



# Appraisal Environmental and Social Review Summary

## Appraisal Stage

### **(ESRS Appraisal Stage)**

Date Prepared/Updated: 03/21/2020 | Report No: ESRSA00549



## BASIC INFORMATION

### A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Pakistan	SOUTH ASIA	P173796	
Project Name	Pandemic Response Effectiveness in Pakistan		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/21/2020	3/26/2020
Borrower(s)	Implementing Agency(ies)		
Economic Affairs Division, Islamic Republic of Pakistan	Ministry of National Health Services, Regulations and Coordination, National Disaster Management Authority, Benazir Income Support Programme		

### Proposed Development Objective(s)

The proposed project development objective is to prepare and respond to the COVID-19 pandemic in Pakistan and strengthen national systems for public health preparedness.

Financing (in USD Million)	Amount
Total Project Cost	200.00

### 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]

This emergency project (prepared as per the Bank IPF Policy, para. 12) will address critical country-level needs to prevent, detect and respond to the threat posed by COVID-19. It will support strengthening the country's national health systems for public health preparedness, and includes mitigation measures in social protection and education to help the poor and vulnerable cope with the immediate impact of the pandemic.



The Project will have 4 components:

**Component 1. Emergency COVID-19 Preparedness and Response**

This component aims to slow down and limit as much as possible the spread of COVID-19 in the country. This will be achieved through providing immediate support to prevention, detection, case management and mitigation of risks and response to health threats and disease epidemics.

Sub-component 1.1. Prevention: This sub-component will support: (i) the implementation of the COVID-19 National Action Plan prepared by the MONHSRC and ensure that provincial costed action plans are prepared and implemented; (ii) the national risk communication and community engagement (RCCE) strategy for preparedness and its implementation.

**Sub-component 1.2. Detection**

This sub-component will support enhancing of disease detection capacity through increasing surveillance capacity, provision of technical expertise, strengthening laboratory and diagnostic systems to ensure prompt case finding and local containment.

**Sub-component 1.3. Response**

This sub-component will support the establishment of quarantine facilities with collaboration of public / private sector hospitals with provision of logistics, equipment supplies, and IEC material.

**Component 2. Mitigation of Disruptive Impacts**

**Sub-component 2.1. Emergency Social Safety Net**

This component aims to address significant negative externalities expected in the event of a widespread COVID-19 outbreak using different safety net mechanisms based on the extent of disruptions.

**Sub-component 2.1a. Emergency Cash Transfers to Protect the Poorest**

This sub-component will help deploy this existing system to mitigate the socioeconomic impacts of the outbreak with equity and speed.

**Sub-component 2.1b. Emergency Food supply for Quarantined Populations**

This sub-component would finance delivery of basic food supplies to households affected by severe mobility disruptions for a period of 6 months.

**Sub-component 2.2. Mitigation of Impacts in Education**

This sub-component aims to address significant disruptive impacts expected in the event of a widespread COVID-19 outbreak, which will keep children, teachers, and administrators out of school for a prolonged period.

**Component 3. Implementation Management and Monitoring and Evaluation**

This component will support strengthening of structures for the coordination and management of the project, including federal and provincial arrangements for coordination of activities.

**Component 4: Contingent Emergency Response Component (CERC)**

In the event of a future eligible crisis or emergency, the project will contribute to providing immediate and effective response to said crisis or emergency.



## **D. Environmental and Social Overview**

### **D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]**

This Emergency Project will take a phased approach to respond to COVID-19 and will be implemented across Pakistan. As a first step, the majority of activities will be health sector operations to respond to urgent preparedness and response needs related to the COVID-19 outbreak. For the health sector operation, while the specific locations where project sub-components will be implemented have not yet been identified the activities to support detection and response to COVID-19 infection will be implemented at screening posts, labs, hospitals and quarantine facilities in the urban and rural areas including border areas. The Environmental and Social Management Plan (ESMP) prepared and implemented for the Bank funded National Immunization Support Project (NISP) will be updated to prepare the project specific ESMP to mitigate the environmental and social impacts of the project, mainly occupational health and safety (OHS), community health and safety including gender based violence (GBV) issues, associated with infection screening, quarantines for prevention control, and hazardous health care waste management. A Gender and Social Assessment will also be done, and recommended measures will be incorporated, as relevant, in the project specific ESMP and other standard operating procedures (SOPs), operations manuals, and guidelines etc. to be used for project implementation. For the other sectors, measures such as emergency cash transfer, delivery of basic supplies to households, and distant learning will be carried out to mitigate the disruption of social and economic activities, business and livelihood. These activities will mainly be carried out at offices, households and through virtual communities such as radio, TV or internet. No/minimal environmental impacts are expected. However, there are considerable social issues of potential exclusion of vulnerable and marginalized groups, harassment/extortion, fraud, and social tensions/conflict that need to be mitigated across all components.

### **D. 2. Borrower's Institutional Capacity**

For Component 1, project management arrangements will anchor on the existing NISP at Federal and Provincial levels. NISP is currently functioning satisfactorily and is built upon the existing capacity in MONHSRC and the provincial Departments of Health (DOHs) through Expanded Program for Immunization (EPI) to prevent unnecessary fragmentation and duplication of its roles. In this project, federal and provincial EPI cells housed in MONHSRC and provincial DOHs will be responsible for execution of the health-related project activities on behalf of MONHSRC and provincial DOHs respectively. EPI has experience of working with the World Bank through NISP under the Bank's Safeguards Policies and has developed adequate mechanisms and practices for prevention of health care workers' infection, cold chain management of vaccines, safe use of syringes and disposal. Safe disposal of infectious waste remains a challenge during implementation; however, this is also improving. The project has also improved its capacity for addressing social issues such as grievance redress. The monitoring capacity of EPI for environment and social compliance is still developing due to limited capacity of dedicated environment and social Staff at federal, provincial and district levels. The hiring of ESMP coordinators at provincial level is in progress under NISP and these resources if taken on board as early as possible, will contribute to more stringent implementation of the ESMP. The project is also going to hire additional environmental and social specialists at federal and provincial levels to specifically support the proposed emergency project. As the NISP is supported under old safeguards policies, the capacity of EPI to adapt the project under Environmental and Social Framework (ESF) requires additional support such as close coordination with the Bank team, extensive trainings and guidance, and in some cases third party support.

Component 2 will be implemented by Benazir Income Support Program (BISP), the Federal Ministry of Education, and the National Disaster Management Authority (NDMA). BISP is currently implementing a Bank-financed project, National Social Protection Program which has dedicated staff for gender and social mobilization/social development. The performance of the project with regard to management of social issues, including Grievance Redress Mechanism (GRM) and outreach to vulnerable groups including the Kalash, is satisfactory. NDMA and the Ministry of Education



also have experience of working with the Bank and other multilateral agencies and donors for disaster relief and provision of education services respectively. The capacity of these institutions (particularly at provincial and district levels) with reference to ESF requirements, however, is limited and will be strengthened through extensive trainings and with the support of the Bank's environment and social teams (and where need be, through third party support).

## II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

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

Substantial

#### Environmental Risk Rating

Substantial

Overall, it is expected that the project will have positive environmental and social effects, given that the project will strengthen the capacity and preparedness of national and provincial government for surveillance, infection prevention and control, monitoring and communication on COVID-19. The environmental risks are considered Substantial. The main environmental and social risks are: (i) OHS issues such as potential infection of the laboratory technicians and health care workers to COVID-19 through the project activities including testing, handling of relevant supplies and clinical care; and (ii) potential environmental pollution and community health and safety issues related to handling, transportation and disposal of healthcare wastes. The wastes that may be generated from screening posts, labs, hospitals and quarantine facilities to be supported by the Pakistan COVID-19 response could include liquid contaminated wastes (e.g. blood, other body fluids and contaminated fluid) and infected materials (water used; lab solutions and reagents, sharps and syringes, bed sheets, majority of waste from labs and quarantine and isolation centers, etc.) which requires safe handling, storage and disposal including use of personal protective equipment (PPEs), segregation and disinfection, as it may pose an infectious risk to healthcare workers in contact or handle the wastes. No major civil works such as new building construction are expected in this project and only minor rehabilitation works of buildings and water supply and sanitation would be supported.

Because the swift implementation of environment, health and safety measures need to be in place under the emergency situation, mitigation measures will be developed and implemented based on the existing systems available in the ongoing WB funded project through NISP. An ESMP for the project will be prepared through updating the existing ESMP prepared and implemented for NISP, applying international best practices in diagnostic testing for COVID-19, handling the medical supplies involved, and disposing of generated wastes. The ESMP will incorporate an updated version of health care waste management measures of NISP ESMP and SOP for Waste Management at Hospitals prepared as part of National Action Plan for Corona virus disease Pakistan in February 2020. The NISP ESMP sets out the comprehensive mitigation measures for the prevention of health care workers' infection, safe disposal of sharps and immunization wastes, proper use of PPEs, cold chain management for vaccine effectiveness, and awareness raising and training. Until the ESMP is prepared, the project will apply the existing ESMP in conjunction with WHO standards on COVID-19 response for the emergency response activities such as procurement for goods (purchase of testing kits, medical equipment such as oxygen suppliers, etc.) and surveillance, and risk communication. The relevant parts of the WHO COVID-19 quarantine guidelines and COVID-19 biosafety guidelines will be reviewed while preparing the ESMP so that all relevant risks and mitigation measures will be covered. In addition to the ESMP, the client will implement the activities listed in the Environmental and Social Commitment Plan (ESCP).



## Social Risk Rating

Substantial

The social risks are Substantial. One major social risk is that marginalized and vulnerable social groups (e.g. women, youth, elderly, differently-abled, indigenous people (IPs) of Kalash, religious minorities, communities in remote locations etc.) are unable to access and benefit from project facilities and services. There is a potential risk of social tension and conflict within communities due to the adverse impacts on containment strategies on people's livelihoods, and in quarantine/isolation facilities servicing marginalized groups such as religious minorities. As the first quarantine response across Pakistan has revealed, the facilities offered are less than acceptable to anyone, with minimal access to clean water, sanitation facilities, food, etc. Hence, handling of quarantine interventions (including dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; and prevention of sexual exploitation and abuse (SEA) and sexual harassment (SH) as well as minimum accommodation and servicing requirements) are issues that will require close attention while managing the social risks of the project. To mitigate these risks, the MoNHSRC, will commit (in the ESCP) to the provision of services and supplies based on the urgency of the need based on, but not limited to, factors such as infection hotspots, areas around points of entry (PoE), and areas with no tertiary health care facilities. The government's risk communication and community engagement strategy will facilitate the access of vulnerable groups to information on how to prevent and respond to COVID-19 in ways they can understand. The implementing agencies will also commit, in the ESCP, to conduct a Gender and Social Assessment which will also address the concerns and needs of vulnerable and marginalized groups, particularly the Kalash, (including issues of access, prevention of social tensions and conflict, mental health and psychosocial support of healthcare workers and trauma survivors etc.). Mitigation measures for the same will be mainstreamed in all relevant SOPs etc. for intercepting, screening, isolating and treating COVID-19 suspects. A draft Stakeholder Engagement Plan (SEP) that incorporates a preliminary stakeholder mapping has been prepared to guide MoNHSRC, NDMA, BISP and the Ministry of Education in the early interactions with a wide range of citizens. The SEP will also include details of a GRM.

## 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:***

Overall, it is expected that the project will have positive environmental and social effects, given that the project will strengthen the capacity and preparedness of national and provincial government for surveillance, infection prevention and control, monitoring and communication on COVID-19. However, the project could also cause significant environmental, health and safety risks due to the dangerous and highly infectious nature of the pathogen and reagents and other materials to be used in the project-supported laboratories, hospitals and quarantine facilities. Multiple disadvantaged or other vulnerable groups stand to benefit, starting with the elderly and those with compromised immune systems due to pre-existing conditions. Healthcare-associated infections due to inadequate adherence to OHS standards can lead to illness and death among health care workers and laboratory technicians. The laboratories and relevant health facilities which will be used for COVID-19 diagnostic testing, treatment and isolation of patients can generate infectious waste, pathological waste, chemical waste, and other hazardous health care waste. These facilities to be supported by the project will have potential exposure to COVID-19 and will therefore have the potential to cause serious illness or potentially lethal harm to the health care workers, laboratory staff and to the community.



To mitigate the environmental risks, the MONHSRC will update the existing ESMP prepared for NISP. The NISP ESMP sets out comprehensive mitigation measures for the prevention of health care workers' infection, safe disposal of sharps and immunization wastes, proper use of PPEs, cold chain management for vaccine effectiveness, and awareness raising and training. The updated ESMP will propose effective infectious, administrative and engineering control measures to minimize occupational and community health and safety risks associated with infection prevention and control, and adequate hazardous health care waste at the relevant facilities to be supported under the project. International best practices in COVID-19 diagnostic testing and handling the medical supplies, hazardous health care management and traffic safety will be incorporated in ESMP and all the relevant international guidelines and SOPs will be included as annexures of ESMP to provide more detailed guidance. Until the updated ESMP has been approved, the project will apply the existing NISP ESMP in conjunction with WHO standards on COVID-19 response. International best practice is outlined in the WHO "Operational Planning Guidelines to Support Country Preparedness and Response", which should be followed in updating the documents. Further guidance is included in the WHO "Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV" (February 11, 2020).

A major social issue associated with such an operation is that marginalized and vulnerable social groups are unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project. To mitigate this risk MONHSRC, in the ESCP, will commit to, conduct a Gender and Social assessment to develop measures which will address the concerns and needs of vulnerable and marginalized groups, and will ensure that the provision of services and supplies is based on the urgency of the need. Project implementation also needs to ensure appropriate stakeholder engagement, proper awareness raising and timely information dissemination to (i) avoid conflicts resulting from false rumors; (ii) ensure equitable access to services (health, safety net, education) for all who need it; and (iii) address issues resulting from people being kept in quarantine, including vulnerable and marginalized groups particularly women, IPs (Kalash) and minorities. The project can thereby rely on standards set out by WHO as well as international good practice to (i) facilitate noted appropriate stakeholder engagement and outreach towards a differentiated audience (concerned citizens, suspected cases and patients, relatives, health care workers, etc.); and (ii) promote the proper handling of quarantining interventions (including dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; and prevention of SEA and SH as well as minimum accommodation and servicing requirements).

#### **ESS10 Stakeholder Engagement and Information Disclosure**

Once approved, the project will establish a structured approach to stakeholder engagement and public outreach that is based upon meaningful consultation (possibly virtual given social distancing requirements) and disclosure of appropriate information, considering the specific challenges associated with combating COVID-19. All implementing agencies will apply the preliminary SEP prepared for this emergency project, to engage citizens (affected and interested parties and vulnerable groups) as needed and for public information disclosure purposes. Within one month of project effectiveness, this SEP will be updated to include more information on the environmental and social risks of project activities and new modalities that take into account the need for improved hygiene and social distancing, and containment strategies. The updated SEP will also include details of the GRM for addressing any concerns and grievances raised across all components.





The updated SEP will acknowledge the particular challenges with engaging marginalized and vulnerable social groups such as women, youth, elderly, IPs of Kalash, ethnic and religious minorities, internally displaced persons (IDPs), returnees, 'illegal' migrants, daily wage and domestic workers, street vendors and hawkers, encroachers and squatters particularly those in congested low income neighborhoods/slums in cities, drug addicts and persons with disabilities, and people and communities living in remote or inaccessible areas, while keeping a clear focus on those who are most susceptible to the transmission of the novel coronavirus, such as the elderly and those with compromised immune systems due to pre-existing conditions. Stakeholder engagement strategies will point out ways to minimize close contact and follow the recommended good hygiene procedures as outlined in the US-based Centers for Disease Control (CDC) for patients with confirmed COVID-19 or persons under investigation for COVID-19 in healthcare settings. People affected by or otherwise involved in project-supported activities, including different types of health care workers (many frontline healthcare workers are women), will be provided with accessible and inclusive means to raise concerns or lodge complaints, via the GRM included in the SEP. The design of the GRM will also be informed by the findings of a SEA and SH risk assessment, and GRM staff will be trained (as appropriate) to sensitize them on GBV (including SEA and SH) and trauma issues to enable them to refer survivors to existing referral mechanisms in the country. Project implementation will also be supported by a strong communication and mobilization strategy which will not only facilitate the access of vulnerable groups, including the Kalash, to information on how to prevent and respond to COVID-19 in ways they can understand but also help in a broader sense to dispel false rumors about COVID-19, to ensure equitable access to services, and to counteract isolation and uncertainty that comes from people being kept in quarantine.

## **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**

Most activities supported by the project will be conducted by health and laboratory workers, i.e. public servants employed by the MONHSRC or provincial DOHs. Minor facility rehabilitation works would require hiring contractors. Activities encompass surveillance, assessment of samplings, treatment of patients at hospitals and quarantine facilities as well as small scale civil works for facility rehabilitation. The key risk is contamination with COVID-19 (or other contagious illnesses as patients taken seriously ill with COVID-19 are likely to suffer from illnesses which compromise the immune system, which can lead to illness and death of workers). The project will ensure the application of OHS measures as outlined in WHO guidelines which will be captured in the updated ESMP and other relevant SOPs, guidelines etc. This encompasses procedures for installing and/or rehabilitating quarantine/isolation/treatment facilities, entry into health care facilities, including minimizing visitors and undergoing strict checks before entering; procedures for protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and PPE; ensuring adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer); and overall ensuring adequate OHS protections in accordance with General Environmental and Health Safety Guidelines (EHSGs) and industry specific EHSGs and follow evolving international best practice in relation to protection from COVID-19. Also, the project will regularly integrate the latest guidance by WHO as it develops over time and experience addressing COVID-19 globally.





The use of child labor will be forbidden in accordance with ESS2, i.e. due to the hazardous work situation, for any person under the age of 18. The project may outsource minor works to contractors. Such works pose limited risks, but workers will have access to necessary PPE and handwashing stations. No large-scale labor influx is expected due to the same circumstance. In line with ESS2, the use of forced labor or conscripted labor is prohibited in the project, both for construction and operation of health care facilities. The project will also ensure a responsive GRM to allow workers to quickly inform involved agencies of labor issues, such as a lack of PPE, unreasonable overtime, unsatisfactory work conditions etc.

### **ESS3 Resource Efficiency and Pollution Prevention and Management**

Treatment and disposal of hazardous health care waste (sharps, infectious waste, pathological waste, chemical waste and wastewater etc.) generated from screening post, hospitals, labs, and quarantine facilities to be supported (drugs, supplies and medical equipment) may result in potentially significant environmental risks and impacts such as air pollution and soil and ground water contamination due to the release of chemical substances to the environment. Hazardous health care waste to be generated from the screening posts, labs and hospitals includes waste sharps, waste contaminated with blood and other body fluids, laboratory cultures and the materials in contact with infected patients, laboratory reagent and other chemicals.

To mitigate such potential environmental pollution, each beneficiary medical facility/lab will follow ESMP to be prepared building upon the existing ESMP prepared and implemented for NISP, applying international best practices in diagnostic testing for COVID-19, handling the medical supplies involved, and disposing of generated wastes. The ESMP will incorporate an updated version of health care waste management measures of NISP ESMP and SOP for Waste Management at Hospitals prepared as part of National Action Plan for Corona virus disease Pakistan in Feb 2020 as well as international best practices such as WHO technical brief on water, sanitation, hygiene and waste management for the COVID-19 virus, and WHO guidance: Safe management of wastes from health-care activities. Any activities that have high probability of causing serious adverse effects will be screened out according to ESMP. The ESMP will also include guidance related to transportation and management of samples and medical supplies or expired chemical products as well as the checklist for small scale rehabilitation works of health care facilities.

### **ESS4 Community Health and Safety**

In the project, there is a chance of exposure and infection of patients and visitors to COVID-19 at screening posts, labs, hospitals and quarantine facilities if appropriate precautionary measures are not undertaken to minimize exposure, control access and prevent spread. The general public could also be at risk of infection If hazardous health-care waste is abandoned or disposed of improperly.

In order to prevent and minimize the community health and safety risk of COVID-19, ESMP will be prepared based on the ESMP prepared and implemented for NISP and on the recommendations of the social assessment, incorporating the requirements of relevant national and international guidelines, e.g. WHO, CDC, etc. More specifically, infection and prevention control protocol will be established in the ESMP. The protocol should include the measures to minimize the chance of exposure of visitors and patients such as movement restriction, isolation procedure, provision of supplies, e.g. sanitizers, masks, ventilation, cleaning procedure, training to workers and visitors and reporting procedure of visitors. As for the hazardous health care waste management, the ESMP will incorporate an updated



version of health care waste management measures of NISP ESMP and Standard Operating Procedure for Waste Management at Hospitals prepared as part of National Action Plan for Corona virus disease Pakistan as well as WHO Guidelines.

The setting up and operation of quarantine and isolation centers needs to be implemented in a way that both the wider public, as well as the quarantined patients are treated in line with international best practice as outlined in WHO Guidelines referenced under ESS1.

Some project activities may give rise to the risk of GBV, in particular SEA and SH and domestic violence risks. The Gender and Social assessment to be prepared for this project will include a GBV risk assessment and preventive measures, in the form of a GBV Action Plan, will be prepared and implemented if required. The project will promote the avoidance of SEA by relying on the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and well-lit quarantine and isolation centers.

The project will also ensure via the above noted provisions, including stakeholder engagement, that quarantine and isolation centers and screening posts are operated effectively throughout the country, including in remote and border areas, without aggravating potential conflicts between different groups.

In case quarantine and isolation centers are to be protected by security personnel, it will be ensured that the security personnel follow a strict code of conduct and avoid any escalation of situation, taking into consideration the above noted needs of quarantined persons as well as the potential stress related to it.

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

This standard is Relevant. Should any construction or rehabilitation works come to be included--for example, as part of the establishment of local isolation units or quarantine wings in hospitals--they will be undertaken in existing facilities and within established footprints. Any restrictions on land use in connection with project implementation will be undertaken through voluntary negotiations between the parties, to the extent possible, in accordance with ESS5. In the unlikely event of permanent land acquisition in connection with any project activities that have not yet been identified, the necessary ESF instruments, satisfactory to the Bank, will be prepared and disclosed prior to commencement of the land acquisition in accordance with ESS5.

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

No major construction or rehabilitation activities are expected in this project and all works will be conducted within existing facilities. Hence, likely impacts of the project on natural resources and biodiversity are low and so this standard is considered Not Relevant.

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

This Standard is Relevant. Since this is a national project, indigenous peoples (IPs) are present in the overall project implementation area. The Kalash residing in the Chitral District of Khyber-Pakhtunkhwa (KP) province are recognized



as IPs. It is not expected that any of the proposed project activities will have either direct or indirect negative impacts on the Kalash. However, the social assessment to be prepared for the project will also assess the impacts on the Kalash and any recommended mitigation measures will be incorporated into the ESMP and relevant SOPs, etc. All the activities financed by the project will respect the human rights, dignity, aspirations, identity, culture and livelihoods of the Kalash. Training and capacity building for health care professionals under the project will ensure that care is provided for all, irrespective of origin or ethnicity, with due care to take into account the distinctive cultural traits and language of the Kalash.

### ESS8 Cultural Heritage

This standard is currently considered Not Relevant as the project is not expected to support any construction or rehabilitation activities that would involve the movement of earth (thereby potentially having an impact on tangible cultural heritage), or other activities that could have an impact on intangible cultural heritage. In the unlikely event of construction or the movement of earth in connection with any project activities that have not yet been identified (for example, as a result of use of the unallocated funding in Component 5), a chance finds procedure will be prepared and integrated into the ESMP for the project.

### ESS9 Financial Intermediaries

This standard is Not Relevant for the suggested project interventions, as no financial intermediaries will be used.

## B.3 Other Relevant Project Risks

Potential environmental and social impacts would be exacerbated as the result of the natural disaster, for example the flooding, drought or excessive heat, especially for poor and vulnerable population both in urban and rural areas.

## C. Legal Operational Policies that Apply

### OP 7.50 Projects on International Waterways

No

OP 7.50, does not apply because the project activities do not fall under the definition of “similar projects that involve the use or potential pollution of international waterways” according to paragraph 2(a) of OP 7.50. The project would involve minor rehabilitation of water supply schemes but will not involve anythe new construction.

### OP 7.60 Projects in Disputed Areas

No

## III. BORROWER’S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	



Prepare and submit to the Association quarterly monitoring reports on the environmental, social, health and safety (ESHS) performance of the Project, including but not limited to, stakeholder engagement activities and grievances log.	07/2020
The MONHSRC shall maintain qualified staff and resources to support management of ESHS risks and impacts of the Project including one environmental and social specialist and a health and safety specialist at federal and provincial Extended Program for Immunization (EPI) cells under MONHSRC and provincial Health Departments. In the event implementation units are established in other implementing agencies these should include designated social development staff	05/2020
Assess the environmental and social risks and impacts of proposed Project activities, in accordance with the Environmental and Social Management Plan (ESMP) and the Gender and Social Assessment to be prepared for the Project, including to ensure that individuals or groups (including among others Kalash) who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project.	05/2020
<b>ESS 10 Stakeholder Engagement and Information Disclosure</b>	
Prepare, disclose, adopt, and implement a Stakeholder Engagement Plan (SEP) consistent with ESS10, in a manner acceptable to the Association	05/2020
Accessible grievance arrangements shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Association.	05/2020
<b>ESS 2 Labor and Working Conditions</b>	
The Project shall be carried out in accordance with the applicable requirements of ESS2, in a manner acceptable to the Association.	
<b>ESS 3 Resource Efficiency and Pollution Prevention and Management</b>	
Relevant aspects of this standard shall be considered, as needed, under the assessment of ESS1, including, inter alia, measures to manage health care wastes and other types of hazardous and non-hazardous wastes.	
<b>ESS 4 Community Health and Safety</b>	
Relevant aspects of this standard shall be considered, as needed, under the assessment of ESS1	
<b>ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement</b>	
Relevant aspects of this standard shall be considered, as needed, under the assessment of ESS1	
<b>ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources</b>	
Relevant aspects of this standard shall be considered, as needed, under the assessment of ESS1	



#### ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

Relevant aspects of this standard shall be considered, as needed, under the assessment of ESS1

#### ESS 8 Cultural Heritage

Relevant aspects of this standard shall be considered, as needed, under the assessment of ESS1

#### ESS 9 Financial Intermediaries

### B.3. Reliance on Borrower's policy, legal and institutional framework, relevant to the Project risks and impacts

**Is this project being prepared for use of Borrower Framework?**

No

**Areas where "Use of Borrower Framework" is being considered:**

NA

## IV. CONTACT POINTS

### World Bank

Contact:	Aliya Kashif	Title:	Senior Health Specialist
Telephone No:	5722+135 / 9	Email:	akashif@worldbank.org
Contact:	Amjad Zafar Khan	Title:	Sr Social Protection Specialist
Telephone No:	5722+136 / 9	Email:	akhan16@worldbank.org

### Borrower/Client/Recipient

Borrower: Economic Affairs Division, Islamic Republic of Pakistan

### Implementing Agency(ies)

Implementing Agency: Ministry of National Health Services, Regulations and Coordination

Implementing Agency: National Disaster Management Authority

Implementing Agency: Benazir Income Support Programme

## V. FOR MORE INFORMATION CONTACT



The World Bank  
1818 H Street, NW  
Washington, D.C. 20433  
Telephone: (202) 473-1000  
Web: <http://www.worldbank.org/projects>

## **VI. APPROVAL**

Task Team Leader(s):	Aliya Kashif, Amjad Zafar Khan
Practice Manager (ENR/Social)	Valerie Hickey Cleared on 20-Mar-2020 at 17:26:7 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 21-Mar-2020 at 09:43:58 EDT