Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project

Environmental and Social Review Summary

Appraisal Stage

March 13, 2020

I. BASIC INFORMATION *[not editable - data entered in datasheet by TTL]*

A. Basic Project Data TABLE

Country	Region	Project ID	Parent Project ID (if any)
Project Name			
Managing Unit	Type of financing intervention	Estimated Appraisal Date	Estimated Board Date
Borrower(s)	Implementing Agency(ies)	Financing partners	

Project Development Objective(s)

Financing (in USD Million)	Amount
World Bank source(s)	0.00
Borrower's contributions	0.00
Other source(s)	0.00
Total Project Cost	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? Yes/No

[pushed from Project Datasheet – non-editable]

C. Project Abstract

An outbreak of coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, from Wuhan, Hubei Province, China to 65 countries and territories. As of March 7, 2020, the outbreak has already resulted in nearly 103,000 cases and 3,500 deaths.

Over the coming months, the outbreak has the potential for greater loss of life, significant disruptions in global supply chains, lower commodity prices, and economic losses in both developed and developing countries. The COVID-19 outbreak

is affecting supply chains and disrupting manufacturing operations around the world. Economic activity has fallen in the past two months, especially in China, and is expected to remain depressed for months. The outbreak is taking place at a time when global economic activity is facing uncertainty and governments have limited policy space to act. The length and severity of impacts of the COVID-19 outbreak will depend on the projected length and location(s) of the outbreak, as well as on whether there are is a concerted, fast track response to support developing countries, where health systems are often weaker. With proactive containment measures, the loss of life and economic impact of the outbreak could be arrested. It is hence critical for the international community to work together on the underlying factors that are enabling the outbreak, on supporting policy responses, and on strengthening response capacity in developing countries – where health systems are weakest, and hence populations most vulnerable.

The proposed Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project aims to respond and mitigate the threat posed by COVID-19 in Afghanistan and strengthen national systems for public health preparedness.

The Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project comprises the following components:

Component 1: Emergency COVID-19 Response: The aim of this component is to slow down and limit as much as possible the spread of COVID-19 in the country. This will be achieved through providing immediate support to enhance disease detection capacities through increasing surveillance capacities, provision of technical expertise, strengthening laboratory and diagnostic systems to ensure prompt case finding and local containment.

Component 2: Health Care Strengthening: The aim of this component is to strengthen essential health care service delivery to be able to provide the best care possible for people who become ill despite a surge in demand. It will also ensure ongoing support for people ill in the community to minimize the overall impact of the disease on society, public services and on the economy.

Component 3: Mitigation of Social Impact: This component will address significant negative externalities expected in the event of a widespread COVID-19 outbreak and include comprehensive communication strategies. The primary focus will be on addressing social distancing measures such as avoiding large social gatherings and should the need arise, school closings to mitigate against the possible negative impacts on children's learning and wellbeing.

Component 4: Implementation Management and Monitoring and Evaluation: Support for the strengthening of public structures for the coordination and management of the project would be provided, including central and local (decentralized) arrangements for coordination of activities, financial management and procurement. This component would also support monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research, and joint-learning across and within countries. As may be needed, this component will also support third-party monitoring of progress.

Component 5: Contingent Emergency Response Component (CERC): In the event of an Eligible Crisis or Emergency, the project will contribute to providing immediate and effective response to said crisis or emergency.
Given the uncertainties associated with the scale and trajectory of the COVID19 outbreak, approximately 10 percent of the resources are unallocated but will be available for reallocation to the project components as needed to enable rapid redeployment within the project depending on the specific needs that may arise.

The Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project is being prepared under the World Bank's Environment and Social Framework (ESF).

D. Environmental and Social Overview

D.1. Project location(s)and salient characteristics relevant to the ES assessment [geographic, environmental, social]

This emergency operation has been prepared as a new stand-alone project which will be implemented throughout Afghanistan and will contribute to COVID-19 surveillance and response. The specific locations where project sub-components will be implemented have not yet been identified but will be implemented in urban as well as remote areas (including border areas and areas of ongoing communal conflicts). No major civil works are expected in this project; if any works are supported, they should be minor and take place in existing facilities within existing footprints. However, should there be a need for major refurbishments and/ or construction of any new structures, Environmental and Social Management Plans (ESMPs) will be prepared based on the provisions of the Environmental and Social Management Framework (ESMF). The ESMF for this project will be prepared by updating the ESMF prepared for the World Bank–funded Sehatmandi Project (P160615) which has been under implementation since 2018. The ESMF and project activities should consider international protocols for infectious disease control and medical waste management. The project is not expected to impact natural habitats, indigenous peoples or cultural sites.

D.2. Borrower's Institutional Capacity

The Bank has prior experience working with the Afghanistan Ministry of Public Health (MoPH) through the SEHAT and Sehatmandi projects; therefore, it is expected that the ESF requirements of the proposed emergency project will be adopted easily by the borrower. The institutional mechanism and capacity at MoPH for handling social safeguards/ standards has improved during the implementation of the Sehatmandi Project through increased citizen engagement and community feedback mechanisms. The staff assigned by MoPH for the implementation of the ESMF for the Sehatmandi Project will also be responsible for the implementation of the ESMF and SEP for the proposed project. A follow-up capacity evaluation will be conducted during project implementation and, if needed, additional E&S specialists will be assigned for the proposed COVID-19 project.

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

A. Environmental and Social Risk Classification (ESRC)

High

The project will have positive environmental and social impacts, insofar as it should improve COVID-19 surveillance, monitoring and containment. The environmental risks are nonetheless considered High because of the current uncertainty around project location and specific activities, occupational health and safety and the issue of medical waste management. The main environmental risks are: (i) the occupational health and safety issues related to testing and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; and (ii) medical waste management and community health and safety issues related to the handling, transportation and disposal of healthcare waste. Wastes that may be generated from labs, quarantine facilities and screening posts to be supported by the COVID-19 readiness and response could include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and quarantine and isolation centers, etc.) which requires 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 Sehatmandi Project by adding to it WHO standards on COVID-19 response. This updated ESMF will include a Health Care Waste Management Plan. Procurement for goods (purchase of testing kits, medical equipment such as oxygen suppliers, etc.) and consultancy activities for COVID-19 communication can be initiated as soon as the project is approved (since Sehatmandi's ESMF can be used as a good background document). However, that ESMF should be finalized before establishing the isolation units, quarantine facilities, and/or construction activities at any scale (if included). In addition, any activities that have been screened for environmental and social risks will not be carried out without the updated, consulted and disclosed ESMF.

The social risks are also considered High. The central social risk is that marginalized and vulnerable social groups are unable to access facilities and services, which could undermine the objectives of the project. The project will also ensure that the medical isolation of individuals does not increase their vulnerability (for example, to gender based violence, or GBV) especially in remote rural areas of the country. Handling of quarantining interventions (including dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; and prevention of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) as well as minimum accommodation and servicing requirements) can also be listed as issues that will require close attention while managing the social risks of the project. Social risks also include social tensions that could be exacerbated by the project and community health and safety-related outcomes (especially related to spread of disease and waste management). To mitigate these risks, 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. MoHP will also use the preliminary Stakeholder Engagement Plan (SEP) prepared for the emergency project to engage citizens and for public information disclosure while they update it to include more information on the environmental and social risks of project activities and new modalities that take into account the need for improved hygiene and social distancing. The updated SEP will also include a more elaborate Grievance Redress Mechanism for addressing any concerns and grievances raised.

B. Assessment of Environmental and Social Risks and Impacts

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

The project will have positive environmental and social impacts as it should improve COVID-19 surveillance, monitoring and containment. However, the project could also cause significant environmental, health and safety risks due to the dangerous nature of the pathogen and reagents and other materials to be used in the project-supported laboratories and quarantine facilities. Multiple disadvantaged or other vulnerable groups stand to benefit, starting with the elderly and those with compromised immune systems due to pre-existing conditions. Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory workers. The laboratories and relevant health facilities which will be used for COVID-19 diagnostic testing and isolation of patients can generate biological waste, chemical waste, and other hazardous byproducts. The laboratories to be supported by the project will process COVID-19 and will therefore have the potential to cause serious illness or potentially lethal harm to the laboratory staff and to the community, so effective administrative and containment controls will be put in place so minimize these risks. Environmentally and socially sound health facilities management will require adequate provisions for minimization of occupational health and safety risks, proper

management of hazardous waste and sharps, use of appropriate disinfectants, proper quarantine procedure for COVID-19, appropriate chemical and infectious substance handling and transportation procedures, etc. In line with WHO Interim Guidance (February 12,2020) on "Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)", COVID-19 diagnostic activities and non-propagative diagnostic laboratory work (e.g. sequencing) could be undertaken in BSL2 labs with appropriate care. Any virus propagative work (e.g. virus culture, isolation or neutralization assays) will need to be undertaken at a containment laboratory with inward directional airflow (BSL-3 level).

To mitigate these risks, the Ministry of Public Health (MoPH) will update the existing Environmental and Social Management Framework (ESMF) including its related Health Care Waste Management Plan (HCWMP) prepared for the Sehatmandi Project. This will provide for the application of international best practices in COVID-19 diagnostic testing and handling the medical supplies, disposing of the generated waste, and road safety. This updated ESMF will have an exclusion list for project activities that may not be undertaken unless the appropriate OHS capacity and infrastructure is in place (e.g., BSL3 level). Until the updated ESMF has been approved, the Project will apply the existing ESMF and the HCWMP in conjunction with WHO standards[1] on COVID-19 response. International best practice is outlined in the WHO "Operational Planning Guidelines to Support Country Preparedness and Response", which should be followed in updating the documents. Further guidance is included in the WHO "Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV" (February 11, 2020).

One obvious type of social risk related to this kind of an operation is that marginalized and vulnerable social groups are unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project. To mitigate this risk 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 and according to the readiness of the ESMF.

Beyond this, project implementation needs also to ensure appropriate stakeholder engagement, proper awareness raising and timely information dissemination to (i) avoid conflicts resulting from false rumors; (ii) ensure equitable access to services for all who need it; and (iii) address issues resulting from people being kept in quarantine. The project can thereby rely on standards set out by WHO as well as international good practice to (1) facilitate noted appropriate stakeholder engagement and outreach towards a differentiated audience (concerned citizens, suspected cases and patients, relatives, health care workers, etc.); and (2) promote the proper handling of quarantining interventions (including dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; and prevention of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) as well as minimum accommodation and servicing requirements).

ESS10 Stakeholder Engagement and Information Disclosure

Once approved, the project will establish a structured approach to stakeholder engagement and public outreach that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with combating COVID-19. In addition to updating of the existing ESMF for the WB-funded Sehatmandi Project in line with the provisions of the ESCP, the client will apply the preliminary Stakeholder Engagement Plan (SEP)

[1] The guidelines to be annexed to the Project ESMF include but not limited to the following: WHO Interim Guidance (February 12,2020) on "Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)", WHO "Operational Planning Guidelines to Support Country Preparedness and Response, WHO "Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV" (February 11, 2020), Good Hygiene procedures as outlined in the US-Center for Disease Control (CDC) Interim Infection Prevention and Control Recommendations for patients with confirmed COVID-19 or persons under investigation for COVID-19 in Healthcare Settings, WHO Code of Ethics and Professional Conduct, WBG ESHS guidelines, etc.

prepared for the emergency project, to engage citizens as needed and for public information disclosure purposes. Within one month of project effectiveness, this SEP will be updated to include more information on the environmental and social risks of project activities and new modalities that take into account the need for improved hygiene and social distancing. The updated SEP will also include a more elaborate Grievance Redress Mechanism for addressing any concerns and grievances raised.

The updated SEP will acknowledge the particular challenges with engaging marginalized and vulnerable social groups such as ethnic and religious minorities, internally displaced persons (IDPs), returnees, pastoral nomads (Kuchis), drug addicts and persons with disabilities, especially those living in remote or inaccessible areas, while keeping a clear focus on those who are most susceptible to the transmission of the novel coronavirus, such as the elderly and those with compromised immune systems due to pre-existing conditions. Stakeholder engagement strategies will point out ways to minimize close contact and follow the recommended good hygiene procedures as outlined in the US-based Centers for Disease Control (CDC) for patients with confirmed COVID-19 or persons under investigation for COVID-19 in healthcare settings. People affected by or otherwise involved in project-supported activities, including different types of health care workers, will be provided with accessible and inclusive means to raise concerns or lodge complaints, via the Grievance Redress Mechanism (GRM) included in the SEP. Beyond this, project implementation will need to be underlain by a strong and well-articulated broader project communication strategy, which will not only help with the implementation of the community mobilization and behavioral change objectives of Component 1, but also help in a broader sense to tamp down on false rumors about COVID-19, to ensure equitable access to services, and to counteract the isolation and uncertainty that comes from people being kept in quarantine.

B.2. Specific Risks and Impacts

Assessment of the relevance of the project's risks and impacts, given its context at the time of Appraisal.

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. Activities encompass thereby treatment of patients as well as assessment of samples. The key risk is contamination with COVID-19 (or other contagious illnesses as patients taken seriously ill with COVID-19 are likely to suffer from illnesses which compromise the immunes system, which can lead to illness and death of workers). 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 EHSGs and industry specific EHSGs 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.

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.

ESS3 Resource Efficiency and Pollution Prevention and Management

Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the labs, quarantine, and screening posts to be supported (drugs, supplies and medical equipment) can have significant impact on environment and human health. 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. As mentioned above, any activities that have been screened for environmental and social risks will not be carried out until an updated, consulted and disclosed ESMF is in place. 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.

ESS4 Community Health and Safety

In line with safety provisions in ESS2, it is equally important to ensure the safety of communities from infection with COVID-19. As noted above, medical wastes and general waste from the labs, health centers, and quarantine and isolation centers have a high potential of carrying micro-organisms that can infect the community at large if they are is not properly disposed of. There is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., seismic). The updated HCWMP therefore will describe:

- how project activities will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (WHO guidelines)
- measures in place to prevent or minimize the spread of infectious diseases.
- emergency preparedness measures.

Laboratories, quarantine and isolation centers, and screening posts, will thereby have to follow respective procedures with a focus on appropriate waste management of contaminated materials as well as protocols on the transport of samples and workers cleaning before leaving the work place back into their communities. The project will thereby follow the provisions outlined in the ESMF, HCWMP and noted in ESS1.

The operation of quarantine and isolation centers needs to be implemented in a way that both the wider public, as well as the quarantined patients are treated in line with international best practice as outlined in WHO guidelines referenced

under ESS1. This includes the following requirements:

- Infrastructure: there is no universal guidance regarding the infrastructure for a quarantine facility, but space should be respected not to further enhance potential transmission and the living placement of those quarantined should be recorded for potential follow up in case of illness.
- Accommodation and supplies: quarantined persons should be provided with adequate and culturally-appropriate food and water, appropriate accommodation including sleeping arrangements and clothing, protection for baggage and other possessions, appropriate medical treatment, means of necessary communication if possible, in a language that they can understand and other appropriate assistance. Further information is also included in the CDC Interim Infection Prevention and Control Recommendations for patients with confirmed COVID-19 or persons under investigation for COVID-19 in Healthcare Settings.
- Communication: establish appropriate communication channels to avoid panic and to provide appropriate health messaging so those quarantined can timely seek appropriate care when developing symptoms.
- Respect and Dignity: quarantined persons should be treated, with respect for their dignity, human rights and fundamental freedoms and minimize any discomfort or distress associated with such measures, including by treating all quarantined persons with courtesy and respect; taking into consideration the gender, sociocultural, ethnic or religious concerns of quarantined persons.

Some project activities may give rise to the risk of Gender Based Violence (GBV), in particular Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) risks. The ESMF to be updated for this project will include a GBV risk assessment and preventive measures, in the form of a GBV Action Plan, will be prepared and implemented if found pertinent. The project will promote the avoidance of SEA by relying on the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and enough light in quarantine and isolation centers.

The project will also ensure via the above noted provisions, including stakeholder engagement, that quarantine and isolation centers and screening posts are operated effectively throughout the country, including in remote and border areas, without aggravating potential conflicts between different groups, including host communities and refugees/IDPs.

In case quarantine and isolation centers are to be protected by security personnel, it will be ensured that the security personnel follow a strict code of conduct and avoid any escalation of situation, taking into consideration the above noted needs of quarantined persons as well as the potential stress related to it.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is currently considered Not Relevant. The project is not expected to support construction or rehabilitation works of any sizable extent. Should any such activities come to be included--for example, as part of the establishment of local isolation units or quarantine wings in hospitals--they will be undertaken in existing facilities and within established footprints. Any restrictions on land use undertaken or imposed in connection with project implementation will be undertaken through voluntary negotiations between the parties, to the extent possible. In the unlikely event of permanent land acquisition in connection with any project activities that have not yet been identified (for example, as a result of use of the unallocated funding in Component 6), the necessary ESF instruments, satisfactory to the Bank, will be prepared and disclosed prior to commencement of the land acquisition.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

No major construction or rehabilitation activities are expected in this project and all works will be conducted within existing facilities. Hence, likely impacts of the project on natural resources and biodiversity are low and so this standard is not considered relevant.

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

This standard is currently considered Not Relevant as the project is not expected to support any construction or rehabilitation activities that would involve the movement of earth (thereby potentially having an impact on tangible cultural heritage), or other activities that could have an impact on intangible cultural heritage. In the unlikely event of construction or the movement of earth in connection with any project activities that have not yet been identified (for example, as a result of use of the unallocated funding in Component 6), a chance finds procedure will be prepared and integrated into the updated ESMF for the project.

ESS9 Financial Intermediaries

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

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

	Reliance on Borrower's policy, legal and institutional framework	Relevant laws, regulations, rules and procedures, including regional and local requirements
ESS 1	No	
ESS 2	No	
ESS 3	No	
ESS 4	No	
ESS 5	No	
ESS 6	No	
ESS 7	No	
ESS 8	No	
ESS 9	No	
ESS 10	No	

B.4. Other Relevant Project Risks

Despite the recent signature of an accord between the Taliban and the Government of the U.S., the establishment of a lasting, broad-based peace in Afghanistan is really only beginning. Many parts of the country, especially those that remain under the influence of insurgents, are still in the grip of insecurity, political conflict and violence, which could make access to their populations difficult.

C. Common Approach

No

D. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways — No

OP 7.50 does not apply because the project activities do not fall under the definition of "similar projects that involve the use or potential pollution of international waterways" according to paragraph 2 (a) of OP 7.50. If the project includes any activities for ensuring safe water and basic sanitation in health facilities, it will be clarified in the ESMF that this does not include the construction of water supply schemes or any activities which may trigger this policy.

OP 7.60 Projects in Disputed Areas — No

Describe steps taken to comply with the Bank Operational Policy:

III. BORROWER'S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

	DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE for DELIVERABLES
ESS1 Assessment and Management of Environmental and Social Risks and Impacts		
	Updated ESMF	The ESMF update will be finalized in 30 days after Effectiveness date. Between project approval and ESMF finalization Sehatmandi's ESMF will be used. Some activities will not be eligible before the final ESMF is in place.
ESS10 Stakeholder Engagement and Information Disclosure		
	Updated SEP	The SEP update will be finalized in 30 days after Effectiveness date. The SEP will then be continuously updated during project implementation.
ESS2 Labor and Working Conditions		
ESS3 Resource Efficiency and Pollution Prevention and Management		

	HWMP as part of updated ESMF	The ESMF update will be finalized in 30 days after Effectiveness date.
ESS4 Community Health and Safety		
ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement		
ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources		
ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities		
ESS8 Cultural Heritage		
	Chance finds procedure in ESMF	
ESS9 Financial Intermediaries		

IV. WORLD BANK E&S OVERSIGHT

Corporate advice/oversight will be provided by an Environmental and Social Standards Adviser (ESSA) during project implementation	Yes

V. CONTACT POINTS

World Bank

Borrower/Client/Recipient

Government of Afghanistan Ministry of Finance

Implementing Agency(ies)
Government of Afghanistan Ministry of Public Health

VI. 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

VII. APPROVAL

Task Team Leader(s):	

Environmental and Social Standards Advisor (ESSA):		
Chief Environmental and Social Standards Officer (CESSO):		
Practice Manager:		
Country Director:		