



The World Bank

Additional Financing for Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project (P176012)

Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 02-Feb-2021 | Report No: PIDA31148

BASIC INFORMATION

A. Basic Project Data

Country Afghanistan	Project ID P176012	Project Name Additional Financing for Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project	Parent Project ID (if any) P173775
Parent Project Name Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project	Region SOUTH ASIA	Estimated Appraisal Date 11-Feb-2021	Estimated Board Date 23-Mar-2021
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) The Islamic Republic of Afghanistan	Implementing Agency Ministry of Public Health

Proposed Development Objective(s) Parent

The project development objective is to respond to, and mitigate the threat posed by COVID-19 and strengthen national systems for public health preparedness in Afghanistan.

Components

Component 1: Emergency COVID-19 Response
 Component 2: Health Care Strengthening
 Component 3: Mitigation of Social Impacts
 Component 4: Implementation Management and Monitoring and Evaluation
 Component 5: Contingent Emergency Response Component (CERC)
 Unallocated

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	110.00
Total Financing	110.00
of which IBRD/IDA	60.00
Financing Gap	0.00



DETAILS

World Bank Group Financing

International Development Association (IDA)	60.00
IDA Grant	60.00

Non-World Bank Group Financing

Trust Funds	50.00
Afghanistan Reconstruction Trust Fund	50.00

Environmental and Social Risk Classification

High

Other Decision (as needed)

B. Introduction and Context

Country Context

COVID-19 is imposing a large social and economic burden on Afghanistan. As of January 17, 2021, Afghanistan has registered 54,062 cases and 2,343 deaths due to COVID-19, with cases reported in all 34 provinces. While the number of confirmed cases and deaths is relatively low compared to nearby countries, Afghanistan is extremely vulnerable to rapid spread of the virus due to limited access to information, high percentage of poor and vulnerable households who subsist on daily earnings, constrained access to water and sanitation, and weaknesses in basic health systems, and ongoing violent conflict. This year's influx of hundreds of thousands of people crossing back into Afghanistan from Iran has further exacerbated the situation. Economic impacts are already severe and expected to worsen. The pandemic and related containment measures led to: (i) massive disruptions to productive economic activity and consumption; (ii) disruptions to imports, including of vital household items, leading to rapid inflation; (iii) reduced exports due to disruptions at border points; (iv) negative impacts on remittances; and (v) increased fiscal pressures, with government revenues expected to decline by at least 30 percent below budgeted levels.

Due to the impacts of COVID-19, GDP is expected to contract by between 5.5 percent and 7.4 percent in 2020. Afghanistan's economy was fragile even before the COVID-19 crisis: growth averaged only around three percent since 2012. The economy contracted sharply over the first half of 2020, due to the impacts of the COVID-19 crisis: reduced incomes, disruption to services and retail activities, and lower remittances (declined by around

40 percent from 2019 levels). Investment also sharply declined given the negative impacts of COVID-19 on already-weak confidence. The COVID-19 crisis also drove a significant spike in food prices over the first half of 2020 (more than 20 percent). The trade deficit remains extremely large, over 30 percent of GDP, financed mostly by grant inflows. Economic recovery is expected to take several years, with new investment constrained by political uncertainties, continued insecurity, and uncertainty around international support. With declining grants and lower revenues, fiscal space is expected to remain highly constrained over the medium-term. Available fiscal resources should be used to protect vulnerable households and maintain delivery of basic services including healthcare. Recovery could be supported by rapid action to improve the business regulatory environment, including through measures to expand access to credit.

Afghanistan faces several additional challenges and uncertainties over 2020. Despite the signing of a peace agreement between the United States and the Taliban in February, active conflict between Taliban and government forces continues, and there is no clear path to a sustained and comprehensive peace. The historic Intra-Afghan peace talks launched in September remain stalemate. The November 23-24, 2020 Ministerial Conference on Afghanistan agreed on a joint communique calling for immediate ceasefire, and on the Afghanistan Partnership Framework as a mutual commitment conditioning international assistance on progress in key areas such as human rights and anti-corruption. Donors pledged more than US\$3 billion for 2021, and assuming that this level will be sustained. A US\$12 billion civilian commitment can be expected for Afghanistan over the 2021-2024 period. International assistance will be closely linked to progress in economic reforms, actions against corruption and peace negotiations. Yet grants equal to around 43 percent of GDP and continue to finance more than 75 percent of total public spending, and around half of budget expenditures. Grants may decline rapidly over coming years in the context of the global COVID-19 crisis. While a power-sharing agreement was reached between the two major factions after the 2019 presidential elections, its implementation remains underway, leading to changes in senior staff across key ministries and posing risks of further administrative disruption.

The poverty rate in Afghanistan has increased markedly from 38 percent in 2012 to 55 percent in 2017, when the last household survey was carried out. Most of the Afghan population was poor and vulnerable before the arrival of the COVID-19 crisis. The official poverty rate at 55 % understates the extent of poverty and vulnerability as illustrated by the fact that 93% of the population lived on less than US\$ 2 a day before the crisis. While new data is not available, poverty is expected to have a spike from 55 percent in 2017 to 72 percent in 2020. Poverty co-exists with exposure to many shocks that disproportionately affect the poor. Shocks that are inherent in a conflict affected country (e.g. forced displacement, disrupted access to markets and basic services, price volatility of consumption staples) are added to high prevalence of food insecurity due to the unique geography of Afghanistan (e.g. droughts, floods, avalanches and infestation of agricultural production). Three in four poor households are affected by at least one shock and 80% of them cannot recover from their shocks within one year; many may turn to harmful coping strategies such as the sale of productive assets and taking children out of school for income generation. Per capita incomes will likely decline substantially over the coming years as the economy contracts in 2020, leading to a likely substantial deterioration in living standards.

Afghanistan has a Human Capital Index of 0.4. This suggests that children born in Afghanistan today will be on average 60 percent less productive than they would be if they could enjoy complete education and full health. This is lower than the average for South Asia region but higher than the average for Low income countries. In



addition to increasing the intrinsic benefits and values of optimal health and education of its people, Afghanistan could more than double its GDP by improving its health and education outcomes. In contrast, an income and nutritional shock to the population may significantly worsen human capital prospects for the future.

Sectoral and Institutional Context

Total additional fiscal financing needs arising from the COVID-19 crisis are expected to reach US\$870 million, reflecting both declining revenues and increasing expenditure needs. Afghanistan is at 'high' risk of debt distress under the World Bank / IMF Debt sustainability framework. Therefore, financing needs can only be met through a combination of: i) additional grant support; ii) new concessional borrowing, including a US\$220 million disbursement from the IMF Rapid Credit Facility; and iii) drawdown of cash reserves. Under the World Bank Sustainable Debt Financing Policy, Government has agreed on a program of Performance and Policy Actions (PPAs) to strengthen debt management, improve fiscal sustainability, and prevent the accumulation of non-concessional external debt. Afghanistan is participating in the G20 Debt Service Suspension Initiative under which approximately US\$3.7 million of debt service payments to official bilateral creditors due during 2020 will be deferred.

Recognizing the need for urgent actions, the Government has identified key priorities in a framework document spanning short-term response and medium-term recovery for: i) expanding the scope and scale of basic healthcare and hospital reform; ii) expanding community driven development and reforming humanitarian programs; iii) enhancing use of technology for distance learning; iv) accelerating access to electricity and internet; v) assisting returning refugees and migrant workers; vi) balancing social and spatial development; vii) assisting provincial, municipal, district, civic organizations, and the private sector; and viii) expanding links with neighboring countries.

The World Bank is providing support to operationalize the Government's response strategy in close coordination with other development partners and humanitarian agencies while building a stronger nexus between the humanitarian and development support. Overall, the WBG would provide over US\$1.4 billion in new and recommitted funds for COVID-19 programs, including US\$60 million from IDA for an Additional Financing for and Restructuring of the COVID-19 Emergency Response and Pandemic Preparedness Project. The World Bank response is aligned with the three interlinked phases – Relief, Restructuring, and Resilient Recovery – to sequence and extend the most critical support at the right time. The IFC's US\$8 billion and MIGA's US\$6.5 billion global fast-track facilities to help investors and lenders tackle COVID-19 provide additional opportunities for Afghanistan, in addition to leveraging concessional financing from the IDA Private Sector Window.

In the early Relief phase, a US\$100.4 million IDA grant for the Afghanistan COVID-19 Emergency Response and Health System Preparedness Project was approved in April 2020 as an immediate response to the health crisis and to strengthen public health preparedness. A COVID-19 Response Development Policy Grant of US\$200 million (US\$100 million IDA and US\$100 million from the Afghanistan Reconstruction Trust Fund – ARTF) was approved in June 2020 to support policy actions linked to the government's relief and recovery measures to respond to the health, social, and economic crisis, and to address critical constraints to longer-term inclusive development while providing immediate liquidity to help recover from the economic shocks.

The World Bank has worked closely with the Government and the ARTF donors to consolidate and reprogram the portfolio resources and to adjust the FY21 pipeline. The US\$335 million IDA and ARTF released from the portfolio projects are reallocated to the Restructuring phase through the Relief Effort for Afghan Communities and Households (REACH), and the Second Additional Financing to the Citizen’s Charter Afghanistan Project (CCAP), which was approved on December 12, 2020 to ensure a nationwide distribution of food and hygiene relief packages that started from December 8, 2020. The Emergency Agriculture and Food Supply (EATS) Project approved on August 4, 2020 lays the foundation for food security and strengthens agribusiness by supporting smallholder farmers and MSMEs involved in the food supply chain. The Afghanistan Water, Sanitation and Hygiene (AWASH) Project, approved on December 12, 2020, focuses on a sustainable COVID-19 response in the three largest Afghan cities (Kabul, Kandahar and Herat) that have been particularly hard-hit by the pandemic. It will support emergency relief and restructure the urban water supply and sanitation sector to enable a resilient recovery.

Impacts of these operations will be enhanced by the proposed longer-term Early Warning, Finance and Action (ENETAFW) project designed for the Resilient Recovery phase. It will establish an adaptive safety net linked to a drought early warning system and an overall community resilience mechanism. Finally, the SAFI project approved on September 28, 2020 will support the private sector to build a resilient economy by providing access to finance for MSMEs and strengthening the institutional capacity for financial stability.

Despite rising levels of violence over the last decade, notable improvements in the coverage and quality of health services have been made. Data from household surveys between 2003 and 2018 show significant declines in infant, child and maternal mortality that were driven largely by improvements at the primary and secondary health care levels. Newborn mortality rate fell from 53 to 23 per 1,000 live births from 2003 to 2018 and under-five mortality rate from 257 to 50 per 1,000 live births from 2003 to 2018. However, despite progress on the maternal mortality ratio from 1,600 maternal deaths per 100,000 live births in 2002 to 638 maternal deaths in 2019, the maternal mortality ratio remains among the highest globally.

While basic health care delivery has expanded and improved across the country, the overall health system remains weak. The Afghan health system has made considerable progress during the past decade thanks to strong government leadership, sound public health policies, prioritization of investments in primary care and the introduction of a basic package of health services (BPHS) and essential package of hospital services (EPHS) for implementation by contracted service providers (SP) except in three provinces where the Ministry of Public Health directly manages health facilities offering BPHS and EPHS. While the nationwide contracting out of public health services to non-governmental organizations is successful with innovative service delivery, strong and focused investments on health information system including third party monitoring (TPM); and donor financial assistance under one umbrella through the Afghanistan Reconstruction Trust Fund (ARTF) platform, the overall health system is fragmented with a considerable amount of funding and health facilities being off-budget.

The COVID-19 Emergency Response and Health System Strengthening Project in an amount of US\$100.4 million equivalent– was approved on 2 April 2020 and was prepared under the Fast Track COVID-19 Facility (FTCF). Since effectiveness on 12th April, contracts with Non-governmental organization service providers (SPs) and United Nations Agencies (UN) have been signed to strengthen nationwide prevention, treatment and control activities. The SPs are responsible for COVID-19 case management and infection prevention and control

(IPC) in isolation wards in provincial hospitals, community health workers to support public awareness within community, and Rapid Response Teams (RRTs) and for case identification, testing and contact tracing. The United Nations Children's Fund (UNICEF) contract includes raising public awareness and promote healthy behaviors about Covid-19; monitoring and evaluation (M&E); behavior change; and procurement of needed supply/equipment. The World Health Organization (WHO) contract includes expansion and support of the laboratories; provision of specimen collection kits; supplies for RRTs; and technical assistance to the Ministry of Public Health (MoPH).

The COVID-19 virus has spread widely in Afghanistan, and it remains a considerable threat. While official case counts based on PCR tests of active infection indicate that December 20, 2020, there are a total of 46,516 confirmed COVID-19 cases (out of a total of 142,464 samples tested) and 1,822 deaths reported, the results of a seroprevalence survey found that over 200 times that number had been infected by July.¹ Case counts accelerated rapidly in May, peaked in early June, and then fell. The seroprevalence survey found that 31.5 percent of the total population had been infected shortly after the peak, though results varied considerably by province (Kabul, for example, had a 53 percent prevalence of cumulative infection). Therefore, the decline in cases was most likely because of a large proportion of the population being infected (at least, in areas with access to testing), thereby leaving the virus with fewer susceptible hosts. However, a resurgence of cases in November demonstrates that the threat of COVID-19 has not disappeared. In addition to the direct harms to infected individuals, COVID-19 has also created disruptions in key routine health services, as well as dampened economic activity. The pathway to a sustainable recovery is through control of the COVID-19 pandemic. Thus, providing access to COVID-19 vaccines will be critical to accelerate economic and social recovery as well as controlling the COVID pandemic.

The Insurance Window of the Pandemic Emergency Financing Facility (PEF) which provides financial support to IDA-eligible countries in case of major multi-country disease outbreaks, has been triggered for COVID-19. The PEF Steering Body has approved allocations for 64 PEF eligible countries with the allocation for Afghanistan at approx. US\$8.87 million. The Government used the UN option to receive PEF funds and on August 25, 2020 the Government applied for an amount US\$8,868,070 to the PEF. The contract with UNICEF and WHO has been signed. The funds have been used for procurement of medicine and consumables in the country

The proposed AF will support the MoPH to procure and deploy COVID-19 vaccines. The AF will play a critical role in enabling equitable access to COVID-19 vaccination, along with improved diagnostics and therapeutics which are essential to protecting lives and enabling the country to reopen in a controlled fashion. The AF will cover both the procurement of vaccines and systems strengthening activities required for effective distribution. Procurement of vaccines to cover an estimated 20 percent of the population will be done through the COVAX Advanced Market Commitment (AMC) and will be made available free of charge at the point of entry in the country.² Any additional vaccines (over and above the vaccines made available through COVAX) that the Government of Afghanistan chooses to purchase with World Bank funding must either (i) be approved by 3 Stringent Regulatory Authorities (SRAs) in three regions or (ii) receive WHO prequalification and approval by 1 SRA. In addition to the vaccines themselves, the required activities for effective deployment will also be

¹ The actual diagnosed cases are severely underreported and underdiagnosed.

² The official guidelines state 'up to 20 percent population coverage depending on funding available and the cost of the vaccines' however, we received instructions to play for 16 percent coverage.

financed. These include training, cold chain, auxiliary equipment, data systems, vaccine administration and, risk communication, community engagement, and public communication efforts. The proposed AF is being prepared under the Additional Financing to the existing COVID-19 Strategic Preparedness and Response Program utilizing the Multiphase Programmatic Approach (“Global COVID-19 MPA AF”), approved by the World Bank’s Board of Executive Directors on October 13, 2020 (R2020-0193/2).

The proposed AF is expected to finance the scale-up of selected activities that are part of the Government National Deployment and Vaccines Plan (NDVP). The AF does not require a change of the PDO or of project components as vaccination-related procurement and deployment activities will fall under the existing Components 1-4 (Emergency COVID-19 response, Health care strengthening, Mitigation of social impacts, and Implementation Management and Monitoring and Evaluation). The World Bank’s COVID-19 Vaccine Readiness Assessment Framework (VRAF) has been used by the Government of Afghanistan to assess its readiness to deliver COVID-19 vaccines and optimize vaccine delivery and use within the ambit of the existing Project. Using the results of the Assessment, the AF will address some of the priority gaps identified including through financing technical assistance, equipment (including cold storage equipment), as well as the purchase of vaccines. The MoPH and development partners are collaborating intensively to coordinate and plan their roles in the national vaccine deployment plan.

C. Proposed Development Objective(s)

Original PDO

The project development objective is to respond to, and mitigate the threat posed by COVID-19 and strengthen national systems for public health preparedness in Afghanistan.

Current PDO

The PDO remains unchanged.

Key Results

The following indicators will track progress towards achievement of the development objective:

- *Number of health workers who are fully vaccinated against COVID-19.*
- *Percentage of priority population vaccinated, based on the targets defined in national plan (broken down by gender)*
- *Proportion of provincial hospitals with adequate personal protective equipment within a given month*
- *Proportion of provincial hospitals with isolation treatment available within a given month.*

D. Project Description

The Project Development Objective (PDO) of the parent project and this AF is to respond and mitigate the threat posed by COVID-19 in Afghanistan and strengthen national systems for public health preparedness. The parent project includes five components: (i) Emergency COVID-19 Response (US\$15 million from COVID-19 FTCF, US\$12 million from IDA), (ii) Health Care Strengthening (US\$46 million from IDA, (iii) Mitigation of Social

Impacts (US\$5.4 million from COVID19 FTF, US\$7 million from IDA), (iv) Implementation Management and Monitoring and Evaluation (US\$5 million IDA), US\$10 million unallocated, and (v) the Contingent Emergency Response Component (CERC) (US\$0 million). A detailed description of these components can be found in the parent project appraisal document (P173775).

The changes proposed for the AF entail expanding the scope of activities in the parent project Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project (P173775). This AF will cover the procurement of vaccines, cold chain cost, logistic arrangement to deliver the vaccines to up to provincial level, risk communication, mass communication activities for vaccine uptake, capacity development of health professionals involved in vaccine delivery and management, administration of vaccines to the target populations by the SPs and monitoring and evaluation. As the proposed activities to be funded under the AF for Afghanistan are aligned with the original PDO, the PDO would remain unchanged.

The content of the components and the Results Framework (RF) of the parent project will be adjusted to reflect the expanded scope and new activities proposed under the AF, and a new disbursement category to support purchase, delivery and distribution as well as preparedness of COVID-19 vaccines will be added. The implementation arrangements will be the same as under the parent project. The Closing Date would remain unchanged as March 31, 2024.

Project Components

- **Component 1: Emergency COVID-19 Response (current total allocation of US\$37 million including US\$15 million from COVID-19 FTF and US\$22 million from IDA; proposed AF total allocation of US\$87.5 million including US\$ 45.5 million from IDA and US\$ 42 million from the ARTF)³**
 - *Continuation:* support to enhance disease detection capacities through increasing surveillance and information capacities, provision of technical expertise, medical equipment, supplies and commodities, strengthening laboratory and diagnostic systems to ensure prompt case finding and local containment, as well as financing of community awareness campaign, distribution and use of face masks, promotion of personal hygiene practices and community participation in slowing the spread of the pandemic.
 - *Proposed new activities:* Assistance in the urgent efforts to respond to the COVID-19 pandemic through: (a) supporting Afghanistan's health sector in the purchase of COVID-19 Vaccine and vaccine related cold chain equipment; (b) strengthening Afghanistan's institutional framework to enable safe and effective vaccine deployment including development of (i) national policies surrounding prioritization of vaccine allocation; (ii) national policies ensuring voluntary vaccinations; (iii) regulatory standards for vaccination; and (vi) standards and protocols surrounding cold chain, supplies, storage, logistics, and training .
- **Component 2: Health Care Strengthening (current allocation: US\$46 million from IDA; proposed AF allocation US\$7 million from IDA and US\$8 million from the ARTF).** Strengthening preparedness planning and clinical care capacity through establishing specialized units in selected hospitals, rehabilitation and equipment of selected health facilities, development of treatment guidelines, intrahospital infection control measures, strengthening waste management and disposal systems,

³ The US\$10 million unallocated from the parent project has been allocated across components 1 and 2.



mobilizing additional health personnel, provision of medical equipment and supplies, diagnostic reagents and kits, as well as financing other operational expenditures, including Compensation Benefits, as might be required to respond to infectious disease outbreak.

- *Continuation*: strengthens essential health care service delivery to be able to provide the best care possible, through contracts with existing Sehatmandi SPs.
- *Proposed new activities*: The Sehatmandi service providers, contracted by the parent project for incremental tasks related to COVID-19 to date, will also be utilized for targeting beneficiaries and delivering the vaccines. The Government of Afghanistan has identified priority target populations to be vaccinated and aims to achieve a 40 to 60 percent population coverage.
- **Component 3: Mitigation of Social Impacts (current allocation: US\$5.4 million from COVID19 FTCF, US\$7 million from IDA; proposed AF allocation US\$ 4 million from IDA).**
 - *Continuation*: support of social distancing measures, including school closing and development of radio programs for all school grades in several subjects as might be needed, provision of mental health and psychosocial services for vulnerable communities.
 - *Proposed new activities*: will support (i) development of explicit, contextually appropriate and transparent criteria for identification of priority populations for vaccination and supporting implementation plans; (ii) communication to address vaccine hesitancy to improve demand generation through mass and interpersonal communication especially targeting female considering their lower access to information; (iii) Social and Behavior Change Communication to address and manage COVID-19 risks and health promotion; (iv) outreach interventions; (v) citizen engagement for feedback and grievance redressal mechanisms; (vi) development of targeted training programs for managers, SPs and evaluators of vaccine deployment; and (vii) knowledge management and learning. These social communications will be carried out through UNICEF - in collaboration with the MoPH - who has been contracted in the parent project for similar COVID-19 related mass-media campaigns targeting specific groups which might resist COVID-19 activities including vaccinations. UNICEF has a wide experience using diverse and appropriate social media in Afghanistan to convey health, education and social benefit related information.
- **Component 4: Implementation Management and Monitoring and Evaluation (current allocation: US\$5 million IDA; proposed AF allocation US\$ 3.5 million from IDA).** Support for Project implementation and management, including support for procurement, financial management, environmental and social risk management, monitoring and evaluation and reporting; provision of Training and Incremental Operating Costs.
 - *Continuation*: existing project management and monitoring activities.
 - *Proposed new activities*: will support development of information systems towards (i) impact of vaccination program through disease surveillance; (ii) assessment of coverage, effectiveness and safety of vaccination deployment; (iii) outbreak investigation and control; (iv) sero-surveillance studies; and (v) operational and management costs in implementation of the project.
- **Component 5: Contingent Emergency Response Component (CERC) (US\$0 million):** provision of immediate response to an Eligible Crisis or Emergency, as needed. This will remain as is.

Legal Operational Policies

	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

Summary of Assessment of Environmental and Social Risks and Impacts

The anticipated overall environmental and social risks as in the parent project remain High. The key environmental risks for this AF will continue to revolve around properly managing, transporting and disposing the medical waste generated by the vaccination. There will also be a risk of exposure to a wide range of potentially affected communities and individuals, starting with medical and health care workers, and extending from there to a wide swath of the professional and civic community. The predominant social risks revolve around the challenges in ensuring distribution of the vaccines in an inclusive and equitable manner. Ensuring that those most socially and medically vulnerable and disadvantaged people can reap the benefits of the project, including getting timely access to vaccines will be a key challenge. Reaching traditionally excluded groups will require more planning and effort. Physically and socially reaching out to remotely located communities, or sexual and gender minorities or refugees who often do not trust public health institutions may require more effort and cost extra. In addition, inadequate or conflictual public engagement and lack of trusted and adequate consultation, could make creating demand for the vaccine more challenging among communities that are generally distrustful of the government health systems and have traditionally been marginalized through it and result in interferences with disease prevention and control measures. The policies for prioritizing intra-country vaccine allocations will follow principles established in the WHO Allocation Framework, including targeting an initial coverage of 20 percent of a country’s population (thereafter based on availability of vaccines and financial resources to cover up to 40 percent of the population); focusing first on workers in health and social care settings; and then focusing on the elderly and younger people with an underlying condition which places them at higher risk. The Government of Afghanistan has identified priority target populations that include health workers; teachers; security personnel; prisoners; people aged over 50 years; people with co-morbidities; nomadic people; internally displaced persons; returnees from Iran and Pakistan; government employees who work with crowds; and men and women 20-50 years old living in the settings with high density of infection. The Environmental and Social Management Framework (ESMF) and other relevant management plans that were prepared for the Parent project will be updated to include mitigation of risks caused by the activities planned under the AF.

The handling of personal data can pose a risk if the individual personal data are stored in a central database. This risk will be mitigated by using the national EPI system whereby vaccination registers are printed, and where personal data stay at health facilities in these registers, thereby not enabling these data to be stored in a central database. Personal data protection in case of using a centralized system:

rules and procedures for processing and collection of Personal Data in accordance with national law on Personal Data Protection will be used if it is deemed adequate and good international practice. For the pilot under discussion in which digitized paper will be used and which approach will be expanded if proven successful, the risk will be mitigated by anonymizing personal data and storing and handling these in a way that ensures data protection.

E. Implementation

Institutional and Implementation Arrangements

The MOPH has been coordinating effectively project planning and procurement. Overall implementation of the project is going well. All contracts with SPs, including with the Afghan-Japan Hospital in Kabul, have been signed. The SPs are responsible for the following activities: COVID-19 case management and infection prevention and control in isolation wards in provincial hospitals, community health workers to support public awareness within community, and Rapid Response Teams for case identification, testing and contact tracing. So far more than 7 million people have been reached through broadcasting different messages through 182 TV and Radio channels. The hotline of the Ministry of Public Health, up to the end of September, had an average of 60,000 new interactions per month; 251,000 calls regarding Covid-19 prevention, treatment and questions and concerns have been handled. Critical medical supplies (mainly personal protective equipment) and other supplies were timely procured, and delivery completed to COVID-19 centers in all 34 provinces of Afghanistan. To date fourteen 14 COVID-19 confirmatory testing sites are functional. Additionally, specimen collection kits and supplies for rapid response teams (RRTs) were distributed to SPs supporting RRTs in 33 provinces. As part of technical assistance activity, 9 national and one international technical assistant are deployed. To strengthen alignment with the Asian Development Bank (ADB) COVID-19 supported project, a good coordination mechanism was established which helped align financial resources as per MoPH priorities.

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