ANNEX 2

of the Commission Implementing Decision on the Annual Action Programme 2014 in favour of Afghanistan to be financed from the general budget of the European Union

Action Document for Support to Health and Nutrition Services to the Afghan Population

1. IDENTIFICATION

<table>
<thead>
<tr>
<th>Title/Number</th>
<th>Support to Health and Nutrition Services to the Afghan Population CRIS number: ASIE/2014/34828</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cost</td>
<td>Total estimated cost: EUR 37 000 000</td>
</tr>
<tr>
<td></td>
<td>Total amount of EU budget contribution: EUR 37 000 000</td>
</tr>
<tr>
<td>Aid method / Management mode and type of financing</td>
<td>Project Approach; Direct management: grants – call for proposals; procurement of services</td>
</tr>
<tr>
<td></td>
<td>Indirect management with World Bank</td>
</tr>
<tr>
<td>DAC-code</td>
<td>12220</td>
</tr>
<tr>
<td>Sector</td>
<td>Basic Health Care</td>
</tr>
</tbody>
</table>

2. RATIONALE AND CONTEXT

2.1. Summary of the action and its objectives

The action aims at supporting the Government of Afghanistan towards the improvement of the health and nutrition status of the Afghan population by strengthening the public health system and the delivery of public health services within and in support to SEHAT (System Enhancement for Health Action in Transition). In order to achieve this, activities are structured around the following three areas:

1. Technical Cooperation to strengthening technical and human resource capacity of the Ministry of Public Health to manage the SEHAT programme, including: linkages to provincial level; improve governance and social accountability; and enhance quantity and quality of qualified human resources.

2. Support to the improvement of the nutritional status of the Afghan population by developing and implementing curricula on nutrition, building the capacity of NGOs working in BPHS under SEHAT and increase awareness of the community with the view of strengthening the nutrition component of SEHAT.

3. Provide training and capacity building on mental health and disability and reinforce the technical capacity of the Rehabilitation Hospital in Kabul.

Alternative options for the implementation of activities are suggested in view of the fluid situation regarding planned nutrition activities of the World Bank.
2.2. **Context**

2.2.1. **Country context**

Afghanistan is one of the world’s most challenging environments regarding the implementation of development and humanitarian interventions. Conflict, insecurity and weak governance have plagued the country for over 30 years. Although GDP per capita increased consistently from US$ 220 in 2002 to US$ 687\(^1\) in 2013, more than 36% of the population is living below the poverty line\(^2\). 50% of the workforce is unemployed or underemployed\(^3\) and the Human Development Index ranks Afghanistan 176 out of 186 countries\(^4\). Afghanistan’s poverty is not evenly distributed; it is higher among rural population and particularly high within the nomadic people\(^5\). Afghanistan’s Gender Inequality Index value is 0.714 and it ranks 147 among 148 countries\(^4\).

2.2.2. **Sector context: policies and challenges**

Advancements in the health sector in Afghanistan since 2001 have been enormous, but more needs to be done to improve access to and quality of health services and the Ministry of Public Health's capacity to effectively take over the management of the health sector.

The establishment of the Basic Package of Health Services (BPHS, 2003) and the Essential Package of Health Services (EPHS, 2005) was a fundamental step in achieving significant progress; the services to be delivered under these packages, including those related to nutrition, mental health and disability, are defined by the Health National Priority Programme of the Afghanistan National Development Strategy (ANDS) and the Health and Nutrition Sector Strategy; the National Health and Nutrition Policy 2012 – 2020 further defines health and nutrition priorities.

A further important step forward was the creation of SEHAT, under the auspices of the Strategic Plan for the Ministry of Public Health 2011-2015. SEHAT, a joint collaboration between the Ministry of Public Health, the World Bank (WB) and the EU\(^6\), is the Afghanistan Reconstruction Trust Fund’s programme on health and represents a first move toward a Sector Wide Approach (SWAp). It contributes to increased donor coordination and government ownership of the sector.

Thanks to these fundamental steps, in 2013, over 2,047 health facilities were operational and about 66% of the population had access to primary health care\(^7\). However, although the maternal and child mortality have decreased significantly\(^8\), the child and maternal malnutrition throughout the country has remained a major, and partially unaddressed, concern. The stunting rate is very high at 59%\(^9\), and 33.7% of children are underweight\(^10\); 21% of lactating women have a body mass index of less than 18.5 and only 54.6% of women practice six months of exclusive breastfeeding\(^11\). Between 1995 and 2005 rates of anemia among preschool aged children and

---


\(^2\) CSO and WB, Setting the Official Poverty Line for Afghanistan, 2008.

\(^3\) ILO. 2012 Afghanistan: Time to move to Sustainable Jobs – Study on Employment


\(^5\) National Risk Vulnerability Assessment Report/NRVA 2011/2012

\(^6\) Later also joined by the USAID

\(^7\) Multi Indicator Cluster Survey 2011, Afghanistan Central Statistics Office and UNICEF

\(^8\) MMR decreased from 1,600 (in 2001) to 327 (in 2012) over 100.000 live births and the Under 5 Mortality Rate decreased from 176 (in 1990) to 99 (in 2012) over 1.000 live births. Source: [http://www.unicef.org/infobycountry/afghanistan_statistics.html](http://www.unicef.org/infobycountry/afghanistan_statistics.html) accessed 25 April 2014

\(^9\) UNICEF. 2013 Improving Child Nutrition

\(^10\) 2004 National Nutrition Survey

\(^11\) Idem 8
pregnant women were found to be 38% and 61% respectively\textsuperscript{12}, while vitamin A deficiency was 65% and 16%, respectively\textsuperscript{13}. In 2007, about 92\%\textsuperscript{14} of Afghanistan's population did not have access to proper sanitation, which has a direct impact on health and nutrition. The scarcity of health professionals with a nutritional background continues to hamper access of the population to quality nutrition services. A nutritionist education does not exist yet, although it has been included in the latest National Nutrition Strategy draft. The Ministry and the Public Nutrition Department have repeatedly highlighted the need for such a profile to be included in BPHS in order to facilitate good quality implementation of existing nutrition activities.

Although chronic malnutrition affects a significant part of the population, most ongoing development interventions, including UN's, have been geared towards curative aspects and treatment of acute malnutrition. The need for a multi-sectoral approach and to focus on prevention has been very recently acknowledged by major development partners and discussions are ongoing on a coordinated approach. The WB presented in the second half of May a concept focused on streamlining nutrition through the various sectorial ARTF programmes, but has not yet presented a defined strategy and may or may not request additional funding.

Regarding mental health disorders, 68\% of respondents to a survey\textsuperscript{15} were found suffering from depression, 72\% had anxiety and 42\% had post-traumatic stress disorders. The National Strategy for Mental Health and Substance Abuse stipulates that each Comprehensive Health Centres (CHC, managed under the SEHAT/BPHS) should have at least one psychosocial counsellor, but the posts remain vacant due to insufficient number of mental health professionals. Only in 74 out of 385 CHCs the position has been filled.

A national disability survey\textsuperscript{16} found 4.8\% of interviewees had disabilities, out of whom 2.7\% severe. There are not enough trained physiotherapists and orthopaedic technicians, especially at provincial level. SEHAT is not geared to provide training for this health categories and a change of approach is not foreseen in the short term. There are no sizeable and good quality rehabilitation hospitals and although the National Disability and Rehabilitation Strategy includes cerebral palsy and spinal cord as priority areas, the paraplegic patients in hospitals are often released after 5-7 days and there are few possibilities for treatment of cerebral palsy.

The focus areas of the Action (nutrition, mental health and disability) were selected on the basis of the above needs assessment and in close consultation with the Deputy Minister for Policy & Planning and various Ministry department directors. The focus was reconfirmed on multiple occasions and discussed at length with the WB and other main development partners. The action's support to nutrition is aligned with Strategic Objectives 1, 2 and 3 of the Ministry of Public Health's Strategic Plan 2011-2015. Support to curricula development and training is aligned with Government’s strategies. The proposed new nutritionist diploma was explicitly requested by the Public Nutrition Department of the Ministry to fulfil the positions of nutritionist under BPHS, foreseen under the new National Nutrition Strategy. The diploma will contribute to increase the number and quality of professionals in the country. All activities are aligned with the SEHAT and will contribute to the improved functioning of the BPHS and EPHS systems, enabling the


\textsuperscript{14} State of the World's Toilets 2007 report

\textsuperscript{15} Latest available national survey in Mental Health: "Lopez Cardozo b. et al. 2004. Mental Health, Social Functioning, and Disability in Post-War Afghanistan. JAMA 292(5)"

Ministry of Public Health over time to absorb the available funds in an effective and efficient manner to further improve the quality of the health sector. Technical Cooperation (TC) proposed under this Action is complementary to SEHAT and will focus on the ten key areas identified by the Ministry of Public Health under Component 2 of that programme.

Food and nutrition security is at the top of the EU's long-term development cooperation agenda. This action will contribute to improving nutrition security and the efficiency of the health system, is consistent with the Multiannual Indicative Programme (MIP) 2014-20 and in line with EU policies and strategies, including the Agenda for Change. The action is also in line with EU's international commitments including the Global Partnership for Effective Development Cooperation and the achievement of the Millennium Development Goals. The action will contribute to the EU’s obligation under TMAF to keep minimally 80% of its aid aligned.

2.3. Lessons learnt

SEHAT is the EU’s main vehicle to support the health sector in Afghanistan. Whereas it has brought considerable progress, the capacity of the Ministry to manage, implement and monitor the programme is still weak. This is the first time ever that the Ministry of Public Health manages a programme of this size, leads the extensive procurement process, monitors and supervises the implementation by the contracted NGOs, whilst at the same time having to ensure optimal functioning of its own staff and cooperation between health staff and partner NGOs staff. Shortcomings, although to be expected, will take time to be addressed. After one year of implementation, the Ministry has not yet been able to define the activities within Component 2 of SEHAT. With regard to the service delivery component, substantial problems are hampering the adequate management and smooth running of operations, including delays in payments to NGOs (which in turn affect the payment of salaries and the stocking of medicines). Indeed, it may take a considerable number of years before SEHAT can lead to full ownership of the health sector by the Ministry of Public Health. In order to achieve this goal through SEHAT, the capacity of the government needs to be reinforced alongside SEHAT and in full alignment with it.

Hiring short term international staff by the government has proved to be a complex and lengthy process as a result of government procurement rules. Moreover, international consultants prefer to be hired by international organisations rather than by the government, due to the volatile Afghan context.

Amendments of contracts of NGO working under BPHS and EPHS need to go through the Ministry of Public Health’s Service Procurement and Contract Management Directorate, which is currently overstretched due the need to procure contracts for the implementation of health services in the 13 provinces currently covered by United States Agency for International Development (USAID). This makes correcting existing contracts highly difficult in any reasonable timeframe, while adding funds to existing contracts seems to be not technically possible without distorting the transparency and competitiveness of the procurement process, due to the inclusion of financial considerations among the awarding criteria.

The WB has acknowledged the need for a multi-sectoral approach to nutrition and communicated its intention to streamline it throughout its programmes (including SEHAT). It has however not yet defined a clear strategy (or costing) to do so. Even though nutrition services should be an intrinsic part of BPHS and EPHS, NGOs are mainly implementing Severe Acute Malnutrition treatments. This is not due to lack of funds, but rather to limited human resources capacity. Until now, the Ministry has not been able to procure capacity building activities through SEHAT.
Moreover, although human resources development is foreseen as part of SEHAT Component 2, nutrition is not part of the 10 priority thematic areas, as these are focused on strengthening the health system (nutrition is however included in the service delivery component of SEHAT and a main concern for the Ministry of Public Health). Focus on stunting and prevention of malnutrition is absent, including from actors outside SEHAT.

Lack of reliable data has been a longstanding problem in Afghanistan; in most official documents, data from the 2004 Health Survey are still cited; the 2008 MICS survey of UNICEF was never approved and the data of the 2013 National Nutrition Survey are yet to be released. Many development actors have resorted to using non-approved data. The EU-funded National Risk and Vulnerability Assessment 2011-12 confirmed outstanding progress on Maternal and Child health, already shown by the Afghan Mortality Survey 2010, and lack of progress on nutrition.

2.4. Complementary actions

The action 1) strengthens the capacity of the Ministry of Public Health to implement SEHAT, 2) improves health human resources' skills and 3) scales up the EU response to the nutrition issue. SEHAT is foreseen for a period of five years (until 2018), with total funding needs amounting to USD 407 million\(^\text{17}\); the EU expects to continue funding at similar levels as in previous years (around EUR 30-35 million/year), for a total of EUR 150-175 million; WB and USAID will cover the remaining financial needs.

The EU-funded “Technical Cooperation Program to the Ministry of Public Health”\(^\text{18}\), ending in March 2015, aims at strengthening the capacity of the Ministry of Public Health to steer and manage the provision of preventive and curative health services and the development of the Afghan public health system through TC to seven directorates. The TC foreseen under the proposed action will ensure continuity of the EU's support to the Ministry. The Ministry has clearly requested the EU to continue support in this regard and agreed that the TC should focus on employment of short term experts (rather than long term) to reduce the risk of substitution. Other ongoing EU programmes include support to Mental Health and Disability through provision of grants to NGOs. The Kabul Mental Health Hospital will be integrated into SEHAT in 2015. The EU Regional Support Programme for Food and Nutrition Security in South Asia will contribute to the South Asia Food And Nutrition Security Initiative, which is a WB administered Multi-Donor Trust Fund supported by DFID and AusAID. The Canadian Department of Foreign Affairs, Trade and Development (DADFDT) and USAID fund two projects (off-budget) in support of the NGOs to implement the nutrition activities under SEHAT. These projects have been successful in developing a standard toolkit for the in-service training, which was endorsed by the Ministry of Public Health.

The ARTF's Capacity Building for Results Facility (CBRF), to which EU is contributing EUR 40 million, aims at increasing government capacity to support improved service delivery and reduce reliance upon externally funded consultants. The CBRF will improve the managerial and governance functions of the Ministry by attracting qualified national experts into the health sector and will allow a gradual phasing out of TC, which will however require time. ECHO provides support to mainstream emergency care and war surgery into health facilities and strengthen Emergency Preparedness and Response. USAID supports BPHS and EPHS in 13 provinces to be

\(^{17}\) This figure does not include provinces supported by USAID and currently not covered by SEHAT. When SEHAT will be expanded to cover these provinces, USAID will provide the related additional funding.

\(^{18}\) 24/03/2012 - 24/03/2015
included in SEHAT in 2015 and provides TA to Ministry of Public Health. DFATD focuses on Maternal and New Born Child Health.

Food insecurity as an underlying cause of malnutrition is also addressed through the current formulation of the EU Support to Agriculture and Rural Development in Afghanistan. It remains important to coordinate to the maximum extent possible with ministries and development actors working in the mentioned fields.

2.5. Donor coordination

The Health Development Partners Coordination Forum19 was established in 2011 and meets on a regular basis. In the Humanitarian sector the coordination is led by OCHA, who has recently launched a plan on coordinating the fight against acute malnutrition. Other coordination and cooperation efforts take place through the Nutrition Cluster and the Food Security Cluster.

The SEHAT donor coordination platform gathers EU, USAID and WB to ensure alignment with the sector strategy, close follow-up of SEHAT implementation and coherence of interventions, particularly with regard to technical cooperation. This platform agreed to concentrate technical assistance around the ten priority areas identified under SEHAT and to closely coordinate with Ministry of Public Health. The GAVI Alliance supports the sector with a focus on immunization and the strengthening of the health system, while the Global Fund focuses on HIV/AIDS, TB and malaria through WHO and UNICEF.

The Ministry of Public Health functions as steward of the health sector focusing on coordination and development of policies, strategies, guidelines and regulations. An Aid Coordination Unit is chaired by the Minister of Public Health and attended by the main development partners.

3. Detailed Description

3.1. Objectives

The Overall Objective of the action is to support the Government of Afghanistan towards the improvement of the health and nutrition status of the Afghan population, while its Specific Objective is to strengthen the public health system and the delivery of public health services.

3.2. Expected results and main activities

Main expected results:

R1. The capability and potential of the Ministry of Public Health in managing and overseeing SEHAT and in developing its capacity in key areas have been enhanced.

R2. Availability and quality of nutrition services are enhanced and nutrition awareness is increased among health service implementers and users throughout the country.

R3. Services to people living with mental disorders are improved in quality and expanded to include more patients and a larger geographical area.

R4. Services to people living with disabilities are improved in quality and expanded to include more patients and a larger geographical area.

Objectively Verifiable Indicators to measure the achievement of results have been included in the Logframe. The OVIs are linked to the EU's MIP 2014-2020 and in line with key SEHAT indicators.

19 EU, USAID, WB, DFATD, JICA, ISAF and UN agencies
Proposed activities will include:

**Activity 1.1: Provision of Technical Cooperation to the Ministry of Public Health aimed at strengthening its technical and human resource capacity to manage SEHAT.**

- Technical Cooperation to General Directorates along with Provincial Public Health Offices on subjects identified by Ministry of Public Health to strengthen the system and with special focus on the ten priorities under component 2 of SEHAT.
- Strengthening of capacity on areas traditionally supported by EU such as disability, mental health, prison health and nutrition.
- Strengthening the technical and managerial competences of the different Ministry's departments and linkages to central, provincial and district levels. Focus areas are programme management and budgeting; risk assessment and contingency plans; HR management and training; data collection and monitoring and public health finance management.

**Activity 2.1: Upgrade the nutrition curricula** in the existing diplomas of health professionals at the Institute of Health Sciences (IHS) and the Medical University of Kabul and establish a specific nutrition diploma.

**Activity 2.2: Increase access to nutrition services** regarding curative measures and prevention of malnutrition via a) the establishment under SEHAT of an innovation award mechanism to contract improved nutrition services with current service-providing NGOs or b) building capacity of those same NGOs in providing nutrition related services.

**Activity 2.3: Advance nutrition security by raising awareness of community on prevention of malnutrition**, its links to Mother and Child Health and underlying causes.

**Activity 3.1: Support implementation of the National Strategy for Mental Health and Substance Abuse** in rolling out mental health services under BPHS (SEHAT) by providing training and capacity building of psychosocial counsellors.

**Activity 4.1: Support the National Disability and Rehabilitation strategy** in rolling out disability services under BPHS and EPHS by providing training and capacity building of orthopaedic technicians and physiotherapists.

**3.3. Risks and assumptions**

The withdrawal of the ISAF troops may have a logistical impact on operations and may further compromise access to insecure areas. Contextually, the change of Government and of the Ministry of Public Health leadership as a result of the 2014 elections may affect the implementation and sustainability of activities; a drastic change of approach is not expected, but new priorities may emerge: timely dialogue with the new top management of Ministry of Public Health, based on long standing relations with the Ministry's staffs, will ensure continued buy-in from the (new) Government.

---

20 Administration and Finance, Human Resources, Pharmaceutical Affairs, and Health Economics and Financing Department
21 Strengthening of subnational government; health care financing; regulatory systems for pharmaceuticals; human resources for health; health information systems; health promotion; improved fiduciary systems; governance and social accountability; improved hospital performance; and private sector.
22 This will include an assessment of the achievements of previous TA/TC interventions supported by the EU.
23 Treatment of severe acute malnutrition (SAM), moderate acute malnutrition (MAM), EBF, CF, supplementation, growth monitoring and promotion, relations between diseases and malnutrition, underlying causes of malnutrition, behaviour change.
24 Depending on country's situation.
25 Foreseen to be finalized by the end of 2014
Widespread corruption at all levels of government and society remains a real challenge; fiduciary systems have improved but remain weak. The EU will work closely with other stakeholders to ensure accountability and proper use of funds.

Appropriate allocation of resources within the sector is not guaranteed. The EU will continue to support and closely follow-up the implementation of the CBRF, which will facilitate recruitment and retention of qualified technical advisors and public servants.

Failure to embed the nutrition component into a comprehensive, sustainable and coordinated intervention with the main stakeholders (UNICEF, WFP, WB, USAID) and lack of involvement of other Line Ministries may compromise improvement in the nutrition status of the population. The EU has started to work with USAID, DFATD, WB and the Public Nutrition Department towards a coordinated and comprehensive approach; consultations with UN agencies are also ongoing.

Under SEHAT, the Ministry of Public Health develops interventions to address ten key priority areas, but lack of progress may obstruct improvement of the sector. The SEHAT partners are supporting the relevant departments of the Ministry of Public Health to develop consistent and meaningful proposals. The proposed action is aligned to and coherent with these priority areas and will contribute to bridging existing gaps until the Ministry has been sufficiently strengthened to be able to procure further support through SEHAT.

3.4. Cross-cutting issues

Gender inequality is a cause as well as an effect of hunger and malnutrition. Women, especially when pregnant and lactating, have specific nutritional needs and their nutritional status is very important with regard to intergenerational effects. Women and girls suffer from worse access to health than men due to, among others, travel restrictions; they are also worse off in other fields including education and literacy, which in itself has a negative effect on nutrition. The planned nutrition activities focus significantly on women; gender equality among government staff is promoted, services to women improved and education status and social empowerment enhanced. Gender specific indicators are included in the logframe. The gender focus is aligned with the Ministry of Public Health Gender Strategy 2012-2016.

The government has incorporated environmental compliance on health care waste in their management plan and has set standards with regards to health waste management to be followed by all stakeholders.

3.5. Stakeholders

The main target group of the action is the Afghan population, with a focus on the most vulnerable groups, in particular women and children under 2 years old, people living under the poverty line, disabled, mentally impaired and people living in remote areas and under fragile security conditions, who will enjoy better quality of services.

The Ministry of Public Health, as steward of the health sector, will benefit from TC and capacity building. A better functioning BPHS and EPHS under SEHAT will allow them to improve quality and coverage further. Improved sector management of human and financial resources will benefit health workers at all levels by providing them with better professional skills and a more evenly distributed workload, enabling them to provide better quality services more efficiently.

NGOs implementing BPHS and EPHS employ the vast majority of the Afghan health work force and are a great asset in the context of security deterioration. They will benefit from capacity
building. A number of international NGOs are currently involved in improving services in the field of mental health and disability.

Professional and education institutes such as the Institute of Health Sciences, the University of Kabul and training institutes for physiotherapists, orthopaedic technicians and mental health specialists are targeted with curricula development and professional vocational training to increase the service delivery capacities of the BPHS/EPHS.

4. IMPLEMENTATION ISSUES

4.1. Financing agreement

In order to implement this action, it is foreseen to conclude a financing agreement with the partner country referred to in Article 184(2)(b) of the Regulation (EU, Euratom) No 966/2012.

4.2. Indicative operational implementation period

The indicative operational implementation period of this action is 48 months from the date of entry into force of the financing agreement or, where none is concluded, from the adoption of this Action Document, subject to modifications to be agreed by the responsible authorising officer in the relevant agreements. The European Parliament and the relevant Committee shall be informed of the extension of the operational implementation period within one month of that extension being granted.

4.3. Implementation components and modules

4.3.1. Grants: Call for proposals “Training of psychosocial counsellors, orthopaedic technicians and physiotherapists”. (Activities 3.1 and 4.1)

(a) Objectives of the grants, fields of intervention, priorities of the year and expected results

The objective of the grant is to expand and enhance the quality of services to people living with mental health disorders and disabilities.

The expected result of the action is to train and certify psychosocial counsellors, orthopaedic technicians and physiotherapists to fill vacant existing positions and guide them in follow up on-the-job training to be operational under the BPHS and EPHS system and in the communities on a nation-wide level.

The call will be composed of 2 lots, addressing mental health disorders and disabilities respectively.

(b) Eligibility conditions

In order to be eligible for the grant, applicants must:

- be legal persons and
- be non-profit making and
- be a non-governmental organisation, civil society organisation, international research organisation, university or university related organization or an international organisation as defined by Article 43 of the Rules of Application to the EU Financial Regulation and
- be established in a Member State of the European Union or an eligible nation as per articles 8 and 9 of Regulation (EU) No 236/2014 (Common Implementing Regulation). This obligation does not apply to international organisations and
• be directly responsible for the preparation and management of the action with their partners, not acting as an intermediary and
• be already operational in Afghanistan

(c) Essential selection and award criteria

The essential selection criteria are financial and operational capacity of the applicant. The essential award criteria are relevance of the proposed action to the objectives of the call, design, effectiveness, feasibility, sustainability and cost-effectiveness of the action.

(d) Maximum rate of co-financing

The maximum possible rate of co-financing for grants under this call is 100 %.

The maximum possible rate of co-financing may be up to 100 % in accordance with Articles 192 of Regulation (EU, Euratom) No 966/2012 if full funding is essential for the action to be carried out. The essentiality of full funding will be justified by the responsible authorising officer in the award decision, in respect of the principles of equal treatment and sound financial management.

(e) Indicative trimester to launch the call

First trimester following signature of the financing agreement.

4.3.2 Procurement (direct management)

<table>
<thead>
<tr>
<th>Subject in generic terms, if possible</th>
<th>Type</th>
<th>Indicative number of contracts</th>
<th>Indicative trimester of launch of procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>TC to Ministry of Public Health 26</td>
<td>Services</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(Activity 1.1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TC to IHS and Kabul Medical University on inclusion of Nutrition into Curricula (Activity 2.1)</td>
<td>Services</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Evaluation &amp; audit</td>
<td>Services</td>
<td>2 + 1</td>
<td>9 &amp; 17 + 18</td>
</tr>
<tr>
<td>Visibility measures</td>
<td>Services</td>
<td>1</td>
<td>14</td>
</tr>
</tbody>
</table>

4.3.3. Indirect Management with an International Organization – WB (Activities 2.2 and 2.3)

A part of this action with the objectives of a) increase access to nutrition services regarding curative measures and prevention of malnutrition (activity 2.2) and b) advancing nutrition security by raising awareness of community on prevention of malnutrition, its links to Mother and Child Health and underlying causes (activity 2.3), may be implemented in indirect management with the World Bank in accordance with Article 58(1)(c) of Regulation (EU, Euratom) No 966/2012. This implementation is justified because the World Bank is the manager of the ARTF under which SEHAT is funded and may be able to provide this set of activities on budget through the ARTF, ensuring coherence of approach and Ministry's ownership.

The entrusted entity would launch calls for tenders and for proposals; define eligibility, selection and award criteria; evaluate tenders and proposals; award grants, contracts and financial

26 Aligned to 10 priority areas in SEHAT Component 2 and in nutrition, mental health and disability
instruments; act as contracting authority concluding and managing contracts, carrying out payments.

The entrusted entity intends to subdelegate part of its budget implementation tasks to the Government of Afghanistan. Appropriate provisions will be included in the delegation agreement.

If negotiations with the above-mentioned entrusted entity fail:

- the part of this action with the objective of building capacity of NGOs involved in BPHS (SEHAT) to increase access to nutrition services regarding curative measures and prevention of malnutrition (Activity 2.2 – EUR 8 M) may be implemented in direct management through the launching of a call for proposal (for a maximum of 1 – 2 contracts). In this case, the eligibility conditions, the essential selection and award criteria, the maximum rate of co-financing and the indicative trimester of launch of the grants would be the same as under 4.3.1 (points b to e).

- the other part of this action with the objective of advancing nutrition security by raising awareness of community on prevention of malnutrition, its links to Mother and Child Health and underlying causes (Activity 2.3 – EUR 9.5 M) may be implemented in indirect management with USAID. The implementation by this alternative entrusted entity would be justified because of the specific capacity and coverage of USAID in this particular field and of the ongoing EU and USAID collaboration in the sector. EU and USAID jointly designed a programme that addresses malnutrition through a preventive multifaceted approach. A complementary package of activities would be implemented, targeting all levels of stakeholders in nutrition. The programme's activities (including strengthening women’s decision making capacity regarding household's nutrition practices, increase household's capacity to access high quality diversified foods and increase access to improved sanitation and hygiene infrastructure) would have a special focus on behavioural change and community awareness on prevention of malnutrition. USAID has the appropriate capacity and expertise to embark upon this form of cooperation and has confirmed a high level of interest, shown by an allocation of USD 53 M to nutrition, of which USD 15 M under health interventions\(^27\). The alternative entrusted entity would launch calls for tenders and for proposals; define eligibility, selection and award criteria; evaluate tenders and proposals; award grants, contracts and financial instruments; act as contracting authority concluding and managing contracts, carrying out payments.

The World Bank (the entrusted entity) is currently undergoing the ex-ante assessment in accordance with Article 61(1) of Regulation (EU, Euratom) No 966/2012. In anticipation of the results of this review, the responsible authorising officer deems that, based on a preliminary evaluation and on the long-standing and problem-free cooperation with this entity, it can be entrusted with budget-implementation tasks under indirect management.

The USAID option has to be considered available if and only if the pillar assessment process of USAID (the alternative entrusted entity) has been launched in accordance with Article 61(1) of Regulation (EU, Euratom) No 966/2012 at the time this Commision Decision is adopted.

4.4. Scope of geographical eligibility for procurement and grants

Subject to the following, the geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act shall apply.

The responsible authorising officer may extend the geographical eligibility in accordance with Article 9(2)(b) of Regulation (EU) No 236/2014 on the basis of urgency or of unavailability of

\(^{27}\) Ca EUR 10,8 M at exchange rate Inforeur May 2014
products and services in the markets of the countries concerned, or other duly substantiated cases where the eligibility rules would make the realisation of this action impossible or exceedingly difficult.

4.5. **Indicative budget**

<table>
<thead>
<tr>
<th>Module</th>
<th>Amount in EUR, thousands</th>
<th>Third party contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.1. – Call for proposals: Training of psychosocial counsellors (35%), orthopaedic technicians and physiotherapists (65%)</td>
<td>9 000</td>
<td>-</td>
</tr>
<tr>
<td>4.3.2. – Service contracts (direct management)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- TC to Institute of Health Sciences and Kabul Medical University</td>
<td>5 000</td>
<td>-</td>
</tr>
<tr>
<td>- TC to Ministry of Public Health</td>
<td>5 000</td>
<td>-</td>
</tr>
<tr>
<td>4.3.3. – Indirect management with WB</td>
<td>17 500</td>
<td></td>
</tr>
<tr>
<td>4.7. – Evaluation and audit</td>
<td>375</td>
<td>-</td>
</tr>
<tr>
<td>4.8. – Communication and visibility</td>
<td>125</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>37 000</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

4.6. **Performance monitoring**

Regular monitoring is a continuous process as part of European Commission's responsibilities. External impact monitoring might be carried out by independent consultants recruited directly by the European Commission in accordance with Commission's rules and procedures on specifically established terms of reference. The regular routine collection of performance-based indicators will be incorporated as a proxy to full scale surveys. It is foreseen that the project monitoring will remain with the ROM Contractor for Asia. Objectively verifiable performance indicators will be developed in the Inception Phase. The final set of indicators will depend on the final scope of the intervention and will be agreed by the Ministry of Public Health and the implementing partners.

4.7. **Evaluation and audit**

Evaluations (mid-term, final) and audit arrangements are integral part of the contractual arrangements with the selected international organisation. External evaluations and audits might be carried out by independent consultants recruited directly by the Commission in accordance with European Commission's rules and procedures on specifically established terms of reference.

4.8. **Communication and visibility**

Communication and visibility of the EU is a legal obligation for all external actions funded by the EU.

This action shall contain communication and visibility measures which shall be based on a specific Communication and Visibility Plan of the Action, to be elaborated before the start of implementation and supported with the budget indicated in section 4.5 above.

The measures shall be implemented either (a) by the Commission, and/or (b) by the partner country, contractors, grant beneficiaries and entrusted entities. Appropriate contractual
obligations shall be included in, respectively, financing agreements, procurement and grant contracts, and delegation agreements.

The Communication and Visibility Manual for European Union External Action shall be used to establish the Communication and Visibility Plan of the Action and the appropriate contractual obligations.