**ISLAMIC REPUBLIC OF AFGHANISTAN**

# Environmental and Social Management Plan (ESMP)

**For the**

## COVID RELIEF EFFORT FOR AFGHAN COMMUNITIES AND HOUSEHOLDS (REACH)- P174119

## Under CCNPP

**Ministry of Rural Rehabilitation and Development (MRRD)**
**And**
**Independent Directorate of Local Governance (IDLG)**
**Kabul Municipality (KM)**

***February, 2021***

## *Contents*

**Abbreviations**

| | |
|---|---|
| ARTF | Afghanistan Reconstruction Trust Fund |
| CCAP | Citizens' Charter Afghanistan Project |
| CDC | Community Development Council |
| CDD | Community Driven Development |
| CE | Citizen Engagement |
| COVID-19 | Corona Virus Disease 2019 |
| ENETAWF | Early Warning, Early Finance, Early Action |
| ESCP | Environmental and Social Commitment Plan |
| ESS | Environmental and Social Standard |
| ESMF | Environmental and Social Management Framework |
| ESMP | Environmental and Social Management Plan |
| EZ-Kar | EshteghalZaeeKarmondena |
| FHH | Female-Headed Households |
| FP | Facilitating Partners |
| GA | Gozar Assembly |
| GBV | Gender-based violence |
| GoIRA | Government of the Islamic Republic of Afghanistan |
| GRM | Grievance Redress Mechanism |
| GRS | Grievance Redress Services |
| HH | Household |
| IDLG | Independent Directorate of Local Governance |
| KM | Kabul Municipality |
| KMDP | Kabul Municipal Development Project |
| LML | Labor Management Law |
| MHH | Male-Headed Household |
| MOPH | Ministry of Public Health |
| MRRD | Ministry of Rural Rehabilitation and Development |
| NSP | National Solidarity Program |
| OHS | Occupational Health and Safety |
| OM | Operations Manual |
| PIU | Project Implementation Unit |
| PMU | Provincial Management Unit |
| REACH | Relief Effort For Afghan Communities and Households |
| SEP | Stakeholder Engagement Plan |
| SIG | Social Inclusion Grant |
| SEA | Sexual Exploitation Abuse |
| SH | Sexual Harassment |
| TPMA | Third-Party Monitoring Agents |
| VGD | Vulnerable Group Development |
| WB | World Bank |
| WFP | World Food Programme |

## 1. Introduction

The Relief Efforts for Afghan Communities and Households Program (REACH) project will be implemented nation-wide covering both urban and rural areas with diverse environmental, social, and institutional settings. The project will finance activities that assist the vulnerable communities, neighbourhoods and households who might have financially impacted bythe COVID-19 pandemic and those who do not have any other funding sources. The planned project operations are not expected to pose adverse impacts on the environment and endanger natural habitats or cultural sites. However, REACH activities such as food/cash distribution and hygiene items may have minor environmental issues (e.g. disposal of protective equipment), however, risks related to spread of infection among and between project workers are a fundamental issue which requires serious supervision during the project implementation stage. These risks can be escalated if relief package distribution triggers public gatherings.

The anticipated impacts/risks of this project include incidence of gender-based violence, intimidation and exclusion of poor and vulnerable persons/households as well as the potential of the project to generate social conflicts and exclusion in a fragile country. Other risks include community spread of the corona virus diseases, nepotism and other forms of corruption and abuse of office. These environmental and social impacts/risks are reversible and can be mitigated through an environmental and social assessment together with the implementation of avoidance, minimization, mitigation and compensation measures.

## 2. Project Description

### 2.1. Project Development Objective (PDO)

To provide emergency support to selected households through communities in project areas during the COVID-19 outbreak.

The project areas to be covered under REACH comprise approximately two-thirds of the country. The remaining areas will be covered under the CCAP. Communities here refer to a combination of CDCs and Gozar Assemblies/Councils who will be the locus for implementation delivery of the project.

REACH seeks to provide emergency support to selected households in selected areas during the COVID-19 pandemic. The REACH Project will provide support (relief) to poor and vulnerable households in the form of cash transfers and in-kind relief (food packages and hygiene materials e.g. soap) for Afghanistan's rural and urban population during the COVID 19 pandemic. The project areas to be covered under REACH comprise approximately two thirds of the country. The remaining areas will be covered under theCitizens' Charter Afghanistan Project (CCAP). Communities here prefer to have a combination of CDCs and Gozar Assemblies/Councils, who will be the locus for implementation delivery for the project.
2.2 Project Target Areas

The REACH project targets all households in Afghanistan with incomes of US$2 per day or lower, twice the national poverty line. This broad coverage, covering an estimated 93 percent of households in targeted communities, is required to assist households to withstand the impacts of the temporary disruptions to daily economic lives caused by the COVID-19 crisis and to encourage them to follow the social distancing norms. To efficiently identify and exclude a minimal proportion of wealthy households who do not require support, the project will adopt an approach called "Targeting from the Top". In this approach, a combination of objective and subjective criteria is identified in advance that can be easily and quickly used to assess the poverty and vulnerability status of a household without any interaction with the household in question. Distribution of relief packages will follow international best practices regarding the composition of a nutritious food basket as well as hygiene and social distancing based on the varying contexts in different parts of the country. The table below shows the overall coverage estimated by REACH components.

**Estimated Population Coverage of CCAP and REACH Projects**

| Areas | Administrative Unit | Estimated Population[1] | Estimated Households (avg. 7/HH) | Estimated Beneficiary Households (93%) |
|---|---|---|---|---|
| **Urban: municipalities, Provincial capital Cities, and Kabul** | | | | |
| REACH Urban | 14 | 3,301,805 | 471,686 | 453,168 |
| REACH Kabul | 1 | 4,575,832 | 653,690 | 607,932 |
| **Rural Districts** | | | | |
| REACH Rural | 275 | 19,329,585 | 2,761,369 | 2,541,326 |

### 2.2. Project Components

The project has four components based on the geographic coverage of three different implementing agencies already managing relevant projects (i.e., CCAP, EZ-Kar, and KMDP). This component structure mimics that of CCAP and the EZ-Kar Project and will aid in the rapid and easy absorption of REACH responsibilities into the implementing agencies.

Component 1: Household support in rural and peri-urban areas: This component will provide relief support to an estimated 1.65 million households in 186 districts, which include the peri-urban areas outside the municipal boundaries of Kabul and 14 provincial capitals. These are districts where CCAP is not currently operating, and where IDLG does not operate as they fall outside of municipal boundaries. The coverage area of this component (as with the rest of the REACH project) excludes areas considered “hard to reach” where the Government has limited access due to ongoing security concerns.

Component 2: Household Support in Urban Areas excluding Kabul: This component will provide relief support to an estimated 475,000 households (approximately 90 percent of total households) in 14 Provincial Capital Cities. This includes approximately 1.45 million returnees based on estimates by the International Organization for Migration (IOM), many living in settlement camps. Based on the underlying principle of quasi-universal coverage, affluent areas in these cities, identified through satellite imagery technology and verified by Municipality staff, will be excluded from the coverage area. IDLG will finalize the list of neighbourhoods to be excluded in consultation with Municipalities. Any poor households living in these excluded neighbourhoods may self-identify themselves through the project’s grievance redress mechanism (GRM) and may be provided relief. Under this component, thefirst tranche of AFN 4000 (approx. $50 equivalent) per household will be transferred to all eligible households through Community Development Councils (CDCs) and GozarAssemblies

[1] These population estimates are based on UN projections. Note that for all component-wise estimates of coverage a ‘contingency/buffer’ has been factored in to allow for significant uncertainty since exact population numbers are not known.

(GAs)2. Each CDC and GA will distribute the relief package to its constituent eligible households either in-kind (based on a standard relief package that will include essential food staples and hygiene products) or in cash, based on the preference of communities and subject to local circumstances based on pre-determined criteria (e.g. proximity of banks, security, density, the capacity of CDC, etc.). The second tranche of AFN 4000 (approx. $50 equivalent) per household will be rolled out, depending on the trajectory of the crisis, which will also be distributed to each household likely fully in cash potentially using mobile money technology if possible.

Component 3: Household support in Kabul city: This component aims to provide relief support to residents of Kabul Municipality (KM), so that households can continue to meet their basic needs during the crisis induced by the COVID-19 pandemic. This component will cover approximately 615,000 households. Kabul Municipality (KM) will be the implementation agency for this component.

KM will mobilize ad-hoc COVID Gozar Councils (GCs) to identify eligible households and distribute the relief packages with the support of KMDP PIU, Facilitating Partners (FPs), local Masjed Shuras, and communities. FP(s) will provide additional support for the identification of households, community procurement, financial management, and monitoring. The GCs will first prepare an "Emergency Relief Household List (List)" at the Gozar level. KM will review, clear, and aggregate these lists. Each GC will open a bank account to receive the Emergency Relief Grants from the Project. Using the grant money, each GC will contract local suppliers (and local delivery service providers if needed) and distribute relief packages to eligible households. While door-to-door distribution will be the default modality, households in select neighbourhoods may receive the packages at designated collection points while observing social distancing. GC Representatives, FPs, local Masjed Shuras, and other community representatives will accompany the local suppliers (or local delivery service providers) to verify every delivery. KM District Offices and KMDP PIU will also monitor the delivery on an extensive-sample basis, along with the Third-Party Monitoring (TPM) agents.

Component 4: Project management, communication, and monitoring: This component will support each of the three implementing agencies with: (i) Project management and Institutional Support; (ii) Dedicated Strategic Communication sub-component; and (iii) Project monitoring support, including safeguards compliance monitoring.

[2]Gozars are sub-district level administrative units. GAs are elected bodies at Gozar level usually constituted through CDC representatives.

## 3. Objective of the ESMP

Although the Project will neither finance nor support any civil works, there will be potential risks and impacts concerning exposure of workers/volunteers involved in the relief distribution chain to the COVID 19virus and improper disposal of used or contaminated personal protective equipment (PPEs) may cause community spread of the corona virus, bolster pollution and contamination of surface and groundwater among others. The main purpose of this Environmental and Social Management Plan (ESMP) is to:

- Provide the mitigation, monitoring, and institutional measures to be taken during the projectactivities (such cash transfers and in-kind relief distribution) and to eliminate adverse environmental and social risks and impacts, offset them, or reduce them to acceptable levels.

- Ensure that social and environmental impacts, risks and liabilities identified during the screening process are effectively managed during the implementation, and closure of the project.

## 4. Policy and Legal Framework

### 4.1. World Bank Environmental and Social Framework

The new World Bank ESF, 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 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 best practices. The ten (10) Environmental and Social Standards are:

i. Environmental and Social Standard 1 (ESS1): Assessment and Management of Environmental and Impacts;
ii. Environmental and Social Standard 2 (ESS2): Labor and Working Conditions;
iii. Environmental and Social Standard 3(ESS3): Resource Efficiency and Pollution Prevention and Management;
iv. Environmental and Social Standard 4 (ESS4): Community Health and Safety;
v. Environmental and Social Standard 5 (ESS5): Land Acquisition, Restrictions on Land use and Involuntary Resettlement;
vi. Environmental and Social Standard 6 (ESS6): Biodiversity Conservation and Sustainable Management of Living Natural Resources;
vii. Environmental and Social Standard 7 (ESS7): Indigenous Persons/Sub Saharan African Historically Underserved Traditional Local Communities;
viii. Environmental and Social Standard 8 (ESS8): Cultural Heritage;
ix. Environmental and Social Standard 9 (ESS9): Financial Intermediaries; and
x. 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) and ESS10 (Stakeholders Management and Information Disclosure) will be relevant to the COVID-19 Relief Effort for Afghan Communities and Households (REACH) Project.

### 4.1.1. Relevant Technical Guidelines for COVID 19 Disease

The World Health Organisation (WHO) since the outbreak has 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.

**The 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 minimise 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 the settings within which the PPEs will be required. It also emphasises the need for hand and respiratory hygiene as complementary measures to the use of PPEs. https://apps.who.int/iris/handle/10665/331498.

**WHO Getting YourWorkplace Ready for COVID 19**

The document presents simple measures to be implemented within the workplace to prevent the spread of COVID 19. These measures include activities to ensure that the workplace is clean and hygienic, things to consider during travel and when workers return from travel and getting your business ready in case COVID-19 arrives in the community (see https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf?ua=1for details).

**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 Sexual Exploitation and Abuse/Sexual Harassment) SEA/SH)cases to be on rising during the COVID 19 pandemic and also the fact that health/frontline workers can be survivors or perpetrators of SEA/SH. It also recommends risk reduction and preventive measures such as building safeguards 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 co-ordination with in-

country initiatives (see https://reliefweb.int/report/world/interim-technical-note-protection-sexual-exploitation-and-abuse-psea-during-covid-19 for details).

**WHO Code of Ethics and Professional Conduct**

The Code of Ethics and Professional Conduct outlines measures to ensure 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 work place, prevention of sexual exploitation, personal conduct, relations with government and political activity and reporting wrongdoing as well as protection for whistleblowers (see https://www.who.int/docs/default-source/documents/ethics/code-of-ethics-pamphlet-en.pdf?sfvrsn=20dd5e7e_2 for details).

### 4.2. Relevant National Laws, Policies and Guidelines

The relevant laws for the REACH Project are:

- The Environment Law of Afghanistan (2007);
- Health guidelines by MoPH,

#### 4.2.1. The Environmental Law (2007)

The Environment Law is based on international standards that recognise the current state of Afghanistan's environment, while laying a framework for the progress of governance leading to effective environmental management. It stipulates for sustainable use, rehabilitation and conservation of biological diversity, forests, land, and other natural resources; the prevention and control of pollution; conservation and rehabilitation of the environment; and the active involvement of local communities in decision-making processes, including a clearly stated opportunity for affected persons 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 (Certificate of Compliance [CoC]) before the 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.

### 4.2.2. MOPH Guidelines for COVID-19

The relevant MOPH guidelines for the REACH Project are:

- Screening guideline
- Proper use of personal protective equipment (PPE)
- Guidelines for the preparation and use of disinfectants
- Nutrition guidelines during the corona virus outbreak
- Guidelines for commuting in cities
- Guidelines for governmental and non-governmental institutions
- Guidelines for individuals and charities institutions
- Guideline for bakers,
- Guidelines for Quid-19 Medical Waste Management MOPH guideline on COVID-19

## 5. Environmentaland Social Impacts and Risksand Mitigation Measures

### 5.1. Risks and Mitigations

The project will be implemented nation-wide covering both urban and rural areas with diverse environmental, social, and institutional settings. The REACH project will finance activities that assist vulnerable communities, neighbourhoods, and households who have been financially impacted by the COVID-19 pandemic and those who do not have any other funding sources to cope with the adverse impacts associated with the pandemic.

Therefore, the major environmental and social risks are: (i)community health and safety issues related to the handling, and disposal of healthcare wastes; and (ii) minor/moderate scale impacts related to in kind relief package distribution process.

#### 5.1.1. Environmental Risks

The project activities involve relief support to rural and urban households delivered in-kind in the form of essential food staples and hygiene products and potentially cash, where deemed necessary and feasible. The distribution of relief packages will be door-to-door as a preferred method to ensure social distancing, however, designated collection points would also be established while observing social distancing in such circumstances. These activities supported by the Project do not have a physical footprint and are not expected to have significant and permanent negative environmental impacts. However, activities such as the distribution of relief items have the potential to increase the spread of the Corona virus by infected but asymptomatic workers or workers coming into contact with infected community/household members in the dispensation of their duties. The disposal of used Personal Protective Equipment (PPE) if improperly disposed could cause pollution, including ground and surface water bodies and infections, but these can be minimized through the implementation of guidelines for disposal of PPEs.

#### 5.1.2. Social Risks

Although the project explicitly targets poor and marginalized households there are still several risks that could jeopardize the full realization of the project's objectives. The health and safety of personnel delivering the relief packages need to be ensured. This includes physical safety and freedom from intimidation. Those delivering the packages in different parts of the country could be targets for intimidation and violence. Female-headed or majority female households who qualify for assistance could also be potential victims of gender-based violence (GBV), and other forms of sexual exploitation and abuse/sexual harassment (SEA/SH). People with disabilities may find it harder to access the services or indeed to access information. People with disabilities are disproportionately affected by pandemics and situations of high unemployment. The management of social distancing has been a challenge for Afghanistan during the pandemic and in some parts of the country; it has

been ignored in favour of searching for sources of food. The risk of a rise in the pandemic due to lack of social distancing measures or use of protective equipment is substantial risk in this project. There may also be a potential conflict between communities especially between settled and non-settled groups, as well as between big and smaller HH groups or between different ethnic groups due to perceptions of inequitable distribution of resources.

### 5.1.3. Impact on Gender

The COVID-19 crisis has imposed various risks to the health and economic well-being of the population. These risks are even greater for women due to the below reasons.

- Increased poverty, reduced consumption, lost jobs, reduced hours of work, rationing or high prices of essential items.
- Access to information. With regard to agency, women are at a disadvantage as they are less likely than men to have information about government programs.
- GBV/SEA/SH risk in the project and to mitigate that the project will developGBV/SEA/SHactionplan (see Annex 6 Gender Based Violence Action Plan)which will include but not be limited to the Code of Conduct for all staff and clear message to communities on consequences and disciplinary actions in case of any misconduct or abuse of power against both female staff and female beneficiaries, proper communication on targeting criteria and available GBV helpline and GRM uptake channels, and all staff involved in delivery or distribution will receive gender sensitive training as part of their training package.

### 5.1.4. Risk associated with Poor Hygiene

Poor hygiene increases the risk for bacterial, viral, and parasitic infections, also the current pandemic disease of COVID 19. Utmost efforts will be made to ensureadequate sanitary facilities (i.e. handwashing stations with adequate water/soap/hand sanitizer) available at the locations where cash/relief packages will be distributed and separation of personal hygiene areas for both genders. The personnel distributing relief packages will adhere to all OHS, including hygiene protocols to prevent relief workers and beneficiaries from contracting the virus and also to avoid passing it (being a carrier/vector) to the communities they will interact with.

### 5.1.5. Community Health and Safety

To minimize the transmission of the Covid-19 virus and other communicable diseases to the community there will be health awareness on the transmission and prevention mechanisms of the Covid-19 virus and other communicable diseases. In addition to this, the following practices are important:

- Performing hand hygiene frequently with an alcohol-based hand rub

- Avoiding touching your eyes, nose, and mouth
- Practicing respiratory hygiene
- Use Personal Protective Equipment (PPE) such as wearing a gloves and face mask;
- Maintaining social distance (a minimum of 1 metre)

### 5.1.6. Impacts on Water resources

Nearby rivers, streams and springs may be polluted due to project activities and health waste generation by the public, and area with water shortages, such impacts could overburden the already available water source for the community living around. The nature of these impacts will be moderate, localized and short term.

To minimize these impacts, health wastes (such as face masks, gloves, washing cans ...) would be regularly collected and properly disposed ofby the community and at sites designated for this purpose. Project activities may also include the generation of sanitary and wastewater discharges in varying quantities depending on the number of workers involved. For that, adequate portable or permanent sanitation facilities serving all workers would be provided in an area which is not public.

### 5.1.7. Impact on Air Quality

Project activities may generate emission of fugitive dust caused by movement, transportation and exposure of bare soil and soil piles to the wind. Air pollution from vehicle emissions will be short term, moderate, and localized.

To minimize the Impact of on-air quality, appropriate mitigation measure should be taken according to the WBG EHS guideline that techniques to consider for the reduction and control of air emissions during project activities; would be techniques, such as applying water and slow movements.

### 5.1.8. Impact due to Noise

This impact will be due to transportation equipment, people and project activities

Planning activities in consultation with local communities so that activities with the greatest potential to generate noise are planned during periods of the day that will result in the least disturbance and avoiding or minimizing movement through community residence

### 5.1.9. Risk associated Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether any adverse project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understanding of the impacts of a project and to ensure that awareness-raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatments, in particular, are adapted to take into

account such groups or individuals particular sensitivities andconcerns. The vulnerability may stem from a person's origin, gender, age, ability, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, especially those living in remote, insecure or inaccessible areas, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders. Within the Project, the vulnerable or disadvantaged groups may include and are not limited to the following:

- Elderly
- Women
- People with disabilities
- Drug addicts
- Internally displaced people, returnees, pastoral nomads (Kuchis, whethersettledormobile)
- those living in remote or inaccessible areas
- Female-headed households
- Patient with chronic diseases
- Daily wage earners working in the informal economy
- Potential new social assistance beneficiaries

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. A description of the methods of engagement that will be undertaken by the project is provided in the following sections.

### 5.1.10. Safety

- **Notification of the police**: Prior to project activity the IAs will hold briefing sessions with the relevant local police to inform them of the project and its activities in case of needed. But at the field level MRRD and IDLG will use relevant CDCs and its relevant stakeholders for the security issues
- For the safety of every person during the distribution process, self- protection measures should be taken into consideration and all workers and communities should be:
    - Aware of proper putting on and taking off, and disposal of any PPE.

### 5.1.11. Equipped by basic personal protection (mask, gloves) requirements. Poverty

Additional findings include that poverty in Afghanistan is concentrated in rural areas. Four out of five poor people live in rural areas. The East, Northeast, and West-Central regions—where almost half of the inhabitants are poor have the lowest per capita consumption and highest likelihood of poverty. Lack of education, livelihoods and access to basic services contribute to Afghan poverty. 75.6 percent of poor people are illiterate. Poor people face higher unemployment (8%) and

underemployment (41%) and are more likely to work in agriculture (43.6%) or in the informal sector (84.3%). Poor people are also less likely to have access to electricity (63.8 %), safe drinking water (40.3%), and sanitation (2.8%).

### 5.1.12. COVID 19 Situation

The first case of COVID 19 was confirmed on February 24, 2020, in Herat province. The first death was reported to have occurred on March 19, 2020 (confirmed on March 22 by health officials). While the virus was first detected in Herat, Kabul soon ended up with the highest number of cases. In mid-March, the government implemented various measures and ordered lockdowns to slow the rate of infection. Nowroz celebrations were cancelled, and the government told the people to avoid large gatherings. Based on the World Meter information Dated Saturday, November 07th, 2020 a total of 42,033 cases of COVID 19 have been confirmed in Afghanistan with 1,556 deaths and 34,446 recovered, for more details and update please click on the https://www.worldometers.info/coronavirus/country/afghanistan/

The COVID-19 is affecting all segments of the Afghan population, but its debilitating economic effectshavedisproportionately affected vulnerable households including female-headed households, those without adult males, the aged and Persons Living with Disability.

## 5.2. Environmental and Social Management Plan (ESMP)

This Environmental and Social Management Plan (ESMP) is developed by the AIs, setting out how the environmental and social risks and impacts will be managed through the project lifecycle. This ESMP includes several matrices identifying key risks and setting out suggested E&S mitigation measures.

The ESMP also includes other key elements relevant to the delivery of the project, such as institutional arrangements, plans for capacity building and training, and background information. The matrices illustrate the importance of considering lifecycle management of ES risks, including during the different phases of the project: planning and design, implementation, operations and decommissioning.

The issues and risks identified in the matrix are based on current COVID-19 responses and the experience of other Bank financed healthcare sector projects. Proper stakeholder engagement should be conducted in determining the mitigation measures, including close involvement of medical and healthcare waste management professionals. The project activities will be screened based on Environmental and Social Impact Screening Checklist annex 1.

**Potential Adverse Environmental and Social Impacts/Risks-Implementation Phase Matrix**

| Potential Adverse Impacts/Risks | Impact/Risk Description | Proposed Mitigation Measures | Monitoring Indicator | Frequency of monitoring per site | Responsible Agencies | Cost |
|---|---|---|---|---|---|---|
| SpoiledFood/Poor food quality | • Health Risk due to Expire date/Moisture<br>• plastic bag | • Proper food monitoring (check food packages for expiry date and quality, not stock in wet area)<br>• Stock relief based on distribution plan<br>• The committee will oversee the distribution plan.<br>• As part of the GRM system - Use hotline and IVRnumber 3330 , Email by Shekayat.ccap@ccnpp.org, Physical submission and Written request<br>• proper awareness on handling and storing food package and disposal of bags<br>• Identifying of right place for the purpose of disposal of waste material with cooperation of CDC/GA members and Nahia officials.<br>• Proper disposal of spoiled and poor quality of foods, and PPE<br>• Try use bags for other purpose (cloths sack)<br>• Proper monitoring of the implementation and operation of disposal | Expiry date and qualityof food<br><br>Number and type of recorded grievances<br><br>Monitoring report of awareness sessions | Priortoandduring each distribution | CDC/GA representative<br><br>MRRD/IDLG and KM GRM, M&E Division | |
| Re-sale of in-kind relief package | • Household headdoes not takein kind reliefpackagehome due to debt or addiction and sell back to shops<br>• HHSwithsubstance misuse | • Proper monitoring to make sure that the relief packages are received bythe intended families. | Number and type of recorded grievances received from families | During and After distribution | Partner (FP) MRRD/IDLG/KM Grievances division | |

| Potential Adverse Impacts/Risks | Impact/Risk Description | Proposed Mitigation Measures | Monitoring Indicator | Frequency of monitoring per site | Responsible Agencies | Cost |
|---|---|---|---|---|---|---|
| Distribution problems | • Conflict due to Food/Cash distribution<br>• GBV/SEA/SH<br>• Ghost households خانوادهخیالی<br>• corruption/theft/rubbery | • Establish of Cash/food committee at the community level<br>• Proper distribution Channel<br>• CDCswill nominate one male and female member in each neighbourhood/rural community who will be in charge of receiving, handling and reporting of GBV/SEA/SH issues and providing feedback to aggrieved worker's/community members/ poor and vulnerable households.<br>• Staff training on GBV/SEA and monitor on the basis of current policies<br>• Providing separate sites for women with proper monitoring and Termination of staff in case of GBV/SEA/SH<br>• Staff training on GBV/SEA/SH based on policies and establishing Codes of Conducts (CoCs) for relief workers.<br>• Encourage community to use Hotline and IVR3330, Email by Shekayat.ccap@ccnpp.org, Physical submission and written requests on grievances.<br>• Do proper t survey for collecting right data on Number of HH | list of families<br><br>Accident report<br><br>Complaints | During package distribution | CDC/GA representative Partner (FP) MRRD/IDLGKM | |
| Onsite waste pollution | • Identification of onsite and waste management facilities, and waste transportation routes and service providers. | • Ensure that the design of the facility considers the collection, segregation, transport and treatment of the anticipated volumes and types of healthcare wastes | Existence of dust bins | Prior distribution gathering | CDC/GA representative MRRD/IDLG and KM Social Organizer | |
| Health and Safety | • Injuries due to conflict and rush of people<br>• Infection other than Covid19 | • Use Protection Personal Equipment<br>• Liaison with health authorities on early warning sign communication<br>• Also see labour management plan<br>• Consideration of proper distribution plan | Number of recorded and unrecorded | Before project implementation | CDC/GA representative | |

| Potential Adverse Impacts/Risks | Impact/Risk Description | Proposed Mitigation Measures | Monitoring Indicator | Frequency of monitoring per site | Responsible Agencies | Cost |
|---|---|---|---|---|---|---|
| | | | accident cases<br><br>Existence anddistribution of PPEs (gloves and mask)<br><br>Distribution Plan | | MRRD/IDLG and KM Social Organizer | |
| COVID -19 | • Spreading of COVIDE-19<br>• Infection of Covid-19<br>• Persons employed to deliver food, hygiene and other relief items door-to-door or at distribution centers set up for the purpose of this project may be exposed to COVID 19 diseases<br>• Gathering at distribution points to collect relief items without nose masks, gloves and recourse to hand hygiene and social distancing may facilitate | • Performing hand hygiene frequently with an alcohol-based hand rub<br>• Avoiding touching your eyes, nose, and mouth<br>• Practicing respiratory hygiene<br>• Use Personal Protective Equipment (PPE) such as wearing a medical mask and gloves;<br>• Maintaining social distance (a minimum of 1 metre)<br>• Distribution of relief items at the distribution points/centres and picking up supplies at the local shops will follow a schedule that will be communicated to beneficiaries to avoid overcrowding<br>• Volunteers/workers at the distribution centres/points and those involved in the door to door distribution of relief items will be provided with relevant PPEs as stipulated in the WHO Guidelines onRational use of Personal Protective Equipment (PPE) for Coronavirus Disease (COVID-19) e.g. facemasks, alcohol base hand rub sanitizers and gloves | Number of recorded and unrecorded cases of infected by COVID 19<br><br>Early sign of symptoms of COVID 19 on people and workers | During the project implementation | Relevant Facilitating Partner (FP) MRRD/IDLG/KM | |

| Potential Adverse Impacts/Risks | Impact/Risk Description | Proposed Mitigation Measures | Monitoring Indicator | Frequency of monitoring per site | Responsible Agencies | Cost |
|---|---|---|---|---|---|---|
| | community spread of COVID 19 | • Alcohol based Hand Rub Sanitizers, soap and water will be made available at the distribution centres/points and within the participating local shops<br>• Contact numbers (hotlines) of the nearest health facility will bedisplayed at vantage points in the communities, where the Project will be implemented<br>• Volunteers, shop owners and employees including cleaners at the distribution centers will be made to undergo sensitization on COVID-19 preventive measures and symptoms based on the WHO Guidelines for Rational on the use of Personal Protective Equipment (PPE) for Corona virus Disease (COVID-19), Getting Your Workplace Ready for COVID-19 and also MOPH technical guidelines etc.<br>• Marking will be undertaken on the floor of distribution centers to ensure the WHO recommendation of social distancing is followed<br>• Basic health screening will be undertaking for all persons accessing any distribution centre/point e.g. checking body temperature<br>• All persons working on the project will be made to sign a Code of Conduct with a pledge to submit to COVID 19 precautionary measures and sanctions for breaching the measures;<br>• Posters and other education/illustrative materials on COVID 19 will be displayed at vantage points at distribution centers/points as well as in the participating local shops<br>• All volunteers/employees will be trained and sensitized to refer all suspected cases of COVID 19 and other infections to | | | | |

| Potential Adverse Impacts/Risks | Impact/Risk Description | Proposed Mitigation Measures | Monitoring Indicator | Frequency of monitoring per site | Responsible Agencies | Cost |
|---|---|---|---|---|---|---|
| | | the nearest health facility, symptoms of COVID 19, social distancing and hygiene protocols associated with COVID 19 and other infections will be based on the WHO guidelines. | | | | |
| Incidence of GBV and SEAH | • Female volunteers, CDC members involved in distribution of relief items may become victims of GBV or SEA/SH in carrying out their duties or their superiors may elicit sexual favours before employing them or assigning them tasks<br>• Vulnerable groups receiving relief packages or support are also potential survivors of GBV/SEA/SH.<br>• Persons in charge of assessing household eligibility for support, allocating and distributing the relief packages under the project may demand sexual favours in return for benefits under the project. | • Sensitization programs on GBV/SEA shall be undertaken for workers under the project<br>• Useof the GRM systemas described in the SEP and the ESCP<br>• Contact numbers of the nearest GBV/SEA/SH Service Provider (PMU/PIU) will be provided to all beneficiaries and displayed at vantage points at the distribution centers, participating local shops as well as within the project beneficiary communities;<br>• Prohibition posters on GBV, sexual exploitation and harassment will be displayedwithin all distribution centers, participatinglocal shops and in the beneficiary communities.<br>• A helpline will be provided and disseminated among the volunteers, CDC members, workers and local shop owners to deal with GBV/SEA/SH complaints.<br>• The hot/helpline will also be announced through media (radio, television etc.) in all local languages as well as transmitted to phone numbers through text messages<br>• Background checks on all project employees and local shop owners under the project will be undertaken by the CDCs, religious and tribal leaders and other government functionaries at the local level<br>• Media and electronic platforms will be used to emphasize the fact that the relief items are free for vulnerable persons/households and encourage citizens to report any abuse of the system including SEA/SH/GBV | GBV/SEA/SH complain mechanism<br><br>Awareness session<br>Report on reporting of GBV/SEA/SH accidents | during and after each event | MRRD/IDLG/KM Grievance Division and Social Organizer | |

| Potential Adverse Impacts/Risks | Impact/Risk Description | Proposed Mitigation Measures | Monitoring Indicator | Frequency of monitoring per site | Responsible Agencies | Cost |
|---|---|---|---|---|---|---|
| | • Vulnerable persons such as widows and the aged may also suffer abuse as they attempt to access relief packages at the distribution centres and local shops | • CDCs will nominate one male and female member in each neighborhood/rural community who will be placed in charge of receiving, sorting or handling GBV/SEA/SH issues and providing feedback to aggrieved workers/community members/ poor and vulnerable households | | | | |
| Incidence of Child labour | • As the project will be implemented as an emergency response programme, there is the tendency to engage children 18 years and below in the distribution of relief items and other aspects of the project exposing them to hazards associated with this activity including abuse and contracting COVID 19 | • A Labor Management Plan shall be prepared by the Project Contractors for approval by the Bank to guide labor relations on the Project<br>• CDCs IDLG, KM and MRRD will check identity cards (tazkera) of potential employees/volunteers prior to being assigned tasks under the Project and in the absence of a birth certificate and other identification cards, responsible persons'/opinion leaders in the applicant's community e.g. tribal/religious leaders, Civil Servants will have to guarantee that they are above 18 years as part of the recruitment processes;<br>• Contracts/MOU with local shop owners, CDCs and other implementation agents will be inserted with clauses against employing persons 18 years and below together with sanctions for child labor in line with Afghan law and ensuring that they report the incidence of child labor and corporation with the authorities to investigate same. | see laborManagement Law (LML)<br>ID cards | During each distribution | MRRD/IDLG/KM Grievance Division and Social Organizer CDCs representative | |
| Social Exclusion | • Possibility of Female Headed Households and Households without able bodied males be | • Special efforts will be made to identify female headed households and households without able bodied males eligible for the support during the identification of eligible | number of HH female headed | prior, during and after each event | MRRD/IDLG/KM FP | |

| Potential Adverse Impacts/Risks | Impact/Risk Description | Proposed Mitigation Measures | Monitoring Indicator | Frequency of monitoring per site | Responsible Agencies | Cost |
|---|---|---|---|---|---|---|
| | excluded from the relief packages they are due | households e.g. checking for multiple kitchen in rented premises<br>• 50 percent of CDCs will be female; same will be undertaken in areas under ENETAWF<br>• Training will be provided for implementation agencies to sensitise them on gender issues e.g. sexual harassment and Gender Based Violence | | | | |
| Difficulty in Accessing Distribution Centers by Persons with Disability and the Aged | • The aged and Persons Living with Disability may find it difficult to access to distribution centers or local shops to pick up their supplies<br>• Visual and the hearing-impaired person may not see or hear about the Project, hence may be excluded | • Special arrangements will be made for Persons with Disability and the Aged who have difficulty accessing the local shops and/or the distribution points for their rations to be sent to them via door-to-door deliveries or they will be allowed to nominate an adult to pick up their supplies<br>• The Aged and Persons with Disability who can make it to the local shops and distribution points for their supplies will be given preferential treatment (allowed to jump the queue)<br>• Incaseofvisual and the hearing- impaired person use the project and family member should accompany him/her to CDCs and local tribal and religious leaders will support in the identification of eligible households with special needs and ensured that they are enrolled on the Project | Number of disables and aged people Proper location of distribution | prior, during each distribution | CDC/GA representative MRRD/IDLG/KM representative | |
| Landmine Risk | • Deaths/injuries | • Appropriate Mine Risk Management measures are considered community should help identify, confirm and provide consent not use landmine areas<br>• Follow the ESIRTguidelines (available separately) | Record of deaths and injuries | during each distribution | CDC/GA representative MRRD/IDLG/KM representative | |

## 6. Environmental and Social Monitoring

MRRD, IDLG KM will appoint field supervisors from other existing World Bank financed projects, who is responsible for environmental and social monitoring and the implementation of REACH programs in their assigned territories. The IAs will assure them of proper implementation of REACH based on ESMPs and Monitoring checklist annex 5.

Two types of monitoring reports will be required from the EOC/IHPAU:

- **Monthly Progress Reports**

The CCAP Project Implementation Unit (PIU), IDLG the KMDP PIU and Facilitating Partners will submit Monthly Reports to MRRD and Kabul Municipal Authority with a section dedicated to E&S issues. These reports will report on mitigation measures, GBV awareness sensitization/training, E&S impacts/risks associated with project implementation, the performance of the Grievance Redress System among others.

- **Quarterly Reports**

The monthly reports will be consolidated into quarterly reports.

- **Third Party Reports**

Annual third-partymonitoringreports and a Projectcompletionreporton the overallESMPimplementationduringtheentiredurationof the project will also be prepared by third party specialists.

## 7. Institutional Responsibilities

### 7.1. Institutional arrangements for the implementation of ESMP

The MRRD and IDLG will be the lead IAs in rural and urban areas (Components 1 and 2), with the CCAP project implementation unit (PIU) in charge of overall project management functions. Kabul Municipality will lead Component 3 and will get support from the KMDP PIU. The E&S staff in the PIUs of MRRD, IDLG, and KM will have overall oversight responsibility for the implementation of the ESMP andfor ensuring that the Environmental and Social Standards (ESS) applicable to the project and the implementation of all associated guidelines are implemented at the activity level as well as coordination of implementation of all E&S requirements in KM and IDLG and as agreed in the ESCP. However, these agencies will engage existing structures within local authorities and other implementing partners which will be responsible for the implementation and day-to-day activities under each component. The project will use the existing E&Scapacity within existing PIUs in Bank financed projects in all three institutions. MRRD, IDLG and KM have previous experience managing and implementing investment operations financed by the WB, however none of these agencies have experience of implementing the Environmental and Social Framework (ESF) and related standards.

### 7.2. Capacity to implement the ESMP

The Existing E&S staff of these agencies who will be working on the project will need to have some specific capacity building in the requirements of the ESF standards as may be applicable to the REACH project for implementing and monitoring of this ESMP. Where staff gaps are currently existing the relevant staff will be recruited and trained as described in the Environmental and Social Commitment Plan (ESCP), capacity building measures will be necessary for each PIU staff, in particular in relation to occupational health and safety (OHS), proper use of personal protective equipment (PPE), and community health and safety to limit the community spread of the virus whilst carrying out the assigned duties. Capacity building will also cover culturally appropriate dimensions in service provision as well as the establishment of a robust and accessible grievance redress system that is functioning and widely disseminated.

The proposed training programmes in Table 7.1 are expected to equip stakeholders to deal with some of the environmental and social challenges that are likely to arise from implementing the ESMP. MRRD is considering virtual platforms to deliver these training programmes. In case capacity in environmental and social management is low in any of the implementing agencies, qualified experts will be recruited to support the implementing team.

**Training Needs for ESMP Implementation**

| Type of Training | Training Contents | Participants | Timeframe | Responsible Actor | Cost in USD |
|---|---|---|---|---|---|
| **Community Mobilization and Engagement** | • Importance of community participation and mobilization to enhance participation of poor and vulnerable households transparency and accountability<br>• Community Mobilization Strategies<br>• Concept of Vulnerability | CDC members, Gozar Councils Members, Tribal and religious leaders, Facilitating Partners, KM officers, CCAP Project PIU staff | Before Preparation of Beneficiary Households Registers in the various communities | KM, IDLG MRRD | ******** |
| **Grievance Redress** | • Dispute resolution management and grievance redress<br>  • Trust and Consensus Building<br>• Gender Based Violence<br>• Project Grievance Redress Systems | Tribal and Religious Leaders, Gozar Council CDC members, CCAP Project PIU staff Members of the Community and Project Level GRC members | Before the commencement of the sub-project/works ; | KM, IDLG MRRD | KM-2,168.4 |
| **Training on guidelines, and procedures particularly on ESMP implementation,** | Screening Introduction to World Bank's ESF Preparation of ESMPs | CCAP PIU staff KMDP PIU staff | Before the Commencing of the REACH Project | KM IDLG MRRD | 26,160 By MRRD |
| **Training for Security Personnel/Wardens** | Crowd Control GBV/SEA/SH Community Policing | Security Personnel Recruited or deployed under REACH Project | Before Deployment of Security Persons under the REACH Project | KM IDLG MRRD | ****** |

## 8. ESMP Cost

It is estimated that a total amount of MRRD 80,869USD, IDLG 291,635.51 USD and KM **106,840**USD) total **479,344.51** States Dollars (USD ******) will be required to implement activities identified in the Environmental and Social Management plan. The details are summarised in the below table.

**Estimated Budget for ESMP Implementation**

| No. | Activities | Cost USD | | |
|---|---|---|---|---|
| | | MRRD | IDLG | KM |
| 1 | **Training Cost for Training Programs (in Table 8.1)** | 26,160 | 4,200 | 5,000 |
| 2 | **Translation of ESMP into Dari and Pashto** | Willbe done in house | | |
| 3 | **PPE Equipment {(for rural 20,397 units for 253 districts as** 20 person/Community/500/Person AFN for 6 Visit**), (for urban 14 cities) and (for KM…)}** | 54,709 | 287,435.51 | 101,840 |
| 4 | **Total** | 80,869 | **291,635.51** | **106,840** |

## 9. Disclosure

There is a need for the project's information available to the public in transparent and accountable ways in order to maximize the people's sense of possession and ownership of the project. The dissemination of information to local groups and stakeholders in each targeted area is also essential for the effective implementation and sustainability of projects. Thus, by the finalization, the environmental and social documents (in Pashto and/or Dari Language) will be made available to the public through MRRD and World Bank websites once they are approved by the World Bank.

## 10. Annexes

### 10.1. Annex1 Environmental and Social impacts Screening Checklist to be completed by E&S officers

| No | Potential Impacts | Yes | No | Detail of proposed mitigation |
|---|---|---|---|---|
| 1 | Is the risk of Covid19 epidemic communicated? | | | |
| 2 | Is there a one-way flow at entry and exit points during distribution? | | | |
| 3 | Do temperature screenings available before entering the area? | | | |
| 4 | Have you considered providing hand sanitation at entry / exit points? | | | |
| 5 | Is there PPE available such as face masks, disposable gloves, clean overalls, and slip reduction work shoes for staff? | | | |
| 6 | Is there a limit on the number of staff in food distribution areas at any one time? | | | |
| 7 | Is the physical distance considered at least 1 meter between individuals and workers? | | | |
| 8 | Are there regulations on the numbers of villagers who can enter the distribution area at a time to avoid overcrowding? | | | |
| 9 | Is there announcement to remind villagers to follow physical distancing advice and clean their hands regularly? | | | |
| 10 | Has the food prepared and packaged well for distribution in the site? | | | |
| 11 | Is Soap and water available at the site of distribution? | | | |
| 12 | Is there any kind of awareness to inform you to avoid touching eyes, nose, and mouth to help slow the spread of germs/COVID? | | | |
| 13 | Is there sufficient hand sanitizer and face mask available? | | | |
| 14 | Are there procedures and equipment available for disposing of PPE? | | | |
| 15 | Has thecommunityreceived training on proper wearing, removal, and cleaning of PPE and face covering? | | | |
| 16 | Does the community Consider social space when using transportation? | | | |
| 17 | Have delivery drivers followed health guidance for service workers? | | | |
| 18 | Have you had close contact with a confirmed or probable COVID-19 case? | | | |
| 19 | Is there anyonewith a cough - this can be any kind of cough, not just dry? | | | |
| 20 | Is there anyone with shortness of breath, breathing difficulties? | | | |
| 21 | Has the community considered proper hand hygiene – washing with soap and water for at least 20 seconds? | | | |
| 22 | Docommunityfrequent clean/disinfection of touch points such as door handles etc? | | | |

| | | | | |
|---|---|---|---|---|
| 23 | Do community avoid all social interaction outside your home when you're sick with a fever or cough? | | | |
| 24 | Does the project involve waste management facilities? | | | |
| 25 | Does the project involve recruitment of workforce including direct, contracted, primary supply, and/or community workers? | | | |
| 26 | Is the project located within or in the vicinity of any ecologically sensitive areas? | | | |
| 27 | Will the project result in potential soil or water contamination (e.g., from health care material like masks ...)? | | | |
| 28 | Is the project causes pollution of ground, surface water? | | | |
| 29 | Will the project lead to health hazards and interference of plant growth by dust raised and blown by vehicles? | | | |
| 30 | Will the projects require large amounts of personnel protection equipment? | | | |
| 31 | Will the project generate large amounts of residual wastes? | | | |
| 32 | Will the project increase the levels of harmful air emissions? | | | |
| 33 | Will the project increase ambient noise levels during its activities? | | | |
| 34 | Will there be damage to agricultural lands, standing crops, trees, etc.? | | | |
| 35 | Will there be any other temporary impacts? please describe | | | |
| 36 | Can the project hire workers from the local workforce? | | | |
| 37 | Given the characteristics of the local community, are there any adverse impacts that may be anticipated? | | | |
| 38 | Willtheproject activities affect the access of women and children? | | | |
| 39 | Will the project involve child work? | | | |
| 40 | Will the project activities cause Sexual Exploitation and Abuse (SHE) or Sexual Harassment (SH)? | | | |

**Annex 2: Messages on Household Checklist**

Get your household ready for COVID-19. As a family, you can plan and make decisions now that will protect you and your family.

### Stay informed and in touch

- Get up-to-date information about local COVID-19 activity from public health officials.
- Create a list of local organizations you and your household can contact in case you need access to information, healthcare services, support, and resources.
- Create an emergency contact list including family, friends, neighbors, carpool drivers, healthcare providers, teachers, employers, the local public health department, and other community resources.

### Prepare for possible illness

- Consider members of the household who may have an increased risk for severe illness.
- Choose a room in your house that can be used to separate sick household members from others.

### Those at higher risk for severe illness

- Take additional precautions for those at higher risk for severe illness, particularly older adults and those of any age who have severe underlying health conditions.

### Take every day preventative actions

- Wash your hands frequently.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay at least 6 feet (about 2 arms' length) from other people.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.
- Wear a mask when you go out in public.
    a. Masks should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- If you have a fever, cough or other symptoms, you might have COVID-19. Most people have mild illness and are able to recover at home. If you think you may have been exposed to COVID-19, contact your healthcare provider.
- Keep track of your symptoms.
- If you have an emergency warning sign (including trouble breathing/below points), get emergency medical care immediately.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Cough

- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.

### Generations in the household

- Those who are at an increased risk for severe illness: take additional precautions. Make sure you have access to several weeks of medications and supplies in case you need to stay home. Stay at home if possible.
- Children: How to keep kids healthy. Notify your child's school or daycare if your child becomes sick with COVID-19.
    a. Wash hands
    b. Wear a mask
    c. Avoid close contact
    d. Cover coughs and sneezes
- Take care of the emotional health of your household members, including yourself. Stress during an infectious disease outbreak can sometimes cause the following:
    a. Fear and worry about your own health and the health of your loved ones, your financial situation or job, or loss of support services you rely on.
    b. Changes in sleep or eating patterns.
    c. Difficulty sleeping or concentrating.
    d. Worsening of chronic health problems.
    e. Worsening of mental health conditions.
    f. Increased use of tobacco, and/or alcohol and other substances.

### Pets in the household

- Treat pets as you would other human family members – do not let pets interact with people outside the household.

## 10.2. Annex3GrievanceRedress Mechanisms

**REACH Project Grievance Redressal Mechanism (GRM) at a Glance**

The Citizens' Charter Grievances Redressal Mechanism (GRM)is a bottom-up channel through which communities, groups or individual in communities can raise complaints or concerns about the program's development or governance work that negatively or unfairly impact them. It is also a means through which staff and non-staff can raise issues in project management (e.g. recruitment, procurement, harassment and financial matters).

**Objectives:**

- Confidence and trust inthe project affected people.
- Mitigate/prevent the adverse impact of the project on communities.
- Prevent fraud & Corruption or bringing them to the minimum level.
- Provide sufficient and timely information to communities.

**Core principles:**

- Accessibility.
- Confidentiality/Privacy.
- Fairness/Equitable.
- Transparency.
- Right compatibility.
- Capacity Building.
- Feedback Mechanism

**Grievance Redressal focal points responsibilities at the District, Provincial and Central Levels:**

- To submit a physical summary of key and unresolved grievances to District Governor, Provincial Governor/Mayor, MRRD General Director and IDLG General Director by CCNPP District Manager, PMU Managers and GRD's Head.
- Announce the meeting, preparing and sharing agenda to the members of the committees (DCCMC, PCCMC, and CCCMC).
- Providing the minutes of the meeting to the committees' members.

**Uptake Channels:**

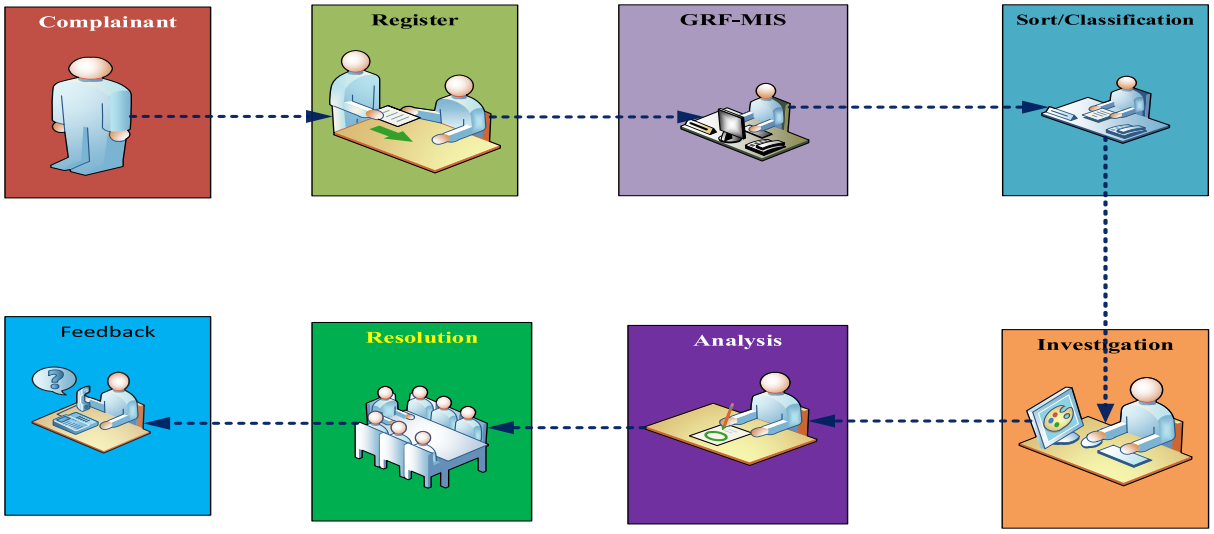
Hotline and IVR3330, Email by Shekayat.ccap@ccnpp.org, Physical submission and Written request

**Estimated Timeframe for Complaint Resolution**

Grievances resolution is a time bound process and the committees at all levels are required to resolve the issues within the specified period of time. Delay in grievances resolution constitutes another grievance. Any delay can cause minor disagreements to develop into more serious disputes. Grievance is handled promptly at the lowest level of GRC and administration having the authority to adjust the grievance or action which is mandated to them. In total, the grievance has to be resolved between 3-30 working days of the time frame and based on the seriousness of the Grievance, the time limit will not exceed more than 30 working days of the receipt of the complaint. In some case the timeframe is belonged to the nature and type of the grievance (complicated cases). The specified time periods for GRCs at different level are;

- Grievance at the CDC level must be resolved within a 3-10 working days and grievance reporting and recording
- Grievance received at the Gozar level must be resolved with a 3-10 working days and grievance reporting and recording.
- Grievance received at the District level must be resolved with a 3-10 working days and grievance reporting and recording.
- Grievance received at the Provincial level must be resolved with a 3-10 working days and grievance reporting and recording.
- Grievance received at the Central level must be resolved within a 10 working days till the grievances are resolve, reported accordingly.

**Grievance resolution process Diagram:**



## Grievance Redress Procedures


**GRM Registration Form (GRF)**

**Grievance ID: …….** **Date: ……..Priority**:☐ Low ☐ Medium ☐ High

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ***How to use this Form;*** This form should be completed for each grievance that is related to the DistarkhanMili. Please consider which category/ sub-category/ issues fit best for your grievance. Be sure to explain the problem as clearly as possible. | | | | | | | |
| ***General Information:*** | | | | | | | |
| Name | | F-Name | | Gender: | ☐ Male | | ☐ Female |
| Phone #: | | Email: | | Province: | | City: | |
| District/Nahia: | | Gozar/CDC | | Grievance Against | | Filled By: | |
| Position of complainant: | ☐ CDC member ☐ community member ☐ CDC chairperson ☐FP☐Others …….. | | | | | | |
| ***Uptake Channel:*** | ☐ Physical Submission ☐ Web Portal ☐ Email ☐ Hotline ☐ Text Massage ☐ verbal | | | | | | |
| ***Grievances Description:*** | | | | | | | |
| | | | | | | | |
| ***Grievances Categories*** | | | | | | | |
| ***1. Corruption*** | | | | | | | |
| ☐ Misused of FUND ☐ Theft Request for Bribe☐ Others (Explain): | | | | | | | |
| ***2. REACH Package*** | | | | | | | |
| ☐ Late Distribution ☐Package Quality ☐REACH Coverage ☐NOT benefited from the Package | | | | | | | |
| ☐ Households Registration ☐ Package distribution delay☐Wakil-GozarAbuse☐Distributioncommitteebehavior☐Other(Explain): | | | | | | | |

| |
|---|
| |
| ***3. Misbehavior of Development Actors*** |
| ☐ Awareness ☐ Unpunctual ☐ Staff Behavior/Attitude ☐Other(Explain): |
| 4. ***Safeguard related Issues*** |
| ☐ PPE ☐ GBV ☐ Social Distance ☐ Other (Explain) |

Signature/fingerprintof complainant _____ Date: _____

**Handled by:** Name: _____ Position: _____ Signature: _____ Date: _____

برنامه ملی میثاق شهروندی

جمهوری اسلامی افغانستان

وزارت احیا و انکشاف دهات

# پروژهٔ دسترخوان ملی

**هرشهروند میتواند در مورد کار و فعالیت پروژهٔ دستر خوان ملی، آزادانه شکایت و یا اعتراض خود را به نزدیک ترین دفاتر برنامهٔ ملی میثاق شهروندی و یا کارمندان برنامهٔ مربوط ارایه نماید.**

ثبت شکایات از طریق تیلفون

ثبت شکایات ازطریق فورم شکایات

ثبت شکایات از طریق ایمیل

**طریقه های ارسال شکایات:**

- پیشکش حضوری: عریضه و خانه پرُی فورم شکایات
- از طریق تماس تلیفونی: ۳۳۳۰
- در صورت دسترسی به ایمیل، لطفا شکایات خویش را به ایمیل آدرس های ذیل:

REACH-MRRDgrievance@ccnpp.org
shekayat.ccap@ccnpp.org
complaints.KMDP@outlook.com

ارسال دارید.

**کرونا (کووید ۱۹) را جدی بگیرید**

### 10.3. Annex 4Occupational Health and Safety Measures

**Occupational Health and Safety**

is also addressed by the Labor Law of Afghanistan. Chapter 10 of the Law narrates the roles and responsibilities of employers and employees related to occupational health and safety. The Labor Management Law also provides guidelines on safety training, hygiene laws, protective equipment and medical treatment where appropriate, benefits for health insurance, and shortened standard work weeks for pregnant and nursing mothers and children.

**REACH is committed to:**

- Comply with legislation and other applicable requirements that relate to the REACH occupational health and safety risks.
- Continuously improve the OHS management system and enhance its performance.
- Encourage participation in OHS risk mitigation through the promotion of related staff knowledge sharing and skill development.

The project will provide personal protective clothing or and supplies to workers exposed to dirty, dusty, wet, disruptive or any environments that might subject employees to rough or hazardous conditions. Workers shall be trained to carry out their work in order to avoid exposure to danger or injury and to be informed of any known hazards or illnesses associated with their work. Below are some of the measures that the Implementer/Contractor will take to prevent any danger or to minimize the risk for the worker's safety and for the safety of their workplace.

- Provision of proper safety and emergency regulations for the prevention of fire, traffic, workplace and other accidents.
- Work and rest times will be allocated.
- Training of workers in their jobs and safe methods of work.
- Proper warning signs and hazardous site marking at all work sites.
- Provision of Personal Protective Equipment (PPE) including helmets, safety boots, goggles and dust masks etc.
- Provision of clean drinking water, appropriate and clean toilets
- Availability of fire extinguishers equipment at site and workers should be trained about the use of fire extinguishers.
- Consumption of any type of drugs during work hours and at worksite should be strictly prohibited.
- Supply of stretchers and first aid boxes, together with rescue facilities at site.
- Immediate Root Cause Analysis of any serious accident or fatality.
- Bring to the prompt attention of the top management any health and safety issue that requires their attention.
- Reporting to the World Bank within 24 hours of any fatality or serious accident.

**OHS Safety Training/Orientation**: A series of training and refresher trainings will be provided to all employees and other parties physically engaged in the project implementation. The training will

include awareness on potential hazards, lifesaving techniques, emergency preparedness and procedures for fire, and basic refuge measures during a terrorist attack and natural disasters.

**M&E and Reporting of Performance and Implementation of OHS.** OHS measures and appropriate implementation should be monitored by the ESS unit of PIU on a regular base. Site engineers and OHS / safety focal point will report to the PIU.

**OHS Concerns Mainstreamed in Contractual Documents of the relevant Projects.** The relevant clauses related to occupational health and safety concerns should be part of bidding and contract documents.

**Reporting Incidents:** In case of any mishap the OHS/LMP focal point should immediately report the incident to the PIU Director. The focal point should give OHS training to all newly recruited community workers and refresher orientation to all workers.

**Communication and Contact with the Communities during Covid-19**

Relations with the community should be carefully managed, with a focus on measures that are being implemented to safeguard both workers and the community. The community may be concerned about the presence of non-local workers, or the risks posed to the community by local workers presence on the project site. The project should set out risk-based procedures to be followed. The following good practice should be considered:

- Communications should be clear, regular, based on fact and designed to be easily understood by community members.
- Communications should utilize available means. In most cases, face-to-face meetings with the community or community representatives will not be possible. Other forms of communication should be used; posters, pamphlets, radio, text message, electronic meetings. The means used should take into account the ability of different members of the community to access them, to make sure that communication reaches these groups.
- The community should be made aware of procedures put in place at site to address issues related to COVID-19. This should include all measures being implemented to limit or prohibit contact between workers and the community. These need to be communicated clearly, as some measures will have financial implications for the community (e.g. if workers are paying for lodging or using local facilities). The community should be made aware of the procedure for entry/exit to the site, the training being given to workers and the procedure that will be followed by the project if a worker becomes sick.
- If project representatives, contractors or workers are interacting with the community, they should practice social distancing and follow other COVID-19 guidance issued by relevant authorities, both national and international (e.g. WHO).

### 10.4. Annex 5: REACH Environmental and Social Monitoring Checklist

1. Has the project been identified to have negative environmental impacts? Yes_____ No _____
2. If "Yes", does the PMU considered any mitigations (give details)? Yes_____ No ___
3. Does the community have a copy of the Environmental and Social Management Plan (ESMP)? Yes_____ No _____ NA (Not Applicable) _____
4. Is the project causing a negative environmental impact or nuisance? Yes_____ No_____
5. If "Yes", is the PMU/PIU carrying out environmental due diligence (mitigation) as required by the ESMP (e.g. relating to flora, fauna, dust, noise, waste)? Yes_____ No_____
6. Is environmental compliance being monitored and reported in the supervision consultant's reports? Yes_____ No _____
7. Is information relating to environmental compliance included (separate annex or paragraphs) in project Progress Reports? Yes_____ No _____

**General Comments: Pollution, Degradation, Contamination and Erosion**

8. Does the project require large amounts of PPE to be sourced (e.g. transported from a quarry)? Yes_____ No _____
9. Is the project causing degradation to any wetlands, streams or other natural areas? Yes_____ No _____
10. Is the project generating large amounts of residual/medical wastes (solid/liquid waste)? Yes_____ No _____
11. Is the project causing soil or water contamination (e.g. from oil, grease, fuel, equipment)? Yes_____ No_____
12. Is the project using any chemicals (soap, hand wash, hand sanitizer) thereby causing soil and water contamination? Yes_____ No_____
13. Do the project activities involve or generate any hazardous waste substances (e.g. disposal masks, gloves, etc.)? Yes_____ No _____
14. If "Yes", are these being handled and/or disposed of as identified in the generic ESMP or project specific ESMPs and in pre-identified and approved sites? Yes_____ No _____
15. Is the project causing any cumulative negative environmental impacts or unanticipated negative environmental impacts beyond the footprint of the project? Yes_____ No_____
16. Has the project come across any 'chance finds' during implementation (e.g. artefacts, gravesites, cultural heritage sites and/or artefacts)? Yes_____ No_____
17. If "Yes" what procedure has been followed by the project?
18. Are there any community concerns/complaints relating to negative environmental impacts? If "Yes", are they being addressed? Yes_____ No _____
19. Are on site workers equipped with Personal Protective Equipment (PPE)? Yes_____ No_____
20. Is the project is causing sanitation related environmental issues (also stagnant water)? Yes_____ No _____ If "Yes", are mitigation measures being applied? Yes_____ No _____

21. Is there documentation available regarding the PAP (project affected people)size, location, factors and reason, ? Yes: ____ No: ____
22. If yes, please specify where/how it happened and attach a copy to the report.
23. Were consultations held with the community during the planning and implementation phase of this project? Yes_____ No____
24. If yes, are documentation of consultation available?
25. Were community women involved in the project related consultations? Yes: _____ No: ____
26. If Yes – are documentation of consultations available? Yes_____ No: _____
27. Were females consulted regarding the planning and implementation of the project? Yes: _____ No: _____
28. What concerns regarding the project were raised by women (GBV/SEA)?
29. by women voiced: Yes_____ No_____?
30. Where is the documentation located? _____

**Grievance redress mechanism**

31. Is there a functional GRM available for local communities? Yes ____ No _____
32. Is GRM accessible for all people of the community? Yes ____ No _____
33. Does the local population submit their grievances through GRM? Yes ____ No _____
34. Is a grievance logbook and intake channel available at the project sites? Yes ____ No _____
35. Does local communities ontheproject site received GRM training? Yes ____ No _____

## 10.5. Annex 6: Gender-Based Violence Action Plan

**GBV Action Plan for REACH**

| | |
|---|---|
| **Project ID** | PAD3949 |
| **Project Name** | COVID-19 RELIEF EFFORT FOR AFGHAN COMMUNITIES AND HOUSEHOLDS (REACH) |
| **Risk Rating** | Moderate |
| **Date for Action Plan** | 20 January 2020 |
| **Developed by** | Implementing agencies (MRRD, IDLG, Kabul Municipality) |

**Part I: Description of project activities**

The **Covid-19 Relief Effort for Afghan Communities and Households Project (REACH)**is designed to respond to Covid-19 crises. Together with the CCAP, Covid-19 relief effort "REACH" contributes to the Government's nationwide "Dastarkhan Milli" program (named in the national languages of Dari and Pashtu, literally meaning "national dining cloth"). The Project Development Objective (PDO) of REACH is to provide emergency support to selected households through communities in project areas during the Covid-19 outbreak. It is expected to be rolled out between September 2020 and December 2021.

REACH objective is to provide emergency support to selected households through communities in project areas during the COVID-19 outbreak. REACH and CCAP jointly will provide this emergency support at the national level with almost universal coverage of households (90% of the population). The project will be implemented by three implementing agencies MRRD, IDLG, Kabul municipality supported by facilitating partners (FPs)

**Part 2: SEA/SH project risks**

The overall social risks of the project are significant as the project involves activities that have a high potential to both positively and negatively affect the local population and can bring reputational risk to both the Government and the WB. The emergency response nature of the project, if not properly managed, can lead to widespread social exclusion, GBV, corruption and nepotism resulting in decreased trust in local and national government and social conflicts among vulnerable, elite groups and local authorities. There are a number of different players in this project and different layers of authority with a potentially complex supply chain. The inclusion of many and different groups increases the risk of GBV, SEA/SH and abuses. Following the Safeguarding and Do No Harm principles,the project will ensure clear measures are in place to make sure that the most vulnerable and marginalized are protected from any potential misuse of power and funds. This is being done through the development of a strong communication strategy in place whereby clear messages are communicated on how to report GBV/SEAH, adequate training for field personnel, and adoption of a Code of Conduct for project personnel at all levels.

Due to the nature of the project involving cash/kind distribution to communities including women, there is moderate GBV/SEAH risk in the project. Those delivering the packages in different parts of the country could cause intimidation and violence. Female headed or majority female households who qualify for assistance could also be potential victims ofsexual exploitation, abuse, and sexual

harassment (SEAH). Also, a large number of female staff would be involved in the implementation of the project and would be deployed at the field level and work closely with male colleagues, communities, and other stakeholders and may face the risk of harassment.Furthermore, according to the United Nations Population Fund (UNFPA) since the beginning of the 'lockdown' there has been an increase in GBV incidents in Afghanistan. To mitigate these risks,this GBV/SEA action plan is developed to prioritize and sequence implementation of risk mitigating measures.

**Part 3: Local institutional environment for the safety of women and girls**

In terms of social context, Afghanistan is quite diverse; each province and even within each province districts are quite diverse. Some provinces and districts are very conservative, and some are less with relatively less restricted social norms. In the former, GBV cases mostly remain unreported, while in the latter they are reported but not to the fullest extent[3]. Factors affecting the of choice of whether and where to report depends (in large part) on the availability and accessibility of services. In places where there is no credible NGO providing services or no awareness of the existing service providers, women (particularly for domestic violence cases) often choose to report to the provincial departments of Women's Affairs, Attorney General Office (AGO), Family Courts (under the Supreme Court), or the regional offices of Afghanistan Independent Human Rights Commission (AIHRC). In more severe cases, they may also report to the Family Response Units (FRUs) inside the police departments where they are then referred to shelters, if needed.

In terms of availability of services at the national level, all provinces except Nuristan have at least one service provider. Within provinces, service provision is unequal and generally concentrated in one or two key districts. Several large international and local organizations provide GBV services across multiple provinces and districts. Most provinces have a variety of GBV services available, but these services are not always integrated. The most common services include legal, health, and psychosocial support. The most comprehensive services package is offered by Family Protection Centres (FPCs) in 22 provincial centres, implemented by UNFPA under supervision of Ministry of Public Health. A comprehensive mapping of service providers is available and will be shared with the relevant staff (GRM and helpline operators) of the project.

**Part 4: REACH's capacity to prevent and respond to GBV risks**

All the gender related tasks will be led by the CCAP Gender Division (MRRD) and gender units of the other two implementing agencies (IDLG and KM)and the leadership of the project have some basic knowledge about anti-harassment policy of the government, however they need further training on

[3]The Elimination of Violence Against Women (EVAW) Law in Afghanistan was drafted in 2008 and enacted by presidential decree in 2009. It criminalizes acts of violence against women including rape, domestic violence, child marriage, forced marriage, *baad*, and other forms of VAW, totalling 22 specific forms, and specifies punishments for those who commit such acts.

SEAH risk mitigation at the project level. There is comprehensive GRM system in place in the implementing agencies, but they need further support and capacity building in receiving and handling SEAH related complaints.

**Part 4: GBV Action Plan**

| GBV Action Plan for REACH | | | | | | |
|---|---|---|---|---|---|---|
| **Objectives** | **Activities** | **Due Date** | **Status** | **Responsible** | **To Who** | **Remarks** |
| Project Principles and Procedures | Develop Code of Conduct with a focus on SEA/SH | Aug, 2020 | Done | IAs' gender units supported by WB technical team | All REACH Staff | |
| | Develop GBV-specific Complaints form | Sep, 2020 | Done | WB, Gender and Grievances Handling Divisions | REACH Staff and Beneficiaries | |
| | Develop GBV response and accountability mechanism as part of GRM manual | Oct, 2020 | Done | Grievance Handling and Gender Divisions of IAs with technical assistance of WB | REACH Staff and Beneficiaries | |
| | Ensure that all staff receiveCoC, understand it and sign it. | Feb, 2021 | in progress | WB Colleagues and Gender Divisions | Management of CCNPP | |
| Institutional Arrangements and Staffing for GBV | Assign Gender Specialists to coordinate GBV issues within the Program | | Done | IAs | for REACH | |
| | Establish GBV resolution committees | Dec, 2020 | Done | IAs | for REACH | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Recruit female call operators for GBV case documentation and recording | Feb 10, 2021 | Done in MRRD, and in progress for IDLG | IAs | for REACH | |
| | Develop referral protocols and information sharing agreements with select service providers | Feb 15, 2021 | In progress | WB and gender divisions | For REACH | |
| Training and Capacity Building | Develop Gender Training Module | Sep, 2020 | Done | WB and Gender Divisions | REACH/FP Staff | |
| | CreateGBV Training materials for REACH Management, phone operators, and GBV Resolution Committee | Jan30, 2021 | Ongoing | WB GBV Specialist and Gender Divisions | Mentioned REACH Staff | |
| | Orientation for Management on GBV Guidelines (i.e. international standards and best practices) | Jan 30, 2021 | Not started | WB GBV Specialist and Gender Divisions | Management of CCNPP | |
| | Train phone operators and GRM staff on handling GBV/SEAH complaints, including complaints form | As soon as they are recruited (10 Feb?) | Not started | WB GBV Specialist and Gender Divisions | Phone operators and GRM staff | |
| | Train GBV resolution committee on managing/investigating GBV/SEAH cases | Feb 15 | Not started | WB GBV Specialist and Gender Divisions | GBV resolution committees in IAs | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Train on Code of Conduct and GBV guidelines for PMU Managers | Feb, 2021 | Not started | CDD and Gender Divisions | PMU Managers | |
| | Train on Code of Conduct and GBV guidelinesfor FPs | As soon as the roll out of the program starts | Not started | CDD and Gender Divisions | FPs | |
| Awareness raising and Community Sensitization | Community activities and materials ensure women are aware of their rights, free services that are available, and how to access the GRM. | continuously | Not started | FPs, CDD and Gender Divisions | CDCs/Communities | |
| | Working closely with the communication team, FPs and field staff to engage women and provide feedback to the project to improve mitigation measures and response. | continuously | Not started | FPs, CDD and Gender Divisions | CDCs/Communities | |

| **Training Plan of GBV for REACH** | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Objective: Training and Capacity Building on GBV for REACH** | | | | | | | |
| **No** | **Topics Covered** | **Methodology** | **To Who** | **Training Hours** | **Due Date** | **Responsible** | **Remarks** |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | What is GBV, GBV Guidelines (i.e. international standards and best practices) | Orientation | Management of CCNPP | 2Hours | 30 Jan 21 | WB GBV Specialist and Gender Divisions | |
| 2 | Handling GBV/SEAH complaints, including explaining the complaints form | Training | Phone operators and GRM staff | 3 Hours | 30 Feb 21 | WB GBV Specialist and Gender Divisions | |
| 3 | Management and investigation of GBV/SEAH cases | Training | Train GBV resolution committees | 8 Hours | 30 Feb 21 | WB GBV Specialist and Gender Divisions | |
| 4 | Code of Conduct and GBV guidelines | Training | PMU Managers | 2 Hours | 15 Feb 21 | CDD and Gender Divisions | |
| 5 | Code of Conduct and GBV guidelines for FPs | Training | Facilitating Partners | 3 Hours | As soon as the FPs are onboard | CDD and Gender Divisions | |
| | | | | | | | |

## 10.6. Annex7: Personnel Hygiene Poster