Additional Financing Appraisal Environmental and Social Review Summary

Appraisal Stage

(AF ESRS Appraisal Stage)

Date Prepared/Updated: 09/05/2023 | Report No: ESRSAFA614

I. BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Afghanistan	SOUTH ASIA		

Project ID	Project Name
P181378	Afghanistan Health Emergency Response Additional Financing

Parent Project ID (if any)	Parent Project Name
P178775	AFGHANISTAN HEALTH EMERGENCY RESPONSE (HER) PROJECT

Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	9/14/2023	10/25/2023

Estimated Decision Review Date	Total Project Cost
9/12/2023	0

Proposed Development Objective

To increase the utilization and quality of essential health and nutrition services in Afghanistan.

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

C. Summary Description of Proposed Project Activities

Since July 2022, the US$333 million Health Emergency Response (HER) project has provided essential services nationwide. The Project Development Objective (PDO) is to increase the utilization and quality of essential health services in Afghanistan. Under Component 1 (“Urgent provision of essential primary and secondary health services”), the HER project delivers a package of primary and secondary-level health services free of charge to all Afghans through service providers (SPs) supporting a network of over 2,400 health facilities in all 34 provinces of the country. SPs work under performance-based contracts administered by UNICEF, which is the implementing agency for the HER project. Additional support is provided for nutrition services and for the detection of and response to infectious disease outbreaks (the latter activity is subcontracted out to the World Health Organization). Under Component 2

("Strengthening service delivery and project coordination"), financing is provided to promote quality of care through training and mentorship; procurement of drugs and essential equipment; financing for a third-party monitor and a firm to provide performance management support ("management accompaniment") to SPs; and also for UNICEF overhead costs.
Financing from the HER project provides the foundation for basic health services, for which there is no current substitute (either in terms of domestic financing or through international partners). The HER project has been successful in implementing key interventions including performance-based contracts. However, funding under the HER project will be fully disbursed or committed for activities and services to be delivered by December 2023. Recognizing the value of the interventions, the need to deepen them, and donors reliance on HER as a foundation to the health system and its complementarity with their vertical programs, the proposed Additional Financing (AF) will solidify equitable life-saving health services. It will further contribute to increasing the effectiveness of nutrition service delivery, notable through strengthening community outreach, enabling it to improve the focus on child and maternal health. In doing so, it will contribute to reducing the Sustainable Development Goal of reducing by 40 percent the number of children under five years of age who are stunted. Furthermore, it will put a greater focus upon improving quality of care through the provision of an additional financial incentives and activities linked to quality of care.

The proposed Additional Financing will allow to scale up the development effectiveness of the project by: (i) permitting an additional 18 months of health service provision to the people of Afghanistan (through June 2025), who continue to experience one of the world's most severe crises of development. The HER project, enabled by ARTF and GFF financing, provides the irreplaceable bedrock of health services in Afghanistan in the current environment; and (ii) allowing for a longer implementation of project innovations, such as quality-based performance payments, thereby increasing the impact of the parent project. In addition, the project will be restructured to reflect lessons learned during implementation of the parent project, including the addition of a new component: the Maternal and Child Benefit Program (MCBP). The MCBP will provide financial incentives and behavior change communication to vulnerable pregnant women and mothers of young children with the objective to improve nutritional status and health service use among vulnerable women and their children. This component will be implemented through the WFP. Accordingly, the PDO, Theory of Change, Results Framework, implementation arrangements, component costs and closing date will be revised to reflect the project's revised scope and expanded timeline. Finally, the Additional Financing will close a financing gap due to unexpected costs of implementation due to the changing operational environment, thereby allowing for the parent project to reach its objectives.

In broad terms, the project design remains similar, although a few notable enhancements will be incorporated as part of the Additional Financing and Restructuring. The subcomponents will be revised to reflect lessons learned during the parent project's implementation, which is expected to have a greater impact on project results. The project will also be restructured as follows: a) revise the PDO wording to add nutrition in addition to health services; b) add a new component: Component 3 - Maternal and Child Benefit Program) to promote nutrition and health service use among vulnerable pregnant women and mothers of young children; c) add a new implementing partner (WFP); d) revise the results framework to reflect the project's expanded timeline and revised scope; e) extend the closing date to June 30, 2025; and f) re-organize parent project components 1 and 2.

One key change to the project design is the introduction of the Maternal and Child Benefit Program (MCBP; Component 3). To address the demand side gap between coverage and full utilization and poor nutritional outcomes, component 3 will provide financial incentives and behavior change communication to pregnant women and mothers

of young children living in selected districts, with the objective to improve nutritional status and health service use among vulnerable women and their children. This component will be implemented through WFP.

Component 1: Urgent provision of essential primary and secondary health services

Sub-component 1.1: Enhancing utilization of the Basic Package of Health and Nutrition Services and Essential Package of Hospital Services (ARTF: US$ XX million; GFF: US$ XX million). The existing arrangement of contracting out health services at the provincial level to local and international SPs will be retained, as will the use of performance-based contracts. Notably, the geographic scope funded under the Additional Financing will be for 24 provinces (as opposed to 34 provinces under the parent project). The remaining 10 provinces will be financed by the Asian Development Bank, using an identical contract design as those provinces financed through the ARTF. This partnership between the World Bank and ADB increases the alignment of donor activities, as well as permits a longer project period for the Additional Financing. Finally, service provider performance will be reviewed by a technical working group (considering performance scores, fiduciary observations, and other relevant data) to make a determination regarding whether any provincial contracts should be re-bid.

Sub-component 1.2: Enhancing community and facility level nutrition services (ARTF: US$ XX million; GFF: US$ XX million). The current focus on delivery of nutrition services at the health facility will be expanded to include messaging and delivery at the community level, including counselling on climate sensitive feeding practices. The AF for sub-component 1.2 will also support coordination for the delivery of social and behavioral change communication sessions that will complement activities executed under Component 3.

Sub-component 1.3: Preserving the health system's capacity to prevent major infectious disease outbreaks (ARTF: US$ XX million; GFF: US$ XX million). This sub-component will be more focused, relative to the parent project, on enhancing capacity for early and accurate detection, treatment, and risk communication related to notifiable infectious diseases (including those exacerbated by climate-related factors such as vector-borne and waterborne diseases) by supporting the existing epidemiological and laboratory surveillance system. Risk communication will include developing materials to increase community understanding of the risks and impacts of climate-sensitive conditions and developing provincial emergency preparedness and response and disease outbreak response strategy and plan to investigate, verify, and coordinate responses to emergency situations including weather events. By reducing the scope of this sub-component, the project will be able to achieve greater impact through more focused efforts. As is the case for the parent project, these activities will be implemented by WHO through a UN-to-UN agreement with UNICEF.

Component 2: Strengthening service delivery

Subcomponent 2.1: Promoting quality of care and strengthening health worker capacity (ARTF: US$ XX million; GFF: US$ XX million). Training and mentorship activities will be removed from this component. Instead, the component will increase its focus on improving quality of care by linking the Quantified Quality Metric (developed during the parent project) to financial incentives for SPs. These incentives will be worth up to 10 percent of SPs contract value on top of the SP’s total contract value. Additionally, there will be thematic areas of focus for quality improvement, starting with maternal and newborn health. Activities to be supported include fuller analysis of SP performance data combined with SPs’ qualitative feedback to understand which areas of support are needed to ensure strong implementation of best practices plus additional support to address quality of care bottlenecks (e.g., materials for training such as

anatomical models, videos, printed materials, etc.) and implementation research on potentially high impact innovations.

Sub-component 2.2: Enhancing quality of health product and equipment supply chains (ARTF: US$ XX million; GFF: US$ XX million). The objective of this component remains the same. The parent project aimed to institute a hybrid model of drug procurement. However, during implementation of the parent project some key challenges have been identified. First, the availability of key drugs fell by 20 percentage points after the change in government and has remained at this reduced level through early 2023. Second, delays in fully implementing the hybrid model disrupted procurement due to the shift to international procurement and delivery. Third, expenditures on drugs have been considerably higher under the HER project as compared to its predecessor. Under the AF, the move towards the hybrid model will be accelerated along with additional support building for SPs' capacity in drug quantification, forecasting and procurement.

Sub-component 2.3: Performance management support (ARTF: US$ XX million; GFF: US$ XX million). This subcomponent was previously a subset of the original sub-component 2.3 in the parent project. It has now been separated into its own sub-component for organizational clarity. As under the parent project, the management accompaniment firm(s) will provide data analysis, strategy support, and process improvement advice to the SPs. Under the parent project, a consortium was contracted to provide management accompaniment support in 20 provinces. The remaining 14 provinces will also be provided support under the AF following a new procurement.

Sub-component 2.4: Third-party monitoring (TPM) arrangements for UNICEF (ARTF: US$ XX million; GFF: US$ XX million). This subcomponent was previously a subset of the original sub-component 2.3 in the parent project. It has now been separated into its own sub-component for organizational clarity. The objective of this sub-component is to ensure that representative, accurate, and timely data is available to assess project performance for activities conducted under components 1 and 2. For ease of reference, the firm supported by sub-component 2.4 is called the UNICEF TPM. The UNICEF TPM will assess service delivery and quality at health facilities. The performance-based payment mechanism in this project requires external monitoring of data reported by service providers to avoid fraudulent payment claims by SPs. Data on the number of payment-linked services provided by the SPs will be validated through register checks and beneficiary interviews. Health facility quality will be assessed using a Quantified Quality Metric tool.

Sub-component 2.5: UNICEF project implementation costs (ARTF: US$ XX million; GFF: US$ XX million). There is no difference in the scope of sub-component 4.1 compared to the parent project’s subcomponent 2.4. This sub-component covers direct, and indirect costs related to UNICEF. The indirect cost rate for UNICEF is 4%.

Component 3: Strengthening demand and access to enhance nutritional outcomes among the most vulnerable

Component 3 is a new component to be added under the AF. The component will finance a Maternal and Child Benefit Program (MCBP), which will complement the provision of health and nutrition services (Components 1.1 and 1.2) to improve the nutritional status of pregnant and breastfeeding women (PBW) and children under two years of age in selected districts with high child malnutrition (the target population). MCBP will provide two benefits on a quarterly basis over 18 months: cash transfers (subcomponent 3.1); and social and behavioral change communication (SBCC) sessions (subcomponent 3.2). The main recipient of these benefits will be women who are either pregnant and

or have a child under 2 years of age. The component activities aim to improve the nutritional status of the target population by increasing the utilization of maternal and child health and nutrition services, improving related behaviors (e.g., feeding practices), and increasing access to nutritious foods. Globally, cash transfers targeted to households with young children have been found to improve child nutritional outcomes, particularly when combined with SBCC. The component will be implemented by WFP with the assistance of payment providers and cooperating partners (CPs).

Alignment with other programs. The MCBP component is aligned with UNICEF's Mother and Child Cash Transfer Plus Programme (MCCT). MCCT will be implemented in five provinces across Afghanistan. Design parameters including targeting (except for the use of access to and utilization of services as additional criteria for the selection of districts), transfer amount, transfer frequency and complementary SBCC activities are shared across programs.

Selection of districts and beneficiaries. Districts are selected based on equally weighted measures of child malnutrition and a combined indicator of access and utilization of health services and markets. All women who, at the time of registration, are pregnant and or have children under two years of age in the selected districts will be eligible to receive benefits for 18 months. The identification of beneficiaries will be guided by existing registries (e.g., health facilities, WFP beneficiary registry), consultations with local structures (e.g., shuras, CDCs) and outreach/community mobilization. Registered beneficiaries will receive a distinctive MCBP-SCOPE card. Details on the targeting methodology and a list of selected districts that will benefit from MCBP will be included in the POM.

Distribution and sequence of benefits. SBCC sessions will be delivered at cash distribution points, which will be located as close as possible to health facilities. Beneficiary women will first attend the sessions, then collect the cash benefit and finally, will be encouraged to go to the health facilities. Alternate recipients will be allowed. Local women will be co consulted on location and organization of distribution points (i.e., sex-segregated distribution points / set days/times etc.).

Management information systems (MIS). The implementation, management, and monitoring of MCBP will be supported by WFP's MIS (SCOPE) and M&E systems (MODA) adjusted to the needs of the program. These systems include modules for beneficiary registry, payments, SBCC sessions and facilitators, and M&E. The MIS will facilitate the flow of information between various stakeholders to manage the program in real time, including field facilitators, session facilitators, cash distribution clerks and health facilities. Interoperability between SCOPE and UNICEF's MIS (HOPE) will be explored to further CT programs alignment. The project will also explore the development of an open-source MIS that can serve as a common platform for cash transfers in the future. WFP will share with health facilities (via the SPs), from the beginning of the project, the number of MCBP beneficiaries (i.e., static cohort). This information will be used by SPs who will ensure the heath facilities are adequately staffed and stocked with medicines/vaccines and equipment.

The MCBP will provide immediate relief and build the resilience of beneficiary women and their children against climate-related shocks, such as those caused by droughts, land degradation, and water supply stress. The combination of income support and SBCC will help women to buy more and better food, increase women and children utilization of health and nutrition services and improve their related behaviors to enhance their nutrition and health status, thus making them more resilient to withstand the adverse impact of these shocks. The program is also expected to reduce the pressure to engage in climate change coping mechanisms that are detrimental to the human capital of women and children. Climate-sensitive planning and execution of distributions will be used to ensure that climactic events do

not negatively impact cash transfer recipients (I.e., provision of transportation; spreading of payment distribution days over days/weeks; waiting rooms with cooling/heating options; etc.). Messaging on nutritious feeding and climate-sensitive nutrition will be provided to reduce the impact of climate-related undernutrition.

Sub-component 3.1: Cash transfers (ARTF: US$22 million; GFF: US$ XX million). This subcomponent will finance quarterly cash transfers of US$60 over 18 months to beneficiary women, aiming at incentivizing the utilization of health and nutrition services and increasing access to nutritious foods. The transfer value will be adjusted to price inflation or currency depreciation, to maintain purchasing power. Payments will be delivered at designated cash distribution points, which beneficiaries will be informed about along with assigned payment days. Beneficiaries will be advised to attend the SBCC sessions before collecting cash benefits, but session attendance will not be used as a condition to receive cash benefits.

The program will make use of multiple payment providers to deliver cash benefits, including commercial banks, money service providers (MSP) and mobile network operators (MNO). Strong vetting and due diligence process will drive the selection of payment providers. Payments will be mostly delivered in cash. Wherever possible, payments will be delivered digitally using debit and pre-paid cards at ATMs or mobile money through agents and/or merchants. Payments will be reconciled as close as real time as possible, using WFP's beneficiary and payment management system called SCOPE. Payment irregularities will be reviewed and investigated as necessary based on the information collected through post distribution monitoring, payment reconciliation process and grieve redress mechanism (GRM).

Sub-component 3.2: Social and behavioral change communication (SBCC) (ARTF: US$1.5 million; GFF: US$ XX million). This subcomponent will finance all the costs incurred by the CPs contracted by WFP to implement the SBCC sessions, including direct costs (e.g., payments to sessions facilitators and supervisors, and materials). SBCC will be delivered quarterly through structured sessions to beneficiary women around the designated cash distribution points and prior to collecting cash benefits. Beneficiaries will be encouraged to bring children under 2 to the sessions and parallel sessions for male companions will also be organized. Sessions will aim at enticing good health and nutrition practices and the utilization of relevant health and nutrition services. Messages will be delivered utilizing videos, charts/banners, handouts, registration cards, etc. Nutrition counselors (NCs) will support training and have a quality assurance role. NCs will also train facilitators on how to detect possible cases of malnutrition. In-person SBCC sessions will be complemented by monthly remote targeted messages delivered via SMS, according to beneficiary women life stage.

Sub-component 3.3: Third-party monitoring arrangements for WFP (ARTF: US$ XX million; GFF: US$ XX million). As under sub-component 2.3 of the parent project, the objective of this sub-component is to ensure that representative, accurate, and timely data is available to assess project performance. For ease of reference, the firm supported by sub-component 3.3 is called the WFP TPM. The WFP TPM will be responsible for monitoring the activities related to the MCBP (Component 3) directly implemented by WFP as well as activities implemented by their CPs and other contractors and reporting upon progress to WFP. The WFP TPM will not collect data at the health facility level. The monitoring data from WFP TPM will be analyzed by WFP for progress report to WB on a quarterly basis. The WFP TPM system is an integral component of operational and quality assurance within WFP's processes for all activity implementation across the WFP operation in country, specifically spot checking of community mobilization, verification of beneficiaries, process monitoring of registration sites, process monitoring of cash distribution, and follow-up on GRM issues. WFP will ensure that contractors are properly trained on implementation arrangements,

working closely with communities. The POM will set the operating principles and procedures to be monitored and format for quarterly reports.

Sub-component 3.4: WFP project implementation costs (ARTF: US$ XX million; GFF: US$ XX million). This sub-component covers direct and indirect costs related to WFP (except for sub-component 3.2 direct costs) . The indirect cost rate for WFP is 4%.

D. Environmental and Social Overview

D.1 Overview of Environmental and Social Project Settings

The project geographic scope funded under the AF will be for 24 provinces (as opposed to 34 provinces under the parent project). The remaining 10 provinces will be financed by the ADB, using an identical contract design as those provinces financed through the ARTF. The additional finance will extend the project implementation duration by 18 months for (i) Continued healthcare service delivery (ii) a longer duration of quality-based performance payments and (iii) include an additional component on the Maternal and Child Benefit Program (MCBP) to be implemented by WFP. Considering the AF activities are expected to yield positive impacts from Environmental and social perspectives, as the poorest and most vulnerable groups will benefit from the project. Furthermore, effective management of healthcare waste management and other environmental safeguard will prevent the spread of infectious diseases and other negative impacts pertaining to the environmental safeguard aspect of the project. However, the current FCV context will entail potential environmental & social risks and impacts such as inequality and discriminatory practices, particularly due to gender, vulnerability, and other social and economic factors, in the provision of health and nutrition services. Considering, that there are no Indigenous people that meet the criteria of ESS7 in the country that could potentially benefit or be adversely affected by the Project's activities, other vulnerable groups of people such as IDPs, returnees, and women could potentially be affected by the project. The ESMF prepared under the parent project will be revised to ensure E&S risks under the project are effectively managed and opportunities are capitalized on under the project through better compliance with relevant ESF standards.

D.2 Overview of Borrower's Institutional Capacity for Managing Environmental and Social Risks and Impacts

UNICEF as the main implementation agency for the original HER project will remain responsible for the implementation of components 1 and 2 of the project. UNICEF already has an existing management structure to implement the project which includes qualified staff and resources to support management of ESHS risks and impacts of the project. The E&S performance remained satisfactory during the implementation of the parent project, suggesting that UNICEF had allocated sufficient resources and capacity to ensure ESF compliance throughout the implementation of the parent project. Furthermore, It was found during the MTR Mission and other project reports that the implementation arrangements for the HCFs were not very clear under the parent project. The AF instruments will ensure HCFs implementation arrangements are clearly outlined and improved. Moreover, the HCWMP implementation has been assessed and findings will be incorporated in the updated ESMF.

UNICEF will continue to maintain sufficient capacity for environmental and social safeguards, and health & safety. specifically, at least one Specialist for Medical Waste Management / Occupational Health and Safety Specialist, one Environment Safeguards Specialist, one Social Safeguards Specialist, and at least one SEA/SH Specialist.

WFP will be responsible for the implementation of the new component 3 of the project. Their previous experience with implementing similar activities will be instrumental in the implementation of component 3. However, to ensure the activities under component 3 are implemented in accordance with the relevant E&S standards, WFP will establish

and maintain a management structure to effectively implement component 3 of the project which will include qualified staff and resources to support the management of Environmental, Social Health & Safety (ESHS) risks and impacts of the component and the overall implementation of E&S instruments. WFP will maintain sufficient capacity (E&S focal points and a security risk management specialist) for the management of environmental and social safeguards aspects of component 3, throughout the implementation of the project.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

A.1 Environmental Risk Rating

Substantial

The AF activities are not expected to result in additional environmental risks under the project. The potential risks identified under the parent project such as health and safety risks may include: (i) issues associated with poor health care waste management, such as wastes that may be generated from health facilities laboratories, and could include both liquid contaminated waste (e.g., blood, other body fluids, and contaminated fluid) and solid waste (e.g., used personal protective equipment, sharps, used vials, and medical equipment); (ii) potential for nosocomial infections due to poor implementation of infection prevention measures; (iii) issues relating to disposal of obsolete or expired medicines, on-site storage and disposal of construction material; and (iv) potential for spread of infectious diseases as a result of poor handling, storage and disposal of infectious materials. To enhance the management of the above-mentioned risks, lessons learned from the current project will be applied to better manage these risks under the AF interventions. The newly proposed component 3 activities risks are limited to social safeguard as it might give rise to certain social risks pertaining to social inequality and discriminatory practices, particularly due to gender vulnerability, and other social and economic factors, in the provision of health and nutrition services.

A.2 Social Risk Rating

Substantial

Overall, the AF interventions are expected to have significant positive impacts as the poorest will benefit most from the project because it will (a) focus on primary health centers (PHCs) where services are more likely to be utilized by the poor; (b) provide coverage to rural land urban areas where the poor are concentrated; and (c) support completely free care through the BPHS and EPHS, which will reduce financial barriers to access health care services. However, there are potential social risks such as (i) social inequalities, exclusion, and discrimination of certain categories of people (vulnerable and marginalized groups); (ii) forced labor, occupational and health and safety (OHS) risks, and infectious disease exposure risks for project workers; iii) sexual exploitation, abuse, and sexual harassment (SEA/SH) risks for project workers and project beneficiaries; and (iv) low capacity of SPs to manage E&S risks following ESF remains in place.

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

B.1 Relevance of Environmental and Social Standards

ESS1 Assessment and Management of Environmental and Social Risks and Impacts	Relevant

Considering the parent project E&S performance has been satisfactory throughout the project implementation. The nature of the parent project indicated that the project could cause environmental, social, labor, security, health, and safety risks due to the nature of the operation and the FCV setting. The key impacts would be poor management of health care wastes; management of infectious diseases and chemical reagents and other materials to be used in the health centers including laboratories and quarantine facilities; inequitable distribution of project benefits excluding certain vulnerable groups; inadequate public engagement and consultation; forced labor; occupational and health and safety (OHS) risks, infectious disease exposure risks and security risks to protect workers and the community at large and; sexual exploitation, abuse, and sexual harassment (SEA/SH) risks. AF activities also entail potential social risks and impacts such as inequality and discriminatory practices, particularly due to gender, vulnerability, and other social and economic factors, in the provision of health and nutrition services. The potential of the risks mentioned above is likely to continue under the AF interventions. However, the updated ESMF and other project E&S instruments provide the necessary mitigation measures to address these risks. The revision of the current ESMF includes lessons learned such as to ensure the provisions of the ESF are effectively cascaded down to the SPs through capacity-building initiatives of the SPs and more importantly ensure that these provisions are clearly reflected in the contract documents of the SPs. Similarly, lessons learned concerning the effective management of healthcare waste management have resulted in the revisions of the Health Care Waste Management (HCWMP) to ensure appropriate Institutional and implementation arrangements for HCWMP.
Both UNICEF and WFP have prepared Environmental and Social Commitment Plans (ESCP) and have reviewed and revised the existing Stakeholder Engagement Plan (SEP) which was developed under the parent project (Health Emergency Response Project (P178775) to ensure the AF activities are adequately covered. ESCPs of WFP and UNICEF outline the E&S commitment of UNICEF and WFP under the project. The provisions of these documents will be cascaded down to the Service Providers to screen, assess, and manage E&S risks and impacts while the SEP embodies the consultation and engagement processes to be undertaken by the project throughout all stages of the project. The SEP will be disclosed prior to the appraisal. Moreover, to mitigate the E&S risks, UNICEF and WFP are in the process of updating the Environmental and Social Management Framework (ESMF) which was prepared for the parent HER project to include the additional components and the new institutional arrangements. The ESMF will include a simplified LMP, Health Care Waste Management Plan, WHO standards on COVID-19 response, Occupational Health, and Safety (OHS), Community Health and Safety (CHS), solid and infectious waste management. The ESMF will have an exclusion list for project activities that may not be undertaken unless the appropriate OHS capacity and infrastructure are in place. It will also include a brief description of the UN Security Protocol and any measures necessary to ensure consistency between the Protocol and the ESF requirements. The generic ESMP will be made part of the contract for each SP. The SPs will conduct the E&S risk screening of rehabilitation work and implement site-specific mitigation measures following the ESMP. In addition, UNICEF and WFP will revise the SEA/SH action plan which was prepared under the parent project. The additional finance is being prepared under Paragraph 12 of the IPF Policy for Projects in the situation of urgent need of assistance, the updating of the ESMF will be deferred to the implementation stage but prior to the signing of the agreement/contract between SPs by both UNICEF and WFP.

The implementation of E&S instruments will be regularly monitored and reported on by UNICEF and WFP as part of the broader monitoring oversight, the existing ARTF - Monitoring Agent (TPMA) will be engaged for E&S risk management monitoring. The ARTF-MA will provide quarterly reports covering field-level E&S issues.

ESS2 Labor and Working Conditions Relevant

The project implementation will involve direct workers (consultants and staff recruited by UNICEF and WFP), contracted workers (workers of SPs), and community workers (Community Health Workers). No primary supply workers will be involved. The workers may be exposed to OHS risks including infection and disease as well as minor construction-related OHS risks. Labor-related issues could also include discrimination in recruitment, forced labor, unsafe working conditions, and potential physical safety risks of the health care workers due to FCV context and SEA/SH risk. During the project implementation, labor management-related risks and OHS issues affecting the workers of the implementing agency and contracted workers will be monitored and managed. In line with ESS2, a simplified LMP will be prepared as a part of the ESMF. Since all workers will be coming into close contact with communities, the simplified LMP will include a specific SEA/SH code of conduct as well as a general code for interacting with communities and partners. The Project GRM will be consistent with both ESS2 and ESS10 to enable workers to access it. The use of forced labor or the use of child labor for any person under the age of 18 in hazardous work situations is prohibited and will be regularly monitored by UNICEF, WFP, and ARTF-MA. UNICEF, WFP, SPs, and contractors will implement adequate ESMP, OHS, and Labor management measures (including emergency preparedness and response measures) in line with the ESMF and the ESCP. The OHS measures as spelled out in the ESMF will consider the World Bank Group's General Environment, Health, and Safety Guidelines (EHSGs) and applicable ESS2 requirements.

ESS3 Resource Efficiency and Pollution Prevention and Management Relevant

The AF activities are not expected to result in new risks and impacts related to ESS3. The AF will continue to focus on risks identified under the parent project such as Medical wastes and chemical wastes (including wastewater, reagents, infected materials, etc.) from the health centers to be supported (drugs, supplies, and medical equipment) can have a significant impact on the environment and human health. Healthcare waste (HCW) 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 sharps, used in diagnosis and treatment. Proper management of HCW is a challenge in Afghanistan. In Kabul City, a commercial company has a modern incinerator that provides services to private hospitals. Healthcare waste management practices differ amongst service providers and the existing Healthcare Waste management plan has been updated to ensure consistency amongst SPs. Many healthcare facilities in remote areas lack incinerators. Each beneficiary medical facility/lab will follow the requirements of the ESMF and the HCW Management Plan (MP) which is part of the ESMP, WHO COVID-19 guidance documents, and other good international practices, to prevent or minimize such adverse impacts. The existing HCWMP was prepared and implemented under the existing HER project and will be revised based on the lessons learned from the implementation so far. The updated HCWMP will be included as an annex to the ESMF and ensure its implementation by SPs. The project will follow the World Bank EHS guidelines on medical waste management which will inform the health care waste management plan under the project. The updated HCWMP which will be part of ESMF will have further elaboration on the segregation, collection, sorting, storage, transportation, and disposal of the HCWs which was also part of the previous parent project HCWMP.

ESS4 Community Health and Safety Relevant

There were several security-related incidents reported under the parent project and the risks to community health and safety will continue to remain during the implementation of the additional financing due to the FCV context in the country. The proposed activities can pose community health and safety risks and impacts arising from tensions with local authorities, and operations of healthcare facilities. Life and Fire Safety (L&FS) and preparedness and response (EPR) for patients and healthcare workers during an emergency is also an important issue. The ESMF will include a basic

L&FS and EPR checklist to be covered in all facilities. WFP and UNICEF will also implement their respective security risk management measures ensuring that these are based on sound security risk assessments and informed by the lessons learnt from the parent project. In order to manage the contextual security risks to beneficiaries and workers, UNICEF will implement and cause the implementing NGOs and contractors to adhere to the Security Management Framework and any measures necessary to ensure consistency between the Protocol and the ESF requirements including security risk assessment and any security management measures necessary for the implementation of the Project activities and for the provision of security to Project workers, sites and/or asset. The WFP will also implement its security management measures and any other measures necessary to ensure consistency with the ESF requirements including security risk assessment and any other security management measures necessary for the implementation of the Project activities and for the provision of security to Project workers, sites, and/or assets. The SEP (see ESS10) describes respective measures, including engagement with communities when needed, regarding communication and outreach. To mitigate the SEA/SH risks, UNICEF and WFP will revise SEA/SH action plans that will include behavioral Standards or Codes of Conduct that explicitly prohibit SEA/SH. Measures will be taken to sensitize and train on SEA/SH as appropriate for different parties, including project workers, project-affected people, and others involved in service delivery. In-depth training and refresher training on a regular basis may be necessary, as well as outreach to local communities or beneficiaries. The project's GRM will be SEA/SH sensitive and will include protocols to address SEA/SH-related complaints. UNICEF and WFP will identify more than one GBV service provider to refer SEA/SH cases prior to project activities commencing.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement Not Currently Relevant

No land acquisition is envisaged under this project because the project activities will be limited to the existing facilities/physical footprint which will not result in land acquisition, thus the standard is not relevant.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources Not Currently Relevant

This standard is not considered relevant as project will operate in existing facilities/physical footprint.

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities Not Currently Relevant

This standard is not relevant as there are no Indigenous People that meet the criteria of ESS7 in the country that could potentially benefit or be adversely affected by the Project's activities.

ESS8 Cultural Heritage Not Currently Relevant

This standard is not relevant as the project is not expected to affect any physical Cultural Heritage as activities are to be carried out in existing facilities.

ESS9 Financial Intermediaries Not Currently Relevant

The standard is not relevant as the Project does not include financial intermediaries.

ESS10 Stakeholder Engagement and Information Disclosure Relevant

UNICEF and WFP have jointly updated the SEP for the original HER project in accordance with ESS10 and in line with the principles outlined. The SEP lays out the plan for meaningful consultations and engagement with all stakeholders throughout the project lifecycle. It describes the strategy and specific methods of engagement that would facilitate the effective participation of the different affected groups. The SEP delineates the roles and responsibilities for the implementation of the SEP, as well as monitoring and reporting Mechanism(s). It describes the principles, processes, and structure of the project-level grievance redressal mechanism(s) (GRM). For this project, the key stakeholders include patients, healthcare professionals, SPs, community members, and leaders as well as relevant NGOs & CSOs, and contractors. UNICEF and WFP will continue to identify and engage, through meaningful consultations, with all stakeholders, paying special attention to the inclusion of women, and vulnerable and disadvantaged groups. The SEP acknowledges the challenges of engaging marginalized and vulnerable social groups such as internally displaced persons (IDPs), returnees, women & girls, pastoral nomads, and those living in remote or inaccessible areas and proposes strategies to engage with them. The Project will also ensure that information disclosure takes place in an ongoing and satisfactory manner with clear and accessible messaging on principles of fair, equitable, and inclusive access to health services. 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 on an ongoing basis, at different levels, with different partners, and in a culturally appropriate manner. UNICEF and WFP will take advantage of their existing SMS text messaging-based mechanism, Rapid Pro to communicate with project beneficiaries. Rapid Pro will also be a part of the project's GRM as mentioned in the SEP.

B.2 Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways

OP 7.60 Projects in Disputed Areas

B.3 Other Salient Features

Use of Borrower Framework No

The borrower framework is not being used for this project

Use of Common Approach No

A common approach is not being considered for this project

C. Overview of Required Environmental and Social Risk Management Activities

C.1 What Borrower environmental and social analyses, instruments, plans and/or frameworks are planned or required during implementation?

The Additional finance will be implemented by UNICEF and WFP. The two agencies will jointly update the existing SEP prior to the project appraisal, and ESMF prior to the commencement of project activities. In order to address the security risks, each agency will prepare its own security risk management measures. UNICEF will update its security risk management framework which was used for the parent HER project, whereas WFP will prepare its own security

risk management plan consistent with the ESF and international good practice. The specific commitments for each of the agencies as relates to addressing the environmental and social risks associated with their specific activities are within the agency-specific ESCPs prepared prior to appraisal. UNICEF and WFP will revise and update the existing SEA/SH action plan as part of the revised ESMF.

III. CONTACT POINTS

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