Stakeholder Engagement Plan (SEP)

For the
Yemen Emergency Human Capital Project (YECHP)
(P176570)

Prepared for the Benefit of the Republic of Yemen by:

United Nations Children's Fund (UNICEF),
United Nations Office for Project Services (UNOPS), and
World Health Organization (WHO)

Updated for Third Additional Financing - August 2024

Previous updates:

First disclosure –– 30 May 2021
First update - September 2021
Update for First Additional Financing - April 2022
Update for Second Additional Financing - June 2023

List of Acronyms

AA	Ansar Allah (Defacto Administration in Northern Yemen)
ACLS	Advanced Cardiac and Life Support
AF	Additional Financing
AoR	Areas of Responsibility
BEmONC	Basic Emergency Obstetric and Newborn Care
BHA	Bureau of Humanitarian Affairs
BLS	Basic Life Support
BoQ	Bill of Quantities
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CERC	Contingent Emergency Response Component
CHW/V	Community Health Worker/Volunteer
CPHL	Central Public Health Laboratories
CSO	Civil Society Organization
DHO	District Health Office
DHIS2	District Health Information System (Software) 2
EHCP	Emergency Human Capital Project
EHCP-AF	Emergency Human Capital Project- Additional Financing
EHNP	Emergency Health and Nutrition Project
EPI	Expanded Programme on Immunisation
E&S	Environmental and Social framework of the World Bank
ESCP	Environmental and Social Commitment Plan
ESF	Environment and Social Framework
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESSO	Environmental and Social Safeguarding Officer
ESMP	Environmental and Social Management Plan
FCDO	Foreign Commonwealth and Development Office (United Kingdom)
FGD	Focus Group Discussion
FOCUS	Find-Organize-Clarify-Understand-Select a solution (Problem solving approach)
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GHO	Governorate Health Office
GM	Grievance Mechanism
HDP	Health Development Partners
HMIS	Health Management Information System
HSE	Health Safety and Environment
HSS	Health Systems Strengthening
IA	Implementing Agency
IAIG	Internal Audit and Investigation Group
IDA	International Development Association
IDP	Internally Displaced Person
INGO	International Non-Governmental Organization
IP	Implementing Partner
IRG	International Recognized Government
IOM	International Organization for Migration

IPC	Infection Prevention and Control
IRC	International Red Cross
IRG	Internationally Recognized Government
KPI	Key Performance Indicator
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
MHPSS	Mental Health and Psycho-Social Support
MIS	Management Information System
MNCH	Maternal Newborn and Child Health
MNH	Maternal New-born Health
MoE	Ministry of Environment
MoLA	Ministry of Local Administration
MOPHP	Ministry of Public Health and Population
MoPIC	Ministry of Planning and International Cooperation
MoWE	Ministry of Water and Environment
MSF	Médecins Sans Frontières
MSP	Minimum Service Package
MWM	Medical Waste Management
MWMP	Medical Waste Management Plan
NBTC	National Blood Transfusion Centres
NCD	Non-Communicable Disease
NGO	Non-Governmental Organization
NWRA	National Water Resource Authority
OF	Original Financing
OHS	Occupational Health and Safety
OT	Operating Theatre
PDO	Project Development Objectives
PDSA	Plan-Do-Study-Act (Quality improvement approach)
PHC	Primary Health Care
PMU	Programme Management Unit
PPE	Personal Protective Equipment
PPRP	Pandemic Preparedness and Response Project
PRSEAH	Prevention and Response to Sexual Exploitation Abuse and Harassment
PSEA	Prevention of Sexual Exploitation and Abuse
PWP	Public Works Project
RMU	Risk Management Unit
SCMCHA	Supreme Council for the Management and Coordination of Humanitarian Affairs
SEP	Stakeholder Engagement Plan
SEA/SH	Sexual Exploitation and Abuse/ Sexual Harassment
SMS	Short Messaging System
TPM	Third Party Monitoring
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
UWS-PMU	Urban Water and Sanitation Project Management Unit
WASLC	Water and Sanitation Local Corporation
WASH	Water Sanitation and Hygiene
WB	World Bank

WHO	World Health Organization
WSS	Water Supply and Sanitation
WTP	Water Treatment Plants
WWTP	Wastewater Treatment Plant
YCRP	Yemen COVID-19 Response Project
YEHCP	Yemen Emergency Human Capital Project
YSC	Yemen Service Centre for UNICEF

1. Introduction/Project Description

Country Context

After nine years of conflict, the needs in Yemen remain immense, with split governance structures across all sectors aligned to the two governing authorities presiding over two thirds of the population in the north (Ansar Allah [AA] or Houthis) and the other presiding over one third of Yemen's population in the south (Internationally Recognized Government [IRG]). While a de facto continuation of the UN-brokered truce, which formally elapsed on 2 October 2022, provided some relief to civilians, the overall situation in Yemen remains dire and fragile. Public revenues are under immense stress, as the country's economy shrank dramatically by 54 per cent in GDP per capita between 2015 and 2023. The IRG's fiscal revenues, including grants, declined by over 30 per cent in 2023.[1]

The conflict in the Middle East has escalated tensions, raising the potential for further conflict including increased insecurity for shipping lines in the Red Sea. At the start of 2024, at least half of the country's population required humanitarian assistance and protection services, with an estimated 17.6 million facing acute food insecurity, and over 18.2 million people relying on humanitarian assistance.[2]

By March 2024, through the Yemen Emergency Human Capital Project (YEHCP), 14.1 million beneficiaries (target of 18.9 million) received health and nutrition services at over 2,398 health facilities, 140 hospitals, and through outreach and mobile teams. Among these beneficiaries, 9 per cent are internally displaced persons (IDPs, target of 8 per cent). Over 8 million women and over 5.8 million children received health and nutrition services (targets of 9.99 million and 7.42 million, respectively). More than 963,006 people are receiving access to improved Water Supply and Sanitation (WSS) (target of 2 million), of which 48 per cent are female beneficiaries.

The Emergency Human Capital Project

The Yemen Emergency Human Capital Project (EHCP), jointly implemented by UNICEF, UNOPS and WHO, has been ongoing since October 2021 when it succeeded the Emergency Health and Nutrition Project (EHNP) 2017-2021. The initial funding (D880-RY) of $150 million financed by the World Bank's International Development Association (IDA) for October 2021- September 2022 was followed by the signing of first additional financing (E1190-RY**)** at the same funding level in August 2022 for the period October 2022-September 2023, and the second additional financing (E2350-RY) in October 2023 for the period October 2023-September 2024, also at the same financing level; This brings the total funding across the 3 tranches to $450 million.

Project Objectives

The YEHCP (P176570)[3] aims to contribute to efforts by the international community to maintain, expand and enhance health and nutrition services in line with Yemen's Minimum Service Package[4] (MSP), respond

[1] World Bank. (2024). Yemen Country Monitor: Navigating Increased Hardship and Growing Fragmentation. Washington, D.C: World Bank

[2] OCHA. Middle East and North Africa. Available at: Yemen_HNO_2023_final. https://www.unocha.org/yemen.

[3] The Stakeholder Engagement Plan was updated over the lifetime of this project: Disclosed May 30, 2021; First Update September 2021; Update for First Additional Financing April 2022; Update for Second Additional Financing June 2023 ; and Updated for Third Additional Financing, July 2024.

[4] **MSP** is a compendium of accessible health services corresponding to the Disease Control Priorities (DCP)-3 This is the highest priority package of the most critical, relevant, cost-effective, and affordable interventions suited for Yemen.

to health and nutrition crises and contribute to the provision of safe water and improved sanitation the water supply and sanitation capacity. As per the original project funding ("original financing" or OF), the first and second additional financing (AF1 and AF2 respectively) targeted the whole country, with some interventions focused on specific governorates or districts as per the priorities and needs. Following a significant reduction in the funding envelope for the third additional financing (AF3), the proposed programme based on the initial available funding of US$50 million is designed using a framework approach[5] intended initially to only sustain public health gains achieved through the Yemen YEHNP (P161809) and YEHCP. This will be achieved by providing a prioritized package of the most essential interventions to preserve the basic functioning of strategically targeted primary health care (PHC) facilities and hospitals throughout all geographic regions of Yemen, and improving water, sanitation, and hygiene (WASH) services in areas that are experiencing an active cholera outbreak. As more resources become available over the 3-year period of the framework approach either from the World Bank's International Development Association (IDA) or other donors, project scope will be scaled back-up to its current scale and continue scale-up of service coverage and scope expanding to, but not exclusive to non-communicable disease (NCD), mental health programming, and health systems strengthening (HSS) for enhancing quality of care and sustainability.

The AF3 will finance essential lifesaving activities building on the activities supported by the OF, AF1, and AF2. It will also incorporate efficiency gains achieved in the project to optimize the reduced funding envelope. The Project Development Objectives (PDO) remains relevant, as do the existing components and subcomponents, as well as institutional and implementation arrangements. Each sub-component describes a "base package" of activities that will be financed with an IDA envelope available at AF3 project approval. It then describes the "full package" that details how funds will be allocated up until the full financing gap of US$400 million is covered.

The full project's core components are:

Component 1: Improving Access to Health Care, Nutrition, and Public Health Services (implemented by UNICEF and WHO)

- Component 1 aims to sustain essential health and nutrition services while building national stewardship to run the health system. The component also builds national health system preparedness and response capacity. The proposed AF3 will finance eligible activities that are currently supported by the Project (OF, AF1 and AF2). The AF3 base package will continue to finance delivery of the highest impact and most essential services in the MSP, including maternal, newborn and child health (MNCH) and nutrition services, at a sub-set of the currently supported primary, secondary and tertiary level health facilities. Facilities will be selected based on a combination of criteria – notably the volume of services delivered, service delivery capacity, population of people in need, and geographic location – to ensure that the highest number of people including priority sub-populations maintain access to health services. As more financing becomes available, it will be allocated to cover more health facilities with the MSP and deliver a broader package of services at each health facility, including NCD, mental health and psychosocial support (MHPSS) services. Funds will then be added to strengthen pandemic preparedness and response in close coordination with the newly launched Pandemic Preparedness and Response Project (PPRP), and to invest more heavily in HSS, quality improvement initiatives and building national capacity to run the health system.

[5] Framework Approach entails developing a broad multi-year project plan based initially on an available funding envelope, but providing a logical progression of the project that could be implemented with additional resources becoming availability during and in subsequent years of the broad plan. The approach allows ease of applying funding as this becomes available and creates a basis for coherent pooling of funding sources in a logical manner based on a comprehensive plan.

Details of Sub-components

- *Sub-component 1.1:* Improving Access to the Minimum Service Package (MSP) at Primary Health Care Level (implemented by UNICEF)
- *Sub-component 1.2:* Improving Access to Essential Preventive and Curative Nutrition Services (implemented by UNICEF)
- *Sub-component 1.3:* Improving Access to the MSP at Secondary and Tertiary Health Care Levels (implemented by WHO)
- *Sub-component 1.4:* Sustaining the National Health System Preparedness and Public Health Programme (implemented by WHO)

Component 2: Improving Access to Water Supply and Sanitation (WSS) and Strengthening Local Systems (implemented by UNOPS)

- Improved water supply and sanitation (WSS) plays a crucial role in promoting better health and nutrition outcomes. This component will continue to support the same interventions funded under EHCP (OF, AF1 and AF2) including water, sanitation and hygiene (WASH) activities. It will rehabilitate WSS facilities, including water and sanitation networks, Wastewater Treatment Plants (WWTPs), Water Treatment Plants (WTPs), water wells, and booster and pump stations. The rehabilitation will support the supply, installation and use of solar panels. The Project will also provide hygiene support to key schools and health facilities. All activities will be implemented with a capacity-building programme. The proposed AF3 will prioritize WSS activities targeting cholera hot spots and highly populated cities impacted by the recent flash floods, including capacity-building interventions and the needed technical assessment studies for critical WSS interventions and sustainability of water in the wellfield catchment areas as described in the below sub-components.

Details of Sub-components

- *Sub-component 2.1:* Restoring Access and Improving Quality to WSS Services in Selected Urban and Rural Areas (implemented by UNOPS)
- *Sub-component 2.2:* Emergency Support for WASH Interventions to Prevent and Respond to Communicable Diseases and Flash Floods (implemented by UNOPS)
- *Sub-component 2.3:* Enhanced Capacity-Building of Water and Sanitation Institutions at the Local Level (implemented by UNOPS).

Component 3: Implementation Management and Monitoring and Evaluation (implemented by UNICEF, WHO, and UNOPS)

- This component will continue to support the implementation, administration, management, monitoring and evaluation (M&E), and environmental and social aspects of the Project. It includes: (i) direct cost; (ii) indirect cost; (iii) provision of consultancy services required for Project monitoring, evaluation, and coordination at the local level; (iv) audit conducted by the Implementing Agencies; and (v) Third-Party Monitoring (TPM). The Project will build on robust coordination among the three Implementing Agencies.
- The component will finance: (i) general management support for WHO, UNICEF and UNOPS; (ii) hiring of Third-Party Monitoring agents (TPMA, with terms of reference satisfactory to the World Bank, that will complement the existing TPM arrangements for the implementing agencies; and (iii) technical assistance.

Component 4: Contingent Emergency Response (CERC) (implemented by UNICEF, WHO, and UNOPS): The zero-dollar CERC is in place to provide expedited response in case of emergency. There is a probability that an epidemic or outbreak of public health importance or other emergencies may occur during the life of the project, causing major adverse economic and/or social impacts. If this component is triggered, an Emergency Response Operational Manual will be prepared jointly and agreed upon with the World Bank to be used, and the Environmental and Social Management Framework (ESMF) and Results Framework will be updated to reflect the newly added activities.

The YEHCP is prepared under the World Bank's Environment and Social Framework (ESF). The environmental and social risk classification is Substantial and the risk for sexual exploitation and abuse/sexual harassment (SEA/SH) is rated High.

2. Objective/Description of SEP

The overall objective of this SEP is to define a programme for stakeholder engagement, including public information disclosure and consultation throughout the entire project cycle.

This SEP is prepared jointly by the implementing agencies (IA) of the project: **United Nations Children's Fund (UNICEF), the United Nations Office for Project Services (UNOPS), and the World Health Organization (WHO).**

The SEP outlines the ways in which the above implementing agencies will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about the project and any activities related to the project. The SEP specifically emphasizes methods to engage groups considered most vulnerable and that are at risk of being left out of project benefits.

The involvement of project beneficiaries is essential to the success of the project to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. The stakeholder engagement plan is key to communicating the information of project services and scope to all stakeholders and reaching out to disadvantaged and vulnerable groups. Also, 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. For WASH, where construction works maybe involved, engagement with affected communities will be done to raise awareness on possible effects of the works and mitigation measures and also sensitize project affected parties on the grievance feedback mechanisms.

3. Stakeholder identification and analysis per project component (details per implementing agency are in Chapter 4)

3.1 Methodology

The involvement of stakeholders throughout the Project's lifecycle is essential to its success. Key stakeholders must not only be informed, but also consulted and provided with the means to contribute to the Project sustainability and raise complaints or provide feedback. The SEP will also help increase buy-in of the Project by its stakeholders, ensure a smooth collaboration between Project staff and targeted stakeholders, and address environmental and social risks related to Project activities. In those cases where

face-to-face consultations may be restricted because of local authorities' resistance in authorizing the activity, remote or alternative means will be employed.

In accordance with best practice approaches, the implementing agencies will apply the following principles to their stakeholder engagement activities:

- *Openness.* Public consultations throughout Project preparation and implementation Project lifecycle will be carried out in an open manner, free of external manipulation, interference, coercion, or intimidation. Venues will be easily reachable, and not require long commutes, entrance fees, or preliminary access authorization. Consultation details are available within the subsequent sections in which face-to-face meetings, workshops and virtual meetings were conducted.
- *Cultural appropriateness.* The activities, format, timing, and venue will respect local customs and norms.
- *Conflict sensitivity.* All project activities will duly consider the complex context of Yemen and refer to the humanitarian principles of neutrality and impartiality.
- *Informed participation and feedback*. Information will be provided and widely distributed to all stakeholders in an appropriate format and provide opportunities to stakeholders to share feedback and will analyze and address stakeholder comments and concerns.
- *Inclusivity*. Consultations will engage all segments of the local society, including disabled persons, the elderly, and other vulnerable groups. If necessary, the implementing agencies will provide logistical assistance to enable participants with limited physical abilities and those with insufficient financial or limited transportation means to attend public meetings organized by the Project.
- *Gender sensitivity*. Consultations will be organized to ensure that both females and males have equal access to them. As necessary, the implementing agencies will organize separate meetings and focus group discussions for males and females, engage facilitators of the same gender as the participants, and provide additional support to facilitate access of facilitators.

In addition, the implementing agencies will ensure that consultations are meaningful. As indicated in ESS10, meaningful consultations are a two-way process that:

- Begins early in the project planning process to gather initial views from the local authorities on the project proposal and inform project design; the findings of the TPM and programmatic visits and the complaints and feedback received by the project stakeholders in the previous financing will also be analyzed to tailor the project to their needs.
- Encourages stakeholders' feedback through the above-mentioned mechanisms, including in the identification and mitigation of environmental and social risks and impacts.
- Continues on an ongoing basis, as risks and impacts arise.
- Is based on the prior disclosure and dissemination of relevant, transparent, objective, meaningful and easily accessible information.
- Considers and responds to feedback.
- Supports active and inclusive engagement with project-affected parties.
- Is free from external manipulation, interference, coercion, discrimination, and intimidation.
- Is documented and disclosed.

3.2. Affected parties.

Affected parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category. Disaggregated information on stakeholders per implementation agency is in Chapter 4:

- Health care institutions
- Health services beneficiaries (receivers and providers), including internally displaced persons (IDPs), refugees, women, people living with disabilities, and other vulnerable and disadvantaged groups (ref. to chapter 3.4)
- Communities in the vicinity of planned Project activities
- The local water and sanitation service subscribers, including IDPs, women, people living with disabilities, and other vulnerable and disadvantaged groups.
- Residents, business entities, and individual entrepreneurs in the project that can benefit from the employment, training and business opportunities.
- Community-based groups and non-governmental organizations (NGOs) that represent residents and other local interest groups, and act on their behalf.

3.3. Other interested parties

The project stakeholders also include parties other than the directly affected communities, including (disaggregated information on stakeholders per implementation agency is in Chapter 4):

- Local water and sanitation corporations
- Local branches of Yemen National Water Resource Authority (NWRA)
- Government of Yemen – government officials, permitting and regulatory agencies at the national and local levels, including Ministry of Public Health and Population (MoPHP), Ministry of Water and Environment (MoWE) and local offices and environmental protection authorities and Ministry of Planning and International Cooperation (MoPIC) – at both the central and decentralized levels
- The Supreme Council for the Management and Coordination of Humanitarian Affairs and International Cooperation (SCMCHA)
- Residents of the other local communities within the project area (not where the interventions are) who can benefit from employment and training opportunities stemming from 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.
- Health cluster partners, donors funding the health and nutrition and WASH sectors such as The United Kingdom's Foreign and Commonwealth Development Office (FCDO), Gavi the Vaccine Alliance, Kingdom of Saudi Arabia, international non-governmental organizations (NGO) such as International Red Cross (IRC), Médecins Sans Frontières (MSF), Save the Children, Other UN agencies (UNFPA, IOM, etc.) that are engaged in WASH, health and nutrition activities in target area.

3.4. Disadvantaged / vulnerable individuals or groups[1]

Possible barriers to accessing information or other project benefits for beneficiaries include distances, lack of transport money to reach the supported health facilities which is mitigated through outreach

session, use of mobile teams, and deployment of health and nutrition community-based cadres[6] as complementary health service delivery mechanisms. These mechanisms provide a bridge to reach persons who lack access to information technology and electricity (phones or digital/computer equipment to receive information via digital means), illiterate persons, persons with intellectual and physical disabilities, women whose mobility is limited, internally displaced persons/migrants, cultural and linguistic minorities, among others.

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

Within the Project, the vulnerable or disadvantaged groups may include but are not limited to the following per Implementing Agency as per Table 1a, 1b, 1c below:

Table 1a: Stakeholder Matrix by Agency, including vulnerable individuals/groups: UNICEF.

UNICEF		
Agency	**Broad Activity**	**Affected Parties**
UNICEF	Provision of minimum service package for PHC functionality	Health workers Community health workers Communities in the vicinity of the health facility People accessing services in the PHCs including: - internally displaced people - women and girls - children - elderly - people living with disabilities. District and Governorate health authorities Contractors (e.g., transporters)
	Community based interventions including services provided by community cadres	Communities served by the community cadres[7] District health authorities Child headed households.
Interested Parties		

[6] The term **community cadre** encompasses various groups of health staff with a lower level of training ranging from an average of 4 weeks to 3 years. These are typically chosen from the communities they serve and provided training to provide community-level health education, treatment of common conditions, and delivery services for mothers. Typically, they are volunteers and receive a stipend. Examples include Community Health Workers (CHW), Community Health and Nutrition Volunteers (CHNV), Community Midwives (CMW).

[7] The term community cadre encompasses various groups of health staff with a lower level of training ranging from an average of 4 weeks to 3 years. These are typically chosen from the communities they serve and provided training to provide community-level health education, treatment of common conditions, and delivery services for mothers. Typically, they are volunteers and receive a stipend. Examples include Community Health Workers (CHW), Community Health and Nutrition Volunteers (CHNV), Community Midwives (CMW).

UNICEF	Provision of minimum service package for PHC functionality	• Ministry of Health Officials at national, governorate and district level • The Supreme Council for the Management and Coordination of Humanitarian Affairs and International Cooperation (SCMCHA) • Other humanitarian agencies withing the same geographic areas as NGOs, INGO and UN agencies • Other humanitarian donors funding PHC services partners such as GAVI, FCDO • Data collection • Traditional and local leaders
	Community based interventions including services provided by community cadres	• Local authorities and security wings • Religious leaders and groups • Male heads of households • Other community-based organization in the same geographic areas
Disadvantaged / Vulnerable Groups		
	Provision of minimum service package for PHC functionality	• People in remote locations • Children headed households. • Elderly • Illiterate persons • Women led households. • People living with disabilities. • Persons with acute/chronic illnesses • Adolescents • Health workers who may be exposed to occupational injuries and infections. • Children from households headed by health objectors.
	Community based interventions including services provided by community cadres	• Elderly • Women led households. • People living with disabilities. • Child headed households. • Children from households headed by health objectors.
	Other vulnerable and disadvantaged groups.	• Illiterate persons • Landless persons • Ethnic minorities • Those without access to basic services like electricity, water, sanitation, education, health • Those without access to information technology and digital services • Project workers in hospitals who may be exposed to sanitation/biomedical waste.

Table 1b: Stakeholder Matrix by Agency, including vulnerable individuals/groups: UNOPS.

UNOPS		
Agency	**Broad Activity**	**Affected Parties**
UNOPS	Component 2. Improving Access to water Supply and Sanitation (WSS) and Strengthening Local Systems	WASH Facilities Health Facilities Local authorities WASH services beneficiaries (receivers and providers), including internally displaced persons (IDPs), women, people living with disabilities, and other vulnerable and disadvantaged groups. Communities in the vicinity of planned Project activities Community-based groups and non-governmental organizations (NGOs) that represent local residents and other local interest groups. Project workers in WASH Facilities. WASH workers Health workers Community health workers Communities in the vicinity of the health facility People accessing services in the PHCs including: - internally displaced people, - women - children - people living with disabilities. - Persons with acute/chronic illnesses District and Governorate health authorities Contractors (e.g., transporters)
	Community based interventions including services provided by community cadres	• Local authorities • Religious leaders and groups • Male and female heads of households • Other community-based organizations in the same geographic areas.
Interested Parties		
UNOPS	Component 2. Improving Access to water Supply and Sanitation (WSS) and Strengthening Local Systems	• Ministry of Water and Environment officials at national, governorates and district levels. • Ministry of Health Officials at national, governorate and district level • The Supreme Council for the Management and Coordination of Humanitarian Affairs and International Cooperation (SCMCHA • Other humanitarian agencies within the same geographic areas as NGOs, INGO and UN agencies.
Disadvantaged / Vulnerable Groups		

	Component 2. Improving Access to water Supply and Sanitation (WSS) and Strengthening Local Systems	• Remote populations (Families living in remote locations). • Persons with disabilities including those living with chronic illnesses. • IDPs • Elderly people • Women-headed households • Children-headed households • Unemployed people • Youth (adolescents) • Women/girls in the project area • Illiterate persons • Women with restricted travel mobility • Low-income families • Persons with acute/chronic illnesses

Table 1c: Stakeholder Matrix by Agency, including vulnerable individuals/groups: World Health Organization (WHO)

World Health Organization		
Agency	**Broad Activity**	**Affected Parties**
WHO	Component 1. Improving Access to Health Care, Nutrition, and Public Health Services	Health facilities Local authorities Health services beneficiaries (receivers and providers), including internally displaced persons (IDPs), women, people living with disabilities, and other vulnerable and disadvantaged groups. Communities in the vicinity of planned Project activities Community-based groups and non-governmental organizations (NGOs) that represent local residents and other local interest groups. Project workers in hospitals
	Interested Parties	
WHO	Component 1. Improving Access to Health Care, Nutrition, and Public Health Services	• Ministry of Health Officials at national, governorate and district level • The Supreme Council for the Management and Coordination of Humanitarian Affairs and International Cooperation (SCMCHA • Other humanitarian agencies withing the same geographic areas as NGOs, INGO and UN agencies.
Disadvantaged / Vulnerable Groups		
	Component 1. Improving Access to Health Care, Nutrition, and Public Health Services	• Remote populations (Families living in remote locations) • Persons with disabilities including those living with chronic illnesses. • IDPs • Elderly people • Women-headed households • Children-headed households • Unemployed people

		• Youth (adolescents) • Women/girls in the project area • Illiterate persons • Women with restricted travel mobility • Low-income families • Persons with acute/chronic illnesses

4. Stakeholder Engagement Programme

4.1. Summary of stakeholder engagement already conducted during project preparation.

The following tables provide an over-view of stakeholder consultations under-taken of the life if the YEHCP, covering the original financing, the two awarded additional financing rounds and the third additional financing currently under development. Each UN implementing agency presents time-points during engagements took place, the key messages, the specific stakeholders engaged, and a summary of discussions.

Table 2a: *Summary of consultation conducted for Original Financing up to Third Additional Financing*: UNICEF

Type of engagement/ Message	Timeline	Stakeholders	Summary of discussion
UNICEF			
Consultations for Original Financing			
Consultations on the Emergency Health and Nutrition Project closing and the coming of the YEHCP	June 2021	MOPHP directors at central level for both Sanaa and Aden Ministry of Water and Environment, at central and Governorate and district levels, Water Supply and Sanitation Local Corporations and other institution including the National Water Resources Authority (NWRA) and General Authority for Rural Water Supply Projects (GARWSP))	- Need to focus more on the associated impact of the socio-economic aspects, pollution, health and safety including occupational health resulting from the proposed water and sanitation interventions and suggest best practice to mitigate them. - Importance of managing COVID-19 risks on construction sites to keep workers and engineers safe all the time. - Need to assess, prevent and manage the Environmental and Social risk/impacts. - Focus on speeding up the rehabilitation of the water network in general and the supplies, which will solve the biggest problem that threatens the displaced and residents if the use of wards to deliver water is dispensed with. - Focus on awareness-raising and community mobilization through different media to enhance awareness among people and use awareness-raising methods such as flashes and short videos. - Pre-preparation and awareness of the community about the use of the complaints' mechanism. - Construction of incinerators for improved medical waste management. - Scope of the Emergency Human Capital Project and the impact

			on the supported health facilities and the WASH component.
Official Update on the progress made on the YEHCP	August 2021	MOPHP In Sanaa and Aden at Central level	Presentation of the updated SEP and of the other ESS instruments prepared for the project. **Topics discussed**: - Delays in the continuity between EHNP and YEHCP. - Support to additional health facilities or introduction to new activities or payment of per diem to additional health workers not possible with current funding, but resource mobilization continues. - Concerns around the use of third-party contractors for implementation. - Clarification of the criteria used for the selection of the supported health facilities. - Recommendation to form a Steering Committee between MoPHP, UNICEF, and WHO.
Consultations for First Additional Financing			
Meeting with MOPHP to discuss the upcoming additional financing 1 for YEHCP	August-September 2021	MOPHP directors at central level and Governorate Health Office (GHO) and District Health Office (DHO) – separate meetings for Aden and Sanaa	- To update the stakeholders and to further explain the project activities under Component 1, Sub-Components 1.1 and 1.2; management aspects of the project under Component 3; and the CERC structure of Component 4. The consultation aimed to ensure that the project activities are aligned with the country needs and it responds to the requirements to sustain the primary health care services provisions. In addition to the consultation of the proposed activities, the potential impact associated with their implementation was also discussed. - MOPHP had expectations that the new project would scale up the support to additional health facilities and may introduce new activities. UNICEF explained that this will not be feasible for now given the available funding but will continue to advocate for funds to meet these needs. - MOPHP in Sana'a has requested for doctors to be added to the list of health workers being paid per diems. UNICEF explained that this is not aligned with the current activity plan and funding structure but can be explored for future consideration.
Meeting with MOPHP on the selection of additional health	September 2024	MOPHP PHC directors for Sanaa and Aden	- More understanding needed around the criteria used for selection of supported health facilities. This information was

facilities to be enrolled under AF1			provided to the MOPHP in discussions and follow-up communications. - Recommendation to form a Steering Committee for the project's health and nutrition components, between MOPHP, UNICEF, and WHO. UNICEF has proposed this to both MOPHPs and project implementing agencies. - Concerns were expressed around use of third-party contractors for implementation, with the perception that they are not cost-effective and could contribute to shortage of funds for scale-up. UNICEF explained that this is in line with current operational guidelines and risk mitigation strategies across Yemen country office programs – not only for this specific project. UNICEF senior management is in frequent communication with line ministries and national authorities about this issue at agency level.
Meeting with MOPHP on ways and means to streamline the worker payment process	September 2022	MOPHP directors at central level and GHOs and DHOs – separate meetings for Aden and Sanaa	- Issues around how to improve timeliness of health worker payments was discussed with an agreement to develop a standard operating procedure outlying roles and responsibilities. - MOPHP in Sana'a has requested for doctors to be added to the list of health workers being paid per diems. UNICEF explained that this is not aligned with the current activity plan and funding structure but can be explored for future consideration.
Consultations for Second Additional Financing			
Consultation with MoPHP on the AF 2	June 2023	MoPHP central authorities -Sanaa	**Topics discussed:** - Information on the AF 2 scope and timelines. - MOPHP greatly appreciated the continuity of support and proposed scale up on number of supported health facilities and doctors. - Requested for more details once discussion progress. - MOPHP requested to initiate support of doctors to enhance quality of care in PHC. - Discussion on the need to upgrade health facilities to become BEmONC facilities.
Consultation with MoPHP on the AF2	July 2023	MOPHP central authorities – Aden	- Information on AF2 scope and timelines. - MOPHP requested for detailed update on the AF1 workplan implementation and how the Af2 funding will complement the AF 1 activities around PHC scale up. - Selection criteria for the doctors and the BEmONC.

Meeting with MOPHP to discuss selection and prioritisation of doctors	August-September 2023	MOPHPH central authorities	- An agreement on the number of health facilities to be piloted for the BEmONC upgrading. - Selection criteria for general practitioners. - Selection criteria on the health facilities for deployment for general practitioners. - Health centres or polyclinics, facilities providing deliveries, facilities with doctors already deployed or with plans to have doctors deployed were agreed on as top priority for selection of doctors.
Consultations for Third Additional Financing for UNICEF			
Meeting with MOPHP on possibility of Additional financing 3	March 2024	MOPHP directors at central level (Aden and Sana'a)	- Information sharing on the possibility of additional financing 3 and the potential reduction in funding envelope. - Discussion on the need for prioritisation in the event of reduced funding allocation. - Agreed to provide continuous updates as more information are received from World Bank.
Meeting with MOPHP on the prioritisation for additional financing 3	April2024	MOPHP directors at central level (Aden and Sana'a)	Briefing meeting with authorities on the prioritization workshop with World Bank, UNOPS and WHO - The need to re-prioritise health facilities and the level of support was discussed to fit within the funding envelope. -
Meeting with FDCO and IRC on the IRC PHC support package and geographic scope in light of AF3 scope	May 2024	FDCO, IRC, and BHA (virtual)	- Discussion on possible synergies and areas of support by IRC with new FCDO funding. IRC and EHCP are providing almost the same package of support at PHC. UNICEF and IRC exchanged list of supported PHCs to ensure alignment and to avoid duplication in efforts. This was commended as best practise to be continued in future.
Meeting with MOPHP (northern governorates) to discuss the EHCP funding reduction and prioritisation	June 2024	Minister of Health, Deputy Minister, Director International relations, EPI director, Finance director, Director General Primary health care, Director MNH	- Discussion on the need to prioritisation and to explore synergies with other funding partners to mitigate against reduced funding. Discussion of coverage scenarios and updating on ongoing discussions with World Bank.
Meeting with MOPHP authorities in Aden to discuss the funding reduction and prioritisation	June 2024	Minister of Health, Director General PHC, Director Finance and Admin, Director EPI	- Discussion on the need to prioritisation and to explore synergies with other funding partners to mitigate against reduced funding. Discussion of coverage scenarios and updating on ongoing discussions with World Bank.

Meeting with MOPHP to update on additional financing project development	July 2024	MOPHP directors central level authorities separately for Aden and Sanaa	- An update provided on the progress made on developing the AF3 project paper and the key next dates and milestones and required support from authorities
Meeting with MOPHP (north and south) to update on the outcome appraisal and next steps	August 204	Minister of Health, Deputy Minister, Director International relations, EPI director, Finance director	- Update on Appraisal and next steps and timelines agreed on and the needed support from MOPHP.
Meeting with MOPHP (north and South) to update on the outcome negotiations and next steps	September -October 2024	Minister of Health, Deputy Minister, Director International relations, EPI director, Finance director, Director General PHC, Director MNH	- Update on the negotiations and next steps and needed support from MOPH.
Meeting with MOPHP (north and south) to discuss AF3 draft work workplan	October- November 2024	Minister of Health, Deputy Minister, Director International relations, EPI director, Finance director, Director General PHC, Director MNH	- Discuss the Workplan draft and implementation timelines and the required support including clearance.

Table 2b: *Summary of consultation conducted for Original Financing up to Third Additional Financing*: UNOPS

Stakeholder Type	Date	Participants	Summary of discussion
Consultations for Original Financing			
UNOPS			
Central Authorities	1 June 2021	Management and staff of the Supreme Council for Management and Coordination of Humanitarian Affairs (SCAMCHA) and the Ministry of Water and Environment (MoWE) in Sana'a.	Discuss the objectives and scope of YEHCP Parent Project, Component 2 (WASH Component) implemented by UNOPS and its local implementing partners, Discuss the emergency water and sanitation needs of northern governorates, Discussed YEHCP investment selection criteria in preselected/ targeted areas/sites. • Discuss enhancing effective coordination between UNOPS, SCAMCHA, MoWE, and local WASH partners.
Central and local Authorities	22 June 2021,	Minister of MoWE in Aden and the Urban Water and Sanitation Project Management Unit (UWS-PMU) management team.	• Discuss the objective and scope of YEHCP Parent Project, Component 2 (WASH component) implemented by UNOPS and its local implementing partners.

	between 9 June and 11 November 2021	• The MoWE Minister, Vice Minister, and Deputy Minister. • The MoPHP Minister and Deputy Minister. • Water and Sanitation Local Corporations (WSLCs) representatives. • The Urban Water PMU and its local teams. • The MoPIC Deputy Minister and General Directors of local offices. • The SCMCHA General Secretary, Deputies, and General Directors of local offices. • The MoE Vice Minister and Deputy Minister The MoLA Deputy Minister. • Governors and their Deputies. • Local council members and local district General Directors. • Representatives of local authority, civil society, and women's associations. • Local IDPs and beneficiaries; and Public Works Project (PWP) team and its local representatives.	• Discuss the emergency water and sanitation need across the country and the possibility of updating the investment plan according to the new information and assessment. • Discuss YEHCP investment selection criteria in preselected/ targeted areas/sites. • Discuss enhancing effective coordination between UNOPS, MoWE, and local WASH partners. • UNOPS conducted 10 public stakeholder consultations workshops in Sana'a, Aden, Ibb, and Mukalla to ensure effective stakeholder participation relevant to targeted urban cities and peri-urban and rural areas under the project. Various stakeholder representatives were invited and 926 participants; of whom 340 females (37%), attended the consultation workshops. • Discuss enhancing and building capacity of Aden UWS-PMU, to fulfil the WB and UNOPS Health, Safety, and Environment (HSE) new requirements. • Discuss the emergency sanitation needs in Aden city.
Consultations for First Additional Financing Project for UNOPS			
Central Authorities	2 February 2022 29 March 2022	The Minister of Public Health and Population-Ministry General Manager of Technical Cooperation and International Relations at the Ministry of Public Health and Population- Sana'a and Aden.	Discuss the current interventions in health facilities as part of the exit strategy of water trucking. The Minister highlighted the need for more areas to be covered such as Health facilities, wastewater disposal and requested its team to provide a preliminary list of the health care districts and hospitals, UNOPS clarified that the nominations will be considered as a long list of potential interventions in case of materialization of the additional financing of YEHCP.

		Programme Manager- Head of Office-UNOPS Programme Advisor-UNOPS YEHCP Deputy project manager-UNOPS.	
Central Authority	27 March 2022	Minister of Water and Environment Aden and the Urban Water and Sanitation Project Management Unit (UWS-PMU) management team. General Manager of UWS-PMU Aden Programme Advisor, UNOPS Aden City UNOPS Engineer.	Discuss implementation progress of YEHCP, Component 2 (WASH Component) implemented by UNOPS and its local implementing partners and the scope of the newly additional financing. • Discuss YEHCP additional intervention (Fuel provision) selection criteria in preselected/ targeted areas/sites. • Discuss the increase in fuel price and the emergency water and sanitation need for alternative energy source across the country and the possibility of updating the investment plan according to the new information and assessment to be part of the exit strategy of the fuel provision. • Discuss enhancing effective coordination mechanism between UNOPS, MoWE, and local WASH partners. • Discuss the proposal of establishment of rural water implementation unit. • Discuss enhancing and building capacity of Aden UWS-PMU, to fulfill the WB and UNOPS Health, Safety, and Environment (HSE) requirements.
WASH Cluster and Central Authorities	29 March 2022	National WASH cluster coordination team The Minister of Public Health and Population- Ministry Sana'a Deputy Minister for Health Care Sector, Deputy Minister for Population Sector, Deputy Minister for Planning and Health Development Sector, Deputy Minister for Therapeutic Medicine Sector, General Manager of the Medical Services Department, General Manager of the Equipment Department, General manager of Engineering Department. Programme Advisor UNOPS Aden City UNOPS Engineer Energy specialist UNOPS.	Discuss the scope and funding of YEHCP in which UNOPS implement Component 2 of the project and to discuss the following points: • Discuss WASH Cluster response gaps (extremely underfunded circumstances), • Discuss the Additional fund for YEHCP-WASH component (water trucking for health facility and provision of fuel to some of Water and sanitation local corporation, • Discuss the need for water supply and sanitation services across the country. • Discuss the importance of effective women participation in the project life cycle. • Discuss UNOPS priority target areas to address acute WASH response needs in the country,

			• Discuss enhancing effective coordination and collaboration among the UN agencies and WASH partners to avoid any potential duplication of efforts. • Discussing the YEHCP social and environmental framework was further discussed in which UNOPS would ensure the distribution of the hard copies of the ESF in Arabic for easy reference. UNOPS additional Health interventions.
Local Authority	31 March 2022	Local Authorities of Abyan, Lahij and Al-Dhale'e Governorates. The Deputy Minister of Water and Environment. General Manager of UWS-PMU Sana'a YEHCP Deputy project Manager UNOPS Programme Advisor UNOPS Manager Sana'a Water and sanitation local cooperation WASH officer at UWS-PMU Sana'a.	• Discuss YEHCP additional intervention (Fuel provision) selection criteria in preselected/ targeted areas/sites. The Increasing fuel price and the emergency water and sanitation need for alternative energy sources (solar systems) to operate the water and sanitation facilities and the possibility of updating the investment plan according to the new information and assessment to be part of the exit strategy of the fuel provision. Participants highlighted the urgent need of sanitation services at these governorates.
Central Authority and Local Authorities	16 April 2022	Minister of MoWE in Sana'a, Urban Water and Sanitation Project Management Unit (UWS-PMU) management team and Sana'a water and sanitation management. The Deputy Minister of Water and Environment Ministry General Manager of UWS-PMU Sana'a YEHCP Deputy project Manager UNOPS Programme Advisor UNOPS Manager Sana'a Water and sanitation local cooperation WASH officer at UWS-PMU Sana'a	• Discuss implementation progress of YEHCP, Component 2 (WASH Component) implemented by UNOPS and its local implementing partners and the scope of the newly additional financing. • Discuss YEHCP additional intervention (Fuel provision) selection criteria in preselected/ targeted areas/sites. • Discuss increasing of fuel price and the emergency water and sanitation need for alternative energy source across the country and the possibility of updating the investment plan according to the new information and assessment to be part of the exit strategy of the fuel provision. • The Ministry requests UNOPS to not adopt the Fuel provision as its main activity unless UNOPS has a clear exit strategy.
Central and Local Authorities	Between 26 to 30 June 2022,	IPs UWS-PMU, MoWE, and Aden WASLC. Rural Water Projects Authority in Sana'a.	• Discuss YEHCP scope and the synergy between it and YEHCP AF as both of them target rural areas. • The nomination process of water wells • The SCMCHA request of 700 water wells to be shared with the Ministry of Water (MOWE)to provide their feedback.

Local Authority	Between 17 - 19 August 2022	UNOPS conducted a mission to Sada'ah Governor and local authorities.	• Discuss the ongoing and planned sub-projects.
Local Authority	On 23 August 2022,	Local authorities of Taiz –Alhouban.	• Discuss progress of implementation of the project activities in addition to presenting the scope of the additional financing activities.
Consultations for Second Additional Financing Project for UNOPS			
Central Authority	9 September 2022	Minister of MoWE in Aden and the Urban Water and Sanitation Project Management Unit (UWS-PMU) management.	Discuss implementation progress of YEHCP and the scope of the additional financing. • YEHCP additional intervention (Fuel provision) selection criteria in preselected/ targeted areas/sites. • Discuss the increase in fuel prices and the emergency water and sanitation need for alternative energy sources across the country and the possibility of updating the investment plan according to the new information and assessment to be part of the exit strategy of the fuel provision. • Discuss enhancing effective coordination between UNOPS, MoWE, and local WASH partners. • Discuss the proposal of establishment of a rural water implementation unit.
Meetings with IPs	Bi-Weekly meetings Monthly Meetings May to September 2023	UNOPS PM, Sector Specialists, City Engineers, ESSO & Project support UWS-PMU Aden & Sana'a) PWP (Aden & Sana'a).	• Discuss sub-projects preparation progress. • Discuss ESMPs preparation progress. • Discuss challenging issues and coordination to overcome them
Meetings with Central and Local Authorities	May to September 2023	Minister of Health Minister of Water and Environment Governor of Aden Governor of Abyan Governor of Hadramout Governor of Al Dhalea Governor of Lahj Governor of Dhamar Governor of Ibb Governor of Amran	• Discuss the overall UNOPS interventions in the city. • Discuss coordination mechanism to facilitate project implementation. • Discuss sector needs. • Visit sub-projects sites and see progress Challenges

		Governor of Sa'dah Local Authorities and IPs.	
Consultations for Third Additional Financing Project for UNOPS			
Central Authorities	13 to 14 July 2024	Management and staff of the Supreme Council for Management and Coordination of Humanitarian Affairs (SCAMCHA) and the Ibb local authority in presence of IBB water and sanitation Local Corporations and The General Authority for Rural Water Supply Projects Ibb branch.	• Discuss the objectives and scope of YEHCP AF3, Component 2 (WASH component) implemented by UNOPS and its local implementing partners, • Discuss the emergency water and sanitation needs of IBB governorate, • Discuss YEHCP investment selection criteria in preselected/ targeted areas/sites. • Discuss enhancing effective coordination between UNOPS, SCAMCHA, local WASH partners. • Discuss the fund limitation and challenges.
Meetings with Central and Local Authorities	15 July 2024 to 23 July 2024	Minister of Water and Environment Governor of Aden Aden water and sanitation Local corporations	• Discuss the overall UNOPS interventions in the city. • Discuss coordination mechanism to facilitate YEHCP AF3 project implementation. • Discuss sector needs and priorities criteria and investment plan for YEHCP AF3. • Discuss the fund limitation and challenges.

Table 2c: *Summary of consultation conducted for Original Financing up to Third Additional Financing*: WHO

Type of engagement & place	Date	Participants	Key concerns and outputs	Special arrangements for accessibility and inclusivity
Original financing WHO				
Nation-wide: These consultations were made through field visits, virtual meetings and phone calls. Sana`a and Aden	Jan-June 2021	Ministry of Public Health and Population (MoPHP) including the management of supported Health Facilities.	The general services and trauma care will be stopped by the end of EHNP in December 2021 and there is still need for these services, including the following: Trauma cases receiving life support. Centres providing emergency trauma management. Facilities with a functioning operation theatre (OT) Facilities functioning 24/7 Outpatient department Hospital admissions Surgeries	In-person and virtual meetings were held and conducted in Arabic
			The childcare will be stopped by the end of EHNP in December 2021 and there is still need for this service.	
			The nutrition support will be stopped by the end of EHNP in December 2021 and there is still need for this service.	
			The communicable diseases support will be stopped by the end of EHNP in December 2021 and there is still need for this service.	
			The reproductive, maternal and newborn health (including BEmONC and CEmONC support will be stopped by the end of EHNP in December 2021 and there is still need for these services.	
			The noncommunicable diseases (NCD) support will be stopped by the end of EHNP in December 2021 and there is still need for this service.	
			The mental health support will be stopped by the end of EHNP in December 2021 and there is still need for this service.	
			Environmental health support including water, sanitation and hygiene (WASH) in health facilities will be stopped by the end of EHNP in December 2021 and there is still need for this service.	
			The support for specific services at Central Public Health Laboratories (CPHLs) and National Blood Transfusion Centres (NBTCs) will be stopped by the end of EHNP in December 2021 and there is still need for these services.	

			The support through medicines, medical supplies, equipment, fuel, water, oxygen, WASH, and per diem provision will be stopped by the end of EHNP in December 2021 and there is still need for these services.	
EHNP HFs/ interviews - beneficiaries' satisfaction survey. Sana`a and Aden	May and June 2021	Beneficiaries	The key concerns are: 1- Some medicines and services are not for free at some of the HFs. 2- Some HFs' doctors are not available because there are no salaries. 3- Some of the health services need further improvement. 4- Beneficiaries' awareness/information sharing by health workers need to be improved. The project is going to discuss these findings of each area with the health authorities in a more inclusive manner during the next meetings to find suggestions to improve the provision of health services and address these concerns.	In-person and virtual interviews were held in Arabic
Sana'a/ Meeting Sana`a	1 Sept 2021	MoPHP	WHO confirmed the upcoming inception of the Yemen Emergency Human Capital Project (YEHCP), funded by the World Bank. This project is the successor to the Emergency Health and Nutrition Project (EHNP), and its main objective is to assure continuity. Despite some differences from the previous project (for example, UNOPS will implement the WASH rehabilitation component of the project), the YEHCP will closely resemble the EHNP	In-person and virtual meeting was held in Arabic
Sana'a/ Meeting Sana`a	1 Sept 2021	MoPHP	There might be a need to revise the intervention to best meet the needs on the ground, and the below points have been discussed. -Under the YEHCP, there are $39 million for activities and logistics for one year ($26 million for hospital support and $13 million for public health programmes).	In-person and virtual meeting was held in Arabic
Sana'a/ Meeting Sana`a	1 Sept 2021	MoPHP	The difference between the two projects, EHNP and YEHCP, has been explained and discussing that there are no activity gaps between the two projects	In-person meeting was held in Arabic
Meeting/ Sana'a Sana`a and Aden	1 Sept 2021	MoPHP	The importance of the Social and Environmental safeguards in the project has been discussed. The importance to appoint at least two focal points for this (one for Social Safeguards and one for Environmental Safeguards) within the Ministry to follow this component of the project was raised.	In-person and virtual meeting was held in Arabic

Health Cluster/ Virtual Meeting Sana`a	August 2021	Health cluster, UN agencies and INGOs	WHO briefly introduced the project during the cluster meeting? ➢ The health cluster suggested engaging both WHO and UNICEF to avoid duplication of activities with cluster partners.	In-person and virtual meeting was held
First Additional Financing WHO				
WHO with senior MoPHP authorities Amman	8–9 December 2021	20 government officials 30 WHO staff	YEHCP plan reviewed and supported by authorities	In-person and virtual meeting was held in English with translation to Arabic
Health Cluster Virtual Sana`a	4 and 12 January 2022 7–8 February 2022 6 and 17 April 2022	70 representatives of partner agencies	YEHCP additional financing components, MSP review, referrals, complementarity and the key environmental and social aspects introduced. More than 15 partners also provided written inputs to the MSP review process as part of YEHCP.	In-person and virtual meeting was held in English with translation to Arabic.
WHO with MoPHP Sana`a	22 December 2021, 14 February 2022, 17 March 2022, 5 April 2022	5 government officials 3 WHO staff	YEHCP plan reviewed, updated and importance of ongoing joint planning emphasized	In-person and virtual meeting was held in Arabic
WHO with MoPHP Aden	21 February 2022	6 government officials 4 WHO staff	Key progress and priorities discussed e.g., quality of care, health information, hospital support etc.	In-person meeting was held in Arabic
WHO with UNICEF Aden	17 February 2022	8 UNICEF staff, 4 WHO staff	Issues discussed include the various areas of support including cholera, PHC, MSP, DHIS2, EHCP, COVID-19, polio, mental health. Agreed on the importance of good partnership together in these areas.	Virtual meeting was held in English
Second Additional Financing WHO				

WHO with MoPHP Aden	12 May 2022	Vice-Minister and Clinical Services Coordinator	Discussed EHCP implementation and additional financing, mainly the support of NCDs at PHC level and its relevant capacity-building	In-person meeting was held in Arabic
EHCP initial briefing and joint planning Amman	10 August 2022	1 MoPHP EHCP focal point, 2 WHO staff	Discussed different requests of the MoPHP and their point of view in several interventions implemented under the Project AF.	In-person meeting was held in Arabic
EHCP AF plan Aden	23, 24 and 29 August 2022	1 MoPHP EHCP focal point and emergency director, 3 WHO staff	Discussed the EHCP AF plan, conducting BLS & ACLS trainings in all EHCP hospitals, MoPHP requested support to establish training centres in Aden, Marib and Mukalla, EHCP focal point also requested a regular progress review meeting (across WHO projects) and raised the need to strengthen the referral system.	In-person meeting was held in Arabic
Ongoing activities such as information management and national and quality strategy. Aden	28 August 2022	5 MoPHP: Minister of Public Health, Deputy Minister Primary Health Care, general manager of the Minister's Office, Communication officer, Curative, 3 WHO staff.	The Minister reiterated the importance of the World Bank partnership and improving coordination by conducting regular meetings. WHO updated the Minister on the remaining balance under EHCP/YCRP and discussed sharing project reports. Discussed ongoing activities such as information management and national and quality strategy. The Minister also requested more support on points of entry, humanitarian-development nexus, and more support for central staff – mainly the admin and finance team and regular field visits by central staff to facilities (supportive supervision/monitoring).	In-person meeting was held in Arabic
MoPHP, WHO, UNICEF, and World Bank, first technical coordination meeting Virtual	7 September 2022	MoPHP, WHO, UNICEF, and World Bank	WHO and UNICEF provided a progress update on EHCP activities and got feedback of the Ministry on the progress of the project and their demands.	In-person and virtual meeting was held in English with translation to Arabic
EHCP Progress update meeting Virtual meeting	16 Jan 2023	45 participants (10 female): 13 MoPHP focal points, 3 UNICEF	Emergency Human Capital Project (EHCP) Progress update meeting of WHO, UNICEF, WB and MoPHP with representation of all technical units involved in implementation of EHCP project.	Virtual meeting was held in English with translation to Arabic

		focal points, 18 WHO focal points, 11 WB		
Sana'a authorities, virtual, discussion on EHCP progress, EHCP additional financing, WHO country cooperation strategy development and others Sana`a	13 June 2023	3 participants (1 Sana'a authorities, 2 WHO) and several members of the health authorities team listening in.	WHO shared updates that EHCP AF2 is in the pipeline for the same activities funded under AF1. The authorities greatly appreciated the project and emphasized the need for fuel support to continue and expand, but they were also opened to shifting to solar alternatives and recognize the need for an exit strategy from fuel. WHO reiterated the importance of social and environmental requirements as prerequisites for activities under EHCP and the authorities agreed to collaborate on enhancing compliance. WHO committed to share the EHCP AF2 proposed budget breakdown for any inputs, along with the planned vs actual expenditures for the parent and AF1. These were shared within two days of the meeting	In-person and virtual meeting was held in English with translation to Arabic
Third Additional Financing WHO				
Briefing to the Health Cluster on the EHCPAF2 MOH, Sana`a	24 July 2023	52 (37 male, 15 female) MoPHP officials, INGOs and NGOs and WB colleagues	- Updating the health cluster about the EHCP additional financing, including on WHO and UNICEF achievements. - Authorities highlighted the need to enhance and scale up the support to the health centres by partners complementing the UNICEF interventions ensuring that no duplication in the type of support. - WHO indicated that activities under the second additional fund will be same as in the first additional fund.	In-person and virtual meeting was held in English with translation to Arabic
EHCP Technical Mission Intercontinental Hotel Amman	10-14 March 2024	56 (42 male,14 female) Technical officers from WB, UNICEF and WHO	- World Bank appreciated the MoPHP, UNICEF, and WHO for the successful implementation to date and excellent results on the ground. - Discussion topics included system strengthening, supervision and TPM, gender, efficiency gains and prioritization under AF3. - UNICEF and WHO described the EHCP partnership as a good global example of collaboration at national and local levels, on policy and operational issues, which has made the Project so effective. All parties applauded the leadership and strong partnership with the MoPHP.	In-person and virtual meeting was held in English with translation to Arabic

WHO coordination meeting Aden	16 March 2024	30 (25 male, 5 female) MoPHP senior officials	- Review of progress in the past two months, including of World Bank projects, and agreement on priorities for the coming two months. - MoPHP colleagues said they have not agreed to shift EHCP public health and preparedness activities to PPRP. They requested that more fuel be provided to CPHLs. - High need to prioritize and document results in a context of increasingly limited funds Discuss further complementarity between PPRP and EHCP considering reduced funding.	In-person and virtual connection in English with translation to Arabic
Consultation with health authorities in Sana'a	26 May 2024	9 (7 male, 2 female) Senior health officials	- EHCP budget envelope for AF3, need to prioritize support to hospitals, reduce number of hospitals. - Authorities expressed disappointment with reduced funding and agreed to fast track PPRP, noting UNFPA is supporting MNCH in hospitals so less need to focus on this. - Authorities asked for info on UNFPA activities to share with World Bank	Virtual connection held in English with translation to Arabic

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

The Stakeholder Engagement Plan below outlines the engagement process, methods, including sequencing, topics of consultations and target stakeholders. The World Bank and the Borrower do not tolerate reprisals and retaliation against project stakeholders who share their views about Bank-financed projects.

Table 3: SEP Summary Table

Project stage	Target stakeholders	Topic of consultation / message	Method used	Responsibilities	Frequency/ Timeline
UNICEF					

Project stage	Target stakeholders	Topic of consultation / message	Method used	Responsibilities	Frequency/ Timeline
Project Preparation	Other HDP[8] actors (e.g., UN agencies, CSO, etc.), such as: - WHO - UNOPS - World Bank - Bi-lateral and multi-lateral donors - Health and Nutrition coordination fora - MOH - International and national NGOs (see chapter 3.3 for details) - CSOs	Update on EHCP implementation progress update and updates on additional financing priorities	- In-person meetings - Virtual meetings Emails	UNICEF	Semi - annually but with ad hoc meetings as needed
	Local authorities (both at central and decentralized level)	- Update on EHCP implementation progress - update and updates on additional financing priorities - Sensitisation on Code of Conduct	- Formal meetings - Virtual meetings - Field missions - Email - Training sessions	UNICEF	Quarterly but with ad hoc meetings as needed
	Affected communities	Project priorities grievance feedback Mechanisms Awareness on GBV/SEA/SH issues and reporting mechanisms	- Field missions - Face to face consultations, including TPM surveys and FGD. - Visibility material, e.g., posters and flyers - Through community-based cadres	UNICEF	Quarterly but with ad hoc meetings as needed

[8] HDP = Humanitarian, Development and Peace

Project stage	Target stakeholders	Topic of consultation / message	Method used	Responsibilities	Frequency/ Timeline
			- Language translation		
Project Implementation	Other HDP[9] actors (e.g., UN agencies, CSO, etc.), such as: - WHO - UNOPS - World Bank - Bi-lateral and multi-lateral donors - Health and Nutrition coordination fora - MOH - International NGOs - National NGOs - CSOs	- Information on Project or sub-project design and implementation - Information/consultation on Project and sub-project potential risks (including environmental and social risks) and mitigation measures. - Information and awareness raising on the grievance and Feedback Mechanism - Orientation/Sensitisation on GBV/SEA/SH	- Formal meetings - Virtual meetings - Website/social media - Email	UNICEF	semi-annually but with ad hoc meeting as needed
	Local authorities (both at central and decentralized level)		- Formal meetings - Virtual meetings - Field missions - Email - Training	UNICEF	Quarterly / more frequently as required
	Project workers		- Formal meetings - Virtual meetings - Field missions - Face to face consultations, including TPM surveys and focus group discussions (FGD) - Visibility material, e.g., posters and flyers - Email	UNICEF and MoPHP	Quarterly / more frequently as required

[9] HDP = Humanitarian, Development and Peace

Project stage	Target stakeholders	Topic of consultation / message	Method used	Responsibilities	Frequency/ Timeline
			- Training		
	Project affected communities.		- Field missions - Face to face consultations, including TPM surveys and FGD. - Visibility material, e.g., posters and flyers - Through community-based cadres - Language translation.	- TPM - Community Health Workers and other health personnel - UNICEF - MoPHP	Quarterly/more frequently if needed throughout project implementation as required by the programme and based on HACT[10] plans.
UNOPS					
Project Implementation	Other HDP actors (e.g., UN agencies, CSO, etc.) Local authorities (both at central and decentralized level) Project workers Project affected communities.	Consult on implementation progress and key E&S issues. - Information on Project or sub-project design and implementation - Information/consultation on Project and sub-project potential risks (including environmental and social risks) and mitigation measures.	- Formal meetings - Virtual meetings - Email	UNOPS YEHCP Team	Quarterly, but with ad hoc meeting as needed.

[10] HACT: Harmonized Approach to Cash Transfers

Project stage	Target stakeholders	Topic of consultation / message	Method used	Responsibilities	Frequency/ Timeline
		- Information on the grievance and Feedback Mechanism			
	Local authorities	Consult on priorities and feedback	Formal meetings Regular consultations Field missions	UNOPS YEHCP Team and IPs Teams	Quarterly throughout project implementation and SEP consultations' sessions
	Local communities	Consult on priorities and getting feedback on potential impacts and proposed mitigation measures.	Focused Group Discussion, consultation sessions separately with males and females' beneficiaries and with local community representatives and community leaders	UNOPS Social Facilitators	During Sub-Projects Screening and ESMP preparation.
WHO					
Project preparation	MoPHP, WHO, UNICEF, World Bank, NGOs and NGOs	Progress update on EHCP activities and got feedback of the Ministry and queries and discussed AF priorities e.g., fuel and hospital support	Virtual meetings	Project management team from WHO	Quarterly
	Authorities at the central and local levels including health facilities management		Formal meetings, virtual meetings and, site visits	Project Management team 11from WHO	Quarterly

11 Technical staff include environmental and social safeguards officer, quality officer and technical officers.

Project stage	Target stakeholders	Topic of consultation / message	Method used	Responsibilities	Frequency/ Timeline
	Project workers		Virtual meetings and site visits where hospital needs are discussed with hospital management	Project management team from WHO	Quarterly
	Project affected communities	Grievance Handling Mechanism information	Posters	Project management team from WHO	Semi annually
Project implementation	MoPHP officials, INGOs and NGOs	Briefing to the Health Cluster on the EHCP AF and WHO achievements	Virtual and In person meetings	WHO and project management team	Semi-annually
	Local authorities (hospital management and staff)	Site visits to the targeted health facilities; discussion with hospital management on third-party monitoring findings and how to improve compliance to Infection Prevention and Control and adherence of workers to wearing PPE during working hours. Discussion on progress of activities supported under EHCP and AF priorities	In-person and virtual meetings	Project management team from WHO	Quarterly
	Meeting with local authorities at the central, governorate and district level	Explain WHO activities and priorities under EHCP AF and scope of work and explain coordination mechanisms with local authorities	In-person visits and virtual meetings conducted in Arabic	Project management team from WHO	quarterly
	Health workers from the targeted health facilities	PRSEAH and GBV training on the concepts and definitions of sexual exploitation, abuse and harassment	In-person training sessions and virtual trainings	Project management	Quarterly

Project stage	Target stakeholders	Topic of consultation / message	Method used	Responsibilities	Frequency/ Timeline
		and training on waste management, infection prevention and control and quality trainings		team from WHO	
	Project affected communities	Information on the available grievance handling mechanism Information /consultation on subproject risks and mitigation measures.	Face to face TPM surveys Visibility materials grievance and feedback mechanism	TPM Project management team from WHO	Quarterly

4.3. Proposed strategy to incorporate the views of vulnerable groups.

The project will seek the views of the vulnerable and disadvantaged groups identified through the following methods:

UNICEF

- Women will be engaged in decision-making through community engagement platforms such as mother-to-mother groups with sessions conveniently held at times determined by the group members.
- Community Health Workers/Volunteers outreach activities to reach people in remote areas, hard to reach, and vulnerable groups through door to door or community engagement / meeting platforms.
- Training/capacity building activities for project workers and stakeholders, including awareness activities with training venue selection done in consultation with authorities, trainings delivered in language that is understood by participants and trainings held during the week.
- Meetings with field-based project coordinators on quarterly basis to get feedback on issues/concerns raised by vulnerable groups Regular coordination/update meetings with MoPHP both in Sana'a and Aden on a quarterly basis or more frequently as needed.
- Regular meetings with MOPHP Governorate Health Offices (GHOs) and District Health Offices (DHOs)
- Regular meetings with Health Development Partners (HDPs) actors, such as cluster working groups.
- Visibility material, e.g., flyers, posters, banner. Whereas both local communities and some migrant sub-populations mostly from the Horn of Africa and Ethiopia are predominantly Arabic speakers, the project will determine any additional languages into which key messages should be translated as may become necessary throughout the life of the project.
- Social media/digital engagement such as WhatsApp/SMS. Community Health Workers send WhatsApp messages and SMS to the community/beneficiaries to ensure that the messages are received by most of the targeted beneficiaries. The above is complemented by face-to-face meetings and interpersonal communication.
- Official communications with the local authorities, such as letters, emails, nontechnical summary documents, progress reports
- Grievance and Feedback Mechanism

UNOPS

- WASH Workers/Specialists face to face meetings with the communities
- Training and capacity building activities for project stakeholders, including awareness activities with training venue selection done in consultation with authorities, training delivered in language that is understood by the participants with feedback questionnaires and collect verbal feedback from people with reading and writing difficulties and trainings held during the kickoff induction to contractors. Regular coordination meetings in quarterly bases with Ministry of Water and Environment (MWE) both in Sana'a and Aden
- Official communications with the local authorities, such as letters, emails, nontechnical summary documents, progress reports

- Grievance and Feedback through Grievance Mechanism

WHO

- Conducting quarterly meetings with GH0 and DHOs, and health facility managers during site visits allows for direct communication and immediate feedback from the ground level. This helps in understanding the specific needs and concerns of vulnerable groups in different regions.
- Conducting beneficiary surveys collected by the TPM, we can gather valuable feedback, including perspectives from vulnerable groups, on the hospital services. This information helps us assess the effectiveness of our programs.
- Maintaining a grievance mechanism (GM) to allow beneficiaries to raise any feedback on the project to the implementers. This will also provide a channel for vulnerable groups to raise any concerns in a confidential manner and ensure they are addressed.
- Consultations with community members in the vicinity of the project are conducted during the preparation of the Environmental and Social Management Plans. These consultations include vulnerable individuals and are conducted in Arabic. The meetings ensure the participation of women, the elderly, and persons with disabilities.
- Distributing posters in supported health facilities and sharing project updates on social media platforms we reach a wider audience, including vulnerable groups such as women and marginalized communities. This will allow us to inform the public about our work and gather their input.
- Training/capacity-building activities for projects delivered in language that is understood by the participants with feedback questionnaires awareness activities. The appropriate language will be determined during the preparation of project related instruments as part of the social baseline.

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5. Resources and responsibilities for implementing stakeholder engagement

5.1. Implementation Arrangements and Resources

The implementing agencies and their partners will oversee stakeholder engagement activities. The overall responsibility for SEP implementation lies with the Project Management Unit of the respective agencies. Implementing Partners (IPs) are also responsible for respective Stakeholder Engagement activities as defined in their Programme documents relative to their scope of work under the project. IP Stakeholder Engagement activities are monitored by UNICEF and reporting on by the partners.

The stakeholders will be engaged through the methods mentioned under chapters 4.2 and 4.3. The stakeholder engagement activities will be documented through biannual progress reports, TPM reports, and mission discussions/presentations.

The budget estimate for preparing and implementing the SEP is:

- $ 21,000[12] for UNICEF

Activity	Cost $US
Stakeholder consultation including sensitisation /orientation of GBV/SEA/SH at all levels (national, governorate and district levels – through EHCP coordinators and CHW/V platforms (leveraging existing budget)	$ 21,000
Information disclosure including translation, communication, and dissemination of visibility materials to raise awareness of project activities – integrated in existing ex communications budget line	$ 0
Total	**$ 21,000**

- $ 25,000 for UNOPS.

Activity	Cost $US
Stakeholder consultation at all levels (national, governorate and district levels – through EHCP coordinators and CHW/V platforms (leveraging existing budget)	$ 25,000
Information disclosure including translation, communication and dissemination of visibility materials to raise awareness of project activities – integrated in existing external communications budget line	$10,000
Total	**$ 35,000**

As of the parent, AF1, AF2 projects the cost of due diligence for specific sub-projects under the additional fund (preparation of the screening form, consultations, GM, preparation of ESMPs, and monitoring) will be included in the costs/budget for each sub-project. These costs are thus scalable to the level and scope of the potential risks and impacts and might include the costs of consultants recruited by UNOPS or an Implementing Partner to assist on specific tasks.

- $ 28,600 for WHO

Activity	Cost $US
Information disclosure; communication, dissemination of visibility materials and awareness-raising on project activities including via GM.	$ 6,000
Stakeholder engagement consultations activities including sensitisation /orientation of GBV/SEA/SH	$ 20,000
Contingency (10%)	$ 2,600
Total	**$ 28,600**

The call center service for the project GM, covering all project activities implemented by WHO is provided by UNICEF free of cost.

[12] In addition to the budget consultations will be integrated with other programmatic activities such as trainings.

6. Grievance Mechanism

A Grievance Mechanism (GM) is a system that allows the project-affected parties to submit not only grievances, but also queries, suggestions, positive feedback, and concerns related to the environmental and social performance of the project, which are reviewed and responded to by the implementing agencies in a systematic manner.

6.1. Description of Grievance Mechanism (GM)[13]

Table 4: Illustrative Table on the GM Steps for UNICEF

Step	Description of process	Timeframe (tentative)	Responsibility
UNICEF			
GM implementation structure	**The GM includes two components**: 1. Grievance collection, whereby complaints and inquiries from beneficiaries, community members and project staff are received and logged into UNICEF's Project Management Information System (MIS). 2. Redressal, whereby the grievances are analysed and acted upon. The data of the complainant is collected when filing the grievance. A complete grievance management workflow has been developed and implemented through the MIS, using tailored MIS modules developed for UNICEF. Project specific grievance categories and types have been defined for each project component, and protocols are in place for grievance collection and redressal.	Continuous (the GM is functional and is maintained)	- UNICEF case managers - UNICEF programme team - UNICEF Risk Management Unit (RMU) - UNICEF Yemen Service Centre (YSC)

[13] UNICEF GM system is designed to receive grievances from all project stakeholders, from the project affected communities to the project workers, including those contracted and subcontracted by our partners (both Implementing Partners and vendors). UNICEF main IP for this project is the MoPHP.

Step	Description of process	Timeframe (tentative)	Responsibility
	The entire GM operates under the direct control of UNICEF's Yemen Service Centre (YSC) in collaboration with UNICEF's Health and Nutrition sections. The entire grievance collection and redressal process will be registered and recorded in the MIS and subjected to a comprehensive quality assurance process to ensure the mechanism's integrity, confidentiality and independence.		
Grievance uptake	Grievances, including SEA/SH, can be submitted via the following channels: - Toll-free telephone hotline: 8004090 operated by YSC. - Social media. - Written and/or oral communication from a partner (Implementing Partner or vendor). - TPM and any site visit conducted by UNICEF or one of its partners.	Anytime during project duration	- Project stakeholders - UNICEF's partners - UNICEF
Acknowledgement and follow-up Sorting, processing	- Any complaint received is logged into the call centre registration system, an index number is assigned, and a category is identified. - An immediate notification (acknowledged receipt) is provided to the complainant via SMS, including the index number. *If the complaint is related to an incident such as GBV/SEA, please ref. to the section at the end of this table, section 6.1.1*	Upon receipt of complaint	- UNICEF case managers - UNICEF programme team
Verification, review and action	- The relevant programme focal point conducts fact checking and further follow up, by implementing corrective actions and mitigation measures as relevant, under the oversight of the Head of Section and of the Chief of Field Office.	Within 8 working days contingent on the nature of the incident.	- UNICEF programme team
Monitoring and evaluation	- Data on complaints are collected in the GM Register's Log and followed up by the programme team. - The RMU plays a quality assurance role on the monitoring and evaluation of the status of the GM.	- Real time - Continuous (once per week)	- UNICEF programme team - UNICEF RMU

Step	Description of process	Timeframe (tentative)	Responsibility
Provision of feedback	- Feedback from complainants regarding their satisfaction with grievance resolution is collected by the call centre agents and the programme focal person after informing the complainant on the resolutions (corrective actions/mitigation measures). TPM will provide further feedback.	Within 20 working days contingent on the nature of the incident.	- UNICEF case managers - UNICEF programme team
Training	- For project workers (IPs and vendors) at PHC level and at DHO/GHO level - For Call Centre Agents - For UNICEF staff	- Continuous (once per year) - Quarterly - Continuous (once per year)	- UNICEF RMU, with UNICEF programme team
Appeals process	- When/if the complainants are not satisfied with the proposed resolution of the complaint, the complaint will be reopened and the reassessed	- As applicable	- UNICEF programme team

6.1.1 Management of SEA/SH complaints and any other serious ESS incident in UNICEF

SEA/SH[14] complaints and all the other serious incidents, including allegations of corruption, extortion claims, etc. can be received through the hotline (8004090) or through other means, such as: social media (e.g., WhatsApp), written and/or oral communication from a partner (Implementing Partner or vendor), TPM and any site visit conducted by UNICEF or one of its partners. The complaints hotline initially started in August 2018 through a third-party call center, before eventually shifting to UNICEF call in January 2020, and has been operational since then. The hotline number is widely known and used even by community members from facilities not supported by UNICEF. The confidence by women and other vulnerable persons to report cases through this modality is bolstered by the assurance of a secure channel of complaint submission that has remained reliable over the last 4 years. The availability of the hotline is disseminated through posters that are put up in all facilities and also communicated through inter-personal communication by community health workers.

As soon as an incident is registered/reported, an alert email is immediately sent: i) automatically, through the Management Information System in case the grievance is filed through the hotline; ii) manually, in case it reaches a UNICEF staff via other means. Based on the UNICEF Standard Operating Procedure for management of grievances, cases are transferred only to relevant responsible persons based on the categorization of the case.

In the meantime, a survivor-centered assistance is provided, upon the survivor's consent. The Programme Officer in charge of case management will maintain regular communications with the survivor to ensure a timely and quality support.

[14] For SH cases, the described process applies only if no UNICEF staff is involved. If a UNICEF staff is involved, please ref. to ESCP.

Table 5: Grievance Mechanism for UNOPS

Step	Description of process	Timeframe (tentative)	Responsibility
UNOPS			
GM implementation structure	The UNOPS project implementation unit has the main responsibility for the implementation of the GM. The GM Team consists of the UNOPS Environmental and Social Safeguards Specialists, Officers, City Engineers, and GM focal points dotted across the country. The GM will be implemented and monitored by the UNOPS GM Officers Assistants a, who will: (i) receive and process grievances directed to the project; (ii) manage appeals mechanisms; (iii) monitor the implementation of the GM through the Hotline Operator and the IPs; (iv) manage the Hotline Operator; (v) register and file all GM reports ; (vi) compile all relevant GM data; and (vii) include reports on the GM in the regular reports to the World Bank. The Specialists are further responsible for the monitoring of GM implementation, and the identification of trends and analysis of the GM reports to be able to flag key issues with Project Management. Each GM Focal Point is responsible for creating awareness of the GM at its locality of operation; roll-out information dissemination; prepare and man help desks at project sites; run a suggestion box in coordination with project's contractors at the project site (nearest office of administration); receive and handle grievances. The UNOPS Environmental and Social Safeguards Specialists will be sharing all necessary information within the project on this matter, and will monitor the project management of the GM, the implementation of help desks at project sites and the handling of grievances by the project. The project should nominate a dedicated officer for the handling and reporting of grievances, the GM Focal Point. As such HSSE Officers, Community GM focal Persons and Community leaders are community level institutions for project management. At the local government level, the Municipality Core Teams, Town Development Committees and Rural Development Committees are set up in rural areas. The National Advisory Committee (NAC) are state level project implementation structures established to provide overall policy and strategic guidance as well as technical support to the project. For SEA/SH GM process, see below at section 6.1.2.		
Grievance uptake	Grievances can be submitted via the following channels: • Toll-free telephone hotline: 8000190 operated by GM department		

Step	Description of process	Timeframe (tentative)	Responsibility
	• Short Message Service (SMS) to 739888388 • E-mail to grm-yemen@unops.org • Letter to Former European Union Office Building, Haddah Street, Sana'a, Yemen • In-person at a physical facility (face-to-face during field visit by UNOPS City Engineers and Site Supervisors) • Grievance or suggestion boxes located at project sites. • Social media • Tablet/smartphone application • Online form		
Sorting, processing	Any complaint received is forwarded to the Project Manager; logged in the GM Register's Log; categorized according to the following complaint types: Admin, Technical, Safeguarding, Financial, Procurement, PSEA, GBV.	Upon receipt of complaint	Local grievance focal points
Acknowledgement and follow-up	Receipt of the grievance is acknowledged to the complainant by the GM Focal Point.	Within 2 days of receipt	Local grievance focal points
Verification, investigation, action	Investigation of the complaint is led by the Sector Specialist and City Engineers. A proposed resolution is formulated by the Project Manager/Safeguarding Specialist and communicated to the complainant by the GM Focal Point.	Within 10 working days	Complaint Committee
Monitoring and evaluation	Data on complaints are collected in the GM Register's Log and reported to the Project Manager/Safeguarding Specialist every month.		
Provision of feedback	Feedback from complainants regarding their satisfaction with complaint resolution is collected by the GM focal point after informing the complainant on the resolutions (corrective actions).	Within 21 days	
Training	Training is delivered tor staff/consultants in the PIU, Contractors, and Supervision Consultants. Implementing Partners are also providing "kick-off" training and induction to the contractors and deliver regular training to the supervision consultants upon recruitment and on job training.		
Appeals process	Cases are closed upon implementation of the resolution; the report on the progress signed by the two parties. Procedures for appeal usually made clear to the complainant and during community meetings when the GM process is discussed. If complainant is not satisfied about the resolution, the complainant may escalate to the appeals process.		

Step	Description of process	Timeframe (tentative)	Responsibility
	If the complaints not satisfied with reached solutions, he/she can appeal and UNOPS will review the case again and if the complaint not satisfied with the reached solution, He/she can escalate the case to higher level either UNOPS HQ or/and World Bank GRS		

6.1.2 Management of SEA/SH complaints in UNOPS

UNOPS has a very detailed protocol for the referral and report of SEA cases it can be used by GM FPs as well as a summary guidance [15] the GM focal points use it to guide them through the steps to handle SEA Cases, below is also a summary description of UNOPS handling SEA complaints process.

1. **Receiving the Complaint:**
   - The complaint can be submitted through multiple channels been provided by the project at each sub-project sites which is visible and accessible to beneficiaries which is clearly mentioned in the sub-project sign boards, complaint boxes, distributed GM posters and brochures, channels includes a dedicated toll free number, email address, SMS and WhatsApp, web form, or in-person reporting to PSEAH FP in the project site or in the GBV specialist.
   - The complaint should be documented carefully, ensuring all relevant details are captured, including the nature of the incident, the parties involved, and any supporting evidence.
   - Confidentiality is of the utmost importance, and the identity of the complainant should be protected throughout the process. The GBV Specialist will securely store all case files and documentation separately from GM log, with restricted access to protect survivor privacy, more details on the information flow detailed in annex 3.
2. **Initial Assessment:**
   - An initial risk assessment is conducted to ascertain the level of urgency, and any immediate actions required to ensure the safety and well-being of the complainant and other affected parties and Inform the complainant that there are support services available to them.
   - Once GM or PSEAH FP receive such potential case of SEA/SH, they will refer it to the Internal Audit and Investigation Group (IAIG) for assessment.
   - The complaint is reviewed by experts in the IAIG to determine if it falls within the scope of the organization's SEAH policy and grievance mechanism.
   - An initial risk assessment is conducted to ascertain the level of urgency and any immediate actions required to ensure the safety and well-being of the complainant and other affected parties.
   - If such cases are reported through the Project GM, the GM Operator needs to report the case within 24 hours to the UNOPS IAIG who will then inform the World Bank within 48 hours following informed consent by the survivor.
3. Referral and Assistance:
   - Taking the survivor-centered approach into consideration and victim consent, the risk assessment will help determine what assistance may be needed. With the support of specialized agencies in the case management such GBV AoR/Cluster, UNFPA and UNICEF in case of children, this /SEA/SH referral system will support survivors in receiving all necessary services they may choose, including medical, legal, counseling, and those cases are reported to the police with informed consent of the survivor, and this can include (but is not limited to) the following:
     a) Immediate physical protection/removal from danger.
     b) Immediate contact with services (e.g., health care, social services), and other services as appropriate: In some urgent/extreme situations you may need to consider an immediate call for police involvement and protection.

[15] This summary guidance explains step by step how to handle complaints of potential SEA/SH cases. See annex 3 for full details.

c) Immediate emergency medical attention must be sought if there is a serious or life-threatening injury – remember the survivor might have sustained injuries that may not be visible.

A survivor has the right to make an informed choice of services. GM, SEA Focal points and service providers should be able to provide comprehensive information about existing referral pathways. When the survivor is referred, explanation on services available and which conditions apply should be thorough.

4. **Internal Reporting:**
   - The GM focal Point and/or the PSEA FP will fill out the report and share it with the investigation Unit.
   - Such incidents will be reported to the World Bank within 48 hours through UNOPS Audit and Investigation Group (IAIG).
5. **Investigation:**
   - A thorough and impartial investigation is conducted, involving interviews with the complainant, the alleged perpetrator, and any relevant witnesses.
   - All evidence, including documents, digital records, and physical evidence, is carefully collected and analyzed.
   - The investigation is carried out by trained and experienced personnel who are independent of the parties involved.
6. **Findings and Determination:**
   - Based on the investigation, a determination is made as to whether the complaint is substantiated or unsubstantiated.
   - If the complaint is substantiated, appropriate disciplinary or remedial actions are recommended, in line with the organization's policies and procedures. In case of criminal offences this will be handled by the UNOPS IAIG and legal department in HQ
7. **Reporting and Feedback:**
   - The survivor is informed of the outcome of the investigation and any actions taken, respecting their confidentiality.
   - The organization's leadership and relevant stakeholders are informed of the case and the actions taken.
   - Lessons learned from the case are documented to improve the grievance mechanism and SEAH prevention efforts.
8. **Follow-up and Support:**
   - Ongoing support and assistance are provided to the complainant, including access to counseling, medical services, or other necessary resources. It depends on the perpetrator if working with UNOPS then the organization will cover, and if from contractors' side then the contractor will cover it.
   - The organization monitors the situation to ensure the complainant's safety and well-being, and to prevent any retaliation or further incidents.

Table 6: Illustrative Table on the GM Steps for WHO

Step	Description of process	Timeframe (tentative)	Responsibility
WHO			
GM implementation structure	WHO uses Management Information System (MIS), that is developed and managed by UNICEF, to handle complaints. Clear categories and details of complaints are established, along with a defined process for collecting and resolving them. **Grievance Mechanism (GM) has two parts:** 1. **Complaint Intake:** Anyone involved in a WHO project, such as beneficiaries, community members, staff, or partners, can submit a complaint, comment or question. WHO also makes sure health workers and facility managers know about this system by including contact information in all their training materials. Submitted complaints or enquiries are recorded in the MIS according to WHO categories. 2. **Resolution Process:** Complaints are reviewed and addressed by GM focal point and responsible technical officers.	Ongoing (the GM is functional)	Project management team GM focal point
Grievance uptake	Grievances can be submitted via the following channels: • Toll-free telephone hotline: [*8004090*] operated by [*UNICEFF*] • mailto:yemengrmehcp@who.intE-mail to yemengrmehcp@who.int • E-mail to YEMGRMehnp@who.int • Letter to WHO Yemen Country Office • In-person at a physical facility during site visits • Social media: https://www.facebook.com/WHOYemen, https://x.com/WHOYemen, https://www.instagram.com/whoyemen	During project implementation	Call centre agents (MIS team)

Step	Description of process	Timeframe (tentative)	Responsibility
Sorting, processing	Any complaint received is forwarded to GM focal point; logged in the call centre system (MIS), where it receives a unique identification number categorized according to the following complaint types: 1- Per diem and entitlements of health care workers 2- Transportation cost for caregiver in the TFCs 3- Fees for health services 4- Supplies for health facilities. 5- Service quality 6- Labour issues 7- Environmental & OHS issues. 8- Inadequate staff conduct. 9- GBV and SEAH (see section 6.1.3 below)	Upon receipt of complaint	Call centre agents (MIS team)
Acknowledgement and follow-up	All complaints are entered into the call centre system, given a unique reference number, and categorized according to their complaint type, whereupon they are processed by the GM focal point.	As soon as a complaint is received	Call centre agents (MIS team)
Verification, investigation, action	Grievance is managed by the GM focal point, except for GBV/SEAH entries that are only dealt with by the GBV/SEAH focal point with full confidentiality. GM focal point gathers information about the complainant as needed, analyses grievance and refers it to the responsible technical officer through MIS system, when needed.	Within 10 working days	GM focal point
Monitoring and evaluation	A log of all complaints is maintained in the GM Register. The GM focal point then takes responsibility for following up on each complaint and ensures timely resolution.	Upon receipt of complaint	GM focal point
Provision of feedback	Feedback from complainants regarding their satisfaction with complaint resolution is collected by call centre agents.	Real time	Call centre agents (MIS team)
Training	• For Call Centre Agents • For WHO staff • For project workers at hospitals and at DHO/GHO level	Continuous (awareness session integrated into all project trainings)	GM focal point GM focal point GM focal point/PMU staff

Step	Description of process	Timeframe (tentative)	Responsibility
Appeals process	If the complainants are not satisfied with the proposed resolution of the complaint, the complaint will be reopened for further review and investigation.	When appeal occurs	GM focal point

6.1.3 Management of SEA/SH complaints in WHO

Available Channels:

- Toll-free number: 8004090
- Email: yemengrmehcp@who.int and yemgrmehnp@who.int

Steps:

- Anyone who experienced or witnessed SEA/SH can anonymously contact the WHO Grievance Mechanism (GM), managed by call centre in UNICEF, to report the incident.
- A trained staff member will record the details confidentially in the Management information system.
- Survivor's consent is obtained for data sharing. The survivor has complete control and decision-making power regarding the next steps. She/he must give specific permission (through a special form) for any information sharing, specifying exactly what is shared, with whom, and why.
- GM operator notifies project and GBV officer where an email is immediately sent automatically, through the Management Information system to GBV officer with the relevant information.
- The GBV officer provides emotional support (psychosocial support) and information on available resources. Additionally, the GBV officer can connect survivors with service providers, but only if the survivor agrees (with their consent) through Yemen Women's Union.

Reporting:

- WHO social safeguards team notifies the World Bank about any GBV/SEAH incident within 48 hours.
- Incident report details are limited to age/sex of survivor, incident type, perpetrator affiliation, and service referral.

Confidentiality:

- GM operators are trained on confidential and empathetic case collection.
- Only basic details are recorded: nature of complaint, perpetrator association with the project (if known), survivor age/sex (if possible), and support service referral information (if possible).
- Information is stored securely in a separate system accessible only by the GBV officer. Encryption protects the data during transfer and storage.
- Social safeguards team reviews GM's complaint handling.

Investigations:

- Allegations are handled by the Office of Internal Oversight Services, who are mandated to conduct investigations of allegations of sexual misconduct involving WHO or other partners.

This Grievance Mechanism provides a safe and effective system for reporting SEA/SH incidents.

7. Monitoring and Reporting

7.1. Summary of how SEP will be monitored and reported upon (including indicators)

The SEP will be monitored based on both qualitative reporting (based on progress reports) and quantitative reporting linked to results indicators on stakeholder engagement and grievance performance.

SEP reporting will include the following:

(i) Progress reporting on the ESS10-Stakeholder Engagement commitments under the Environmental and Social Commitment Plan (ESCP), this includes on grievance management and the status of grievance resolution, and updates provided during implementation support missions.

(ii) Cumulative qualitative reporting on the feedback received during SEP activities, in particular (a) issues that have been raised that can be addressed through changes in project scope and design, and reflected in the basic E&S documentation such as the Project Appraisal Document, Environmental and Social Assessments, or SEA/SH Action Plan, Security Management Framework, Labor Management Procedures and other plans developed for the project, if needed; (b) issues that have been raised and can be addressed during project implementation; (c) issues that have been raised that are beyond the scope of the project and are better addressed through alternative projects, programs or initiatives; and (d) issues that cannot be addressed by the project due to technical, jurisdictional or excessive cost-associated reasons. and responses by the project teams should

(iii) Quantitative reporting based on the indicators included in the SEP. An illustrative set of indicators for monitoring and reporting is included in Annex 2.

7.2. Reporting back to stakeholder groups

The SEP will be revised and updated as necessary during project implementation.

7.2.1 UNICEF

Summaries and internal reports on consultations, public grievances, enquiries, and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible programme and risk management staff and referred to the project managers for inclusion into the bi-annual progress reports.

Specific mechanisms to provide feedback to the stakeholders include the following (ref. to chapter 4.3:

- Semi-annual and quarterly meetings convened in person or virtual meetings,
- Regular emails, WhatsApp, calls or formal letters.
- Regular visits and meetings through community health workers)
- Third party monitoring visits on quarterly basis
- Programmatic visits by UNICEF staff on a regular basis in selected facilities
- Grievance feedback mechanisms will be used to report back to stakeholders.

Reporting back to the stakeholders will be on an **ongoing basis and through scheduled planning and review meetings**.

It will be the responsibility of the programme management unit (PMU) of UNICEF to ensure that all relevant reporting is shared through the above defined methods. Specifically, the PMU will report back on the participatory stakeholder engagements in sub-project design and follow up on any agreements made with stakeholders during the consultations. This reporting back to the stakeholders will be undertaken throughout the project, as appropriate and a summary provided in the progress report and during the implementation support missions.

The PMU will gather all comments and inputs originating from community meetings, and GM outcomes. It will prepare summaries, where relevant, of all stakeholder engagements where feasible. The information gathered will help ensure that the project has general information on the perception of communities, and that it remains on target. It will be the responsibility of the PMU to respond to comments and inputs, and to keep open a feedback line to the communities, as well as to the state and county authorities.

7.1.2 UNOPS

- UNOPS will regularly update and monitor the implementation of the Stakeholder Engagement Plan and update the progress reports quarterly. In case of grievances received during the consultation meeting it will be registered and feedback will be shared to the stakeholders.
- UNOPS will periodically submit progress reports with the new updates of the SEP during supervision missions' meetings.
- UNOPS will report back regularly either verbally or in writing to the stakeholders on the previous period during each periodical consultation.
- UNOPS and its Implementing Partners will continue carrying out stakeholder engagement activities and SEP update during the implementation of the project-AF3. The stakeholder engagement activities will continue to be documented through UNOPS' reporting and documentation as part of the project progress reporting requirements.

WHO

WHO strives to involve stakeholders in monitoring activities, as monitoring and evaluation of the stakeholder engagement is recognized as vital to ensuring the project can respond to identified issues.

Adherence to the following characteristics/commitments/activities will assist in achieving successful engagement:

- Sufficient resources to undertake the engagement.
- Inclusivity (inclusion of key groups) of interactions with stakeholders.
- Promotion of stakeholder involvement.
- Clearly defined approaches; and
- Transparency in all activities.

Monitoring of the stakeholder engagement allows to evaluate its efficacy. Specifically, by identifying key performance indicators that reflect the objectives of the SEP and the specific actions and timing, it is possible to both monitor and evaluate the processes undertaken.

The main monitoring responsibilities will be with the project as the management entity of the GM and overall project-related environmental and social monitoring and as implementer of the current SEP. The GM will be a distinct mechanism that will allow stakeholders, at the community level, to provide feedback on project impacts and mitigation programmes. The ESMF will lay out environmental and social risk mitigation measures, with a dedicated E&S monitoring and reporting plan.

A Third-Party Monitor (TPM) will be engaged by the project on a competitive basis to provide independent operational review of project implementation, as well as verification of all project results. The scope and methodology of the TPM will be agreed with the World Bank, and quarterly monitoring reports will be shared.

Reporting back to stakeholder groups

The current SEP will be periodically revised and updated as necessary during project implementation 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 updated SEP. Regular 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 regular 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 parent project and AF's interaction with the stakeholders.
- A number of key performance indicators 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.

Annexes

- Annex 1. Template to capture minutes/records of consultation meetings.
- Annex 2. Sample Table: Monitoring and Reporting on the SEP
- Annex 3. UNOPS SEAH Reporting and Referral Protocol for GM Personnel - Summary Guidelines

Annex 1: Template to Capture Consultation Minutes

Topic/purpose of consultation	Stakeholder (group or individual)	Summary of discussions	Date and location	Measures to facilitate the inclusion of vulnerable groups	Follow-up Action/Next Steps (add also who is responsible/; deadline)

Annex 2. Sample Table: Monitoring and Reporting on the SEP

UNICEF		
SEP performance questions	**Indicators**	**Data Collection Methods**
• How often are users of the supported PHC services consulted? • What are the awareness levels of project stakeholders regarding the available GM? • How quickly are the grievances resolved per the timeline in the SEP?	• Frequency of consultation sessions in supported PHC facilities (target: quarterly) • Proportion of sampled project stakeholders aware of the available GM (target: 70%) • % of grievances received that are addressed and responded to within a timeline that has been specified and communicated by the project (target: 90%)	TPM report TPM report UNICEF-MIS

• How many people were engaged in community consultation activities, including vulnerable groups? • Was project priority information disclosed to relevant parties throughout the project cycle?	• Number of participants in general community meetings and female-only community meetings, disaggregated by gender of the participant and inclusion of vulnerable groups (target: 20,000 for general meetings, 7,000 for female only meetings) • % of community meetings where the key project and ESS messages were disseminated and discussed (target: 90%) • Recipients who received information from at least one of the direct or indirect means of facilitation about payment dates, times and places (target: 90%)	EHCP programme reports TPM report/UNICEF Programme Monitoring Reports TPM report

UNOPS		
SEP performance questions	**Indicators**	**Data Collection Methods**
• How many people were engaged in community consultation activities, including vulnerable groups?	• Number of participants in general community meetings disaggregated by gender of the participant and inclusion of vulnerable groups, target: 2686 for general meetings, 1370 for female only meetings)	UNOPS reports
• How fast are grievances resolved per on the SEP timeline	• % of grievances received that are addressed and responded to within a timeline that has been specified and communicated by the project (target: 90 %)	UNOPS reports

WHO		
SEP performance questions	**Indicators**	**Data collection methods**

• How quickly are the grievances resolved per the timeline in the SEP?	• % of grievances received that are addressed and responded to within a timeline that has been specified and publicly communicated by the project (target: 90%)	WHO reports.
• How many people were engaged in community consultation activities including vulnerable groups?	• Number of participants in general community meetings, including vulnerable groups, disaggregated by gender of the participant, target: 1500 participants with 30% female participation	WHO reports

Annex3 UNOPS SEAH Reporting and Referral Protocol for GM Personnel - Summary Guidelines/Checklist

Purpose: Allegations of sexual exploitation, abuse and harassment made be received in multiple ways as illustrated in Annex 1. This checklist is intended as a quick reference guide for UNOPS personnel responsible for receiving and responding to reports of SEA and SH in their capacity as Grievance Redress Mechanism (GRM) staff. or focal points.

STEP 1: Case Report Received by GM officer:

- Register in the GM database in separate secured platform with limited access to authorized people only.
- Ask clarifying questions to the reporter focusing on asking Who, What, Where and When. Do not investigate further or make promises that you cannot keep.
- Record the information accurately and safely.
- Assess the complaints immediate safety. If there are signs of potential further harm, immediately report the allegation to IAIG who can assist with de-escalating the situation.
- Inform the complainant that there are support services available to them, and that you are obligated to report this incident directly to the IAIG team. Reassure them that only those who need to know will be informed. Remind them that rules of confidentiality also apply to them.
- If you receive a complaint from a child/ young person, tell them that the allegation is not their fault, acknowledge their bravery, and let them know that you take the allegation seriously and are here to follow up. If possible, Parents' consent is needed to talk to children, unless the parent is the subject of the complaint.

STEP 2: Report to IAIG

- Send an email with the details of the allegation and contact for the reporter/victim to investigations@unops.org. IAIG will determine whether to proceed and investigate further based on whether there is sufficient evidence and information available.
- If the complaint constitutes a criminal offence, IAIG will determine whether to proceed with reporting the matter to the police or appropriate services.

STEP 3: Complaint Acknowledged by UNOPS GM personnel & Registered in Database.

- Ensuring confidentiality, a notification should be sent to the complainant only confirming receipt, with date, and informing them that the complaint is being processed and that the UNOPS will contact them for the complaint to be assessed.

STEP 3: Immediate assessment of risk, continuing harm and abuse:

- To be undertaken by the person receiving the report.
- Conduct a risk assessment and put in measures that prevent the continuation of harm and abuse. This may be done with the help of the PSEAH Focal Point.
- When these assessments indicate continuing harm or risk and need for protection, the GM personnel should contact IAIG and arrange for immediate protective actions to be undertaken.

STEP 4: Determine what immediate assistance is needed:

- The needs of the survivor should be determined based on the risk assessment and initial conversations. For further information on this step, IAIG and the PSEAH Focal Point should be consulted.
- Services may include (but is not limited to) the following: a) Immediate physical protection/removal from danger; b) Immediate contact with services (e.g., health care, social services), and other services as appropriate: In some urgent/extreme situations you may need to consider an immediate call for police involvement and protection; c) Immediate emergency medical attention must be sought if there is serious or life- threatening injury – remember the survivor might have sustained injuries which may not be visible.
- If sexual activity has occurred or suspected, forensic examination and other necessary medical treatment will be needed and this should be provided within 72 hours to maximize the effectiveness of emergency contraception or treatment to prevent HIV or other sexually transmitted diseases.

STEP 5: UNOPS GM personnel Identifies & Contacts Service Provider:

- All actions undertaken should take into consideration a survivor's wishes and needs. Before sharing contact information for any services, you must obtain consent from the complainant to share their contact with any external entity. Identify and contact the most appropriate services as per the country GBV service mapping for the area (if available).

- If a service is not available, then all efforts should be made to address this lack of service and ensure that the survivor is provided with the necessary service.

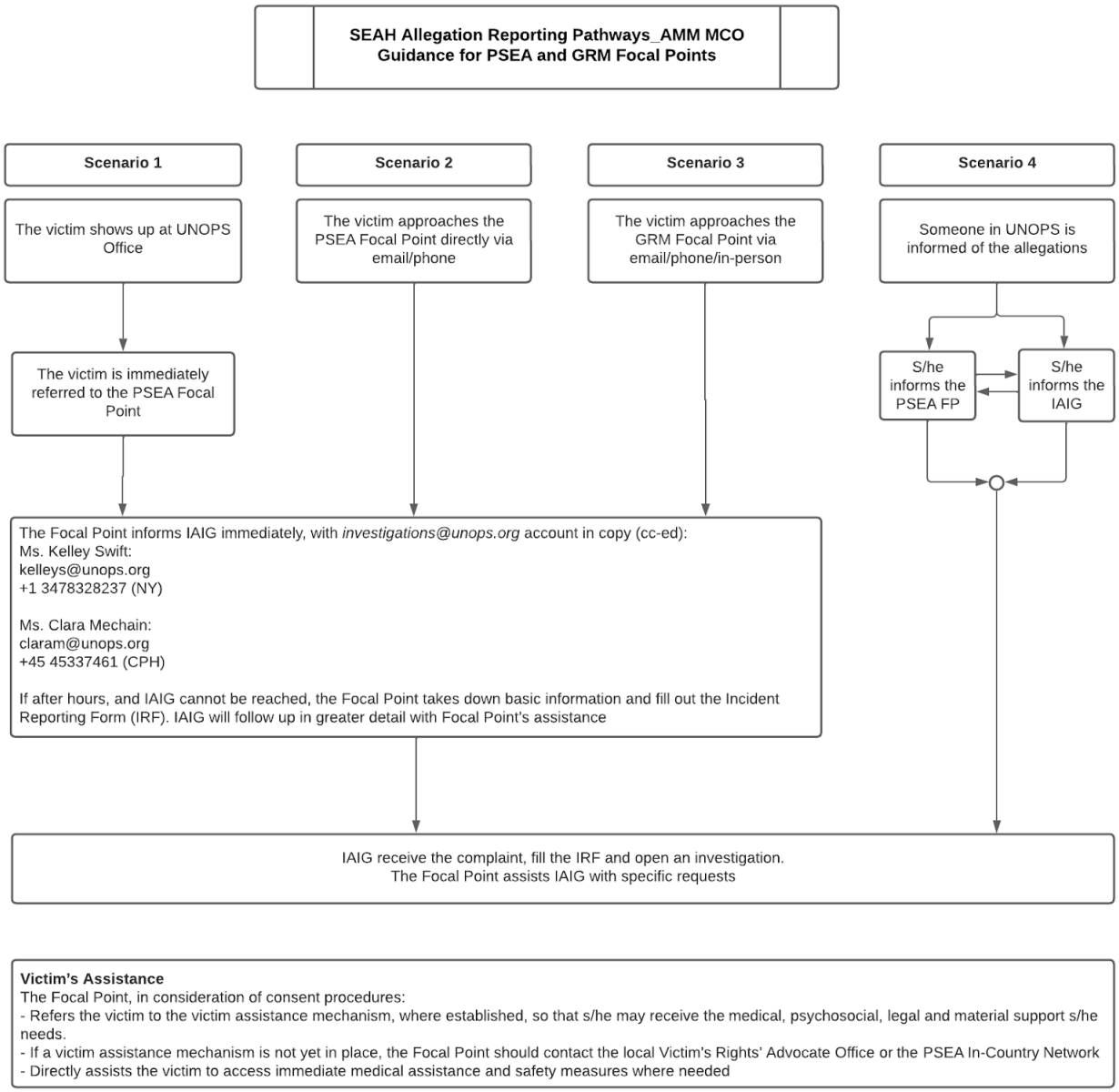
STEP 6: UNOPS GM personnel Follows-up with Survivor and Service Provider.

- On-going immediate and longer-term support to be provided to the survivor as needed.

STEP 7: UNOPS GM personnel Stores Information Securely and Ensures Confidentiality.

- Ensure information retention and storage is in line with UNOPS policies.
- Maintain awareness, vigilance and notify any changes in risk assessment (dynamic risk assessment).
- UNOPS GM personnel role ends at the point where:
- an assessment of the issues and risks for survivors has been made.
- any protective and welfare measures needed have been implemented.
- report submitted to UNOPS IAIG responsible for PSEA.
- report submitted to/acknowledgement of receipt received from organization, implementing partner or contractor/sub-contractor, in case of alleged perpetrator belonging to such third party.
- records stored according to UNOPS protocol.

UNOPS Response to SEAH allegations


SEAH Allegation Reporting Pathways_AMM MCO
Guidance for PSEA and GRM Focal Points
Scenario 1
Scenario 2
Scenario 3
Scenario 4
The victim shows up at UNOPS Office
The victim approaches the PSEA Focal Point directly via email/phone
The victim approaches the GRM Focal Point via email/phone/in-person
Someone in UNOPS is informed of the allegations
The victim is immediately referred to the PSEA Focal Point
S/he informs the PSEA FP
S/he informs the IAIG
The Focal Point informs IAIG immediately, with investigations@unops.org account in copy (cc-ed):
Ms. Kelley Swift:
kelleys@unops.org
+1 3478328237 (NY)
Ms. Clara Mechain:
claram@unops.org
+45 45337461 (CPH)
If after hours, and IAIG cannot be reached, the Focal Point takes down basic information and fill out the Incident Reporting Form (IRF). IAIG will follow up in greater detail with Focal Point's assistance
IAIG receive the complaint, fill the IRF and open an investigation.
The Focal Point assists IAIG with specific requests
Victim's Assistance
The Focal Point, in consideration of consent procedures:
- Refers the victim to the victim assistance mechanism, where established, so that s/he may receive the medical, psychosocial, legal and material support s/he needs.
- If a victim assistance mechanism is not yet in place, the Focal Point should contact the local Victim's Rights' Advocate Office or the PSEA In-Country Network
- Directly assists the victim to access immediate medical assistance and safety measures where needed