



RESTRUCTURING PAPER  
ON A  
PROPOSED PROJECT RESTRUCTURING  
OF  
AFGHANISTAN HEALTH EMERGENCY RESPONSE (HER) PROJECT  
APPROVED ON MAY 24, 2022  
TO  
UNITED NATIONS CHILDREN'S FUND (UNICEF)

HEALTH, NUTRITION & POPULATION

SOUTH ASIA

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**ABBREVIATIONS AND ACRONYMS**

ARTF	Afghanistan Reconstruction Trust Fund
BPHS	Basic Package of Health Services
CDC	Community Development Council
CHW	Community Health Worker
CRI	Corporate Result Indicator
CRL	Community Resilience and Livelihood
E&S	Environmental and Social
ECA	Entry Criteria for Access
EPHS	Essential Package of Hospital Services
ESCP	Environmental and Social Commitment Plan
ESMF	Environmental and Social Management Framework
FMFA	Financial Management Framework Agreement
GBV	Gender-based Violence
GFF	Global Financing Facility for Women, Children and Adolescents
HER	Health Emergency Response
HNP	Health, Nutrition, and Population
IASC	Inter-Agency Steering Committee
IFR	Interim Financial Report
ITA	Interim Taliban Administration
IUFR	Interim Unaudited Financial Report
MoPH	Ministry of Public Health
NGO	Non-governmental Organization
PDO	Project Development Objective
QQC	Quantified Quality Checklist



SBC	Social and Behavioral Change
SP	Service Provider
TPM	Third-Party Monitoring
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WBG	World Bank Group



**BASIC DATA**

**Product Information**

Project ID P178775	Financing Instrument Investment Project Financing
Environmental and Social Risk Classification (ESRC) Substantial	
Approval Date 24-May-2022	Current Closing Date 30-Jun-2024

**Organizations**

Borrower United Nations Children’s Fund (UNICEF)	Responsible Agency
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**Project Development Objective (PDO)**

Original PDO

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

**Summary Status of Financing (US\$, Millions)**

Ln/Cr/Tf	Approval	Signing	Effectiveness	Closing	Net Commitment	Disbursed	Undisbursed
TF-B8512	24-May-2022	26-May-2022	26-May-2022	30-Jun-2024	150.00	150.00	0
TF-B8514	24-May-2022	26-May-2022	26-May-2022	30-Jun-2024	19.00	19.00	0

**Policy Waiver(s)**

Does this restructuring trigger the need for any policy waiver(s)?

No



## I. PROJECT STATUS AND RATIONALE FOR RESTRUCTURING

### A. PROJECT STATUS

1. The US\$333 million Afghanistan Health Emergency Response (HER) Project was approved on May 24, 2022 and became effective on May 26, 2022. The Project is financed by the Afghanistan Reconstruction Trust Fund (ARTF) in the amount of US\$314 million and by the Global Financing Facility (GFF) in the amount of US\$19 million. UNICEF implements the project by contracting out to Service Providers (SPs) to deliver the Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS). UNICEF signed new contracts with SPs to implement BPHS and EPHS under the HER project in February 2023. The procurement of these contracts was delayed due to objections by the ITA Ministry of Public Health (MoPH), which attempted to exert influence over the SP selection process, escalation in demands, and have more control on the HER project. In addition, some activities are delivered by WHO under the UN-to-UN Transfer Agreement signed in November 2022 between UNICEF and WHO. The contract finances WHO-related activities under component 1.3 to enhance the health system capacity to prevent and respond to infectious disease outbreaks and support efforts to eradicate polio and technical engagement under components 1.1, 2.1, and 2.2.
2. ARTF funding is released in two tranches. The first tranche, in the amount of US\$150 million, was released following the signing of the Grant Agreement. The second tranche in the amount of US\$164 is to be released subject to funding availability and based on whether the following 4 criteria for the release of the 2<sup>nd</sup> ARTF tranche are met: (i) quarterly performance reviews of at least 70 percent of BPHS/EPHS SPs carried out; (ii) 80 percent of SPs having received timely and complete payments (both lump-sum and P4P amounts) as per payment schedule in their contract; (iii) timely submission of all project progress report including all agreed content; and (iv) whether the described ECAs continue to be in place. The GFF funding in the amount of US\$19 million was released in one tranche upon signing of the GFF Grant Agreement.
3. Progress towards achievement of the Project Development Objective (PDO) is rated Moderately Satisfactory. Three out of six PDO indicators are on track, and the likelihood of reaching the target for all six indicators is high. Additionally, out of fifteen intermediate results indicators, nine are met.
4. Overall Implementation progress is rated Moderately Satisfactory. Findings of the January 2023 mid-term review and most recent information with respect to the components' status and performance are summarized as follows:
  - a) **Component 1: Urgent provision of essential primary and secondary health services. Rating: MS**
    - i. **Sub-component 1.1: Enhancing utilization and quality of the BPHS and EPHS through performance-based service contracts with Service Providers.** The contracts for delivering health services in all 34 provinces of Afghanistan were signed with SPs in February 2023. The procurement of SPs for performance-based contracts was delayed due to objections by the ITA Minister of Public Health (MoPH), who attempted to exert influence over the SP selection process. As a result, input-based contracts for SPs have been extended – through five short-term extensions - from June 2022 up through the end of January 2023.
    - ii. **Sub-component 1.2: Enhancing community and facility-level nutrition services.** As part of the outreach component of sub-component 1.2, the Nutrition Counsellors (NCs) have been included in the SP contracts. An additional 17 nutrition extenders have also been hired. Project financing for NCs will strengthen linkages between communities and nutrition services via community outreach of the NCs for growth monitoring and promotion, maternal, infant, and young child nutrition counseling, and distribution of micronutrient supplements. A coordination mechanism has been set with the Community Resilience and Livelihood (CRL) project to identify project areas, mapping of the Community Development Councils (CDCs) and NCs, and to align the implementation activities and modalities for building capacity of women CDC members on nutrition practices and availing health services. Development of an operational guideline on NC training of CDCs is ongoing with the CRL project team.



- iii. **Sub-component 1.3: Enhancing the health system capacity to prevent and respond to infectious disease outbreaks and to eradicate polio.** The WHO is implementing activities under this sub-component via a standard UN-to-UN Transfer Agreement concluded with UNICEF. Reporting continues in terms of cases and deaths from measles, acute watery diarrhea/cholera, dengue, pertussis, COVID-19, and polio. Case fatality for all outbreaks detected in 2022 is below emergency thresholds, showing the surveillance and response systems are working. The integrated surveillance system is active in detecting 17 conditions through 613 sentinel sites throughout the country, many of which are in HER-supported health facilities. The surveillance system is digitized from the province level. A pilot project has been initiated in six districts to introduce tablets for electronic data entry at the health facility level; this is expected to scale up further in 2023.
- b) Component 2: Strengthening service delivery and project coordination. Rating: MS**
- i. **Sub-component 2.1: Promoting quality of care and strengthening healthcare worker capacity.** The performance-based contracts for SPs include financial incentives for improving the quality of care. Quality incentives will be linked to a Quantified Quality Checklist (QQC), which will be administered quarterly by the third-party monitor. Up to 15 percent of the contract value for SPs will be linked to the QQC score as a “top-up” beyond the contract value. It was agreed that the QQC would be launched under the new HER contracts starting July 2023 and include two payment cycles.
  - ii. **Sub-component 2.2: Enhancing quality health product and equipment supply chains.** A hybrid model of procurement of medicine and medical consumables was agreed including a pooled procurement by UNICEF through its supply division in Copenhagen and local procurement of some supplies by SPs. To prevent stockouts for the project's initial phase, the SPs continued procurement as needed using existing processes in place. Procurement by UNICEF using project funds for the initial 3 months of medicines and other health commodities has been completed by December 2022, with about 90 percent of supplies received in the country by January 2023. Procurement of 6 months of pharmaceuticals and other health commodities with HER funds has been initiated, and these commodities will be delivered on a rolling basis. Procurement of family planning commodities, including new contraceptive products, has been initiated with UNFPA and is ongoing.
  - iii. **Sub-component 2.3: Strengthening monitoring and ensuring accountability.** Third-party monitoring from July to December 2022 has continued under the transfer-out period contract with a firm. A new contract for the period of January to December 2023 has been competitively bid and awarded in December 2022.
  - iv. **Sub-component 2.4: Project implementation and coordination.** UNICEF’s Project Management Team is in place with representation from its Health, Nutrition, Social and Behavioral Change (SBC), Gender, Social Protection, Project Management Unit (PMU,) and all operational teams.
5. **Fiduciary:** As for the parent project, the Financial Management Framework Agreement (FMFA) and the Fiduciary Principles Accord (FPA) will continue to guide the financial management arrangements of the project post restructuring. UNICEF and World Bank are signatories to the FMFA and the Fiduciary Principles Accord (FPA). UNICEF will use its Financial Regulations and Rules for project accounting and reporting. UNICEF will submit quarterly Interim Financial Reports (IFRs) and quarterly progress reports, in the format which have been agreed upon during project’s negotiations, to the Bank within 45 days of the quarter’s close. Following the FMFA, UNICEF will submit annual financial statement of account (in US dollars), certified by UNICEF’s Chief Financial Officer, showing income and expenditure of the grant. Each year, UNICEF will submit the grant’s annual financial statement of account within six months of the close of its financial year (i.e., by June 30). Separate yearly audited financial statements of the grant are not required. Disbursement to UNICEF will be as outlined in the Disbursement and Financial Information Letter (DFIL).
6. **The financial management performance is rated Satisfactory.** The grant utilization rate is in line with the forecasted disbursements, updated project accounts are maintained per UNICEF policies & financial management requirements,



monitoring and financial reports are furnished to the Bank, and UNICEF's TPM and ARTF MA monitor physical and financial progress.

7. **Procurement performance remains Moderately Satisfactory.** The contracts with SPs for the implementation of BPHS and EPHS for 34 provinces were expected to be signed in October 2022; however, these were only signed in February 2023 given the ITA Ministry of Public Health interference in the process. During the intervening period, the current SP contracts were extended accordingly to ensure the continued and uninterrupted provision of healthcare services. Procurement of pharmaceuticals and medical consumables for BPHS and EPHS has been initiated and is ongoing. In addition, procurement of the UNICEF TPM and the management accompaniment firms have been concluded. UNICEF has also been able to procure essential medicine on a rolling basis to ensure availability of medicine.
8. **Safeguard status:** The safeguard risk rating remains Substantial, and the risk management measures identified at preparation remain relevant. The Environmental and Social Management Framework (ESMF) and associated plans and other measures stipulated in the Environmental and Social Commitment Plan (ESCP) remain in place and relevant. The implementation of the environmental and social requirements is on track despite delays brought on by the recent restrictions by the Interim Taliban Administration (ITA).

#### RATIONALE FOR RESTRUCTURING

9. A key consideration of the World Bank Group (WBG) "Strategy for Fragility, Conflict, and Violence 2020–2025" is that even in the toughest environments, the WBG can meaningfully engage to preserve the human capital that will be critical for a country's future recovery. Since August 2021, the World Bank (WB) and Afghanistan Reconstruction Trust Fund (ARTF) have supported the people of Afghanistan through off-budget financing outside the control of the interim Taliban administration (ITA). Between April - September 2022, five ARTF-financed projects under "Approach 2.0" were approved for activities in health, food security, livelihoods, education, and NGO capacity. These projects were designed with entry criteria for equity and access (ECAs) to allocate financing when equity of access in project design could be assured. Since the approval of these five ARTF-financed projects, increasing restrictions on women and girls have been announced by the ITA. The WB and ARTF remain deeply concerned about the ITA's bans on women working in NGOs and attending secondary and higher education that were announced in December 2022. These bans are detrimental to all Afghans and contrary to core international values of equity and access. Given that there is currently no expectation that the restrictions will be revoked in the short term, these projects are being restructured to respond to the changing context in Afghanistan.
10. The restructuring of the projects will enable the WB/ARTF to follow the principles agreed by the international community for ensuring that women are participating in and benefitting from the support to basic services. The restructuring will also enable the projects' results frameworks to adhere to a robust, harmonized monitoring framework as agreed by the international community. Several of the original project designs already included two tranches along with ECAs to allow flexibility in the case of a deteriorating political environment. This restructuring process will now incorporate an additional monitoring mechanism based on the UN Harmonized Monitoring and Reporting Indicators for Afghanistan Response (HMRIAR) to increase the WB's ability to monitor and respond rapidly and effectively to potential future restrictions by the ITA. A new reporting requirement on indicators that include a minimum basic health and nutrition services provided to female beneficiaries and a minimum percentage of female staff, among others, will be introduced to align with the principles of the international community and ensure that women are meaningfully involved in the delivery of assistance and that women are receiving the assistance.



## II. DESCRIPTION OF PROPOSED CHANGES

11. This proposed restructuring for the HER Project will adjust the Results Framework to (a) add two new indicators aligned to the HMRIAR, (b) revise the end targets of the PDO indicators, (c) add baseline data for intermediate results indicator, and (d) introduce baseline and revise end targets for some intermediate results. In addition, as the 4 criteria described in the PAD and referenced above for the release of the 2<sup>nd</sup> ARTF tranche have been met, the Grant Agreement will be amended to consider the additional US\$164 million as well as the UN HMRIAR indicators. The social assessment is updated to reflect the status of the ECAs at restructuring time. The Project development objective remains unchanged.

### A. RESULTS FRAMEWORK

12. The Results Framework (RF) will be adjusted to: (a) add two new indicators to follow the Inter-Agency Steering Committee (IASC) agreed principles of “for women, by women” and therefore enable the project’ RF to adhere to a robust HMRIAR and to ensure women participation in and benefit from the services provided through HER-financed health facilities; (b) adjust the end targets for PDO indicators to reflect new country environment; (c) add baseline data for intermediate results indicator where solid sources are now available based on MoPH report as part of Sehatmandi Implementation Completion Report, the TPM reports for periods between Nov 2021 to June 2022, and (d) adjust some intermediate indicators end targets based on country context.

13. UNICEF will report on these indicators as part of the quarterly progress reports, and the IUFR submitted for regular and off-cycle advance requests, both of which are due to be submitted 45 days after the end of every quarter for the bank’s review per the Legal Agreement and the Disbursement and Financial Information Letter. The Project’s Operational Manual will be updated to specify the mechanics of how the release of advance requests is linked with reporting on the UNHMRIAR indicators to the Bank, including having discussion with the Bank and UNICEF on account of any deviation or missing on achieving targets for the indicators.

14. The two new PDO indicators are:

- Number of basic health and nutrition services provided to girls and women through the HER project
- Number of women health facility workers employed at the HER project-financed health facilities

15. In addition, the end targets for all six PDO indicators will be revised to adjust to the implementation progress to date as well as the current circumstance in the country, especially the ban imposed by the ITA.

16. The following two indicators, while included in the Project Appraisal Document (PAD), were not included in the minutes of negotiations nor the RVP-approved package. Furthermore, they have not been tracked in the Implementation Support Reports as they were not included in the Portal. Given that the RF already includes Penta vaccine coverage for children, including females, it has been decided to both indicators from the PAD.

- Number of children who have received the first dose of the Pentavalent vaccine through project-financed facilities.
- Female- Number of female children who have received the first dose of the Pentavalent vaccine through project-financed facilities.

### B. OTHER CHANGES

17. **Disbursement.** Against the first tranche of the US\$169 million, the project has disbursed about US\$164 million as of March 31, 2023. As per the UNICEF’s letter dated April 4, 2023, the 4 criteria (described in paragraph 2) have been met. The second tranche in the amount of US\$164 million will be released upon approval of the restructuring. The second





tranche will be used to finance to continue financing the delivery of quality health and nutrition services to the population in Afghanistan.

18. The Project Implementation Manual will be revised to reflect the updated RF as follows:

Table 1: Revised Results Framework

**Project Development Objective Indicators by Objectives/ Outcomes**

Indicator Name	Change	Baseline	Original End Target	Revised End Target	Justification
<b>To increase the utilization of essential health services</b>					
Children who have received the third dose of the Pentavalent vaccine through project-financed facilities (Number)	End Target revised	0	1,973,536	1,776,183	Adjusted in line with the current circumstance in the country.
FEMALE - Children who have received the third dose of the Pentavalent vaccine through project-financed facilities (Number)	End Target revised	0	986,768	888,092	Adjusted in line with the current circumstance in the country.
Births occurring at project-financed facilities (Number)	End Target revised	0	1,277,629	1,085,985	Adjusted in line with the current circumstance in the country.
Visits for growth monitoring and counselling on age-appropriate infant and young child feeding among children aged 0-23 months received at project-financed facilities (Number)	End Target revised	0	11,245,006	10,120,506	Adjusted in line with the current circumstance in the country.
FEMALE - The visits for growth monitoring and counselling on age-appropriate infant and young child feeding among children aged 0-23 months received at project-financed facilities (Number)	End Target revised	0	5,622,503	5,060,253	Girls: N/A (Data will be available in Q2 of 2023) – but achievement is likely similar to previous indicator on growth monitoring.
<b>To increase the quality of essential health services</b>					
Average Quality Metric score for BPHS and EPHS facilities (Text) (Text)	End target date revised	Tools under development	Baseline + 15 points	Baseline + 15 points	Quality of Care Metric is yet to be launched. The plan is to launch the QQM in Q3 of 2023.



Intermediate Results Indicators by Components

Indicator Name	Change	Baseline	Original End Target	Revised End Target	Justification
<b>Component 1: Urgent provision of essential primary and secondary health services</b>					
Service Providers who receive timely and complete payments from UNICEF as per contractual obligations (Text) (Text)	End target date revised	A single tranche valued at US\$31 million covering the ARTF/HER Project was transferred in July 2022 with confirmation received from SPs.	80%	80%	No revision.
BPHS and EPHS health facility staff who receive at least 90% of their salary on time in the past month	End target date revised		80%	80%	No revision.
BPHS and EPHS health facilities meeting minimum female staffing requirements (Text) (Text)	End target date revised e	As reported by SPs, out of the 2,311 Health facilities, females account for 35% (9,561) with 77% (7,344) of the females in BPHS facilities and 23% (2,217) in EPHS facilities. Overall, 98% of the Health Facilities have at least one female health worker (midwife, Nutrition counselor, vaccinators).	95%	95%	No revision.
Vaccinators and CHWs who are female (Text) (Text)	End Target revised	CHW – Total 29,472 (Male 15,171: Female 14,301).	45%	40%	Adjusted in line with the current circumstance in the country.
Female nutrition counsellors employed by Service Providers (Text)	End target date revised	To be provided in future reports	2,000	2,000	No revision.
People who have received essential health, nutrition, and population (HNP) services (CRI, Number)	End Target revised	0	7,284,303	7,500,277	0.2% increase due to adjustments in sub-indicators as below
People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement) (CRI, Number)	No revision	0	5,646,697	5,646,697	No revision.
Number of children immunized (CRI, Number)	End Target revised	0	1,973,536	1,776,183	Adjusted in line with the current circumstance in the country.



Number of women and children who have received basic nutrition services (CRI, Number)	End Target revised	0	4,033,138	4,436,452	The target increased 15% based on the current performance.
Number of deliveries attended by skilled health personnel (CRI, Number)	End Target revised	0	1,277,629	1,085,985	Adjusted in line with the current circumstance in the country.
Family planning couple-years of protection provided at project-financed facilities	End Target revised	0	739,737	665,737	Adjusted in line with the current circumstance in the country.
<b>Component 2: Strengthening service delivery and project coordination</b>					
Health workers who receive training or mentorship (Number) (Number)	End target date revised	0	8,000	8,000	No Revision.
EPHS facilities where at least one female staff member has been trained on counselling for gender-based violence, implementation of GBV referral protocols and case management. (Text)	End target date revised	TPM Round 1 and 2 data collection is underway, data will be updated in the next reporting period. Trainings on GBV counselling and overall case management with HER funding not yet begun.	80%	80%	No Revision.
Average score on the Quantified Quality Checklist sub-section for pharmaceutical products (Text) (Text)	End Target revised	TPM Round 1 and 2 data collection is underway, data will be updated in the next reporting period.	Baseline + 15 points	Baseline + 10 points	Target is reduced to baseline + 10 as there has been significant delay in applying Quality Metric at health facilities.
Beneficiaries who are satisfied with services received by the project (Text)	End target date revised	Beneficiaries who are satisfied with services received by the project (Text)	75%	75%	No revision.
<b>Corporate Indicator 1:</b> Number of basic health and nutrition services provided to girls and women through the HER project	New Indicator	5, 240,973.00  Sum of ANC, PNC, CYP, and Penta3 services for female		5, 240,973	This is the number of basic health and nutrition services delivered to girls and women in the first 9 months of the project. The target is to maintain the service delivery volume.
<b>Corporate Indicator 2:</b> Number of females health workers employed at the HER project-financed health facilities	New Indicator	9,634.00		9,634	This is the number of females employed at the project-financed health facilities in December 2023 , prior to the ban. On female staff of NGOs. The intent is to maintain the female workforce.

**C. SOCIAL ANALYSIS:**

19. Entry Criteria and Access (ECA) status: The two ECAs monitored throughout project implementation are: (a) there is no announced restriction on the provision to women and girls of the health and nutrition services included in the BPHS



and EPHS; and (b) there is no announced restriction on female healthcare and nutrition workers being allowed to work in health facilities and in communities. The ECA will remain unchanged.

20. The two ECAs have been met. The ITA has not made an official announcement indicating attempts to restrict women’s access to health services and/or restrict female health workers’ work at health facilities.

21. As ECAs, as well as the following criteria, have been met: (i) quarterly performance reviews of at least 70 percent of BPHS/EPHS SPs carried out; (ii) 80 percent of SPs having received timely and complete payments (both lump-sum and P4P amounts) as per payment schedule in their contract; (iii) timely submission of all project progress report including all agreed content - the release of the second tranche in the amount of US\$164 will be added to the project so as to ensure the financing of the basic and essential health services in all 34 provinces of the country.

STATUS OF ECAs

	ECA 1: Equitable Access	ECA 2: Gender Responsive Health Workforce
<b>Definition</b>	There is no announced restriction on the provision to women and girls of the health and nutrition services included in the BPHS and EPHS.	There is no announced restriction on female healthcare and nutrition workers being allowed to work in health facilities and in communities.
<b>Application</b>	Healthcare facilities that are offering the BPHS or EPHS and the communities they serve including through outreach: <ul style="list-style-type: none"> <li>o BPHS and EPHS services are being offered to women and girls as needed (district eligible)</li> <li>o Women and girls’ access to health services is being restricted - consultation process at the project’s Coordination Committee (CC) level</li> </ul>	
	Monthly: UNICEF monitors formal announcements of service availability and the ability of women and girls to gain access to services at central, provincial and district levels.	Monthly: UNICEF monitors formal announcements on restrictions to women’s ability to work in the health sector.
	Quarterly: UNICEF conducts quarterly surveys with contracted Service Providers, health facility staff, & health shuras to monitor status of service availability for women and girls to report on any explicit and implicit barriers created at the local level to prevent women and girls to access health and nutrition services.	Quarterly: In parallel, UNICEF conducts quarterly surveys in a randomized sample of health facilities to report on the availability of female health and nutrition workers and their ability to provide services in health facilities and in communities.
	Disaggregated data on the performance of gender-responsive health services will be presented to the project’s CC on a quarterly basis.	Information on any changes to the gender composition of the healthcare workforce will be presented to the HER CC on a quarterly basis.



	ECA 1: Equitable Access	ECA 2: Gender Responsive Health Workforce
<b>Verification</b>	UNICEF team, UNICEF Monitoring Agent (MA) (Third Party Monitoring – TPM) complemented by ARTF MA	
<b>Noncompliance</b>	Noncompliance of the ECA as well as data on service utilization will trigger a consultation process at HER CC level.	
<b>Update as of 31 March 2023</b>	<p>ECA 1 continues to be monitored.</p> <p>There is no official announcement made by the DFAs that indicate attempts to restrict women’s access to health services. However, there are decrees on dress code for women when in public and on limiting women’s movements outside home to only those considered necessary, and a decree on accompaniment by mahram for women outside homes. The decrees are rather vague and are not being stringently administered or monitored across all provinces/ districts.</p> <p>To date, reports and data show that women and girls are allowed to visit public health facilities to receive health services. However, the issue of having an escort or <i>Mahram</i> poses a practical constraint on access to care for patients, as it requires additional logistical and financial barriers for female patients to travel to access health facilities; and has more serious consequences for female-headed households. Furthermore, in some areas the local authorities are requiring that female patients are only treated by a female health care provider. This results in access to care limitations when the only staff qualified to perform some specialized services (such as surgery) are male.</p> <p>UNICEF and partners continue to monitor the situation and some anecdotal reports have been received on sporadic cases across some provinces.</p> <p>While access has improved across the provinces with both males and females utilizing the services, the issue of restriction of female patients and health workers remains a concern in some parts of the country with anecdotal evidence that women have access to services</p>	<p>ECA 2 continues to be monitored.</p> <p>There is an no official announcement made by the DFAs concerning female health workers’ ability to provide service. However, there are some decrees that may impact female workers’ ability to continue to work. These include decrees on segregation of genders in workplace and public spaces, dress codes for men and women in public spaces and workplaces, and the need for mahram accompaniments outside the homes. These are not being implemented or monitored in most provinces; however, the situation has the potential to change rather quickly, in some provinces or more widely across the country, and hence needs to be monitored closely.</p> <p>On 24 December 2023 the Taliban supreme leader released an edict that women are not permitted to work for national or international NGOs. However, the ITA Minister of Public Health has indicated that this does not apply to the health sector. Female health workers have continued going to work nationwide.</p> <p>There are anecdotal reports of female health workers not able to come to work unless they come with a <i>mahram</i> – male guardian or to stay for night duties unless accompanied by Mahrams. For some activities in some districts, temporary restrictions on movement have also been reported. (e.g., some polio female workers in the Southern region).</p> <p>There are 25,973 health workers (all Health Facility staff) in 2,310 Health facilities. Out of the total number of staff, females account for 37 percent (9,476) in BPHS/EPHS facilities. Overall, 98.5 percent of the health facilities have at least one</p>



	ECA 1: Equitable Access	ECA 2: Gender Responsive Health Workforce
	<p>but need to be accompanied by <i>a mahram</i> - male guardian. This will continue to be monitored closely.</p>	<p>female health worker (midwife, Nurse, nutrition counselor, or female MD).</p> <p>The gender composition of the health facility staff will be closely monitored. Current SPs have reported that in some locations the recruitment of female health workers is difficult especially for midwives, medical doctors, and nutrition counselors.</p>



**III. SUMMARY OF CHANGES**

	Changed	Not Changed
Results Framework	✓	
Other Change(s)	✓	
Social Analysis	✓	
Implementing Agency		✓
DDO Status		✓
Project's Development Objectives		✓
PBCs		✓
Components and Cost		✓
Loan Closing Date(s)		✓
Cancellations Proposed		✓
Reallocation between Disbursement Categories		✓
Disbursements Arrangements		✓
Disbursement Estimates		✓
Overall Risk Rating		✓
Legal Covenants		✓
Institutional Arrangements		✓
Financial Management		✓
Procurement		✓
Implementation Schedule		✓
Economic and Financial Analysis		✓
Technical Analysis		✓
Environmental Analysis		✓

**IV. DETAILED CHANGE(S)**



Results framework

COUNTRY: Afghanistan

AFGHANISTAN HEALTH EMERGENCY RESPONSE (HER) PROJECT

Project Development Objectives(s)

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

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	PBC	Baseline	End Target
<b>To increase the utilization of essential health services</b>			
Children who have received the third dose of the Pentavalent vaccine through project-financed facilities (Number)		0.00	1,776,183.00
<i>Action: This indicator has been Revised</i>	<i>Rationale: Adjusted the end target as it was too ambitious given the country context.</i>		
FEMALE - Children who have received the third dose of the Pentavalent vaccine through project-financed facilities (Number)		0.00	888,092.00
<i>Action: This indicator has been Revised</i>	<i>Rationale: Adjusted the end target as it was too ambitious given the country context.</i>		
Births occurring at project-financed facilities (Number)		0.00	1,085,985.00
<i>Action: This indicator has been Revised</i>	<i>Rationale: Adjusted the end target as it was too ambitious given the country context.</i>		





Indicator Name	PBC	Baseline	End Target
Visits for growth monitoring and counselling on age-appropriate infant and young child feeding among children aged 0-23 months received at project-financed facilities (Number)		0.00	10,120,506.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <b>Adjusted the end target as it was too ambitious given the country context.</b>		
FEMALE - The visits for growth monitoring and counselling on age-appropriate infant and young child feeding among children aged 0-23 months received at project-financed facilities (Number)		0.00	5,060,253.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <b>(Data will be available in Q2 of 2023) – but achievement is likely similar to previous indicator on growth monitoring and hence the end target is adjusted.</b>		
<b>To increase the quality of essential health services</b>			
Average Quality Checklist score for BPHS and EPHS facilities (Text) (Text)		Tools for Quality of Care Checklist were under development	Baseline + 15 points
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <b>The quality of Care Metric is yet to be launched. The plan is to launch the QQM in Q3 of 2023.</b>		



Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	End Target
<b>Component 1: Urgent provision of essential primary and secondary health services</b>			
Service Providers who receive timely and complete payments from UNICEF as per contractual obligations (Text) (Text)		47%	80%
<i>Action: This indicator has been Revised</i>	<i>Rationale: Baseline data is added from verified MoPH report from the Sehatmandi period.</i>		
BPHS and EPHS health facility staff who receive at least 90% of their salary on time in the past month (Text) (Text)		74%	80%
<i>Action: This indicator has been Revised</i>	<i>Rationale: Between Feb – June 2022, in 25 out of 34 provinces, the health facility staff received their salary on time based on the TPM report.</i>		
BPHS and EPHS health facilities meeting minimum female staffing requirements (Text) (Text)		95%	95%
<i>Action: This indicator has been Revised</i>	<i>Rationale: Baseline data is added</i>		
Vaccinators and CHWs who are female (Text) (Text)		37%	40%
<i>Action: This indicator has been Revised</i>	<i>Rationale: This baseline data is from December 2022 based on UNICEF report and TPM verification. End target adjusted in line with the current circumstance in the country.</i>		
Female nutrition counsellors employed by Service Providers (Text)		1,949	2,000.00



Indicator Name	PBC	Baseline	End Target
<b>Action: This indicator has been Revised</b>			
		<b>Rationale:</b> <i>This baseline data is from February 2021 based on the verified MoPH report.</i>	
People who have received essential health, nutrition, and population (HNP) services (CRI, Number)		0.00	7,500,277.00
People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement) (CRI, Number)		0.00	5,646,697.00
Number of children immunized (CRI, Number)		0.00	1,776,183.00
<b>Action: This indicator has been Revised</b>			
		<b>Rationale:</b> <i>Adjusted the end target as it was too ambitious given the country context.</i>	
Number of women and children who have received basic nutrition services (CRI, Number)		0.00	4,436,452.00
<b>Action: This indicator has been Revised</b>			
		<b>Rationale:</b> <i>Adjusted the end target as it was too ambitious given the country context.</i>	
Number of deliveries attended by skilled health personnel (CRI, Number)		0.00	1,085,985.00
<b>Action: This indicator has been Revised</b>			
		<b>Rationale:</b> <i>Adjusted the end target as it was too ambitious given the country context.</i>	
Family planning couple-years of protection provided at project-financed facilities (Number) (Number)		0.00	665,737.00
<b>Action: This indicator has been Revised</b>			
		<b>Rationale:</b>	



Indicator Name	PBC	Baseline	End Target
		<i>Adjusted the end target as it was too ambitious given the country context.</i>	
Number of basic health and nutrition services provided to girls and women through the HER project (Number)		5,240,973.00	5,240,973.00
<i>Action: This indicator is New</i>		<i>Rationale: This is the number of basic health and nutrition services delivered to girls and women in the first 9 months of the project. The target is to maintain the service delivery volume.</i>	
Number of females health workers employed at the HER project-financed health facilities. (Number)		9,634.00	9,634.00
<i>Action: This indicator is New</i>		<i>Rationale: This is the number of females employed at the project-financed health facilities in December 2023, before the ban, on the female staff of NGOs. The intent is to maintain the female workforce at the Project financed health facilities.</i>	
<b>Component 2: Strengthening service delivery and project coordination</b>			
Health workers who receive training or mentorship (Number) (Number)		0.00	8,000.00
<i>Action: This indicator has been Revised</i>		<i>Rationale: End target date changed.</i>	
EPHS facilities where at least one female staff member has been trained on counselling for gender-based violence, implementation of GBV referral protocols and case management. (Text)		N/A	80%
<i>Action: This indicator has been Revised</i>		<i>Rationale: TPM Round 1 and 2 data collection is underway, data will be updated in the next reporting period.</i>	



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Indicator Name	PBC	Baseline	End Target
	<i>Trainings on GBV counselling and overall case management with HER funding not yet begun</i>		
Average score on the Quantified Quality Checklist sub-section for pharmaceutical products (Text) (Text)		N/A	Baseline + 15 points
<i>Action: This indicator has been Revised</i>	<i>Rationale: The quality of Care Metric is yet to be launched. The plan is to launch the QQM in Q3 of 2023.</i>		
Beneficiaries who are satisfied with services received by the project (Text)		No available	75%
<i>Action: This indicator has been Revised</i>			