

**COMBINED PROJECT INFORMATION DOCUMENTS / INTEGRATED
SAFEGUARDS DATA SHEET (PID/ISDS)**

Additional Financing

Report No.: PIDISDSA21941

Date Prepared/Updated: 28-Apr-2017

I. BASIC INFORMATION

A. Basic Project Data

Country:	Yemen, Republic of	Project ID:	P163741
		Parent Project ID (if any):	P161809
Project Name:	Yemen Emergency Health and Nutrition Project Additional Financing (P163741)		
Parent Project Name:	Emergency Health and Nutrition Project (P161809)		
Region:	MIDDLE EAST AND NORTH AFRICA		
Estimated Appraisal Date:	01-May-2017	Estimated Board Date:	16-May-2017
Practice Area (Lead):	Health, Nutrition & Population	Financing Instrument:	Investment Project Financing
Borrower(s)	World Health Organization, United Nations Children's Fund		
Implementing Agency	World Health Organization, United Nations Children's Fund		
Is this project processed under OP 8.50 (Emergency Recovery) or OP 8.00 (Rapid Response to Crises and Emergencies)?			
Financing (in USD Million)			
Financing Source			Amount
IDA Grant			83.00
Financing Gap			0.00
Total Project Cost			83.00
Environmental Category:			
Appraisal Review Decision (from Decision Note):	The review did authorize to proceed with Negotiations, in principle		
Other Decision:			
Is this a Repeater project?	No		

B. Introduction and Context

Country Context

1. Political upheaval, severe security threats, port blockades for most imports, chronic market shortages for all basic commodities and severe fiscal disruptions have been the unfolding reality of the continuous conflict situation in Yemen. The economic and social fabric is under severe pressure and the economy has contracted sharply since the conflict erupted. Gross Domestic Product (GDP) is reported to have plunged by 40 percent, underpinned by widespread disruptions of economic activities, with enterprises operating at half the capacity compared to pre-war era. Unemployment rates are on the rise. An estimated 8 million Yemenis have lost their livelihoods or are living in communities with minimal to no basic services. Civil service salaries have been severely interrupted since September 2016. Fiscal revenues are falling, deficit financing is increasingly resorting to arrears build-up, and undermining state functions and impairing the situation for the private sector. The financial sector is facing enormous difficulties with a rising share of non-performing loans. Moreover, oil and gas exports, a major source of fiscal revenues, have largely come to a halt, save for some limited production maintained by state-owned companies and controlled by the internationally recognized government in Aden.

2. Yemen used to import more than 90 percent of its medicines and 90 percent of its food; now official imports of these items have come to a halt. Foreign reserves are down to less than one month of imports. Aside from the lack of foreign reserves, there is a significant challenge in accessing the lines of credit which makes trade financing and importation of medicines and food difficult. Only private sector operators as well as international organizations still operating within the country have active access to import channels. However, import markets are small and private actors shy away from assuming the responsibility of handling major imports owing to the security and economic risks involved.

3. Yemen currently has one of the greatest levels of humanitarian needs in the world. The current conflict threatens household food security and the nutrition status of the population, as a result of widespread food shortages, rising food costs, and plummeting YER/USD exchange rates. The March 2017 Integrated Food Security Phase Classification (IPC) reports an overall deterioration in the food security and nutrition situation, with an increase in the total number of food insecure people in Yemen from 14 to 17 million people between June and December 2016. Seven governorates are in IPC Phase 4 (Emergency) while thirteen are in Phase 3 (Crisis). Four governorates exceed the WHO threshold for a critical nutrition situation with global acute malnutrition (GAM) rates in children 6 to 59 months ranging from 16 to 25 percent. In all these governorates, greater than 20 percent of the people have poor food consumption; several UN agencies and non-governmental organizations (NGOs) are warning about impending famine.

Sectoral and Institutional Context

4. The latest figures show that an estimated 17 million people or 60 percent of the total population are now food insecure, of which 6.8 million are facing emergency crisis level, only one level before famine. Acute malnutrition is at alarming levels; four governorates (Abyan, Taiz, Al Hodaidah, and Hadramout) have GAM prevalence above the WHO Critical threshold (≥ 15 percent), and seven and eight governorates have GAM prevalence at serious levels (10-14.9 percent) and poor levels (5-9.9 percent), respectively. This is an escalation of an already critical situation only a few months ago during the preparation of the parent project where severe food insecurity already affected 14 million people, and an estimated 3.3 million were malnourished, including 2.2 million children affected by acute malnutrition, of whom 462,000 were suffering from severe acute malnutrition and required immediate assistance. Basic services across the country were on the verge of collapse. Chronic drug shortages and conflict-related destruction constrained access to health care services for around 14 million Yemenis, including 8.3 million children. Children under five years of age (U5) represent 18 percent of the total population in Yemen, 44 percent of whom are GAM affected.

5. The needs for nutrition services in Yemen during the current situation are unprecedented. Globally, from 5 to 10 percent (8 percent on average) of SAM affected children are suffering life threatening complications and thus are in urgent need of 24-hour care in hospital units known as Therapeutic Feeding Centers/ Stabilization Center (TFCs/ SCs) for 2 to 3 weeks. Once stabilized, they are referred to the Outpatient Therapeutic Program (OTP) clinic to continue the SAM treatment course. Malnutrition is responsible for nearly half of all deaths of children under 5, and, together with poor diets, is the number one driver of the global burden of disease. More than half of early child deaths are due to conditions that are preventable and curable with access to simple, affordable interventions.

6. Significant implementation progress has been achieved since the parent project became effective on February 6, 2017. The month-long nationwide polio vaccination campaign concluded on March 28, 2017, with EHNP support managed to reach around 5 million children in all governorates. Both the cost of vaccines and distribution expenses were fully covered by the Project. In addition, 375,000 Yemeni children between 6-24 month and 132,000 pregnant and lactating women received micronutrients under the project. In addition, more than 10 tons of essential medicines have arrived at the country in late March 2017 for the activities managed by the World Health Organization (WHO) under the project.

C. Proposed Development Objective(s)

Original Project Development Objective(s) - Parent

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

Proposed Project Development Objective(s) - Additional Financing

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

Key Results

The following is the PDO-level results indicator:

- People who have received essential health, nutrition, and population services (number)
 - i. Of which female (%)
 - ii. Of which IDPs (%)
 - iii. Of which children under 5 (%)

D. Project Description

7. The proposed AF will support the prevention and treatment of moderate acute malnutrition (MAM), widening the scope of the parent project. The additional support will mainly address moderate and severe acute malnutrition among children and women at all levels of care, and sustain a basic calorie intake of the identified malnourished people through fortified nutritious supplements/food. This involvement would ensure an integrated nutrition package through different models of service delivery and thus, mitigating the risk of malnutrition and famine in Yemen among the vulnerable population. With the AF, the Bank's support could better address the prevention and management of malnutrition which would have lasting socio-economic effects for the future development of the Republic of Yemen at the individual, community, and national levels.

8. Added to the scope of the EHNP, the AF will support a myriad of interlinked nutritional services.

These include, but not limited to: a) the scaling up of Community-based Management of Acute Malnutrition (CMAM) which is an approach that focuses on saving the lives of acutely malnourished children under five and acutely malnourished pregnant and lactating women (PLW) by providing curative treatments and preventing deterioration; b) integration of fortified nutritious supplements to support families of the acutely malnourished children as well as Blanket Supplementary Feeding Program (BSFP) for PLW and children 6 to 23 months ; and c) scaling up and ensuring the national coverage of the Integrated Nutrition Surveillance System (INSS).

9. The AF will enable WHO and UNICEF to deliver, through their network of local health institutions and partners including WFP, urgently needed nutrition services. Similar to the parent project, this operation will seek to build the institutional capacity and operational readiness of the local health and nutrition providers. This would entail an integration of service delivery models including the fixed facilities, outreach, mobile teams, and community-based care. In addition, and given the implementation capacity of the local institutions, WHO and UNICEF shall seek to partner with international and local NGOs to undertake some of the planned activities. WFP, through a joint program agreement with UNICEF, is expected to work on Moderate Acute Malnutrition and related interventions including provision of fortified nutritious supplements to the target group.

Component Name:

Component 1: Improving Access to Health, Nutrition, and Public Health Services

Comments (optional)

Component Name:

Component 2: Project Support, Management, Evaluation and Administration

Comments (optional)

Component Name:

Component 3: Contingent Emergency Response

Comments (optional)

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

While the project activities have no specific geographical targeting, activities financed by the project aims at delivery of health service nationwide. With the ongoing conflict, the locations' selection will draw on the health need targeting while considering Yemen's security map and the security situation of each governorate.

F. Environmental and Social Safeguards Specialists

Amer Abdulwahab Ali Al-Ghorbany(GEN05)

Ibrahim Ismail Mohammed Basalamah(GSU05)

II. IMPLEMENTATION

15. The proposed AF will use the same implementation arrangements of the parent project. UNICEF and WHO will continue to be the grant recipients as well as the managing and implementing entities.

16. The proposed project would be financed by an IDA grant to WHO and UNICEF, co-signatories of the Financial Management Framework Agreement (FMFA). The project's

financial management (FM) arrangements will be governed by the FMFA between the World Bank and the UN agencies, which provides for the use of the UN's Financial Regulations.

17. The project is designed to fit within the current activities that have been implemented by both UN organizations. No additional or external capacity would be required to undertake procurement under the proposed project.

III. SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	The policy is triggered as the project includes interventions with potential site-specific, limited and mitigable environmental impacts as they might involve the disposal of the medical consumables (vaccination kits, vials, syringes, etc.). Considering these potential small-scale and site-specific impacts which might be associated with the disposal of medical consumables, the project is categorized as 'B'. A Medical Waste Management Plan (MWMP) has been prepared and disclosed on the World Bank external website and is being implemented by the implementing agencies. The MWMP is valid for the proposed additional financing as it provides mitigation measures for the potential impacts of the proposed activities.
Natural Habitats OP/BP 4.04	No	
Forests OP/BP 4.36	No	
Pest Management OP 4.09	No	
Physical Cultural Resources OP/BP 4.11	No	
Indigenous Peoples OP/BP 4.10	No	
Involuntary Resettlement OP/BP 4.12	No	This policy is not triggered due to the fact that the project activities will not entail land acquisition, restriction to access and/or impact on livelihood of beneficiaries.
Safety of Dams OP/BP 4.37	No	
Projects on International Waterways OP/BP 7.50	No	
Projects in Disputed Areas OP/BP 7.60	No	

IV. Key Safeguard Policy Issues and Their Management

A. Summary of Key Safeguard Issues

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

Similar to the parent project, activities supported by the proposed AF are expected to have limited environmental impacts. The project will finance several interventions including, among other things, outreach and facility-based services and nationwide campaigns which have potential site-specific, limited and mitigable environmental impacts as they might involve the disposal of the medical consumables such as, but not limited, vaccination kits, vials and possible syringes. To avoid/mitigate any potential adverse environmental impacts under this intervention, a Medical Waste Management Plan (MWMP) was prepared and is being implemented by the implementing agencies. The MWMP addresses also safe handling and storage of medicines, vaccines, and other medical consumables.

The project AF activities will have social benefits similar to the parent project because it will scale up and expand the provision of the essential package of health and nutrition services to the Yemeni population nationwide. For example, UNICEF will supply fortified nutritious supplements to families with malnourished children and women. However, WHO will provide basic emergency Obstetric and Neonatal care services in targeted referral centers.

The proposed project will not cause any safeguard impacts because OP 4.12 is not triggered. However, there are non-safeguard elements (social impacts) that may negatively impede the successful implementation of the project. The first social impact would be the difficulty to reach the severely affected women and children at areas under conflict by the ongoing war which could hinder the supply of the health and nutrition services. The second social impact would be the difficulty to access the areas under the control of religious factions where the vulnerable groups are residing and could lead to inadequate delivery of health services.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:

There is no potential indirect or long term impacts due to anticipated future activities in the project area.

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

The alternative of not implementing the project would likely have severe negative impacts not only on health and nutrition status of the population but also on the socio-economic aspects.

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

The proposed AF will use the same implementation arrangements as the parent project. The implementing agencies in collaboration with the appropriate Yemeni authorities will continue implementing the MWMP (which was reviewed and cleared by the Bank) for proper management and safe disposal of any medical wastes and used vaccination kits generated during the implementation of the project.

In terms of capacity, both agencies have institutional and implementation mechanisms in place to ensure the delivery of essential services on the ground during the ongoing conflict in

Yemen. The existing mechanism comprises their own networks of providers, contractors, Governorate Health Offices (GHOs), District Health Offices (DHOs), and international and local NGOs. Both organizations have long standing experience in the preparation and implementation of the proposed interventions including the immunization campaigns in Yemen, including proper arrangements for the management and safe disposal of medical waste. Arrangements for monitoring the application of safeguards measures include field visits by officers from the central, governorate and district levels. Monitoring tools - such as checklists - have been previously developed, adopted and already in use by the implementing agencies for monitoring and reporting on the implementation, including of safeguards measures.

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

Since effectiveness was declared in February 2017 for the parent project, no issues have been reported in terms of safeguards performance. A supervision mission is scheduled in June 2017, where all aspects of implementation, including safeguards, will be discussed. Furthermore, the first progress report will become available after 6 months of implementation, which will include an update on safeguards.

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

The project key stakeholders include the Ministry of Public Health, Governorate Health Offices (GHOs), District Health Offices (DHOs), and International and local NGOs. This MWMP of the parent project which will be used for the AF is already disclosed at the World Bank InfoShop.

Given the nature of the project, consultations with relevant stakeholders and the intended beneficiaries was critical under the current circumstances of the country. The alternative mechanism for consultation would be to adopt the implementing agencies' "Beneficiaries' Satisfaction Checklist". This checklist can be used to measure the satisfaction of providing the essential package of health and nutrition services to the Yemeni population nationwide, especially the most vulnerable group here (mothers and children). This checklist will be carried out by the teams of UNICEF and WHO located in their offices in Sana'a and numerous offices all over Yemen and the hired Third Party Monitoring (TPM) agency. The checklist could include a scale such as (1. Very good; 2. Good; 3. Moderate; 4. Poor; 5. Very poor). This satisfaction checklist can be used in lieu of the grievance redress mechanism and could be workable in unstable settings like Yemen. In addition, UNICEF and WHO have a hotline which beneficiaries can call to share concerns or complaints regarding the services received.

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	21-Dec-2016

Date of submission to InfoShop	25-Jan-2017
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	
"In country" Disclosure	
If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.	
If in-country disclosure of any of the above documents is not expected, please explain why::	

C. Compliance Monitoring Indicators at the Corporate Level

OP/BP/GP 4.01 - Environment Assessment						
Does the project require a stand-alone EA (including EMP) report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
The World Bank Policy on Disclosure of Information						
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
All Safeguard Policies						
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
Have costs related to safeguard policy measures been included in the project cost?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>

documents?

V. Contact point

World Bank

Contact: Moustafa Mohamed ElSayed Mohamed Abdalla
Title: Health Specialist

Borrower/Client/Recipient

Name: World Health Organization
Contact: Nevio Zagaria
Title: Representative
Email: legrand_cesar@yahoo.fr

Name: United Nations Children's Fund
Contact: Meritxell Relano
Title: Representative
Email: legrand_cesar@yahoo.fr

Implementing Agencies

Name: World Health Organization
Contact: Nevio Zagaria
Title: Representative
Email: legrand_cesar@yahoo.fr

Name: United Nations Children's Fund
Contact: Meritzell Relano
Title: Representative
Email: legrand_cesar@yahoo.fr

VI. For more information contact:

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: <http://www.worldbank.org/projects>

VII. Approval

Task Team Leader(s):	Name: Moustafa Mohamed ElSayed Mohamed Abdalla	
<i>Approved By:</i>		
Safeguards Advisor:	Name: Nina Chee (SA)	Date: 04-May-2017
Practice Manager/Manager:	Name: Ernest E. Massiah (PMGR)	Date: 04-May-2017
Country Director:	Name: Poonam Gupta (CD)	Date: 04-May-2017

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