

**INTEGRATED SAFEGUARDS DATASHEET
APPRAISAL STAGE**

I. Basic Information

Date prepared/updated: 10/04/2006

Report No.: AC2507

1. Basic Project Data

Country: Afghanistan	Project ID: P100935	
Project Name: Avian Influenza Control Project		
Task Team Leader: Norman Bentley Piccioni		
Estimated Appraisal Date: October 12, 2006	Estimated Board Date: December 7, 2006	
Managing Unit: SASAR	Lending Instrument: Adaptable Program Loan	
Sector: Animal production (40%);Health (40%);General information and communications sector (20%)		
Theme: Other communicable diseases (P);Natural disaster management (P)		
IBRD Amount (US\$m.):	0.00	
IDA Amount (US\$m.):	8.00	
GEF Amount (US\$m.):	0.00	
PCF Amount (US\$m.):	0.00	
Other financing amounts by source:		
BORROWER/RECIPIENT		0.00
<u>Financing Gap</u>		<u>4.75</u>
4.75		
Environmental Category: B - Partial Assessment		
Simplified Processing	Simple <input type="checkbox"/>	Repeater <input type="checkbox"/>
Is this project processed under OP 8.50 (Emergency Recovery)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

2. Project Objectives

The development objective is to minimize the threat posed by HPAI to the poultry sector and prepare for possible spread of the AI to humans, through necessary short-and medium-term measures to identify, control and mitigate the effects of the panzootic. To achieve this, three areas will be considered for support: (i) prevention, (ii) preparedness and planning and (iii) response and containment.

3. Project Description

The project will finance activities under three components: (i) animal health, (ii) human health, and (iii) Coordination, communications and public awareness.

Animal Health Component (US\$5.2 million)

Under the responsibility of the Animal Health Department of the Ministry of Agriculture and Irrigation, this component will support a national program to develop and implement HPAI prevention, containment, control, and eradication activities in the livestock sector, specific to the needs of Afghanistan in the short and medium term.

1) Strengthening of HPAI Control and Outbreak Containment Capacity

? Virus Eradication at the Source. Support for: (i) culling of infected and at-risk poultry (stamping out), (ii) compensation to farmers and commercial poultry producers, (iii) disposal of carcasses and potentially infective materials in a bio-secure and environmentally acceptable manner, (iv) enhanced bio-security at poultry farms and associated premises through bio-containment and bio-exclusion; (v) control of movement of birds and products that may be infected, including controls at the interface of infected/non-infected areas and border controls, and (vi) poultry vaccination.

? Human Safety. Training in preventing the spread of virus to staff directly involved in the HPAI control and containment for veterinary and extension field staff involved in the identification of the disease, farm workers involved in culling and in disposing of manure, and laboratory workers involved in virus isolation and diagnosis.

? Strengthening the National Policy and Regulatory Environment. Activities aimed at improving the policy, legal and regulatory framework as well as inter-ministerial coordination and cooperation. The regulatory environment would be enhanced through the development of a HPAI Contingency Plan, which will include the identification, early warning, rapid reaction and response to HPAI. The Contingency Plan will contribute to further development and streamlining the draft National Action Plan . Support for Regulation of the Poultry Sector through a comprehensive assessment of present policies regulating the Afghan poultry sector and provision of appropriate recommendations if necessary to enhance bio-security measures.

2) Strengthening HPAI clinical and laboratory diagnosis and surveillance for rapid and effective outbreak detection and containment capacity

? Strengthening Disease Surveillance. This will be achieved through support for (i) development of effective operating procedures at all levels based on FAO guidelines; (ii) staff training in epidemiological surveillance techniques; (iii) implementation of regular passive and active epidemiological studies and surveillance programs in commercial and smallholder poultry; (iv) implementation of an active surveillance program around identified hot spots (wetlands) for migratory birds, to assess risks of contact between migratory fowl, domestic poultry and humans and (v) sero-surveillance in vaccinated poultry.

? Strengthening Diagnostic Capacity. Strengthening the capacity of the Central Veterinary Laboratory and public and private field staff, in detection, reporting, sample collection and submission, and follow-up of reported AI cases.

3) Improving the capacity of poultry stakeholders to adopt appropriate measures to counter HPAI presence in Afghanistan

? Community-Based Animal Disease Surveillance and Early Warning. The project will finance training courses in, and implementation of participatory disease survey techniques for female animal health workers/women poultry trainers, in handling of infected animals, reporting procedures and immediate local response measures.

? Improving Bio-Security in Poultry Production. Develop guidelines and provide training to commercial and backyard poultry owners in bio-security measures, early identification of poultry diseases, reporting, and early measures to control and contain the disease. Improvement of Bio-Security through Enhanced Local Production of Day-old Chicks and Restocking is included in the WB-funded Emergency Horticulture and Livestock Project (EHLA) and not considered under the proposed AHIP.

4) Waste Management and Sanitation

This sub-component envisages the preparation of a national plan, standard guidelines and an Operational Manual in HPAI-related waste management as well as equipment and supplies to support healthy and environmentally friendly disposal of culled animals, laboratory waste disposal and decontamination. Detailed TORs for an international consultant to prepare guidelines and Operational Manuals are available in the project Operational Manual.

Human Health Component (US\$ 4.3 Million)

1) Enhancing Public Health Program Planning and Coordination

? Support for an avian influenza coordinator within the Ministry of Public Health. At present, there is no individual in the Ministry of Public Health who is responsible for coordination of activities related to avian influenza and human health. Such an individual is necessary because the required elements of human avian influenza surveillance, response, and case management, including those activities that are part of this proposal, fall within different parts of the MOPH. The avian influenza human health coordinator will be responsible for assuring that activities are implemented in a timely fashion.

? Development of command and control structures within the Ministry of Public Health. The current ability of the MOPH to manage complex emergencies, such as disease outbreaks, is both limited and fragmented. Controlling avian influenza will require a structure that can integrate surveillance information, communications, deployment of response teams, pharmaceuticals management, specimen and test result tracking, and can undertake liaison with international, provincial, and local health authorities and with other parts of government. The project will support activities to assess the current institutional arrangements within the MOPH for both command and control, make recommendations for developing a unified structure, including staffing and equipment, and support the formation of the command and control unit. The project will also provide funding for the director of the command and control unit.

? Development of protocols and guidelines for disease surveillance, response, and case management. The MOPH has developed limited guidelines regarding disease surveillance, including dissemination of a case definition. Guidelines and protocols are available from many international organizations (WHO, CDC, the European CDC, other countries that have experienced human illness from avian influenza), however, these guidelines must be adapted for Afghanistan-specific circumstances. Uniform standards for disease surveillance, reporting, investigation, and case management, are critically needed because training activities cannot commence until such materials are in place.

WHO will take the lead in developing the guidelines but the project will support the rapid development, production, and dissemination of such protocols and guidelines. The project will also support periodic (at least annual) review and modification of existing protocols and guidelines as the human dimensions and state of knowledge of avian influenza evolve.

? Training. The project will support a performance-based contract with IbnSina Training Institute to train health workers on surveillance, diagnosis, and management. The performance of IbnSina will be assessed by MOPH and Johns Hopkins University as part of an existing system of health facility surveys (the "balanced scorecard?"). The contract will cover material preparation and printing, travel and per diem for this training when necessary. The project will provide resources for periodic refresher courses, especially as the national situation, and the state of knowledge of avian influenza, evolves.

? Conduct of tabletop and field simulations. Once protocols and guidelines are in place, it is important to conduct exercises to assure that policy-makers and health care managers understand how to respond to avian influenza and can identify and correct any gaps or deficiencies in the system. The United States Centers for Disease Control and Prevention (CDC) and WHO will design these exercises based on experience in other countries. The project will support the design and implementation of two tabletop exercises and two field exercises. One of the tabletop and one of the field exercises should take place during the first year of the project, while the remaining exercises should take place in the second year to assess progress.

2) Strengthening the National Public Health Surveillance System

? Support to the acute flaccid paralysis (AFP)/poliomyelitis surveillance system to add avian influenza monitoring. The AFP/polio surveillance network is currently the most comprehensive surveillance system in Afghanistan and is ideal for avian influenza surveillance during the pre-pandemic phase when it will be critical to identify single cases or small numbers of persons with this disease. As it currently operates, the AFP system will be used over the first half of the project period for this purpose unless and until alternative surveillance systems are developed by the MOPH. In addition to existing mechanisms for pediatric disease (up to age 15 for AFP), the AFP system will need to expand its monitoring to include potential adult cases. Support to use the AFP system for avian influenza surveillance will be provided by WHO.

? Develop institutional capacity for avian influenza surveillance including data collection, analysis, and dissemination in the MOPH. The project will support the institutionalization of a network for the avian influenza component, including collection of data on viral pneumonia and influenza-like illness (ILI), from the local to the provincial to the national level. The project will support purchases of equipment (primarily computers), training, transportation, information dissemination through monthly bulletins, and a surveillance unit director and data manager.

? Support to rapid response teams. Each province in Afghanistan has rapid response teams (also known as emergency response teams) that have been developed to conduct investigations and institute control measures in emergency or outbreak situations. There are also national level teams which provide back-up support to the provincial teams. The technical skill of these response teams is inconsistent, as is their training. The project will offer support to these teams, including training (included above), communications, transportation, and personal protective equipment.

? Building diagnostic capacity in the central diagnostic laboratory in the Ministry of Public Health. The MOPH, with assistance from other donors will establish a central laboratory to conduct RT-PCR testing and virus isolation. The project will thus, supply reagents for RT-PCR, finance the shipment of supplies from the provinces to Kabul, from Kabul to international reference centers, and viral transport media.

3) Strengthening the Health Care System Response Capacity

? Upgrading of referral institutions for persons with suspected or confirmed avian influenza. During the pre-pandemic and pandemic phases of avian influenza there will need to be specialized isolation wards in referral facilities to isolate and care for persons with suspected or confirmed disease. The project will finance a contract with a competitively selected NGO or other organization to establish isolation wards in at least two hospitals in Kabul. The contractor will be responsible for minor renovations, purchase of equipment and supplies, transport of a stipulated number of patients, and operation of the wards in compliance with guidelines and protocols that are developed.

? Personal protective equipment (PPE). Health care workers who will be caring for persons with suspected or confirmed avian influenza should utilize protective equipment to reduce their risk of exposure and infection. Standards for PPE have been established by WHO. The project will obtain 200 sets of PPE per referral hospital, 50 sets per provincial hospital, 25 sets per district hospital, and five sets per basic and comprehensive health center. The project will also budget for a 25% replacement rate per year. The project will also fund shipping and distribution costs and it is expected that the procurement will be handled by UNICEF.

? Antiviral medications. As currently circulating avian influenza (H5N1) viruses are resistant to M2 inhibitors (amantadine and rimantidine), the only currently feasible antiviral option is the neuraminidase inhibitor oseltamivir (for both prophylaxis and treatment). The project will support prophylactic use of oseltamivir in limited circumstances such as: (a) prophylaxis of workers engaged in culling activities; (b) prophylaxis of health care workers caring for patients with confirmed avian influenza; and (c) during the pre-pandemic phase, household and other close contacts of patients with confirmed avian influenza. The project will also support use of oseltamivir for treatment. The project will support the procurement through WHO of 200 treatment courses of oseltamivir in the two national referral centers, 50 treatment courses in each province, with a 25% annual replacement estimate.

? Seasonal influenza vaccine for health care workers and poultry culling workers. Persons at high risk of exposure to avian influenza virus should be vaccinated against regular (or seasonal) influenza. This will reduce the opportunity for simultaneous co-infection with human and avian viruses, a circumstance which can promote re-assortment and enhance person-to-person transmissibility. Since influenza viruses naturally drift from year-to-year, this vaccine must be given annually.

? Development of Strategies to Deal with the Pandemic Phase. It has been estimated that with no interventions, at the peak of an influenza pandemic 30-40% of the population of a community may be ill at the same time, with 10% of these individuals (3-4% of the population) severely ill. Therefore it is important to develop strategies to deal with possible shortages of health care workers during the pandemic phase, and to develop strategies to reinforce the health care workforce. Among the possible strategies to be employed are shifting health care workers from less affected to more affected communities, developing a volunteer workforce, and bringing health care workers no longer actively engaged in health care back onto temporary service (i.e., a reserve force). A third area that requires advanced planning are social distancing measures that can play an important role in limiting the spread of disease and reducing overall morbidity and mortality.

Management, Communication And Public Awareness (US\$2.6 million)

Under the AI Secretariat, based in the Planning and Policy Department of the Ministry of Agriculture and Irrigation, this component will finance goods and services for coordinating/managing project implementation, communication and public awareness for the following activities.

1) Project Coordination and Management

This sub-component will finance costs associated with project coordination, planning, management, monitoring and evaluation, financial management, procurement and safeguards monitoring functions as well as transportation and general office equipment.

The sub-component will also strengthen coordination of activities at provincial levels by financing the recruitment of additional staff in seven zones (on average serving some 4-5 provinces each). The MAI and the MOPH will ensure that Provincial AI Committees are formed and counterparts from each of the two ministries have been assigned to the AI Secretariat.

2) Communication and Public Awareness

This sub-component will finance the development and production of appropriate communication material, plan of action, capacity building to all stakeholders and awareness raising at grass roots levels through intensive communication. The overall aim is to: a) elevate public awareness with regard to AI, its dangers and immediate control measures, both with regard to animal and human health; b) give visibility to the multisectoral response; c) secure high-level political support; d) promote a pro-active community-driven response; and e) install a feedback and reporting mechanism, to foster two-way information flows within two kind of communication activities:

? Extensive Communication: Awareness raising efforts aimed at targeting a broader audience through mass media, educational, public health and agricultural institutions.

? Intensive Communication: Gender sensitive communicators in the mobile response units: Support shall be provided to train women, to act as Communication Officers in the mobile units responding to the outbreaks.

A detailed implementation plan of communications and public awareness activities are being prepared by UNICEF, which could form the basis for an operational manual in communication.

4. Project Location and salient physical characteristics relevant to the safeguard analysis

The extent to which the project will be able to assist farmers throughout the country is critically dependent on the security situation. Security remains problematic in some provinces because of the limited extent of government authority. Aid agencies can face threats from crime, inter-warlord rivalries, and opponents to the government (primarily from Taliban and the Hizb-e-Islami). The security situation in the country is expected to ease in the coming years, but risks remain, particularly in the South. Preliminary operations of the project have therefore been designed to avoid areas of persistent risk.

5. Environmental and Social Safeguards Specialists

Ms Asta Olesen (SASES)

Mr Mohammad Arif Rasuli (SASES)

6. Safeguard Policies Triggered	Yes	No
Environmental Assessment (OP/BP 4.01)	X	
Natural Habitats (OP/BP 4.04)		X
Forests (OP/BP 4.36)		X
Pest Management (OP 4.09)		X
Physical Cultural Resources (OP/BP 4.11)		X
Indigenous Peoples (OP/BP 4.10)		X
Involuntary Resettlement (OP/BP 4.12)		X
Safety of Dams (OP/BP 4.37)		X
Projects on International Waterways (OP/BP 7.50)		X
Projects in Disputed Areas (OP/BP 7.60)		X

II. Key Safeguard Policy Issues and Their Management

A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts: Environmental Impacts: The Project is assessed as a Category B Project. Activities under the proposed Project are expected to generate no or limited adverse environmental effects, since most activities of the Project are considered to support preventive measures. The Project will, generally, have positive environmental and social impacts as the project's investments in facilities, equipment, laboratories, and training will improve the effectiveness and safety of existing avian influenza handling and testing procedures. This would be reinforced by the mainstreaming of environmental safeguards into the protocols and procedures for the culling and disposal of animals during AI outbreaks,

decontamination of production facilities, and laboratories. However, adverse environmental health impacts, mainly unintentional from the spread of HPAI, could occur when an emergency operation involves containment of HPAI outbreaks through quarantine, isolation and stamping out actions and when relevant mitigation measures are not in place. Most of the key potential impacts could be avoided or minimized by integrating environmental and public health safety aspects in the preparation/design and implementation of the project activities.

Worker Safety. The suggested investments in health facilities, equipment, clothes, staff training and waste management will improve the safety and effectiveness of HPAI handling and testing procedures. The PIM to be prepared prior to the disbursement should include these provisions.

Social Aspects. In Afghanistan though the poultry is not a major commercial and a significant economic activity, however, raising few chickens in family backyard is a major livelihood, income and food security issue for the poor section of the society incl. the female-headed households. Nearly 98 percent of the poultry sector is owned and managed by women as one of the very few economic activities accessible to women. Not only is the poultry sector a good source of income for some of the most vulnerable households in rural areas but also a significant source of nutrition. Therefore, interventions in the poultry sector will disproportionately benefit the most vulnerable section of the society and would positively contribute to addressing the gender bias in the society. Therefore, the project is seen to cause significant positive social impacts.

The observance of purdah norms and wide-spread gender segregation practiced in Afghanistan necessitate special efforts to reach women in terms of the communications campaign and to ensure equitable access to health facilities. Likewise, compensation for culled birds should be issued directly to the bird owner (in most cases women) rather than to the head of household.

Land Acquisition: There will be no Land Acquisition (voluntary or involuntary) under the project, and carcasses of culled birds will only be deposited on public land. For backyard poultry operations, the local committee witnessing the culling and the local veterinarian sign a document stating the carcass deposit area for is public property and free of encroachers/informal settlements. In case of semi-commercial poultry farms, the zonal veterinarian and an official from the local administration will sign a document stating that the carcass deposit area is public land and free of encroachers/informal settlements.

Ethnic Minority Groups: The project is national in coverage and benefiting all households at risk irrespective of ethnic, religious or regional affiliation

Cultural Property: No impact on the cultural properties are foreseen under the project.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:

Not applicable

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.

Not applicable

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described. The Project will assist the government in developing a strategy for managing future emerging and re-emerging zoonotic and infectious disease outbreaks. Such a strategy would improve environmental and social safeguards in three areas: (i) mainstreaming environmental safeguards into protocols and procedures for the stamping out and disposal of animals during an outbreak, in particular by adopting OIE standards; (ii) improving understanding of the relevant practitioners of waste management systems in health facilities; and (iii) developing policies on compensation for poultry farmers affected by future outbreaks.

As an emergency operation under OP/OD 8.50, the safeguard documents are not required to be prepared and disclosed prior to appraisal. However, it is expected that the EMP for the carcass disposal facilities will need to be prepared and disclosed prior to the appraisal.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people. Key stakeholders include rural communities who participate in the project, MAI staff, MPH staff as well as National Emergency Response Committee.

The Environmental and Social Safeguards Framework will be disclosed by the government through in Dari and Pashto, as well as English through a publication and the government's Web site. It will also be made available at the World Bank's Infoshop. The following information on the project will be posted on the government's Web site: summaries of quarterly implementation progress reports, summaries of annual project financial statements and audit reports, and summaries of findings from monitoring and supervision teams (after a reasonable period allowed for internal review).

B. Disclosure Requirements Date

Environmental Assessment/Audit/Management Plan/Other:

Date of receipt by the Bank	09/26/2006
Date of "in-country" disclosure	10/04/2006
Date of submission to InfoShop	09/29/2006
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	

*** If the project triggers the Pest Management and/or Physical Cultural Resources, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.**

If in-country disclosure of any of the above documents is not expected, please explain why:

C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting)

OP/BP/GP 4.01 - Environment Assessment

Does the project require a stand-alone EA (including EMP) report?	No
If yes, then did the Regional Environment Unit or Sector Manager (SM) review and approve the EA report?	N/A
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?	Yes

The World Bank Policy on Disclosure of Information

Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes
Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?	Yes

All Safeguard Policies

Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes
Have costs related to safeguard policy measures been included in the project cost?	Yes
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes

D. Approvals

<i>Signed and submitted by:</i>	<i>Name</i>	<i>Date</i>
Task Team Leader:	Mr Norman Bentley Piccioni	09/20/2006
Environmental Specialist:	Mr Mohammad Arif Rasuli	09/20/2006
Social Development Specialist Additional Environmental and/or Social Development Specialist(s):	Ms Asta Olesen	09/20/2006
<i>Approved by:</i>		
Regional Safeguards Coordinator: Comments:	Mr Frederick Edmund Brusberg	10/03/2006
Sector Manager: Comments:	Mr Gajanand Pathmanathan	