

E4073v2

**SYSTEM ENHANCEMENT FOR HEALTH ACTION  
IN TRANSITION  
(SEHAT) PROJECT**

**Environment and Social Management Framework  
(ESMF)**

November 2012

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## ACRONYMS

AIMS	Afghanistan Information Management System
ANDS	Afghanistan National Development Strategy
AP	Affected Person
BPHS	Basic Package of Health Services
EPHS	Essential Package of Hospital Services
EIA	Environmental Impact Assessment
EHD	Environmental Health Department
E&S	Environmental & Social
ESFP	Environmental and Social Safeguards Focal Point
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESSO	Environmental and Social Safeguards Officer
FO	Focal Officer
GoA	Government of Afghanistan
GCMU	Grants and Contracts Management Unit
GRC	Grievance Redress Committee
HCWMP	Health Care Waste Management Plan (HCWMP)
HQ	Headquarters
HMIS	Health Management Information System
IDA	International Development Association
IFC	International Finance Corporation
MAPA	Mine Action Program of Afghanistan
NGOs	Non Governmental Organizations
NEPA	National Environmental Protection Agency
OP/BP	Operational Policy/Bank Procedure
O&M	Operation and Maintenance
PAP	project affected people
POP	persistent organic pollutants (POP)
PCB& HCB	polychlorinated dibenzo-p-dioxins, dibenzofurans
PPAs	Performance-based Partnership Agreements
SEHAT	system enhancement for health action in transition
SHARP	Strengthening of Health Activities for the Rural Poor
TA	Technical Assistance
WB	World Bank
WHO	World Health Organization

# SYSTEM ENHANCEMENT FOR HEALTH ACTION IN TRANSITION (SEHAT) PROJECT

## Environmental and Social Management Framework

### Executive Summary

The proposed follow on project builds upon SHARP (2009-2013) and will finance implementation of Afghanistan Health Sector Strategy by supporting: a) Component 1 provision and implementation of basic package of health services and essential package hospital services both in rural and urban areas to improve access to and quality of health services; b) Component 2: strengthen Ministry of Public Health stewardship functions and build system both at central and provincial level.

The project development objective is to expand the scope and coverage of health services provided to the population, particularly for the poor, and will enhance the stewardship functions of the Ministry of Public Health.

### Project Components

1. *Component 1: Sustaining and improving BPHS and EPHS services (US\$ 300 million):* The project will support the implementation of the BPHS and EPHS through current Performance-based Partnership Agreements (PPAs), i.e. contracts between the MOPH and the implementing non-governmental organizations (NGOs). It will also support the government's efforts at delivering the BPHS and EPHS through contracting in management services in designated provinces, and the implementation of an urban version of the BPHS in Kabul city (the urban BPHS may be extended to other cities as well). It will include support to improve access to and quality of BPHS/EPHS services, and training of additional community midwives and community nurses. In addition, financing will be made available for marginalized populations such as prisoners and Kuchis. HIV/AIDS prevention services will be supported for targeted population sub-groups at an elevated risk for HIV-infection. Building on the successful implementation under SHARP, the contracting of NGOs will be based on a results-based approach.

2. *Component 2: Building the stewardship capacity of the MOPH and system development(US\$ 50 million), including:* a) public hospital reform and regulation of both public and private providers; b) building regulatory frameworks and capacity to conduct quality assurance of pharmaceuticals; c) building capacity for effective health promotion especially regarding nutrition and healthy lifestyles; d) development and testing of innovative financing models for the sector; e) building/strengthening human resources management systems including appropriate use of TA, and expanding/creating training

capacity for community midwifery, community nursing and hospital management; f) strengthening fiduciary system; and g) strengthening monitoring and evaluation including surveillance, Health Management Information System (HMIS), surveys, operational research, to improve evidence-based decision making.

## **Environment and Social Safeguards Issues**

SEHAT is a category B project according to the WB Environmental Policies and OP/BP 4.01 is triggered. The minor construction work under the project is not expected to cause any significant negative environmental impact. The location and details of the planned physical works are not known at the time of project appraisal and therefore a framework approach has been adopted to address potential social and environmental issues and ensure consistent treatment of social and environmental issues during its implementation. The Environmental and Social Management Framework (ESMF) has been developed specifically for the proposed operations to avoid, reduce or mitigate adverse social or environmental impact. Consistent with existing national legislation and the World Bank Operational Policies on environmental and social safeguards, the objective of the Framework is to help ensure that activities under the project would:

- Protect human health;
- Prevent or compensate any loss of livelihood;
- Prevent environmental degradation as a result of either individual subprojects or their cumulative effects;
- Minimize impacts on cultural property;
- Enhance positive environmental and social outcomes, and
- Comply with the National and World Bank Safeguards policies
- 

The Ministry has prepared a Health Care Waste Management Plan (HCWMP) under SHARP. The plan was partially implemented. The plan needs to be updated and strengthened which is under process. The implementation and institutional arrangements, responsibilities and technical assistance needs are put in place to ensure the plan will be implemented as envisaged. The revised HCWMP and the ESMF documents will be translated and publicly disclosed including on the MoPH website and in the WB InfoShop.

The project will finance minor civil works, such as, modification or rehabilitation of existing health infrastructure. New constructions are not foreseen under the project. No land acquisition will be funded under the project, and in case of new constructions, these will either be built on existing health facility land or on other government or public land. Adverse social impacts of construction works may thus only arise in case of informal settlers or other uses of the government/public land in question. Since the location of any

new facility is not known at appraisal, the ESMF includes guidelines for compensation in the rare case that negative livelihood impact is suffered by project affected people (PAPs).

The selection, design, contracting, monitoring and evaluation of subprojects will be consistent with the following guidelines, codes of practice and requirements:

- A negative list of characteristics that would make a proposed subproject ineligible for support, as indicated in Annex 1;
- Draft Terms of Reference For Health Care Waste Management Expert, Annex 2
- Guidelines for livelihood and compensation for loss of assets, presented in Annex 3 (annex 3 (i),3 (ii) and 3(iii));
- Relevant elements of the codes of practice for the mitigation of potential environmental and social impacts, presented in Annex 4;
- The requirement that confirmation is received through the Regional Mine Action Center that areas to be accessed during reconstruction and rehabilitation activities have been demined, see Guidelines in Annex 5.
- Environmental Guidelines for Contractors in Annex 6
- Grievance Redress Mechanism in Annex 7

## **Grievance Handling Management**

MoPH has a grievance handling system in place, which is still limited in scope and reach. During the implementation of SHARP the MoPH will maintain a complaint record database to enable complaint tracking and review and establish a complaint handling committee and involve health *shura* members in grievance handling processes. The revised grievance handling procedures are included in the ESMF.

## **Disclosure**

Prior to appraisal of the SEHAT, the ESMF is disclosed by the MoPH/SEHAT in Dari and Pashto languages as well as English on the MoPH website and in relevant places in the country places as required by law for information and comments. Public notice in the media should be served for that purpose. The English version of the ESMF is also disclosed at the World Bank's InfoShop on November 27, 2012. The Government of Afghanistan intends to make all project documentation publicly available to the relevant stakeholders and through the Afghan Information Management System (AIMS).

## 1. Project Description

The proposed follow on project builds upon SHARP (2009-2013) and will finance implementation of Afghanistan Health Sector Strategy by supporting: a) Component 1 provision and implementation of basic health and essential hospital services both in rural and urban areas to improve access to and quality of health services; b) Component 2: strengthen Ministry of Public Health stewardship functions and build system both at central and provincial level.

The project development objective is to expand the scope and coverage of health services provided to the population, particularly for the poor, and will enhance the stewardship functions of the Ministry of Public Health.

## 2. Project Components

*Component 1: Sustaining and improving BPHS and EPHS services (US\$ 300 million):*

The project will support the implementation of the BPHS and EPHS through current Performance-based Partnership Agreements (PPAs), i.e. contracts between the MOPH and the implementing non-governmental organizations (NGOs). It will also support the government's efforts at delivering the BPHS and EPHS through contracting in management services in designated provinces, and the implementation of an urban version of the BPHS in Kabul city (the urban BPHS may be extended to other cities as well). It will include support to improve access to and quality of BPHS/EPHS services, and training of additional community midwives and community nurses. In addition, financing will be made available for marginalized populations such as prisoners and Kuchis. HIV/AIDS prevention services will be supported for targeted population sub-groups at an elevated risk for HIV-infection. Building on the successful implementation under SHARP, the contracting of NGOs will be based on a results-based approach.

*Component 2: Building the stewardship capacity of the MOPH and system*

*development(US\$ 50 million), including:* a) public hospital reform and regulation of both public and private providers; b) building regulatory frameworks and capacity to conduct quality assurance of pharmaceuticals; c) building capacity for effective health promotion especially regarding nutrition and healthy lifestyles; d) development and testing of innovative financing models for the sector; e) building/strengthening human resources management systems including appropriate use of TA, and expanding/creating training capacity for community midwifery, community nursing and hospital management; f) strengthening fiduciary system; and g) strengthening monitoring and evaluation including surveillance, Health Information Management System (HMIS), surveys, operational research, to improve evidence-based decision making.

### **3. Potential Adverse Social and Environmental Impacts**

The SEHAT project will finance minor civil works, such as modification or rehabilitation of existing healthcare infrastructure over the 5 year period. The proposed work is not anticipated to cause significant adverse impacts on the environment or community. The identified potential adverse impacts would be localized in spatial extent and short in duration, and would be manageable by implementing proper mitigation measures. .

No land acquisition will be funded under the project, and in case of new constructions, these will either be built on existing health facility land or on other government or public land – or in rare cases, on minor land plots donated voluntarily or against community contribution. Adverse social impacts of construction works may thus only arise in case of informal settlers or other uses of the government/public land in question.

Management of healthcare waste is another potential environmental risk. According to the national legislation and regulations MoPH has the responsibility to address environmental concerns in the project. The Ministry had prepared a Health Care Waste Management Plan (HCWMP) under SHARP and the plan was partially implemented. However, proper management of healthcare waste can reduce risks of exposure to a satisfactory level.

### **4. Purpose of the Environmental and Social Management Framework (ESMF)**

The location and details of the planned physical works are not known at the time of project appraisal and therefore a framework approach has been adopted to address potential social and environmental issues and ensure consistent treatment of social and environmental issues during its implementation. The Environmental and Social Management Framework (ESMF) has been developed specifically for the proposed operations to avoid, reduce or mitigate adverse social or environmental impact. Consistent with existing national legislation and the World Bank Operational Policies on environmental and social safeguard, the objective of the Framework is to help ensure that activities under the project would:

- Protect human health;
- Prevent or compensate any loss of livelihood;
- Prevent environmental degradation as a result of either individual subprojects or their cumulative effects;
- Minimize impacts on cultural property;
- Enhance positive environmental and social outcomes, and
- Comply with the National and World Bank Safeguards policies



## 5. Safeguards Policies triggered

The project is categorized as environmental category B in accordance with World Bank operational policy (OP) 4.01 (Environmental Assessment). OP/BP 4.01 is triggered for SEHAT because of the possibility of minor physical works and medical waste management issues.

The project will apply the Environmental and Social Management Framework (ESMF) developed for the proposed operation. The ESMF provides guidance on the approach to be taken during implementation for the selection and design of physical subprojects/proposed investments and the planning of mitigation measures, guidelines and codes of practice for the environmental mitigation measures to be incorporated in the design, contracting and monitoring of sub-projects. Guidelines for consultation and disclosure requirements are also included, to ensure due diligence and facilitate consistent treatment of environmental and social issues by all participating development partners.

OP 4.12 is not triggered and no land acquisition will be funded under the project. In case of new constructions, these will either be built on existing health facility land or on other government or public land. Adverse social impacts of construction works may thus only arise in case of informal settlers or other uses of the government/public land in question.

OP 4.10 is not triggered as there are no communities which can be classified as Indigenous Peoples in Afghanistan.

## 6. Safeguard Screening and Mitigation

Compliance with the safeguard provisions and the negative list will be ensured through an environmental, social and risk screening procedure (check lists) required for sub-project proposals, and by internal input, process, and output monitoring, independent external monitoring by consultants, and by Bank supervision missions.

The ESMF is based upon the national Environmental Act, its EIA regulations and World Bank Operational Policies (OP/BP 4.01) which provides general policies, guidelines, codes of practice and procedures to be integrated into the implementation of the proposed operation for providing assistance, while at the same time ensuring due diligence in managing potential environmental and social risks.

Since the location of any new facility is not known at appraisal, the ESMF includes guidelines for compensation in the rare case that negative livelihood impact is suffered by project affected people (PAPs). Where **minor** land acquisition is required for construction or rehabilitation of a Health Post or a BPHS, such land may either be a) government land or, b) community land, or c) could only be obtained through either

private voluntary donation, compensation paid by the community (i.e. transaction between willing buyer-seller). The **voluntary** nature of private donations and of community purchases will be fully documented as required by the Framework, and for government land or community land, documentation will be needed that the land is free of encroachments, squatters or other encumbrances. Land with pre-existing structures should not be donated but will be subject to compensation. In all cases, the transfer of the land from a private owner to the project should be registered/verified by the local authorities.

The ESMF sets out guidelines and procedures for the following:

- assessment of potential adverse E&S impacts commonly associated with the sub-projects and guidelines for how to avoid, minimize or mitigate them;
- establishment of clear procedures and methodologies for the E&S planning, review, approval and implementation of sub-projects;
- development of an initial Environmental and Social screening system to be used for subprojects; and
- specification of roles and responsibilities and the necessary reporting procedures for managing and monitoring sub-project E&S concerns.

The selection, design, contracting, monitoring and evaluation of subprojects will be consistent with the following guidelines, codes of practice and requirements:

- A negative list of characteristics that would make a proposed subproject ineligible for support, as indicated in Annex 1;
- Draft Terms of Reference For Health Care Waste Management Expert, Annex 2
- Guidelines for livelihood and compensation for loss of assets, presented in Annex 3 (annex (i) annex 2(ii) and 3(iii));
- Relevant elements of the codes of practice for the mitigation of potential environmental and social impacts, presented in Annex 4;
- The requirement that confirmation is received through the Regional Mine Action Center that areas to be accessed during reconstruction and rehabilitation activities have been demined, see Guidelines in Annex 5.
- Environmental Guidelines for Contractors in Annex 6
- Grievance Redress Mechanism in Annex 7

The ESMF stipulates that contractors hired in the project should:

- Minimize negative impacts on local communities and the environment during construction.
- Ensure appropriate restoration of areas affected by construction.
- Prevent any long term environmental degradation and deal adequately with environmental, social, health and safety issues during rehabilitation works.

Contractors must declare themselves conversant of all relevant national environmental and social legislation and Bank regulations- as well as of their environmental and social obligations as stipulated in the ESMF. Further, the contractor shall ensure compliance with the World Bank/IFC's General Environmental, Health and Safety Guidelines as applicable to mitigate construction related impacts. The Environmental Health Department in consultation with SEHAT project team and in consultation with GCMU team, through the designated Safeguards Officer, will monitor the construction work the Health Care Waste Management issues to ensure the contractor's works and the health care facilities and hospitals are in compliance with the guidelines set out in the ESMF.

While OP 4.10 is not triggered, issues of equity across different ethnic/religious groups is important, but (i) the project is national in scale and coverage, (ii) both internal monitoring and external third party monitoring will assess the coverage and inclusiveness of the health service provision and thus provide information that will constitute basis for corrective actions, if necessary, and (iii) citizens' scorecards and independent monitoring by civil society (NGOs and the press) will provide another mechanism to identify cases where regions or minorities will have been bypassed or marginalized. The project furthermore specifically targets women's reproductive health issues and will be further reinforcing its gender strategy during the first stage of implementation.

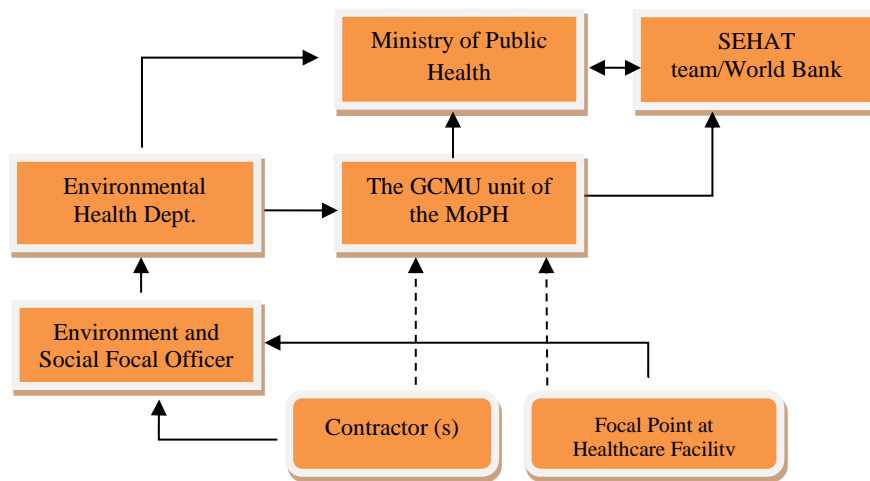
Employment opportunities within the projects will be available on an equal basis to all, on the basis of professional competence, irrespective of gender, or ethnic or religious group. In all projects which require consultations with local communities or beneficiaries, consultations will be conducted to elicit the views of both the male and the female population, separate consultations will be conducted with women.

## **7. Responsibilities for Safeguards/ESMF Implementation and Mitigation**

The overall responsibility of project implementation rests with the Ministry of Public Health (MoPH) while the Department of Environmental Health is in charge of the implementation of HCWMP. The Department of Environmental Health and its designated Focal Officer for the ESMF and HCWMP implementation will work closely

with SEHAT project team as well as the GCMU. The designated Safeguards Focal Officer will be identified with responsibility for overseeing the proper application of the Environmental and Social Safeguards Framework and Healthcare Waste Management Plan within the GCMU at the MoPH. The Ministry’s Focal Point will be responsible for coordinating and monitoring the joint efforts of all relevant stakeholders during operations and make sure that the work is in accordance with the provisions of the social and environmental management framework. The FO should be reporting on the gaps, constraints in the implementation of the ESMF to the Department of Environmental Health and the Management of the MoPH.

## 7.1 Organogram



## 8. Healthcare Waste Management Plan (HCWMP)

The existing SHARP HCWM plan is currently being updated for the SEHAT project appraisal stage. Through the implementation of HCWMP issues such as segregation, transportation and disposal of biomedical wastes including Sharps and human body’s tissues, human blood would be addressed in hygienic and safe manner. The HCWMP would also address the issues of persistent organic pollutants (POP) such as Mercury (Hg) in the health care facilities and hospitals.

The Ministry of Public Health (MoPH) and SEHAT project team will also be preparing a detailed HCWMP during the first year of SEHAT project implementation. An international consultant/Health Care Waste Management Expert will be contracted to work with MoPH staff to prepare a consolidated in consultation and with participation of

all relevant stakeholders. The first step would be assessment of SHARP projects achievements, constraints, lessons learned with regard to health care waste management and incorporate the findings into a consolidated HCWMP to be implemented under SEHAT, which would then be disseminated to the relevant stakeholders and followed up by capacity building efforts (draft ToR in Annex 2).

## 9. Monitoring of ESMF Implementation

The Environmental Health department through its Safeguards Officer, and in collaboration with GCMU director, will be responsible for monitoring the environment and social performance aspects supported by the SEHAT. The Safeguards Officer will undertake random visits to monitor construction activities and will provide technical advice to site engineers on social and environment issues if needed. The Safeguard Officer will collaborate closely with the World Bank Safeguards team and will share quarterly progress report on safeguards issues in the Project.

The cost of implementing and monitoring the ESMF is included in the overall budget of the SEHAT project. It includes, in particular, a full time Safeguards Officer in the GCMU team and the implementation of capacity building activities.

### 9.1 Budget for ESMF Implementation

The Safeguards Focal Officer and relevant staff of Environmental and Health Department of MoPH and contractor(s) will undergo trainings in the application of the ESMF. During supervision of the project, the World Bank will assess the implementation of the Framework directly or through third party, and if required, will recommend additional strengthening.

<b>Capacity building activities</b>	<b>Number</b>	<b>Details</b>	<b>Required budget</b>
Training sessions to SEHAT staff	7	Training <sup>1</sup> sessions to staff on ESMF implementation (organized by Safeguards Officer)	US\$4200
Training sessions to contractors	TBD	Training sessions on mitigation of environmental and social impacts and contractor guideline	TBD

## 10. Public Complaints and Grievance Redress

<sup>1</sup> There will be a total of 7 training sessions, one in each region. The budget for training sessions includes; travel and accommodation cost plus training materials with stationeries.

Public compliant and grievance mechanisms provide a formal avenue for affected groups or healthcare users to engage with the project implementers or healthcare service providers on issues of concern or unaddressed impacts. Grievances can be an indication of growing stakeholder/healthcare users concerns (real and perceived) and could escalate if not identified and resolved. The management of grievances is therefore an important aspect of risk management for a project. While the SEHAT civil work may have only limited potential of causing adverse impacts to people and the environment in general, however, addressing grievances and ensuring timely resolution is still very necessary. As such the ESMF has developed a grievance redress mechanism to serve as a guide during project implementation (Annex 7)

## **11. Consultation and Disclosure**

This Environmental and Social Management Framework was developed for the project on the basis of an overall Framework for World Bank-funded reconstruction operations which was prepared in consultation with the principal NGOs and development partners participating in reconstruction activities in Afghanistan. Annex 3, Guidelines for Land Acquisition, comprises specific requirements public consultations in case of land issues and Annex 2, ToR for Health Care Waste Management requires a comprehensive consultation strategy to be developed for the comprehensive Health Care Waste Management Plan to be developed within the first six months' of SEHAT.

Prior to appraisal of the SEHAT, the ESMF will be disclosed by the MoPH/SEHAT in Dari and Pashto languages as well as English on the MoPH website and in relevant places in the country places as required by law for information and comments. Public notice in the media should be served for that purpose. The English version of the ESMF will also be disclosed at the World Bank's InfoShop on November 27, 2012. The Government of Afghanistan intends to make all project documentation publicly available to the relevant stakeholders and through the Afghan Information Management System (AIMS).

## ANNEX 1

### Negative List of Subproject Attributes

Subprojects with any of the attributes listed below will be ineligible for support under the SEHAT operations.

<b>Attributes of Ineligible Subprojects</b>
<b>GENERAL CHARACTERISTICS</b>
Involves the significant conversion or degradation of critical natural habitats. Including, but not limited to, any activity within: <ul style="list-style-type: none"><li>• Ab-i-Estada Waterfowl Sanctuary;</li><li>• Ajar Valley (Proposed) Wildlife Reserve;</li><li>• Dashte-Nawar Waterfowl Sanctuary;</li><li>• Pamir-Buzurg (Proposed) Wildlife Sanctuary;</li><li>• Bande Amir National Park;</li><li>• Kole Hashmat Khan (Proposed) Waterfowl Sanctuary.</li></ul>
Will significantly damage non-replicable cultural property, including but not limited to any activities that affect the following sites:  monuments of Herat (including the Friday Mosque, ceramic tile workshop, Musallah complex, Fifth Minaret, Gawhar Shah mausoleum, mausoleum of Ali Sher Navaii, and the Shah Zadehah mausoleum complex); monuments of Bamiyan Valley (including Fuladi, Kakrak, Shar-i Ghulghular and Shahr-i Zuhak); archaeological site of Ai Khanum; site and monuments of Ghazni; minaret of Jam; mosque of Haji Piyada/Nu Gunbad, Balkh province; stupa and monastery of Guldarra; site and monuments of Lashkar-i Bazar, Bost; archaeological site of Surkh Kotal.  <b>Unofficial but recognized for significant historical and cultural value</b> Samangan, Takht-i-Rustam Stupa and Monastery Logar, Mes Aynak Archaeological Site
No land acquisition will be funded under this project.
Involves the use of unsustainably harvested timber or fuel wood.
Involves the use of hazardous substances.

## **ANNEX 2: Draft Terms of Reference For Health Care Waste Management Expert**

### **Sectoral and Institutional Context**

The Afghan health system has made considerable progress over the period of 2003 – 2011. In 2003, the MOPH undertook a series of critical and strategic steps: it defined a Basic Package of Health Services (BPHS) and later an Essential Package of Hospital Services (EPHS); it established contracting on a large scale with international and national NGOs for delivery of these services; and it prioritized monitoring and evaluation of health sector performance. A common set of indicators has been used by the government and all development partners to assess performance of service providers, and a third party has been recruited to conduct a national performance assessment of service delivery on a regular basis. The MOPH to perform its stewardship function enhanced its capacity through hiring local skilled consultants, with additional support from international technical assistance. Through deployment of predominately local consultants, the MOPH addressed the human resource capacity constraints in terms of managing NGO contracts, tracking health sector progress through rigorous impact level monitoring and performing its stewardship functions effectively.

The number of functioning health facilities has increased from 496 in 2002 to more than 2,000 in 2011. The proportion of facilities with skilled female health worker has increased from 25% to 72%. The health management information system indicates more than a five-fold increase in the number of outpatient visits -- from 0.23 visits per capita per year in 2004 to 1.29 in 2011. Data from household surveys (between 2003 and 2010) show significant improvement in the coverage of reproductive and child health services. At the outcome level, a nation-wide survey conducted in 2010 found an infant mortality rate of 77 per 1,000 live births and an under-five mortality rate of 97 per 1,000 live births, representing a significant decline from the 2003 estimates. The results of the above efforts are encouraging but also indicate that more needs to be done.

Despite the aforementioned progress, the infant and under-five mortality rates in Afghanistan are still higher than the average for other low income countries. The maternal mortality ratio is 327 deaths per 100,000 live births. Afghanistan also has one of the highest levels of child malnutrition in the world. About 55% of children under-five suffer from chronic malnutrition and women and children suffer from high levels of vitamin and mineral deficiencies.

### **Project Context**

The SEHAT<sup>3</sup> Project will build upon the ongoing Bank support, increasing the focus on systems development of the regular structures in MOPH at central and provincial level in order to make these more responsive to the present and emerging needs of the sector.

SEHAT is proposed as a 5-year program to be funded through IDA and ARTF. The proposed project will include support for BPHS and EPHS services in provinces traditionally supported by the Bank as well as the 10 provinces<sup>4</sup> currently financed by the EU. Given the excellent opportunity provided by the ARTF for the donor coordination. Other development partners will be kept informed as they may join the partnership.

#### ***Project Components***

*Component 1. Sustaining and improving BPHS and EPHS services:* The project will support the implementation of the BPHS and EPHS through current Performance-based Partnership Agreements (PPAs), i.e. contracts between the MOPH and the implementing non-governmental organizations (NGOs). It will also support the government's efforts at delivering the BPHS through contracting in management services in designated provinces, and the implementation of the urban BPHS in Kabul city (the urban BPHS may be extended to other cities). It will include support to improve access to and quality of

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<sup>2</sup> Afghanistan Mortality Survey 2010

<sup>3</sup> Afghan term for "health"

<sup>4</sup> EU financed provinces are as follows: Kunar, Nangarhar, Laghman, Nooristan, Logar, Zabul, Urozgan, Ghor, Kunduz and Daikundi.



BPHS/EPHS services, and training of additional community midwives and community nurses. In addition, financing will be made available for marginalized populations such as prisoners and Kuchis. HIV/AIDS prevention services will be supported for targeted population sub-groups. Building on the pilot under SHARP, the contracting of NGOs will be based on a results-based approach.

*Component 2: Building the stewardship capacity of the MOPH and system development, including:* a) public hospital reform and regulation both public and private; b) building regulatory frameworks and capacity to conduct quality assurance of pharmaceuticals; c) building capacity for effective health promotion especially regarding nutrition and lifestyle; d) development and testing of innovative financing models for the sector; e) building/strengthening human resources management systems including appropriate use of TA, and expanding/creating training capacity for community midwifery, community nursing and hospital management; f) strengthening fiduciary system; g) strengthening monitoring and evaluation including surveillance, HMIS, surveys, operational research, to improve evidence-based decision making. The SEHAT project will benefit from the CBR support to the health sector.

### **Background for Health Care Waste Management**

Environmental contaminants of global concern enter the environment in significant quantities as a result of the activities of health-care facilities and services (e.g., hospitals, clinics, immunization campaigns, etc.) and the treatment and disposal of resulting wastes. As health systems are strengthened and health-care coverage expanded in developing countries through efforts to meet the Millennium Development Goals, the releases of persistent organic pollutants (POPs) and other persistent toxic substances (PTS) to the environment can increase substantially. This is often an unintended consequence of choices in materials and processes that seek to improve health outcomes.

The contaminants can be unintentionally produced POPs listed in Annex C of the Stockholm Convention (polychlorinated dibenzo-p-dioxins, dibenzofurans, PCBs and HCB) and mercury. These contaminants are transported globally on air currents and by other means; they are toxic in small quantities; they bioaccumulate up the food chain; and they have caused documented harm to public health and the environment at locations far from the original source of their release. (the term “dioxins” is used here to refer generally to unintentional POPs listed in Annex C.)

Incineration and open burning of health-care waste are the main sources of dioxins in health care, and are major modes of transport for mercury. Mercury spills and the breakage or inappropriate disposal of mercury-containing devices, such as thermometers and sphygmomanometers, are the principal ways by which mercury from health facilities enters the environment. Little data are available quantifying releases of dioxins and mercury to the environment from health-care facilities in developing countries.

Health related activities produce a considerable amount of waste on daily basis as a result of preventive and curative service delivery. The composition of waste produced is in the form of sharps (needles, syringes), non- sharps, blood and other body fluids being infected and non-infected, chemicals, pharmaceuticals and medical devices. Health workers, waste handlers, users of health facilities and the community are all exposed to health-care related waste and ill health as a result of poor management. A good health-care waste management plan could result in healthier communities thereby reducing the cost of health-care, as well as creating opportunities for recycling. A few important principles of sound management of health-care related waste include:

1. Definition of a policy framework;
2. Assignment of legal responsibility for safe management of waste disposal to the waste producers;
3. Allocation of adequate financial resources and cost recovery mechanisms;
4. High level of awareness on proper waste disposal among all health workers in all cadres, as well as on part of patients/families/communities, particularly in case of infectious diseases, such as tuberculosis.

### **Current HCWM issues in the health sector:**

- The current HCWMP suffers from the following problems:
- Fragmented approach many disease specific projects have their own HCWMP, there is no unified sector-wide HCWMP;
  - Existing HCWMP has not been fully adapted in the context of Afghanistan;
  - the HCWMP has always remained on the paper, it has not been properly implemented and neither evaluated;
  - lack of clear implementation arrangement in the MOPH on who should take the lead on the implementation, monitoring and evaluation of the HCWMP

### **Description of the Assignment**

This Health-care waste management plan should be designed for all the Health Sector different levels of health facilities as defined in the Basic Package of Health Services (BPHS), Essential Package of Hospital Services (EPHS) and National hospitals. In addition the plans will also include strategies to strengthen HCWM at Health Facility, Provincial Health Department and at central MOPH level.

An assessment of current health-care waste management (HCWM) and disposal systems should be carried out in Afghanistan. Field visits and discussions to be held with relevant line ministries, including Ministry of Public Health; National Environment Protection Agency (NEPA); Ministry of Education and Municipal officials to understand, in general, the current state of waste management system and its problems. The consultant will also have extensive discussions with health sector stakeholders such as NGO, UN agencies and donors to understand their viewpoints and initiative related to HCWM.

Health-care waste and contaminated health-care waste handling, storage and disposal, in particular, raises serious environmental and social concerns. Hence the need for a thorough assessment of HCWM and disposal, with a particular focus on injection safety and management of wastes from infectious diseases. This assessment shall lead to a national Health-care Waste Management Plan (HCWMP) to be developed as part of the consultant report.

The assignment will primarily rely on existing data sources (published and unpublished), interactions with stakeholders and complemented by some primary data collection where necessary, security permitting.

### ***Main Objective of the consultancy***

The main objective of this consultancy is to identify the most appropriate management and disposal system for health-care waste management in Afghanistan – appropriate being defined as environmentally sound, technically feasible, economically viable, and socially acceptable - and to prepare a policy framework and five-year action plan (including both physical investments and training activities) to put in place and implement this system.

### ***Scope of the study***

The study would cover the following: (i) assessment of existing HCWM plan and policies and practices; (ii) assessment of technology, siting, and financing options; (iii) assessment of level of awareness on safe health-care waste handling, storage and disposal among health workers and other parties involved (i.e., municipalities councils); (iv) assessment of existing training programs. Study outputs would include:

- A legal/policy framework for regulating and enforcing health-care waste standards;
- Waste disposal technology investment plan;
- A training needs and awareness program for health workers, municipal workers and the general public;
- Public consultations would be a key feature of the assignment.

### ***Task 1 – Assessment of Existing Policies and Waste Management Practices***

1. Assess the policy, legal and administrative framework as well as the regulatory framework on health-care waste management and treatment in the country. This includes air emission standards, which are currently required by law for the next ten years.
2. Identify permit requirements including environmental building and the other procedures that healthcare waste management facilities would need to address and the time demands to obtain these permits. In this respect, identify the environmental impact requirements and public participation requirements.
3. Assess the health-care waste generation at randomly selected facilities. The details should include the minimum weight of total generated wastes at each health-care facility per week. Composition of the waste should be determined through segregation at the waste end point and the results should be extrapolated to cover the entire country.
4. Review and analyze existing health-care waste storage, collection and disposal systems at the randomly selected facilities, with due regard for level of separation, frequency of collection and environmental – through soil, surface and ground water and air resources – and health impacts for existing treatment.
5. Assess the level of scavenging, if any, or recycling taking place inside health-care facilities; along transportation routes, and at final disposal sites. Determine social issues in relation to scavenging taking place.

### ***Task 2 – Determination of Technology and Siting***

#### ***A) Determination of Technology***

For the types and quantities of health-care waste generated in the study, assess the different types of technology and facility sizes available for treatment and destruction. The assessment shall compare alternatives on the basis of capital cost, operation cost, ease of operation, local availability of spare parts, local availability of operational skills, demonstrated reliability, durability and environmental impact. The technologies to be considered include: safe land filling, incineration, sterilization (autoclave and microwave) and chemical disinfections. On the basis of this assessment, recommend a process flow for economic and environmentally sound treatment and final disposal of health-care waste.

#### ***b) Determination of Disposal Sites Analysis of the site***

Analyze the above information to determine whether there is sufficient appropriate material on site for daily and final cover, whether the site soil, hydrological and geo-hydrological conditions would ensure adequate protection of any ground and surface water used for drinking and/or irrigation. If the sites prove to be unsuitable, inform the client stating the reasons.

**Note:** (Kabul Municipality is already working on the landfill site and as per plan it could accommodate the HCW as well and there is no need to have a separate site but the consultant could give views on the criteria for the medical waste site in the landfill.)

#### ***c) Financing***

Assess alternative approaches for financing the treatment and disposal activities. Assess public-private partnerships and cost recovery at the regional, municipal level based on the polluter pays principal, where each health facility pays according to the volume of waste generated. Assess private sector participation as service provider.

#### ***d) Public consultation***

Public consultation with beneficiary groups, institutions, NGOs and Community Based Organizations and other interested parties must be held as part of the final assessment for siting of the treatment facility(ies).

### ***Task 3 – Training and Public Awareness***

1. At the randomly selected facilities surveyed as part of **Task 1**, assess awareness of health workers of safety risks, correct procedures for collecting, handling and disposing of health-care wastes.
2. Review existing training and public awareness programs on health-care waste management at hospitals and other health-care establishments and prepare a training-needs assessment.
3. Working in conjunction with relevant government institutions and municipal councils prepare a Costed training program targeting the general public, health-care workers, municipal workers, dump site managers, incinerator operators (if that is the choice of technology), nurses, scavengers/pickers, families and street children.
4. The design of the material required for the awareness/capacity building programs should be discussed with the relevant authorities and the general public to ensure that their concerns that are deemed appropriate are incorporated in the design of the program, sitting layouts, mitigation measures and community communication programs.
5. It is understood that some of these training materials should be developed later on during the implementation of the project.
6. Assess the institutional capacity of HCWM in the MOPH and make recommendations so that the MOPH take care of the implementation of the HCWM appropriately.

### ***Task 4 – Public Consultation on draft Policy, Plan, and Training Programs***

The training and awareness building program and the waste management program shall be appropriately costed and the plan of action shall be presented in a national workshop.

Following the stakeholder consultations, the consultant(s) shall revise the draft reports in accordance with the comments of the Government, WHO, the World Bank, and other relevant institutions in the donor community and other interested parties and submit the final report incorporating all changes and modifications as required. The consultant is expected to provide the report with pictures and maps where necessary to the government and the Bank.

### ***Supervision and Time Schedule***

The work of the consultant would be supervised by the relevant government institution(s) responsible for the project. This government agency will coordinate with all other governmental agencies, ministries and other donors working in the sector. The Consultant (s) shall begin work immediately following contract effectiveness date. It is anticipated that the Consultant (s) would complete the outputs of the work over a maximum duration of 8 weeks with four weeks in the field for data collection and collation and two weeks of report writing and finalization of the document after the review has been carried out by the relevant government agencies and the Proponent. The consultant should propose a clear schedule with critical milestones, and makes all possible efforts to complete the work at the appointed time.

## **Consultant Qualifications and Experience**

The consultant (s) should have the technical competence in scientific, health, environmental and engineering fields in particular sanitary engineering. He/She may also have competence in the private sector participation field and skills in training and institutional strengthening.

### **Reporting Schedule and deliverables**

<b>No.</b>	<b>Title of Report</b>	<b>Due within date from beginning of assignment</b>
I	Inception Report	Within 7 Days
II	Interim draft Report	Within 25 Days
IV	Draft HEWMP + final report	Within 35 Days
V	Final HCWMP	Within 40 Days

### ***Suggested Report Outline***

The draft report should focus on the significant environmental and human health issues in a format similar to the following:

- Executive summary
- Policy, legal and administrative framework
- Baseline data
- Assessment of health-care waste
- Health-care waste training needs assessment
- Determination of technology
- Determination of disposal sites
- Management and training for institutions and agencies
- Implementation Plan (Responsibilities + Budget)
- Monitoring plan (Responsibilities + Budget)
- Appendices
  - list of people consulted
  - References
- Record of Inter- agency / forum / consultation

## ANNEX 3

### **Guidelines for Land and Asset Acquisition, Entitlements and Compensation**

#### **Objectives**

Land acquisition will be kept to a minimum and no person will be involuntarily displaced under subprojects financed by the SEHAT operations. Subproject proposals that will require demolishing houses or acquiring land should be carefully reviewed to minimize or avoid their impacts through alternative alignments. Proposals that require more than minor expansion along rights of way should be reviewed carefully. No land or asset acquisition may take place outside of these guidelines. A format for Land Acquisition Assessment is attached as Attachment (i).

These guidelines provide principles and instructions to compensate affected persons to ensure that all such persons negatively affected, regardless of their land tenure status, will be assisted to improve, or at least to restore, their living standards, income earning or production capacity to pre-project levels.

#### **Eligibility**

PAPs are identified as persons whose livelihood, land, structures or other assets are directly or indirectly affected by the project. PAPs deemed eligible for compensation are:

- a. those who have formal legal rights to land, water resources or structures/buildings, including recognized customary and traditional rights;
- b. those who do not have such formal legal rights but have a claim to usufruct right rooted in customary law;
- c. those whose claim to land and water resources or building/structures do not fall within (1) and (2) above, are eligible to assistance to restore their livelihood.

#### *Acquisition of Productive Assets*

Land acquisition may take place through the following methods:

- a. *Voluntary contributions.* In accordance with traditional practices, individuals may elect to voluntarily contribute land or assets and/or relocate temporarily or permanently from their land without compensation.
- b. *Contributions against compensation.* A contributor/asset loser considered "affected" will be eligible for compensation from the local community or alternatively from the Government. A PAP shall lodge his/her claim for compensation to the local community representatives/shura head and it shall be verified by the implementing agency. The claim shall be lodged within 2 weeks of completion of the consultations with the concerned community, and before project implementation begins.

- c. *Sales transaction.* An asset owner will sell the asset on the basis of prevailing market prices.

The proceedings for voluntary contribution, or contribution against compensation, should be documented. The documentation should specify that the land is free of any squatters, encroachers or other claims. A format is attached in Attachment (i), which includes a Schedule to be followed to assess any compensation claimed and the agreement reached.

### **Compensation Principles**

The project implementing agencies shall ensure that any of the following means of compensation are provided in a timely manner to affected persons:

- (1) Project affected persons losing access to a portion of their land or other productive assets with the remaining assets being economically viable are entitled to compensation at replacement cost for that portion of land or assets lost to them. Compensation for the lost assets will be according to following principles:
  - a. replacement land with an equally productive plot, cash or other equivalent productive assets;
  - b. materials and assistance to fully replace solid structures that will be demolished;
  - c. replacement of damaged or lost crops and trees, at market value;
  - d. other acceptable in-kind compensation;
  - e. in case of cash compensation, the delivery of compensation should be made in public, i.e. at the Community Meeting.
- (2) Project affected persons losing access to a portion of their land or other economic assets rendering the remainder economically non-viable, will have the options of compensation for the entire asset by provision of alternative land, cash or equivalent productive asset, according to the principles in (1) a-d above
- (3) A copy of the Contribution of Asset Document or Compensation of Asset Requisition should be passed on to the Provincial/District Judge who will certify the transaction and keep a record hereof.

### ***Consultation Process***

The implementing agencies will ensure that all occupants of land and owners of assets located in a proposed subproject area are consulted. There will be gender-separate community meetings for each affected *mantaqa/gozar* (urban infrastructure) or village (other projects) to inform the local population about their rights to compensation and options available in accordance with these Guidelines. The Minutes of the community meetings shall reflect the discussions held, agreements reached, and include details of the agreement, based on the format provided in Attachment (ii).

The implementing agency shall provide a copy of the Minutes to affected persons and confirm in discussions with each of them their requests and preferences for compensation, agreements

reached, and any eventual complaint. Copies will be recorded in the posted project documentation and be available for inspection during supervision.

### **Subproject Approval**

In the event that a subproject involves acquisition against compensation, the implementing agency shall:

- a. not approve the subproject unless a satisfactory compensation has been agreed between the affected person and the local community;
- b. not allow works to start until the compensation has been delivered in a satisfactory manner to the affected persons;
- c. if more than 200 persons are affected and require compensation, the subproject shall be deemed ineligible for support under the SEHAT. operations.

### **Complaints and Grievances**

All complaints should first be negotiated to reach an agreement at the local community/village level. If this fails, complaints and grievances about these Guidelines, implementation of the agreements recorded in the Community Meeting Minutes or any alleged irregularity in carrying out the project can also be addressed by the affected persons or their representative at the municipal or district level. If this also fails, the complaint may be submitted to the relevant implementing agency for a decision.

### **Verification**

The Community Meeting Minutes, including agreements of compensation and evidence of compensation having been made shall be provided to the Municipality/district, to the supervising engineers, who will maintain a record hereof, and to auditors and socio-economic monitors when they undertake reviews and post-project assessment. This process shall be specified in all relevant project documents, including details of the relevant authority for complaints at municipal/district or implementing agency level.



**annex 3(i):**

Land Acquisition Assessment Data Sheet  
(To be used to record information on all land to be acquired)

1. Quantities of land/structures/other assets required:
2. Date to be acquired:
3. Sketch of project land plot, identifying:

<b>Location and area of each individual piece of land/structure involved:</b>	<b>Category of land (private/communal/government etc) and Owner(s)*</b>	<b>Current uses</b>	<b>Users</b>	<b>Multiple claimants/users Yes/No</b>	<b>Method of acquisition**</b>
(a)					
(b)					
(c)					

\* Provide documentary proof, where available.

\*\* Donation/Acquisition against Compensation/Purchase. This should be determined following consultations with PAPs

In case of Multiple customary claimants/users, specify for each individual piece of land involved:

- Number of Customary claimants:
- Number of Squatters:
- Number of Encroacher:
- Number of Owners:
- Number of Tenants:
- Others (specify):                      Number:

4. Transfer of title:

- Ensure these lands/structures/other assets free of claims or encumbrances.
- Written proof must be obtained (notarized or witnessed statements) of the voluntary donation, or acceptance of the prices paid, from those affected, together with proof of title being vested in the community, or guarantee of public access, by the title-holder.

5. Describe grievance mechanisms available:

**Annex 3 (ii)**

**Format to Document Contribution of Assets**

The following agreement has been made on..... day of..... between  
.....resident of .....(the Owner) and  
.....(the Recipient).

1. That the Owner holds the transferable right of .....jerib of  
land/structure/asset in.....
2. That the Owner testifies that the land/structure is free of squatters or encroachers and not  
subject to other claims.
3. That the Owner hereby grants to the Recipient this asset for the construction and development  
of .....for the benefit of the villagers and the public at large.

*(Either, in case of donation:)*

4. That the Owner will not claim any compensation against the grant of this asset.

*(Or, in case of compensation:)*

4. That the Owner will receive compensation against the grant of this asset as per the attached  
Schedule.
5. That the Recipient agrees to accept this grant of asset for the purposes mentioned.
6. That the Recipient shall construct and develop the.....and take all possible  
precautions to avoid damage to adjacent land/structure/other assets.
7. That both the parties agree that the.....so constructed/developed shall be  
public premises.
8. That the provisions of this agreement will come into force from the date of signing of this deed.

\_\_\_\_\_  
Signature of the Owner:

\_\_\_\_\_  
Signature of the Recipient:

Witnesses:

1. \_\_\_\_\_
  2. \_\_\_\_\_
- (Signature, name and address)

\_\_\_\_\_  
(Attestation by District/Province Judge, Date)

**Annex 3(iii)**

**Schedule of Compensation of Asset Requisition**

<b>Summary of affected unit/item</b>	<b>Units to be Compensated</b>	<b>Agreed Compensation</b>
a. Urban/agricultural land (jerib):	_____	_____
b. Houses/structures to be demolished (units/jerib):	_____	_____
c. Type of structure to be demolished (e.g. mud, brick, etc.)	_____	Not Applicable.
d. Trees or crops affected (units/jerib):	_____	_____
e. Water sources affected:	_____	_____

Signature of PAP signifying his/her agreement:

Signatures of local community representatives, shura head:

Include record of any complaints raised by affected persons:

Map attached (showing affected areas and replacement areas):

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(Attestation by District/Province Judge, Date)

## Annex 4

### Codes of Practice for Prevention and Mitigation of Environmental Impacts

Potential Impacts	Prevention and Mitigation Measures
<b>Buildings</b> Rehabilitation and/or construction of healthcare facilities.	
Deforestation caused by: unsustainable use of timber. wood-firing of bricks.	Replace timber beams with concrete where structurally possible.  Ensure fired bricks are not wood-fired.  Where technically and economically feasible, substitute fired bricks with alternatives, such as sun-dried mud bricks, compressed earth bricks, or rammed earth construction.

Potential Impacts	Prevention and Mitigation Measures
<p>Injury and death from earthquake:</p> <p>Injury and death from flood;</p> <p>Injury and death from landslides or heavy erosion;</p> <p>Injury and death from fire;</p>	<p>Apply low-cost aseismic structural designs. Seismically active or volcanic zones should be avoided if possible. If these sites must be used, then seismically resistant construction should be used in all construction activities, and early warning systems established.</p> <p>Flood-vulnerable sites should be avoided. When such sites must be used, then provisions for raising ground level under structures, drainage and protective dikes are necessary. Such interventions may need to be removed during decommissioning. A local flood warning system should be established.</p> <p>Appropriate drainage systems will be needed during the periods of heavy rain. Provisions for safe latrine use during the rainy season will be needed as part of the management plans.</p> <p>Landslide and erosion prone sites should be avoided. If not possible, natural vegetation should be maintained in the landslide-vulnerable slopes and throughout the site, the site should be terraced to limit runoff, and structures should not built on landslide-prone slopes. A local landslide warning system should be established.</p> <p>Incorporate fire safety into management plan including means of warning and escape, internal fire spread, external fire spread, and access and facilities for the fire service.</p>
<p>Disease caused by inadequate provision of water and sanitation:</p>	<p>Ensure designs include adequate sanitary latrines and access to safe water.</p> <p>A site should not be selected until a sustainable source of potable water is available.</p>

Potential Impacts	Prevention and Mitigation Measures
<p>Injury and death from toxic materials on sites</p>	<p>Verify that there are no toxic materials present in the soil or ground water.</p> <p>Verify that there are no environmentally hazardous sites (e.g. septic systems) are located where a building will be constructed.</p> <p>Avoid sites with a risk of air or water pollution from industrial or commercial activities.</p> <p>Sites should not be located within 50 meters of main roads. If such locations cannot be avoided, then site area nearest the road should be allocated to less frequently activities where possible and barriers should be placed along the road side of the site to reduce pollution and the chance of accident.</p>
<p>Water Supply for Healthcare facilities</p> <p>Repair and rehabilitation of existing piped water schemes.</p> <p>New or expanded piped water schemes to serve healthcare facilities.</p> <p>Installation or rehabilitation of tube wells or dug wells.</p>	

Potential Impacts	Prevention and Mitigation Measures
<p>Disease caused by poor water quality:</p> <p>Contamination by seepage from latrines, municipal waste or agricultural areas.</p> <p>High mineral concentrations.</p> <p>Creation of stagnant pools of water.</p>	<p>Develop a drainage plan for the site which incorporates natural drainage and drainage infrastructure.</p> <p>Priorities leak detection and repair of pipe networks.</p> <p>Chemical and bacteriological testing of water quality from adjacent comparable sources prior to installation of new sources.</p> <p>Redesign to prevent contamination if adjacent comparable sources are found to be contaminated.</p> <p>Subsequent monitoring of installed or rehabilitated sources.</p> <p>Appropriate location, apron and drainage around tube wells and dug wells to prevent formation of stagnant pools.</p> <p>Provision of cover and hand-pump to prevent contamination of dug wells.</p> <p>Where pit latrines are used they should be located more than 10m from any water source. The base should be sealed and separated by at least 2m of sand or loamy soil from the groundwater table.</p> <p>Where night-soil latrines or septic tanks are built they should be sealed. Outflows should drain either to a soak-way located at least 10m from any water source or be connected to a working drain.</p>
<p>Depletion of water source:</p> <p>Over-exploitation of aquifers.</p> <p>Hazard of land subsidence.</p>	<p>Urban interventions and abstraction limits to be planned in the context of groundwater investigations.</p> <p>Local water use planning (community and technical consultation).</p>
<p>Sanitation for healthcare facilities</p> <p>Latrines.</p>	

Potential Impacts	Prevention and Mitigation Measures
<p>Contamination of water supplies:</p> <p>Contamination of groundwater because of seepage.</p> <p>Contamination of surface waters due to flooding or over-flowing.</p>	<p>Develop a waste water and solid waste management plan.</p> <p>Where pit latrines are used they should be located more than 10m from any water source. The base should be sealed and separated vertically by not less than 2m of sand or loamy soil from the ground water table.</p> <p>Where nightsoil latrines or septic tanks are built they should be sealed. Outflows should drain either to a soakaway located at least 10m from any water source or be connected to a working drain.</p> <p>Maintenance training to be delivered along with new latrines.</p>
<p>Disease caused by poor handling practices of night-soil.</p>	<p>Training and health education to be provided to nightsoil handlers where affected by interventions.</p> <p>Protective clothing and appropriate containers for night-soil transportation to be provided.</p>
<p>Disease caused by inadequate excreta disposal or inappropriate use of latrines.</p>	<p>Night-soil should be handled using protective clothing to prevent any contamination of workers skin or clothes.</p> <p>Where night-soil is collected for agricultural use it should be stored for a sufficient period to destroy pathogens through composting. At the minimum it should be stored in direct sunlight and turned regularly for a period of at least 6 weeks.</p> <p>Septic tanks should not be constructed nor septic waste collected unless primary and secondary treatment and safe disposal is available.</p> <p>Health and hygiene education to be provided for all users of latrines.</p> <p>Awareness campaign to maintain sanitary conditions.</p>



## ANNEX 5

### Procedures for Land Mine Risk Management

#### **Background**

1. The following procedures are designed to respond to the risks caused by the presence of mines in Afghanistan, in the context of:
  - *Community rehabilitation/construction works* to be identified and implemented by the communities themselves (for small projects of up to \$100,000 each);
  - *Small and medium-size works* to be identified by local authorities and implemented by local contractors (for projects up to \$5m each);
  - *Works to be implemented directly by Government departments/agencies*, without use of contractors;
  - *Large works* to be implemented by contractors (for projects above \$5m);
2. General comment applying to all following procedures: All risk assessment and clearance tasks shall be implemented in coordination with the Mine Action Center for Afghanistan (MACA). These procedures may need to be amended in the future depending on evolving circumstances.

#### **Procedure for Community-Managed Works**

**Applicability:** This procedure applies to community rehabilitation / construction works to be identified and implemented by the communities themselves (for small projects of up to \$100,000 each).

**Overall approach:** The communities should be responsible for making sure that the projects they propose are not in mine-contaminated areas, or have been cleared by MACA (or a mine action organization accredited by MACA).

**Rationale:** Communities are best placed to know about mined areas in their vicinity, and have a strong incentive to report them accurately as they will carry out the works themselves.

3. Communities are required to submit a reply to a questionnaire regarding the suspected presence of mines in the area where Bank-funded community-managed projects will be implemented. This questionnaire should be formally endorsed by the Mine Action Program for Afghanistan (MAPA). It will be a mandatory attachment to the project submission by the communities and should be signed by community representatives and the external project facilitator. External project facilitators will receive training from MAPA. Financing agreements with the communities should make clear that communities are solely liable in case of a mine-related accident.
4. If the community certifies that there is no *known* mine contamination in the area, the ministry responsible for the selection of projects should check with MACA whether any different observation is reported on MACA's data base.

- If MACA's information is the same, the project can go ahead for selection. The community takes the full responsibility for the assessment, and external organizations cannot be made liable in case of an accident.
  - If MACA's information is different, the project should not go ahead for selection as long as MACA's and community's statements have not been reconciled.
5. If the community suspects mine contamination in the area.
- If the community has included an assessment/clearance task in the project agreed to be implemented by MACA (or by a mine action organization accredited by MACA), the project can go ahead for selection.
  - If the community has not included an assessment / clearance task in the project, the project should not go ahead for selection as long as this has not been corrected.
  - Mine clearance tasks must be implemented by MACA or by a mine action organization accredited by MACA. Communities will be penalized (subsequent funding by World-Bank funded projects shall be reduced or cancelled) if they elect to clear mines on their own.

### **Procedure for Small and Medium-size Works Contracted Out**

**Applicability:** This procedure applies to small- and medium-size works to be identified by local authorities and implemented by local contractors (for projects up to \$5m each).

**Overall approach:** MACA (or a mine action organization accredited by MACA) should provide detailed information on the mine-related risks (either based on previously done and updated general survey or on a new general survey) before projects are considered for selection. Only project sites assessed to have a nil-to-low risk would be eligible for selection, unless they have been demined by MACA or by a mine action organization accredited by MACA.

**Rationale:** Neither local authorities nor local contractors have the capacity to assess the mine-related risks in a systematic way, while they may have incentives to underestimate them.

6. Prior to putting up a project for selection, a general survey should be carried out by MACA (or a mine action organization accredited by MACA) to assess mine-related risks in the area of the project (this should include checking information available in the MACA data base).
3. If MACA provides information suggesting a nil-to-low risk in the proposed project area, the project can go ahead for selection.
7. The contract between the responsible ministry and the contractor will include a clause stating that in case of an accident, legal liability would be fully and solely borne by the contractor.
8. If MACA assesses a potentially high risk in the area (whether due to the presence of mines or uncertainty).

- If the project includes an assessment/clearance task agreed to be implemented by MACA (or by a mine action organization accredited by MACA), it can go ahead for selection based on agreed funding modalities (clearance may be funded either under a contract with a Bank-funded project or under existing donor agreements with the mine action organization);
  - If the project does not include an assessment / clearance task, it should not go ahead for selection as long as this has not been corrected.

### **Procedure for Works to be Implemented Directly by Government Departments/Agencies, Without the Use of Contractors**

**Applicability:** This procedure applies to works to be implemented directly by Government departments/agencies, without use of contractors.

**Overall approach:** MACA (or a mine action organization accredited by MACA) should provide detailed information on the mine-related risks (either based on previously done and updated general survey or on a new general survey) before works or installation of goods/materials are carried out in any given area. Work would only be allowed to proceed in areas assessed to have a nil-to-low risk, unless they have been demined by a mine action organization accredited by MACA .

**Rationale:** Government departments and agencies responsible for providing services currently do not have the capacity to assess the mine-related risks in a systematic way, and currently follow a process of consulting with MACA prior to carrying out activities.

9. Prior to carrying out work, the Government department/agency will consult with MACA to assess mine-related risks in the area (this should include checking information available in the MACA data base). If not already done, a general survey should be carried out by MACA (or by a mine action organization accredited by MACA) to assess mine-related risks in the area.

10. If MACA provides detailed information on mine-related risks which suggest a nil-to-low risk in the proposed area, the work can proceed. The Government would be solely liable in case of a mine-related accident.

11. If information provided by MACA cannot support the assessment of a nil-to-low risk in the proposed area (whether due to the presence of mines or uncertainty), works should not go ahead before MACA (or a mine action organization accredited by MACA) carries out the necessary further assessment and/or clearance for risks to be downgraded to nil-to-low, based on agreed funding modalities (clearance may be funded either under a contract with a Bank-funded project or under existing donor agreements with the mine action organization).

### **Procedure for Large Works Using Contractors**

**Applicability:** This procedure applies to large works to be implemented by large contractors (projects above \$5m).

**Overall approach:** The main contractor should be responsible for dealing with mine-related risks, in coordination with the UN Mine Action Center.

12. As part of the preparation of the bidding documents, a general survey should be carried out by MACA (or a mine action organization accredited by MACA) on all the areas where contractors may have to work (broadly defined). This survey should provide detailed information on mine-related risks in the various areas allowing for an un-ambiguous identification of areas that have a nil-to-low risk of mine/UXO contamination and areas where the risk is either higher or unknown. The survey should be financed out of the preparation costs of the bidding documents.

13. All survey information should be communicated to the bidders (with sufficient legal caveats so that it does not entail any liability), as information for the planning of their activities (e.g., location of campsites, access roads to quarries).

14. Depending on the nature and location of the project and on the available risk assessment, two different options can be used.

#### **Option 1 – Mine clearance activities are part of the general contract**

- a. Based on the general survey results, a specific budget provision for mine action during construction is set aside as a separate provisional sum in the tender documents for the general contract.
- b. As a separately identified item in their bid, the bidders include a provision for a further detailed mine assessment and clearance during construction.
- c. On the instruction of the Supervision Engineer and drawing on the specific provisional sum for mine action in the contract, the contractor uses one of several nominated sub-contractors (or a mine action organization accredited by MACA) to be rapidly available on call, to carry out assessment prior to initiation of physical works in potentially contaminated areas, and to conduct clearance tasks as he finds may be needed. The Contractor may also hire an international specialist to assist him in preparing and supervising these tasks. The Contractor is free to choose which of the accredited sub-contractors to use, and he is fully responsible for the quality of the works and is solely liable in case of accident after an area has been demined.

To avoid an “over-use” of the budget provision, the Contractor is required to inform the Supervision Engineer in writing (with a clear justification of the works to be carried out) well in advance of mobilizing the mine-clearing team. The Supervision Engineer has the capacity to object to such works.

#### **Option 2 – Mine clearance activities are carried out under a separate contract**

- a. Specific, separately-awarded contracts are issued for further surveying and/or clearing of areas with a not-nil-to-low risk (under the supervision of the Engineer) by specialized contractors (or a mine action organization accredited by MACA). The definition of the areas to be further surveyed/cleared should be limited to those areas where any contractor would have to work, and should not include areas such as camp sites and quarries/material sites which are to be identified by the Contractor during and after bidding of the works. As a result of these further surveys and possibly clearance works, mine-related risk in the entire contract area is downgraded to nil-to-

low.

- b. The contract with the general Contractor specifies the extent of the portion of the construction site of which the Contractor is to be given possession from time to time, clearly indicating restrictions of access to areas where the mine risk is not nil-to-low. It also indicates the target dates at which these areas will be accessible. Following receipt of the notice to commence works from the Engineer, the Contractor can start work in all other areas.
- c. The general Contractor is invited to include in its bid an amount for mine-security, to cover any additional survey / clearance he may feel necessary to undertake the works.

In case of an accident, a Board of Inquiry is assembled by MACA to investigate on the causes of the accident and determine liabilities. Large penalties should be applied on the Contractor if the Board determines that the accident resulted from a breach of safety rules.

All parties involved in this process are required to closely coordinate with MACA and to provide the Government, local communities, MACA, as well as any interested party the full available information on mine-related risks that may reasonably be required (e.g., maps of identified minefields, assessments for specific areas).

## ANNEX 6

### Environmental and Social Guidelines for Contractors

The following guidelines should be added to the ESMF and included in the contractual agreements:

- Installation of the work site on areas far enough from water points, houses and sensitive areas;
- Sanitary equipments and installations;
  - Site regulation (what is allowed and not allowed on work sites);
  - Compliance with laws, rules and other permits in vigor;
  - Inform the client if land is found to be contaminated;
  - Hygiene and security on work sites;
  - Protect neighboring properties;
  - Preserve existing fauna and flora;
  - Ensure the permanence of the traffic and access of neighboring populations during the works to avoid hindrance to traffic;
  - Protect and provide health and safety measures to staff working on work sites;
  - Soil, surface and groundwater protection: avoid any wastewater discharge, oil spill and discharge of any type of pollutants on soils, in surface or ground waters, in sewers and drainage ditches;
  - Protect the environment against exhaust fuels and oils;
  - Protect the environment against dust and other solid residues;
  - Waste management: install containers to collect the wastes generated next to the areas of activity;
  - Degradation/demolition of private properties: inform and raise the awareness of the populations before any activity causing degradation of natural vegetation and resources. Compensate beneficiaries before any work;
  - Use a quarry of materials according to the mining code requirements;
  - Compensation planting in case of deforestation or tree felling;
  - No waste slash and burn on site;
  - Speed limitation of work site vehicles and cars;
  - Allow the access of Public and emergency services;
  - Organize the storage of materials;
  - Organize parking and displacements of machines;
  - Footbridges and access of neighbors;
  - Signaling of works;
  - Respect of cultural sites;
  - Safe Disposal of asbestos;
  - Consider impacts such as noise, dust, and safety concerns on the surrounding population and schedule construction activities accordingly;

- Protect soil surfaces during construction and revegetate or physically stabilize eligible surfaces;
- Ensure proper drainage;
- Prevent standing water in open construction pits, quarries or fill areas to avoid potential contamination of the water table and the development of a habitat for disease-carrying vectors and insects;
- Select sustainable construction materials and construction method;
- Control and clean the construction site daily;
- During construction, control dust by using water or through other means;
- Provide adequate waste disposal and sanitation services at the construction site;
- Dispose of oil and solid waste materials appropriately;
- Preserve natural habitats along streams, steep slopes, and ecologically sensitive areas;
- Develop maintenance and reclamation plans and restore vegetation.
- Ensure no blockage of access to households during construction and/or provide alternative access.
- Camps should be located 500 m from habitations.
- Ensure security and privacy of women and households in close proximity to the camps.

## **ANNEX 7: Grievance Redress Mechanism**

Grievances are any complaints or suggestions about the way a project is being implemented and or any complaint relating to healthcare or service delivery. They may take the form of specific complaints for damages/injury, concerns about routine project activities, or complaint regarding health care quality or services. Identifying and responding to grievances supports the development of positive relationships between projects and affected groups/communities, and healthcare service users.

### **Objectives:**

The main objective of a Grievance Redress mechanism is to provide an efficient way to address concerns and grievances, mediate conflict and cut down on lengthy litigation, which often delays project civil work and or to improve delivery of healthcare services. The procedures for grievance handling will provide people who might have objections, grievances or concerns, a venue for raising their grievances and concerns, as well as a mechanism for timely and adequate solution or mitigation of these grievances and concerns.

### **The Grievance Redress Committee:**

MoPH has a grievance handling system in place, but its scope and reach is limited. The MoPH will establish a grievance handling committee and involve health shura members in grievance handling process. The grievance and or complaint relating to healthcare services will be addressed at the healthcare facilities. The compliant handling committee at healthcare facility will also involve health shura members in compliant handling processes. In case the grievances could not be satisfactorily resolved at facility level, then the aggrieved parties may submit the grievance to the Grievance Redress Committee (GRC), formed at the provincial level. Based on the merits of the complaint, the GRC will address all the grievances received. Constitution of grievance committee at different level which are as follows:

1. Healthcare Facility level:
  - Health Shura head and or member of health Shura;
  - Head and or his/her representative of healthcare facility;
  - Complainant(s) or representative(s) to witness meeting discussing his/her complaints.
  
2. Provincial level:
  - Provincial Director/MoPH
  - Representative of Governor
  - Representative from Shura/Provincial Council
  - Representative from contracted NGO

### **Submission of Grievances:**

The grievance handling committee at healthcare facility will receive the grievances/complaints of affected people and or users of healthcare services through written, oral, telephone, Health Shura, District Governor, community elders and etc. The collected grievances will be recorded and final decision will be shared with the healthcare facility and MoPH provincial department.

The MoPH will maintain a database for complaints to enable complaint tracking and review and analysis. The project will also establish different options for public information/disclosure of information for communities, healthcare services users and relevant stakeholders to be aware of processes to be followed to register complaints.