

CASE STUDY

REPORT ON THE IMPLEMENTATION OF IDA'S COVID-19 RESPONSE GRANT FOR YEMEN

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Preface

The Yemeni Observatory for Human Rights (YOHRs) presents this report on monitoring the implementation of the Covid-19 response grant offered to Yemen by IDA (the International Development Association of the World Bank Group) and implemented by the World Health Organization. This report was prepared by Dr. Samy Mohammed Qassem, an academic at the University of Aden, who exerted great and praiseworthy efforts.

Despite the ongoing civil war in Yemen, and its dangerous consequences at all levels including the health aspect; best efforts possible were exerted to make use of available resources. This Study relied on different sources of information like international reports, field visits, surveys, and interviews with several stakeholders including the International Development Association (IDA), the World Health Organization (WHO), relevant official government bodies, concerned civil society organizations working in Aden, academics, and individuals.

It should be noted that the implementing agency (WHO) refused to provide information and to meet the researcher despite the recommendation of a WB staff member. Moreover, the Study showed lack of transparency and absence of information even for government institutions that knew nothing about the project' Social and Environmental Commitments had not been published during the period of the Study. The Study also revealed lack of media coverage of the Project; and lack of media plan for publishing implementation related data to. It was also obvious that there was no coordination with civil society organizations who are considered primary stakeholders.

On the other hand, it must be noted that there is praiseworthy response from the staff responsible for the Yemeni file at the WB. They responded to all our questions and promptly translated the Stakeholder Engagement Plan from English into Arabic.

This Study aimed at evaluating what was implemented since the beginning of the Project until the end of the Study in December 2020 against the work plans pursuant to the Agreement document. It tried to highlight deficiencies and discrepancies between what was written in the Agreement and what was taking place on the ground.

This Study ends with a few conclusions and recommendations. The appendixes attached to the Study document all the correspondences that took place.

Finally, we hope that this Study achieves its targeted objective despite the short period it was given. We must thank the researcher and the Yemen Organization for Promoting Integrity and

the Executive Team of the Arab Watch Regional Coalition for sponsoring it and providing access to necessary information and data.

With all due respect,

Dr. Yahya Saleh Mohssen
Executive Director of the Yemeni Observatory for Human rights

Introduction

Since 2015, Yemen has been going through complicated political, economic, and social circumstances. The war and the eruption of a number of military and political conflicts created social and economic hardships affecting all Yemenis. The war affected the health sector in Yemen which was already suffering structural, functional, and financing problems. Thus, the health sector in the state collapsed; and state capabilities to confront the health crisis in Yemen weakened. Many diseases and epidemics proliferated including cholera which was declared by the State to have been terminated before the war; the spread of polio; the outbreak of new epidemics like the Chikungunya virus which is locally called *Al-Mokarfes*; in addition to typhoid, dengue fever, malaria, and the spread of severe malnutrition.

The situation worsened with the outbreak of the coronavirus pandemic (COVID-19). The consequences of this pandemic included deterioration of the already vulnerable economic conditions because of the lock-down measures inside and outside Yemen (Many Yemeni people working abroad returned home from the countries they were working in because of such measures and the accompanying economic crisis). Moreover, the global decline in oil prices on which Yemen depends for its financial needs exacerbated the catastrophic economic impact on the country and eventually increased the suffering of the health sector. Thus, funding institutions and some foreign governments had to intervene in order to rescue the health sector in Yemen. In this context, the World Bank is financing the Yemen COVID-19 Response Project which is implemented by the World Health Organization (WHO.)

This study analyzes how this Project was implemented and monitored. Moreover, a field study took place to meet with stakeholders, targeted people, the financing agency, the implementing agency, and relevant government and local authorities.

1- Objective of the Study

The objective of this Study is to know the extent to which the Project and its mechanisms were implemented and the extent of commitment to the principles of governance, community participation, and transparency.

2- Methodology of the Study

The Study will be based on two main aspects: analysis of available data and implementation reports of the Project, in addition to the questionnaire and field study in order to ascertain the validity of reports.

3- Duration of the Study

The duration of the Study is set to three months (from the beginning of October 2020 to the end of December 2020).

4- Components of the Study:

The research Study comprises three main aspects as follows:

First: Analyzing the Agreement signed between the WB as a financier and the WHO as an implementing agency.

Second: Explanation of the Project, its implementation mechanisms, evaluation mechanisms, follow-up and what was achieved in the implementation Project.

Third: Analyzing the results of the questionnaire and the field study and reaching specific conclusions and clear recommendations.

The Spread of the COVID-19 Virus in Yemen

Information accessible on the spread of the coronavirus (COVID-19) in Yemen is contradictory and hard to verify for several reasons:

- 1) The existence of multiple health authorities in the state as some of them are subordinate to the internationally recognized government and others are subordinate to the de-facto government in Sanaa.
- 2) Weak awareness and prevalence of shame culture in the Yemeni society as some people consider that being infected with the virus is a shameful thing. So, many families refuse to report the infection of family members fearing stigma.
- 3) The spread of misleading rumours which disseminate fear among citizens from infection with the virus and security measures taken with infected people. For example, there are false news going around that sick people are given deadly injections in order to get rid of the disease which led many people to fear reporting cases of virus infection.
- 4) Weakness of programs of health awareness in Yemen amid the spread of several epidemics whose symptoms are like that of COVID-19. This leads some people to make wrong conclusions about symptoms and remedies.
- 5) Political intrigues between conflicting parties may lead these parties to hide news, information and statistics related to the virus for fear that the other party will use them in political rivalry.

It is hard to reach precise statistics on the prevalence of infection with the virus especially after the end of the first wave of the virus around the world and the beginning of the second wave. However, the Supreme National Emergency Committee for Coronavirus - which works under the authority of the internationally recognized government in the areas it controls remains one of the most important sources of statistics of the number of people infected in these areas.

According to official reports of the Committee, infections in Yemen were 2069 until 23 November 2020. 1378 cases recovered, i.e. 66.6% of all infections. Deaths until the same date were 604, i.e. the fatality rate is as high as 29.2% of total cases. Active cases were 87, i.e. 4%.

If we compare that to international rates, we find that total world infections amounted to 56,250,270. Recovery cases reached 39,165,517 cases, i.e. 69.6%. Deaths amounted to 1,349,399 cases, i.e. 2,3%.¹

¹ The twitter account of the Supreme National Emergency Committee for Coronavirus.

We note that the fatality rate of the coronavirus infection in Yemen is 12 times the global rate, which reveals the extent of the deterioration of the health sector in Yemen.

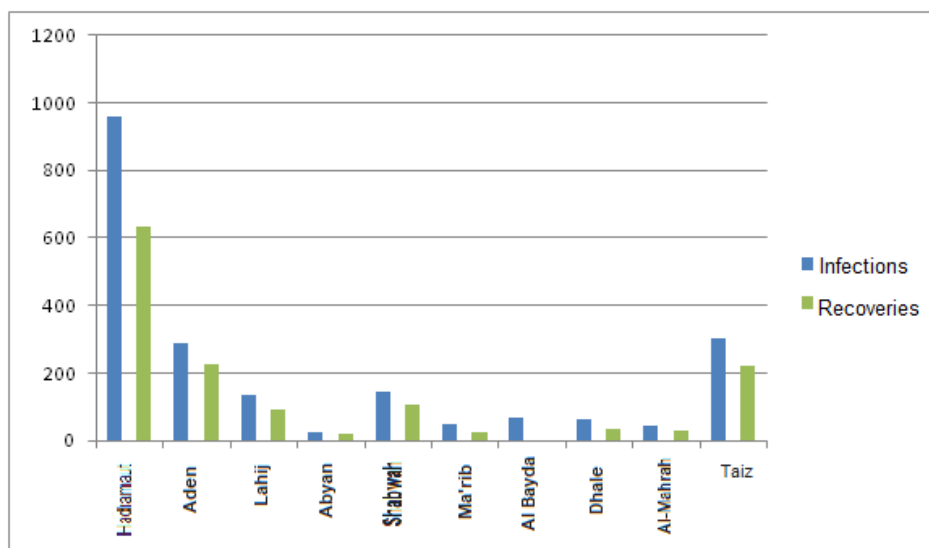
The following is a table that shows the geographic distribution of the infected cases, cases of recovery, and deaths based on available data.

Table no. 1 - Distribution of Coronavirus Infection Cases in Areas Controlled by the Legitimate Authority in Yemen

Based on 23 November 2020 Data

Governorate	No of cases	Ratio to the Overall Infection in Yemen	Recovered Cases	Rate of Recovery in the governorate to Infection	Deaths	Rate of Death in the Governorate
Hadramaut	960	46%	633	65.9%	314	32.7%
Aden	289	14%	227	78.5%	34	11.7%
Lahij	133	6.4%	90	67.6%	41	30.8%
Abyan	25	1.2%	20	80%	5	20%
Shabwah	142	6.8%	104	73%	38	26.7%
Ma'rib	49	2.3%	22	44.8%	10	20.4%
Al-Bayda	66	3%	0	-	54	81.8%
Dhale	63	3%	32	50.7%	15	23.8%
Al-Mahrah	43	2%	28	65%	11	25.5%
Taiz	302	14.5%	221	73%	80	26.4%

Source: the twitter account of the Supreme National Emergency Committee for Coronavirus



The above table shows that the sum of infections exceeds 2072 cases. i.e. it is more than the number of cases announced by the Committee itself in the same statistics. The same applies to the recoveries which were announced by the Committee to be 1378. Contradictions may be attributed to the fact that the Committee does not promptly update figures, or the fact that there are two bodies in the Committee that register statistics and there is no coordination between them.

From the above table, we conclude that:

- 1- Data do not include governorates that are under the control of de-facto authorities which have more population density. De-facto authorities did not announce cases of infections, deaths or even recovery. This may be because of political reasons and the ongoing conflict with legitimate authorities. So, there are no statistics available for cases there.
- 2- The governorate of Hadramaut is the one with the highest number of announced cases followed by Aden and Taiz.
- 3- The governorate of Al-Bayda didn't announce any recovery cases. The ratio of deaths amounted to 81.8% of total infections. It must be noted that the de-facto authorities control more than 80% of this governorate. The governorate of Al-Bayda is considered one of the passages between the areas controlled by the legitimate authorities and the areas controlled by the de-facto authorities. Travelers were kept in the desert without any protective measures. This might be a reason for high death rates. Moreover, the de-facto authorities do not announce infections and deaths, which are reported only by families of

the deceased. It must be noted that this figure (81.8%) comes from the areas controlled by the legitimate government which represent 20% of the area of the governorate.²

² The twitter account of the Supreme National Emergency Committee for Coronavirus.

The World Bank Funded Project

Before delving into the issue of verification and monitoring of the implementation of the COVID-19 Response Project in Yemen by the WHO, we have to analyze the agreement between the WB as a financing agency and the WHO as an implementing agency of the Project. The following basic information about the project is based on the Arabic text of the Agreement signed by the WHO and the IDA (World Bank) no. D600-Ry.

- **Grant Amount:** US\$ 26.9 million.³
- **The Financier:** the IDA (the WB).
- **The Implementing Entity:** the WHO.
- **Project Name:** Yemen COVID-19 Response Project.
- **Application for Financing:** March 25, 2020. ⁴
- **Approval Date:** The Board of Directors approved the grant on April 2, 2020.
- **Project Duration:** The start of implementation was announced on April 3, 2020. The project is for 18 months with an ending date of September 30, 2021.
- **Disbursements:** The first one was paid to the WHO on April 13, 2020 according to the reply of the WB via email sent on December 3, 2020. The disbursements' schedule is as follow

Year	2020	2021	2022
Amount in US\$ million	5	20	1.9

- **Developmental Objective of the Project:** To prevent, detect and respond to the threat posed by the COVID-19 pandemic.
- **Components of the Grant:** The Grant was divided into two components: US\$ 23.4 million for emergency COVID-19 Response, and US\$ 3.5 million for Implementation, Management, Monitoring and Evaluation.
- **Political and economic risks** are determined as high.

The Project, according to the Agreement signed between the two parties, includes several activities as follows:

Emergency Response to COVID-19 in Yemen:

It includes the following measures:

- 1- Enhancing rapid detection and testing in air, sea and land ports.

³ The Project Appraisal Document on a Proposed IDA Grant – Report no. PAD3842.

⁴ The Agreement signed between the WHO and the International Finance Institution, page 2.

- a- Providing equipment and furniture for facilities including thermometers.
 - b- Costs of operating the quarantine facilities.
 - c- Information reporting systems.
 - d- Staff training.
- 2- Improving the mechanisms of monitoring, tracing and verification of the disease and case via the establishment and strengthening of rapid response teams and emergency operating centers. This includes:
- a- Training rapid response teams, doctors, and health care workers.
 - b- Providing equipment including personal protection equipment (PPE) and medical tools needed for verification of cases.
 - c- Operation costs.
- 3- Equipping and increasing the capacities of quarantine centers and administration of cases; and providing them with suitable PPE, medications, medical and non-medical equipment including respiratory machines and oxygen condensers, as well as operation costs.
- 4- Providing and distributing protective equipment for the population (disinfectants and masks).
- 5- Training health care staff on the administration of quarantined cases.
- 6- Protection from infection and fighting infection in health facilities and at the community level via:
- a. Provision of enough stock of emergency supplies, removal of contaminated material and quarantine.
 - b. Strengthening capacities in the administration of medical waste in health facilities.
 - c. Supporting limited rehabilitation of existing health facilities.
 - d. Developing and distributing control guidelines.
 - e. Providing operation, implementation, and training costs.
- 7- Developing testing and laboratory capacities by provision of equipment, reagents, PPE, test kits, supplies, administrative information systems, and operation costs.

Obligations on the recipient of the grant according to the Agreement signed between the two parties may be summarized in the following points:

- 1- The recipient should - within a maximum of two months after the effective date of the Project – supply the IDA with the Project Implementation Manual in the form and content acceptable by the IDA pursuant to TORs acceptable by the IDA.⁵
- 2- The recipient of the grant should write, prepare and submit the annual work done to the Board of Directors for approval with an executive time frame before 30 April every year

⁵ The Agreement signed between the two parties, page 7.

- throughout the duration of the implementation of the Project starting 20 April 2020, or at any later date, according to what is agreed by the Board of Directors
- 3- The recipient should make sure that the Project is being implemented according to the annual work plan so that it can be reviewed or updated later based on prior written consent from the IDA. ⁶
 - 4- IDA may - after consultation with the recipient of the grant via a receipt note given to the recipient - suspend the right of the recipient to withdraw any more amounts, if it reasonably believes that measures taken by the recipient were not sufficient to fulfill its credit obligations related to the fund.⁷
 - 5- The recipient should make sure that the Project is being implemented according to social and environmental standards and in a way that is acceptable to IDA, and according to the Social and Environmental Commitment Plan.⁸
 - 6- The recipient should establish a grievance mechanism that should be accessible, declared, announced, maintained and operated for receiving and facilitating the resolution of complaints and concerns of people affected by the Project.
 - 7- The recipient should submit to the IDA a semi-annual report (every six months) and a detailed annual report of the Project. ⁹
 - 8- The beneficiary may not - without an explicit written consent from the IDA - transfer or direct any amount of the fund to public employees or officials working for any central governmental bodies in the Republic of Yemen except public employees or officials participating in the implemented activities.¹⁰
 - 9- Stakeholders Engagement and Information Disclosure: The implementation of the Project should guarantee the participation of relevant stakeholders and making adequate awareness raising in order to guarantee the highest possible level of fair access to services for those who need them, and to facilitate adequate participation for stakeholders, as well as communication and awareness raising plans for the different categories of the public.¹¹
 - 10- Resource efficiency and prevention of pollution.
 - 11- The framework of social and environmental administration, and the plan for the management of solid waste should be updated within one month after the effective date.
 - 12- Environmental Expert and Social Expert shall be appointed within one month after the Effective Date.

⁶ The Agreement signed between the two parties, page 8.

⁷ The Agreement signed between the two parties, page 10.

⁸ The Agreement signed between the two parties, page 12.

⁹ The Agreement signed by the two parties, page 13.

¹⁰ The Agreement signed between the two parties, page 16.

¹¹ The Project Appraisal Document, Social and Environmental Dimensions, point 58, page 14.

- 13- Enhancing the testing capacities of laboratories by provision of equipment, reagents, PPE, test kits, supplies, administrative information systems, and executive operation costs.
- 14- Training will be conducted in a way that guarantees equal participation of male and female workers in the field of health and control.¹²
- 15- Implementation costs include the reasonable expenses covering vehicle operation for mobile and outreach teams, rental of warehouses, office spaces, water supplies and maintenance of health equipment in the health centers, maintenance of water and sanitation facilities, fuel needed for running health and water facilities under the Project, utilities, communication charges, per diems and in-country transportation or travel allowances, but excluding salaries and incentives for employees of government institutions (other than Hazard Pay).
- 16- The Project will work on updating, approving and implementing the Stakeholder Engagement Plan based on a preliminary version that was prepared and announced in a way that is consistent with the guidelines of the WHO.
- 17- In order to satisfy best practice approaches, the Project should work on providing information and largely disseminating them among stakeholders in a suitable manner. According to the social and environmental standards, implementing agencies should provide stakeholders with timely accessible, suitable, understandable and relevant information, and should consult with them.¹³

Stakeholders may be defined as:

- Categories that are affected or may be affected, directly or indirectly, by the Project, in a positive or negative way.
- Those who may have an interest in the project (stakeholders), including individuals or groups that their interests may be affected by the Project and who have the capacity to affect the outcomes of the project in any way.¹⁴
- Stakeholders may include parties other than communities directly affected by the Project, including civil society groups, and non-governmental organizations at the local and national level which aim at achieving environmental, social and economic interests, in addition to mass media.¹⁵

¹² Stakeholders Engagement Plan, August 2020, page 7.

¹³ Stakeholders Engagement Plan, August 2020, page 15.

¹⁴ Stakeholder Engagement Plan, August 2020, page 17.

¹⁵ Stakeholder Engagement Plan, August 2020, page 23.

Analysis and Findings

In this section of the study, we analyze and evaluate the implementation processes and the achievements from the beginning of the Project until the completion of the study. What was executed on the grounds will be compared to the pledged commitments in the signed Agreement. This will be done via the three following mechanisms:

- 1- Communication with the implementing entity and the financing entity in order to know what was done and how it was done.
- 2- Designing a questionnaire covering the areas this study explores to be answered by the three entities related to the Project who are:
 - The implementing entity and the financing entity.
 - Agencies and government authorities related to the Project.
 - Targeted people, civil society organizations, and international organizations working in this field in Aden.
- 3- Conducting field visits and follow-up reports issued by the implementing agency, the financing agency, and partners (whether they are official reports or media reports).

First: Implementation, Monitoring and Evaluation according to the Implementing Entity:

For this end, it was necessary to communicate with the implementing entity (the WHO) in order to access information related to the implementation of the Project. Several trials were made to directly communicate with the offices of the WHO in Sanaa and Aden including attempted visits, but they were rejected. Thus, the researcher had to rely on the publicly disclosed documents and reports sent from the WHO to the WB regarding the implementation of the Project, but not on information that the researcher directly received from the WHO.

As per the first implementation report submitted by the WHO to the WB on 30 June 2020: ¹⁶

- 50% of the grant was disbursed as of June 3, 2020, which amount to US\$ 12 million.
- According to the Report, implementation is going well despite challenges which exacerbated because of the lock-down.
- Efforts were coordinated with health authorities, ministries, agencies in other government sectors, UN agencies, local and international non-governmental organizations, and academic circles.
- Authorities in the temporary capital – Aden - activated the emergency operating center to response to COVID-19 on 29 February 2020.

¹⁶ The first quarterly report on the implementation of the Project (Implemented Steps in the Project) sent to the WB on 30 June 2020.

- The selection of health care facilities which would be supported and rehabilitated was done by the WHO based on requests from local health offices to the local authorities at the governorates level and based on a transparent set of standards that will be shared with relevant stakeholders.
- Because of the urgency with which this Project was developed in order to response to the COVID-19 threat in Yemen, consultations during the preparation phase were confined to technical discussions with the WB and other UN agencies, the Ministry of Public Health and Population, the Ministry of Planning and International Cooperation and relevant stakeholders.
- The Project will continue coordinating with other government bodies, non-governmental organizations, the private sector, etc according to what was agreed upon in September in order to receive additional information from stakeholders and use them to improve arrangements (methodology, procedures, and implementation of the components of the Project).
- Complaints and grievances redress mechanisms were established. Hotline: 8002010
Email: YEMGRM covid19@who.int
Social media: WhatsApp/SMS 776663635.
Phone numbers were set for communication with the Ministry of Health in North and South Yemen for reporting cases and complaints.
- A number of 2000 health care workers were trained in the implementation of the Project.
- Five laboratories were equipped to detect Covid-19 cases.
- Activities for engaging stakeholders and reaching out to the public using regular media and social media platforms broadcasted from March to April 2020 as follow:
 - Broadcasting on 11 TV channels across Yemen.
 - 4372 short TV ads.
 - 146 health TV programs.
 - 9600 news messages for 20 times a day for 60 days on eight TV channels.
 - Broadcasting on 20 radio channels.
 - 11473 instructive records were broadcasted.
 - 1451 radio health programs.
 - 1500 radio health interviews.
 - 3255 media messages in news programs.
 - Eight SMS voice messages for 13.5 million subscribers.
 - 60 text messages targeting 13.5 million subscribers.
 - 1253 CDs containing information on COVID-19 were distributed.¹⁷
- UN's partners implemented activities for community outreach and awareness. Work was done via 5000 mosques in order to reach out to 3.6 million people all around Yemen. One million persons were communicated with via WhatsApp. 451 cars with microphones made awareness for 8.5 million people in Yemen. Ten million people were communicated with via visual social

¹⁷ Stakeholder Engagement Plan, August 2020, page 14.

media platforms. The government sent SMSs on COVID-19 to 13.5 million people. The Ministry of Health also received more than 5600 phone calls via the hotline, and 14730 calls via wireless phone programs. Moreover, 10,000 community gatherings were reached out including 626,730 persons, as well as 9,640 social gatherings for women. House visits by social workers reached 2.6 million people in 450,000 visits from one home to the other and awareness sessions for mothers. 33,980 persons were reached out through 920 awareness raising sessions in health facilities.¹⁸

- Sensitive topics for stakeholders in terms of traditions, habits and religion were taken into consideration so that messages directed to them are suitably prepared.
- A budget for engagement with stakeholders was developed with a price tag of US\$100,000.¹⁹
- Main targeted audience and influencers were identified including policy makers, influential bloggers, and other leaders of social media platforms, local leaders, groups of women and youth, religious communities, the elders, health experts, local and international practitioners in NGOs, volunteers, and people with real life experiences with COVID-19 (those who were infected or had a family member infected).

Second: The Questionnaires

In order to prepare this study, questionnaire forms as well as a field visits plan were developed in order to conduct interviews with stakeholders and entities relevant to the Project. 20 persons representing 3 main categories were selected. The three categories are:

1. Implementing and Financing Entities:
 - a. The International Development Association (the World Bank) / Financing Entity.
 - b. The World health organization, Aden, Yemen / Implementing Entity.
2. Relevant Governmental Entities in the temporary capital (Aden):
 - a. The Yemeni Ministry of Health of the legitimate and recognized government.
 - b. The Supreme National Emergency Committee for Coronavirus.
 - c. The Health Office – Aden.
 - d. The Director of the Isolation Center in Al-Boraiqa (Al-Amal Center)
 - e. Head of Doctors at Al-Amal Center.
 - f. Director of the Isolation Center in Al-Jumhuriya Hospital.
 - g. The National Laboratory Center/Coronavirus testing laboratories.
 - h. The Office of the Ministry of Planning – Aden

¹⁸ Stakeholder Engagement Plan, August 2020, page 5.

¹⁹ Stakeholders engagement plan, august 2020, page 30.

- i. Faculty of Medicine, Aden University.
3. Local and International Civil Society Organizations working in Aden and Independent Doctors (provided that they actually work on fighting COVID-19 or raising awareness about it):
- a. A civil society organization working in the field of fighting coronavirus (*Alef Baa Madaneyya wa Ta'ayoush* [Civility and Coexistence])
 - b. A civil society organization working in the field of fighting coronavirus (*Mo'asaset Wojood* [Existence Foundation])
 - c. A civil society organization working in the field of fighting coronavirus (Yemen Center for Human Rights Studies)
 - d. An international organization working on fighting coronavirus in Aden (Geneva Call)
 - e. A media practitioner in a written media platform (the official newspaper 14 October)
 - f. A female media practitioner in a visual media platform (Saba Agency)
 - g. A female doctor that used to work in one of the isolation centers and recovered from the coronavirus.
 - h. A male doctor that used to work in one of the isolation centers who recovered from the coronavirus.
 - i. A pharmacist who is an academic in the Faculty of Pharmacy.

The sample was selected so that collected data is diversified and consistent with the targeted stakeholders' manual.

The percentage of women participating in the questionnaire is 50% of the sample (10 women).

The sample only covered the governorate of Aden (the temporary capital of the government of Yemen)

In light of the above, three forms of questionnaire were designed. Each form is made for a specific category of the three mentioned above.

1- **The implementing and financing entities (WHO & IDA)**

The implementing entity represented 10% of the size of the sample, as it is considered the most important category for accessing information. The questions were divided into three sections. Each section aims at collecting information on the following:

- a. What was planned in the project and what was implemented? Was the plan followed, or something changed? Why?
- b. Commitment to principles and mechanisms of transparency and good governance.

- c. To what extent there is communication and partnership with local partners whether they are governmental, local bodies or NGOs?

We tried to communicate with the Office of the WHO in Yemen through emails to the director of the Office of the organization in Yemen in order to get information regarding the Project and the phases of its implementation. The researcher tried to reach out to the WHO staff member in charge of the Project's implementation in Aden. The researcher also visited the WHO Aden office. However, WHO staff refused to meet the researcher although he introduced himself and clarified the purpose of the interview.

On October 30, 2020, Dr. Yahya Saleh (the representative of the Yemeni Observatory for Human Rights) sent the questions to the WB. The answers received on December 2, 2020 included the following Information:

- The first disbursement to the WHO was made on April 13, 2020.
- The WHO submits quarterly reports to the WB. The last one was submitted on August 15, 2020 and covered the period from April to June 2020.
- No amendments were made on the grant until now.
- Pursuant to the legal Agreement, the WHO is responsible for auditing the activities of the Project, in addition to appointing agencies for third party monitoring based on TORs that are acceptable for the WB.

2- **Government Entities:**

Government entities represented 45% of the total size of the sample for the questionnaire. Questions related to government entities in the questionnaire were divided into four sections:

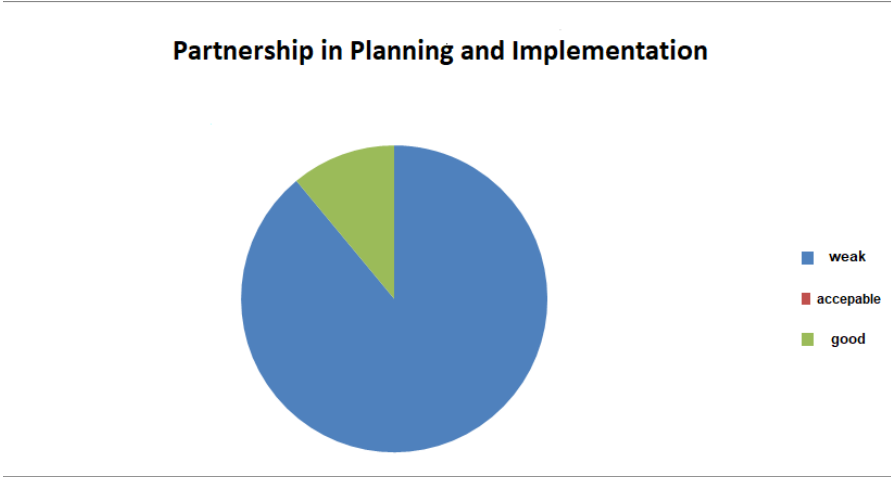
- a. Measuring the extent of partnership and engagement in planning, implementation, and control.
- b. Knowing the extent of actual implementation in each phase according to each entity.
- c. Measuring the extent of transparency in implementation.
- d. Measuring the ability to communicate and find information.

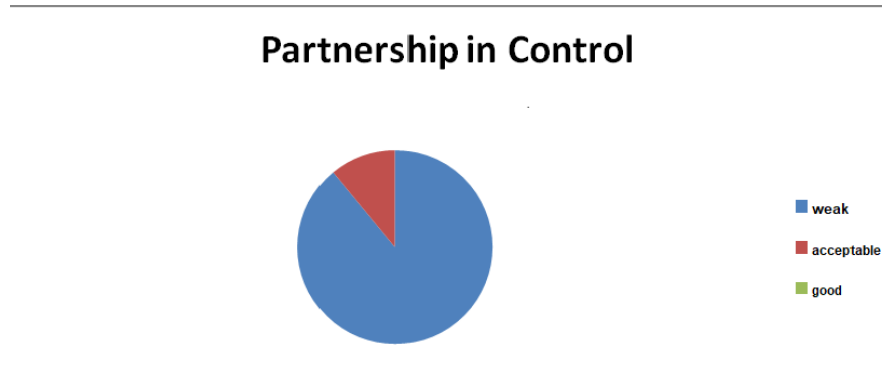
The answers to the questionnaire provided the following information:

- a. Around 89% responded that there was no engagement of any kind neither in planning, implementation, or monitoring. Around 11% of the sample stated that there was engagement in some phases of the Project.

Table no. 3 illustrates the responses of government entities in the Capital, Aden, to the first section of the questionnaire.

Entity	Engagement in Planning	Engagement in Implementation	Engagement in Monitoring
Ministry of Health	Weak	Weak	Weak
The Health Office in the Governorate of Aden	Good	Good	Acceptable
Quarantine Center Al-Boraiqa, Aden	Weak	Weak	Weak
Isolation Center Al-Jumhuriya Hospital	Weak	Weak	Weak
Doctor in the quarantine Centre – Aden	Weak	Weak	Weak
General Manager of the Planning Office – Aden	Weak	Weak	Weak
Faculty of Medicine – Aden	Weak	Weak	Weak
The National Laboratory Center – Aden	Weak	Weak	Weak
The Supreme National Emergency Committee for Coronavirus – Aden	Weak	Weak	Weak

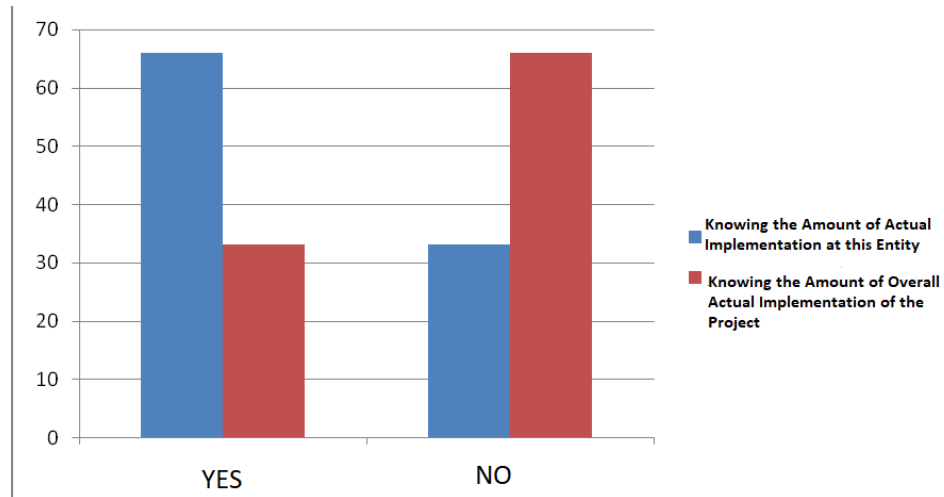




- b. Around 67% of respondents stated that information they have on the implementation is confined to their direct competences only, while 33% said they have full information related to implementation in the areas where the internationally recognized government is in control.

Table no. 4 illustrates the responses of government entities on the second section of the questionnaire.

Entity	Knowledge about the implementation progress of the component the entity is involved in	Knowledge about the overall actual implementation progress of the overall Project
Ministry of Health	Yes	Yes
Health Office in the Governorate of Aden	Yes	Yes
Isolation Center Al-Boraiqa, Aden	Yes	Yes
Isolation Center - Al-Jumhuriya Hospital	Yes	No
Doctor in the Quarantine Center – Aden	No	No
Ministry of Planning – Aden	No	No
The Faculty of Medicine – Aden	No	No
The National Laboratory Center – Aden	Yes	No
The Supreme National Emergency Committee for Coronavirus – Aden	Yes	No



- c. Regarding transparency in implementation, 66% of respondents stated that there is no transparency at work because of the absence of information related to the Project from the implementing entity (the WHO), while 22% stated there is transparency at work.
- d. Regarding access to information, only around 22% stated they could access information.

Table no. 5 illustrates the responses of governmental entities to the third section of the the questionnaire

Entity	Degree of Transparency	Access to Information
Ministry of Health – Aden	Weak	Weak
Health Office in the Governorate of Aden	Good	Good
Isolation Center Al-Boraiqa, Aden	Weak	Weak
Isolation Center - Al-Jumhuriya Hospital	Refused to answer	Refused to answer
Doctor in the Quarantine Center – Aden	Weak	Weak
Ministry of Planning	Weak	Weak
Faculty of Medicine – Aden	Good	Good
The National Laboratory Center – Aden	Good	Good
The Supreme National Emergency Committee for Coronavirus – Aden	Weak	Weak

3 Targeted people include media practitioners, international and local civil society, people who recovered from coronavirus, and specialist academics.

Targeted people represent 45% of the sample. Questions in the questionnaire addressed to targeted people were divided into three categories:

- a) Knowledge about the Project and the actual implementation progress.

- b) Ability to access information
- c) Ability to take part in control to be engaged in monitoring and implementation.

The answers to the questionnaire provided the following information:

- a) 89% of respondents stated that they did not have knowledge of the Project. 11% said they heard of the Project before. 33% said they heard of some activities, while 66% said they did not hear of any activities related to the Project.
- b) 11% stated that they could find information about the Project. 89% said they could not access information.
- c) 78% responded that civil society organizations did not take part in the Project at any stage, and that there was no engagement. 11% responded that there was engagement with civil society organizations, while another 11% stated that engagement was at an acceptable level.

Table no. 6 illustrates the responses of targeted people on the questionnaire.

Entity	knowledge about the Project	Knowledge about the Implementation Progress	Ability to Access Information	Ability to Engage
International Organization (Geneva Call)	Weak	Weak	Acceptable	Weak
Civil society organization (To Be [Akoon] for Rights and Freedoms)	Weak	Weak	Weak	Weak
Civil society organization (Mo'asaset Wojood [Existence Foundation] for Human Security))	Weak	Weak	Weak	Weak
Civil society organization (Yemen Center for Human Rights Studies)	Good	Good	Weak	Weak
A female media practitioner in Saba Agency	Acceptable	Good	Weak	Acceptable
A male journalist in a newspaper (14 October)	Weak	Weak	Weak	Weak
A male doctor who recovered from corona	Weak	Weak	Weak	Weak

Entity	knowledge about the Project	Knowledge about the Implementation Progress	Ability to Access Information	Ability to Engage
A female doctor who recovered from coronavirus	Weak	Weak	Weak	Weak
An academic in the University of Aden	Weak	Acceptable	Weak	Good

Third: Field Visits

In order to prepare this study, field visits were conducted for collecting data and information. Moreover, information was collected regarding the Project via interviews or via secondary sources (data, news, and reports issued by relevant entities). Visits were made to the Health Office in the governorate of Aden, the Ministry of Health, the Quarantine Center in Al-Jumhuriya Hospital, and the National Laboratory Center. Results of field visits included the following:

1. The WHO trained a medical and academic work team in both the Faculty of Medicine and the Quarantine Center in Al-Jumhuriya Hospital.
2. The WHO provided protection equipment for both the Quarantine Center in Al-Jumhuriya Hospital and Al-Amal Hospital.
3. The WHO provided laboratory equipment for the National Laboratory Center.
4. The WHO helped in establishing and equipping of the Supreme National Emergency Committee for Coronavirus in Yemen which is under the authority of the internationally recognized government.
5. The WHO conducted an awareness raising campaign that included putting posters in many health institutions.
6. The WHO did not abide by the standards of transparency and availability of information pursuant to its pledges in the Stakeholder Engagement Policy. This was reflected in lack of provision of, and access to. information by the implementing entity (the WHO) whether for civil society organizations or implementing partners.
7. There is lack of a clear media plan to define the Project, its objectives, or implementation phases. This was apparent in the fact that many entities knew nothing about the Project, its nature and objectives.
8. Although the Project started on the April 2nd (approval of the Project), coronavirus testing equipment arrived to the Isolation Center in Al-Jumhuriya Hospital in October 2020 in

spite of the fact that the WHO asserted that it had started its anti-coronavirus activities in February 2020.

9. The WHO signed two agreements to fight Covid-19 in Yemen, each for US\$20 million, with the Islamic Bank and with the King Salman Humanitarian & Relief Centre.²⁰ &²¹ However, it did not define activities related to the two agreements or clarify the difference between them and the Project financed by the WB.
10. There is no data or reports related to the disposal of medical waste. Although the WHO had promised to prepare and present an implementation manual for medical waste management, this manual was not presented, or may have not even been produced.
11. The response to the pandemic, especially in its second wave, was slow. This was reflected in the late reopening of the quarantine Center in Al-Boraiqa.
12. There is a clear lack of partnership and coordination with the main stakeholders.
13. Moreover, one of the criticisms of the Supreme National Emergency Committee for Coronavirus in Yemen was that it depended on social media platforms and did not have a website of its own.
14. According to information collected in interviews at the Ministry of Health, the WHO deals with the de-facto authorities but there is no information or statistics about the prevalence of the spread of the disease in the areas controlled by these authorities.

²⁰ [WHO EMRO | Islamic Development Bank \(IsDB\) and WHO join forces with the Government of Yemen to respond to COVID-19 | News | Yemen site.](#)

²¹ [WHO EMRO | A new WHO-KSRelief partnership to support the delivery of essential health services in Yemen | News | Yemen site](#)

Conclusions:

In light of the above, we may arrive at the following outcomes:

- 1- Regarding the implementation period, although the Project was officially approved on April 2, 2020, some activities were executed before that date with the approval of the financier.
- 2- It is a good thing that the WHO trained health teams in quarantine centers and in the Faculty of Medicine of Aden University promptly and as soon as the pandemic started to spread in Aden.

Criticisms that may be said about the implementation of the Project include:

- 1- Regarding the amount of the grant and what was spent from it, there is no information available whether by the implementing entity, the financing entity, or local partners except for the information provided in the reports the WHO sends to the WB and partners know. But partners know nothing about this.
- 2- The Supreme National Emergency Committee for Coronavirus was established in February 2020. However, its first meeting with the WHO was in July 2020, i.e. five months after the establishment.
- 3- The WHO was committed to funding and equipping the quarantine centers. However, the equipment were not delivered before October, and in many cases this was after the pandemic outbreak. That caused problems for entities working to fight the pandemic, including the infection of some health care workers.
- 4- The executive plan was not clear for governmental partners. This led to weak performance and implementation.
- 5- The monetary incentive for health care workers or medical teams was not consistent. Those at the Quarantine Center at Al-Jumhuriya Hospital received the payment of just one month, while volunteers at the Quarantine Center of Al-Amal Hospital received the payment of two months without explaining the reasons behind this discrepancy.
- 6- There is no coordination with civil society organizations that are considered principal stakeholders according to the Agreement and Stakeholder Engagement Plan.
- 7- We may say that in reality there was no meaningful engagement for many stakeholders. Some of them had the opportunity to engage but in a marginal way, and their participation was consistent to the Agreement signed between the financier and the implementing entity. Some local offices and entities, like the Health Office in the governorate of Aden participated in meetings related to the Project where they just received information, but they were not engaged in planning, or implementation.
- 8- The environmental and social commitment plan was not published nor implemented. This is since relevant entities knew nothing about it.

- 9- The WHO pledged- as per the signed Agreement- to commit to follow some standards in its engagement with stakeholders including non-discrimination based on gender. These standards included the equal participation of men and women in activities like training, recruiting, etc. However, this was not the case in many of the activities.
- 10- Lack of media coverage for the WHO Project, and absence of any data or information related to the implementation.
- 11- The WHO did not abide by the principle of transparency in the provision of information whether to local partner entities or local community organizations. Most participants stated that they were not informed of the Project, its budget or any of its implementation phases.
- 12- All participants agreed that mechanisms of monitoring and evaluation are lacking.
- 13- All participants agreed that there are no coordination mechanisms between the WHO and relevant local entities.
- 14- The WHO was late in supplying equipment to the main quarantine centers in the governorate of Aden and to the National Laboratory.
- 15- Mechanism for medical waste management is still lacking whether in terms of training or equipment.
- 16- The Yemen COVID-19 Response Project aims at fostering response by performing tests at entry ports. However, until the time of conducting this study, this was not done. Land ports with the KSA (Al-'Aber point) continued to demand testing machines and equipment until Kuwait donated these equipment to Yemen.

General Recommendations:

- 1- It is important to activate partnership with civil society and create specific and clear mechanisms for this partnership at different phases. Civil society groups should be meaningfully engaged in the identification of needs and priorities, planning, implementation, monitoring and evaluation. Channels of communication should be developed with civil society groups and with the ; and making channels of with the local communities.
- 2- There is a need for more transparency and access to information. Information should be made accessible to media, civil society. A process should be developed to provide prompt response to inquiries related to the World Bank funded projects.
- 3- Agreements between the World Bank and the implementing agencies should include clear and specific terms that ensure meaningful engagement with civil society in the different phases of the project cycle from design to evaluation and through implementation and monitoring.

- 4- The culture of local communities should be taken in consideration. Messages about the projects and their objectives, components and implementation phases should be clear and communicating in the Arabic language which is the language of the targeted communities.
- 5- Documents and reports covering the different implementation phases of the projects should be made available in Arabic.
- 6- Environmental impacts of all the projects should get more attention and documents assessing environmental risks and mitigation measures as well as environmental action plans should be made available. For this Project, the WHO did not uphold its obligations as it did not disclose a medical waste management manual. It also did not make this information available even to local government agencies. governmental entities.

Recommendations related to the Project being studied:

1. Develop mechanisms for community engagement; expand partnership with local community organizations; and create clear mechanisms for the partnership when it comes to implementation and monitoring.
2. Exert pressure on the implementing entity (the WHO) to disclose information related to the Project; and make it accessible to the public via a media office that is specifically established for this purpose.
3. Develop an effective process for meaningful with local partners, whether these partners are government entities, local entities, civil society organizations, or media professionals. Communication channels should include closing the feedback loop in order to correct any shortcomings or deficiencies.
4. Ensure that the activities related to medical waste management are properly implemented and communicate these activities clearly with the partners.
5. Develop clear mechanisms to deliver the necessary medical assistance to respond to the pandemic challenge in the areas controlled by the de-facto authority. These mechanisms should include, but not limited to:
 - The details of all the medical assistance shipments, the entities receiving these shipments and the targeted beneficiaries should be announced.
 - The distribution of the medical assistance should be according to a clear time plan.
 - Tie the provision of the medical assistance to other projects implemented by the WHO or other entities in the areas controlled by the de-facto authority through binding agreements that are continuously supervised in order to guarantee proper implementation.
 - Continuous coordination with the Ministry of Health in the areas controlled by the legitimate authority in order to facilitate the transportation of these shipments and ensure that they are not obstructed.

- Relying on trustworthy distribution networks that have the logistical and practical capabilities for effective distribution of shipments and their delivery to their planned destinations.
- Coordination with local community networks for planning, implementation, and monitoring of the processes of supply and distribution of these shipments. (Local networks consisting of a group of civil society organizations working in the areas controlled by the legitimate authority and areas controlled by de-facto authorities are preferable.)

Appendixes

1- List Illustrating the Availability of Project Documents

عنوان الوثيقة	مدى توفرها باللغة العربية	تاريخ توفرها
وثيقة التقييم المسبق للمشروع بشأن المنحة المقترحة المقدمة من المؤسسة الدولية للتنمية	متوفرة	قبل إعداد الدراسة
الاتفاقية الموقعة بين منظمة الصحة العالمية ومؤسسة التمويل الدولي	متوفرة	قبل إعداد الدراسة
خطة إشراك أصحاب المصلحة	متوفرة	2020 ديسمبر 3
تقرير حالة التنفيذ والنتائج	غير متوفرة	_____
وثيقة معلومات المشروع	غير متوفرة	_____
خطاب الصرف والمعلومات المالية	غير متوفرة	_____
الإدارة البيئية والاجتماعية	غير متوفرة	_____
خطة إدارة المخلفات الطبية	غير متوفرة	_____
إجراءات إدارة العمل	غير متوفرة	_____

2- Observation of the Researcher regarding the Extent of Citizens' Access to Awareness Raising Messages on COVID-19

بخصوص رسائل التوعية بـ(Covid-19) وبما أنني أعيش في عدن أنا وأسرتي ولم أغيرها منذ انتشار الجائحة فلم تصلني أية رسائل إعلامية أو حتى أسمع ببرامج توعوية في أي وسيلة إعلامية وقد يكون ذلك لأنني لا أشاهد أي قناة إعلامية يمنية، ولكن حتى لم أسمع بها من قبل أي شخص أعرفه وكل ما شاهدته هي بوسترات (ملصقات) توعوية لمنظمة الصحة العالمية في مكتب الصحة ووزارة الصحة والمراكز الصحية فقط، ولكن ذلك لم أشر إليه في الدراسة لكي لا تظهر آراء الباحث الشخصية، وحتى في النزول الميداني لم يكن هدفي التحقق من هذا الجانب لصعوبة إثباته.

3- Questionnaire Form for Local and Government Bodies

الاسم:

الوظيفة:

رقم الهاتف:

1- ما هي الاستراتيجية الوطنية لمكافحة فيروس كورونا في اليمن؟

2- ما مهام اللجنة الوطنية لمواجهة فايروس كورونا في اليمن (مركز عمليات الطوارئ الصحية العامة المعني بمكافحة فيروس كورونا)؟ وكيف ومتى تم انشائها؟

3- هناك مشروع باسم "التصدي لجائحة كورونا (COVID-19) في اليمن" بتمويل من البنك الدولي وتنفيذ منظمة الصحة العالمية (بتكلفة 26,9 مليون دولار) هل سمعت عنه من قبل؟

4- إذا كانت الإجابة بنعم حدد الأنشطة التي سمعت عنها؟

5- هل سمعت عن تدريب للطواقم الطبية في عدن لمواجهة فيروس كورونا؟ وهل قامت منظمة الصحة العالمية بتمويلها؟

6- هل الترتيبات الخاصة بمكافحة فيروس كورونا تميز بين الجنسين؟ إذا كانت الإجابة بنعم وضح كيف تم ذلك؟

7- هل اوفت المؤسسات المانحة والمنفذة (البنك الدولي والصحة العالمية) بالتزاماتها التي تعهدت بها؟

8- إذا كانت الإجابة بنعم، كيف تم إنفاق تلك التعهدات؟ وهل هناك التزام بمبادئ الشفافية والنزاهة؟
كيف ذلك؟

9- هل هناك آليات للمتابعة والرقابة والتقييم لأداء وتنفيذ المشروع؟ وهل تطبق آلية المساءلة للجهات المانحة والمنفذة؟

10- هل توجد قاعدة بيانات متاحة للناس؟ وهل تصدر الجهات المانحة والمنفذة تقارير دورية عن مستوى ومدى تمكنها من الإنجاز والتنفيذ؟ (هل اطلعت على أي تقارير إنجاز أو تنفيذ أصدرتها منظمة الصحة العالمية عبر مكتبها في عدن)؟

11- هل تم توزيع مكونات المشروع بشكل عادل على المناطق والمدن الأكثر تضرراً؟ كيف؟

12- ما هو دور المؤسسات الحكومية (وزارة التخطيط ووزارة الصحة في الرقابة على تنفيذ المشروع)؟

13- هل تسمح منظمة الصحة العالمية للمؤسسات المحلية المنفذة بالرقابة على وخطط وتنفيذ المشروع وابدأ الرأي؟

14- هل هناك شفافية في تنفيذ المشروع وتطبيق آلية الحوكمة؟

4- Questionnaire Form for Beneficiaries and Civil Society Organizations

الاسم:

الوظيفة:

رقم الهاتف:

1- ماذا تعرف عن الاستراتيجية الوطنية لمكافحة فيروس كورونا في اليمن؟

2- ماذا تعرف عن اللجنة الوطنية لمواجهة فايروس كورونا في اليمن (مركز عمليات الطوارئ الصحية العامة المعني بمكافحة فيروس كورونا)؟

3- هناك مشروع باسم "التصدي لجائحة كورونا (COVID-19) في اليمن" بتمويل من البنك الدولي وتنفيذ منظمة الصحة العالمية (بتكلفة 26.9 مليون دولار) هل سمعت عنه من قبل؟

4- إذا كانت الإجابة بنعم حدد الأنشطة التي سمعت عنها؟

5- هل سمعت عن تدريب للطواقم الطبية في عدن لمواجهة فيروس كورونا؟ وهل قامت منظمة الصحة العالمية بتمويلها؟

6- هل الترتيبات الخاصة بمكافحة فيروس كورونا تراعي الفوارق بين الجنسين؟ إذا كانت الإجابة بنعم وضح كيف تم ذلك؟

7- هل أوفت المؤسسات المانحة والمنفذة (البنك الدولي والصحة العالمية) بالتزاماتها التي تعهدت بها؟

8- إذا كانت الإجابة بنعم، كيف تم اتفاق تلك التعهدات؟ وهل هناك التزام بمبادئ الشفافية والنزاهة؟ كيف ذلك؟

9- هل اطلعت على أي تقارير دورية عن مستوى التنفيذ للمشروع؟

10- هل توجد قاعدة بيانات متاحة للناس؟ وهل تصدر الجهات المانحة والمنفذة تقارير دورية عن مستوى ومدى تمكنها من الإنجاز والتنفيذ؟ (هل اطلعت على أي تقارير إنجاز أو تنفيذ أصدرتها الجهات المانحة (البنك الدولي مثلا)؟

11- هل تم توزيع مكونات المشروع بشكل عادل على المناطق والمدن الأكثر تضرراً؟ كيف؟

12- هل يسمح لك (فرد / منظمة) بالاطلاع على التقارير المالية أو التنفيذية للمشروع؟

13- هل يسمح لمنظمات المجتمع المدني والمحلي بالشراكة في تنفيذ المشروع؟

5- Questionnaire Form for Implementers

الاسم:

الوظيفة:

رقم الهاتف:

1- هناك مشروع تنفذه منظمة الصحة العالمية بتمويل من البنك الدولي بعنوان: " التصدي لجائحة كورونا (COVID-19) في اليمن " - هل بدأ تنفيذه؟

2- وإذا كانت الاجابة بنعم إلى اين وصل التنفيذ؟

3- إذا كانت الاجابة بلا ما سبب التأخير؟

4- هل يوجد دليل تنفيذي للمشروع؟ ومن أعده؟

5- ما هي الضوابط المالية والتعاقدية للمشروع؟ وهل يوجد ارشادات مكتوبة بذلك؟

6- ما هي اليات الادارة المالية والمشتريات؟ وهل يوجد دليل مالي؟

7- هل توجد خطة لإدارة النفايات الطبية؟ إذا كانت الاجابة نعم هل يتم تنفيذها؟

8- هل تراعى الجوانب البيئية في المشروع؟

9- هل يوجد شراكة فعلية بين ادارة المشروع ومنظمات المجتمع المدني؟

10- هل هناك تقارير تنفيذ تصدر عن المنظمة؟ وهل تطلع عليها منظمات المجتمع المدني في المناطق المستهدفة؟

11- هل هناك تقارير حصاد النتائج / او تقارير تغذية راجعة تصدر من ادارة المشروع؟ وهل يمكن الاطلاع عليها؟

12- هل يتم نشر مخرجات تنفيذ المشروع للرأي العام بشكل دوري؟

13- هل يمكن الاطلاع على التقارير المالية من قبل منظمات المجتمع المدني؟

14- هل توجد رقابة خارجية من أطراف اخرى على تنفيذ المشروع؟

15- هل تراعى قواعد الحوكمة في تنفيذ المشروع؟

16- هل يتم اطلاع المستفيدين على تفاصيل المشروع الادارية والتنفيذية والمالية؟

6-List of Supplies to Quarantine Center, Al-Jumhuriya Hospital

WORLD HEALTH ORGANIZATION
WHO/Yemen Aden Warehouses
Logistics Support System - Waybill Form 002915

مركز الحجر الصحي
بمركز الجمهورية
10/10/2020

Authorization Details
Dr. Deena
SRMName:Telephone:Comm
777391452

Delivery Date	04-Oct-20	Category		Contact Reference		Yemen	Aden (24) Hospital		
Delivery Status	Delivered-RR Received-Closed	Item Name		Filter-1		Filter-2			
Ref-2	ADEN F. ALJUMHURIYA EDUCATIONAL	Batch No/Tracking Code		Type/Grade		Phone Number			
Contact Name	H (NUR) MANSAL (2408011) ADEN F. ALJUMHURIYA EDUCATIONAL H (NUR) MANSAL (2408011) CASH/PHSSO	Delivery Quantity		Presentation Unit		Packageing Information			
WHO Ref (Waybill)		Ref-1 Supplier		Commercial Name-Other		Expiration Date			
Transporter Information	Illias Co	Ref-2 Supplier		Commercial Name-Other		Expiration Date			
#	Main Item	Item Name	Batch No/Tracking Code	Delivery Quantity	Presentation Unit	Packageing Information	Ref-1 Supplier	Commercial Name-Other	Expiration Date
1	(Others)	GGMM ISOLATION/2005 BR/N/A 1003Seal Yarned, non ths/PK		4.00-		P/N/A	WHO DUBAI-C-000333 - PO 202543781	20DX8286 XLS 20DX8286-41- C/N/A- Miscellaneous	
2	(Others)	GOOGLES PROTECTIVE BR/N/A (QJM 01), wraparound, Ad (each)		200.00-		P/N/A	WHO DUBAI-C-000328 - PO 202534175	20DX8386 XLS 20DX8286-36- C/N/A- Miscellaneous	
3	(Others)	FACE SHIELD (0319) - BR/N/A DUAL, clear plastic (PK:200)		25.00-		P/N/A	WHO DUBAI-C-000330 - PO 202538770	20DX8286 XLS 20DX8286-38- C/N/A- Miscellaneous	
	(Others)	RESPIRATOR mask (121) BR/N/A - (Wen), KN95, cas (PK:1000)		6.00-		P/N/A	WHO DUBAI-C-000332 - PO 202543719	20DX8286 XLS 20DX8286-40- C/N/A- Miscellaneous	
	SOAP	SOAP 75 gm		10,100boxes		Box of 72	WASH-RITE FOR SERVICES & SUPPLIES-P-400022 -PO 202506070	Active-- COVID	
Overall Totals									20,750.40

HO Logistics

Driver's Signature and telephone

Receiver's Signature and telephone

Transporter Representative

10-10-2020

10/10/2020

Logistic