

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

**Additional Financing**

Report No.: PIDISDSA22902

**Date Prepared/Updated:** 28-Jul-2017

**I. BASIC INFORMATION**

**A. Basic Project Data**

<b>Country:</b>	Yemen, Republic of	<b>Project ID:</b>	P164466
		<b>Parent Project ID (if any):</b>	P161809
<b>Project Name:</b>	Yemen Emergency Health and Nutrition Project Second Additional Financing (P164466)		
<b>Parent Project Name:</b>	Emergency Health and Nutrition Project (P161809)		
<b>Region:</b>	MIDDLE EAST AND NORTH AFRICA		
<b>Estimated Appraisal Date:</b>	26-Jul-2017	<b>Estimated Board Date:</b>	22-Aug-2017
<b>Practice Area (Lead):</b>	Health, Nutrition & Population	<b>Financing Instrument:</b>	Investment Project Financing
<b>Borrower(s)</b>	World Health Organization, United Nations Children's Fund		
<b>Implementing Agency</b>	World Health Organization, United Nations Children's Fund		
<b>Financing (in USD Million)</b>			
<b>Financing Source</b>			<b>Amount</b>
IDA Grant			200.00
Financing Gap			0.00
Total Project Cost			200.00
<b>Environmental Category:</b>			
<b>Appraisal Review Decision (from Decision Note):</b>	The review did authorize the team to appraise and negotiate		
<b>Other Decision:</b>			
<b>Is this a Repeater project?</b>	No		

**B. Introduction and Context**

**Country Context**

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. 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.

### **Sectoral and Institutional Context**

Yemen is currently battling one of the world's worst cholera outbreaks of an unprecedented scale, adding to the devastation and suffering caused by the ongoing conflict. A second wave of Acute Watery Diarrhea (AWD)/cholera outbreak started on April 27, 2017, spreading to almost all governorates, and on May 14, the local health authorities declared a state of emergency, indicating that the health system is unable to contain the unprecedented health and environmental disaster. More than 1,760 Yemenis have died due to the disease since late April 2017, and more than 332,000 suspected cases of cholera have been recorded in 292 districts in 21 governorates, while as many as 400,000 people could become infected within a few weeks, according to WHO.

The cholera outbreak is further exacerbated by the poor access to basic services, high risk of famine and unprecedented rates of malnutrition. Every ten minutes a child dies of preventable causes in Yemen. The health condition of the vulnerable population, particularly malnourished children, is already compromised by the deteriorating situation, increasing their susceptibility to cholera infection and associated complications contributing to a higher case fatality rate. Children suffering from severe acute malnutrition are ten times more likely to die than their healthy peers due to their weakened immune systems. Less than 45 percent of all health facilities are fully functional, and nearly 15 million people cannot access the medical care they desperately need. More than 14 million Yemenis require assistance to access safe drinking water and sanitation.

Basic water and sanitation infrastructure is on the verge of near total collapse, and a large number of internally displaced persons (IDPs) are particularly at higher risk due to the overcrowded shelters and settlements with inadequate water and sanitation facilities. Regarding clean drinking water, distribution by private tankers using unregulated sources or transportation mechanisms have been reported to be a major source of infection.

## **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, essential nutrition, water and sanitation 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 (%)

- People provided with access to improved water sources living in cholera affected areas

#### **D. Project Description**

Under the proposed AF2, a three-pronged, integrated approach will be introduced to control the cholera epidemic, prevent its resurgence, and support the local health and water systems to deal with any future outbreaks in order to save the country's human capital. Based on this approach, a customized package of health and WSS interventions is developed and integrated at different levels (national, governorate, institutional, facility, community, and household) to maximize implementation efficiency and achieve optimal complementarity. The three prongs will entail: i) cholera response and case control measures aimed at containing the disease attack rates, limiting morbidity and decreasing fatalities; ii) prevention measures aimed at decreasing the likelihood of a resurgence of further wide-scale disease outbreaks (notably cholera) for example through social mobilization, mass distribution of oral cholera vaccines to ten million Yemenis in one of the world's largest oral cholera vaccine (OCV) campaigns, and rehabilitating critical health and water supply and sanitation services including wastewater treatment plants (WWTPs); and iii) system/ institutional strengthening and resilience-building measures that will boost the readiness and resilience needed in health and water sectors for early detection and will adequately respond to and effectively contain any future disease outbreaks. The three categories of interventions will be implemented in parallel and will ensure results at different stages of implementation. .

The AF will enable WHO and UNICEF to deliver, through a network of local health and water institutions and partners, the proposed services under each component. The AF will scale up and expand the scope of the 1st component to allow for the new, additional health and WSS activities.

**Component Name:**

Component 1: Improving Access to Health, Nutrition, Public Health and WSS 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 relevant to the safeguard analysis (if known)**

While the project activities have no specific geographical targeting, activities financed by the project aims at delivery of health and WSS services nationwide. With the ongoing conflict, the selection of locations 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, Social Safeguards Specialist

Ibrahim Ismail Mohammed Basalamah, Social Safeguards Specialist

## **II. IMPLEMENTATION**

To address the current cholera crisis and prevent future ones, an integrated package of Health and WSS interventions must be in place to contain and control the outbreak, and minimize the risk of recurrence. Currently, millions of Yemenis are at greater risk of death, as they face the “triple threat” of conflict, famine and cholera, particularly in the most-affected districts.

Under the ongoing Emergency Health and Nutrition Project (EHNP), the World Bank was immediate in responding to the cholera outbreak through the scale up of selected health and WASH activities. In partnership with UNICEF and WHO, more than US\$50 million has been allocated to health and sanitation services in the highly affected districts. The funds have primarily been used to strengthen local institutional capacity in the health and water sectors to control and prevent the disease. Efforts have included the establishment of 46 cholera treatment centers and 250 oral rehydration corners, along with the delivery of more than 500 tons of medicines, 15 water sources cleaned, 3 million Yemenis reached by hygiene kits and jerry cans, and a nation-wide health promotion and awareness program. More than 150,000 cases have been successfully treated which helped to bring down the national average cholera CFR from 1.7 percent to 0.5 percent.

The international community has also been active in supporting the response to the cholera outbreak in Yemen. To date, around 60 million dollars were pledged by different donors for the cholera outbreak response. These includes funding from DFID (US\$ 7.6 million), OFDA (US\$ 6 million), King Salman relief (US\$ 20 million), and CERF (US\$ 2 million). Potential funding is also expected from KSA and China. The coordination of partners involved in the Cholera outbreak response exists at all levels. At national level, WHO and UNICEF are leading these efforts in the Health and WASH clusters and collaborating with a number of international and local organizations.

A national Cholera task force comprising of the local and national levels technical health officers, WHO, UNICEF and other Health and WASH partners has been put in place to ensure a joint identification of hotspots at sub-district levels for integrated response, regular exchange of information including updates of line-lists; outreach and social mobilization program, and integration of the overall response activities. UNICEF and WHO are the main procurement sources of the of required supplies and medicines to the country.

The overall design of the project will remain the same with some changes in the component design, implementation arrangements. The Project Development Objective (PDO) will be slightly modified to reflect the additional WSS activities: “to contribute to the provision of basic health, essential nutrition, water and sanitation services for the benefit of the population of the Republic of Yemen”. Changes are introduced to Component 1 to reflect additional health and WSS activities provided under the integrated package. Finally, a number of new PDO and intermediate indicators will be added to account for the cholera proposed package of interventions. The IDA grant recipients will continue to be WHO and UNICEF.

Under the proposed AF, a three pronged and integrated approach will be introduced to control the fierce Cholera epidemic, prevent its resurgence, and prepare the local health and water systems' to deal with any future outbreaks. Based on this approach, a customized package of health and WSS interventions is developed and integrated at different levels (National, governorate, institutional, facility, community, household) to maximize implementation efficiency and achieve optimal complementarity. The three prongs will entail: i) Cholera Response and Case Control Measures aiming at containing the disease attack rates, limiting morbidity and decreasing fatalities; ii) Prevention Measures aimed at decreasing the likelihood of a resurgence of further wide-scale disease outbreaks (notably cholera); and iii) System Strengthening & Resilience Measures to boost the readiness and resilience needed in health and water sectors public to early detect, adequately respond to and effectively contain any future disease outbreaks. The three categories of interventions will go parallel and will ensure results at different stages of implementation.

### III. SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	<p>The policy is triggered. The AF is classified as Environmental Category "B". Activities to be supported are expected to scale up ongoing interventions by the parent project. In addition, new interventions will be added to introduce cholera-specific integrated interventions, notably: rehabilitation of some WWTPs and water and sewerage networks in urban areas; rehabilitation of water networks in rural areas; and supporting the epidemiological and diagnostic laboratory capacity of the local institutions particularly at the governorate levels through providing equipment and supplies. Potential environmental impacts of such activities are expected to be site-specific, limited and mitigable.</p> <p>To ensure proper management of potential environmental impacts, the existing Medical Waste Management Plan (MWMP), which has been prepared for the parent project, will continue to be implemented under the proposed AF. This MWMP will be reviewed and updated, if needed. In addition, to eliminate or mitigate any potential impact that might result from the implementation of the newly-introduced interventions mentioned above, an Environmental and Social Management Framework (ESMF) will be</p>

		prepared, consulted on, and disclosed in country and on the Bank's external website by September 30, 2017. Furthermore, sub-projects will be screened against criteria that will be included in the ESMF, and subsequent site-specific environmental assessment instruments will be prepared -if needed- during the implementation phase and before the commencement of any physical activities. As this AF is prepared under emergency procedures as defined by OP 10.00 para 12, the preparation of the ESMF is deferred and a Safeguards Action Plan (SAP) has been prepared - see annex 4 of the Project Paper- and will be disclosed.
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	The Health activities under the subcomponent 1.1, 1.2 and 1.3 of AF2 of the EHNP will include the cholera specific integrated interventions such as the expenses of the Cholera Treatment Centers (CTCs), Oral Rehydration Points (ORPs) and the provision of Oral Cholera Vaccines (OCVs). In addition, WSS activities under subcomponent 1.4 will include the improvement of access to safe water and sanitation at household, schools and health facilities. It will include the rehabilitation and maintenance of existing water and sewerage facilities both in urban and rural areas. It will also include the chlorination of water pipe network and the private water trucks. Therefore, based on the proposed activities mentioned above, OP 4.12 will not be applied because no land acquisition, loss of livelihood income or restriction to access parks and cultural sites is expected.
Safety of Dams OP/BP 4.37	No	
Projects on International Waterways OP/BP 7.50	No	
Projects in Disputed Areas OP/BP	No	

7.60		
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#### 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:**

According to the OP 4.01 on Environmental Assessment, this proposed second AF is classified as Environmental Category "B". Activities to be supported are expected to scale up ongoing interventions by the Emergency Health and Nutrition Project. Potential impacts might arise from improper management and disposal of vaccination kits, vials, syringes, etc. In addition, new interventions will be added to introduce cholera-specific integrated interventions –as described in section II of the Project Paper- notably rehabilitation of some WWTPs and water and sewerage networks in urban areas; the rehabilitation of water networks in rural areas; and supporting the epidemiological and diagnostic laboratory capacity of the local institutions particularly at the governorate levels through providing equipment and supplies. Potential environmental impacts of such activities are expected to be site-specific, limited and mitigatable, including common negative environmental impacts such as waste, wastewater, dust, and noise generation, as well as traffic deviation, and/or occupational health and safety. It is anticipated that for most sub-projects with negative impacts identified, implementation of EMP generic guidelines, or preparation and implementation of site-specific Environmental and Social Management Plans (ESMPs), will be sufficient as explained below under section 4. No large scale, significant or irreversible impacts are anticipated as a result of implementing the interventions under this AF.

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

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

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

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

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

To ensure proper management of potential environmental impacts, the existing MWMP, which has been prepared for the parent project, will continue to be implemented under the proposed AF. This MWMP will be reviewed and updated, if needed. In addition, to eliminate or mitigate any potential impact that might result from the implementation of the newly-introduced interventions by the WSS, an Environmental and Social Management Framework (ESMF) will be prepared, consulted on, and disclosed in country and on the Bank's external website by September 30, 2017. Furthermore, sub-projects will be screened against criteria that will be included in the ESMF, and subsequent subproject-specific environmental assessment instruments such as site-specific Environmental and Social Management Plans (ESMPs) will be prepared -if needed- during the implementation phase and before the

commencement of any physical activities. As this AF is prepared under emergency procedures as defined by OP 10.00 para 12, the preparation of the ESMF is deferred and a Safeguards Action Plan (SAP) has been prepared - see annex 4 of the project paper- and will be disclosed.

Currently, the UNICEF and WHO implement the vaccination campaigns jointly, meaning that both organizations share the same arrangements for implementing these campaigns. For the implementation of the measures mentioned in the MWMP, both organizations use standard checklists for monitoring the management and disposal of medical solid waste that result from the vaccination campaigns. The implementing agencies clarified that outreach teams are trained on implementing vaccination campaigns, including the management of medical waste and are provided with required safety boxes for collecting hazardous medical waste. It was also clarified by these agencies that for vaccination campaigns against polio, vaccination bottles are collected in safety boxes and are handed to the head of the health unit in the district where the campaign is implemented who ensures safe disposal of the waste. Generally, vaccination's medical wastes are usually collected in safety boxes and then are disposed of either through underground incineration in standard holes or collected and incinerated in fixed health facilities which are equipped with incinerators. It should be mentioned that the security situation in the country has been limiting the ability of some health facilities to incinerate medical waste due the lack of fuels used for incineration.

Monitoring environmental safeguards compliance is arranged at three levels of supervision including the central - by the Ministry of Public Health, governorate and district levels. The data collected are analyzed at each level, and at the central level, and comprehensive report is produced at the end of each campaign to include results and findings of each campaign. It is mentionable that environmental safeguards are included in the TOR of the TPM, the report is expected to be submitted to the Bank in August, 2017. The Bank safeguards team has asked the implementing agencies to submit the monitoring reports/checklists on the implementation of and compliance with the MWMP, including in the TPM reports, and in progress reports.

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

Governorate Health Offices (GHOs), District Health Offices (DHOs), Local Water and Sanitation Corporations (LCs), and International and local NGOs. This MWMP of the parent project which will be used for the AF is already disclosed on the World Bank external website.

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***

<b>Environmental Assessment/Audit/Management Plan/Other</b>	
Date of receipt by the Bank	29-Sep-2017
Date of submission to InfoShop	16-Oct-2017
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	
"In country" Disclosure	
<b>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.</b>	
<b>If in-country disclosure of any of the above documents is not expected, please explain why::</b>	

### ***C. Compliance Monitoring Indicators at the Corporate Level***

<b>OP/BP/GP 4.01 - Environment Assessment</b>						
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"/>
<b>The World Bank Policy on Disclosure of Information</b>						
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 checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
<b>All Safeguard Policies</b>						
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	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>

been included in the project cost?						
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes	<input checked="" 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 documents?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>

## V. Contact point

### World Bank

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## VI. For more information contact:

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## VII. Approval

Task Team Leader(s):	Name: Moustafa Mohamed ElSayed Mohamed Abdalla, Yogita Mumssen	
<i>Approved By:</i>		
Safeguards Advisor:	Name: Nina Chee (SA)	Date: 28-Jul-2017
Practice Manager/Manager:	Name: Ernest E. Massiah (PMGR)	Date: 29-Jul-2017
Country Director:	Name: Asad Alam (CD)	Date: 02-Aug-2017