Public Disclosure Authorized

Project Information Document/ Integrated Safeguards Data Sheet (PID/ISDS)

Concept Stage | Date Prepared/Updated: 28-Sep-2018 | Report No: PIDISDSC25553

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Parent Project ID (if any)	Project Name
Pakistan	P167962		Enabling Social Sectors for Growth: Sindh Human Capital Project (P167962)
Region	**Estimated Appraisal Date**	**Estimated Board Date**	**Practice Area (Lead)**
SOUTH ASIA	May 15, 2019	Sep 30, 2019	Health, Nutrition & Population
Financing Instrument	**Borrower(s)**	**Implementing Agency**	
Investment Project Financing	Islamic Republic of Pakistan	Department of School Education and Literacy, Sindh, Nutrition Support Program, Department of Population Welfare, Sindh, Department of Health, Sindh	

Proposed Development Objective(s)

The Project Development Objective is to improve delivery and utilization of reproductive, maternal and child health and nutrition services, as well as early childhood, primary and secondary education services, for women and girls in targeted areas of Sindh Province.

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	1,000.00
Total Financing	1,000.00
of which IBRD/IDA	400.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	400.00
IDA Credit	400.00

Non-World Bank Group Financing	
Counterpart Funding	200.00
Borrower	200.00

Environmental Assessment Category	Concept Review Decision
B - Partial Assessment	Track II-The review did authorize the preparation to continue

B. Introduction and Context

Country Context

1. Pakistan is the world's sixth most populous country with an estimated 208 million people.[1] Although the country's macroeconomic situation has improved, poverty remains widespread. Pakistan is a lower-middle income country with GDP per capita of US$ 1,548[2] and GDP growth of 5.7 percent in 2017. While poverty has declined significantly since 2004, nearly 40 percent of the population remain mired in multidimensional poverty.[3] Pakistan is among the most urbanized countries of South Asia with nearly two-fifths of the population already living in urban areas. It is expected that in the next 15 years, a majority of Pakistan's population will live in cities.

2. The Constitution of Pakistan establishes the state as a federal parliamentary republic, with a two-tier system consisting of a federal and four provincial governments (Punjab, Sindh, Khyber Pakhtunkhwa and Balochistan). The 18th Constitutional Amendment of 2010 transferred wide ranging responsibilities from the federal to provincial governments. Subsequently, each Provincial Government then approved Local Government Acts of 2013 to delineate powers and functions of their local government systems, respectively. However, authority for most of the broad-based taxes remains with the federal government and provinces are heavily dependent on revenue transfers. In FY2014-15 for example, fiscal transfers from the federal government constituted 81 percent of total receipts of the Government of Sindh province (GoS).

Sectoral and Institutional Context

3. Sindh province is experiencing a demographic transition, which is likely to yield a demographic dividend. Sindh's population grew rapidly between 1998 and 2015, from 30.4 million to an estimated 50 million. Sindh's declining total fertility rate (TFR) rate, which fell from 5.1 in 1990 to 3.6 in 2017-18, is contributing to a demographic transition. If the population continues to expand at its current pace, it is expected to reach 69 million by 2030 and 106 million by 2050. At the same time, with fewer births each year, the share of young dependents in Sindh is expected to decline over time

[1] 2017 Census of Pakistan
[2] World Development Indicators, current USD, 2017
[3] Ministry of Planning, Development & Reform, Multidimensional Poverty in Pakistan, 2016, p.xi

relative to the working-age population. With fewer young and elderly dependents, Sindh is likely to enjoy a window of opportunity for rapid economic growth, called a demographic dividend, if the appropriate social and economic policies and investments are put in place.

4. Poverty and vulnerability indicators have declined considerably in Sindh over the past decade, though poverty rates are still higher than at the national level. Despite a marked reduction in poverty levels, the development of the human development (HD) sector has been slow and many issues remain in achieving the United Nations Sustainable Development Goals. About 43 percent of the population in Sindh was poor in 2014/15, and reductions in poverty levels have not coincided with improvements in social indicators. The enrollment rate for school-aged children remains low and has been stagnant over the past three years. Nearly 6.7 million children in the 6 to 15-year-old cohort are out of school, and only 30 percent of students who enter grade 1 reach grade 6. Moreover, despite some improvements in maternal health outcomes, performance indicators in the health sector remain poor overall, with low levels of institutional deliveries, stagnant rates of contraceptive use (25 percent in 2017/18) and limited immunization coverage (measles coverage is just 61 percent in 2017/18).

5. Coverage rates for maternal and child health services, contraception use and vaccinations are low. Sindh's nutrition indicators are among the worst in the country; 40 percent of children under the age five are underweight and 38 percent are stunted (in 2017/18). This has negative implications for long-term HD outcomes, including labor productivity. Increasing food insecurity among households, poor water quality and quantity, suboptimal sanitation and hygiene practices—including open defecation—early and frequent childbearing, and low literacy rates over the past decade have all contributed to this trend.

6. The population's dispersion over large distances poses additional challenges for healthcare access, necessitating aggressive outreach efforts, while low awareness for health services also requires demand creation. Use of public sector health service is lower in Sindh at 22 percent compared to 29 percent in the rest of the country. The Lady Health Worker (LHW) Program is the Department of Health's (DOH) flagship initiative for community interventions, but only covers about 20-43 percent of the population in certain districts.

7. Sindh is among the worst performing provinces with respect to educational development in Pakistan. Key educational indicators in Sindh are consistently lower than the national average. Total enrollment levels in Sindh have not increased over the past decade despite population growth, with 4.1 million students in 2005/06 and 4.2 million in 2013/14. Low enrollment levels in rural areas and among girls are driving low overall enrollment rates. The gross enrollment ratio (GER) among girls is 69 percent, compared to 88 percent among boys. Despite the government's efforts, Sindh's education sector continues to face major challenges, including limited school access and low retention rates. Lack of school access and high dropout rates, especially at the primary level, are responsible for Sindh's large out-of-school population. Given the importance of girls' education for women's employability, child health and nutrition outcomes and poverty reduction, the limited educational development of girls contributes to low inter-generational HD outcomes. The female labor force participation rate is particularly low in Sindh at 2 percent in urban areas and 20 percent in rural areas. While female employment in rural areas is gradually increasing, most women engage in unpaid work. The weak economic integration of women remains a constraint to economic growth.

8. There are significant disparities in HD outcomes between urban and rural areas. Sindh's overall HD outcomes are negatively impacted by its severely disadvantaged rural population and lag behind those of other provinces. While education and health indicators in Sindh's urban areas meet or exceed national averages, outcomes in Sindh's rural areas are among the worst in Pakistan.

9. The quality of public services in the HD sector is poor and services are allocated unevenly between urban and rural areas and across districts. Weak governance is a root cause of the inadequate quantity and low quality of service provision in Sindh. Inefficient budget management, reflected in low levels of public spending on HD and weak budget execution, compounds other systemic inefficiencies. Public resources are allocated unevenly across districts, and their distribution is not related to outcome indicators. Sindh has relatively strong private-sector service providers, but ineffective coordination, a lack of quality-assurance mechanisms, and weak regulation result in suboptimal service quality and coverage. The HD sector is governed by sector-specific policies in areas such as education and health; in Sindh, several key policy areas are underdeveloped, such as social protection, while others suffer from weak policy implementation.

Relationship to CPF

10. The Government of Sindh has prepared an "Accelerated Action Plan for Reduction of Stunting and Malnutrition: *Sehatmand Sindh*" that provides a platform for a multi-sector approach to reduce stunting through interventions in health, nutrition and population (HNP), education, and social protection sectors, amongst others, focusing on women and adolescent girls. The AAP covering FY2016 to FY2021, is estimated to cost US$646 million. The AAP is linked to the GOS's Costed Implementation Plan (CIP) on Family Planning (FP), which encompasses a range of FP services, including integration with nutrition services. The proposed project is fully aligned to the overall objectives and strategic areas of focus of the AAP and the CIP. The project will also contribute to the Pakistan Country Partnership Framework (CPF, FY15-20)'s Results Area IV "Service Delivery" and more specifically outcome 4.2 (improved access to maternal and child health services) and outcome 4.3 (increased school enrollment and adoption of education quality assessment).

11. In addition, the proposed project is aligned with the priorities set forth in the Sindh Health Sector Strategy (2012–2020), Sindh Provincial Population Policy 2016, Education Sector Plan (2019–2023), draft Social Protection Policy, and Sindh Vision 2025.

C. Proposed Development Objective(s)

12. The Project Development Objective is to improve delivery and utilization of reproductive, maternal and child health and nutrition services, as well as early childhood, primary and secondary education services, for women and girls in targeted areas of Sindh Province.

Key Results (From PCN)

13. Key indicators that will be used to track the DO are:

- Percentage of mothers in targeted areas receiving counselling on infant and young child feeding
- Percentage of children aged under 5 years in targeted areas receiving vitamin A supplementation
- Percentage of girls in targeted areas transitioning from primary to middle school
- Percentage of women aged 15 to 49 years in targeted areas receiving reproductive health services, including family planning services
- Number of female beneficiaries of conditional cash transfers in targeted areas

D. Concept Description

14. The proposed project will use a multiphase programmatic approach (MPA) that will foster cross-sector integration, technical quality, innovation, intensity, scale, and leveraging of domestic resources. The first phase will start with ready-to-implement interventions, building on current services and programs; second phase modify, add and scale-up of phase 1 activities; and the third phase will further improve quality and increase scale of activities initiated under the first two phases.

15. Phase 1 will target selected under-served rural districts as well as peri-urban and slum areas using an Investment Project Financing (IPF), likely with some Disbursement-Linked Indicators (DLIs) to support priority government actions. The following set of activities will be prioritized under phase 1:

- FP awareness-raising, counselling and services;
- Awareness-raising, counselling and micro-nutrient supplementation for prevention of maternal and child malnutrition;
- Integration of FP, maternal and child health, and nutrition services;
- Early childhood care and education services;
- Technical support to improvements in primary health care services and systems;
- Possible expansion of conditional cash transfer (CCT) for HNP services;
- Behavior change communication;
- System development (contract management, supply chain, Social Protection Platform).

16. Phase 2 will intensify and expand implementation of phase 1 activities and is likely to focus on reform of the secondary school stipend program for quality enhancements and development of urban service delivery models. Phase 3 will continue with implementation of activities initiated in the first two phases and focus on improving quality.

17. The proposed project will be coordinated by the Planning & Development Board, supported by the AAP Secretariat (for monitoring and reporting functions). All implementation functions will be handled by existing structures of the relevant GOS's line departments including the departments of health, population, school education, and social welfare. The DOH's flagship LHW program and community mobilizers will be integral part of the proposed project.

SAFEGUARDS

A. Project location and salient physical characteristics relevant to the safeguard analysis (if known)

The proposed project will be implemented in districts of low human development indicators in the Sindh province. It is the third largest province of Pakistan by area, and second largest province by population after Punjab. Sindh is bordered by Balochistan province to the west, and Punjab province to the north. Sindh's landscape consists mostly of alluvial plains flanking the Indus River, the Thar desert in the eastern portion of the province, Kirthar Mountains in the western part and Arabian Sea in the south of the province. Sindh lies in a tropical to subtropical region; it is hot in the summer and mild to warm in winter. Temperatures frequently rise above 46 °C (115 °F) between May and August, and the minimum average temperature of 2 °C (36 °F) occurs during December and January in the northern and higher elevated regions. The annual rainfall averages about 7 inches, falling mainly during July and August. Although Sindh has a semi-arid climate, through its

coastal and riverine forests, its huge fresh water lakes and mountains and deserts. The province is mostly arid with scant vegetation except for the irrigated Indus valley. Mango, date palms and the more recently introduced banana, guava, orange and chiku are the typical fruit-bearing trees. The coastal strip and the creeks abound in semi-aquatic and aquatic plants and the inshore Indus delta islands have mangrove forests. Water lilies grow in abundance in the numerous lake and ponds, particularly in the lower Sindh region. Sindh supports a large amount of varied wildlife. Crocodiles are rare and inhabit only the backwaters of the Indus, eastern Nara channel and Karachi backwater. Besides a large variety of marine fish, the plumbeous dolphin, the beaked dolphin, rorqual or blue whale and skates frequent the seas along the Sindh coast. The Pallo, a marine fish, ascends the Indus annually from February to April to spawn. The Indus river dolphin is among the most endangered species in Pakistan and is found in the part of the Indus river in northern Sindh. The project will target districts characterised by poverty and low levels of human development including education, health, acute malnutrition of children etc. There is also significant evidence of gender disparity in such areas. In Sindh, gender indicators, for example women's participation in the labour force and education indicators (literacy, enrolment, attainment level etc.), remain low as compared to those for men.

B. Borrower's Institutional Capacity for Safeguard Policies

The MPA approach will adapt and continue ongoing World Bank AAP project activities. The PMU of AAP established in P&DD has sufficient capacity of environmental and social development staff to undertake project activities. An ESMF and ESMPs related to the interventions of WASH and fisheries sector have been developed and are being implemented by PMU-AAP in coordination with the Local Government and Fisheries departments. The PMU E&S capacity will be assessed during preparation stage and will then decide to increase the E&S staff to implement the safeguard documents under MPA.

C. Environmental and Social Safeguards Specialists on the Team

Rahat Jabeen, Environmental Specialist
Najm-Ul-Sahr Ata-Ullah, Social Specialist

D. Policies that might apply

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	It is envisaged that in Phase 2 of the project will undertake the renovation of schools (e.g. repair works, upgrading existing facilities, building bathrooms, new classrooms etc.) Some low scale potential environmental impacts are expected from the rehabilitation of schools. These impacts would be temporary, localized and reversible in nature and can be mitigated through a generic construction environmental management plan (EMP). In the health sector, the medical waste generation at health facilities is not managing as per the SOPs of EMWM, hence the proposed project supports the development of EMWMP which will be implemented in the targeted health facilities.

		The project safeguard category assessed as B with partial assessment. The client will develop the generic construction related EMP for the rehabilitation of schools and health care facilities which will outline the screening, possible impacts and generic mitigation measures. Since the scale of the impacts is low the EMP will be comprised of screening, mitigation, supervision and monitoring, checklists. The generic EMP will also cover the chance find mechanism at screening stage and will provide the suitable mitigation measures to handle or avoid in case of discovery of archeological artefacts etc. as per policy guidelines of OP/BP 4.01. The generic EMP will then be updated or adjusted to specific works once the locations and designs of each sub-projects are available. The tailored EMP can then be included in the bidding documents. The health department will develop the EMWMP prior to appraisal stage which will covers the generic measures for construction related impacts of the health care facilities as well as management measures of medical waste. The EMWMP will incorporate the WBG General EHS Guidelines and Industry Sector Guidelines for Health Care Facilities. The safeguards document will be consulted upon, finalized and cleared by the World Bank and publicly disclosed in country and on the Image Bank of the World Bank respectively. A Social Management Framework (SMF) will be prepared to address wider social impacts related to gender, vulnerability, social exclusion etc. The SMF will include frameworks for gender, social mobilization, citizen engagement (including grievance redress), stakeholder consultation etc.
Performance Standards for Private Sector Activities OP/BP 4.03	No	The project does not involve any private sector opportunities.
Natural Habitats OP/BP 4.04	No	This policy is not triggered no any project interventions plan in natural habitats.
Forests OP/BP 4.36	No	Project interventions does not involve any forest areas. Therefore, this policy is not triggered.
Pest Management OP 4.09	No	The project interventions do not involve pesticides uses directly and indirectly.
Physical Cultural Resources OP/BP 4.11	No	This policy is not triggered since the project interventions are designed in the existing schools.
Indigenous Peoples OP/BP 4.10	No	This policy is not triggered as the only recognized Indigenous People of Pakistan, the Kailash, reside in

		the Chitral Valley which is outside the project's geographical area.
Involuntary Resettlement OP/BP 4.12	Yes	Phase 2 of the project includes renovation of schools (e.g. repair works, upgrading existing facilities, building bathrooms, new classrooms etc.) In Sindh there are cases where school buildings or parts of school premises are encroached for purposes of livelihood (e.g. cow sheds) and/or temporary shelter. Rehabilitation of such schools may require small scale permanent economic displacement and/or involuntary resettlement. Hence, OP 4.12 on Involuntary Resettlement is triggered. To address such possibilities and provide requisite impact mitigation measures a framework for compensation and livelihood rehabilitation (including screening, mitigation, monitoring and supervision checklists) will be prepared, consulted upon, and publicly dislosed both in-country and on the Bank's Image bank prior to appraisal. Site-specific plans, if required, will be prepared once the design and location of the sub-projects are available
Safety of Dams OP/BP 4.37	No	This policy is not triggered because interventions are designed in the populated areas.
Projects on International Waterways OP/BP 7.50	No	The project does not involve any international water ways.
Projects in Disputed Areas OP/BP 7.60	No	The project activities will not be carried out in the disputed areas.

E. Safeguard Preparation Plan

Tentative target date for preparing the Appraisal Stage PID/ISDS

Apr 30, 2019

Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing should be specified in the Appraisal Stage PID/ISDS

Environmental Management Framework (EMF) for rehabilitation of schools and EMWM Plans will be developed prior to project appraisal.
Social Management Framework (SMF) will be prepared, consulted on, and publicly disclosed prior to project appraisal.
Compensation and Livelihood Rehabilitation Framework will be prepared, consulted on, and publicly disclosed prior to project appraisal.

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APPROVAL

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