



The World Bank

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

Additional Financing Appraisal Environmental and
Social Review Summary
Appraisal Stage
(AF ESRS Appraisal Stage)

Date Prepared/Updated: 01/09/2021 | Report No: ESRSAFA069



BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Afghanistan	SOUTH ASIA	The Islamic Republic of Afghanistan	Ministry of Public Health
Project ID	Project Name		
P176012	Additional Financing for Afghanistan COVID-19 Emergency Response and Pandemic Preparedness Project		
Parent Project ID (if any)	Parent Project Name		
P173775	Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	2/4/2021	3/23/2021

Proposed Development Objective

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.

Financing (in USD Million)	Amount
Current Financing	0.00
Proposed Additional Financing	0.00
Total Proposed Financing	0.00

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

No

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

Public Disclosure



The PDO of the parent Project, “to respond and mitigate the threat posed by COVID-19 in Afghanistan and strengthen national systems for public health preparedness”, and the Project’s component structure remain unchanged. The AF will cover the procurement of vaccines, cold chain cost, logistic arrangement to delivery vaccine 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 the vaccines to the target populations by the SPs and monitoring and evaluation.

- Component 1: Emergency COVID-19 Response (current allocation – US\$15 million from COVID-19 FTCF, US\$22 million from IDA; proposed AF allocation US\$ 37.5 million)
 - o Continuation: supports efforts in surveillance, testing, contact tracing, infection prevention and control, and behavior change communication.
 - o Proposed new activities: will include (i) systems assessments to inform the deployment of COVID-19 vaccines to priority populations, for instance in the areas of procurement, supply chain and logistics for cold chain equipment; and the management and health worker capacities to administer vaccines; (ii) strengthening the policy and regulatory environment for vaccine procurement, approval, management and deployment, governance, accountability; (iii) development of strategies, plans, standards and guidelines for vaccine deployment, targeting, voluntary vaccination practices, occupational health and safety, gender and vulnerable population integration in deployment strategies etc.; (iv) procurement of unfinanced cold-chain equipment, vehicles, logistics infrastructure, medical supplies, consumables and personal protective equipment in support of vaccination, and (v) procurement of vaccines.

- Component 2: Health Care Strengthening (current allocation - US\$46 million from IDA; proposed AF allocation US\$ 15 million).
 - o Continuation: strengthens essential health care service delivery to be able to provide the best care possible, through contracts with existing Sehatmandi Service Providers.
 - o Proposed new activities: the Sehatmandi service providers, contracted by the parent project for incremental tasks to 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% population coverage, thus reaching about 15 million people. A national technical committee has determined that priority for vaccination will be given to: 1) health workers; 2) teacher; 3) security personnel; 4) prisoners; 5) people aged over 50 years old; 6) people with co-morbidities; 7) nomadic people; 8) internally displaced persons; 9) returnees from Iran and Pakistan; 10) government employees exposed to working with the public; and 11) men and women 20-50 years old living in settings with high density of COVID-19 infection.

- 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).
 - o Continuation: aims to address significant negative externalities expected in the event of a widespread COVID-19 outbreak and include comprehensive communication strategies.
 - o 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; (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, service providers and evaluators of vaccine deployment; and (vii) knowledge management and learning.

- Component 4: Implementation Management and Monitoring and Evaluation (current allocation - US\$5 million IDA; proposed AF allocation US\$ 3.5 million).
 - o Continuation: supports the strengthening of public structures for the coordination and management of the project.
 - o 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): In the event of an Eligible Crisis or Emergency, the project will contribute to providing immediate and effective response to said crisis or emergency. This will remain as is.

D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

This proposed additional financing (AF) will be implemented throughout Afghanistan and will contribute to the vaccine procurement, delivery, monitoring, surveillance and response program to address the ongoing COVID-19 pandemic. Ministry of Public Health (MoPH) will be the Implementing Agency (IA) and the vaccination program will be implemented at all levels at different geographical areas of Afghanistan, prioritization of target populations for COVID-19 vaccine introduction including health workers, teachers, security personnel, prisoners, people aged over 50 years old, 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 project will entail assignments of health care workers, volunteers, trainers, etc. A comprehensive deployment of vaccines, logistics and health care workers all over the country is being planned along with an effective communication and outreach campaign. Due diligence will be carried out to assist the borrowers to assess and manage environmental and social (E&S) risks and impacts through updating various ES instruments prepared for the parent Project (SEP, ESMF, ESCP, Waste Management Plan) and assisting in implementation and monitoring of the same in the field. The ESMF of original project will be updated prior to effectiveness of the project to include the risks, impacts associated with the AF activities and subsequent mitigation measures. The updated ESMF will take into account international protocols for infectious disease control and medical waste management, transportation, storage and delivery of vaccines, issues of inclusion/non-discrimination and other E&S concerns. An LMP will be prepared in accordance with ESS2. The Bank will only approve the procurement of vaccines deemed safe and approved by 3 Stringent Regulatory Authorities in three regions or one with WHO pre-qualification and approval by 1 Stringent Regulatory Authority.



D. 2. Borrower’s Institutional Capacity

The implementation arrangements will remain the same as they were for the parent project. The Ministry of Public Health (MoPH) is the implementing agency for the project. Project management arrangements used under the COVID-19 parent project (IDA -D5930, currently functioning satisfactorily) which are the same as those under the Sehatmandi Project (IDA-D2850, currently functioning satisfactorily) will be adopted to utilize existing capacity in MoPH and prevent unnecessary fragmentation and duplication. This will also ensure efficient coordination of activities within the Ministry. The Deputy Minister for Policy and Planning in the MoPH will serve as the Project Coordinator with support of the Sehatmandi Coordination Office (SCO) of the MoPH which will coordinate project activities with all stakeholders. Project oversight will be provided through COVID-19 Emergency Response Committee. The COVID-19 Emergency Response Committee will meet on a regular schedule to review progress of the project, ensure coordinated efforts by all stakeholders and conduct annual reviews of the project. Through its central departments and provincial offices, the MoPH will be responsible for implementation of the project. The multi-sectoral aspects of the COVID-19 response will be guided by Presidential Multi-sectoral COVID-19 Response Committee chaired by H.E. the President/Vice President.

Furthermore, the current UN agencies (WHO and UNICEF) will remain key partners in ensuring readiness for vaccine deployment and supporting community mobilization. Vaccine administration will be done by current service providers under Afghanistan COVID-19 Emergency Response Health Systems Preparedness project. For this purpose, the Service Provider contracts will be amended to include as part of their service delivery efforts the COVAX activities.

The Bank has prior experience working with the Afghanistan Ministry of Public Health (MoPH) through the SEHAT and Sehatmandi projects as well as the Parent project; therefore, it is expected that the ESF requirements of the proposed AF will be adopted easily by the borrower. The institutional mechanism and capacity at MoPH for handling Environmental and Social safeguards/ standards has improved during the implementation of the Sehatmandi Project through increased citizen engagement and community feedback mechanisms. The capacity to execute the commitment made through Environment and Social Commitment Plan (ESCP) including the preparation of various waste management plans and guideline for the health facility staff have been acceptable to date. The planned E&S staff as mentioned in ESCP of the Parent project (Project Management Specialist, Environment Specialist and Social Specialist) have already been hired by MoPH.

Public Disclosure

II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

High

Environmental Risk Rating

High

The AF will support the provisions for procurement, transportation, storage and deployment of vaccines for targeted groups, outreach and communication campaigns, and training and monitoring of the vaccine intervention. The Environmental risks in this project will be high due to weak institutional and technical capacity to prevent and control infection.



Like the parent project the key environmental risks for this AF will continue to revolve around properly managing, transporting and disposing the medical waste generated by the vaccination. In addition, there will 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 communities.

The E&S screening will be required to evaluate if various interventions require specific environmental assessment and the ESMF will provide guidance about the preparation, consultation and disclosure of various E&S instruments including Health Care Waste Management Plan which was prepared under the Sehatmandi project, updated for the COVID-19 Emergency Project and is being further updated for the COVAX project (which will be completed prior to effectiveness of the project) as well as sector guidelines prepared by Ministry to prevent and control COVID-19 Infection. Preparatory work for the vaccination program can be initiated as soon as the project is approved; procurement will be initiated once vaccines are available. There will be provision for procuring and installing integrated autoclave/ microwave with built in shredder and sterilizer to ensure bio-safety measures and medical waste management and safe disposal systems for different hospitals and healthcare facilities. The Sehatmandi Coordination Office (SCO) will be responsible for vaccine and logistics management including the waste management. The SCO will be responsible for adhering to the national policy on injection safety at all level. The SCO will make sure that all COVID vaccination related waste is kept separately and not mixed with any routine or campaign activities.

The environmental risks are considered High also because of the current uncertainty around project location and specific activities, occupational health and safety and the issue of medical waste management. The environmental risks are: (i) the occupational health and safety issues related to testing and handling of supplies and the possibility that they are not adequately used by the laboratory technicians and medical crews; and (ii) medical waste management including sharps and syringes used in vaccination, testing and treatment would be a risk to the health workers, relatives of patients and community health and safety issues related to the handling, transportation and disposal of healthcare waste. Such medical wastes would require special handling and awareness, as it may pose an infectious risk to healthcare workers in contact or handle the waste. It is also important to ensure that sharps are properly disposed of.

Given that Afghanistan has limited experience in managing highly infectious medical wastes such as COVID-19, the project will require that appropriate precautionary measures are planned and implemented. To mitigate the above-mentioned risks the Ministry of Public Health will update, during project implementation, the existing ESMF prepared for the parent Project by adding to it WHO standards on COVID-19 response. The ESMF and the Health Care Waste Management Plan will both be updated for the COVAX project, will be subject to the World Bank approval and will be publicly disclosed.

Considering the context over which the AF will be implemented, type and nature of project activities, potential environmental impacts, the capacity of the Borrowers, and the mitigation measures to be taken the Environmental risk of the AF will remain the same as the original project and is rated as High.

Social Risk Rating

High

There are a number of social issues that require consideration and due diligence associated with the proposed AF project activities.

Public Disclosure



One of the predominant social risks revolves around the challenges in ensuring distribution of the vaccines in an inclusive and equitable manner. In other words, ensuring that those most socially and medically vulnerable and disadvantaged are able to properly share the benefits of the project, including getting timely access to vaccines. Moreover, reaching traditionally excluded groups will require careful planning and effort. Physically and socially reaching out to remotely located communities, or sexual and gender minorities or internally displaced people who often do not trust public health institutions may require more effort and monetary and human resources. It is also important to ensure that risks of sexual exploitation, abuse and harassment (SEA/H) are not exacerbated due to the vulnerability caused by the outbreak. Other social risks include inadequate or conflictual public engagement and lack of trusted and adequate consultation which 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. This may in turn result in interference with, disease prevention and control measures. Such risk may also manifest itself in retaliation or reprisals against health care workers or community members who voice concerns over COVID related operations or policies. In addition, the novelty of the vaccines has the potential to create a sense of anxiety, mistrust, misinformation and rumor —potentially affecting the basic intention behind the intervention. Proper application of the Bank's stakeholder engagement standard will be especially important to mitigate these risks.

The needles, PPEs and vials leftover after vaccination if not properly disposed may pose community health and safety risks.

It is expected that through implementation of Component 3 (Mitigation of Social Impacts), overall social risks of the project will be mitigated. Under this component, the project 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; (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, service providers and evaluators of vaccine deployment; and (vii) knowledge management and learning.

Moreover, the MoPH, in the ESCP, will commit to the provision of services and supplies based on the urgency of the need, in line with the latest data related to the prevalence of the cases. MoPH will also use the existing stakeholder engagement mechanism in the Sehatmandi and the Parent Projects to engage citizens and for public information disclosure while they update it to include more information on the environmental and social risks of the project activities and new modalities that take into account the need for social distancing. The updated SEP will also include a Grievance Redress Mechanism for addressing any concerns and grievances raised.

Given the context over which the AF will be implemented, type and nature of project activities, potential social impacts, the capacity of the Borrower and the mitigation measures to be taken, the Social risk is rated as High. This proposed risk classification will be reviewed on a regular basis and updated (if necessary).

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered



B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

Afghanistan is conducting a vaccine readiness assessment to identify gaps and options to address them, using the Vaccine Readiness Assessment Framework (VRAF) and the Vaccine Readiness Assessment (VIRAT) tools. The assessment is expected to be completed by January 2021. Preliminary results have informed preparation of the proposed Additional Financing as well as to estimate the cost of vaccine deployment, with the support of international organizations (WBG, WHO, UNICEF, GAVI). The Ministry of Public Health (MoPH) has established a national technical committee to plan the COVID vaccine deployment in the country to cover initially 40 percent of the population and thereafter based on availability of vaccines and financial resources to cover up to 60 percent of the population. The committee is chaired by the director of the Expanded Programme on Immunization (EPI) and supported by WHO, UNICEF, GAVI and the World Bank. This committee is using the Vaccine Readiness Assessment Framework (VRAF) and Vaccine Introduction Readiness Assessment Tool (VIRAT) to develop the national COVID vaccine deployment plan. The national plan will be presented to the Health Program High-Level Oversight Committee chaired by the Minister of Public Health in which participate development partners, UN agencies, representatives of the civil society, the private sector and the Ministry of Finance. The National Technical Committee will manage the implementation of the plan and provide technical inputs to the program implementation, while the High-Level Oversight Committee will oversee its implementation, and coordinate efforts with development partners and stakeholders.

The AF will finance upfront technical assistance to support Afghanistan to establish institutional frameworks for the safe and effective deployment of vaccines. These will include: a) establishment of policies related to ensuring that there is no forced vaccination; b) acceptable approved policy for prioritized intra-country vaccine allocation; c) regulatory standards at the national level, including pharmacovigilance; d) appropriate minimum standards for vaccine management including cold chain infrastructure (with financing as well for the investment to meet those standards as described below); and e) the creation of accountability, grievances, and citizen and community engagement mechanisms. 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; 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 parent project's ESMF and its HCWMP will be updated for the COVAX project (to be completed prior to effectiveness of the project) which will take care of medical wastes including the discarded PPEs. The ESMF will also include a template for Environmental and Social Management Plan (ESMP) as necessary for low-medium scale construction works. Afghanistan does not have so far licensed landfills but the generated health care wastes are decontaminated, transported and disposed by a contracted professional private sector entity in the selected portion of a dump site. The ESMF will include an updated version of the Health Care Waste Management Plan (HCWMP) based on the existing HCWMP prepared for the Parent Project. The project will ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project in accordance with ESSs, the Environmental, Health and Safety Guidelines (EHSs) and its OHS component of the EHSs. Here is the link to the whole EHSs:

http://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/ifc+sustainability/our+appro



ach/risk+management/ehsguidelines and other relevant Good International Industry Practice (GIIP), including relevant WHO guidelines and the Environmental and Social Management Framework (ESMF) to be prepared pursuant to the provisions of the Financing Agreement.

The health care wastes including sharps and syringes would be segregated, collected, decontaminated, transported and disposed off by a trained private sector entity in a specific site of the dump site as there is no proper landfill in the country so far.

The LMP will address issues of workers conditions of jobs, occupational health and safety (OHS) issues, their interaction with the community and a specific grievance redress Mechanisms (GRM) to raise concerns and complaints.

The SEP prepared for the parent project has been updated to identify specific beneficiaries (vaccine receivers) and ways and means to engage them, motivate them for adopting the service and provision of a Grievance Redress Mechanism (GRM) to raise issues, complaints and concerns.

ESS10 Stakeholder Engagement and Information Disclosure

The vaccination program needs support from all the stakeholders (particularly recipients of the vaccine, workers/staff involved in administering the vaccines, local communities and other interested parties). From the very outset of the AF, the MoPH will identify and engage, through meaningful consultations, with all stakeholders, paying special attention to the inclusion of women, vulnerable and disadvantaged groups (especially those who are above 50, people with disabilities, people living in slums and hard to reach areas, the less educated and the poor). The updated SEP will acknowledge the particular challenges with engaging marginalized and vulnerable social groups such as internally displaced persons (IDPs), returnees, pastoral nomads , , especially those living in remote or inaccessible areas.

In accordance with the component 3 of the parent project, an effective communication and outreach campaign will be designed to inform stakeholders, encourage participation, ensure inclusion and strengthen outreach to those who meet the priority vaccination criteria but live in hard-to-reach areas or isolated. The MoPH has developed a National Deployment and Vaccination Plan, which identifies priority interventions for risk communication that will be implemented as part of the proposed AF.

Majority of the information dissemination will be done through websites/online portals, FAQ system, existing helplines of the government, newspapers, community bulletins, local/FM radio stations etc. Public address systems in mosques, and communities etc will also be used. Any face-to-face contact with stakeholders will be in small groups following all safety and health protocols (use of PPE, not including anyone with symptoms to be present etc.) per local and national guidance and only when needed. The MoPH has prepared a Stakeholder Engagement Plan (SEP) which identifies various stakeholders, ways and means of information disclosure and getting feedback with special reference to vulnerable and disadvantaged parties. This also includes measures to discourage misinformation and rumor and provision of effective monitoring and evaluation. SEP has been updated for the proposed AF.



Stakeholder engagement, meaningful consultation and communication, as well as a functional and an existing Grievance Redress Mechanism (GRM) of the Ministry will be used so that issues can be raised, information can be shared and addressed more efficiently and effectively. The Project will ensure that information disclosure takes place in an on-going and satisfactory manner with clear and accessible messaging on principles of fair, equitable and inclusive vaccines access and allocation, as well as rationale for prioritizing certain groups. While the channel of communication may be restricted to electronic/ virtual methods so that face-to-face interaction is minimized or avoided, the Project will ensure that stakeholder engagement takes place in an on-going manner, at different levels, with different partners, and in a culturally appropriate manner as far as possible. The GRM will include a process for addressing requests for compensation for those who may be adversely impacted as a result of the vaccination.

The SEP is a living document and will continuously be updated throughout the lifecycle of the project. The stakeholder engagement will also be used to provide and share information regarding the status of COVID-19, various health protocols and practice, deter rumors and the alert public of any emergency event. The ESCP will also reflect upon the MoPH commitment to proper implementation and dissemination of the relevant documents and communication to the vulnerable section of society.

B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

Most activities supported by the project will be conducted by health and laboratory workers, i.e. civil servants employed by Ministry of Public Health and NGOs who are working as Service Providers (SPs). A significant number of healthcare workers and other staff and relevant workers will be assigned for the vaccination campaign that will be financed by the proposed AF. Given high community transmission of COVID-19 in Afghanistan, they are likely to be exposed to the virus from the general public, especially those who will be reluctant to follow COVID-19 preventive protocols, through training for the workers and communication program for the public adherence to COVID-19 preventive protocols (using mask, PPEs, hand washing, maintenance of social distancing, etc.) will be ensured.

The project will include civil servants (MoPH and other relevant agency staff) direct/project workers(consultants and staff recruited by MoPH in SCO, workers of 19 Service Provider NGOs who are working in case management and surveillance), contracted workers (third party monitoring agency) and community workers (Community Health Workers). The recruitment and assignments of the workers will be done in an inclusive manner, following labor practices, and keeping in mind the risks of discrimination towards women and marginalized and disadvantaged groups, and avoiding child and forced labor. All conditions of contracts will be explicitly spelled out and agreed and abided by both the employers and the employees.

Workers will be trained on specific code of conducts including expected interaction formalities with the communities and vaccine seekers, issues of misuse and abuse of their role, theft and wastages of logistics, sexual exploitation and abuse and sexual harassment issues.



The use of child labor will be forbidden in accordance with ESS2, i.e. due to the hazardous work situation, for any person under the age of 18. The project may outsource minor works to contractors. The envisaged works will thereby be of minor scale and thus pose limited risks, but workers will have access to necessary PPE and handwashing stations. Also, no large-scale labor influx is expected due to the same circumstance. In line with ESS2, prohibited is the use of forced labor or conscripted labor in the project, both for construction and operation of health care facilities. The project will also ensure a basic, responsive grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable overtime via the Ministry of Public Health.

A standalone LMP is proposed at the AF stage to cover the whole project based on lessons learned implementing the parent project. The LMP will be prepared as per the directives of ESS2 which will include types and number of workers, legal frameworks, nature of their assignment, OHS issues, Grievance Redress Mechanism (GRM) etc. The LMP will also include the assessment and required mitigation measure to ensure health and safety of the workers that may be exposed to health risks due to AF activities during the implementation of the project. Issues such as child labor, forced labor and serious safety issues in the supply chain, gender and GBV/SEA/SH issues, occupational health and safety will be addressed in the bidding and contract documents as well in line with the World Bank procurement regulations. Project workers will be working in the COVID-19 environment; hence PPE (particularly facemask, gowns, gloves, hand washing soap and sanitizer) and training on their usage will be provided to them free of charge, and training on procedure of entry and exit the health facilities, continuous monitoring of their health condition (especially symptoms of COVID-19) will need to be ensured. The MoPH's existing Grievance Redress Mechanism (GRM) as well as the various guidelines developed by the Ministry will be used by the workers to report any issues relating to workplace safety and other concerns. Adequate OHS protections in accordance with General EHSs and industry specific EHSs and GIIP in relation to protection from COVID-19 will be adhered to. The project specific LMP will be prepared before the effectiveness of the AF.

The project will ensure the application of OHS measures as outlined in WHO guidelines which will be captured in the updated ESMF. This encompasses procedures for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering; procedures for protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and personal protective equipment (PPE); ensuring adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer); and overall ensuring adequate OHS protections in accordance with General EHSs and industry specific EHSs and follow evolving international best practice in relation to protection from COVID-19. Also, the project will regularly integrate the latest guidance by WHO as it develops over time and experience addressing COVID-19 globally.

ESS3 Resource Efficiency and Pollution Prevention and Management

The vaccination program financed by the proposed AF will increase the volume of medical waste generated by the project. These may affect the health of care givers, local communities and the environment. A Medical Waste Management Plan (MWMP) has been prepared as part of the ESMF to assess and manage waste of different kinds and both the ESMF and the HCWMP will be updated for the COVAX project (to be completed prior to effectiveness of the project). The updated plan will include separation of different kinds of waste, treatment and transportation,



storage and final disposal of wastes in approved sites/ through incineration/ other methods as per ESS 3 and related ESHGs, GIIP, WHO guidelines and national law and regulation and guidelines. The SCO will be responsible for monitoring waste management to ensure these are done in line with the national policies and procedures in place.

Safety boxes/bins will be used to keep sharps (syringes) produced from the COVID-19 vaccination. Based on the existing procedure for routine vaccination, each vaccination site will follow the same procedure for disposal of safety box such as incineration, pit burn etc. All used COVID-19 vaccine vials must be preserved in an appropriate manner under the supervision of government officials. At the end of each phase of vaccination, all vials will be collected and used vials will be counted as per the protocols set by the MoPH.

Medical wastes and chemical wastes that may be generated from medical facilities/ labs could include liquid contaminated waste, chemicals and other hazardous materials, and other waste from labs and quarantine and isolation centers including of sharps, used in diagnosis and treatment. Each beneficiary medical facility/lab, following the requirements of the ESMF and the HCWMP to be updated for the Project, WHO COVID-19 guidance documents, and other best international practices, will prepare and follow the updated Health Care Waste Management Plan (HCWMP) to prevent or minimize such adverse impacts. Remote health facilities lack incinerators. Transportation of filled safety boxes to the incinerators at province center or at hospitals will be included in SPs contracts. This requirement would be spelled out in the ESMF and the Waste Management Plan, and that the SPs will incorporate such measures in their contracts as per action 1.2(c) of the ESCP. The ESMF will include guidance related to transportation and management of samples and medical goods or expired chemical products. Resources (water, air, etc.) used in quarantine facilities and labs will follow standards and measures in line with US-Center for Disease Control (CDC) and WHO environmental infection control guidelines for medical facilities. During the transportation, storage and use of vaccines, there will be potential adverse impacts on the traffic load, possibilities of accidents and dust. There will be more pressure on the existing medical facilities and in some cases quality facilities would be needed to keep the vaccine safe. The updated Project ESMF and its HCWMP will address these issues, including measures to ensure vehicles used are on good condition. Drivers will be trained accordingly for vaccine transportation. The Healthcare workers will be trained on provision of required cool storage facilities and vaccine handling.

ESS4 Community Health and Safety

To ensure community health and safety, the Bank will only approve the procurement of vaccines deemed safe and approved by 3 Stringent Regulatory Authorities in three regions or one with WHO pre-qualification and approval by 1 Stringent Regulatory Authority according to its Project Appraisal Document for the COVID-19 Multi Phase Programmatic Approach Additional Financing. The Project will establish institutional frameworks for the safe and effective deployment of vaccines including developing policies related to ensuring that there is no forced vaccination. Moreover, protocols and procedures will be developed that will include accountability, grievances redress, and citizen and community engagement mechanisms.

The vaccination campaign to be financed by the proposed AF may result in a number of risks for community health and safety. People will gather in vaccine centers/sites and in the absence of COVID-19 protocol adherence, they risk



exposure to the pandemic. The vaccination campaign will increase the volume of medical wastes generated through project activities that may include syringe, used medical supplies, masks and used PPEs, various disinfectant chemicals etc. If not treated, stored, disposed in adherence to GIIP, these may have impact on human health and on the surrounding environment.

Project and healthcare workers and volunteers deployed in may also demand money, sexual favors, etc. in exchange of providing preferential treatment/ vaccines.

Novelty of the COVID-19 vaccine may give rise to anxiety, tension and misinformation that might discourage communities as a whole to shy away from the vaccination program. A wide and comprehensive communication and outreach program will be implemented to make communities aware of various aspects of the vaccinations, potential side effects, expectations, and the need to follow certain protocols and restrictions. The service delivery model will be people-centered and provided by well-trained and motivated human resources.

All these measures will be included in the updated ESMF as part of the Community Health & Safety Plan, which will include emergency preparedness and response procedures and community awareness raising activities. Efficient waste management will depend on the implementation of appropriate procedures, protocols and monitoring of materials being delivered, handled and stored prior to disposal.

COVID-19 preventive protocols will need to be followed at vaccination sites to prevent the exposure to the virus . Use of masks, handwashing/cleaning and social distancing measures will be emphasized at the vaccination sites. A public interaction protocol, good practices, use of PPE, good hygiene protocol will have to be posted in various locations and people made aware of to contain and eradicate the likelihood of transmission. Community engagement activities will include measures to avoid the risk of COVID- 19 as a part of the project design. No engagement of security or military personnel is being considered in the implementation of AF activities. The Project will use the current contractual modes for Sehatmandi and COVID-19 Emergency projects and will use the facilitation of UNICEF, NGOs and the relevant local community leaders to deliver the vaccines and help the implementing staff of vaccination.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

The AF is not likely to require any land acquisition or involuntary resettlement, or restrictions on land use.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

The AF is not likely to affect any Biodiversity or Living Natural Resources.

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

This standard is considered Not Relevant as there are no people in Afghanistan meeting the criteria in ESS7 for IP/SSAHUTLC.



ESS8 Cultural Heritage

The AF is not likely to affect any physical Cultural Heritage. However, screening will be done to determine if vaccinations will affect any intangible cultural heritage in terms of traditional medicinal practices of any ethnic communities and will be addressed accordingly.

ESS9 Financial Intermediaries

This standard is not relevant for the suggested project interventions, as no financial intermediaries will be used.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework? No

Areas where “Use of Borrower Framework” is being considered:

NA

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: The Islamic Republic of Afghanistan

Implementing Agency(ies)

Implementing Agency: Ministry of Public Health

Public Disclosure



The World Bank

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

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Habibullah Ahmadzai, Gyorgy Bela Fritsche
Practice Manager (ENR/Social)	Kevin A Tomlinson Cleared on 09-Jan-2021 at 20:56:34 GMT-05:00
Safeguards Advisor ESSA	null on