SUMMARY POVERTY REDUCTION AND SOCIAL STRATEGY

Country:	Afghanistan	Project Title:	COVID-19 Vaccine Support Project under the Asia Pacific Vaccine Access Facility
Lending/Financing Modality:	Asian Development Fund Grant	Department/ Division:	Central and West Asia Department/ Social Sector Division and Afghanistan Resident Mission

I. POVERTY AND SOCIAL ANALYSIS AND STRATEGY

Poverty targeting: General Intervention on Poverty

A. Links to the National Poverty Reduction and Inclusive Growth Strategy and Country Partnership Strategy

The Government of Afghanistan formally requested Asian Development Bank (ADB) for COVID-19 vaccination support on 7 January 2021. The request is fully aligned with the Government of Afghanistan National Emergency Response Plan (NERP) for the coronavirus disease (COVID-19) and its National Plan for COVID-19 Vaccination in Afghanistan (NPCVA). The NERP and NPCVA were prepared by the Ministry of Public Health (MOPH) respectively in March 2020 and February 2021 in coordination with all relevant ministries, institutions, provinces and partners. The NERP incorporates the COVID-19 preparedness and response plans of the World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF) leading the health sector.

The Afghanistan National Peace and Development Framework (ANPDF II), 2021–2025 presents the government's 5-year strategic framework for achieving its overarching goal of self-reliance. Based on the country partnership strategy, 2017–2021 of ADB for Afghanistan, priority sectors are energy, transport, and agriculture. However, the COVID-19 pandemic warrants ADB emergency assistance as it will result in further loss of life, unemployment, poverty, and negative economic growth. The country has a major fiscal gap that may undermine peace and stability and is seeking funding for the NPCVA.

The initial cost estimate of the NERP without vaccination was $936 million. The NPCVA provides a financing plan to cover 20%, 40% or 60% of the population with COVID-19 vaccination costed at, respectively, $116 million, $217 million, and $319 million. The first round in 2021 is financed through COVID-19 Vaccines Global Access (COVAX) Advanced Market Commitment mechanism with $84 million, and the World Bank with $113 million including $50 million from Afghanistan Reconstruction Trust Fund. ADB will help finance the second round in early 2022, with $50 million for procurement and delivery of vaccines.

The NERP support COVID-19 public awareness campaigns, surveillance and response, laboratory testing capacity, quarantine facilities, and treatment facilities. The NPCVA is to add a vaccination program through the procurement and distribution of vaccines nationwide. Afghanistan is a member of COVAX for the procurement of vaccines.

B. Results from the Poverty and Social Analysis during PPTA or Due Diligence

1. **Key poverty and social issues.** Afghanistan is classified as a fragile and conflict-affected situations' country and is facing many challenges with political fragmentation, economic problems, large migrant and displaced populations, unemployment, and high levels of poverty and food insecurity. Some parts of the country are difficult to access for security reasons. The COVID-19 outbreak in Afghanistan is occurring in a period of political rifts and violence. These conditions generally affect the poor more with less assets and reserves.

Afghanistan's economic situation was already precarious before the pandemic, with high trade and fiscal deficits and dependence on external aid and out-of-pocket payment in the health sector. With lower productivity, trade, consumption and remittances, the Ministry of Finance (MOF) has reported a further drop in revenues in 2020. The International Monetary Fund reports a gross domestic product (GDP) contraction of 5.0% in 2020, against 3.9% GDP growth in 2019.[a] As economic growth has lagged behind population growth since 2012, per capita income was already dropping. While the wheat harvest was favorable, inflation has remained high and prices of foods and home supplies have increased sharply in 2020.

Afghanistan had a significant rise in poverty rates from 38.3% in 2011–2012 to 54.5% in 2016–2017. The World Bank estimated that poverty rate (based on the national poverty line of AF3,004 per person per month at 2017 prices, equivalent to about $1.5 per day per person) could reach at least 61%, and potentially to 72%, forcing an additional 1.9 million to 6.0 million people into poverty by end of 2020. At the national level, over 50% of household income in the poorest quintile, corresponding to 2 million households (15 million Afghans) depend on remittances or income from economic activities that are mostly in informal sector. These households are anticipated to have been severely impacted by the COVID-19 crisis with reduction in their ability to generate incomes. In 2016–2017, 45% of the population were food insecure, which was a rise of 15% from 2011–2012. Spikes in import prices due to shortages or disruptions in food supply due to border closings have adversely affected households in the bottom 60% for whom food purchases comprises half of their total consumption. Since 2015, some 2.3 million out of 6.0 million Afghan living abroad have returned, mainly from Pakistan and Iran. The COVID-19 forced several hundred thousand migrants to return home from COVID-19 affected countries. Many were homeless or landless and settled in urban slums or camps. This adds to the many internally displaced people due to conflict and poverty.

A large proportion of these are unemployed and depend on international aid. The economic slow-down has led to major unemployment given the large informal sector and those in self-employed situations. Rural poverty remains consistently higher than urban poverty, although the deterioration in welfare has become more widespread across all income groups.

Regional disparities in welfare levels have also become more marked over time.[b] A significant proportion of Afghanistan's population face chronic and transitory food insecurity with the rural population being more affected by the deterioration in economic activities. For smallholder farmers, the seasonal agricultural pattern has a significant impact on food availability, and is increasingly affected by climate change, with hotter summers and changing rain patterns. With households, the employment status is a key determinant for food insecurity.

The vulnerability of migrants returning from Iran and Pakistan and large numbers of internally displaced people created conditions that spreads COVID-19. Inevitably, the people who are poor and malnourished or in poor health are more susceptible to infection and are less likely to afford health services. As the health services are only able to meet basic needs, the health facilities will quickly be overwhelmed if the virus spreads widely, impacting the delivery of essential services like maternal and child health programs. Flattening and reducing the caseload of COVID-19 patients through vaccination is essential for quick recovery.

2. Beneficiaries. The primary beneficiaries of the project will be the people most vulnerable to COVID-19 infection, those actively contributing to the spread of the disease and those essential to public services. As an emergency health intervention supporting vaccination as part of the NERP response, all genders, ethnic, and social groups are to benefit from the project. Vaccination will (i) directly benefit the vaccinated person and their households in terms of health, income, and expenses, (ii) indirectly reduce the number of infected people and loss of life by reducing transmission of the virus, and (iii) indirectly help reduce the socio-economic impact of the pandemic on the public. The implementation of NPCVA will also generate short-term local employment for 2,000 vaccinators, for which the MOPH plans to recruit 1,000 female ones.

3. Impact channels. The project will reduce the health impact of the COVID-19 pandemic on vulnerable people, and reduce the spread of COVID-19-related morbidity, mortality.

4. Other social and poverty issues. The COVID-19 pandemic is an emergency that will have wider impacts on the population, with indirect health and education impact, increased household expenses and unemployment, poverty, and negative economic growth. The government is preparing multisectoral responses to cover these wider social impacts. In addition to this, the project emphasizes on absolute necessity to provide equal access to anyone and reach out populations regardless their cultural specificities or locations.

5. Design features. This project is part of the comprehensive approach under NERP and NPCVA, to protect the people from the spread of the COVID-19 pandemic and limit its devastating consequences through a nation-wide vaccination program. By reducing the caseload, it will also improve COVID-19 management capacity and responsiveness, the treatment quality, and survival rates. The project will be closely coordinated with all relevant government agencies (with MOPH in the lead of NPCVA and as the executing agency) and international partners.

II. PARTICIPATION AND EMPOWERING THE POOR

1. **Participatory approaches and project activities.** Current COVID-19 travel restrictions make participatory consultations difficult. MOPH National Expanded Program on Immunization (NEPI) conducted consultation with national and provincial representatives and further consultation will be conducted during implementation. Community engagement is an underrated and potentially sensitive and underbudgeted part of any vaccination program. The NPCVA includes a community engagement and communication plan (page 31). The project milestones are fully aligned with NPCVA and the approach enables the project to adjust priorities in response to changing COVID-19 patterns of spread.

2**. Civil society organizations**. Vaccination will be provided by urban and rural health facilities. Based on the standard package of essential health services, these facilities have established relations with local community organization, women's grassroot organizations, and non-government organization (NGOs) to help with community information and engagement.

III. GENDER AND DEVELOPMENT

Gender mainstreaming category: effective gender mainstreaming

A. Key issues. The most pressing issue regarding healthcare and pandemic response in Afghanistan is women's inability to effectively access health services due to prevailing gender norms, travel and security problems, and a lack of female staff in health facilities. Only 15% of nurses and 2% of medical doctors are women. Women may not be able to receive care from the predominant male staff in health facilities, especially in rural areas, where illiteracy is high and domestic violence common. While there has been improvement in essential health services, access to maternal health after childbirth remains weak. Around half a million Afghan women die in childbirth every year as a result of poor access to healthcare. Additionally, around 20% of women are malnourished. The projected lifespan for an Afghan woman is only about 52 years old. The spread of COVID-19 to the general population presents a bleak scenario for women and girls who already have very poor access to healthcare. As of December 2020, Afghanistan has around 50,000 confirmed cases and 2,000 registered deaths related to COVID-19, of which women encompass 31% and 25%, respectively. A 2020 perception survey of United Nations Entity for Gender Equality and the Empowerment of Women, WHO, and United Nations Population Fund illustrates that women have poor access to information related to COVID-19. On the average, only 41% of females compared to 57% of males are aware of COVID-19, its symptoms, and protective measures against the virus. Women and girls will be at disproportionate disadvantage if the response to this health crisis follows a business-as-usual approach.

B. Key actions. The project will finance procurement and supply of vaccines and provide technical assistance for service development, vaccination promotion, and monitoring and evaluation. Sex-disaggregated profiling of vaccine recipients will be done. Vaccination services for women will be supported by engaging more female vaccinators, providing security, and ensuring a gender- and culturally sensitive approach with community engagement. Gender-sensitive training on

procurement and safe delivery of COVID-19 vaccine will be provided to MOPH staff, including women staff, at the national, regional, and provincial levels. Finally, the project will develop a gender-sensitive community vaccination promotion and engagement strategy.

☒ Gender action plan ☐ Other actions or measures ☐ No action or measure

IV. ADDRESSING SOCIAL SAFEGUARD ISSUES

A. Involuntary Resettlement **Safeguard Category:** ☐ A ☐ B ☒ C ☐ FI

1. Key impacts. No civil works or other encroachment or displacement of people is envisaged.
2. Strategy to address the impacts: no involuntary resettlement is envisaged.
3. Plan or other Actions.

☐ Resettlement plan
☐ Resettlement framework
☐ Environmental and social management system arrangement
☒ No action
☐ Combined resettlement and indigenous peoples plan
☐ Combined resettlement framework and indigenous peoples planning framework
☐ Social impact matrix

B. Indigenous Peoples **Safeguard Category:** ☐ A ☐ B ☒ C ☐ FI

1. Key impacts. Afghanistan is inhabited by ethnic groups across its 34 provinces. None of these groups are considered indigenous peoples as defined in ADB's Safeguard Policy Statement for operational purposes.

Is broad community support triggered? ☒ Yes ☐ No

2. Strategy to address the impacts. Not applicable.
3. Plan or other actions.

☐ Indigenous peoples plan
☐ Indigenous peoples planning framework
☐ Environmental and social management system arrangement
☐ Social impact matrix
☒ No action
☐ Combined resettlement plan and indigenous peoples plan
☐ Combined resettlement framework and indigenous peoples planning framework
☐ Indigenous peoples plan elements integrated in project with a summary

V. ADDRESSING OTHER SOCIAL RISKS

A. Risks in the Labor Market

1. Relevance of the project for the country's or region's or sector's labor market, indicated as high (H), medium (M), and low or not significant (L). No significant risk to labor market. ☒ unemployment (L) ☒ underemployment (L) ☒ retrenchment (L) ☒ core labor standards (L)
2. Labor market impact. No risks envisaged except minor security risk. Prior to project approval, MOPH will commit to prioritizing engagement of contractual female vaccinators, and avoid any forms of forced, discriminatory, or child labor. MOPH will also make security arrangements for all health staff and vaccinators. The project will create employment in Afghanistan at a time of high unemployment. Well performing contractual workers are likely to be retained.

B. Affordability

Vaccines are provided free of charge and services are affordable as NGOs provide most rural health services are adequately compensated. No informal charges are expected. Transport costs to reach rural vaccination sites may be substantial, and may require MOPH to adopt mobile clinics or incentives.

C. Communicable Diseases and Other Social Risks

1. The impact of the following risks are rated as high (H), medium (M), low (L), or not applicable (NA):

☒ Communicable diseases (L). The project protects individuals against COVID-19 and reduces the risk of the spread of COVID-19 in the community. Vaccinators will have a small risk of getting infected. Vaccinators will be immunized and provide with personal protective equipment and supplies as part of delivery arrangements
☐ Human trafficking (NA)
☒ Others (please specify): There is a risk that COVID-19 immunization will crowd out other health services. This is only temporary. COVID-19 control will allow quick resumption of normal health services.

VI. MONITORING AND EVALUATION

1. Targets and indicators: (i) 50% of targeted vaccines will have been procured by December 2021, and 100% by June 2022 (June 2021 baseline = 0); and (ii) 50% of targeted vaccines will have been used by June 2022, and 100% by December 2022 (June 2021 baseline = 0).
2. Required human resources. The MOPH NEPI will implement the project. ADB will finance MOPH consultants for procurement and monitoring. The World Bank supports third-party monitoring through a firm under the Afghanistan Reconstruction Trust Fund arrangements.
3. Information in the project administration manual (PAM). A project performance monitoring system will be put in place with reporting to ADB as per the PAM, on progress on core indicators. Review missions will enable further assessments.
4. Monitoring tools. Standard project performance monitoring system will be set up, with regular joint progress reports by MOPH, the NEPI COVID-19 vaccination program team, and the World Bank appointed third-party monitoring firm.

[a] International Monetary Fund. 2020. Request for a 42-Month Arrangement Under the Extended Credit Facility-Press Release; Staff Report; and Statement by the Executive Director for the Islamic Republic of Afghanistan. *IMF Country Report.* No. 20/300. Washington, DC.

[b] Central Statistics Organisation. 2018. *Afghanistan Living Conditions Survey 2016–2017*. Kabul.

[c] United Nations Population Fund, WHO, and United Nations Entity for Gender Equality and the Empowerment of Women. 2020. Women's Access to Health Care during COVID-19 Times. *Gender Alert on COVID-19 Afghanistan*. Issue IX. 18 June.