ISLAMIC REPUBLIC OF AFGHANISTAN

ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK

FOR THE
ADDITIONAL FINANCING FOR AND RESTRUCTURING OF THE
COVID-19 EMERGENCY RESPONSE AND PANDEMIC
PREPAREDNESS PROJECT

UNDER THE
COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE
PROGRAM (SPRP)

MARCH 2021

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List of Abbreviations

AEFI	Adverse Event Following Immunization
AF	Additional Financing
AIDS	Acquired Immune Deficiency Syndrome
BPHS	Basic Package Health Services
BSL	Biosafety Level
CDC	Community Development Committee
CERC	Contingent Emergency Response Component
CoC	Certificate of Compliance
COVAX	COVID-19 Vaccines Global Access Facility
COVID-19	Coronavirus Disease 2019
EPI	Expanded Program for Immunization
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESH	Environmental Health and Safety
ESIA	Environmental and Social Impact Assessment
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
GAVI	Global Alliance for Vaccines and Immunizations
GRM	Grievance Redress Mechanisms
HCU	Health Care Unit
HCW	Health Care Waste
HCWMP	Healthcare Waste Management Plan
HEPA	High Efficiency Particulate Air Filter
HFC	Health Care Facility
ICWMP	Infection Control and Waste Management Plan
IDPs	Internally Displaced Persons
IPC	Infection Prevention and Control
IPCP	Infection Prevention and Control Protocol
LMP	Labor Management Procedures
MoPH	Ministry of Public Health
NEPI	National Expanded Program for Immunization
OHS	Occupational Health and Safety
OPD	Out-Patients Department
SCO	Sehatmandi Coordination Office
PEMT	Provincial EPI Management Team
PPEs	Personal Protection Equipment
RRTs	Rapid Response Team(s)
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
UNICEF	United Nations Children’s Fund

VIRA	Vaccine Introduction Readiness Assessment
VRAF	Vaccine Readiness Assessment Framework
WBG	World Bank Group
WHO	World Health Organization

Executive Summary

This Environmental and Social Management Framework (ESMF) is developed for the Additional Financing (AF) and Re-structuring of the COVID-19 Emergency Response and Pandemic Preparedness Project. The objectives of the ESMF is to provide a framework for environmental and social management of the project, providing clear procedures and methodologies for environmental and social screening, assessment, review, approval, and monitoring of activities to be financed under both the parent and the Additional Financing project. The ESMF of the AF is an update of that of the parent project prepared. The project seeks, "to respond and mitigate the threat posed by COVID-19 in Afghanistan and strengthen national systems for public health preparedness."

The project has five components, namely, (i) Component 1: Emergency COVID-19 Response; (ii) Component 2: Healthcare Strengthening; (iii) Component 3: Mitigation of Social Impacts; (iv) Component 4: Implementation Management and Monitoring; and (v) Component 5: Contingent Emergency Response Component (CERC). CERC is being added to ensure additional flexibility in response to any emergency that might occur during the lifetime of this project. Any unused balance under the first four components subject to Bank approval can be reallocated to the CERC component, in the event of an emergency. Under the parent Project, critical medical supplies (mainly personal protective equipment and other supplies) were timely procured and delivered to COVID-19 centers in all 34 provinces of Afghanistan, fourteen COVID-19 confirmatory testing sites are functional in the country and specimen collection kits and supplies for Rapid Response Teams (RRTs) were distributed to Service Providers supporting RRTs in 33 provinces. The toll-free hotline records about 60,000 interactions per month, while case management, infection prevention and control in isolation wards manned by the service providers are on-going. These notwithstanding, in adequate staff at MoPH to follow up on mitigation measures outlined in the ESMF of the parent Project and lack of a functional grievance redress mechanisms are some of the challenges identified during the implementation of the ESMF of the parent Project. These will be addressed under the AF by employing four additional environmental and social safeguards officers and establishing a functional GRM including a dedicated toll-free line for COVID 19 related issues.

This Environmental and Social Management Framework **(**ESMF) has been developed specifically to avoid, minimize or mitigate adverse environmental and social impacts and risks. The ESMF is consistent with existing national legislation, the World Bank's Environmental and Social Framework (ESF) as well as relevant World Health Organization (WHO) and Centre for Disease Control guidelines and other Good International Industry Practices (GIIPs). It also includes templates for environmental and social screening of activities, the preparation of Environmental and Social Management Plans (ESMPs), Infection Control and Waste Management Plan (ICWMPs), and an Infection Prevention Control Protocol (IPCP) under the project. There is a stand-alone Stakeholder Engagement Plan (SEP) that has been updated and disclosed. A Labor Management Procedure (LMP) has also been prepared under the AF that will cover both the parent and the AF projects. These documents will provide guidance on stakeholder/citizen engagement, labor management and waste management respectively, under the project. An Environmental and Social Commitment Plan (ESCP) for the project has been prepared, with high level commitment of the Government to mitigate/manage the adverse environmental and social risks and impacts of the project.

Potential adverse environmental and social (E&S) risks and impacts associated with the project are:

i. occupational health and safety issues related to rehabilitation and installation works, handling of reagents used for testing, and health care waste management;
ii. community health and safety issues related to the transportation and storage of vaccines and handling of health care waste;

iii. risk of access to vaccines in an inclusive and equitable manner: Ensuring that those most socially and medically vulnerable and disadvantaged are able to properly share the benefits of the project, including getting timely access to vaccines are important risks;
iv. the novelty of the vaccines has the potential to create a sense of anxiety, mistrust, misinformation and rumor among the communities affecting the vaccination campaign;
v. risks relating to Gender Based Violence (GBV), Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) faced by female project and community workers and beneficiaries due to their participation in vaccination and its outreach;
vi. labor risks including child labor, workers working without contracts and discrimination against women and other vulnerable groups in accessing job opportunities under the project; and
vii. Hostiles may attack vaccination teams and other project workers causing injuries, death, destruction of vaccines and public property. Such persons may also prevent vulnerable groups from accessing the vaccines and other project facilities/services.
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More importantly, an unfair and inequitable system of selecting vulnerable groups/individuals for vaccination together with poor risk communication and poor deployment of the impending immunization exercise could exclude medically and socially vulnerable persons/groups such as person with co-morbidities, women, the elderly and prisoners. There is also the issue of forced vaccination and post immunization side effects of the vaccines, which must be monitored and dealt with, so that they do not become a public health concern and feed into any negative public perception and propaganda about the vaccination exercise. Poor packaging, transportation, storage, and handling of vaccines, during the operational phase, can lead to physical damage and temperature excursion rendering the vaccines ineffective. Injuries, fatalities, or assassination of health-care workers by insurgents is another social risk. However, no security or military personnel will be engaged in the implementation of Project activities or for provision of security to Project workers, sites and/or assets. Thus, potential security risks will be avoided.

Broad mitigation measures outlined in this ESMF align with the Banks ESF and are drawn from the relevant WHO COVID-19 guidelines, World Bank Interim notes, World Bank Group Environmental, Health and Safety guidelines and MoPH guidelines. These include measures such as cold chain assessment, and provisions for backup power supply in health care and vaccine storage facilities. These measures together with staff capacity building using various technical guidelines relevant to their work and adherence to rigorous temperature monitoring systems at vaccine storage and vaccination centers will form the thrust of measures to deal with the anticipated environmental and social risks and impacts, such as; temperature excursion and physical damage to vaccines, which may undermine the efficacy of the vaccines. Other mitigation measures include social marketing of the vaccination exercise and other project components, adhering to Codes of Conduct and enforcing the use of Personal Protective Equipment (PPEs) among project workers. Within the project set up, accessible, participatory, and fair grievance redress mechanisms have also been instituted to deal with a wide range of grievances that are likely to arise out of project implementation-including those that relate to GBV, SEA and SH.

To ensure that the mitigation measures are contextualized, implemented and monitored, the preparation, disclosure and implementation of E&S instruments such as Environmental and Social Screening Reports, GBV Action Plans, Site Specific Labor Management Plans (LMPs), Environmental and Social Management Plans (ESMPs), Infection Control and Waste Management Plans (ICWMPs) and Codes of Conducts (for site and health workers) will be used. These coupled with the enforcement of environmental and social clauses inserted into contract documents and reporting mechanisms form the thrust of procedures to address environmental and social risks and impacts associated with the project. All activities will be screened for their environmental and social risks and impacts, so that the

category of activities and the appropriate level of assessment are determined. This will enable the appropriate E&S instruments to be prepared for approval by the World Bank and the respective national authorities e.g. NEPA prior to the commencement of the activities.

The Implementing Agency for the Project is the Ministry of Public Health (MoPH). The Deputy Minister for Policy and Planning in MoPH will serve as the Project Coordinator with support of the Sehatmandi Coordination Office (SCO) of the MoPH, which will coordinate project activities with all stakeholders. SCO has E&S officers, who will be responsible for environmental and social screening, monitoring, and reporting. Other stakeholders involved in implementation aspects of the ESMF are the Facility Managers, Service Providers, traditional and religious leaders, Community Development Committees (CDCs), Project Contractors and Consultants as well as development partners like United Nations Children Education Fund (UNICEF) and the World Health Organization (WHO). Training programs to build capacity for the implementation of mitigation and management measures outlined in the ESMF have been costed and added to the ESMF implementation budget. These include training programs in grievance redress mechanisms, community mobilization, GBV, SEA and SH and relevant WHO and MoPH COVID-19 guidelines.

It is estimated that an amount of Two Million Three Hundred and Thirty-Four Thousand United States Dollars (USD 2,334,000) will be required for implementing the Environmental and Social Management Framework. The estimated cost includes the cost of training programs proposed in this ESMF and recruitment of four additional environmental and social officers for SCO.

1.0 Introduction

This Environmental and Social Management Framework (ESMF) assists the Government of the Islamic Republic of Afghanistan in identifying the type of environmental and social assessment that should be carried out for the Additional Financing and Re-structuring of the COVID-19 Emergency Response and Pandemic Preparedness Project as well as its parent project. The Project involves the rehabilitation and/or operation of healthcare facilities, and the deployment of a safe and effective vaccine in response to the COVID-19 pandemic. The ESMF has been prepared in accordance with the World Bank's Environmental and Social Framework (ESF). It is an update of the ESMF prepared for the pother project. Although the implementation of the ESMF of the parentother project has been largely successful, insufficient staff in MoPH to follow up and implement E&S mitigation measures and the lack of an independent toll-free number to receive and register complains that specifically relate to COVID-19 have been identified as challenges that require attention under this AF. To solve these challenges, it is agreed and also reflected in the ESCP of the AF that four (4) additional staff will be hired in MoPH to ensure the implementation of the mitigation measures proposed in this ESMF. There is also a plan to establish a four (4) digit toll-free line for COVID-19 related grievances under the AF.

The World Bank is providing support to Governments for preparedness planning to provide optimal medical care, maintain essential health services and to minimize risks for patients and health personnel (including training health facilities staff and front-line workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials). As COVID-19 places a substantial burden on inpatient and outpatient health care services, support will be provided for a number of different activities, all aimed at strengthening national health care systems, including systems for the deployment of a safe and effective vaccine. The PDO of the Project is, "to respond and mitigate the threat posed by COVID-19 in Afghanistan and strengthen national systems for public health preparedness." The project also includes a Contingent Emergency Response Component (CERC) that can be activated to make resources available through the project in an emergency.

This ESMF includes templates for Project Screening (Annex A), Environmental and Social Management Plan (ESMP) (Annex B) and the Infection Control and Waste Management Plan (ICWMP) (Annex C) and Infection Prevention and Control Protocol (Annex D). The ESMP template identifies potential environmental, social, health and safety issues associated with the construction and operation of healthcare facilities in response to COVID-19. The ICWMP template focuses on infection control and healthcare waste management practices during the operation of healthcare facilities. The ESMP and ICWMP will set out appropriate measures for infection control and waste management during operation of the relevant healthcare facilities. A Healthcare Waste Management Plan (HCWMP) has been prepared for the entire health sector of Afghanistan in 2018. The document details out existing health care waste management practices according to international standard. The project-specific ICWMP will be developed according to this health-sector wise HCWMP, the ESMF and WHO COVID-19 guidelines.

Other specific environmental and social management instruments and tools that are required by the ESF, such as the Stakeholder Engagement Plan (SEP) and the Labor Management Procedures (LMP) have been developed and will be implemented throughout the project period as agreed and included in the Environmental and Social Commitment Plan (ESCP).

1.1 Purpose of the Environmental and Social Management Framework

The COVID-19 Emergency Response and Health Systems Preparedness Project including the Additional Financing for the supply and rolling out of the priority vaccination exercise in the Islamic Republic of Afghanistan will be a nationwide project. The purpose of this framework is to guide the Ministry of Public Health, Sehatmandi Coordination Office (SCO) -the default Project Implementation Unit under this project and the supporting Project Implementing Agencies on E&S screening and

subsequent assessments during implementation, including site-specific plans in accordance with the ESF under the AF.

1.2 Rationale for Environmental and Social Management Framework

The exact locations and details of the planned rehabilitation/installation works, vaccine storage areas under the project are currently not known. Moreover, deployment of vaccines to be supplied under this AF and other interventions will cover the whole country. Therefore, a framework approach has been adopted to address potential social and environmental risks and impacts and ensure consistent treatment of social and environmental issues during all phases of project: preparation, implementation, operation, and decommissioning.

1.3 The Scope of the Environmental and Social Management Framework

Scope of this framework includes procedures relevant to the development of the project activities, including how to conduct screening of activities/sub-projects to assess the environmental and social risks and impacts and identify mitigation measures, as part of subproject-specific assessments and plans. This ESMF covers a broad description of the project, existing policy and legal frameworks, relevant WHO, World Bank Centre for Disease Control and Prevention guideline and Country relevant guidelines for COVID 19, baseline condition broad environmental and social impacts and accompanying mitigation measures, procedures for environmental and social assessment, stakeholder engagement, and institutional arrangement and responsibilities. This Environmental and Social Management Framework **(**ESMF) has been developed specifically to avoid, reduce, or mitigate adverse social and environmental risks and impacts.

2.0 Project Description

It is envisaged that under the Project the rehabilitation/upgrading works will include provision of water and sanitation facilities in Health Care Facilities (HCFs), installation of equipment for cold chain management, installation of solar panels in existing vaccine storage areas, replacement of gas refrigerators with solar ones and the installation of medical equipment as well as the procurement of goods such as Personnel Protective Equipment (PPE), chemical/biological reagents, vaccines and non-vaccine equipment.

The project will involve direct workers consist of doctors, nurses, orderlies, caters/bakers, janitors, cleaners, and sanitation service providers working at the HCFs. There will also be virologists, data analysists and laboratory technicians working in the laboratories selected for testing of suspected cases of COVID-19. Public servants, consultants and experts will also be supporting aspects of the project, namely, the preparation and/or implementation of various COVID-19 plans and guidelines, risk communication and project monitoring and evaluation. Under the AF, an additional 2,000 vaccinators have been recruited to vaccinate targeted population. Transport workers and drivers will also be involved in the distribution of vaccines and health care waste transportation. These activities will involve minor civil works and installations and equipment, hence the employment of construction workers and suppliers. No temporary displacement of informal users of land or livelihoods will be adversely impacted under this project.

Given the fact that existing vaccines storage and vaccination centers will be upgraded and used for the vaccine deployment and vaccination exercise and existing HCFs will be upgraded or rehabilitated to serve as isolation centers, no land acquisition will be required. No security or military personnel will be engaged in the implementation of Project activities or for provision of security to Project workers, sites and/or assets. The Project will also not involve trans-boundary movement of specimen, samples, or any hazardous materials, Mosques and other private and public places will also not be used to deploy vaccines or used as vaccination centers. Vaccination centers will be set up within existing health care facilities.

Present waste management systems and existing landfills, incinerators, and wastewater treatment plants will be used under the project. No rehabilitation of landfills has been planned under the project. No new treatment plants will be established.

2.1 Policy for Fair, Equitable and Inclusive Vaccine Deployment

The priority vaccination exercise will cover up to 20 percent of the population. To ensure a fair and equitable access to vaccines, a National COVID-19 Vaccine Deployment and Vaccination Plan has been prepared. The plan targets 20% of the population to be vaccinated in 2021 and 2022. The plan has a selection criteria and list of vulnerable groups based on the WHO Guidelines for Allocation and Prioritization of COVID-19 Vaccines and local factors. Based on the National COVID-19 Vaccine Deployment and Vaccination Plan, provincial micro plans are being developed. A plan to register all targeted groups prior to the vaccination and make appointments to ask them for vaccination as well as for booster doses, through SMS, is underway. For some specific target groups, the mobile teams will visit their work and living areas to vaccinate them. Such groups include prisoners, Internally Displaced Persons (IDPs), teachers and civil servants. Two thousand (2,000) additional vaccinators will be hired through the SPs (1,000 two-person mixed male and female teams) to be stationed in health facilities designated as vaccination centers, to deliver the vaccines.

Key performance indicators at input, process and output levels will be identified as part of the plan. A performance review of the plan will be undertaken on a quarterly basis at the provincial level to measure the achievements, identify bottlenecks and address the challenges during the vaccination exercise. Although Sehatmandi is a nationwide project, the Afghan Red Crescent Society there has shown readiness to cover some areas which are not covered by Sehatmandi Service Providers (SPs). In

addition, to ensure vaccination activities in security force HFs conform to best practices, the project Third-party Monitor (TPM) will be involved.

2.2 Project Components

The project components are as follows:

2.2.1 Component 1: Emergency COVID-19 Response

Continuation: support to enhance disease detection capacities through increasing surveillance and information capacities, provision of technical expertise, medical equipment, supplies and commodities, strengthening laboratory and diagnostic systems to ensure prompt case finding and local containment, as well as financing of community awareness campaign, distribution and use of face masks, promotion of personal hygiene practices and community participation in slowing the spread of the pandemic.

Proposed new activities: Assistance in the urgent efforts to respond to the COVID-19 pandemic through: (a) supporting Afghanistan's health sector in the purchase of Project COVID-19 Vaccine and vaccine-related cold chain equipment including solarization of 15 provincial EPI cold stores, 250 health center EPI refrigerators; and (b) strengthening Afghanistan's institutional framework to enable safe and effective vaccine deployment designed for Project COVID-19 Vaccines including development of (i) national policies surrounding prioritization of vaccine allocation; (ii) national policies ensuring voluntary vaccinations; (iii) regulatory standards for vaccination; (iv) standards and protocols surrounding cold chain, supplies, storage, logistics, and training.

2.2.2 Component 2: Health Care Strengthening

Strengthening preparedness planning and clinical care capacity through establishing specialized units in selected hospitals, rehabilitation and equipment of selected health facilities, development of treatment guidelines, intra-hospital infection control measures, strengthening waste management and disposal systems, mobilizing additional health personnel, provision of medical equipment and supplies, diagnostic reagents and kits, as well as financing other operational expenditures, including Compensation Benefits, as might be required to respond to infectious disease outbreak.

Continuation: strengthens essential health care service delivery to be able to provide the best care possible, through contracts with existing Sehatmandi SPs.

Proposed new activities: The Sehatmandi service providers, contracted by the parent project for incremental tasks related to COVID-19 to date, will also be utilized for targeting beneficiaries and delivering the vaccines. The Government of Afghanistan has identified priority target populations to be vaccinated and aims to achieve a 40 to 60 percent population coverage.

2.2.3 Component 3: Mitigation of Social Impacts

Continuation: support of social distancing measures, including school closures and development of radio programs for all school grades in several subjects as might be needed, provision of mental health and psychosocial services for vulnerable communities.

Proposed new activities: Programs designed for Project COVID-19 Vaccines including: (i) development of explicit, contextually appropriate and transparent criteria for identification of priority populations for vaccination and supporting implementation plans; (ii) communication to address vaccine hesitancy to improve demand generation through mass and interpersonal communication especially targeting female considering their lower access to information; (iii) Social and Behavior Change Communication to address and manage COVID-19 risks and health promotion; (iv) outreach interventions; (v) citizen engagement for feedback and grievance redress mechanisms; (vi) development of targeted training programs for managers, SPs and evaluators of vaccine deployment; and (vii) knowledge management and learning. These social communications will be carried out through UNICEF- in collaboration with the MoPH - who has been contracted in the parent project for similar COVID-19 related mass-media

campaigns targeting specific groups which might resist COVID-19 activities including vaccinations. UNICEF has a wide experience using diverse and appropriate social media in Afghanistan to convey health, education and social benefit related information.

2.2.4 Component 4: Implementation Management and Monitoring and Evaluation

Support for Project implementation and management, including support for procurement, financial management, environmental and social risk management, monitoring and evaluation and reporting; provision of Training and Incremental Operating Costs.

Continuation: existing project management and monitoring activities.

Proposed new activities: will support development of information systems towards (i) impact of vaccination program through disease surveillance; (ii) assessment of coverage, effectiveness and safety of vaccination deployment; (iii) outbreak investigation and control; (iv) sero-surveillance studies; and (v) operational and management costs in implementation of the project.

2.2.5 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. This Component is being added to ensure additional flexibility in response to any emergency that might occur during the lifetime of this project. Any unused balance under the first four components subject to Bank approval can be reallocated to the CERC component, in the event of an emergency. A negative list for CERC has been appended in Annex II with the subproject screening form indicating ineligible emergency activities that cannot be financed under CERC. In case of activation of CERC component, this ESMF will be updated to reflect the activities under CERC.

2.3 Procedures for Establishing the E&S Risk Classification for Subprojects/Activities

When subproject locations/design will be known, each activity/sub project will be screened for E&S risks and impacts. Annex A provides a screening form (including negative list for CERC) which sets out a list of questions on the screening of E&S risks and impacts, identifies the relevant ESSs and the type of assessments and management tools that can be developed. The ESCP provides broad high-level government commitment to identify and manage the adverse environmental and social impacts and risks associated with the Project.

2.4 Eligibility criteria for Exclusion of Sub Projects

Activities that are incompatible with the project objectives will be excluded so will activities on the CERC negative list (in Annex A). In addition, any activities which can involve land acquisition will also be ineligible under this project including in CERC. The following types of activities are excluded from the AF are ineligible for financing under the Project:

- Activities that may cause long term, permanent and/or irreversible (e.g. loss of major natural habitat) impacts
- Activities that have high probability of causing serious adverse effects to human health and/or the environment other than during treatment of COVID-19 cases
- Activities that may have significant adverse social impacts and may give rise to significant social conflict
- Activities that may affect lands or rights of vulnerable minorities,
- Activities that may involve permanent resettlement or land acquisition or impacts on cultural heritage
- All the other excluded activities set out in the ESMF of the Project.

3.0 Policy and Legal Framework

3.1 World Bank Environmental and Social Framework

The World Bank ESF, which seeks to support borrowers develop and implement environmentally and socially sustainable projects as well as build capacity in the assessment and management of environmental and social impacts and risks associated with the implementation and operation of projects. The ESF contains Environmental and Social Standards (ESSs) that borrowers must apply to all projects in order for the projects to be sustainable, non-discriminatory, transparent, participatory, environmentally and socially accountable as well as conform to good international practices. The ten (10) Environmental and Social Standards are:

1. Environmental and Social Standard 1 (ESS1): Assessment and Management of Environmental and Impacts
2. Environmental and Social Standard 2 (ESS2): Labor and Working Conditions
3. Environmental and Social Standard 3 (ESS3): Resource Efficiency and Pollution Prevention and Management
4. Environmental and Social Standard 4 (ESS4): Community Health and Safety
5. Environmental and Social Standard 5 (ESS5): Land Acquisition, Restrictions on Land use and Involuntary Resettlement
6. Environmental and Social Standard 6 (ESS6): Biodiversity Conservation and Sustainable Management of Living Natural Resources
7. Environmental and Social Standard 7 (ESS7): Indigenous Persons/Sub Saharan African Historically Underserved Traditional Underserved Traditional Local Communities
8. Environmental and Social Standard 8 (ESS8): Cultural Heritage
9. Environmental and Social Standard 9 (ESS9): Financial Intermediaries; and
10. Environmental and Social Standard 10 (ESS10): Stakeholder Engagement and Information Disclosure

Out of these, ESS1 (Assessment and Management of Environmental and Social Risk and Impacts), ESS2 (Labor and Working Conditions), ESS3 (Resource Efficiency and Pollution Prevention and Management), ESS4 (Community Health and Safety), ESS8 (Cultural Heritage) and ESS10 (Stakeholders Management and Information disclosure) are relevant for the Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project (see Table 3.1 below).

Table 3.1: Relevant World Bank Environmental and Social Standards

ESS	Relevance	Activities
ESS1-Assessment and Management of Environmental and Social Risks and Impacts	Relevant	ESS1 discusses the borrower's responsibilities in identifying and managing the E&S risks/impacts of the project. The project will provide health services in response to the COVID-19 pandemic. Given the nature of how the disease spreads together with the medical requirement and resources needed to address the issue, health workers, community members and the environment are likely to be exposed to health risks from health care, solid and liquid wastes generated from the health facilities as well as the vaccination exercise (if not properly treated and managed). Other forms of risk associated with the COVID-19 Project are exposure of health and other frontline workers to the COVID-19 virus and other pathogens and their interaction among public which may spread the virus. The planning, design and construction/rehabilitation of the selected isolation facilities and laboratories as part of the project are also associated with some E&S impacts/risks. This ESS prescribes the various E&S instruments such as ESMF, and ESMPs that should be

		prepared to address the E&S risks/impacts associated with this project. An ESCP has been prepared with high-level commitment of the Government to managing the adverse E&S risks and impacts that will emerge from the implementation of the project. This ESMF also provides guidance for the preparation of ESMPs and other E&S instruments.
ESS2- Labor and Working Conditions	Relevant	This ESS deals with labor related issues. The project will include civil servants (MoPH and other relevant agency staff) direct/project workers (consultants and staff recruited by MoPH in SCO, contracted workers (third party monitoring agency workers and workers of 19 Service Provider NGOs who are working in case management and surveillance), and community workers, (Community Health Workers). The recruitment and assignments of the workers will be done in an inclusive manner, following labor practices, and keeping in mind the risks of discrimination towards women and marginalized and disadvantaged groups, and avoiding child and forced labor. All conditions of contracts will be explicitly spelled out and agreed and abided by both the employers and the employees. Workers will be trained on specific codes of conducts including expected interaction formalities with the communities and vaccine seekers, issues of misuse and abuse of their role, theft and wastages of logistics, sexual exploitation and abuse and sexual harassment issues. An LMP to address issues of workers conditions of jobs, Occupational Health and Safety (OHS) issues, worker interactions with the communities with a specific Grievance Redress Mechanisms (GRM) to raise worker concerns and complaints has been prepared and will be disclosed prior to effectiveness of the project. Both the parent project and the AF will follow the LMP.
ESS3- Resource Efficiency and Pollution Prevention and Management	Relevant	Civil works at the selected health care facilities and laboratories will utilize energy, water, sand and other construction materials and generate intermittent noise and dust, while operations at the laboratories and isolation centers will use water and energy. The project is likely to generate a significant amount of health care, solid and liquid waste into the environment during the operational phase. Under this AF, used needles, syringes and empty vials will be a major waste streams to be properly disposed of. Air pollution and emission of green house gases will also be associated the incineration of combustible health care waste. In line with the guidance of ESS 3, an Infection Control and Waste Management Plan (ICWMP), (including health care, solid and liquid waste management) will be prepared, per the template in Annex C, to assess and manage waste of different kinds (solid, liquid, medical, hazardous and nonhazardous). These will be prepared in line with ESS 3 and related ESHGs, GIIP, WHO guidelines and national law.
ESS4- Community Health and Safety	Relevant	ESS 4 discusses the need and requirement for community health and safety issues in World Bank financed projects (investments). Activities under this project may give rise to a number of community health and safety risks and impacts. The project will generate both non-hazardous and infectious waste during the

		upgrading/rehabilitation and operation of the selected isolation centers and laboratories. Under the AF used needles, syringes and empty vials will be the major waste streams to be properly disposed of so that they do not hurt/harm members of the community. The Infection Control and Waste Management Plan (ICWMP) will address minimizing community exposure to infectious health care waste. Accidents may also occur during the construction/rehabilitation of selected isolation centers and laboratories involving residents of community in which the laboratories an isolation centers are located. There is also the potential for community spread of the virus emanating from the laboratories and isolation centers. The incidents of GBV/SEA/SH may be exacerbated by the participation of female project and community workers and beneficiaries in project activities. Moreover, the likelihood of SEA/SH may arise from project and health workers demanding sexual favors in exchange for preferential treatment or vaccination during project implementation. The ESMF thus includes an assessment of SEA and SH risks and preparation of an Action Plan within 60 days of project effectiveness. Hostiles may attack vaccination teams and other frontline workers in the discharge of their duties, maiming or injuring them in process Such persons may prevent vulnerable groups/ person from accessing the vaccines.
ESS5- Land Acquisition, Restrictions on Land Use, and Involuntary Resettlement	Not Currently Relevant	Existing health facilities on government lands will be selected for establishment of isolation centers, rehabilitation, and provision of sanitary and water facilities. The AF activities are not expected to cause any temporary or permanent private land and assets impacts.
ESS6- Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant	No critical and natural habitats will be impacted under this project None of the project components have the potential to introduce invasive species
ESS7- Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant	These categories of persons have not been identified in Afghanistan

ESS8- Cultural Heritage	Relevant	The selected health facilities, vaccine storage and vaccination centers are not located within or close to culturally sensitively areas. However, there is the possibility of a "Chance Find" during excavations as part of the construction of sanitary and other facilities. The ESMPs of construction related works will include 'Chance Find Procedures'. The vaccine will not interfere with traditional medicinal practices in the country.
ESS9- Financial Intermediaries	Not Currently Relevant	No Financial Intermediaries are involved in this project
ESS10- Stakeholder Engagement and Information Disclosure	Relevant	Project stakeholders including the public and vulnerable persons/groups such as frontline health workers, other essential workers, the elderly and teachers should be identified and consulted throughout the project cycle in a timely manner. Majority of the information dissemination will be done through websites/online portals, FAQ system, existing helplines of the government, newspapers, community bulletins, local/FM radio stations etc. Public address systems in mosques, and communities etc. will also be used. Any face-to-face contact with stakeholders will be in small groups following all safety and health protocols (use of PPE, not including anyone with symptoms to be present etc.) per local and national guidance and only when needed. The MoPH has prepared a Stakeholder Engagement Plan (SEP) which identifies various stakeholders, ways and means of information disclosure and getting feedback with special reference to vulnerable and disadvantaged parties. This also includes measures to discourage misinformation and rumor and provision of effective monitoring and evaluation. SEP has been updated for the proposed AF. Transparent and accessible channels will have to be provided under the project to receive grievances of project affected persons including vulnerable persons, COVID-19 patients, aggrieved persons/parties, and the public. Grievances must be investigated, resolved and feedback provided to aggrieved parties in a participatory, transparent, and timely manner.

3.2. Relevant Technical Guidelines for COVID-19 Virus

The World Health Organization since the outbreak have issued a number of guidelines to prevent and contain the spread of infections among the population as well as frontline workers. These guidelines according to WHO will be updated as more information about the virus emerges. Relevant guidelines that relate to the project are discussed below.

3.2.1 Water, Sanitation, Hygiene, and Waste Management for the COVID-19 Virus

WHO has updated its technical brief for water and sanitation practitioners amidst outbreak of the COVID-19. The guidelines cover water, sanitation and health care waste management. It presents strategies in WASH in the health care setting as well as the home/community environment. Thematic areas discussed under WASH in the health care setting include practices for hand hygiene, sanitation and plumbing, emptying latrines and holding tanks, transporting excreta off-site, toilets and handling feces, cleaning practices and safe disposing of greywater or water from washing PPEs, surfaces and floors. Health care waste management guideline is prepared based on WHO technical guidelines.

3.2.2 Rationale on the Use of PPEs

This technical reference document is relevant for both site workers and health personnel alike. The guidelines acknowledge disruption in the PPE supply chain as a result of the outbreak and spread of COVID-19 and outlines measures to minimize the over dependence on PPEs amidst the global shortage. This notwithstanding, the guideline underscores the importance of the proper use of PPEs as a measure against the spread of the disease. It also outlines activities and personnel requiring PPEs, the type of PPEs required and settings within which the PPEs will be required. It also emphasizes the need for hand and respiratory hygiene as complementary measures to the use of PPEs. Infection prevention guideline is prepared based on WHO guideline by MoPH and cover this part.

3.2.3 Consideration for Quarantine of Individuals in the Context of Containment for COVID-19

The guideline sets out instances that quarantine is required as well as the pre-conditions for quarantine, in addition to administrative and environmental control together with mechanisms of early detection and control of the COVID-19 virus. A critical recommendation from this guideline is for quarantine facilities to be spacious, well ventilated single rooms or room where beds can be placed at least one meter apart. Apart from these, WHO recommends that the quarantine facilities must be fitted with hand hygiene, water and sanitary facilities and have air ventilation and filtration and waste management protocol. The program intends to support the construction of isolation facilities in existing health centers in the Islamic Republic of Afghanistan as part of the Project. Infection prevention guideline is prepared based on WHO guideline by MoPH and cover this part

3.2.4 WHO Guideline "Getting Your Workplace Ready for COVID-19"

The document provides presents simple measures to be implemented within the workplace to prevent the spread of COVID-19. These measures include activities to ensure the workplace in clean and hygienic, things to consider during traveling and when you return from travel and getting your business ready in case COVID-19 arrives in your community.

3.2.5 WHO Framework for Allocation and Prioritization of COVID-19 Vaccination

The document offers broad guidance on the allocation of COVID-19 vaccines between countries as well as the prioritization of groups for vaccination within countries while supply is limited based on the values framework. The overarching goal is for COVID-19 vaccines to contribute significantly to the equitable protection and promotion of human well-being among all people of the world.

Key principles outline to guide the globally and national distribution of COVID-19 vaccines in the document are human well-being, equal respect (equal opportunity for all group and individuals based on an acceptable criteria), global equity (support countries to meet vaccines needs of the populations), national equity, reciprocity (protect those who are significantly risk in order to protect others) and legitimacy.

In the guideline, criteria for prioritizing vulnerable populations in-country for vaccination based with the twelve (12) objectives of the Values Framework are outlined. Vulnerable groups in relation to COVID-19 as presented in the document include health workers, the aged as defined by national law, groups living in dense urban residential areas as well as persons with comorbidity.

3.2.6 WHO Interim Guideline Diagnostics, Therapeutics, Vaccine Readiness, and other Health Products for COVID-19 (2020)

This guideline primarily ensures the provision of health products for COVID-19 patients in designated COVID-19 facilities. It allows health facilities to assess the availability and status of stocks of critical COVID-19 medicines, equipment and supplies on site and identifies areas that need further attention to enable them respond effectively to the pandemic. The document contains checklists for identification and description of health facilities, adequacy of selected medicines and supplies as well as Personnel Protective Equipment and Infection Prevention and Control in relation to COVID-19 readiness, vaccine

storage and handling for COVID-19 (see https://www.who.int/publications/i/item/WHO-2019-nCoV-HCF_assessment-Products-2020.1 for details).

3.2.7 Interim Note: Protection from Sexual Exploitation and Abuse (PSEA) During Covid-19 Response (WHO, UNFPA, UNICEF, UNHCR, WFP, IOM, OCHA, CHS Alliance, Inter Action, UN Victims' Rights Advocate)

The Interim note underscores the potential for SEA/SH cases to be on rise during the COVID-19 pandemic and the fact that health/frontline workers can be survivors or perpetuators of SEA/SH. It also recommends risk reduction and preventive measures such as building E&S into the recruitment process for volunteer frontline workers and focal persons. Other measures focus on providing safe and accessible channels for reporting SEA/SH and GBV cases, promoting a culture of speaking up together with measures that provide protection and support for SEA/SH/GBV survivors and coordination within country initiatives.

3.2.8 WHO Code of Ethics and Professional Conduct

The Code of Ethics and Professional Conduct outlines measures to ensure an effectiveness, efficiency, transparency, and accountability by promoting and upholding the highest organizational standards, ethical principles and conduct for staff. It sets out the principles of ethical behavior and standards of conduct that should guide staff decisions and actions within and outside the work environment. The Code of Ethics and Professional Conduct covers fair and respective workplace, prevention of sexual exploitation, personal conduct, relations with government and political activity and reporting wrong doing as well as protection for whistle blowers.

3.2.9 WHO Laboratory Testing Strategy Recommendations for COVID-19

The document provides broad modalities for testing suspected cases of COVID-19 for countries dealing with:

1. no reported cases (no cases transmission scenario)
2. clusters of cases
3. community transmission; and
4. sporadic cases

The laboratory testing recommendation also covers strategies for prioritized testing (see https://apps.who.int/iris/bitstream/handle/10665/331509/WHO-COVID-19-lab_testing-2020.1-eng.pdf for details)

3.2.10 Laboratory testing for coronavirus disease (COVID-19) in Suspected Human Cases (March 2020)

This document provides interim guidance to laboratories and stakeholders involved in COVID-19 virus laboratory testing of patients. It provides laboratory testing guiding principles for patients who meet the suspect case definition and specifies specimen collection procedures. The guidelines also specifies the types of tests to be undertaken under various case scenarios within resource constraints together with test reporting mechanisms (see WHO Covid-19 Technical Guidance: Laboratory testing for 2019-nCoV in humans: for details)

3.2.11 Center for Disease Control Coronavirus Lab Biosafety Guidelines

The guideline discusses procedures/requirements for laboratory biosafety, routine laboratory procedures, viral isolation, working with animals suspected to be infected with the Coronavirus, referral of specimen to laboratories and packaging/shipping. The key recommendations in the guideline includes basing laboratory procedures on the results of risk assessments of the laboratory, ensuring that only personnel demonstrating capability to undertake procedures in strict conformity to laid protocols are utilized in laboratories, using disinfectants with proven activity against enveloped viruses in laboratories and the fact that Biosafety Level (BSL 2) equivalent procedures must be in propagative work in the laboratories.

3.2.12 Surveillance of Adverse Events following Immunization

This manual provides guidance for the managers of immunization programs (and others responsible for vaccine safety and quality) on the following areas: (i) strategies and systems for ensuring quality and safety of vaccines; (ii) the objectives of vaccine and immunization safety surveillance; (iii) Adverse Event Following Immunization (AEFI) surveillance system: reporting, investigation, causality assessment and the new classification of cause-specific AEFI; (iv) understanding vaccine reactions for better decision-making; (v) the best use of surveillance data; (vi) response processes, including a communication strategy on immunization safety for the public and the media. The document also discusses roles and responsibilities in the deployment of vaccines.

3.3 Relevant World Bank Group Guidelines

3.3.1 World Bank Group EHSG, 2007

The Environmental, Health, and Safety (EHS) Guidelines are technical reference documents with general and industry-specific examples of Good International Industry Practice (GIIP), as defined in ESS3. The EHS Guidelines contain the performance levels and measures that are normally acceptable to IFC and that are generally considered achievable in new facilities at reasonable costs by existing technology. For World Bank funded projects, application of the EHS Guidelines to existing facilities may involve the establishment of site-specific targets with an appropriate timetable for achieving them. The environmental assessment process may recommend alternative (higher or lower) levels or measures, which, if acceptable to IFC/World Bank, becomes project- or site-specific requirements. The World Bank Group EHS Guidelines for Water and Sanitation, guidelines for Health Facilities, the General Guidelines are relevant for this project.

3.3.2 ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works

This interim note emphasizes the importance of careful scenario planning, clear procedures and protocols, management systems, effective communication and coordination and the need for high levels of responsiveness in a changing environment. It recommends assessing current situation of projects, putting in place mitigation measures to avoid or minimize the chance of infection (Corona virus) and planning what to do if either project workers become infected or the work force including workers from proximate communities is affected by COVID-19. The recommendation covers cleaning and waste disposal, medical services and general hygiene for the workforce together with management of site entry and exit points, work practices and medical supplies for site workers. There are also recommendations to ensure continuity in supply of materials and project activities amidst disruption supply chains as a result of COVID-19. The interim note is useful for SCO staff, Project Consultants and Contractors.

3.3.3 Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings

The guidelines acknowledge that national and local laws may impose social distancing, restriction on movement and large gatherings as measures to minimize the spread of COVID-19 together with the fact the general public may be averse to large gathering as they protect themselves from COVID-19. It further acknowledges that these realities can adversely affect the extent to which Borrowers can meet the requirements of ESS10. The guideline goes ahead to proffer strategies on how to manage stakeholder engagement and consultation amidst these challenges. These include identifying and reviewing planned activities as well as assessing the COVID-19 status of the country/project settings, risk of transmission through consultation and ICT penetration rate of the Borrower. The guideline stipulates that public gathering such as workshops should be avoided but small group meetings like focus group meetings can be carried out, if permitted by national and local laws. The use of social media platforms for both consultations and information dissemination is preferred, while traditional forms are recommended for information dissemination.

Additional guidance are listed in Annex E-Resource List: COVID-19 Guidance.

3.4 MoPH Guidelines for COVID-19

The relevant MoPH guidelines for the Project are:

i. Screening guideline
ii. Proper use of (PPE) personal protective
iii. Guidelines for commuting in cities
iv. Guidelines for governmental and non-governmental institutions
v. Guidelines for individuals and charities institutions
vi. Guideline for bakers
vii. Guidelines for COVID-19 Medical Waste Management
viii. MOPH guideline on COVID-19 De-correlating Decision-Feedback Detection

3.5 International Conventions

Relevant International Conventions for the Covid-19 Emergency Response and Health Systems Preparedness Project are:

- Basel Convention on the Control of Trans boundary Movements of Hazardous Wastes and Their Disposal, 1989
- Kyoto Protocol, 1997
- Stockholm Convention on Persistent Organic Pollutants, 2001
- Convention for Safeguarding Intangible Cultural Heritage, 2003
- Conventions of The Rights of Persons with Disability, 2006; and
- Afghanistan-Pakistan Transit Trade Agreement, 2010.

3.6 National Laws

3.6.1 Constitution of the Islamic Republic of Afghanistan

The 2004 Constitution provides the basis for a rights-based approach to health. Relevant articles that guarantees citizens the right to good quality health care are:

i. Article Six, which states: 'The state shall be obligated to create a prosperous and progressive society based on social justice, preservation of human dignity, protection of human rights, realization of democracy, attainment of national unity as well as equality between all peoples and tribes and balance development of all areas of the country.'
ii. Article Fifty-Two, which states: 'The state shall provide free preventative healthcare….'
iii. Article Fifty-Three: The state shall guarantee the rights of retirees, and shall render necessary aid to the elderly, women without caretaker, disabled and handicapped as well as poor orphans, in accordance with provisions of the law.'

3.6.2 The Environmental Law (2007)

The law requires proponents of any development project, plan, policy or activity to apply for an environmental permit (called the Certificate of Compliance) before implementation of the project by submitting an initial environmental impact assessment to the National Environmental Protection Agency (NEPA) to determine the associated potential adverse impacts.

3.6.3 *The Environmental Law (2007)*

The law was developed based on international standards taken into account the environmental condition in the country and is considered comprehensive. It stipulates for sustainable use, rehabilitation and conservation of biological diversity, forests, land, and other natural resources as well as for prevention and control of pollution, conservation and rehabilitation of the environment quality, active involvement of local communities in decision-making processes including stated that the affected persons must be given the opportunity to participate in each phase of the project. The law requires the proponent of any development project, plan, policy or activity to apply for an environmental permit (called the Certificate of Compliance or CoC) before implementation of the project by submitting an initial environmental impact assessment to the National Environmental Protection Agency (NEPA) to determine the associated potential adverse effects and possible impacts. The law also establishes a Board of Experts that reviews, assesses, and considers the applications and documents before NEPA

could issue or not issue the permit. The EIA Board is appointed by the General Director of the NEPA and is composed of not more than 8 members. The EIA Board of Expert's decision can be appealed.

3.6.4 The EIA Regulations 2017

This Regulation repeals the EIA Regulations of 2008. It establishes the administrative guidelines for the Preparation of Environmental Impact Assessment (EIA). It provides a list of projects expected to create adverse impacts (Category 1) and those that may create significant negative impacts (category 2) and describes specific process/procedures and the required documents for each category.

3.6.5 The Afghanistan Labor Law (2007)

The Afghanistan Labor Law (2007) contains several articles relevant to infrastructure development: For instance, Article 30 of the Law states that: "An organization can increase or decrease the hours of work during the week provided that the total working hours during a week do not exceed 40 hours". In addition, Articles 107 – 119 in Chapter 10 of the Law sets out a range of specific requirements to ensure the health and occupational safety conditions in the workplace. For example, Article 112 requires that: "When working in" conditions harmful to health" special clothing/footwear etc. should be put at the disposal of employees free of charge;" Article 114 requires that: "First Aid Medical kits should be available and the treatment of an employee's illness should be at the employer's expense."

3.6.6 The National Disaster Management Law (2012)

The new law regulates activities related to response, preparedness, and risk reduction for natural and manmade disasters It includes institutional arrangements for implementation. The National Disaster Management Commission (NDMC) and the Afghanistan National Disaster Management Authority (ANDMA) are responsible for decision-making, regulation and coordination of disaster preparedness, and response.

3.7 Relevant Policies

3.7.1 National Health Policy 2015-2020

The policy aims to ensure that there is a balance between downstream health care services and upstream 'health'. The thrust of the policy is to:

- ensure a better health care and healthy lifestyles as a result of changing attitudes, perceptions and practices while continuing to reduce the incidence of communicable diseases and the maternal mortality and neonatal death rates.
- improve access and quality of basic health services towards universal health coverage while improving tertiary care through private sector involvement and regulation.
- change governance and institutional functioning towards a more effective state ministry.
- creating a culture of responsibility, lifelong learning, zero tolerance to corruption, merit-based appointments, evaluation and better working conditions on the social determinants of health; and
- better control the quality of pharmaceuticals and food

3.7.2 Infection Prevention and Control Policy, 2005

The MoPH's National Policy on Infection Prevention and Control for Hospitals and Health Centers (2005) provide the broad principles of Infection Prevention and Control (IPC) for all Afghanistan healthcare facilities. The policy manual states the specific guidelines for implementation of effective IPC programs in hospitals and health centers. The objectives of the policy are two-fold (a) to facilitate effective implementation of the national IPC policy, and (b) to provide the technical guidance necessary for clinical managers of health facilities to be able to implement an effective IPC program. The IPC Program covers the Nosocomial Infection Surveillance System, Environmental Sampling, Occupation Health Program and Safe Injection Practices. The IPC for housekeeping, waste disposal and pest control has also been provided in this policy document.

3.8 Institutional Framework

The Ministry of Public Health is the lead governmental institution for promoting good health of the people of Afghanistan. Its mandate falls within the areas of leadership and governance, institutional development, policy and strategic direction and health for all through public health interventions and health services. In addition, the Ministry is responsible for undertaking reforms and other changes in the functioning of the health sector in order to have a better, more sustainable financing and quality results for the people of Afghanistan.

4.0 Baseline Conditions

4.1 COVID-19 Status

55,580 cases of COVID-19 have been confirmed in Afghanistan with 2,430 deaths and 48,803 recoveries by 19th February 2021, mostly from Herat Province and with travel history to Iran. But recognizing the rapidly contagious nature of the virus, proximity of Afghanistan to Iran and China, which are COVID-19 endemic countries, the relatively free population movement over the border, and limited public health capacity, it is very likely that the virus has spread more widely than currently reported, as in other countries, and has the potential to cause substantial harm.

4.2 Location and Population

The Islamic Republic of Afghanistan is a land lock country in Central Asia. It shares a common border with Pakistan in the East and South and Iran in the West. In the north is Turkmenistan, Uzbekistan and Tajikistan, while China lies in the north east. Latest population estimates in the World Bank database puts the total population of the Islamic Republic of Afghanistan at 37,172,386, growing at an annual rate of 2.4% per annum. Out of this, 51.4% (19,093,281) are males while 48.6% (18, 079,105) are females. Afghanistan has 421 districts and 34 provinces.

4.3 Vulnerable Groups in Afghanistan Targeted for Priority Vaccination

In Afghanistan, the basis of vulnerability to COVID 19 has been established in the National Deployment and Vaccination Plan based on the WHO guidelines and local factors. Some of the local factors have excluded vulnerable groups from previous immunization programs. Some of the local factors are socio-cultural such as conflicts, population movement (nomads and Internally Displaced Persons), limited female participation in public life and norms that frown on women accessing services of male health practitioners without an accompanying male and lack of information. Others are geographical, notably, harsh weather conditions in winter season and difficult terrain such as mountains. WHO/UNCIEF estimates that Measles Containing Vaccine Coverage in Afghanistan at 64% compared to 86% in South East Asia as at 2018.

From the plan, the following are vulnerable and will be given priority during the impending vaccination exercise: 1) health workers, 2) teachers, 3) security personnel, 4) prisoners, 5) people with comorbidities 6), people above 50 years old, 7) nomadic people, 8) Internally Displaced Persons, 9) returnees from countries with high prevalence-mainly Iran and Pakistan, 10) government employees who are working with crowds, 11) People living in Urban Slums of big cities as vulnerable in terms of the COVID 19 pandemic and has prioritized same in order of priority for vaccination. Table for 4.1 presents the Priority Vulnerable Groups for COVID 19 and their sources of vulnerability.

Table 4.1: Vulnerable Groups in Afghanistan-COVID 19 Pandemic

Target Population (Vulnerable Groups)	Estimated Number	Source of Vulnerability/Justification for group prioritization (in line with SAGE recommendation)
All Health Workers (MoPH, NGOs, and Private sector) including Community Health Workers	128,000	No care homes to first target very older people. Health workers are at high risk of disease due to treating patients, testing and contact tracing et.
Teachers in schools and universities (public and Private)	400,000	Weak infrastructure for mobile and internet services. Not possible to set up virtual education system. Vaccinating the teachers leads to opening the schools for children.
Security Personnel	400,000	Large numbers. Live in shared rooms (indoor) in military bases

Prisoners and residents of women's shelters	33,000	Very similar condition to that of security personnel
People with co-morbidities (e.g. heart diseases, TB, Diabetes)	130,000	Co-morbidity puts individuals at high risk.
People over 50 years	2,334,000	At high risk by default.
Nomadic Population (all men and women aged 30 -50 years)	300,000	Nomads are population on the move increasing their risk of contracting the virus.
People living in IDP camps age 30-50 years	300,000	Living either in camps or miserable situation.
Returnees from neighboring provinces (Iran & and Pakistan) over the age of 30	400,000	Risk of virus circulation and transmission of the virus to others
Government and private employees working with crowd of people aged 18 years or above e.g. Passport department.	100,000	Some departments or institutions handle very big number of clients on daily basis e.g. passport department has more than 2,000 client/day.
People living in Urban Slums of big cities above 18-year old, and emergency uses	3,258,000	Poor hygiene practices, poor living conditions, living in shared facilities, miserable living situation. Emergency use means any eligible group who is not known/noticed now but will be identified during implementation
Total	**7,780,000**	

4.4 Management System for Health Care Waste in Afghanistan

Health facilities generate various types of health care waste in addition to liquid and solid waste, notably infectious, pathological, genotoxic, pharmaceutical, and chemical waste. Other types of health care wastes include sharps and equipment containing heavy metals. Proper infection control measures and sound treatment and disposal of bio-medical wastes are lacking in Afghanistan. Apart from this, many health care facilities do not have Personal Protective Equipment (PPEs) and appropriate tools/equipment for handing health care waste. These notwithstanding, a Healthcare Waste Management Plan (HCWMP) was prepared for the sector in 2018. The document details out existing health care waste management practices as indicated in Table 4.2.

Table 4.2: Management Practices for Health Care Waste in Afghanistan

Operation	Existing Practice and Facilities
Waste Collection	• Waste collected from the operation theatres, General Wards, OPDs, Laboratories etc. • Apart from the sharps and placentas, most of the other waste are collected. • Needle-cutters/ Hub Cutters not used generally
Waste Segregation	• General waste, anatomical and other Infectious wastes are normally collected separately at the point of generation • Sharps (used syringes) are collected separately in yellow boxes but end up getting mixed during transportation. • Patients/Visitors in the wards sometimes dump the general waste in the bins near the Nursing Stations
Waste Transportation	• Waste is normally transported in bags or carried manually in trolleys by the Hospital Sanitation Workers • Secondary transportation is non-existent as the disposal takes place inside the Health Care Unit (HCU) primarily.

Color Coding	• Color-coding exists only as far as usage of yellow boxes for used AD syringes and black bins for other wastes • No Color-Coding for bags & the trolleys in which wastes are transported • The color-coding for different types of health care waste (HCW) is not consistent and used more as an exception than as a rule • Lack of consistency in color-coding often results in different types of HCW getting mixed together
Waste Treatment/Disposal	• No clear-cut policy on HCW treatment and disposal • HCW either burnt in ovens/single chamber incinerators or is buried inside the compound. Therefore, there is no secondary storage and transportation • No disinfection equipment such as Microwave/ Autoclaves/Shredders have been installed, except in a few hospitals • Placentas are placed in placenta pits

The MoPH also revised the health care waste management guideline and standards in third quarter of 2019 and held training for health care workers in the national capital, regional and provinces hospitals. The project-specific ICWMP will largely follow this plan, the ESMF and WHO COVID-19 guidelines.

The big challenge for the MoPH is insufficient budget to manage health care waste properly and well equip the selected facilities with equipment like safety boxes, standard waste bins and colored plastic bags in accordance with color coding standards. Other challenges are inadequate PPEs, trolleys for collection and transportation to storage areas, incinerator machines and recycling machineries. However, as mentioned in section 4.7, the management of E&S issues has improved under the parent project and it is expected that this will be further improved throughout the project period. Improvement of the waste management system in the country will be improved by updating the current HCWMP to suite for COVID-19 and the AF Vaccination project requirements and then operationalized. For improvement in addition to operationalization institutional/implementation arrangements should be enhanced, capacity need assessment would be undertaken, a Capacity Development Plan made and implemented.

Relevant technology and equipment, e.g., incinerators procured, if needed in relevant HCF and installed, and properly used and maintained. A proper monitoring and reporting system will be in place to periodically assess the implementation and make corrective actions following the ESMF.

4.5 Vaccine Readiness for the Islamic Republic of Afghanistan

The Government of Afghanistan's vaccine coverage and purchase plan is a central part of its national vaccination readiness. The Ministry of Public Health (MoPH) has established a national technical committee to plan the COVID-19 vaccine deployment in the country to cover initially 20 percent of the population and thereafter based on availability of vaccines and financial resources to cover up to 40 percent of the population. The committee is chaired by the director of the Expanded Program on Immunization (EPI) and supported by WHO, UNICEF, Global Alliance for Vaccines and Immunizations (GAVI) and the World Bank.

The COVAX facility will cover, depending on funding available, up to 40 percent of the population. The procurement of vaccines will be done by UNICEF, while WHO will assist in developing technical guidelines for training and monitoring of the program. It is estimated that the vaccine for covering up to 40 percent of the population will be delivered to the country in six shipments over a one-year period, starting from the first quarter of 2021 and it is expected that the first 20% of the population will be vaccinated by the end 2021.

Table 4.3: National Vaccine Coverage Plan for COVID-19 Vaccine – Islamic Republic of Afghanistan

Coverage of Population	# of people (Total Population: 38 million)	No. of Doses	Vaccine Sourcing	Source of Financing	Vaccines	Approval Standards	Contract status
16%	6,080,000	2 2	COVAX	COVAX grant IDA credit	AstraZeneca	Approved by 2 SRAs, 3rd anticipated by Jan 2021	Official request submitted to COVAX; initial confirmation received
4%	1,520,000	2 2	COVAX	IDA credit IDA credit	AstraZeneca	Approved by 2 SRAs, 3rd anticipated by Jan 2021	Official request submitted to COVAX
20%	7,600,000	2 2	COVAX	IDA credit ADB Other DPs	AstraZeneca	Approved by 2 SRAs, 3rd anticipated by Jan 2021	Dependent on availability

Source: AF Project Appraisal Document

Afghanistan's vaccine strategy is to vaccinate at least 40% of its population by the end of the year. This proposed AF will support the first stage of vaccine purchase and deployment, covering the first 20% of the population (See Table 4.1 for prioritization). In order to determine the preparedness of the country for the upcoming immunization program, a Vaccine Introduction Readiness Assessment (VIRAT) and Vaccine Readiness Assessment Framework (VRAF) were conducted. The results of these assessments are summarized in Table 4.4 to provide a snapshot of the country's vaccine readiness.

Table 4.4: Afghanistan's Vaccination Readiness: Findings from the VIRAT and VRAF Assessments

Activity Area	Assessed Area	Readiness and Measures to Address Key Gaps
Planning and Management	Vaccination objectives and targets	Readiness: The objectives of the National COVID Vaccine Deployment, considering public health and equity are: • Protect those most vulnerable to morbidity and mortality due to COVID-19 • Interrupt transmission and outbreaks of COVID-19 by targeting key drivers and/or potential super spreader situations • Maintain critical social services The targets are: - To cover 20 percent of the population during 2021 - To cover an additional 20 percent of the population during 2022 Key gaps and measures to address these are: The number and geographic distribution of the target group has not been done yet. The MoPH is in communication with other sectors, the SPs and the private sector to coordinate vaccination planning and identify the exact numbers and location of the target groups per province
	Regulation and Standards	Readiness: Vaccination in Afghanistan is regulated through the regulation number 15, dated June 28, 2010. According to this regulation, all vaccines in Afghanistan should be WHO prequalified. For import of vaccines in the entry point of the country, a set of documents consisting of Certificate of Analysis, Certificate of Origin, Packing list (batch number and expiration date, free sale

		certificate, proforma invoice, and airway bills are needed to enable the custom administration officers allow the vaccines to enter the country.[1] Key gaps and measures to address these are: The MoPH and UNICEF are working with the COVAX facility to ensure documentations are ready at least 48 hours before the vaccine shipments arrive in country. UNICEF outsources some of these activities to the private sector, as practiced for routine immunization to speed up the process.
	Performance management and M&E	Readiness: Key performance indicators at input, process and output levels have been identified. A performance review plan on quarterly basis is foreseen to be conducted at the provincial level to measure the achievements, identify bottle necks and to address these. Key gaps and measures to address these are: Although Sehatmandi is a nationwide project, there are gaps in (i) large cities, such as Kabul, where most national and regional hospitals and private hospitals and clinics are located, and (ii) the quality of vaccination activities by the security forces health services. The Afghan Red Crescent Society (ARCS) has shown readiness to cover some areas which are not covered by Sehatmandi SPs. To ensure quality of vaccination activities in security force HFs, in addition to the monitoring system of the relevant security ministries, the project Third-party Monitor (TPM) will check the quality on a sample basis.
	Budgeting	Readiness: The National Technical committee for COVID-19 has assigned sub-committees to work on different areas of the national vaccination plan (communication, training, distribution, cold chain, monitoring, Adverse Event Following Immunization (AEFI), and others) these sub-committees plan their activities and budgets. Key gaps and measures to address these are: Uncertainties on the cost of vaccine and supplies remain. The COVID-19 vaccination budget has been finalized for submission to the Ministry of Finance for inclusion in the national budget. The MoPH is following up to include this in upcoming fiscal year's national budget.
Supply and Distribution	Vaccines, PPEs and other medical and non-medical supplies	Readiness: The national technical committee worked on vaccine and supplies assessment and planning. The vaccine application for vaccinating the most vulnerable 20 percent of the population has been submitted to the COVAX facility. Personal protective equipment and medical supplies have been budgeted for and will be procured by UNICEF. Key gaps and measures to address these are: Based on the current budget, - ultimately depending on the actual cost of a vaccine which is the main cost driver - there remains a financing gap for covering 40 percent of the population (considering the national target of 60 percent coverage).
	Logistics and cold chain	Readiness: The cold chain capacity has been assessed. The storage and distribution of COVID-19 vaccines will be done using already existing cold chain system for routine EPI. There are already one (1) national, seven (7) regional and twenty-seven (27) provincial vaccine storage centers that are staffed and equipped with WHO prequalified equipment. In addition, more than 2000 service points also equipped with standard refrigerators, cold boxes and vaccine carriers. The regional stores receive the vaccine supply from national store and are responsible to supply the vaccines to provinces within their region and store the vaccines for their host province cities. These regional vaccine stores will also store and supply vaccine for health centers of their respective provinces. There are 27 provincial vaccine stores in the country. Capacity exists in the national cold stores for 5 million doses. The planners expect a maximum of 4.5 million doses at in-country at any given point of time (to vaccinate up to 5 percent of population). The project does not intend to use mosques and other non-health facilities as vaccination centers. Services will be also provided using outreach and mobile strategies depending to target group.

		Transportation to regional and provincial stores will be outsourced to a 3rd party service provider (as has been the practiced in past successful immunization program in Afghanistan) Key gaps and measures to address these are: At provincial level: - The capacity of cold rooms in 20 provinces need to be enhanced (upgrading from refrigerators to cold room), including solarization of 15 EPI provincial cold stores; At the Health Facility level: - 157 Health facilities need an additional refrigerator to enhance capacity - In 241 Health facility RCW 50 vaccine refrigerators need upgrading to solar refrigerators
	Waste Management	Readiness: The MoPH's National Policy on Infection Prevention and Control for Hospitals and Health Centers (2005) provide the broad principles of Infection Prevention and Control (IPC) for all Afghanistan healthcare facilities. All vaccination centers will be equipped with safety boxes that will be deposed safely. Key gaps and measures to address these are: Remote health facilities lack incinerators. Transportation of filled safety boxes to the incinerators at province center or at hospitals will be included in SPs contracts.
Program Delivery	Community engagement and advocacy	Readiness: A communication and community engagement plan has been created to address key questions related to vaccinations and target groups. A free telephone hotline is planned. A strategy has been developed to address rumors and negative propaganda about the COVID-19 vaccines. Key gaps and measures to address these are: As the vaccine is new and there is not enough data about the Adverse Effects Following Immunization (AEFI), the team is concerned if AEFI cases are seen this may have negative effect on the demand for vaccine and people's participation in the program. The Government plans to pilot the use of Smart Paper Technology and this technology also will facilitate documentation and following up on AEFI.
	Points of delivery	Readiness: The provincial micro plan has been developed. 2,000 additional vaccinators will be hired through the SPs (1,000 two-person mixed male and female teams) to be stationed in health facilities with vaccination centers, to deliver the vaccine. A plan to register all target groups prior to the vaccination and make appointments to ask them for vaccination as well as for booster doses, through SMS, is underway. For some specific target groups, the mobile teams will visit their work/ living areas to vaccinate. Such groups include prisoners, IDPs, teachers and civil servants. Key gaps and measures to address these are: Managing crowds and maintaining social distancing during the vaccination sessions are a gap. A priori registration system of all target groups using the Smart Paper Technology (SPT) is under discussion to establish an appointment system to better manage crowds. The ability to efficiently remind those vaccinated to return for their second vaccination shot would be facilitated through such system. This SPT is an existing technology currently applied by SCA - a Sehatmandi SP- for routine vaccination purposes. Its application to COVID-19 vaccinations will first be piloted at small scale.
	Vaccine safety surveillance	Readiness: The vaccine safety and surveillance plan has been developed with the objectives of: - Strengthen routine passive surveillance reporting systems to be able to cope with the expected increase in frequency or severity of AEFI (mild, moderate, and severe); - Detect and investigate potential safety signals or clustering of serious events, immunization errors, community concerns etc.); and - Perform systematic causality assessments for AEFI Key gaps and measures to address these are: Due to the variety of vaccine platforms being developed, there may be more than one vaccine type used

		simultaneously or sequentially in the same setting. Hence, the surveillance systems must be able to collect information on which type of vaccine had been administered to the person who developed an AEFI.
Supporting Systems and Infrastructure	Data quality	Readiness: To ensure data quality, Smart Paper Technology is being considered. In this approach all vaccination registers at the health facility level will be paper based, but every two weeks the forms will be taken to the provincial center and scanned to digitize data. The data will be in a server and linked to the DHIS2 system. Provincial supervisors will regularly supervise the HFs to ensure the vaccination teams enter the data in the forms correctly while correction and completion of missing data will be done at the provincial level during the scanning of forms. Digitized data systems in the cloud, and those linked to the DHIS2 database will be secured to ensure confidentiality (for instance tables drawn from the database will show a unique identifier instead of the full name while for specific purposes, in case of an AEFI or eventually, third party monitoring activities, full contact details can be accessed following certain procedures). Key gaps and measures to address them: The SPT approach has been piloted in two provinces in Afghanistan for routine immunization and shows effectiveness in the quality of data, as it avoids several layers of data entry and errors. However, proper training of vaccination teams is necessary to ensure they enter data correctly in the forms. A further constraint may be the duration of the contracting process to implement the SPT (sole source versus open tender). Other approaches considered to strengthen data quality and surveillance are Acasus which works in 17 provinces strengthening the routine immunization, and or using the existing Third-Party Monitor to assure effective implementation.
	Infrastructure	Readiness: The assessment has been done and gaps have been identified. Key gaps and measures to address them: - The capacity of cold rooms in 20 provinces need to be enhanced (upgrade from refrigerators to cold rooms); At the Health Facility level: - 157 health facilities need an additional refrigerator to enhance capacity - 241 health facility RCW50 refrigerators need upgrading to solar

4.6 COVID 19 Testing in Afghanistan

Fourteen COVID-19 confirmatory testing sites are functional in the country. One each in Herat, Balkh, Kandahar, Nangarhar, Paktia and Kunduz provinces. PCR test are available in country.

4.7 Implementation Status of the Parent Project

Overall implementation of the COVID-19 Emergency Response and Pandemic Preparedness Project (the Parent Project) is on track, although the UN contract deliverables saw some recent delays in delivery of goods and in testing capacity. All contracts with Service Providers, including with the Afghan-Japan Hospital in Kabul, have been signed. The Service Providers are responsible for the following activities:

- COVID-19 case management and infection prevention and control in isolation wards in provincial hospitals
- community health workers to support public awareness within community; and
- Rapid Response Teams for case identification, testing and contact tracing.

So far more than 7 million people have been reached through broadcasting different messages through 182 TV and Radio channels. The hotline of the Ministry of Public Health is in place and up to the end of September, had an average of 60,000 new interactions per month and 251,000 calls regarding COVID-19 prevention, treatment, and questions as well as concerns have been handled.

Critical medical supplies (mainly personal protective equipment) and other supplies were timely procured, and delivery completed to COVID-19 centers in all 34 provinces of Afghanistan. To date

fourteen COVID-19 confirmatory testing sites are functional. Additionally, specimen collection kits and supplies for Rapid Response Teams (RRTs) were distributed to Service Providers supporting RRTs in 33 provinces.

As part of the technical assistance activity, nine national and one international technical assistants have been deployed. To strengthen alignment with the Asian Development Bank (ADB) COVID-19 supported project, a good coordination mechanism has been established which has helped align financial resources per MoPH's priorities.

The institutional mechanism and capacity at the MoPH for handling environmental and social issues have improved since the implementation of the Sehatmandi Project through increased citizen engagement and community feedback mechanisms. The capacity to execute the commitment made through the Environment and Social Commitment Plan (ESCP) including the preparation of various waste management plans and guideline for the health facility staff have been acceptable to date. The planned environmental and social management (E&S) staff as mentioned in the ESCP of the Parent project (Project Management Specialist, Environmental Specialist and Social Specialist) have already been hired by MoPH and some training has been provided.

Major challenges encountered during the implementation of the parent project in terms of environmental and social management are:

i. Institutional arrangement and insufficient staff in MoPH to follow up and implement E&S issues
ii. Not having an independent toll-free number to receive and register complains about this project.

To solve these problems, it is agreed and also reflected in the ESCP of the AF that four (4) additional staff will be hired in MoPH to ensure the implementation of the ESCP. The 166 which is a toll-free number for reaching out to the authorities to provide COVID-19 information is not restricted to only grievances. Therefore, it is planned to establish a four (4) digit toll free number for COVID-19 related grievances.

4.8 Vaccine Distribution Plan

When the cargo plane with the first load of COVID-19 vaccines touches down at Hamid Karzai international airport, the boxes will be offloaded and cleared within four hours after arrival by the custom clearing agent and brought to the national storage facility, which has enough space in its cold room hold up to 5 million additional COVID-19 vaccines. In case of emergency, the national vaccine store has a contingency storage extension at the airport with three cold rooms of $40M^3$ each with capacity to store up to 5 million COVID-19 vaccine doses. A recently conducted Temperature Monitoring Study covering the summer and winter seasons, concluded that the temperature of vaccines is properly maintained within the WHO-recommended range between 97% to 99% of the time.

The next day, the National Technical Committee will meet to go through one final round of the vaccine distribution plan which had been prepared under the coordination of the deputy Minister of Public Health (Policy and Planning). The vaccine distribution plan for the COVID-19 vaccines for Afghanistan foresees specific lots of vaccines to each of the 34 Afghan provinces. This will be based on list of individuals in the respective provinces who fall within the priority list of vulnerable groups in the National Deployment and Vaccination Plan. The list of individual eligible for priority vaccination will be drawn up by the Provincial EPI Management Teams with close support by the Sehatmandi SPs and the managers from the three MoPH-SM provinces.

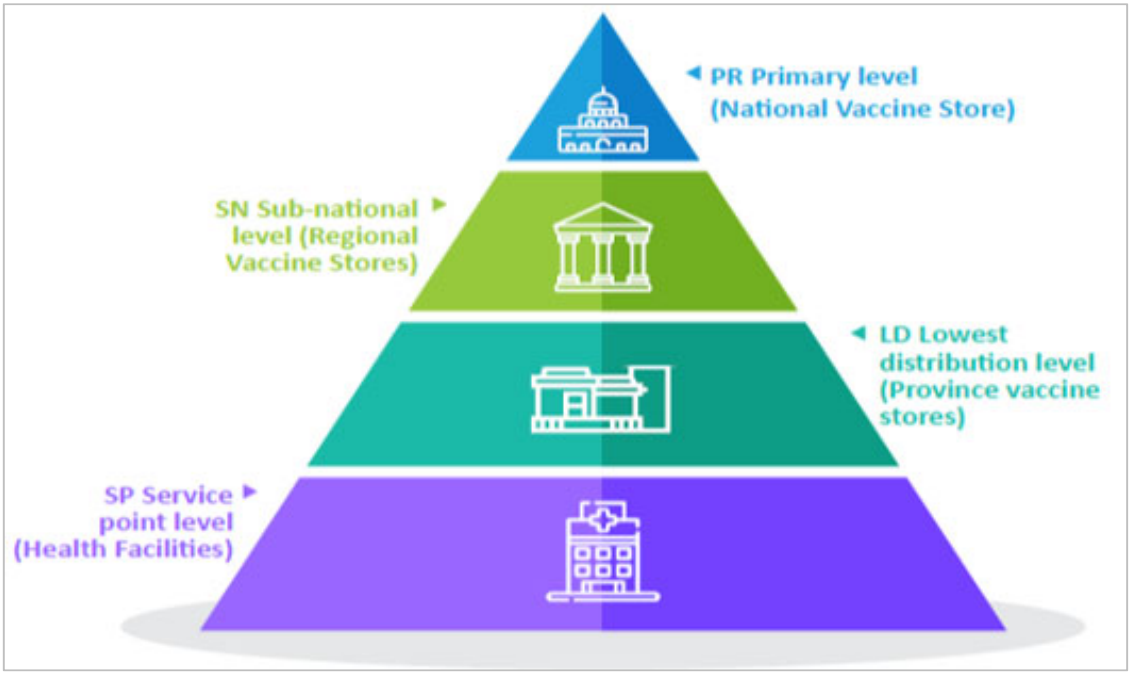
The vaccination plan also foresees an intense communication plan through radio and television, and mosques where details of the vaccinations will be disseminated multiple times every day during the entire campaign. The Regional and Provincial EPI management teams and the SPs will be waiting for their vaccine supply at the regional and provincial cold stores, where cold store capacity has recently

been expanded by installing at the six regional stores, 6 cold rooms of 40m^3 while at the 27 provincial cold stores, 20 cold rooms of 30m^3 and 42 ILRS have been added to boost storage capacity.

In terms of the transportation of vaccines from national to regions and provinces, 2,191 cold boxes and 100,000 ice packs will be available. VSSM software, a WHO tool to record stock transactions and key functions of vaccine and consumable stock management will be used at the national, regional and province levels. In each province, the first working day after arrival of their vaccine allotment, the Regional and Provincial EPI teams and implementing partners - notably the SPs of Sehatmandi in 31 of the 34 provinces who will be overseeing and implementing the vaccine administration to the targeted beneficiaries - will meet. The EPI teams and the SPs will go once more through the elaborate provincial vaccination plans where every public health facility with a fixed cold chain has been allotted its share of the vaccines, depending on the identified beneficiaries most at risk. Individual registers in health facilities will contain the names, age and sex of the beneficiaries. Each COVID-19 vaccine which is provided free at the point of care to a beneficiary will be registered in the COVID-19 vaccination register, which will also contain the signature of the beneficiary (or his or her caretaker in the case of person with disability).

Vaccination storage structure in Afghanistan is presented in Figure 4.1 below).

Figure 4.1: Structure for Deploying Immunization Programs in Afghanistan



Through contracts with the SPs, 1,000 teams of two vaccinators each (one male, one female) have been hired and trained and will strengthen the existing teams of vaccinators staffing the EPI fixed vaccination centers. The COVID-19 vaccines, following the microplanning, will be supplied to the 2,227 EPI fixed centers, which capacity has been upgraded in 241 health facilities from gas to solar refrigerators, while an additional 173 health facilities received expanded vaccine storage capacity.

A system for enhanced vaccine monitoring and coaching based on results achieved which is functioning in 17 provinces has been expanded nationwide. This system will not only strengthen delivery of the COVID-19 vaccines, but also strengthen the entire national expanded program on immunization. A third-party agency, contracted through the parent COVID-19 project, will verify vaccines administered

by tracing vaccinated individuals through a systematic random sampling methodology for each province. Initially, verification will focus on sites where delivery is happening, leading to a purposive and more high intensity sampling for the initial phase.

5.0 Potential Environmental and Social Risks and Impacts with Mitigation Measures

5.1 Potential Environmental and Social Impacts/Risks and Mitigation Measures

The proposed interventions under component 1 and 2 will involve provision of sanitary and water facilities including incinerators, placenta pits, toilet facilities and boreholes among others as part of rehabilitating sections of existing health facilities for use as isolation centers. The project also envisages the establishment of new isolation centers as well as providing facilities for health care waste management such as incinerators and placenta pits. Laboratories will also be upgraded for testing of suspected COVID-19 cases.

Although the parent project involved the establishment of isolation units, rehabilitation and upgrading of facilities in health care facilities, these are not included in the AF. The AF will not involve:

- direct support to health facilities such as laboratories, hospitals etc.
- construction of new healthcare facilities and/or waste management facilities.
- acquisition of existing public or private facilities such as a stadia or hotels and converting them to temporary hospital, quarantine or isolation centers, or other uses.
- the use public or private facilities such as churches or community centers for the deployment of vaccines.
- financing any external waste management facilities such as third-party sanitary landfills, incinerators, or wastewater treatment plants; and
- the use of security or military forces
- financing and improving any external waste management facilities such as third-party sanitary landfills, incinerators, or wastewater treatment plants

As part of AF, there will be installation of solar panels in vaccine storage areas. Vaccines will also be procured and distributed to regional, provincial, and local storage areas and targeted groups of vulnerable persons, susceptible to the virus, will be immunized under the AF.

The project is expected to generate the under listed beneficial environmental and social impacts:

i. Service providers are expected to recruit community health nurses, drivers and others in haulage and ancillary services during the vaccination program providing such category of persons with employment opportunities
ii. Employment opportunities will be directly available for unskilled, semi-skilled and skilled workers such as drivers, laborers and technicians, medical engineers as well as engineers to be engaged by Contractors and Sub-contractors' on subprojects such as installation in cold rooms, establishment of isolation units, rehabilitation/upgrading of sanitation and other facilities in the selected health care facilities; and
iii. The rehabilitated isolation centers and laboratory facilities, which will be available post the COVID-19 pandemic will enhance preparedness for similar pandemics in future and improve quality of services in the selected health facilities.
iv. Training programs for health care and ancillary workers that will be delivered under the project will also improve capacity of these workers to better deliver quality health care, currently and during future pandemics.

There will also be some potential adverse environmental and social risks and impacts associated with the interventions under Component 1 and 2 of the COVID-19 Emergency Response and Health Systems Preparedness Project. These are discussed in Table 5.1, 5.2, 5.3 and 5.4 together with their corresponding broad mitigation measures.

Table 5.1: Potential Adverse Environmental and Social Risks and Impacts with Mitigation Measures - Design/Planning Phase

Potential Adverse Impacts/Risks	Description	Proposed Mitigation Measures
Location and Type of Facility	In addition to normal considerations regarding proximity to sensitive areas such as a cultural heritage site or a nature reserve, the environmental and social assessment should examine nearby sensitive social receptors such as a residential areas or school and availability of municipal services such as public water supply, sewage and waste collection services at the location.	• Selection of vaccine storage areas, vaccination centers, health facilities and laboratories will be undertaken in consultation with National and Provincial Level COVID-19 Committees and other stakeholders at the national, provincial and facility levels • Selection of facilities/units within health facilities to be rehabilitated and used as isolation centers will be undertaken by MoPH in consultation with the facility managers • All selected sites and health facilities will be screened for their environmental and social suitability prior to their approval following a screening based on the "negative" list as mentioned in annex A. • Grievance Redress Systems will be set up to provide avenues for groups/individuals to bring their grievances to the attention of authorities for speedy resolution and feedback
Type and scale of facilities	The assessment should identify and examine the salient characteristics and carrying/disposal capacity of a targeted facility. The assessment should consider the waste processing and transportation arrangements, operational procedures and working practices, and the required capacity of the type of disposal facility needed for the volume of waste generated and transport routes for waste	• The environmental and social screening and assessment will identify and examine the salient characteristics and carrying/disposal capacity of a targeted facility including waste treatment facilities. • Laboratories will be rehabilitated/upgraded to at least BSL 2 standard • Site Specific ESMPs and HWMPs will identify and specify routes and times for transporting health care waste from each health care facilities to disposal sites
Quarantine and isolation centers	These may be located at Point of Entry, border, urban and/or rural areas. Tents may be used. These facilities will	• Isolation centers will have canteens, water storage facilities etc. to meet WHO COVID-19 Guidelines for health facilities; Water, Sanitation, Hygiene, and Waste Management for the COVID-19 Virus etc. • Infection Prevention and Control Plans, Health care Waste Management Plans and MoPH COVID-19 Guidelines and SOPs will be prepared and implemented in the isolation centers.

Potential Adverse Impacts/Risks	Description	Proposed Mitigation Measures
	require special catering water, fuel, hygiene, infection prevention and control and monitoring the health of quarantined persons	• Separate quarantine areas for men and women and CoC for health worker in these facilities to prevent SEA/SH incidents towards individuals under quarantine.
Vaccine Preparedness and Readiness	Describe how a fair, equitable and inclusive policy for in-country vaccine access and allocation was/will be developed and identify any risks for exclusion of certain groups or perception of exclusion and inequity Provide an assessment on whether the facilities are in a ready state to provide vaccines, according to the guidance provided by WHO on vaccine readiness, and of any shortcomings that have been identified. From the Assessment 157 Health facilities need an additional refrigerator to enhance capacity and 241 Health facility RCW50 vaccine refrigerators need upgrading to solar refrigerators	• Adopt procedures, protocols and/or other measures to ensure project beneficiaries who receive vaccines under the Project do so under a program that does not include forced vaccination. • A national deployment and vaccination plan have been prepared to guide the implementation of the vaccination program and ensure that vulnerable groups based on WHO Framework for Allocating and Prioritizing COVID-19 Vaccines and local socio-economic and cultural factors are identified and reached with the vaccines • Criteria for selecting the target population for the impending COVID-19 vaccination exercise has been developed based on WHO Framework for Allocating and Prioritizing COVID-19 Vaccines and local socio-economic and cultural factors to include health care workers, teachers, aged, prisoners etc. in the national deployment and vaccination plan • MoPH will identify target populations and develop micro plans, including digital microplanning tools such as GIS, satellite imagery and modelling of populations at risk. • Registers containing the names and details of individuals in the vaccine target (vulnerable) groups e.g. health workers, aged, teachers etc. will be prepared and disclosed • Prison Health Department-MoPH will consult with Prison Authorities and Prisoners prior to the Vaccination Exercise • Additional 2,000 vaccinators have been recruited by Service Providers to augment existing numbers • The capacity of cold rooms in a number of provinces will be upgraded from refrigerators to cold rooms and solarize • Health facilities requiring additional refrigerators will be provided with solar refrigerators to enhance their capacity • Health facilities with RCW 50 vaccine refrigerators will be upgrading to solar refrigerators
	Assess the potential social and economic costs for individuals and households to get vaccinated, including direct and indirect costs such as transportation costs to reach vaccination center in rural areas. The cost includes direct and indirect	• Vaccination teams will have 50% quotas for female vaccinators • Female CDC members, especially female health committee members of the CDCs, will be trained and roped in to assist in communicating information about the vaccines, implementation arrangements and advocate for eligible women to be inoculated • Gender sensitive but accurate information on COVID-19 adverts and messages targeting females will be run on print and electronic media • Female community health workers (CHWs) will reach females, especially, in secured areas • Women shelters will be prioritized for giving vaccines. • Vaccination centers will be made gender friendly through the provision of separate vaccination booths and washrooms for males and females

Potential Adverse Impacts/Risks	Description	Proposed Mitigation Measures
	cost to reach vaccine centers such as transportation cost	in addition to ensuring that female community health workers are placed in all vaccination centers
		• Vulnerable persons who cannot access vaccination centers due to physical and social barriers will be identified with the support of CDCs, Health Shuras, religious and tribal leaders. • Mobile teams will deliver service to vulnerable groups/individuals, who cannot physically access vaccine centers or are in very remote areas. • Any vulnerable person or group excluded from the priority list or denied access to vaccines may self-identify themselves through the project's grievance redress mechanism (GRM) to be provided relief.
		• A communication plan is being prepared based on the National Deployment and Vaccination Plan to guide risk communication etc.
	Assess the communication plan of the government, and the capacity and resources to implement it in a manner that reaches out to different groups, including disadvantaged and vulnerable groups	• A Rapid Behavioral Assessment Study will be conducted • A national vaccine communication plan with risk communication strategies is being prepared including strategies to address negative propaganda about the COVID-19 vaccines • Advertisement providing information on the vaccines will be run in both the print and electronic media • Community Health Workers and service providers trained in social marketing with information about the COVID-19 vaccine will be deployed to create awareness about the vaccine at mosques, schools, prisons, and other community gatherings as well as within shelters • The support of local level institutions such as CDCs, religious leaders and tribal leaders etc. at all levels will be sought in the design and implementation of risk communication and social marketing strategies, awareness campaign to address rumors and negative propaganda about the COVID-19 vaccines.
	How will policies be developed to ensure that there is no forced vaccination	• Adverts in the print and electronic media will be used to announce to the public that the vaccination exercise is free but not mandatory in the country • All persons taking the vaccines shall be made to sign/thumb print a Consent Form, in the presence of a witness, indicating that they are taking the vaccine on their own accord • Each signatory will be given a copy of the signed/thumb printed Consent Form • Content of the Consent Form will be explained to each person in the local language before they are made to sign/thumb print the Consent Form
Surveillance of Adverse Events Following Immunization	Provide an assessment on capacity of the Borrower to monitor adverse events following immunization. If such capacity is low elaborate how the project would support the Borrower to design, establish and maintain a surveillance system of adverse events following	• The vaccine safety and surveillance plan will be implemented • The Government will pilot the use of Smart Paper Technology to facilitate documentation and following up on AEFI. • All vaccination registers at the health facility/vaccination center level will be paper based but they will be scanned, digitized and linked to the DHIS2 system. • Guidelines for post vaccination surveillance will be developed and implemented • Training on AEFI surveillance for the COVID-19 vaccine and other issues of vaccine pharmacovigilance will be provided for relevant staff • A hotline will be provided for persons inoculated to report back to the health authorities in the event of any adverse side effects or reactions • All persons inoculated will be provided with a unique identification number that ties in with their biodata e.g. date of vaccination, type of vaccine administered etc.

Potential Adverse Impacts/Risks	Description	Proposed Mitigation Measures
	immunization in line with WHO guidelines as part of the proposed projects.	
Procurement of Vaccines and other Supplies	Possibility that vaccines procured under this project will not meet local storage capacity and conditions in Afghanistan. Procurement fraud and delays	• A national plan will be developed to guide the procurement of vaccines, medical equipment, and other goods • Vaccine and equipment specifications will be provided by WHO and UNICEF • Only WHO pre-qualified equipment, PPEs etc. will be procured • The AstraZeneca vaccine has already been identified as the type to be procured for the first 20% • World Bank Procurement Rules will be used in the procurement of supplies under the AF • The PPSD and Procurement Plan prepared by the GCMU of the MoPH will be followed • A Bank procurement accredited consultant will provide support to the implementation unit during all emergency procurement stages
Proper design and functional layout of healthcare facilities	Design and layout facilities structural and equipment safety, universal access nosocomial infection control waste segregation, storage and processing.	• The design of isolation centers and rehabilitation of HCFs will be guided by the WHO Guidelines on Water, Sanitation, Hygiene and Waste Management for the COVID-19, Consideration for Quarantine of Individuals in the Context of Containment for Coronavirus Disease (COVID-19) and other relevant guidelines; • All facilities will be designed and supervised by competent professional e.g. Architects and Engineers together with doctors and public health experts using the approved Building Code. • All design drawings will be vetted by the appropriate professional and town planning authorities as well as the Ministry of Women Affairs and Ministry of Labor, Social Affairs, Martyrs and Disabled • The design set up and management of isolation centers and laboratories will take into account the advice provided by WHO guideline for Severe Acute Respiratory Infections Treatment Center. • Hand washing facilities should be provided at the entrances to health care facilities in line with WHO Recommendations to Member States to Improve Hygiene Practices. • Isolation rooms should be provided and used at medical facilities for patients with possible or confirmed COVID-19. • Laboratories will be designed to at least BSL 2 standard

Table 5.3: Potential Adverse Environmental and Social Risks and Impacts -Construction Phase

Potential Adverse Impacts /Risks	Impact/Risk Description	Proposed Mitigation Measures
Occupational Health and Safety Issues	Employees of Project Consultants, Contractors and Sub-contractors will be working within the isolation centers or in laboratories may be infected by COVID-19 virus and other pathogens.	• The Project shall be carried out in accordance with the applicable requirements of ESS2, as set out in Labor Management Procedures (LMP) to be adopted for the Project, including through, inter alia, implementing adequate occupational health and safety measures (including through the provision of personal protective equipment, and having in place emergency preparedness and response measures), setting out grievance mechanisms for project workers etc. • A detailed work program will be prepared for each of the civil works allowing for rotation of workers and other measures that avoid overcrowding on site.

Potential Adverse Impacts /Risks	Impact/Risk Description	Proposed Mitigation Measures
	Accidents may occur during the installation and rehabilitation works.	• All employees of Project Consultants, Contractors and Sub-Contractors will undergo sensitization on COVID-19 preventive measures and symptoms based on the WHO Guidelines and for Rational on the use of Personal Protective Equipment (PPEs) • Contractors and Sub Contractor will implement ESMPs on site • Environmental and Social Clauses inserted into Contract Documents of Project Contractors and Sub-Contractors will be used to enforce compliance to OHS measures in ESMPs and other E&S instruments
Labor Influx Risks and Impacts	The Contractors and Sub-Contractors are likely to practice unfair/discriminatory recruitment practices (e.g. against women) and recruit unqualified persons to work on site Consultants, Contractors, and sub-Contractors may attempt to subvert the national labor laws e.g. employ children and minors	• The Project shall be carried out in accordance with the applicable requirements of ESS2, as set out in Labor Management Procedures (LMP) to be adopted for the Project, including through, inter alia, implementing adequate occupational health and safety measures (including personal protective equipment, and emergency preparedness and response measures), setting out grievance mechanisms for Project workers, and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. • A Labor Management Plans shall be prepared by the SPs based on the Project Labor Management Procedures for approval by the Bank/SCO to guide labor relations. • A grievance mechanism system will be made available to all workers to report any issues associated with OHS and / or labor and working conditions
Gender Based Violence, Sexual Exploitation Abuse and Sexual Harassment	Employees of Project Contractors and Sub-contractors may be perpetuators or survivors of rape and other GBV, SEA/SH incidents.	• A detailed assessment of GBV/SEA and SH risks will be conducted, and an Action Plan will be prepared and implemented in accordance with the World Bank requirement. • The Project Grievance Redress Mechanism shall also receive, register and address concerns and grievances related to sexual exploitation and abuse, sexual harassment in a safe and confidential manner, including through the referral of survivors to gender-based violence service providers. • Contractual Clauses making it mandatory for workers to cooperate with law enforcement agencies investigating cases of GBV/SEA/SH, attending regular training, and complying with laws on non-discrimination and GBV/SEA/SH will be inserted in Contractors and Consultants Contracts. • Employees of Project Consultants, Contractors and Sub-Contractors will be made to sign Code of Conduct with acceptable behavior and sanction against GBV/SEA/SH • Sensitization workshops on GBV shall be undertaken for employees of the Contractor/Supervising Consultants and Sub-Contractors;
Environmental risks and impacts associated with resource efficiency and material supply; construction related solid wastes, wastewater, noise, dust	Excessive use of water and energy, soil erosion as well as water, air and noise pollution to together with poor waste management during rehabilitation/ upgrading works will contribute to environmental degradation	• Relevant aspects of ESS3 shall be considered, as needed, in environmental and social assessments, including, inter alia, measures to adequately manage and dispose of health care wastes (including, vaccines) and other types of hazardous and non-hazardous wastes. • Assess the environmental and social risks and impacts of proposed Project activities, in accordance with ESSs, the Environmental, Health and Safety Guidelines (EHSGs) and its OHS component of the EHSGs. • Site specific ESMPs will be prepared capturing minimization and mitigation measures • Enforceable Environmental and Social Clauses will be inserted in the Contracts of Project Contractors to ensure environmental conservation and pollution prevention

Potential Adverse Impacts /Risks	Impact/Risk Description	Proposed Mitigation Measures
and emission management; hazardous materials management		
Community Health Issues	Visitors, persons working within health facilities and laboratories as well as the installation of cold rooms can be involved in accidents pick up infections including COVID-19 within the HCF/laboratory environment and spread it among the general population	• Communities in which rehabilitation/upgrading facilities will be undertaken will be sensitized on the COVID-19 symptoms and preventive measures and against stigmatizing persons with COVID-19 and other infectious diseases using the mass media • In addition to implementing measures to minimize the incidence of accidents on site, a GRM will be set up as part of the project implementation architecture to receive, investigate and resolve grievances and provide information to the general public
Workers Accommodation and Employment	Workers accommodation can enhance community spread of COVID0-19 and other infections	• Accommodation for all site workers will meet the WHO guidelines on Water, Sanitation, Hygiene, and Waste Management for the COVID-19 virus and World ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Projects with well ventilated, spacious kitchens and canteens etc.
Project Impact on Cultural Heritage and Biodiversity	During digging of trenches/holes for foundations, septic tanks etc. workers may 'chance' on materials of cultural, archaeological, historical and/or religious significance Rehabilitation/upgrading works will be undertaken in existing health facilities with no natural/critical habitats	• A Chance Find Procedure will be prepared for relevant physical works

Table 5.3: Potential Adverse Environmental and Social Impacts/Risks-Operational Phase

Potential Adverse Impacts/ Risks	Description	Proposed Mitigation Measures
Delivery and storage of goods, including samples,	Vaccines Delivery	• Vaccines will be flown into Afghanistan by air under conditions that meet United Nations Model Regulations on the Transport of Dangerous Goods (40) and Infectious Substances Shipping Guidelines and the Manufacturers Specifications
	Samples, specimens,	• Cross border transportation of medical equipment, medicines, samples/specimen, reagents etc. will be guided by United Nations Model

pharmaceuticals, vaccines, reagents and hazardous materials	Pharmaceutical Delivery	Regulations on the Transport of Dangerous Goods and Infectious Substances Shipping Guidelines. • Packaging for shipment will follow the triple packing approach i.e. packaging will consist of watertight, leak proof receptacle(s) for the specimen/regnant/equipment/ medicine etc., a second watertight, leak-proof packaging to enclose and protect the primary receptacle(s) and a third layer to protect the secondary packaging from physical damage. • Packages will be appropriately labelled to include content, sender, recipient etc.
	Vaccines Delivery (In Country)	• Within the country vaccines will be transported at temperatures of 2-8°C in specialized dried ice packs to various provincial/regional storage centers and Points of Use • Vehicles transporting vaccines will drive at less than 20km/h • Vehicles transporting vaccines will be insured and provided with spill kits
	Vaccines Storage	• A cold chain assessment has been undertaken as part of this project to identify the number and type of equipment (e.g. refrigerators) to be installed in storage areas • Vaccines will be ordered based on inventory records and vulnerable population • Vaccines will be stored at cold rooms at the national and provincial centers at temperatures of 2-8°C • SOPs and plans will be prepared for both routine and emergency storage and handling covering procedures for spillage, arrangement of vaccines in the refrigerated units, avoiding temperature excursion as well as reporting and monitoring processes etc. based on the Center for Disease Control and WHO recommendations • Appropriate fire installations and warning signs will be provided at all the storage areas
	Storage and handling of specimen, samples, reagents, and infectious materials	• All specimen meant for testing or observation will be hand delivered to the laboratories • Pneumatic-tube systems will not be used in the transportation of specimen • Only amounts of chemicals (reagents) necessary for daily use will be stored in the main laboratory. • Bulk stocks will be kept in specially designated rooms or buildings with the appropriate temperature and humidity levels, away from direct sunlight and under lock and key • Chemicals will not be stored in alphabetical order • Incompatible substances like Alkali metals, e.g. sodium and Carbon dioxide/chlorinated hydrocarbons/water will not be stored close to each other • Material Safety Data Sheets (MSDS) for each chemical (reagent/medicines) in stock will be kept within the storage area where substances are stored in the Supervisor's office • Volatile toxics and odoriferous chemicals will be stored in ventilated cabinets. • Inflammable liquids will be stored in approved flammable liquid storage cabinets. • Samples (swabs) will be stored at temperature between 4-8o C in cold rooms while awaiting testing • Workers at the laboratories who will be handling/testing samples will be required to implement BSL 2 handling/testing procedures
Healthcare treatment practices	Sharp Management	• Used needles and syringes as part of the vaccination exercise, in the isolation centers and laboratories will be stored in separate receptacles (safety boxes) and disinfected at the facility • Mechanical needle cutters or electric needle destroyers will be used to disintegrate needles used during the vaccination exercise before they are buried in sharps pits or encapsulated • Plastic syringes used in the vaccination exercise will be shredded and buried in the sharp pit • Transportation of used sharps will be undertaken by Service Providers in areas where it is not possible to dispose of sharps utilized during the vaccination exercise in-situ

		• All health facilities will manage their wastes based on the MoPH waste management guideline and color coding prepared in line with WHO COVID-19
	Appropriate Cleaning Procedures	• All cleaners and sanitation service providers in the vaccine storage centers and vaccination isolation centers and laboratories will be trained based on the Site Specific ICWMPs, WHO guidelines on Water, Sanitation, Hygiene and Waste Management for the COVID 19 Virus and the HCWMP of the Islamic Republic of Afghanistan and other GIIPs • As the laboratories and the isolation centers will be BSL 2 or equivalent, cleaning personnel will only enter these facilities with clearance and under supervision by a biosafety officer and/or the laboratory supervisor or their equivalent • All floors and other hard surfaces within the laboratories and isolation centers will be brushed, vacuumed, dry dusted, washed, mopped with water containing soap or detergent daily. • All equipment, tables and furniture in the laboratories and isolation centers will be disinfected daily with germicides e.g. Sodium hypochlorite solution (5% available chlorine) • Biological Safety Cabinets will be decontaminated using formaldehyde gas • Autoclaves (medical auto claves for health facilities and research grade autoclaves) will be procured and used for sterilizing equipment and waste in the selected laboratories and HCFs such as needles before disposal • Training will be provided for cleaners and sanitation service providers on SOPs such as Spillage containment and clean up
	Health and safety procedures to protect workers and the community	• Site Specific SOPs, ICWMPs, IPCPs based on various WHO general and technical guidelines such as those in the WHO guidelines for Rational use of Personal Protective Equipment (PPE) for Coronavirus Disease (COVID-19) and Infection Prevention and Control during Healthcare when COVID-19 is Suspected, Coronavirus Disease (COVID-19) Prevention and Control etc. will be prepared and implemented for all isolation centers, vaccination and vaccine storage areas and laboratories • Virologists, laboratory technicians etc. working on samples in the selected health care facilities will implement BSL 2 operational procedures during testing of samples as indicated in the Center for Disease Control guidelines and WHO laboratory Testing Recommendation for COVID 19 • Labor Management Procedure prepared under the Project will also provide additional measures
	Provision and use of PPE,	• Workers will be provided with appropriate PPEs as stipulated in the WHO Guidelines on Rational use of Personal Protective Equipment (PPE) for Coronavirus Disease (COVID-19) and MoPH COVID-19 Guideline on PPEs e.g. High Efficiency Particulate Air Filter (HEPA) nose masks • Training will be provided for all frontline workers in the use of PPES
Waste (Management) Processes	Waste segregation at the point of care, packaging, collection, storage and transport	• Waste segregation, packaging, collection, storage disposal, and transport will be conducted in compliance with the ICWMP and WHO COVID-19 Guidelines, MoPH COVID-19 Guidelines on Medical Waste Management • Facility Managers will audit any off-site waste disposal system monthly and institute any remedial measures required to ensure compliance • HCFs and laboratories will be made to implement waste collection measures in Site Specific ICWMPs as well as the guideline for Medical Waste Management e.g. source separation based on color codes • Haulage routes for health care waste will be clearly established and marked within each facility using the areas of least resistance • Waste collectors will be made to wear appropriate PPEs including nose masks, gloves, overalls and boots etc.
	Suitability and capacity of onsite disinfection and waste handling equipment such as	• Pharmaceutical waste in the form of expired drugs will be incinerated, returned to the suppliers' agent or encapsulated and buried within a restricted area within the HealthCare Facility (HFC's) premises • Autoclaves will be used to sterilize infectious waste before disposal

	autoclave. Onsite treatment facilities may include small-scale incinerator and wastewater treatment works.	• Infectious waste such as disposable gloves, gowns etc. will be disposed of using incinerators (on or off site) • Infectious waste that cannot be incinerated e.g. syringes will be disposed of in burial pits within the premises of HCFs • Records including volume and type of waste will be kept in each the healthcare facility • Single-chamber, drum and brick incinerators will not be used in the selected HCFs • Acceptable firing technologies for incinerators are degassing and/or gasification (pyrolysis), Rotary kiln, Grate incineration specially adapted for HCW and Fluidized bed incineration • Incinerators should be at least 200 meters away from the nearest facility • Incinerator ash will have to be disposed of in covered lined pits within the HFC away from scavengers • Workers at incinerator facilities will be provided with PPEs including HEPA nose masks
	Transport of medical materials and wastes to other countries	• No Medical waste will be transported outside of Afghanistan
	Disposal of health care waste	• Health Care Wastes shall be collected, transported, and disposed by professional staff, preferably by private sector entity in such a way that they are not mixed with municipal wastes to increase the amount of Health Care/biomedical wastes and harm scavengers, labors and etc. Afghanistan so far does not have a licensed landfill, but precautions will be taken to decontaminate wastes and not mixed with municipal wastes.
Bio-Security Issues	Vaccines and workers at vaccine centers may be contaminated	• A bio-security risk assessment will be conducted for all the selected vaccination and vaccine storage centers, laboratories and HCFs • Workers at the vaccination and vaccine storage centers, laboratories and HCF will sign in and out at the facility and go through the necessary screening before they enter the facility • Vaccines, specimen/samples and persons to be quarantined will be received by designated trained personnel (e.g. vaccine coordinators for vaccines) who will check the labelling and conditions of the vaccines on arrival at each facility and undertake other paper work before receiving the vaccines, samples or inmates
Labor and Working Conditions	Labor and working conditions of vaccinators and other direct employees of the project	• The Project shall be carried out in accordance with the applicable requirements of ESS2, as set out in Labor Management Procedures (LMP) to be adopted for the Project, including through, inter alia, implementing adequate occupational health and safety measures (including personal protective equipment, and emergency preparedness and response measures), setting out grievance mechanisms for project workers etc. • All project workers will be given contracts specifying the type of work they are to undertake and their remuneration package as well as their conditions of service. They will also be provided with a Code of Conduct (CoC), guiding them in their relation to local communities and other E&S aspects. • All contracts will be reviewed by the Ministry of Labor, Social Affairs, Martyrs, and Disabled to reflect national labor laws
Gender Based Violence, Sexual Exploitation Abuse and Sexual Harassment	Female frontline workers, vulnerable persons, inmates in the isolation facilities may be survivors or perpetuators of SEA/SH/GBV	• A detailed assessment of SEA and SH risks will be conducted, and an action plan will be prepared and implemented in accordance with the World Bank requirement. • The Project Grievance Redress Mechanism shall receive, register, and address concerns and grievances related to GBV/SEA/SH in a safe and confidential manner, including referral of survivors to gender-based violence service providers. • Sensitization programs on GBV/SEA/SH shall be undertaken for all project workers

		• Professional codes of ethics/conduct will be developed for all categories of project workers based on WHO Code of Ethics and Professional Conduct • A toll-free helpline will be provided and disseminated in all the selected HCFs/laboratories, vaccine storage and vaccine centers and communities to deal with GBV/SEA/H complaints • The hot/helpline will be announced through media (radio, television etc.) in all local languages as well as transmitted to phone numbers through text messages • Background checks on all staff including wardens and community health workers to be employed at vaccination centers, isolation etc. will be undertaken • Media and electronic platforms will be used to emphasize the fact that the vaccination of vulnerable persons/groups and social and financial components of the Project are free and encourage citizens to report any abuse of the system including SEA/H/GBV • A designated management staff of the selected HCFs/laboratories/vaccine storage and vaccination center will be placed in charge of receiving, sorting, or handling and GBV/SEA/H issues and providing feedback to aggrieved parties in each facility • The facilities will maintain a strong collaboration with existing GBV Service Providers/Police/ NGOs in their communities
Exclusion from Vaccination Exercise	Ensuring the vaccines reach out to disadvantaged and vulnerable groups after identifying their barriers to access	• Vaccination teams will have quotas for female vaccinators • Female CDC members, especially female health committee members of the CDCs, will be trained and roped in to assist in communicating information about the vaccines, implementation arrangements and advocate for eligible women to be inoculated • Gender sensitive but accurate information about COVID-19 adverts and messages targeting females will be run on print and electronic media as well as through the use of female community health workers (CHWs) especially in secured areas • Women shelters will be prioritized for giving vaccines. • Vaccination centers will be made gender friendly through the provision of separate vaccination booths and washrooms for males and females in addition to ensuring that there are female community health workers at all vaccination centers etc. • Vulnerable persons who cannot access vaccination centers due to physical and social barriers will be identified with the support of CDCs, Health Shuras, religious and tribal leaders. • Mobile teams will deliver service to vulnerable groups, who cannot physically access vaccine centers and are in the very remote areas. • Any vulnerable person or group excluded from the priority list or denied access to vaccines may self-identify themselves through the project's grievance redress mechanism (GRM) and will be provided relief
Security Risks	Vaccines, vaccination teams and other project workers may be targeted by hostile leading to injuries, death etc.	• The use of Service Providers with local knowledge and networks in their areas of operation in the deployment of vaccines together with the implementation of the risk communication plan with the active support of CDC members, Health Shuras, tribal and religious leaders are expected to minimize the incidence of hostile attacks • The support of CDCs, tribal and religious leaders will be elicited to assist in providing safe passage for vaccination teams etc. and support the deployment of the vaccines, when necessary • The deployment of vaccination teams and other supplies will be guided by security assessments of the area • Vaccination teams will not consist of only females • Vaccination teams and other frontline workers will be insured
Air pollution and Emission of Green House Gases	Smoke and other Green House Gasses (flue gases) will be	• Incinerators that will be used as part of the project will have to be located a minimum 800 metres away from the nearest facility

	produced from incinerating health care waste	• Waste segregation and other measures that reduce the volume of waste to be incinerated will be adopted to minimize the quantity of waste that will be incinerated, hence reducing the level of emissions • Periodic maintenance to replace or repair defective components (including inspection, spare parts inventory and daily record keeping) will be undertaken to ensure that the incinerators are functioning at an optimum level • Workers operating incinerators will be trained in the appropriate measures to minimize emissions including appropriate start-up and cool-down procedures, achieving and maintaining a minimum temperature before waste is burned, use of appropriate loading/charging rates to maintain appropriate temperatures etc. • Workers at the incinerator sites will be trained on the use of PPEs and its use will be enforced among the workers • Waste will be introduced into the combustion chamber only at temperatures ≥850 °C • Periodic stack tests will be conducted to monitor the presence of dioxins and other emissions

Table 5.4: Potential Adverse Environmental and Social Impacts/Risks-Decommissioning

Potential Adverse Impacts/ Risks	Impact/Risk Description	Proposed Mitigation Measures
General Decommissioning	Failure to dismantle or assign use for site offices, sheds, equipment, and material residue after the execution of civil works at the selected laboratories and isolation centers can also lead to accidents	• Utility supply to all temporary structures, e.g. workshops and sheds would be disconnected • All temporary structures erected by Contractors will be dismantled • Dismantled parts including wood pieces and sandcrete blocks will be arranged according to type and prepared for transportation to Contractors workshops or sold to dealers for other civil works • Unwanted wood residue and other waste will be hauled to the approved final disposal site. • All equipment and machinery that are usable will be moved to a new project site or sent to the Contractors packing yard. • Non-usable equipment and metals will be sold as scrap to the scrap dealers
Decommissioning of HCFs and/equipment	Failure to disinfect the isolation centers and the facilities/equipment within them after the COVID-19 pandemic before using them for other purposes or disposing them off can lead to reinfections	• Rooms and equipment will be decontaminated by fumigation/disinfection with formaldehyde gas by specialized personnel in appropriate PPEs before they are used for any other purpose, post the pandemic • During the fumigation and disinfection, all windows doors and other openings into the laboratory and isolation centers will be sealed with duct tapes • The isolation centers will only be re-used 7 days after fumigation • Equipment will be disinfected and disposed of based on its waste classification

6. Procedures to Address Environment and Social Risks and Impacts

6.1 Introduction

A number of activities will be undertaken to ensure that the environmental and social risks and impacts of activities under Component 1 and 2 as well as the AF are duly identified, assessed and managed; and reporting requirements of ESS1 and Afghan national laws are complied with. These are discussed in the following sub sections.

6.2 World Bank ESF Screening Categories

Under the World Bank ESF, the World Bank classifies projects into four (4) categories, High, Substantial, Moderate and Low largely based on the scale of the project, level of impacts and risks associated with the undertaken in country socio-political conditions as well as the capacity of the borrower to manage the associated impacts/risks. Projects classified as category 'High' Risk carry very significant and mostly irreversible environmental and social impacts/risks and are considered as high-risk activities requiring environmental and social impact assessment. Projects are categorised as high risk if, they are to be implemented in countries or regions with a history of social conflict, uncertain or weak regulatory environment and the borrower has a weak capacity to manage risks/impacts. High risk projects also have long term, irreversible significant, cumulative transboundary impacts/risks that are difficult or sometimes impossible to mitigate.

Substantial Projects have, less adverse impacts compared to high risk project, which are mostly temporary reversible. Projects rated as substantial may have transboundary impacts, but the impacts/risks can be readily mitigated. For projects in this category they are implemented in countries or regions in which there are concerns about social conflicts and when the capacity concerns of the borrower can be addressed. Projects rated as moderate have impacts of low magnitude which are predictable, temporary, reversible, site specific and easily mitigated, while those rated 'low' have minimal to negligible impacts/risk that may not require any environmental and social assessment.

6.3 Screening for Environmental and Social Impacts

All activities under Components 1 and 2, of the parent project, as well as the AF in the under listed categories will undergo screening:

i. physical works including those involving upgrading vaccine storage areas
ii. those that have the potential to expose workers and community members to SEA/SH/GBV
iii. those that have elements of transportation, storage, handling, use and disposal of chemicals, specimen and vaccines
iv. those that will involve land acquisition or any form of displacement including physical or economic; and
v. those that have the potential to expose health workers and/or the general public to COVID-19 and other pathogens

Initial screening for environmental and social impacts/risks shall be undertaken using an environmental and social screening checklist/screening form (see Annex A). The outcome of the screening exercise will determine the type of E&S instrument that will be prepared. If the screening process concludes that an activity is likely to have significant and or irreversible adverse environmental and or social risks and impacts, an Environmental and Social Impact Assessment (ESIA) will be prepared before initiating the activity. On the other hand, if the screening process concludes that an activity is likely to generate adverse impacts/risks that are moderately significant, then a site specific Environmental and Social Management Plan (ESMP) shall be prepared prior to initiating the activity. Environmental and social assessment of minor works and procurements with low to insignificant environmental and/or social impacts/risks will end at screening

The screening reports shall be prepared for the subprojects under Component 1 and 2 by the SCO with the support of designated Vaccine Coordinators at each health facility/vaccination center, HCF/Laboratory managers and submitted to NEPA and the World Bank for review and categorization. Copies will be kept at the SCO.

6.4 Environment and Social Instruments

A number of E&S instruments will be prepared to meet the requirements of ESS1. The SCO will be responsible for the preparation of Terms of Reference for all E&S instruments to be prepared under the project. The World Bank will review and approve these ToRs before they are issued out as part of RFPs.

These are:

6.4.1Site Specific Environmental and Social Management Plans (ESMPs)

The envisaged interventions under Component 1 and 2 of the COVID-19 Emergency Response and Health Systems Preparedness Project in Afghanistan will involve small constructions (new isolation centers) and rehabilitation works on existing laboratories and rooms to be used as isolation centers including the provision of safe sanitation and water facilities such as incinerators in selected health facilities. For subprojects of this nature, ESMPs with accompanying ICWMPs and IPCPs should suffice (see sample in Annex B, C and D for sample ESMP, ICPWMP and **IPCP** templates). Once approved by the World Bank, the ESMPs will be disclosed and included in the Works Contract of the subproject.

6.4.2 Infection Control and Waste Management Plan (ICWMP)

The Government of the Islamic Republic of Afghanistan' has a Healthcare Waste Management Plan prepared in 2018. This plan is being updated and made fit for purpose and relevant for the COVID-19 Emergency Response and Health Systems Preparedness Project. The HCWMP will be subject to review and approval by the World Bank. Upon approval by the Bank, it will become the guideline for Site Specific ICWMPs that will be prepared (see Annex C). It has been indicated in the Project Appraisal Document that the current HCWMP of MoPH will be used in the interim.

6.4.3 Stakeholder Engagement Plan (SEP)

A SEP has been prepared for the project. SEP ensures that local stakeholders including patients, health care workers' vulnerable groups, traditional authorities and local government officials, the general public and the media are identified, and their interests and views integrated into project design and implementation. The SEP also presents accessible, transparent, and participatory channels through which stakeholders can air and resolve grievances arising out of project implementation.

6.4.4 Labor Management Plans

A Labor Management Procedure has been developed by MoPH in line with ESS2 and Afghan labor and social protection laws for review of the Bank. This document identifies the main labor requirements and risks associated with the project and help determine the resources necessary to address project labor issues. Project Contractors and Service Providers (including NGO health facilities) will prepare for the approval of the Bank, subproject/site specific labor management plans to guide recruitment and labor relations. The Labor Management Plans will be guided by the requirements of ESS2 and labor laws of the Islamic Republic of Afghanistan. The ESMF and LMP will be disclosed both by MoPH and the World Bank on or before March 31, 2021.

6.4.5 GBV Action Plan

A GVB Action Plan shall be prepared within 60 days of the project effectiveness under the Project outlining administrative and operational measures to be undertaken to help prevent and respond appropriately to the incidence of sexual exploitation, abuse and harassment, as well as other forms of Gender-Based Violence (GBV) related to the project. The plan will include the requirements of ESS2, ESS4 and ESS10 as well as Afghan laws. The action plan will also incorporate recommendations from the Interim Note: Protection from Sexual Exploitation and Abuse (PSEA) During Covid-19 Response by WHO and its partners. The plan will be submitted to the World Bank for review and approval after it has been accepted by stakeholders in country.

6.4.6 Review and Approval

E&S instruments will be prepared (through Consultants) and then reviewed by the SCO. The SCO will forward the updated instruments to the World Bank for approval. NEPA will also review the instruments and issue Certificates of Compliance upon their approval of the instruments. If there is a contradiction in the WB E&S management requirements and the national regulation the World Bank ESF

requirements will prevail.

6.5 Environmental and Social Monitoring

The E&S Unit of the SCO will be responsible for the E&S monitoring of the ESMF. Two types of monitoring reports will be required under the project:

a. Monthly Progress Reports

Works Contractors and Consultants will submit Monthly Progress Reports to the SCO with a section dedicated to progress on implementation of E&S mitigation measures/plans outlined in the Site Specific ESMP as well as E&S non-compliances issues and timelines for compliance, incidence/accident reports, status of grievances received in reporting month and emerging E&S issues among others.

b. Quarterly Reports

The SCO will compile a summary of the E&S issues on the Project in a quarter and submit to the Bank in the form of a Quarterly Report. This report will present the following issues; progress of physical works, progress on OHS and COVID-19, GBV awareness sensitization/trainings, E&S impacts/risks associated with project implementation, performance of the Grievance Redress System, challenges as well as the environmental and social performance of contractors implementing various subprojects, compliance and non-compliance with environmental and social clauses among others.

c. Third Party Reports

Annual third-party monitoring reports and a Project Completion Report on the overall ESMF implementation during the entire duration of the project will also be prepared by specialists.

7.0 Public Consultation and Disclosure

7.1 Public Consultations and Stakeholder Engagement

Due to constraints posed by the COVID-19 outbreak such as restriction on physical movement, the World Bank has issued a guideline: World Bank Group (WBG) response to COVID-19 Stakeholder Engagement, Information Disclosure and Communication. The guideline provides a tentative list of stakeholders to be consulted as part of the preparing COVID-19 Emergency Response and Health System Preparedness Project. These include public institutions involved in the COVID-19 response within the country, relevant international organizations involved in the COVID-19 response, media, disadvantaged, and vulnerable groups like the aged, medical and health staff and health care institutions. The World Bank guideline suggests that local/country and WHO guidelines are followed related to restrictions on movement, public gatherings etc..

This project is being prepared under the mobility restriction due to COVID-19 pandemic and extensive public consultations have not been undertaken, apart from consultations with public authorities and health experts at the national level, as well as international health organizations representatives.

Since the effectiveness of the parent project, the SCO and the SPs have been engaged in identifying trusted local civil society, ethnic organizations, community organizations and actors who are acting as intermediaries for information dissemination and stakeholder engagement and; engaging with them on an ongoing basis. For effective stakeholder engagement on COVID-19 vaccination, different communication packages will be prepared and different engagement platforms for different stakeholders will be utilized.

A precautionary approach will be taken to the consultation process to prevent infections, given the highly contagious nature of COVID-19. The following are some considerations for selecting channels of communication, considering the current COVID-19 situation:

- Avoid public gatherings (considering national restrictions or advisories), including public hearings, workshops, and community meetings
- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chat groups appropriate for the purpose, based on the type and category of stakeholders
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions
- Where direct engagement with project affected people or beneficiaries is necessary, channels will be identified for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators
- Each of the proposed channels of engagement will clearly specify how feedback and suggestions can be provided by stakeholders.
- Trusted local civil society, ethnic organizations, community organizations and similar actors who can act as intermediaries for information dissemination and stakeholder engagement; engage with them on an ongoing basis, they will also be identified to support communication and social marketing of vaccination exercise and other components that require publicity. For effective stakeholder engagement on COVID-19 vaccination, different communication

packages and different engagement platforms for different stakeholders, based on the stakeholder identification above will be employed. The communication packages can take different forms for different mediums, such as basic timeline, visuals, charts and cartoons for newspapers, websites, and social media; dialogue and skits in plain language for radio and television; and more detailed information for civil society and media. These should be available in different local languages. Information disseminated should also include where people can go to get more information, ask questions, and provide feedback.

Under the National Vaccine Deployment Plan, two specific community engagement indicators, "Community engagement plan implemented for increasing demand creation for the COVID-19 vaccine by the population", and "Percentage of health facilities in the project area with functioning management committees having community representation" have been added to the results framework. Beneficiaries Satisfaction Survey to be conducted by an independent consultant each year to assess citizens perception on the implementation of the project and provide lessons and feedback to the Project Implementers.

A Stakeholder Engagement Plan has been prepared and disclosed for this project. This document identifies stakeholders across scale together with their interest. The SEP analyzes stakeholder interest, their influence of project outcomes as well as how the project will impact them. Finally, it discusses methods that will be used for stakeholder engagement and document stakeholder consultation that will be incorporated into the design of the subprojects. The plan proposes various methods that have been used and will be used to consult with stakeholders during preparation and implementation of the project. Most of these consultations will be virtual due to COVID 19 mobility restrictions, while social distancing protocols will be observed for the few face to face meetings. The table below present the summary of the methods that will be used for engaging stakeholders.

Table 7.1: Methods for Stakeholder Engagement

Stage	Target Stakeholder	Topic(s) of Engagement	Method(s) Used	Location /Frequency	Responsibilities
Stage 1: Project preparation	Project Affected People/ Vulnerable beneficiaries/ Potential Vaccination receivers	ESMF, ESCP, SEP; Project scope and rationale Project E&S principles Grievance mechanism process Vaccination process and criteria for selection, Schedule and Work Plan, consent protocol	Online meetings, separate meetings for women and the vulnerable group Face-to-face meetings, if applicable maintaining COVID protocol Mass/social media communication (as needed) Disclosure of written information: brochures, posters, flyers, website Information boards or desks	Online Quarterly meetings and as various components are executed and put to operation continuous communication through mass/social media and routine interactions	SCO

Stage	Target Stakeholder	Topic(s) of Engagement	Method(s) Used	Location /Frequency	Responsibilities
			Grievance mechanism Local newspaper		
	Other Interested Parties	ESMF, ESCP, SEP disclosures. Project scope, rationale, and E&S principles, Vaccination process and criteria for selection, Schedule and Work Plan Grievance mechanism process	Online meeting and Face-to-face meetings if possible Joint public/community meetings with PAPs	Quarterly meetings in SCO and Online meeting	SCO
	Other Interested Parties Press and media Local NGOs, Different Government Departments having link with project implementation namely District Health Administration District Police, Municipal, etc. General public Migrants etc.	ESMF, ESCP, and SEP disclosures Grievance mechanism Project scope, rationale, and E&S principles Vaccination process and criteria for selection, Schedule and Work Plan	Online meeting and Public meetings, if possible trainings/workshops (separate meetings specifically for women and vulnerable people as needed) Mass/social media communication Disclosure of written information: Brochures, posters, flyers, website Information boards Grievance mechanism Notice board for employment recruitment	Project launch meetings with relevant stakeholders Meetings as needed. Communication through mass/social media (as needed) Information desks with brochures/posters in Welfare Offices	SCO

Stage	Target Stakeholder	Topic(s) of Engagement	Method(s) Used	Location /Frequency	Responsibilities
	Other Interested Parties Other Government Departments from which permissions/clearances are required	Legal compliance issues Project information scope and rationale and E&S principles Coordination activities Grievance mechanism process ES Docs disclosures Vaccination process and criteria for selection Schedule and Work Plan	Online meeting, Face-to-face meetings if protocol can be ensured, Invitations to public/community meetings Submission of required reports	Disclosure meetings Reports as required	SCO
STAGE 2: Implementation Phase	Project Affected People /Vaccination receivers	Grievance mechanism Health and safety impacts Progress on Schedule and Work Plan Project status Consent for vaccines and no forced vaccine	Online meeting, Public meetings if possible, trainings/workshops Separate meetings as needed for women and vulnerable group Individual outreach to PAPs as needed Disclosure of written information: brochures, posters, flyers, website Information boards Notice board(s) Grievance mechanism Local monthly newsletter	Quarterly meetings Communication through mass/social media as needed Notice boards updated weekly Routine interactions Brochures in local offices	SCO

Stage	Target Stakeholder	Topic(s) of Engagement	Method(s) Used	Location /Frequency	Responsibilities
	Other Interested Parties	Project scope, rationale and E&S principles Grievance mechanism Project status Progress on Schedule and Work Plan	Online meeting, Face-to-face meetings Joint public/community meetings with PAPs	As needed	SCO
	Other Interested Parties Press and media Various Government Departments General public, migrants	Project information - scope and rationale and E&S principles, Project status Health and safety impacts Progress on Schedule and Work Plan Environmental concerns GBV related consultation, Grievance mechanism process	Public meetings, open houses, trainings/workshops Disclosure of written information: brochures, posters, flyers, website, Information boards Notice board(s) Grievance mechanism GBV related issues.	Same as for PAPs/ at regular intervals throughout the project period to educate and raise awareness amongst the population about vaccination and various ES Issues	SCO

7.2 Disclosure

The final ESMF and other project documents shall be uploaded on the MoPH Website. Hard copies shall be disclosed to relevant stakeholders such as NEPA and Ministry of Urban Development and Housing. Relevant sections of this document will be translated into local languages and disclosed in country. The ESMF shall be disclosed internally within the Bank and uploaded on to the Bank's Website upon approval by the Bank.

Before the commencement of physical works, relevant sections of site specific ESMPs, LMPs and GBV Action Plan shall be translated into local languages and disclosed to stakeholders and communities. The ESMPs, SEP, LMP and GVB Action Plan will be uploaded on the MoPH and SCO websites. Hard copies will also be made available to the selected health care facilities. The ESMP for the project activities will be included in the Works Contracts.

7.3 Grievance Redress Mechanisms

The main objective of a Grievance Redress Mechanism (GRM) is to assist to resolve complaints and grievances in a timely, effective, and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective, and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the implementation of projects

- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and

Avoids the need to resort to judicial proceedings. However, stakeholders are not prohibited from seeking redress/resolution through judicial proceeds if the GRM was unable to reach a satisfactory resolution.

7.3.1 Description of GRM

Grievances will be handled at the national level by MoPH. The GRM will include the following steps:
Step 0: Grievance discussed with the respective health facility
Step 1: Grievance raised with the MoPH Grievance Office
Step 2: Appeal to the MoPH and other public authorities

Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

7.3.2 Avenues to Register Grievances - Uptake Channels

A complaint can be registered directly at COVID 19 (GRCs) through any of the following modes and, if necessary, anonymously or through third parties.

- By telephone at +93 (166) is free informative number where everyone can call and receive update information regarding Covid-19 and also register a complaint/Also by calling +93202302335 they can register their complaint at no fee.
- By e-mail to covid19.complaints@moph.gov.af (this email will be activated soon after resolving the technical IT related problems) . The alternative email (healthcomplaint7@gmail.com) is active and receiving the complaints regarding Covid-19.
- By letter to the healthcare facility levels GRC (the existing health Shura (council) at each healthcare facility level)
- By letter directly at provincial health authority/ and provincial contracted NGOs for healthcare services.
- By complaint form to be lodged at any of the address listed above- this form will be made available in the relevant healthcare facilities to be used by the complainants and can be filled.
- Walk-ins and registering a complaint on grievance logbook at healthcare facility or suggestion box at clinic/hospitals

Once a complaint has been received, it should be recorded in the complaints logbook or grievance excel-sheet- grievance database.

7.3.3 GRM Unit for COVID-19

MoPH has established a dedicated GRM Unit for the existing Sehatmandi project, which will be strengthened to ensure that it can be also used for the COVID-19 project. The GRM unit of the existing project has the GRM Unit Manager at ministry level and a GRM Analysis Officer will be engaged in Kabul (ministry level) to help grievance registration and analysis. The provincial authority and contracted NGO will assign their representative at provincial level for GRM handling. In addition, GRM Focal officers will be assigned for each healthcare facilities to be assigned for COVID 19 Project. Measures to mitigate gender-based violence (GBV) will also be considered, both as part of the overall project and, more specifically, in the GRM. To promote ownership, the project will have to put in place strong communication and civic engagement to receive feedback from beneficiaries, especially women and other vulnerable groups.

7.3.4 Grievance for Gender-Based Violence (GBV) issues

There will be specific procedures for addressing GBV including confidential reporting with safe and ethical documenting of GBV cases. Multiple channels will be in place for a complainant to lodge a

complaint in connection to GBV issue. Specific GRM considerations for addressing GBV under COVID-19 are:

- a separate GBV GRM system, potentially run by a GBV Services Provider with feedback to the project GRM, similar to that for parallel GRMs will be established. The GRM operators are to be trained on how to collect GBV cases confidentially and empathetically (with no judgment).
- COVID 19 will establish multiple complaint channels, and these must be trusted by those who need to use them.
- No identifiable information on the survivor should be stored in the GRM logbook or GRM database.
- The GRM should not ask for, or record, information on more than three aspects related to the GBV incident:
    - The nature of the complaint (what the complainant says in her/his own words without direct questioning)
    - If, to the best of complainant's knowledge, the perpetrator was associated with the project; and,
    - If possible, the age and sex of the survivor.
- The GRM should assist GBV survivors by referring them to GBV Services Provider(s) for support immediately after receiving a complaint directly from a survivor. This will be possible because a list of service providers will already be available before project work commences as part of the mapping exercise.
- The information in the GRM must be confidential—especially when related to the identity of the complainant. For GBV, the GRM should primarily serve to: (i) refer complainants to the GBV Services Provider; and (ii) record resolution of the complaint.

Data Sharing: The GBV Services Provider will have its own case management process which will be used to gather the necessary detailed data to support the complainant and facilitate resolution of the case referred by the GRM operator. The GBV Services Provider should enter into an information sharing protocol with the GRM Operator to close the case. This information should not go beyond the resolution of the incident, the date the incident was resolved, and that the case is closed. Service providers are under no obligation to provide case data to anyone without the survivor's consent. If the survivor consents to case data being shared the service provider can share information when and if doing so is safe, meaning the sharing of data will not put the survivor or service provider at risk for experiencing more violence. For more information on GBV data sharing see: http://www.gbvims.com/gbvims-tools/isp/. The GRM will have in place processes to immediately notify both the ministry and the World Bank of any GBV complaints with the consent of the survivor.

8. Institutional Arrangement, Responsibilities and Capacity Building

8.1 Institutional Arrangement and Responsibilities

Project management arrangements used under the COVID-19 parent project, which are the same as those under the ongoing Bank-supported Sehatmandi Project is being adopted under this AF. The Deputy Minister for Policy and Planning in the MoPH will serve as the Project Coordinator with support of the Sehatmandi Coordination Office (SCO) of the MoPH which will coordinate project activities with all stakeholders. Project oversight will be provided through Health Program High Level Oversight Committee consisting of policy makers from the MoPH, the Ministry of Finance (MOF), the Independent Directorate of Local Governance, relevant United Nations agencies, bilateral donors, and representatives of civil society. The Oversight Committee will meet on a regular schedule to review progress of the project, ensure coordinated efforts by all stakeholders and conduct annual reviews of the project. Through its central departments and provincial offices, the MoPH will be responsible for the implementation of the project. The multi sectoral aspects of the COVID-19 response will be guided by Presidential Multi-sectoral COVID-19 Response Committee chaired by H.E. the President/Vice President. The Ministry has set up a number of technical Committees to handle aspects of the COVID 19 Response namely:

i. Service Delivery Committee. This Committee is chaired by General Director of Curative Medicine and includes many technical Staff from Different Departments within the MoPH. The aim of this Committee is to ensure the Covid-19 Health care service in Health care facilities.
ii. MoPH Working Group on Vaccine Management. This Committee is chaired by the Deputy Minister of Health care service Delivery of MoPH and it includes members from various divisions within the MoPH, representatives from the Finance Division and development partners. They will review and endorse the management and financial plans of COVID-19 vaccine.
iii. COVID-19 Vaccine Preparedness and Deployment Core Committee. The committee is also led by the Deputy Minister of Health care service Delivery and includes members from various technical departments of MoPH and Basic Health Package Service (BPHS) Implementer NGOs. The main purpose of the Committee is to develop the National Vaccine Deployment Plan for COVID-19 and support the implementation and monitoring as per the guidance of MoPH.
iv. Provincial Level Working Groups. The Provincial working group is chaired by the Public Health Director of each province and is accountable to the COVID-19 Prevention and Control at province level. The main purpose of this Working group is to facilitate planning, implementation and monitoring of COVID-19 Control including vaccine at province level.
v. Infection Prevention Committee. This Committee is chaired by the Director General of Diseases control and prevention and includes Technical Staff from various Departments. The aim of this committee is to provide technical guidelines to control the infection and monitor the implementation of these IPC guidelines.
vi. Communication Committee. This committee is chaired by the Health Promotion director and includes members from NEPI and Health Promotion Departments. The aim of this committee is to communicate and coordinate the activities with the communities and create the demand for Vaccine within the communities.
vii. National Immunization Technical Advisory Group (NITAG). The Government has constituted the NITAG with independent and credible experts as members of the committee. The NITAG provides recommendations on the prioritization of target populations for COVID-19 vaccine introduction and will monitor planning, implementation and monitoring of COVID-19 vaccine introduction.

Other agencies with assigned responsibilities are Consultants, Private Transport Companies under Contract with UNICEF, Project Consultants and Contractors, CDCs, traditional and religious leaders, Service Providers (NGO health care facilities) and Managers of selected health care facilities used as isolation and care centers and laboratories for rehabilitation and Vaccine Coordinators.

The Service Providers are responsible for COVID-19 case management and infection prevention and control (IPC) in isolation wards in provincial hospitals, community health workers to support public awareness within community, and Rapid Response Teams for case identification, testing and contact tracing. Through the Sehatmandi project, the MoPH has contract out health services in 31 provinces to these Service Providers (SPs), whiles retaining 3 provinces.

Development Partners, notably, WHO, UNICEF, GAVI and the World Bank also play various roles under the project. UNICEF's role in the Project includes raising public awareness and promoting healthy behaviors about COVID-19; monitoring and evaluation (M&E); behavior change; and procurement of needed supply/equipment. The World Health Organization's role includes expansion and support of the laboratories; provision of specimen collection kits; supplies for Rapid Response Teams; and technical assistance to the Ministry of Public Health.

For the purpose of vaccinating prisoners and security forces, the Prison Authorities and Ministry of Defense are also relevant (see Table 8.1, 8.2 and 8.3 for roles of various responsible parties for activities during the project phases).

Table 8.1: Institutional Roles/Responsibilities (ESMF) – Planning and Design Phase

Key Areas	Actions	Responsible Party (Lead Agency)	Supporting Agencies
Environmental and Social Compliance	• Screening of Project Activities • Insertion of Environmental and Social Clauses into Contractors bidding documents, • Reviewing site specific ESMPs, prior to approval by the Bank	SOC E&S Unit	HCF Managers
	• Approval of ESMPs, LMPs and other E&S instruments	World Bank	NA
Vaccine Preparedness and Readiness	• Preparation and disclosure of the National Deployment and Vaccination, micro level, Risk communication plans, register for vulnerable persons and Guidelines for AEFI • Conduct Rapid Behavioral Assessment Study • Consultation with stakeholders and vulnerable groups e.g. Prison Authorities • Advertising and Risk Communication e.g. AEFI • Setting up Grievance Redress Mechanisms e.g., hotlines	MOPH	UNICEF/WHO/WBG// National/ COVID-19 Vaccine Preparedness and Deployment Core Committee/ Provincial Level Working Groups/Service Providers/Shuras
Vulnerable Groups Access to Vaccines	• Ensuring vaccination centers are gender friendly • Ensuring that eligible persons for vaccination are not excluded due to physical and socio-economic barriers	MOPH	HCF Managers/ Vaccine Coordinators/ Provincial Level Committees/CDCs/Health/ Ministry of Defense/Prisons Authority
Forced/Mandatory Vaccination	• Appointing Vaccine Coordinator for each Point of Service • Designing of Consent Forms • Sensitizing vulnerable persons on Consent Form and Vaccines at the Vaccination Centre • Ensuring that persons taking vaccines sign or thumb print Consent Forms • Ensuring that persons who are vaccinated signed/thumb printed Consent Form • Consultation with Security Hierarchy	MOPH	Vaccine Coordinators Vaccination Teams/Ministry of Defense/Prisons Authority

Adverse Events Following Immunization	• Implementing the vaccine safety and surveillance plan • Pilot the use of Smart Paper Technology to facilitate documentation and following up on AEFI. • Implementing guidelines for post vaccination surveillance	MOPH	Service Providers' Facility Managers MOPH Facility Managers Vaccine Coordinators/ Vaccination Teams
Procurement of Vaccines and other Supplies	• Preparing and disclosing a national procurement plan • Provision of vaccine and equipment specifications e.g. cold chain equipment • Liaising with Vaccine and Equipment Suppliers • Vaccine and equipment inspection and validation	WHO UNICEF	MOPH/SCO
Location and Design of Vaccination Centers, Laboratories, HFC etc.	• Selection of vaccine storage areas, vaccination centers, health facilities and laboratories for rehabilitation based on relevant WHO guidelines • Environmental and Social screening of selected vaccine storage sites, vaccination centers, laboratories* • Setting up Grievance Redress Systems	MOPH SCO*	National COVID 19 Committee /CDC/ Religious/Tribal Leaders/ Women Groups/ HCF Managers/SOC
Rehabilitation and Upgrading of Isolation Centers/ Laboratories etc.	• Ensuring the rehabilitation and upgrading of isolation centers and HCFs are guided by the relevant WHO and Center for Disease Control guidelines and National Building Codes are undertaken by competent professionals • Ensure all designs and work plans are vetted by the appropriate professional and town planning authorities as well as the Ministry of Women Affairs and Ministry of Labor, Social Affairs, Martyrs and Disabled and appropriate permits are obtained • Ensuring that Environmental and Social Clauses are inserted into Contract Documents*	MOPH SCO*	SOC/Service Providers' Facility Managers/ Project Consultants

NA - Not Applicable

Table 8.2: Institutional Roles/Responsibilities-Construction Phase

Key Areas	Actions	Responsible Party (Lead Agency)	Supporting Agencies
Environmental risks and impacts associated with resource efficiency and Pollution Prevention	• Implement all relevant Environmental and Social Clauses together with mitigation measures in the ESMF and ESMPs by themselves and their Sub Contractors	Project Contractors	Project Consultants
OHS issues	• Prepare and disclose detailed work programs and plans for rehabilitation upgrading and installation works based on relevant WHO guidelines and WBG EHSG • Ensure that sensitization and OHS Training programs for employees of Project Contractors and Sub-Contractors will be made to undergo sensitization on COVID 19 preventive measures and symptoms based on the WHO Guidelines • Ensure that WHO and WBG guidelines as well as OHS measures in ESMF and ESMPs are implemented for all Works	Project Contractors	SCO/ Project Consultants
Labor Issues/Risks	• Prepare Labor Management Plans based on the Project Labor Management Procedures • Implement measures outlined in approved LMPs, ESMPs and Environmental and Social Clauses	Project Contractors	SCO/ Project Consultants

	• Ensure access to GRM by all workers		
Gender Based Violence within the Work Environment	• Ensure workers understand and signs Code of Conduct • Implement Environmental and Social Clauses and mitigation measures in ESMF and ESMPs in relation to GVB/SEA/SH • Ensure their workers are available for all GBV/SEA/SH training sessions	Project Contractors	SCO
Project Impact on Cultural Heritage	• Preparing a Chance Find Procedure • Implementing Chance Find Procedures in the event of a Chance Find	Project Contractors	SCO Project Consultants
Progress Reporting	• Preparing Monthly Progress Report on rehabilitation and upgrading works and installations with an Environmental and Social Section	Project Contractors	Project Consultants
Environmental and Social Monitoring	• Monitoring Environmental, Social, Health and Safety performance of Contractors involved in rehabilitation/upgrading works and installation	SCO	Project Consultants

NA- Not Applicable

Table 8.3: Institutional Roles/Responsibilities-Operational Phase

Key Areas	Actions	Responsible Party (Lead Agency)	Supporting Agencies
Transportation of Vaccines, Specimen and in-Country	• Preparing, disclosing and implementing Spillage Contingency Plan • Training of drivers and assistants in the Spillage Contingency Plan	MOPH	NA
	• In-country transportation of vaccines and specimens etc. • Implementing spillage Contingency Plan	Service Providers Private Transport Companies	NA
Storage and Handling of Vaccines	• Ensuring cold chain assessment is undertaken • Preparing and disclosing SOPs for routine and emergency storage and handling of vaccines • Installations of appropriate fire and emergency response gadgets • Training of Vaccine Coordinators, Vaccination teams etc. on SOPs, relevant WHO guidelines etc.	MOPH	Vaccination teams
	• Ensuring the implementation of Guidelines for the storage and handling of vaccines in line with WHO and Center for Disease Control guidelines • Appointing Vaccine Coordinators • Recruitment of additional Vaccinators	Service Providers' Facility Managers MOPH Facility Managers	NA
Infection Control and Prevention	• Preparing, disclosing and implementing Facility Specific Biosafety, ICWMPs and IPCPs • Implementing of facility based IPCP and ICWMP • Training of employees on and ICWMP, IPCP, MOPH COVID 19 Guidelines on Medical Waste Management SOPs and other relevant WHO and Center for Disease Control guidelines • Providing workers with PPEs, hand hygiene and other relevant equipment as stipulated in relevant WHO guidelines	Service Providers' Facility Managers MOPH Facility Managers	Vaccine Coordinators
Waste Management Processes	• Providing cleaners, janitors, and other conservancy laborer in laboratories and HCFs with the necessary PPEs, cleaning equipment and detergents • Preparing report on the quantity and type of waste	Service Providers' Facility Managers MOPH Facility Managers	NA
	• Preparation, disclosure and implementing waste collection and transportation measures in ICWMPs and ICPC e.g. source separation according to color coding, haulage route demarcation • Provision of waste collection and transportation equipment such as leak proof plastic bags, disinfectants, and wheeled trolleys	Service Providers' Facility Managers MOPH Facility Managers	NA
	• Offsite transportation and disposal of used sharps, vials and other HCW	Service Providers	NA

Security Issues	• Undertaking and implementing the recommendations of Security Risk Assessments for the selected vaccination and vaccine storage centers, laboratories and HCFs • Implement Security Risk Protocols • Undertake Security protocols such as running background checks of wardens and other persons recruited to work in the facilities	Service Providers' Facility Managers MOPH Facility Managers	NA
Labor Issues	• Ensuring the vaccinators and other persons recruited have contracts that meet the requirements of Afghanistan law • Ensuring the health care and other frontline workers have the required PPEs and enforce their use • Setting up work-based Grievance Redress System	Service Providers' Facility Managers MOPH Facility Managers	Vaccine Coordinators
GBV and SEA/SH	• Implementing SOPs including professional codes of ethics/conduct developed for vaccine storage areas, vaccination centers, quarantine, isolation facilities and frontline workers based on WHO code of Ethics and Professional Conduct • Appointing GBV/SEA/SH focal persons for GBVSEA/SH issues and maintain a strong collaboration with existing GBV Service Providers/Police/ NGOs in their communities	Service Providers' Facility Managers MOPH Facility Managers	NA
Training	• Training of medical staff, Conversancy laborers, Vaccinators, Vaccine Coordinators, janitors, caterers /bakers on relevant WHO Guidelines, MOPH COVID-19 Guidelines, plans that relate to their jobs	WHO	MOPH SCO

NA- Not Applicable

8.2 Adequacy of Personnel in Charge of Healthcare Facilities

Through the Sehatmandi Project, the MoPH has contracted out health services in 31 provinces to Service Providers (NGO Health care facilities), while retaining 3 provinces. The Service Providers have adequate staff in terms of numbers and qualification to manage the isolation facilities, intensive care units as well as the laboratories they operate including infection prevention and control. This is because most doctors, nurses and paramedics have been trained in infection prevention and control protocols as per the country's infection prevention protocols.

However, very little training has been provided for health care workers in the area of health care waste management though facility managers have competence in this area. Training programs to build capacity in health care waste management and other relevant areas of project implementation has been in presented in Table 8.4 under Section 8.5.

8.3 Transportation of Medical Equipment, Vaccines, Infected Samples and Healthcare Waste

Under the project, vaccine and non-vaccine materials are distributed using UNICEF's LTA, which is in place with private transportation companies. The vaccine will be shipped to the national cold room from the airport immediately after the plane lands, and the customs paperwork is handled afterwards. A UNICEF-hired custom clearing agent and NEPI of MoPH will handle this task. Transportation of vaccines to regional and provincial cold rooms will be outsourced to third party transport companies, (the same as for the routine vaccines). For the transportation of vaccines from national to regions and provinces, 2,191 cold boxes and 100,000 ice packs have been made available. Based on detailed micro-plan, PEMTs will distribute the supplies from the provincial cold room directly to EPI centers/facilities (Service Provider Health care facilities) with support from concerned Service Providers. Service Provider Health care facilities in Afghanistan are equipped with standard WHO-prequalified refrigerators and other required equipment including temperature monitoring devices.

Transportation of filled safety boxes and health care waste to the incinerators at province centers or at hospitals as well as samples for testing will be undertaken by the Service Providers as part of their contractual obligations under the project.

8.4 Tracking and Recording Healthcare Waste from Healthcare Facilities

The following steps will be followed to track and record waste from the various sections of health care facilities under the project:

- Waste will be segregated at the department/ward level by color codes and the type of receptacle stipulated in the SOP and Healthcare Waste Management Plan
- Waste receptacles will be stationed at vantage points to enable 100% collection
- The weight of the empty receptacles will be obtained from the manufacturers specifications or by weighing and recording the weight of a replica that has not been used
- At the point of collection, each receptacle with its content will be weighed and its weight will be recorded by the janitor in a Consignment Note together with the sources, destination and type of waste, date and time of weighing. Particulars of the janitor will also be recorded on the Co-signed Note
- For waste that would be stored and transported, it will be sent to the holding area, where it will be reweighed and documented as done previously on the Co-signed Note and kept. Prior to it being transported it will be weighed again and documented on the Co-sign Sheet by the person in charge of the holding area. Same, details will be recorded on the Co-signed Note and handed over to the transporter and a copy would be kept at the facility. At the off-site disposal facility, the Transporter will hand over the Co-sign Note to the Manager of the Treatment Facility who will also weigh the waste and complete the Co-sign Note. The Completed Co-sign Note will be returned to the health care facility by the Transporter; .
- Waste that will be disposed of in-situ, will be weighed prior to final disposal and same data would be entered on the Co-signed note by the Treatment/Disposal Facility Manager; and
- Daily reports will be prepared from the Co-signed Notes by the officers in charge of holding areas and treatment/disposal sites covering source, type and quantity of waste for the Health Care Facility Manager, who will compile monthly reports for the project.

8.5 Capacity Building

Under Component 2 of the Project, elaborate training programs will be designed and implemented for technical staff within the health sector such as laboratory technicians, data analysts and epidemiologists to enhance their capacity to response to the COVID-19 pandemic. The training programs will be complemented with the provision of equipment and PPEs. Therefore, capacity building under the ESMF is limited to E&S concerns as presented in Table 8.4.

Table 8.4: Capacity Needs for ESMF Implementation

Type of Training	Training Contents	Participants	Timeframe	Responsible Actor	Estimated Cost (in USD)
Community Mobilization/ Risk Communication	• Importance of community participation and mobilization to enhance project ownership, transparency and accountability • Risk Communication • Community Mobilization Strategies • Concept of Vulnerability • Community consultation and awareness raising • Stakeholder engagement • Social inclusion and diversity	CDC members, tribal and religious leaders, School and Health Facility Managers, Media	During mobilization	WHO SCO MOPH	200,000.00
Grievance Redress/Sexual Exploitation,	• Dispute resolution management and grievance redress	Provincial and National COVID-19 Surveillance	Before the commencement of the rehabilitation	WHO SCO MOPH	220,000.00

Type of Training	Training Contents	Participants	Timeframe	Responsible Actor	Estimated Cost (in USD)
Abuse and Harassment	• Trust and Consensus Building • Gender Based Violence/Sexual Exploitation and Abuse and Sexual Harassment • Handling GBV related complaints • Project Grievance Redress Systems	Committee Members CDC Members, Health Facility and School Management, Tribal and Religious Leaders and Community based Organizations, Vaccine Coordinators and their teams Transporters Community Health Workers Workers at the laboratories and health care facilities	works, the vaccines arrive and vaccination exercise		
Training on guidelines, and procedures particularly on ESMP implementation,	• E&S Screening of subprojects • Introduction to World Bank's ESF • Preparation of ESMPs • Responsibilities of Consultants and Contractors in implementing ESMPs	Contractors Health Facility Managers Project Consultants Vaccine Coordinators	Before the commencement Civil Works of sub-projects and vaccination exercise	SCO MOPH	250,000.00
Training on relevant WHO COVID-19 and other Guidelines	• COVID-19 Symptoms and Mode of Transmission • Introduction to relevant WHO Guidelines on COVID-19 • Safe administration of the Vaccine and medical waste management • COVID-19 Infection Prevention and Control Recommendations • Laboratory biosafety guidance related to • COVID-19 • Specimen collection and shipment • Standard precautions for COVID-19 patients • Storage and Handling of COVID-19 Vaccines	Health workers Sanitation Service Providers Cleaners and Canteen Workers at various Health Facilities Nurses, paramedics and doctors CDC Members, religious and tribal leaders Health and Safety Officers of Consultants and Contractors Vaccine Coordinators Staff of Medical Stores Service Providers	Before the Commencement of rehabilitation works	SCO WHO MOPH	350,000.00
Training in ICWMP and GIIPs in the area of Health Care	• IWCMPs • Source Separation • Use of PPES etc.	Sanitation Service Providers	Before the Completion of works/To	WHO MOPH	150,000.00

Type of Training	Training Contents	Participants	Timeframe	Responsible Actor	Estimated Cost (in USD)
Waste Management in times of COVID 19	• Managing Incinerators	All workers at the Isolation Centers and Laboratories Ancillary workers Vaccine Coordinators and their teams Transporters Workers at Incinerators	be repeated twice a year		
Training in Cold Chain Management, Vaccine Storage SOPs (including reporting mechanisms)	• Vaccine Storage SOPs • Routine and Emergency Handling of Vaccines • Reporting • Audits	Vaccine Coordinators and their teams Medical Store Staff Pharmacists Service Providers/Vaccination Team Members	Before the arrival of the First Consignment of Vaccines	WHO MOPH	100,000.00
Training for Transporters (Drivers of Cold Trucks and other Haulage Vehicles	• Road Traffic Rules • Spill Containment • Vaccine Delivery Protocols • Incidents/Accident Reporting • Maintenance of Safety	Drivers Persons involved in Loading and Off- loading of vaccines, therapeutics, and other logistics	Before the arrival of the First Consignment of Vaccines	WHO MOPH	50,000.00

8.6 ESMF Budget Estimate

It is estimated that a total amount of Two Million Three Hundred and Thirty-Four Thousand United States Dollars (USD 2,334,000) will be required to implement activities identified in the Environmental and Social Management Framework. The details are summarized in Table 8.5.

Table 8.5: Estimated Budget for ESMF Implementation

No.	Activities	Cost USD
1	Training Cost for Training Programs (in Table 8.1)	1,400,000.00
2	Translation of ESMF into Dari and Pashto and other local languages	50,000.00
3	Preparation of Environmental and Social Instruments	100,000.00
4	Translation of ESMPs into local languages	10,000.00
5	Setting up Project Level GRM	150,000.00
6.	Hiring of Additional E&S Consultants at the SCO (1 Environmental Experts and 1 Social Experts) @ USD 8,000 (per man month for 2 years	384,000.00
7.	Beneficiaries Satisfaction Survey	200,000.00
9.	**Total**	**2,334,000.00**

ANNEXES

ANNEX A: Screening Form for Potential Environmental & Social E&S Issues

This form is to be used by Sehatmandi Coordination Office and Project Implementers the to screen for the potential environmental and social risks and impacts of a proposed subproject. It will help the Sehatmandi Coordination Office and Project Implementers in identifying the relevant Environmental and Social Standards (ESS), establishing an appropriate E&S risk rating for these subprojects and specifying the type of environmental and social assessment required, including specific instruments/plans. Use of this form will allow to form an initial view of the potential risks and impacts of a subproject***. It is not a substitute for project-specific E&S assessments or specific mitigation plans.***
A note on *Considerations and Tools for E&S Screening and Risk Rating* is included in this Annex to assist the process.

Subproject Name	
Subproject Location	
Subproject Proponent	
Estimated Investment	
Start/Completion Date	

Questions	**Answer**		**ESS relevance**	**Due diligence / Actions**
	Yes	no		
Does the subproject involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities, vaccine cold storage units and/or waste management facilities?			ESS1	ESIA/ESMP, SEP
Does the subproject involve land acquisition and/or restrictions on land use?			ESS5	RAP/ARAP, SEP
Does the subproject involve acquisition of assets for quarantine, isolation or medical treatment purposes?			ESS5	
Is the subproject associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?			ESS3	ESIA/ESMP, SEP
Is there a sound regulatory framework and institutional capacity in place for healthcare facility infection control and healthcare waste management?			ESS1	ESIA/ESMP, SEP
Does the subproject have an adequate system in place (capacity, processes and management) to address waste?				
Does the subproject involve recruitment of workers including direct, contracted, primary supply, and/or community workers?			ESS2	LMP, SEP
Does the subproject have appropriate OHS procedures in place, and an adequate supply of PPE (where necessary)?				

Does the subproject have a GRM in place, to which all workers have access, designed to respond quickly and effectively?				
Does the subproject involve transboundary transportation (including Potentially infected specimens may be transported from healthcare facilities to testing laboratories, and transboundary) of specimen, samples, infectious and hazardous materials?			ESS3	ESIA/ESMP, SEP
Does the subproject involve use of security or military personnel during construction and/or operation of healthcare facilities and related activities?			ESS4	ESIA/ESMP, SEP
Is the subproject located within or in the vicinity of any ecologically sensitive areas?			ESS6	ESIA/ESMP, SEP
Are there any indigenous groups (meeting specified ESS7 criteria) present in the subproject area and are they likely to be affected by the proposed subproject negatively or positively?			ESS7	Indigenous Peoples Plan/other plan reflecting agreed terminology
Is the subproject located within or in the vicinity of any known cultural heritage sites?			ESS8	ESIA/ESMP, SEP
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?			ESS1	ESIA/ESMP, SEP
Does the subproject carry risk that disadvantaged and vulnerable groups may have unequitable access to project benefits?			ESS1	ESIA/ESMP, SEP
Is there any territorial dispute between two or more countries in the subproject and its ancillary aspects and related activities?			*OP7.60 Projects in Disputed Areas*	Governments concerned agree
Will the subproject and related activities involve the use or potential pollution of, or be located in international waterways[2]?			*OP7.50 Projects on International Waterways*	Notification (or exceptions)

Conclusions:

1. **Proposed Environmental and Social Risk Ratings (High, Substantial, Moderate or Low). Provide Justifications.**

2. **Proposed E&S Management Plans/ Instruments.**

[2] International waterways include any river, canal, lake or similar body of water that forms a boundary between, or any river or surface water that flows through two or more states.

INFECTION CONTROL: CONSIDERATIONS AND TOOLS TO ASSIST IN E&S SCREENING AND RISK RATING:

In the context of global COVID-19 outbreak, many countries have adopted a containment strategy that includes extensive testing, quarantine, isolation and treatment either in a medical facility or at home.

A COVID-19 response project may include the following activities:

- construction of and/or operational support to medical laboratories, quarantine and isolation centers at multiple locations and in different forms, and infection treatment centers in existing healthcare facilities
- procurement and delivery of medical supplies, vaccines, equipment and materials, such as reagents, chemicals, and Personal Protective Equipment (PPEs)
- mass deployment of a safe and effective vaccine
- transportation of potentially infected specimens from healthcare facilities to testing laboratories
- construction, expansion or enhancing of health care facilities, vaccine cold storage units, healthcare waste and wastewater facilities
- training of medical workers and volunteers
- community engagement and communication

1. Screening E&S Risks of Medical laboratories

Many COVID-19 projects include capacity building and operational support to existing medical laboratories. It is important that such as laboratories have in place procedures relevant to appropriate biosafety practices. WHO advises that non-propagative diagnostic work can be conducted in a Biosafety Level 2 (BSL-2) laboratory, while propagative work should be conducted at a BSL-3 laboratory Patient specimens should be transported as Category B infectious substance (UN3373), while viral cultures or isolates should be transported as Category A "Infectious substance, affecting humans" (UN2814). The process for assessing the biosafety level of a medical laboratory (including management of the laboratory operations and the transportation of specimens) should consider both biosafety and general safety risks. OHS of workers in the laboratory and potential community exposure to the virus should be considered.

The following documents provide further guidance on screening of the E&S risks associated with a medical laboratory. They also provide information for assessing and managing the risks.

- WHO; Prioritized Laboratory Testing Strategy According to 4Cs Transmission Scenarios
- WHO Covid-19 Technical Guidance: Laboratory testing for 2019-nCoV in humans:
- WHO Laboratory Biosafety Manual, 3rd edition
- USCDC, EPA, DOT, *et al*; Managing Solid Waste Contaminated with a Category A Infectious Substance (August 2019)

2. Screening E&S Risks of Quarantine and Isolation Centers

According to WHO:

- **Quarantine** is the restriction of activities of or the separation of persons *who are not ill but who may have been exposed to* an infectious agent or disease, with the objective of monitoring their symptoms and ensuring the early detection of cases
- **Isolation** is the separation of *ill or infected persons* from others to prevent the spread of infection or contamination.

Many COVID-19 projects include construction, renovation and equipping of quarantine and isolation centers at Point of Entry (POE), in urban and in remote areas. There may also be circumstances where tents are used for quarantine or isolation. Public or private facilities such as a stadium or hotel may also be acquired for this purpose.

In screening for E&S risks associated with quarantine and isolation, the following may be considered:

- contextual risks such as conflicts and presence or influx of refugees
- construction and decommissioning related risks

- land or asset acquisition
- use of security personnel or military forces
- availability of minimum requirements of food, fuel, water, hygiene
- whether infection prevention and control, and monitoring of quarantined persons can be carried out effectively
- whether adequate systems are in place for waste and wastewater management
- provision of accurate information to ill, infected or exposed persons in a simple, accessible and culturally appropriate manner

The following documents provide further guidance regarding quarantine of persons.

- WHO; Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19)
- WHO; Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV
- WHO; Preparedness, prevention and control of coronavirus disease (COVID-19) for refugees and migrants in non-camp settings

3. SCREENING E&S RISKS OF TREATMENT CENTERS AND FOR DEPLOYMENT OF VACCINES

WHO has published a manual that provides recommendations, technical guidance, standards and minimum requirements for setting up and operating severe acute respiratory infection (SARI) treatment centers in low- and middle-income countries and limited-resource settings, including the standards needed to repurpose an existing building into a SARI treatment center, and specifically for acute respiratory infections that have the potential for rapid spread and may cause epidemics or pandemics.

- WHO Severe Acute Respiratory Infections Treatment Center
- WHO Covid-19 Technical Guidance: Infection prevention and control / WASH
- WBG EHS Guidelines for Healthcare Facilities
- WHO: Diagnostics, therapeutics, vaccine readiness, and other health products for COVID-19

4. SCREENING E&S RISKS RELATING TO LABOR AND WORKING CONDITIONS

A COVID-19 project may include different types of workers. In addition to regular medical workers and laboratory workers who would normally be classified as direct workers, the project may include contracted workers to carry out construction and community workers (such as community health volunteers) to provide clinical support, contact tracing, and data collection, etc. The size of the workforce engaged could be considerable. Risks for such a workforce will range from occupational health and safety to types of contracts and terms and conditions of employment. Further details relevant to labor and working conditions for COVID-19 projects are discussed in the LMP template for COVID-19.

NEGATIVE LIST FOR CERC

Attributes of Ineligible Subprojects
GENERAL CHARACTERISTICS
Concerning significant conversion or degradation of critical natural habitats. Including, but not limited to, any activity within wildlife and forest reserves, national parks, conservation forests and sanctuaries.
Damages cultural property, including but not limited to, any activities that affect the properties inscribed in the World Heritage List and: • Other archaeological and historical sites; and • Religious monuments, structures and cemeteries.
Requires involuntary acquisition of land, or the resettlement or compensation of more than 200 people
Requiring pesticides that fall in WHO classes IA, IB, or II.
Affecting waters of riparian neighbors.
Roads New primary roads and highways.
Irrigation New irrigation and drainage schemes.
Dams Construction of any dams.
Power New power generating capacity of more than 10 MW.
Oil and Gas New exploration, production or distribution. Rehabilitation of production or distribution systems.
Income Generating Activities Activities involving the use of wood for fuel or as raw material from natural habitats. Activities involving the use of hazardous substances.

ANNEX B: Environmental and Social Management Plan (ESMP) Template

Introduction

The Borrower will need to develop an Environmental and Social Management Plan (ESMP), setting out how the environmental and social risks and impacts will be managed through the project lifecycle. This ESMP template includes several matrices identifying key risks and setting out suggested E&S mitigation measures. The Borrower can use the matrices to assist in identifying risks and possible mitigations.

The ESMP should also include other key elements relevant to delivery of the project, such as institutional arrangements, plans for capacity building and training plan, and background information. The Borrower may incorporate relevant sections of the ESMF into the ESMP, with necessary updates.

The matrices illustrate the importance of considering lifecycle management of E&S risks, including during the different phases of the project identified in the ESMF: planning and design, construction, operations and decommissioning.

The issues and risks identified in the matrix are based on current COVID-19 responses and experience of other Bank financed healthcare sector projects. The Borrower should review and add to them during the environmental and social assessment of a subproject.

The WBG EHS Guidelines, WHO technical guidance documents and other GIIPs set out in detail many mitigation measures and good practices and can be used by the Borrower to develop the ESMP. Proper stakeholder engagement should be conducted in determining the mitigation measures, including close involvement of medical and healthcare waste management professionals.

The Infection Control and Waste Management Plan forms part of the ESMP. The ESMP should identify other specific E&S management tools/instruments, such as the Stakeholder Engagement Plan (SEP), labor management procedures (LMP), and/or Medical Waste Management Plan.

Table 1 - Environmental and Social Risks and Mitigation Measures during Planning and Designing Stage

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Identify the type, location and scale of healthcare facilities (HCF) or facilities to be used for deployment of vaccines					
Identify the need for new construction, expansion, upgrading and/or rehabilitation					

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Identify the needs for ancillary works and associated facilities, such as access roads, construction materials, supplies of water and power, sewage system					
Identify the needs for acquisition of land and assets (e.g. acquiring existing assets such as hostel, stadium to hold potential patients)					
Identify onsite and offsite waste management facilities, and waste transportation routes and service providers	Inadequate facilities and processes for treatment of waste	- Estimate potential waste streams, including sharps and vaccine program wastes - Consider the capacity of existing facilities, and plan to increase capacity, if necessary, through construction, expansion etc. - Specify that the design of the facility considers the collection, segregation, transport and treatment of the anticipated volumes and types of healthcare wastes - Require that receptacles for waste			

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		should be sized appropriately for the waste volumes generated, and color coded and labeled according to the types of waste to be deposited. - Develop appropriate protocols for the collection of waste and transportation to storage/disposal areas in accordance with WHO guidance. Design training for staff in the segregation of wastes at the time of use			
Identify needs for transboundary movement of samples, vaccines, specimen, reagent, and hazardous materials					
Identify needs for workforce and type of project workers		- Identify numbers and types of workers - Consider accommodation and measures to minimize cross infection - Use the COVID-19 LMP template to identify possible mitigation measures			
Identify needs for using security personnel during construction and/or					

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
operation of HCF					
HCF design – general	- Structural safety risk - Functional layout and engineering control for nosocomial infection				
HCF design - considerations for differentiated treatment for groups of higher sensitivity or vulnerable (the elderly, those with preexisting conditions, or the very young) and those with disabilities	Some groups may have difficulty accessing health facilities				
Design of facility should reflect specific treatment requirements, including triage, isolation or quarantine		- The design, set up and management of will take into account the advice provided by WHO guidance for Severe Acute Respiratory Infections Treatment Center. - Hand washing facilities should be provided at the entrances to health care facilities in line with WHO Recommendations to Member States to Improve Hygiene Practices. - Isolation rooms should be provided and used at medical facilities for patients			

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		with possible or confirmed COVID-19. - Isolation rooms should: - be single rooms with attached bathrooms (or with a dedicated commode); - ideally be under negative pressure (neutral pressure may be used, but positive pressure rooms should be avoided) - be sited away from busy areas or close to vulnerable or high-risk patients, to minimize chances of infection spread - have dedicated equipment (for example blood pressure machine, peak flow meter and stethoscope - have signs on doors to control entry to the room, with the door kept closed - have an ante-room for staff to put on and take off PPE and to wash/decontaminate before and after providing treatment.			
Design to consider mortuary arrangements	Insufficient capacity Spread of infection	- Include adequate mortuary arrangements in the design - See WHO Infection Prevention and Control for the safe management of a dead body in the context of COVID-19)			

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Identify the needs for an effective communication campaign on vaccination, including tailored outreach to different groups (including disadvantaged or vulnerable groups), with different partners					
Assess the capacity of the Borrower to establish effective vaccine cold chain temperature monitoring	Failure to store and handle vaccines properly can reduce vaccine potency, resulting in inadequate immune responses in patients and poor protection against disease	- Support the Borrower to design and establish or improve vaccine cold chain temperature monitoring plan. - See WHO guidance on temperature monitoring3 and Center for Disease Control Vaccine storage and Handling toolkit4			
Assess the capacity of the Borrower to monitor adverse events following immunization (AEFI) in line	Insufficient capacity for ensuring immunization safety through detecting, reporting, investigating	- Support the Borrower to design and establish or improve surveillance system of AEFI. - See WHO Global manual of surveillance of adverse events			

[3]https://apps.who.int/iris/bitstream/handle/10665/183583/WHO_IVB_15.04_eng.pdf;jsessionid=9F079AFFA760DBD35C08B13930268B01?sequence=1

[4] https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
with WHO guidelines	and responding to AEFI.	following immunization5.			

Table 2 - Environmental and Social Risks and Mitigation Measures during Construction Stage

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Clearing of vegetation and trees; Construction activities near ecologically sensitive areas/spots	- Impacts on natural habitats, ecological resources and biodiversity				
General construction activities Foundation excavation; borehole digging	- Impacts on soils and groundwater - Geological risks				
General construction activities	- Resource efficiency issues, including raw materials, water and energy use - Materials supply				
General construction activities – general pollution management	- Construction solid waste - Construction wastewater - Nosie - Vibration - Dust - Air emissions from construction equipment				
General construction activities – hazardous	- Fuel, oils, lubricant				

[5] https://www.who.int/vaccine_safety/publications/Global_Manual_revised_12102015.pdf?ua=1

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
waste management					
General construction activities – Labor issues	- Workers coming from infected areas - Co-workers becoming infected - Workers introducing infection into community/general public	- Refer to COVID-19 LMP if available. - Consider ways to minimize/control movement in and out of construction areas/site. - If workers are accommodated on site require them to minimize contact with people outside the construction area/site or prohibit them from leaving the area/site for the duration of their contract - Implement procedures to confirm workers are fit for work before they start work, paying special to workers with underlying health issues or who may be otherwise at risk - Check and record temperatures of workers and other people entering the construction area/site or require self-reporting prior to or on entering			

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		- Provide daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including cough etiquette, hand hygiene and distancing measures. - Require workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor if they have symptoms or are feeling unwell - Prevent a worker from an affected area or who has been in contact with an infected person from entering the construction area/site for 14 days - Preventing a sick worker from entering the construction area/site, referring them to local health facilities if necessary or requiring them to isolate at home for 14 days			

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
General construction activities – Occupational Health and Safety (OHS)					
General construction activities – traffic and road safety					
General construction activities – security personnel					
General construction activities – land and asset	Acquisition of land and assets				
General construction activities	GBV/SEA issues				
General construction activities – cultural heritage	Cultural heritage	Chance-finds procedure			
General construction activities – emergency preparedness and response					
Construction activities related to *onsite* waste management facilities, including temporary storage, incinerator, sewerage system and wastewater					

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
treatment works					
Construction activities related to demolition of existing structures or facilities (if needed)					
To be expanded					

Table 3 - Environmental and Social Risks and Mitigation Measures during Operational Stage

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
General HCF operation – Environment	General wastes, wastewater, and air emissions				
General HCF operation – OHS issues	- Physical hazards - Electrical and explosive hazards - Fire - Chemical use - Ergonomic hazard - Radioactive hazard				
HCF operation – Labor issue	-				
HCF operation - considerations for differentiated treatment for groups with different needs (e.g. the elderly, those with					

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Time line	Budget
preexisting conditions, the very young, people with disabilities)					
HCF operation – cleaning		- Provide cleaning staff with adequate cleaning equipment, materials, and disinfectant. - Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas. - Where cleaners will be required to clean areas that have been or are suspected to have been contaminated with COVID-19, provide appropriate PPE: gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes. If appropriate PPE is not available, provide best available alternatives. - Train cleaners in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials).			
HCF operation - Infection control and waste management plan		-			
Mass vaccination program involving deployment of vaccines from many facilities	Mass vaccination provides a vector for the spread of disease	- Develop infection control and waste management plan for vaccination program to consider the use of non-HCF for deployment			

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Time line	Budget
(not just HCF), vehicles and locations					
Waste minimization, reuse and recycling	Use of incinerators results in emission of dioxins, furans and particulate matter	- Where possible avoid the use of incinerators - If small-scale incineration is the only option, this should be done using best practices, and plans should be in place to transition to alternative treatment as soon as practicable (such as steam treatment prior to disposal with sterile/non-infectious shredded waste and disposed of in suitable waste facilities) - Do not use single-chamber, drum and brick incinerators - If small-scale incinerators are used, adopt best practices to minimize operational impacts.			
Procurement, delivery and set up of equipment for the storage and handling of vaccines and associated medical equipment	- Surfaces of imported materials may be contaminated, and handling and processing may result in spread of COVID-19 -	- Technical specifications for procuring equipment should require good hygiene practices in line with WHO technical guidance to be observed when preparing the procured goods. - Check national and WHO technical guidance for latest information regarding transmission of COVID on packaging prior to finalization of working protocols at facilities receiving procured goods and update working methods as necessary.			
Transport of goods or supplies, including the delivery, storage and handling of vaccine, specimen, samples, reagents,	- COVID-19 is spread by drivers during the transport and distribution of goods or supplies. - Traffic accidents occur during	- Good hygiene and cleaning protocols should be applied. During the transport, truck drivers should be required to wash hands frequently and /or be provided with hand sanitizer and taught how to use it. - Measures to minimize impacts during transportation,			

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Time line	Budget
pharmaceuticals and medical supplies	transportation of goods	including hazardous materials can be found in the EHSGs.			
Waste segregation, packaging, color coding and labeling					
Onsite collection and transport					
Waste storage					
Onsite waste treatment and disposal					
Waste transportation to and disposal in offsite treatment and disposal facilities					
Transportation and disposal at offsite waste management facilities					
HCF operation – transboundary movement of vaccine, specimen, samples, reagents, medical equipment, and infectious or hazardous materials					
Operation of acquired assets for holding potential					

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Time line	Budget
COVID-19 patients					
Emergency events	- Spillage - Occupational exposure to infectious disease - Exposure to radiation - Accidental releases of infectious or hazardous substances to the environment - Medical equipment failure - Failure of solid waste and wastewater treatment facilities - Fire - Other emergent events	- Emergency Response Plan			
Mortuary arrangements	- Arrangements are insufficient - Processes are insufficient	- Implement good infection control practices (see WHO Infection Prevention and Control for the safe management of a dead body in the context of COVID-19) - Use mortuaries and body bags, together with appropriate E&S during funerals (see WHO Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19)			
Vaccination campaign - considerations for communicatio					

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Time line	Budget
n and outreach for disadvantaged or vulnerable groups					
Stakeholder engagement – considerations for simple, accurate, accessible and culturally appropriate information dissemination; combating misinformation; responding to grievances					
Targeting of beneficiaries is not done in a fair, equitable and inclusive manner	- Lack of transparency about the vaccination program	- Outreach/communication tools to make potential beneficiaries aware of the eligibility criteria, principles and methods used for targeting - Ensure project includes a functional Grievance Mechanism			
	- Poorest / most needy households are left out	- See above. Clear, transparent and unambiguous eligibility criteria - Use good quality Government data combined with geographical targeting - Use local community structures to identify and select beneficiaries, based on inclusive consultations			
	Lack of diversity and inclusion in vaccination program, resulting in inadequate benefits for other vulnerable groups	- Ensure women participate in the program and, where possible, give preference to women within households as transferees - Work with community representatives/NGOs so that vulnerable groups such as unaccompanied children,			

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Time line	Budget
		youth, Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) survivors, Indigenous Peoples, LGBTI communities, refugees, internally displaced peoples, etc. are included in project activities and benefits			
	SEA/SH increase in project area (e.g. requests for sexual favors to receive vaccinations)	- Consultations to discuss process for identifying vaccination prioritization - Grievance Redress Mechanism (GRM) to be established as soon as possible to handle complaints - Provide information to potential beneficiaries on eligibility criteria and GM process via various media (radio, SMS, television, online, posters) - Work with local NGOs to provide social services for affected beneficiaries, as well as assistance to register			

Table 4 - Environmental and Social Risks and Mitigation Measures during Decommissioning

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Decommissioning of interim HCF					
Decommissioning of medical equipment					
Regular decommissioning					
To be expanded					