Combined Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS)

Appraisal Stage | Date Prepared/Updated: 08-Feb-2018 | Report No: PIDISDSA23235

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Afghanistan	P160615	Afghanistan Sehatmandi Project	
Region	**Estimated Appraisal Date**	**Estimated Board Date**	**Practice Area (Lead)**
SOUTH ASIA	04-Feb-2018	28-Mar-2018	Health, Nutrition & Population
Financing Instrument	**Borrower(s)**	**Implementing Agency**	
Investment Project Financing	Ministry of Finance	Ministry of Public Health (MOPH)	

Proposed Development Objective(s)

The project development objective is to increase the utilization and quality of health, nutrition, and family planning services.

Components

Component 1: Improving Service Delivery.
Component 2: Strengthening the Health System and its Performance.
Component 3: Strengthening demand and community accountability for key health services.

Financing (in USD Million)

Financing Source	Amount
Afghanistan Reconstruction Trust Fund	425.00
Global Financing Facility	35.00
IDA Grant	140.00
Total Project Cost	**600.00**

Environmental Assessment Category

B - Partial Assessment

Decision

The review did authorize the preparation to continue

B. Introduction and Context

Sectoral and Institutional Context

1. Despite insecurity and unstable governance since 2001, Afghanistan has made notable progress in improving maternal, newborn, child survival, nutrition, health interventions coverage and service availability to its population. The Demographic and Health Survey (DHS) shows a sharp reduction in under 5 mortality rate (U5MR) from 97 per 1000 live births in 2010 to 55 per 1,000 live births in 2016. This decline can be explained in part by significant increases in the coverage of critical interventions. More than 60 percent of the children in age group 12-23 months are fully immunized; the coverage for BCG vaccines being the highest at over 80 percent. Care seeking for childhood diarrhea and pneumonia has also remained stable since 2010 despite the challenging environment.

2. The large influx of financial assistance, strong local stewardship, development of sound and stable health policy frameworks, prioritization of investments in primary care and the introduction of a basic package of health services (BPHS) and essential package of hospital services (EPHS) delivered by non-governmental organizations (NGOs), have been among some of the enablers of success. For the last 15 years, several international donors and the World Bank have been supporting health service delivery in specific set of provinces. However, under the System Enhancement for Health Action in Transition (SEHAT) Project 2013 – 2018, resources allocated for BPHS and EPHS (on and off -budget) came under one umbrella through the ARTF platform covering the entire country. Therefore, intervention design and implementation arrangements are harmonized to deliver unified services across different provinces, which will be continued under the proposed Sehatmandi Project.

3. The recently completed Afghanistan Health Services Study[1] examined the performance in most provinces where services are contracted to NGOs and those managed by the government. Independent analysis of numerous household and facility datasets found a remarkable resilience of health service delivery with no statistically significant differences in improvements between severe, moderate and minimal conflict provinces. Additionally, the study also reported that contracting out of service delivery in peripheral and conflict affected areas delivered similar results in terms of improvements in health systems performance, except in the case of drug availability where Ministry of Public Health (MOPH) managed provinces closer to Kabul performed better. However, despite significant improvement in the coverage of maternal, neonatal and child health services, the health outcomes remain sub-optimal and Afghanistan is not on track to attain the health Sustainable Development Goals (SDGs).

4. Poor quality of care continues to hamper overall health improvements. Despite a significant increase in skilled birth attendant deliveries, the maternal mortality ratio (MMR) remains very high (650 per 100,000 live births). Neonatal mortality rates too are persistently high (accounting for about 40 percent of the total under 5 mortality) with the three major causes of neonatal mortality being intrapartum related complications, prematurity and sepsis. Diarrhea and pneumonia remain the primary cause of infant mortality, and undernutrition in children under age 5 is high. About 41 percent of children under five are

[1] Improving access to and quality of health services: The Afghanistan Health Services Study - May 2017

stunted (indicating chronic undernutrition), 10 percent are wasted (acutely malnourished), and 25 percent are underweight.

5. Women's access to health services in addition to geographical accessibility is greatly constrained by the shortage of female health care service providers. Gender Based Violence (GBV) is widely spread in Afghanistan, the United Nations Assistance Mission Report, 2013 reported 1,669 cases of GBV[2] annually. It exposes women, girls and adolescent boys to mental and physical abuse, thus mandating the health sector to respond adequately.

6. Demand side factors and community engagement have been relatively underplayed. Critical interventions such as family planning, maternal and infant and young child nutrition related behaviors remain at low levels. To respond, the Government of Afghanistan is implementing an ambitious program to strengthen community engagement and empowerment through the Citizens' Charter Afghanistan Program (CCAP). This offers an opportunity to scale up demand side interventions. Furthermore, several demand side innovations have been put in place and piloted on a small scale, such as, conditional cash transfers, use of mini ambulances and wider use of Community Health Workers (CHWs). The current project will leverage the potential of the CCAP in terms of citizen feedback on the health services as well as for behavior change communication (BCC) on key health behaviors and improve the response through project activities.

7. Over the last decade, the financing of health systems in Afghanistan has increased with the support of the international community. However, the country still faces huge challenges in providing financing for the basic health services. As per the National Health Accounts (NHA) of 2014, 72 percent of the health expenditures in Afghanistan relies on out-of-pocket (OOP) spending; 23 percent relies on external aid and only 5 percent depends on the financing of the central government. Some of the potential drivers of such high OOP include high drug costs and payments for hospital care.

8. Competing government priorities associated with limited national budgetary resources have resulted in low levels of public health expenditure per capita. More advocacy efforts are needed to increase domestic resource allocation for the health sector with a focus on the BPHS. At the same time, the relevant dependence on external donor funds for the delivery of health services, which are financed through competing mechanisms with limited aid coordination, needs to be reviewed, especially where external funds for health could become scarce given the changes in the international context.

9. Additionally, Afghanistan has been selected as one of the third wave countries for the Global Financing Facility (GFF). A governance structure has been established to oversee the integration of the GFF funding within the wider health strategy. The GFF presents considerable opportunities for the country, including its emphasis on adolescent and reproductive health and health financing. The strengthening of the MOPH and other stakeholders to monitor and provide better stewardship will be another potential benefit of Afghanistan joining the GFF.

10. It is important to note that the health sector in Afghanistan is not immune to perceptions and anecdotal evidence of potential corruption. In 2015, the Independent Joint Anti-Corruption Monitoring and Evaluation Committee (MEC) undertook a vulnerability to corruption assessment in the MOPH that

[2] Ministry of Women Affairs from 16 provinces

confirmed the systems vulnerability to corruption. Based on the MEC report, the MOPH developed an anti-corruption strategy which is currently being implemented. This strategy is based on four major elements of fighting corruption: (i) regulation, (ii) prevention, (iii) prosecution, and (iv) public engagement. The proposed Sehatmandi Project will complement implementation of these anti-corruption strategies.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

11. To increase the utilization and quality of health, nutrition, and family planning services.

Key Results

12. The Project Development Objective (PDO) level results under the project are:

    i. Births attended by skilled health personnel: The number of births attended by skilled health personnel (doctors, nurses or midwives), expressed as a percentage of the total number of births in the same period.
    ii. PENTA3 coverage among children aged between 12 – 23 months: Number of children 12 – 23 months old receiving the third dose of pentavalent vaccine, expressed as a percentage of the number of children 12 – 23 months old.
    iii. Contraceptive prevalence rate (Modern Methods): The proportion of women of reproductive age who are using (or whose partner is using) a modern contraceptive method at a given point in time.
    iv. Exclusive breastfeeding: The percent of infants aged 0 to 5 months who received only breast milk during the previous day, with no other solids or liquids, including water (UNICEF/WHO, 2009).
    v. Quality of care measured by Balanced Scorecard (BPHS and EPHS): Composite score out of 100 on indices of quality of care as judged by a third party.
    vi. Outpatient visits per capita per year to publicly financed health facilities: number of clients/patients who visited BPHS/EPHS health facilities during the year, expressed as a proportion of estimated population in the same period.

D. Project Description

13. The proposed Project would consist of the following three components:

Component 1: Improving Service Delivery (US$570 million)

14. **This component will support the financing of performance contracts to deliver BPHS and EPHS services and establish an innovation fund.** The proposed Sehatmandi Project will build on the success of previous projects and support the delivery of BPHS and EPHS through performance-based contracts between the MOPH and NGOs. To ensure efficiency under the Sehatmandi project, BPHS and EPHS contracts will be

combined into a single package and each contract will cover the entire province. It will also support the government's efforts in direct delivery of BPHS and EPHS in three provinces (known as MOPH-Strengthening Mechanism) through a management contract with an NGO. The implementation of an urban version of the BPHS in Kabul city will also be supported through a management contract. As in previous contracts, the NGOs will train community midwives and community nurses based on need.

Component 2 - Strengthening the Health System and its Performance (US$20 million)

15. This component will support shifts towards greater performance management of NGOs as well as begin to address some of the emerging broader sector challenges that require a reform of tertiary and national hospitals and improvement in the procurement and supply chain management of pharmaceuticals. Focused investments will be made to deepen the capacity of the MOPH and partners to generate and use data for evidence based decision-making and management and greater performance management of primary care services.

Component 3: Strengthening demand and community accountability for key health services (US$10 million)

16. This component will use the potential of CCAP and Community Development Committees (CDCs) including its female members to build demand and strengthen accountability mechanisms for critical health and nutrition services especially for maternal health, nutrition and family planning. It will finance a range of activities ranging from communication campaigns aimed at raising overall awareness of health rights as well as specific health behaviors to supporting the MOPH and NGOs to be more responsive to community health needs. In addition, to improve government accountability for health service delivery to the community, the component will also support the implementation of the MOPH's anti-corruption strategy.

E. Implementation

Institutional and Implementation Arrangements

17. The MOPH will have the overall responsibility for project implementation and oversight through the High-Level Health Program Oversight Committee. The Sehatmandi Project Coordination Office in the MOPH will provide secretariat support. The MOPH, through its central departments and provincial offices will be responsible for the smooth implementation and monitoring of project activities, and the health and nutrition services will be delivered through contracted NGOs and contracting-in services by MOPH in selected provinces. The procurement and contract management for NGO services will be carried out by the Grants and Service Contracts Management Unit (GCMU) under the Directorate of Procurement, MOPH and the procurement of goods will be managed by the procurement departments of MOPH at the central level.

18. The High-Level Health Program Oversight Committee consisting of policy makers from the MOPH, Ministry of Finance (MOF), Independent Directorate of Local Government (IDLG), United Nations (UN), donors and representatives of civil society will be formed to closely monitor the performance of the NGOs and ensure coordinated efforts are made by all the stakeholders.

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F. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)

The scope of this project will be nationwide, covering all 34 provinces of the country. The project beneficiaries include the entire population (29.7 million) of Afghanistan who are expected to benefit from the better access to quality primary and secondary health and nutrition services. Poor people will disproportionately benefit from the project as it (i) focuses on primary health centre (PHC) where services are more likely to be accessed by the poor; (ii) focuses on rural areas where the poor are concentrated; (iii) expands the number of PHCs in lagging provinces which tend to be poorer; and (iv) supports completely free care through the BPHS facilities which reduces financial barriers to access, particularly by the poor.

G. Environmental and Social Safeguards Specialists on the Team

Mohammad Arif Rasuli, Environmental Safeguards Specialist
Mohammad Yasin Noori, Social Safeguards Specialist
Tariq Ashraf, Social Safeguards Specialist

SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	This project is classified as Category B for environmental assessment purposes. No major construction activity is envisaged, except for minor renovation of health care facilities which will happen within the available health facility compound and will not affect any private land or assets, and thus will not result in any land acquisition or resettlement. Accordingly, the OP/BP 4.12 Involuntary Resettlement Policy is not triggered. The client has updated the existing Environmental and Social Management Framework (ESMF) and this will be adopted for the Sehatmandi project. The ESMF has been disclosed in-country at MOPH's Website on January 31, 2018 as well as on the World Bank's external website on February 1, 2018.
Natural Habitats OP/BP 4.04	No	The project does not pose any harm to critical and other natural habitats.
Forests OP/BP 4.36	No	Proposed investments will not result in any adverse forest management practices.

Pest Management OP 4.09	No	The project will not support procurement of pesticides and related equipment.
Physical Cultural Resources OP/BP 4.11	No	This policy is not triggered, as the project activities will not involve any intervention in cultural site.
Indigenous Peoples OP/BP 4.10	No	OP/BP 4.10 is not triggered as there are no Indigenous Peoples that meet the criteria of OP/BP 4.10 in the project areas that could potentially benefit or be adversely affected by the Project activities.
Involuntary Resettlement OP/BP 4.12	No	OP/BP 4.12 is not triggered as the activities for extension of health care facilities will happen within the available health facilities compound and will not affect any private land or assets.
Safety of Dams OP/BP 4.37	No	No dams are involved.
Projects on International Waterways OP/BP 7.50	No	The project does not involve works on any international waterways.
Projects in Disputed Areas OP/BP 7.60	No	The project does not cover any disputed areas.

KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT

A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:

The key component of the project is the delivery of quality primary and secondary health and nutrition services through performance based contracts. As noted above, no major construction work is envisaged. Bio-medical waste management systems will be strengthened in all health facilities through the project, which is expected to have a positive impact on the environment.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:

The project is classified as Category B for environmental assessment purposes. No major construction activity is envisaged, except for minor renovation of health care facilities which will happen within the available health facility compound and will not affect any private land or assets, and thus will not result in any land acquisition or resettlement. Accordingly, the OP/BP 4.12 Involuntary Resettlement Policy is not triggered. The client has updated the existing Environmental and Social Management Framework (ESMF) and this will be adopted for the Sehatmandi project. The ESMF has been disclosed in-country at MOPH's Website on January 31, 2018 as well as on the World Bank's external website on February 1, 2018.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.

Not applicable

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.

The Bank has prior experience working with the MOPH through the SEHAT project. The current institutional mechanism and capacity at MOPH for handling social safeguards will be improved under Sehatmandi during the implementation of the project through increased citizen engagement and community feedback mechanisms.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.

Most of the project activities are a continuation of the SEHAT project with specific emphasis placed on improving the quality and performance of the primary and secondary health and nutrition services and its management. The safeguards assessment has been updated considering recent developments in the country systems, which include the introduction of new regulations and policies in the areas of environment and anti-corruption. The updated ESMF has been disclosed on the web site of MOPH and on the external site of the World Bank, and the same has been shared with all stakeholders for their feedback and comments.

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other

Date of receipt by the Bank	Date of submission for disclosure	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors
31-Jan-2018	01-Feb-2018	

"In country" Disclosure

Afghanistan

31-Jan-2018

Comments

The client MOPH have confirmed disclosure of draft ESMF on their website on Jan 31, 2018.

C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting)

OP/BP/GP 4.01 - Environment Assessment

Does the project require a stand-alone EA (including EMP) report?

No

The World Bank Policy on Disclosure of Information

Have relevant safeguard policies documents been sent to the World Bank for disclosure?

No

Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?
No

All Safeguard Policies

Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?
Yes

Have costs related to safeguard policy measures been included in the project cost?
Yes

Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?
Yes

Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?
Yes

CONTACT POINT

World Bank

Ghulam Dastagir Sayed
Senior Health Specialist

Mickey Chopra
Lead Health Specialist

Mohammad Tawab Hashemi
Senior Health Specialist

Borrower/Client/Recipient

Ministry of Finance
Khesraw Momand
Health Sector Coordinator
khesrow.momand@budgetmof.gov.af

Implementing Agencies

Ministry of Public Health (MOPH)
H.E. Ferozuddin Feroz
Minister of Public Health
ferozuddin_feroz@yahoo.com

FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: http://www.worldbank.org/projects

APPROVAL

Task Team Leader(s):	Ghulam Dastagir Sayed Mickey Chopra Mohammad Tawab Hashemi

Approved By

Safeguards Advisor:		
Practice Manager/Manager:	Rekha Menon	02-Feb-2018
Country Director:	Abdoulaye Seck	08-Feb-2018