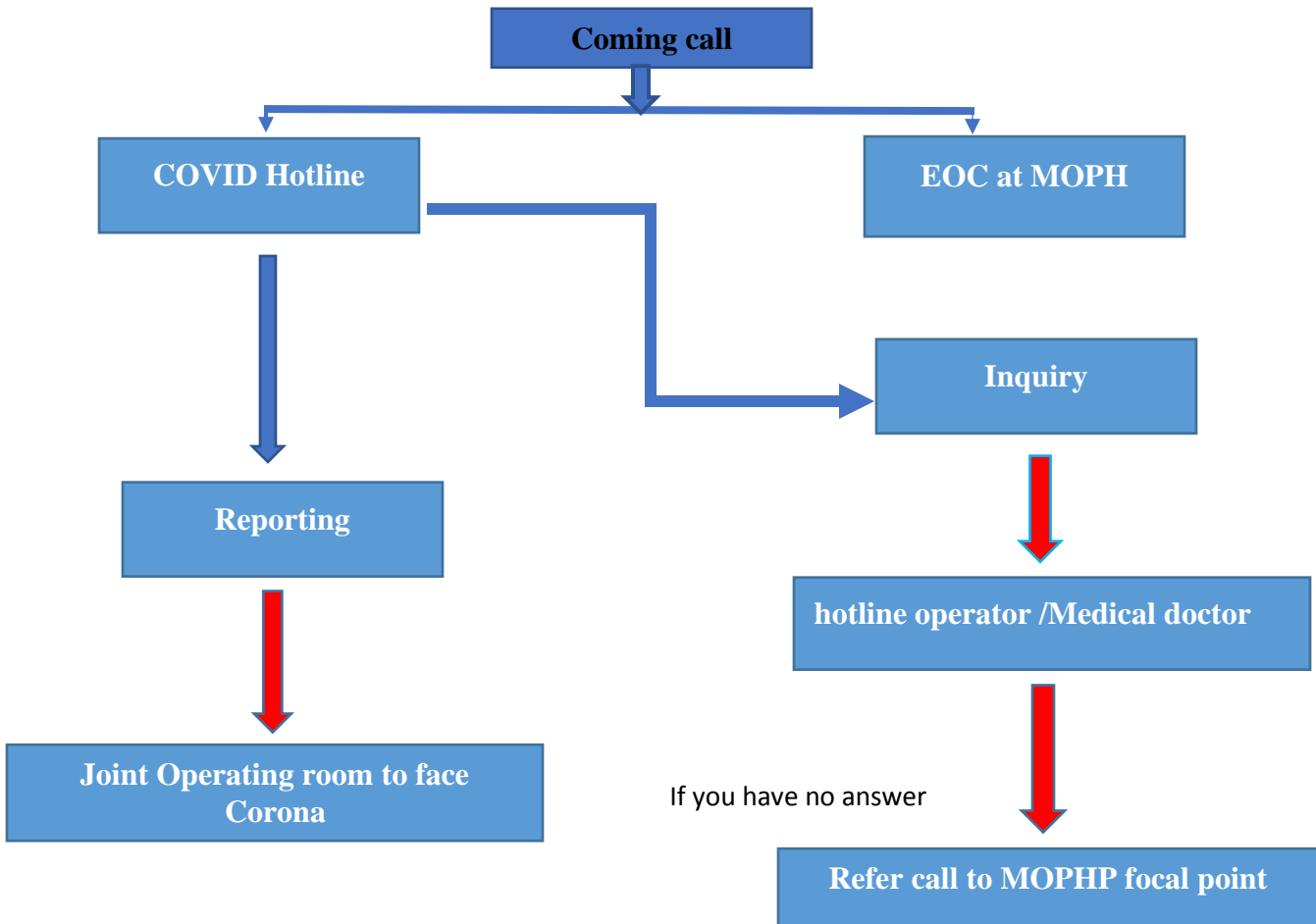
phone number

Travelling history

Signs and symptoms

Please consider that these are not universal questions that might be useful for all kinds of calls. Depending on the specific features of the case, it may be necessary to assess whether these examples of questions are relevant. In any case, remember that the most important thing is to build and maintain the caller's trust

Figure 2: Calls Flow chart



SECTION 2: INQUIRES

Information about operator and the call

Name of who receive the call

Date of the call

Time of the call

Information about the caller

Name and Family name

Contact details (address, phone number, mobile number)

Write the inquiry in detail

General information about COVID-19 (Name of quarantine centers, Name of isolation centers, etc.)

Specific information (signs, symptoms, mode of transmission, procedures of quarantine, etc.)

Other inquiries related to COVID-19

Remember

Introduce yourself and ask, “How can I help you?”

In case the inquiries not related to COVID 19 or we haven't answers refer the call to the focal point at the MOPH

Examples Questions & Answers on coronaviruses (COVID-19)

What is a Coronavirus?

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes coronavirus disease COVID-19.¹

What are the symptoms of Coronavirus?

- The most common symptoms of COVID-19 are fever, tiredness, and dry cough.
- Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea. These symptoms are usually mild and begin gradually.
- Some people become infected but don't develop any symptoms and don't feel unwell.
- Most people (about 80%) recover from the disease without needing special treatment.
- Around 1 out of every 6 people who gets COVID-19 becomes seriously ill and develops difficulty breathing.
- Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness.
- People with fever, cough and difficulty breathing should seek medical attention.

▪ How does Coronavirus spread?

- People can catch COVID-19 from others who have the virus.
- The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales.
- These droplets land on objects and surfaces around the person.
- Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.
- People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets. This is why it is important to stay more than 1 meter (3 feet) away from a person who is sick

Educate yourself about COVID 19

1. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

SECTION 3: MYTHS

Examples of Myths

1. COVID-19 virus can be transmitted in areas with hot and humid climates

From the evidence so far, the COVID-19 virus can be transmitted in ALL AREAS, including areas with hot and humid weather. Regardless of climate, adopt protective measures if you live in, or travel to an area reporting COVID-19. The best way to protect yourself against COVID-19 is by frequently cleaning your hands. By doing this you eliminate viruses that may be on your hands and avoid infection that could occur by then touching your eyes, mouth, and nose.

2. Taking a hot bath does not prevent the new coronavirus disease

Taking a hot bath will not prevent you from catching COVID-19. Your normal body temperature remains around 36.5°C to 37°C, regardless of the temperature of your bath or shower. Actually, taking a hot bath with extremely hot water can be harmful, as it can burn you. The best way to protect yourself against COVID-19 is by frequently cleaning your hands. By doing this you eliminate viruses that may be on your hands and avoid infection that could occur by then touching your eyes, mouth, and nose.

3. The new coronavirus CANNOT be transmitted through mosquito bites.

To date there has been no information nor evidence to suggest that the new coronavirus could be transmitted by mosquitoes. The new coronavirus is a respiratory virus which spreads primarily through droplets generated when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose. To protect yourself, clean your hands frequently with an alcohol-based hand rub or wash them with soap and water. Also, avoid close contact with anyone who is coughing and sneezing.

4. Are hand dryers effective in killing the new coronavirus?

No. Hand dryers are not effective in killing the 2019-nCoV. To protect yourself against the new coronavirus, you should frequently clean your hands with an alcohol-based hand rub or wash them with soap and water. Once your hands are cleaned, you should dry them thoroughly by using paper towels or a warm air dryer.

5. Can spraying alcohol or chlorine all over your body kill the new coronavirus?

No. Spraying alcohol or chlorine all over your body will not kill viruses that have already entered your body. Spraying such substances can be harmful to clothes or mucous membranes (i.e.

eyes, mouth). Be aware that both alcohol and chlorine can be useful to disinfect surfaces, but they need to be used under appropriate recommendations.

6. Can regularly rinsing your nose with saline help prevent infection with the new coronavirus?

No. There is no evidence that regularly rinsing the nose with saline has protected people from infection with the new coronavirus. There is some limited evidence that regularly rinsing nose with saline can help people recover more quickly from the common cold. However, regularly rinsing the nose has not been shown to prevent respiratory infections.

7. Can eating garlic help prevent infection with the new coronavirus?

Garlic is a healthy food that may have some antimicrobial properties. However, there is no evidence from the current outbreak that eating garlic has protected people from the new coronavirus.

8. Are there any specific medicines to prevent or treat the new coronavirus?

To date, there is no specific medicine recommended to prevent or treat the new coronavirus (2019-nCoV). However, those infected with the virus should receive appropriate care to relieve and treat symptoms, and those with severe illness should receive optimized supportive care. Some specific treatments are under investigation and will be tested through clinical trials. WHO is helping to accelerate research and development efforts with a range of partners.

9. Does the new coronavirus affect older people, or are younger people also susceptible?

People of all ages can be infected by the new coronavirus (2019-nCoV). Older people, and people with pre-existing medical conditions (such as asthma, diabetes, heart disease) appear to be more vulnerable to becoming severely ill with the virus. WHO advises people of all ages to take steps to protect themselves from the virus, for example by following good hand hygiene and good respiratory hygiene.

Educate yourself about COVID 19

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Annexes

Annex 1: Hotline logbook

Enquires Details

Enquires details	سبب الاتصال		اسم المتصل	وقت الاتصال	رقم المتصل	Date تاريخ الاتصال	اسم مستقبل الاتصال
	Report case	استفسار/سؤال	Caller Name	Time	Phone No	Caller name	
	بلاغ	استفسار/سؤال					

Reported case Details

الإجراءات المتخذة procedures	اسم متلقي البلاغ في CRRT The responder at CRRT	هل RRT تم تحويل البلاغ الى Is the reporting case referred to RRT?	تفاصيل البلاغ Reported cases details		
			رقم هاتف المبلغ/الحالة Reported case Phone number.	عنوان الحالة المبلغ عنها Reported case address	اسم المبلغ Name