Public Disclosure Authorized

Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 09-Nov-2023 | Report No: PIDA36733

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Afghanistan	P181378	Afghanistan Health Emergency Response (HER) Additional Financing	P178775
Parent Project Name	**Region**	**Estimated Appraisal Date**	**Estimated Board Date**
AFGHANISTAN HEALTH EMERGENCY RESPONSE (HER) PROJECT	SOUTH ASIA	20-Sep-2023	30-Nov-2023
Practice Area (Lead)	**Financing Instrument**	**Borrower(s)**	**Implementing Agency**
Health, Nutrition & Population	Investment Project Financing	World Food Programme (WFP), United Nations Children's Fund (UNICEF)	World Food Programme, United Nations Children's Fund (UNICEF)

Proposed Development Objective(s) Parent

The Project Development Objective (PDO) is to increase the utilization and quality of essential health services in Afghanistan.

Proposed Development Objective(s) Additional Financing

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

Components

1. Urgent provision of essential primary and secondary health services
2. Strengthening service delivery and project coordination
3. Strengthening Demand and Access to Enhance Nutritional Outcomes Among the Most Vulnerable

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	267.00
Total Financing	267.00
of which IBRD/IDA	0.00
Financing Gap	0.00

DETAILS

Non-World Bank Group Financing

Trust Funds	267.00
Afghanistan Resilience Trust Fund	247.00
Global Financing Facility	20.00

Environmental and Social Risk Classification

Substantial

Other Decision (as needed)

The review authorized the team to appraise and negotiate.

B. Introduction and Context

1. **In response to the events of August 15, 2021 in Afghanistan, the WB, ARTF donors, the GFF, and international partners have found pragmatic ways to provide support for essential basic services to the Afghan people**. On March 1, 2022, the WB Board approved Approach Paper 2.0, which aims to protect the vulnerable, help preserve human capital and key economic and social institutions, reduce the need for future humanitarian assistance, and improve gender outcomes. A key element of this support is Recipient Executed (RE) grants, decided by the ARTF, and made off-budget and outside of the involvement of the interim Taliban administration (ITA), to United Nations (UN) agencies and international non-governmental organizations (INGOs). To ensure the principles of equitable access for women and women's participation in project activities, Entry Criteria for Access (ECA) have been included for each project financed by ARTF. The WB has led a coordinated aid response, pooling donor resources, and supporting critical service delivery. The nationwide at-scale design allowed projects to respond quickly to crises like the Herat earthquakes and the increased returns of Afghan refugees.

2. **The international aid response helped maintain core services for the Afghan people and mitigated the humanitarian crisis, but will be difficult to sustain in the context of expected aid declines, restrictive ITA policy positions and a depressed economy. Development gains are eroding.** Employment opportunities and incomes remain inadequate. One in two Afghans is poor and about two-thirds of households could not afford food and other basic non-food items, forcing many adults to engage in low-productivity activities to generate income. Currently, an estimated 15.3 million people are acutely food-insecure while more than 6 million Afghans are on the brink of starvation.

C. Proposed Development Objective(s)

Original PDO

3. The Project Development Objective (PDO) is to increase the utilization and quality of essential health services in Afghanistan.

Current PDO

4. The proposed revised PDO is to increase the utilization and quality of essential health and nutrition services in Afghanistan.

Key Results

5. Progress towards achieving the PDO will be measured by the following indicators:

    I. Children who have received the third dose of the Pentavalent vaccine through project-financed facilities (Number).
        a. FEMALE - Children who have received the third dose of the Pentavalent vaccine through project-financed facilities (Number).
    II. Births occurring at project-financed facilities (Number).
    III. Average Quality Checklist score for BPHS and EPHS facilities (Text).
    IV. Visits for growth monitoring and counselling on age-appropriate infant and young child feeding among mothers of children aged 0-23 months received at project-financed facilities (Number).
        a. Maternal and Child Benefit Program (MCBP) beneficiary children who attended visits for growth monitoring and IYCF counseling (Percentage)
        b. FEMALE - The visits for growth monitoring and counselling on age-appropriate infant and young child feeding among children aged 0-23 months received at project-financed facilities (Number).
    V. Maternal and Child Benefit Program Beneficiaries (Number).
        a. MCBP beneficiaries who are women with children under 2 (Number).
        b. MCBP beneficiaries who are pregnant or lactating women (Number).

D. Project Description

6. **The proposed Additional Financing (AF) for the amount of US$267 million will be financed through the Afghanistan Resilience Trust Fund (ARTF) for US$247 million and the Global Financing Facility (GFF) for US$20 million. The AF will entail** (a) revising the PDO wording to add nutrition in addition to health services, (b) adding a new component to promote nutrition and health service use among vulnerable pregnant women and mothers of young children, (c) adding a new implementing partner (WFP) for the new component, (d) revising the scope of components 1 and 2 given available funding and ADB parallel financing, (e) adding disbursement categories for the new component; (f) extending the closing date to March 31, 2025, and (g) revising the results framework to reflect the project's expanded timeline and revised scope.

Component 1: Urgent Provision of Essential Primary and Secondary Health Services (Total: US$442.3 of which US$417.03 million ARTF [US$270.73 million parent project and US$146.3 million additional financing] and US$25.27 million GFF [US$18.27 million parent project and US$7 million additional financing])

7. **Sub-component 1.1: Enhancing Utilization of the Basic Package of Health and Nutrition Services and Essential Package of Hospital Services.** The geographic scope will be reduced to 24 provinces[1] (as opposed to 34 provinces under the parent project). The remaining 10 provinces will be financed by the ADB, using an identical performance-based contract design as those provinces financed through the WB. This WB-ADB partnership will increase alignment of donor activities, minimize fragmentation at the last mile, and permit a longer period of implementation given the funding constraints.

8. **Sub-component 1.2: Enhancing Community and Facility Level Nutrition Services.** The focus on delivery of nutrition services at the health facility will be shifted towards messaging and delivery at the community level, including counselling on climate sensitive feeding practices; there is no change in scope but rather a change in emphasis within the existing scope. The AF will also support coordination for the delivery of social and behavioral change communication sessions that will complement activities implemented under Component 3.

9. **Sub-component 1.3: Preserving the Health System's Capacity to Prevent and Respond to Major Infectious Disease Outbreaks.** The scope will be reduced by eliminating general hospital monitoring activities. Focus will instead be 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 focus on developing materials to increase community understanding of the risks and impacts of climate-sensitive conditions. Plans will be developed for provincial emergency preparedness and response (including weather events) and disease outbreak response. These activities will be implemented by WHO through an UN-to-UN agreement with UNICEF.

Component 2: Strengthening Service Delivery and Project Coordination (Total: US$127.7 of which US$113.97 million ARTF [US$43.27 million parent project and US$70.7 million additional financing] and US$13.73 million GFF [US$0.73 million parent project and US$13 million additional financing])

10. **Sub-component 2.1: Promoting Quality of Care and Strengthening Health Worker Capacity.** This sub-component will scale up its focus on improving quality of care by (a) linking the Quantified Quality Metric (QQM) to financial incentives for SPs; (b) undertaking a fuller analysis of SP performance data combined with SPs' qualitative feedback to ensure strong implementation of best practices; (c) providing additional training and support to SPs to address quality of care bottlenecks; and (d) carrying out implementation research on potentially high impact innovations. Training and mentorship activities will be dropped.

1 Badakhshan, Baghlan, Balkh, Bamyan, Faryab, Ghazni, Jawzjan, Kabul, Kapisa, Khost, Kunar, Kunduz, Laghman, Logar, Nangarhar, Nuristan, Paktika, Paktya, Panjshir, Parwan, Samangan, Saripul, Takhar, Maidan Wardak.

11. **Sub-component 2.2: Enhancing quality of health product and equipment supply chains.** The scope will be expanded to include capacity building activities. Under the AF, the move towards the hybrid model will be accelerated along with additional support to build SPs' capacity in drug quantification, forecasting, and procurement. The hybrid model will allow Service Providers (SPs) to procure medicines and commodities within the agreed Project list that can be procured locally at an agreed acceptable quality standard, and for the remaining medicines to be procured by UNICEF.

12. **Sub-component 2.3: Third-Party Monitoring (TPM) and Management Accompaniment for UNICEF.** The objective remains to ensure that representative, accurate, and timely data is available to assess and improve project performance for activities conducted under components 1 and 2.

13. **Sub-component 2.4: UNICEF project implementation costs.** This sub-component will continue to cover direct and indirect costs related to UNICEF.

Component 3: Strengthening Demand and Access to Enhance Nutritional Outcomes Among the Most Vulnerable (Total: US$30 million ARTF additional financing)

14. **Component 3 will finance the MCBP** which will complement the provision of health and nutrition services under sub-components 1.1 and 1.2 to contribute toward improved nutritional status of pregnant and breastfeeding women (PBW) and children under two years of age (the target population) in selected districts (across regions, based on child malnutrition, access and utilization of health services and access to markets).[2] MCBP will provide social and behavioral change communication (SBCC) (sub-component 3.2) to increase the utilization of maternal and child health and nutrition services and improve related behaviors (e.g., feeding practices), complemented with cash transfers (sub-component 3.1) to incentivize attendance to SBCC sessions, help with cost of accessing health facilities and increase access to nutritious food. The component will be implemented by WFP with the assistance of payment providers and cooperating partners (CPs). MCBP is fully aligned with UNICEF's Mother and Child Cash Transfer Plus Programme (MCCT), which will operate in different districts.

15. **The MCBP will provide immediate relief and build the resilience of beneficiary women and their children against climate-related shocks.** 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., facilitation to distribution points/health facilities; spreading of payment distribution days over days/weeks; waiting rooms with cooling/heating options; etc.). Messaging on healthy and nutritious feeding practices and climate-sensitive nutrition will be provided to reduce the impact of climate-related undernutrition.

16. **Sub-component 3.1: Cash Transfers.** This sub-component will finance quarterly cash transfers of US$60

[2] Details on district selection and the identification of beneficiaries, along with other details on Component 3, will be included in the updated Project Operational Manual (POM).

over 15 months to beneficiary women. [3] Payments will be delivered at designated cash distribution points where beneficiaries attend SBCC sessions before collecting cash benefits. The MCBP will use existing WFP contracts with multiple payment providers to deliver cash benefits, including commercial banks, money service providers (MSP), and mobile network operators (MNO). Any new payment providers will be selected following a rigorous due diligence process with strong vetting. Cash payment modalities will include cash in hand at distribution points as well as digital cash wherever possible. Payments will be reconciled using WFP's Management Information System (SCOPE).

17. **Sub-component 3.2: Social and Behavioral Change Communication.** This sub-component will finance all the costs incurred by the CPs contracted by WFP to develop and facilitate the SBCC sessions. SBCC will be delivered quarterly through structured sessions to beneficiary women around the designated cash distribution points. Beneficiaries will be encouraged to bring children under two to the sessions. 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. CP facilitators will also detect possible cases of malnutrition and refer them to health facilities. Nutrition counselors (NCs) who are employed by SPs could help quality-assure nutrition sessions. In-person SBCC sessions will be complemented by weekly remote targeted messages delivered via short messages service (SMS).

18. **Sub-component 3.3: Third-Party Monitoring Arrangements for WFP.** The objective of this sub-component is to ensure that representative, accurate, and timely data is available to assess project performance. The WFP TPM will be responsible for monitoring the activities related to the MCBP implemented by WFP, as well as activities implemented by their CPs and payment providers, including spot checking of community mobilization, verification of beneficiaries, process monitoring of registration sites and cash distribution, and follow-up on Grievance Response Mechanism issues. The monitoring data from the WFP TPM will be analyzed by WFP for the quarterly progress reports to the WB. WFP will ensure contractors are properly trained on implementation arrangements. The updated POM will set the operating principles and procedures to be monitored and format for quarterly reports.

19. **Sub-component 3.4: WFP project implementation costs.** This sub-component will cover (a) direct and indirect costs of WFP for the implementation of component 3—the indirect cost rate for WFP is 4 percent; and (b) direct and indirect costs of payment providers contracted by WFP for sub-component 3.1, and CPs contracted by WFP to support the socialization of component 3, the identification and registration of beneficiaries, and the implementation of other activities under sub-component 3.1.

20. **New disbursement categories will be created** to account for the new component to be implemented by WPF. To that effect, disbursement categories will be added for (a) the cash transfers, (b) goods, works, consulting services, non-consulting services, training and operating costs, and (c) WPF indirect costs.

[3] The benefit amount of $20 per month (or $60 per quarter) per beneficiary is based on internal analysis of the cost-effectiveness of various benefit levels in improving food consumption. It is also the base benefit that other UN agencies currently provide as recurrent cash transfers. It is not meant to cover the entirety of the minimum expenditure food basket but to complement it. Payments will be done on a quarterly basis to keep operational costs manageable.

Legal Operational Policies

	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

Summary of Assessment of Environmental and Social Risks and Impacts:

The coverage of the project will be in 24 provinces of the country. The remaining 10 provinces will be financed by the ADB, using an identical contract design as those provinces financed through the ARTF. Non-governmental organization service providers (SPs) contracted by UNICEF and WFP will deliver the basic health, nutrition, and COVID interventions across all 24 provinces. The environmental and social risks of the project are rated “Substantial”. The relevant Environmental and Social Standards (ESSs) are ESS1, ESS2, ESS3, ESS4 and ESS10. Potential environmental risks include: (i) issues associated with poor Health Care Waste (HCW) management; wastes that may be generated from laboratories, quarantine facilities, and screening posts to be supported by the COVID-19 readiness and response could include both liquid contaminated waste (e.g. blood, other body fluids, and contaminated fluid) and solid waste (used PPES, sharps, used vials and medical equipment), (ii) potential for nosocomial infections due to poor implementation of infection prevention measures; (iii) issues relating to on-site storage and disposal of construction material and; (iv) generation of noise and dust during construction. Potential social risks include (i) social inequalities, exclusion, and discrimination of certain categories of people, such as vulnerable and marginalized groups; (ii) forced labor, occupational and health and safety (OHS) risks, and infectious disease exposure risks for project workers and communities served; iii) sexual exploitation, abuse, and sexual harassment (SEA/SH) risks for project workers and beneficiaries; and (iv) low capacity of SPs to manage E&S risks following ESF.

The SEA/SH risk of the project has been rated as “Substantial”. Afghanistan has some of the region’s highest levels of Gender Based Violence (GBV) prevalence. The prevalence of intimate partner violence and child marriage is also higher than the regional average. The absence of laws around sexual harassment, marital rape, and domestic violence deprives women and girls from seeking legal solutions as well as protection. The project will have direct interactions with girls and women through health service delivery and vaccinations. There will be a small number of female staff working in proximity in workspaces dominated by men. The long-standing shortage of female health workers could be exacerbated in the current context, making the ratio even less favorable for women. To mitigate the SEA/SH risks, UNICEF WFP will revise the SEA/SH action plan to be included in the project’s Environmental and Social Management Framework (ESMF) that will include behavioral Standards or Codes of Conduct that explicitly prohibit SEA/SH. Measures will be taken to sensitize and train SEA/SH as appropriate for different parties, including project workers, healthcare-seeking people, and others involved in service delivery. 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 the commencement of project activities.

For this project, the key stakeholders include patients, healthcare professionals, SPs, community members, and leaders as well as relevant NGOs & CSOs, and contractors. Due to the emergency situation and COVID-19 constraints, the SEP has been prepared with limited consultations. It would be a live document that shall be updated during implementation based on ongoing consultations. UNICEF will continue to identify and engage, through meaningful consultations, with all stakeholders, paying special attention to the inclusion of women, and vulnerable & disadvantaged groups. 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 will take advantage of its 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.

The project implementation will involve direct workers (consultants and staff recruited by UNICEF), 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.

UNICEF and WFP have developed separate Environmental and Social Commitment Plans (ESCP) and a joint Stakeholder Engagement Plan (SEP) which will be disclosed by appraisal. The ESCPs outline the commitments of UNICEF and WFP, which will be cascaded down to 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 implementation. The SEP for the AF interventions is built on the SEP developed for the parent project (Health Emergency Response Project (P178775). 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 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 is 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 developed under the parent project. However, as 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 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 broader monitoring oversight, the existing ARTF- Monitoring Agent (ARTF-MA) will be engaged for E&S risk management monitoring. The ARTF-MA will provide quarterly reports covering field-level E&S issues.

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E. Implementation

Institutional and Implementation Arrangements

21. **As under the parent project, components 1 and 2 will be implemented by UNICEF.** No changes in institutional arrangements with respect to UNICEF are proposed as part of the AF**.**

22. **Component 3 will be implemented by the WFP.** WFP has been selected because of its unique technical expertise and global experience in delivering cash-based assistance and complementary nutrition-focused activities, especially in Afghanistan. WFP has an existing framework agreement and extensive global experience working with the WB as implementing partner. It has demonstrated strong technical and fiduciary capacity to implement WB-financed activities and sound operational capacity to deliver time-critical interventions. Lastly, WFP is well positioned to properly coordinate with and complement other existing nutrition initiatives. The implementation, management, and monitoring of MCBP will be supported by WFP's MIS (SCOPE) and Monitoring & Evaluation (M&E) systems (MODA) adjusted to the needs of the program.

23. **WFP will be responsible for implementing the MCBP in selected districts, in close coordination with UNICEF, who will be responsible for the MCCT.** WFP will be responsible for overall component coordination, procurement arrangements, engagement with communities, fiduciary, environmental and social risk management, quality assurance, monitoring, and reporting, and managing technical assistance activities. WFP will leverage existing institutional arrangements with partners, including international and local NGOs, local private service providers, and contractors, to support implementation and mobilization of beneficiaries. Details of the implementation arrangements will be provided in the updated POM.

24. **The HER Coordination Committee will be extended to include WFP to ensure coordination between UN partners**. Furthermore, the ADB will be included in the Coordination Committee to facilitate joint oversight and coordination between donors.

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CONTACT POINT

World Bank

Mickey Chopra
Lead Health Specialist

Christopher Thomas Andersen
Health Specialist

Cristobal Ridao-Cano
Lead Economist

Borrower/Client/Recipient

United Nations Children's Fund (UNICEF)
Fouzia Shafique

Principal Advisor - Health
fshafique@unicef.org

World Food Programme (WFP)
Hsiao-Wei Lee
Representative and Country Director, WFP
hsiaowei.lee@wfp.org

Implementing Agencies

United Nations Children's Fund (UNICEF)
Fouzia Shafique
Principal Advisor - Health
fshafique@unicef.org

World Food Programme (WFP)
Hsiao-Wei Lee
Representative and Country Director, WFP
hsiaowei.lee@wfp.org

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):	Mickey Chopra Christopher Thomas Andersen Cristobal Ridao-Cano

Approved By

Practice Manager/Manager:		
Country Director:		