



Project Information Document/ Integrated Safeguards Data Sheet (PID/ISDS)

Concept Stage | Date Prepared/Updated: 04-Sep-2017 | Report No: PIDISDSC22696



BASIC INFORMATION

A. Basic Project Data

Country Afghanistan	Project ID P160615	Parent Project ID (if any)	Project Name Afghanistan Sehatmandi Project (P160615)
Region SOUTH ASIA	Estimated Appraisal Date Dec 30, 2017	Estimated Board Date Mar 15, 2018	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Ministry of Finance	Implementing Agency Ministry of Public Health (MOPH)	

Proposed Development Objective(s)

The project development objective is to increase the utilization and quality of high impact health and nutrition services.

Financing (in USD Million)

Financing Source	Amount
Afghanistan Reconstruction Trust Fund	500.00
IDA Grant	100.00
Total Project Cost	600.00

Environmental Assessment Category B-Partial Assessment	Concept Review Decision Track I-The review did authorize the preparation to continue
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Other Decision (as needed)

B. Introduction and Context

Country Context

1. With significant international assistance since 2001, Afghanistan made considerable progress against important social indicators. Annual growth averaged 9.4 percent between 2003 and 2012. Momentous



progress has been made in improving basic infrastructure, communication and the provision of basic social services. This progress has begun to improve the quality of life of the population. Since the start of drawdown of international security forces in 2011, however, economic and social progress has substantially slowed and growth plummeted to 3.7 percent in 2013 and 1.3 percent in 2014. In 2016, the growth rate increased to 2.2 percent up from 1.1 percent in 2015. Agriculture accounted for around half of economic growth in 2016. Over the year, agricultural output increased by six percent, making it the largest contributor to GDP growth. According to the recent country economic report 2017 (<https://openknowledge.worldbank.org/handle/10986/27550>), lack of security is perceived to be one of the biggest challenges for public service delivery and impacts growth and poverty by damaging human capital, constraining productive economic activities, increasing social unrest, promoting unequal access to basic services, and increasing political instability.

2. As a result of the sluggish economic growth and the deteriorating security situation following the start of the withdrawal of international troops in 2011, the poverty rate increased to 39.1 percent in 2013/14, up from 36 percent in 2011/12. This meant that 1.3 million additional people fell into poverty over this period. The increase in poverty was especially severe in rural areas, where most of the population live. In rural areas, the poverty rate increased by 14 percent in the mentioned period
3. Afghanistan spends a relatively large share of its Gross Domestic Product (GDP)- 9.5 percent- on health. However, public spending is largely dependent on donor financing and is expected to remain so for the foreseeable future. According the National Health Accounts (NHA) of 2014, 5 percent of the health expenditures in Afghanistan rely on the financing of the central government; 23 percent depends on external aid and 72 percent on out-of-pocket spending.

Sectoral and Institutional Context

4. Despite insecurity and unstable governance since 2001, Afghanistan has made notable progress in improving maternal, newborn, and child survival, nutrition, health interventions coverage and service availability to its population. The recent Demographic and Health Survey (DHS) shows a sharp reduction in under 5 mortality rate (U5MR) to 55 per 1,000 live births from 97 per 1000 live births in 2010. This decline can be explained in part by significant increases in the coverage of critical interventions (Figure 1). More than 60 percent of the children are fully immunized and the progress of immunization shows the greatest coverage for BCG vaccines at over 80%, while the coverage of DPT3/Penta and measles vaccines stands at around 70 percent in the year 2015. Care seeking for childhood diarrhea and pneumonia also increased until the year 2010 but this progress has been stagnant thereafter.
5. 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 enablers of success. However, despite significant improvement in quality and coverage of maternal, neonatal and child health, the health



outcomes are amongst the worst among low income countries and Afghanistan is not on track to attain the health SDGs.

6. Given the uneven progress made, significant challenges remain. . Maternal mortality rates (MMR) remain very high with a MMR of at least 650 per 100,000 live births, and persistently high neo-natal mortality rates. Neonatal mortality shares 40 percent of the total under 5 mortality, with the three major causes of neonatal mortality including intrapartum related complications, prematurity and sepsis, while the major causes of post-neonatal mortality include diarrhea and pneumonia. The inequity between the lowest and upper wealth quintiles is also wide for all the health and development indicators. Almost one in three children under age five in Afghanistan is moderately and severely underweight (31 percent), one in two is moderately stunted (55 percent and almost one in five is moderately or severely wasted (18 percent).
7. Since 2002, the financing of health systems in Afghanistan has increased with the support of the international community. However, despite significant reduction in infant mortality, infectious diseases and other crucial indicators, the country still faces huge challenges in provide financing for universal health coverage of the basic health services. In addition to the challenge of delivering better services, there is also the question of how to finance the health services in an affordable, equitable and sustainable way.
8. Since 2003, the Bank has assisted the Ministry of Public Health (MOPH) in building a cost-effective and results-oriented health system through lending operations and analytical work. The Bank has provided about US\$900 million [through contributions from the Afghanistan Reconstruction Trust Fund (ARTF), Health Results and Innovation Trust Fund (HRITF), IDA, and the Japanese Social Development Fund (JSDF)] over this period for the health sector.

Relationship to CPF

9. The proposed Project is aligned with Afghanistan's Country Partnership Framework (CPF) 2017-2020. The CPF acknowledges that Afghanistan needs special attention for social inclusion that ensures quality health services, improved access to basic health care and also focus on the areas which are under conflict. The proposed Project is closely aligned with Pillar 1 (Building Strong and Accountable Institutions), Objective 1.2: Improved performance of key government ministries and municipalities; Objective 1.3: Improved service delivery through enhanced citizens' engagement with the state, and Pillar 3 (Social Inclusion), Objective 3.1: Improved human development which is to support improved access to quality education, skills training, and basic health and nutritional services.

C. Proposed Development Objective(s)

The proposed project development objective is to increase the utilization and quality of high impact health and nutrition services.



Key Results (From PCN)

- Skilled birth attendance
- Penta3 vaccination coverage
- Contraceptive Prevalence Rate (modern methods)
- Exclusive breast feeding
- Balanced Scorecard Median Score - primary facilities
- Balanced Scorecard Median Score – hospitals
- Outpatient visits per capita per year to publicly financed facilities

D. Concept Description

The proposed “Sehatmandi” Project will build upon the ongoing Bank support with increasing focus on improving efficiency and effectiveness of existing service delivery mechanisms and encouraging innovation to reach underserved areas.

SEHATmandi is proposed as a 3-year program to be funded through IDA and ARTF. A hybrid operation is being proposed: traditional investment lending for the service delivery component and disbursement linked indicators (DLI) to support the reforms under the systems strengthening and community engagement components of the project.

The proposed project consists of three components: (i) Improving Service Delivery and Performance Management; (ii) Strengthening Whole System; and (iii) Strengthening Community Engagement:

Component 1: Improving Service Delivery and Performance Management:

This will involve: i) improving the efficiency and equity of BPHS contracting, (e.g. lump sum contracts, greater flexibility, encourage innovations to expand access to basic healthcare etc.); ii) improving the efficiency and quality of EPHS (e.g. revision of Balanced Scorecard (BSC), incentivize innovations, etc.); iii) Strengthening performance management (e.g. reform of MOPH to be fit for purpose; reform of the monitoring and evaluation (M&E) system, etc.), and; iv) increasing the efficiency and effectiveness of the 3 provinces with direct government service delivery.

Component 2: Strengthening Whole System:

This component will support: i) reform of management and governance of regional and tertiary hospitals; ii) reform of pharmaceutical procurement framework (e.g. expand the testing of drug quality in the public and private sectors, help MOPH establish framework contracts for essential medicines with various suppliers, etc.); iii) innovations to increase female health workers, and; iv) strengthening reporting system for gender based violence (GBV) management.

Component 3: Strengthening community engagement:

This component will finance: (i) innovations for increasing uptake for family planning (e.g., tracking of patient



satisfaction, monitoring supplies, etc.); ii) strengthening community accountability (e.g. increased use of community scorecards, operationalize grievance redress mechanisms at facility level established under the Citizen’s Charter, obligations of the BPHS NGOs to coordinate with Citizen Charter institutions, etc.), and; iii) strengthen communication for behavior change.

SAFEGUARDS

A. Project location and salient physical characteristics relevant to the safeguard analysis (if known)

The project will be implemented across all 34 provinces of Afghanistan, it is a category B project and OP/Bp 4.01 is triggered. The minor civil works including white wash, small repairs and/or extension of some MoPH offices and health facilities to facilitate staff to perform required functions, under the project is said not to cause any significant negative environmental or social impact.

B. Borrower’s Institutional Capacity for Safeguard Policies

The Bank has prior experience working with MoPH, through SEHAT project, and that experience strongly suggest that MoPH institutional safeguards capacity will need to be built prior to and during implementing the project, particularly in relation to citizen engagement and community feedback mechanisms.

C. Environmental and Social Safeguards Specialists on the Team

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

D. Policies that might apply

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	The Project is classified as Category B for environmental assessment purposes. Subproject civil works investments financed under the project are foreseen to have an environmental and social impacts, for which an Environmental and Social Management Framework(ESMF) is required. Therefor MoPH will update the current ESMF for SEHAT project. Additionally, the Health Care Wastes will pose potential health and contamination impacts. Thus, the Project current ESMF and the Health Care Waste Management Plan (HCWMP) should be updated for all identified facilities under the project prior to the project Appraisal. During the implementation of the project the ESMF and the HCWMP should be implemented on the subprojects and prepare an ESMP



		<p>for each subproject when necessary. The ESMP should be included in the standard bidding documents and in the civil works contract.</p> <p>The updated ESMF for HNP should be shared with all stakeholder for their feedback and comments. Also, the draft ESMF will need to be consulted and disclosed in-country on MoPH website, provincial level and the WB’s external website prior to project appraisal. The updated ESMF is subject to approval by the WB.</p>
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 physical cultural site. However, the ESMP for civil works will include a chance Find procedures in accordance with national law.
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's 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 is not in disputed areas.

E. Safeguard Preparation Plan

Tentative target date for preparing the Appraisal Stage PID/ISDS

Feb 22, 2018

Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing should be specified in the Appraisal Stage PID/ISDS

Most of the project activities suggested are continuation of the earlier project with specific emphasis on improving quality and performance of the program management system. The safeguard assessment done in past will be revised



considering recent developments in the country.

CONTACT POINT

World Bank

Ghulam Dastagir Sayed, Mickey Chopra, 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. Feroz Ferozuddin
Minister 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
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Approved By

Safeguards Advisor:	Maged Mahmoud Hamed	18-Aug-2017
Practice Manager/Manager:	David Wilson	18-Aug-2017



Country Director:	Wezi Marianne Msisha	06-Sep-2017
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