



# Concept Environmental and Social Review Summary

## Concept Stage

### **(ESRS Concept Stage)**

Date Prepared/Updated: 02/08/2022 | Report No: ESRSC02598



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
South Asia	SOUTH ASIA	P178532	
Project Name	Supporting Human Capital Investments in Sindh		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Social Protection & Jobs	Investment Project Financing	8/8/2022	11/21/2022
Borrower(s)	Implementing Agency(ies)		
Islamic Republic of Pakistan	Planning and Development Board Government of Sindh Karachi.		

Proposed Development Objective

Strengthen social protection service delivery system to increase access to basic services for poor and vulnerable populations at prioritized stages of the life cycle in target districts.

Financing (in USD Million)	Amount
<b>Total Project Cost</b>	<b>200.00</b>

**B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?**

No

**C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]**

The proposed operation is aligned with the development objectives of the Government of Pakistan and the Government of Sindh (GoS) that aim at increasing investment in people, by focusing on lagging regions and populations. It builds on the understanding that for accelerated improvement in human capital outcomes in Sindh, there is a critical need for interventions that improve access to and demand for social services. Low uptake of social services is regarded as a key reason for poor human capital outcomes, especially in the lagging geographical areas and households in the bottom two income quintiles. The proposed operation has three components.

Component 1 – Strengthen Provincial Social Protection System



This component will support the establishment of an appropriate institutional framework to improve functional consolidation and coordination, policy planning, and monitoring of social protection interventions (especially those aimed at bolstering access and demand, and changing social norms), while also strengthening administrative capacities. It will support measures to strengthen Sindh’s SP policy and research function and focus on the creation of an Integrated Social Protection Information System (SPIS) linked to the National Socio-Economic Registry (NSER).

**Component 2 - Mother and Child Support Program**

The component focuses on the key area of human development along the life cycle where risks and needs are high, but programmatic responses are weak -- birth and early childhood. The main objective of this component is to create demand for health and nutrition services and promote behavioral change to increase uptake of the services focusing on the first 1000 days of life.

**Component 3 – Strengthening Early Childhood Education (ECE)**

The Project will help strengthen ECE and foundational learning systems in Sindh by improving the ECE quality, strengthening and expanding the ECE labor force, and improving ECE monitoring data and systems, and initiating activities to increase ECE access which could be scaled up in later programs.

**D. Environmental and Social Overview**

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

The geographic scope of the project has been decided based on the latest approved multi-dimensional poverty index of Sindh and the bottom 13 districts have been considered as the project’s geographic scope. Although the wealthy households living in urban areas have sufficient access to private health and education systems, the poor living in slums, towns and rural areas are suffering from in-sufficient quality social infrastructure and services. This directly affects Sindh’s health and education system and services in terms of balancing resource needs and administrative requirements. Sindh’s population is a diverse mix of various ethnic groups. These groups compete for resources and power, and it has strong implications on social development and social assistance and service delivery. Social rank is strict and adhered to in all interactions and residential patterns. Families with higher social status maintain control of village affairs. Landowners are the central figures in the social structure in rural areas, and their influence can control tenants' and minorities workers' opportunities and activities. Labor market conditions in Sindh are also challenging, especially for women. Female paid labor force participation rates in Sindh (12.5 percent) are much lower than that of men (68.5 percent). Analysis reveals that almost 80 percent of rural women workers are engaged in non-paid work, such as maintaining the household, childcare, homestead, or family enterprise. About 37 percent of the rural population lives below the poverty line, compared to 33 percent overall in Pakistan. Over 70 percent of the rural population is landless.

D. 2. Borrower’s Institutional Capacity

The proposed project will be implemented by the SPSU/upcoming SPA, and Department of Education and Literacy. It is proposed that Sindh Social Protection Authority (SPA) will be established as an autonomous entity with an independent Board, under an enabling Act of the Provincial Assembly. Its administrative control would be with the Social Protection Department. CCT program will be carried out by the collaboration of PPHI and SPSU/upcoming SPA. PPHI will provide assistance to the Sindh SP system in ensuring the front-end field administration of CCT services. A separate PMU will be created for quality enhancement of early childhood education (ECE) component of the project. SPSU and Sindh Education and Literacy Department (SELD) have limited institutional capacity related to environmental and social risk mitigation requirements as per ESF. There is no section in any of the departments and there is absence of technical staff for the environmental and social assessment and implementation. It must be noted



that under Pandemic Response Effectiveness Project (PREP), provincial level health care waste management capacity has been strengthened through hiring provincial environmental and health and safety specialists, application of ESMP, regular monitoring and training programs. Given the low environmental risk of the project one Environment and Social Specialist (E&SS) will be hired for both PMUs, to help implementing agencies in meeting the requisite ESF guideline requirements. The Bank team’s E&S specialists will provide close support to the project team during preparation of environmental and social instruments that are required prior to project appraisal and during implementation.

**II. SCREENING OF POTENTIAL ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS**

**A. Environmental and Social Risk Classification (ESRC)**

Moderate

**Environmental Risk Rating**

Low

Preliminary environmental risk assessment of the proposed project interventions indicates that the only foreseeable environmental risk is attributed to: a) spread of COVID in cash collection centers and ECE Resource Centers (linked with the health CCT program, component 1 and component 2 respectively); and b) minor construction waste (solid and liquid), occupational health and safety and storage and use of small amounts of chemicals and solvents on-site (linked with component 3). Civil works will be related to the establishment and refurbishing of ECE Resource Centers (ECERCs), located in the district-based Teacher Training Institutes (TTIs). To establish these newly anticipated ECERC’s, the rooms/spaces will need to be refurbished, furnished, and equipped. Since the number of beneficiaries visiting the cash collection centers would be on varying dates, the risk of infection is also low. The risk of ICT procurement is considered to be negligible since i. small quantity is envisaged to be procured. ii. This new equipment will not replace any existing equipment, hence there will not be generation of e-waste at implementation phase. iii. To cater to end-of-life disposal, the ICT equipment will be reused by the Government. There will be an indirect impact of increased health care waste generation due to expansion of access to health care facilities. It should also be noted that another World Bank pipeline health operation, namely; Sindh Health and Population Project (SHPP- P178530) along with Pandemic Response Effectiveness in Pakistan (PREP-P173796) as well as National Immunization Support Project (NISP-P132308), include provisions for implementation of Health Care Waste Management Plan and will thus, address the issues related to indirect generation of health care waste. The strengthening of provincial health care departments and facilities capacities under the aforementioned projects to cater to hospital waste management due to various capacity building sessions, monitoring and hiring of provincial environmental and health and safety specialists, application of ESMP and regular monitoring etc. will also help mitigate the indirect impacts of the project. COVID standard operating procedures (SOPs) taking into account the health and safety issues will be adhered to during the project implementation. Similarly, during implementation phase, the E&S Screening Checklists will be developed proportionate to the level of risks. Henceforth, low scale environmental impacts are envisaged which are localized, temporary and reversible in nature, whilst being easily manageable by the implementation of SOPs/mitigation measures. Component 1 involves policy planning, and framework establishment for the Social Protection system in Sindh along with supporting software development for improving cash transfers, GRM establishment etc. No material goods are expected to be procured at this stage.

**Social Risk Rating**

Moderate

The project is designed to have a positive social impact, purposely targeting populations in highly lagged behind districts of the Sindh Province particularly for women and children of the poor communities. Provision of health,

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education and cash transfer services are likely to increase incomes and consumption of households and improve the nutrition of pregnant and lactating women (PLWs), thus contributing in the improvement of their health in general and life chances. The project is also expected to improve cognitive function and educational performance of children through increasing school attendance and decreasing drop-outs resulting in the improvement of the human development indicators. Social risks arise from the project being implemented in high MPI ranking districts is the likelihood of: i) exclusion of vulnerable and marginalized groups; ii) lack of outreach and participation of communities living in remote and far flung areas; iii) concerns related to lack of meaningful engagement with community groups including women and vulnerable groups (e.g., religious minorities and seasonal migrants); iv) exclusion of disadvantaged groups (e.g., people living with disabilities, are particularly disadvantaged when accessing health and education services); v) Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH) risks for women health care workers could emerge in and around health centers and for project beneficiaries; vi) risks related to spread of Covid-19 and its variants as well as other communicable diseases during ante-natal and post-natal check ups of PLW, and children's school attendance; vii) ineffective management of community needs and expectations regarding their rights and entitlements due to lack of awareness; viii) apprehensions related to squandering of cash transfers by male family members instead of using money for the intended purpose. A simple Social Management Framework (SMF) will be prepared to mitigate these social risks, that will guide preparation of a simple social management plan (SMP) during implementation, containing a brief checklist with SMF guidelines etc. and will be proportionate to project risk. Social considerations will ensure that CCTs and other social services are accessible to all including vulnerable/excluded groups. Measures will be put in place to ensure that the Grievance Redress mechanism (GRM) is established and accessible for each project intervention. Awareness will also be raised to ensure that the project GRM is used to record grievances by the community. Activities undertaken by the project would observe COVID-19 related mitigation and prevention measures to reduce the risk of transmission as per WHO and government protocols/guidelines. In addition, a Community Mobilization and Behavioral Change Communication Strategy will be developed, approved, and will be implemented in targeted districts with support from NGOs, which is expected to further strengthen engagement and sensitization on the rights and entitlements of beneficiaries especially women. It will also include key messages on social inclusion within beneficiary communities and would promote measures to encourage positive social norms for women and girls' empowerment.

## **B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered**

### **B.1. General Assessment**

#### **ESS1 Assessment and Management of Environmental and Social Risks and Impacts**

##### ***Overview of the relevance of the Standard for the Project:***

The project activities can potentially cause limited adverse environmental and social impacts. However, most of these impacts are likely to be low in intensity. There will be an indirect increase of health care waste as the result of increased access to health care facilities, which will be managed by the provisions for environmental and health care waste management by World Bank funded SHPP PREP and NISP. Additionally, for component 3, environmental and social screening checklists will be prepared to assess the environmental and social impacts during the ongoing, minor rehabilitation works for addressing any adverse environmental impacts due to generation of wastes, use of construction materials and tools such as paints and solvents. These screening checklists will be prepared prior to initiation of civil works and will henceforth, be included as an integral part of the bidding documents. The main social risk is the likelihood of exclusion and targeting of vulnerable and marginalized groups from the project benefits; lack



of participatory preparation and implementation of project interventions; spread of covid-19 due to large number of regular visitors in the health outlets for immunization and medical check-ups; and children in the overcrowded schools. The mitigation measures will include clear definition of targeting criteria; by promoting equal access to services aiming at prevention of social exclusion and overcoming its consequences; information sharing and involvement of communities and in the preparation and implementation of project activities; frequent communication with communities and local stakeholders; grievance redress/ stakeholder response mechanism procedures to ensure timely handling of grievances. As the project is demand driven, the Behavioral Change Communications Strategy will cover key messages around social and economic inclusion, coupled with messages on proper use of cash transfers for family welfare, effective use of social services and GBV. SOPs will be developed to prevent/ minimize the spread of the infectious disease/COVID-19 in the community. Financial resources would be provided to enable effective oversight of project implementation, strengthen safeguards, beneficiary outreach and communication, and M&E. This includes support for capacity building, trainings, and technical assistance related to E&S institutional capacity, as needed to enhance capacity of each IA.

**Areas where “Use of Borrower Framework” is being considered:**

None. The borrower/government has not proposed adoption of the borrower’s E&S framework and the project will apply Bank’s ESF policy along with the Government’s E&S requirements.

**ESS10 Stakeholder Engagement and Information Disclosure**

To ensure a participatory, inclusive, and culturally appropriate approach, The IAs will prepare Stakeholder Engagement Plan (SEP) proportional to the nature and scale of the project and its associated risks and impacts and disclose prior to appraisal. The SEP will be implemented and updated as needed throughout the project lifecycle. To ensure this, the IAs would need to engage in meaningful consultations with all stakeholders while paying particular attention to the inclusion of vulnerable and disadvantaged groups. The IAs will prepare a SEP including: i) a detailed mapping and analysis of the stakeholders, individuals and groups likely to be affected (direct beneficiaries); (ii) planning engagement modalities viz. effective communication tool for consultations and disclosure; and (iii) defining roles and responsibilities of different actors in implementing the plan; and (iv) a grievance redress mechanism (GRM) for project activities, as well as outlining the broader communications of the project to support as part of project design. Mapping of other interested parties such as government agencies/authorities, academia, NGOs and CSOs, international agencies as well as community beneficiary groups including disadvantaged and vulnerable groups/persons have already been completed. The IAs have consulted with relevant stakeholders including community health workers, teachers and community beneficiaries, disadvantaged groups, and religious minorities. Such consultations were focused on understanding project specific vulnerabilities of women and children, their experience related to social services, school environment, wellbeing, and health & safety concerns. During the consultative process, the IAs provided information to stakeholders on the potential environmental and social risks and impacts to integrate stakeholders’ inputs into the project’s design and subsequent mitigation measures. The SEP will be updated as necessary to incorporate any emerging issues or needs for engaging with stakeholders during project implementation. The IAs and their implementing partners have already put in place a complaint system to enable project beneficiaries and groups to lodge their complaints. SMF includes a list of complaint mechanisms (in process of finalization) and it will be further strengthened before the commencement of the project activities. The proposed GRM will include multiple channels to lodge complaints, the information disclosure channels and appropriate methods for information sharing. The strengthening of the GRM and beneficiary outreach, will contribute greatly in improving citizen engagement.

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## B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

### ESS2 Labor and Working Conditions

Given the nature of the project's interventions, two types of workers, direct and contracted are relevant to this project. Direct workers include PMU staff and consultants to be engaged directly by the IAs to work specifically in relation to the project. Contracted workers employed or engaged through third parties (NGOs or CSOs and service providers) to perform related tasks for the project will be considered. Primary supply workers are not anticipated as goods or materials essential to the core functions of the project will be provided on an ongoing basis by well-established suppliers. The project will not use community workers as no community driven development and community contribution is involved to support the project. A simple Labor Management Procedures (LMP) will be developed to provide guidelines for the IA ensuring compliance with Fundamental Principles and the Rights at work as stipulated under ESS2 (e.g. non-discrimination, no forced or child labor, right to collective bargaining, adequate compensation / benefits / payment of extra time etc.). The workers will sign code of conduct to prevent gender based violence especially SEA/SH. Occupational health and safety risks and impacts will continually be assessed following ESS2 requirements. As part of the continuous environmental and social assessment process, the proposed environmental and social screening checklists that will be developed during implementation, will identify the potential impacts and propose mitigation and monitoring framework.

### ESS3 Resource Efficiency and Pollution Prevention and Management

The project involves very minor rehabilitation activities. No equipment is envisaged to be procured under the project. It is expected minor construction waste (solid and liquid) as a result of minor rehabilitation works under component 3 will be generated by the project which will be mitigated as per principles of mitigation hierarchy. For management of minor e-waste generated, in accordance with proportionality principle, as a precaution, buy-back clause will be included in the procurement contract (as part of the ESCP) to cater to end-of-life disposal of ICT equipment along with reuse of equipment by the Government. The ESS3 is therefore relevant to the project at concept stage. The mitigation measures proposed in the Screening Checklists will take into account the reuse of materials and proper waste disposal methods. Being a Social Protection project, the department of health is not an Implementing entity thereby, limiting the practicality of preparation and implementation of an environmental and health care waste management plan for this project. However, it must be noted that the health care wastes will be managed by another new health operation in pipeline along with PREP and NISP projects which are under implementation and supported by the World Bank.

### ESS4 Community Health and Safety

ESS4 is relevant considering impacts from COVID-19 and service safety to the communities living in congested areas and close to the health centers, cash collection centers, ECERCs and schools' locations where project interventions will be carried out. In addition, the frequent community mobilization and behavioral change awareness raising meetings at community level in the context of the current COVID-19 pandemic may lead to a further spread of the disease.. In order to mitigate these risks, the IAs will put mitigation measures in place. For ECERCs development of SOPs for infection prevention and control before the initiation of any related education/health activity will be



ensured and the provision will be included in the ESCP accordingly (though most of this increased traffic would be handled and provided for through the existing training facilities already available through the TTIs). The SMF will also evaluate these risks and impacts on the health and safety of the project’s beneficiaries, including communities living close to the health centers and schools’ locations and include provisions to avoid, minimize and mitigate any potential impacts during project life cycle. The SMF will also provide an analysis of the impact of access to health centers and schools, and SEA/SH risks for health workers, teachers, and project beneficiaries.

**ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement**

Not relevant

**ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources**

Not relevant

**ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities**

Not relevant

**ESS8 Cultural Heritage**

Not relevant

**ESS9 Financial Intermediaries**

Not relevant

**B.3 Other Relevant Project Risks**

None at this stage

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways** No

**OP 7.60 Projects in Disputed Areas** No

**III. WORLD BANK ENVIRONMENTAL AND SOCIAL DUE DILIGENCE**

**A. Is a common approach being considered?** No

**Financing Partners**

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None at this stage

**B. Proposed Measures, Actions and Timing (Borrower’s commitments)**

**Actions to be completed prior to Bank Board Approval:**

Prior to appraisal, the following documents need to be approved and disclosed:

- i. Social Management Framework (SMF)
- ii. Stakeholder Engagement Plan (SEP) including GRM
- iii. Labor Management Procedures (LMP)
- iv. Environmental and Social Commitment Plan (ESCP)

**Possible issues to be addressed in the Borrower Environmental and Social Commitment Plan (ESCP):**

- 1- Hiring of one Environmental and Social Specialist for both PMUs to support implementation of Environmental and Social standards requirements.
- 2- Preparation and use of environmental and social screening checklists for sub-projects (developed before the initiation of bidding process and will be made part of the bidding documents).
- 3- Implementing and updating the SEP during project implementation (if and as required) including GRM
- 4- Updating and implementing LMP (as required)
- 5- Capacity building of PMU Staff
- 6- Provisions for managing unanticipated impacts
- 7- Updating and implementing the SMF
- 8- Implementing the labor management procedures
- 9- Monitoring of the environmental and social commitments and performance in accordance with the legal agreement
- 10- Capacity-building and awareness raising on SEA/SH
- 11- SMP during project implementation

**C. Timing**

**Tentative target date for preparing the Appraisal Stage ESRS**

30-May-2022

**IV. CONTACT POINTS**

**World Bank**

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**Borrower/Client/Recipient**

Borrower: Islamic Republic of Pakistan

**Implementing Agency(ies)**

Implementing Agency: Planning and Development Board Government of Sindh Karachi.

**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

Task Team Leader(s):	Phillippe George Pereira Guimaraes Leite, Shahram Paksima, Sohail Saeed Abbasi
Practice Manager (ENR/Social)	Robin Mearns Recommended on 08-Feb-2022 at 06:23:8 GMT-05:00
Safeguards Advisor ESSA	Pablo Cardinale (SAESSA) Cleared on 08-Feb-2022 at 21:23:24 GMT-05:00