

Component 1: Sustaining and improving BPHS and EPHS services: Currently SEHAT is financing health services in 21 out of 34 provinces. The AF will support the extension of BPHS in 13 additional provinces and EPHS in 5 additional provincial hospitals

through performance-based contracts between MOPH and NGOs. The AF will also finance Community Midwifery Education (CME) and Community Health Nursing Education (CHNE) programs in the 13 provinces and enhancing nutrition interventions in BPHS/EPHS by financing in-service training and establishing an innovation fund to increase access and quality of nutrition services through innovative approaches.

Component 2: Building the stewardship capacity of MOPH and system development: The AF will further support building the stewardship capacity of MOPH and system strengthening with a focus on the ten thematic areas already identified under SEHAT. The second component of the project remains as originally envisaged and the AF for this component will shift EU/USAID resources from off-budget support to on-budget support.

Component 3: Strengthening program management: The AF will support strengthening program management and by financing Incremental Operating Costs of MOPH including remuneration of additional contracted staff of the ministry.

4. Project Location and salient physical characteristics relevant to the safeguard analysis

The proposed AF will finance costs associated with the provision of the BPHS to 13 additional provinces currently financed by USAID and the EPHS in 5 provinces. The new provinces have geographical variations with mostly mountainous hard to reach terrain and population density varies across the provinces. Disposal of medical waste, which would be the prime focus from the environmental safeguards perspective, could therefore have implications both from geographical variation and population density.

5. Environmental and Social Safeguards Specialists

Mr Mohammad Arif Rasuli (GENDR)

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6. Safeguard Policies Triggered	Yes	No
Environmental Assessment (OP/BP 4.01)	X	
Natural Habitats (OP/BP 4.04)		X
Forests (OP/BP 4.36)		X
Pest Management (OP 4.09)		X
Physical Cultural Resources (OP/BP 4.11)		X
Indigenous Peoples (OP/BP 4.10)		X
Involuntary Resettlement (OP/BP 4.12)		X
Safety of Dams (OP/BP 4.37)		X
Projects on International Waterways (OP/BP 7.50)		X
Projects in Disputed Areas (OP/BP 7.60)		X

II. 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 SEHAT project was designated as a "Category B" and triggered OP/BP 4.01 (Environmental Assessment). With no new construction or land acquisition and only minor rehabilitation civil works, the project was not expected to cause any significant negative environmental or social impacts. An Environmental and Social Management Framework (ESMF) was prepared to provide guidelines for avoiding, reducing or mitigating negative impacts. The ESMF was disclosed in-country on November 28, 2012 and at the World Bank Info Shop on November 30, 2012. Likewise, SEHAT was not expected to entail significant negative environmental impacts related to health care waste.

During appraisal of the original SEHAT project, a Health Care Waste Management Plan (HCWMP) was drafted (basically a revised version of the HCWMP under the previous SHARP project) which was reviewed by the Bank and agreed as an interim HCWMP. The interim HCWMP was disclosed in-country on November 28, 2012 and at the World Bank Info Shop on November 30, 2012. The plan was finalized during implementation of the SEHAT project and was disclosed in-country on November 20, 2014 and at the World Bank Info Shop on November 6, 2014. The implementation of the revised final HCWMP is at its initial stages.

The proposed AF is a scale up of existing activities under SEHAT. It is not envisaged to cause any significant negative environmental or social impacts. There will be no new construction or land acquisition. Hence the AF is designated as a "Category B" project and OP/BP 4.01 remains triggered. The existing ESMF and HCWMP currently under implementation in SEHAT will also apply to the proposed AF and in all new provinces.

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

The AF will finance minor civil works, such as modification or rehabilitation of existing healthcare infrastructure. The proposed work is not anticipated to cause significant adverse social or environmental impacts. The identified potential adverse impacts would be localized in spatial extent and short in duration, and would be manageable by implementing proper mitigation measures as outlined in the ESMF and HCWMP currently under implementation in SEHAT.

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

No alternatives were considered as adverse impact was considered negligible.

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 overall responsibility of the safeguards implementation rests with the MOPH and within the Ministry, the Environmental Health Department (EHD) is the implementing department. The EHD has focal officers with relevant terms of reference in the Ministry

as well as at the health facility levels. The Environmental and Social Focal Officers at the Ministry level work closely with the Service Procurement and Contract Management Department with responsibility for fulfilling safeguard requirements of the proposed AF. The Environmental and Safeguard Focal Officers also conduct orientation for the relevant staff of MOPH and contractors on implementation of the ESMF. The project will finance additional TA for the MOPH if deemed necessary for satisfactory implementation of HCWMP.

The comprehensive implementation-stage HCWMP for SEHAT was prepared by MOPH and disclosed in November 2014. The MOPH hired an international TA who conducted an in-depth review of HCWM in Afghanistan and the lessons learned to-date. Based on this review identified gaps in HCWMP implementation and provides recommendations for strengthening its implementation. The plan is at the initial stage of implementation stage.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people. The key stakeholders are the Ministry of Public Health, Ministry of Finance, National Environmental Protection Agency (NEPA), provincial Departments of Health, contracted NGOs/MOPH-SM and the local communities and their Shura-e Sehi/Health Shuras.

The ESMF and draft preliminary HCWMP for the original parent (SEHAT) project were disclosed in November 2012. The HCWMP was widely disseminated to all relevant stakeholder groups across medical facilities in the format and languages that suit the stakeholders. The approved comprehensive implementation-stage HCWMP was disclosed in all the relevant locations and on the MOPH website in English, Dari and Pashto on November 20, 2014 and in the World Bank Info Shop on November 6, 2014.

The Ministry of Public Health (MOPH) has a Grievance Redress Mechanism (GRM) in place, but the GRM systems at HQ level are limited in scope and reach and mainly focus on complaints related to ministry staff. At the health facility level, the grievance system consists mainly of complainant boxes that are being used by healthcare users. A GRM committee at the healthcare facility comprises representatives from Shura-e Sehee (or Health Council) and relevant health officials, who are responsible to address grievances related to healthcare services.

The MOPH and its BPHS/EPHS implementing partners are committed to strengthening the functionality of grievance handling at the national and sub national levels including health facilities. MOPH has initiated the establishment of a GRM unit at central level which will be comprised of GRM unit manager, GRM Analysis Officer, and GRM IT Officer. Likewise, MOPH is exploring options to setting up a citizens' feedback mechanism along the lines of the Punjab Model of Proactive Governances. MOPH is also exploring options to implement a community score cards approach to enable citizens to assess the quality of healthcare services.

B. Disclosure Requirements Date

Environmental Assessment/Audit/Management Plan/Other:

Was the document disclosed prior to appraisal?	Yes
Date of receipt by the Bank	09/18/2014
Date of "in-country" disclosure	11/20/2014
Date of submission to InfoShop	11/06/2014
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	

Resettlement Action Plan/Framework/Policy Process:

Was the document disclosed prior to appraisal?	
Date of receipt by the Bank	
Date of "in-country" disclosure	
Date of submission to InfoShop	

Indigenous Peoples Plan/Planning Framework:

Was the document disclosed prior to appraisal?	
Date of receipt by the Bank	
Date of "in-country" disclosure	
Date of submission to InfoShop	

Pest Management Plan:

Was the document disclosed prior to appraisal?	
Date of receipt by the Bank	
Date of "in-country" disclosure	
Date of submission to InfoShop	

*** If the project triggers the Pest Management and/or Physical Cultural Resources, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.**

If in-country disclosure of any of the above documents is not expected, please explain why:

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?	Yes
If yes, then did the Regional Environment Unit or Sector Manager (SM) review and approve the EA report?	Yes
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?	Yes

The World Bank Policy on Disclosure of Information

Have relevant safeguard policies documents been sent to the World Bank's InfoShop?	Yes
Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected	Yes

groups and local NGOs?

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

D. Approvals

<i>Signed and submitted by:</i>		<i>Name</i>	<i>Date</i>
Task Team Leader:		Mr Mohammad Tawab Hashemi	03/01/2015
Environmental Specialist:		Mr Mohammad Arif Rasuli	03/01/2015
Social Development Specialist		Mr Mohammad Yasin Noori	03/01/2015
Additional Environmental and/or Social Development Specialist(s):			
<i>Approved by:</i>			
Regional Safeguards Coordinator:		Mr Francis V. Fragano	
Comments:			
Sector Manager:		Mr Albertus Voetberg	03/04/2015
Comments:			