Combined Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS)

Appraisal Stage | Date Prepared/Updated: 11-Dec-2019 | Report No: PIDISDSA26727
### BASIC INFORMATION

#### A. Basic Project Data

<table>
<thead>
<tr>
<th>Country</th>
<th>Project ID</th>
<th>Project Name</th>
<th>Parent Project ID (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pakistan</td>
<td>P164785</td>
<td>Supporting Human Capital Accumulation in Punjab by Early Investment</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Region</th>
<th>Estimated Appraisal Date</th>
<th>Estimated Board Date</th>
<th>Practice Area (Lead)</th>
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<tbody>
<tr>
<td>SOUTH ASIA</td>
<td>19-Dec-2019</td>
<td>14-Feb-2020</td>
<td>Social Protection &amp; Jobs</td>
</tr>
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<table>
<thead>
<tr>
<th>Financing Instrument</th>
<th>Borrower(s)</th>
<th>Implementing Agency</th>
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</thead>
<tbody>
<tr>
<td>Investment Project Financing</td>
<td>Islamic Republic of Pakistan</td>
<td>Punjab Social Protection Authority, Primary and Secondary Health Department, School Education Department</td>
</tr>
</tbody>
</table>

**Proposed Development Objective(s)**

The proposed project development objective (PDO) is to increase the utilization of quality health services, and economic and social inclusion programs, among poor and vulnerable households in select districts in Punjab.

**Components**

- Health service quality and utilization
- Economic and social inclusion
- Efficiency and sustainability through social protection service delivery system

### PROJECT FINANCING DATA (US$, Millions)

#### SUMMARY

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (US$ Millions)</th>
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<tbody>
<tr>
<td>Total Project Cost</td>
<td>330.00</td>
</tr>
<tr>
<td>Total Financing</td>
<td>330.00</td>
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<tr>
<td>of which IBRD/IDA</td>
<td>200.00</td>
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<tr>
<td>Financing Gap</td>
<td>0.00</td>
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#### DETAILS

- World Bank Group Financing
B. Introduction and Context

Country Context

1. **Pakistan’s most abundant asset is human capital, but the country has not been effectively investing in or utilizing this significant resource.** Pakistan has an estimated population of 208 million people (as per the 2017 census), many of whom are young (more than 60 percent of the population is younger than 30). The country’s demographic transition, characterized by the young, working-age population growing faster than the overall population, could also help create an environment conducive to economic growth and demographic dividends. However, as highlighted by the latest Human Capital Index (HCI), released by the World Bank in 2018, an average girl born in Pakistan today will have realized only 40 percent of her overall human capital potential by the time she turns 18, if no changes in human capital accumulation take place. The country’s high stunting rate (which was 37.6 percent in 2017, despite some progress) among children under five,¹ and poor education and learning outcomes, also highlight the challenging human capital outcomes in the country.

2. **Pakistan’s low human capital indicators are in large part due to lagging outcomes among poor and vulnerable households and are associated with weak female empowerment.** For instance, while primary school attendance is over 90 percent in the richest quintile, less than half of children in the poorest quintile attend primary school. Weak female empowerment, manifested in a large gender gap in education, employment, and earnings, also has significant implications on investment in children’s human capital, given the strong association between mother’s education and household income and children’s human capital outcomes. Women’s participation rate in earnings generating activities is strikingly low: female labor force participation in 2017 is low (28 percent in rural areas and 11 percent

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¹ Pakistan Demographic and Health Survey, 2017–18.
in urban areas); and among the employed the share of unpaid work is high (60 percent in rural areas and 15 percent in urban areas).

3. **The macro-economic and fiscal crisis that the country is currently facing adds further challenges to poverty reduction and human capital accumulation in Pakistan.** Pakistan has been experiencing repeated boom-bust patterns and fiscal crises due to some structural factors. The latest economic downturn accompanied by growing current account deficit and falling foreign currency reserves led the Pakistani government to accumulate bilateral short-term debt and macroeconomic imbalances. As part of its stabilizing efforts, the government signed a US$6 billion bailout program offered by the International Monetary Fund (IMF) through a 39-month Extended Fund Facility in July 2019. The IMF program and its accompanying measures could expose a number of vulnerable households to the risk of falling back into poverty putting them at risk of reversing the gains.²

4. **At household level, poor and vulnerable households may resort to negative coping strategies to mitigate the impact of economic downturn.** As households see their income decrease, they may further reduce food consumption, which would worsen the already staggering nutrition outcomes among the poor. Households often cope with tight economic conditions by pulling their children out of school. Studies on economic crises paint the familiar picture that boys leave school for labor market opportunities, and girls stay home (without attending school) to care for household responsibilities while the mother begins to work for a secondary income. Lack of resources also means that households reduce their expenditure on health care by foregoing medical treatments and medications.

5. **The government’s strategy to strike a balance between crisis response and fiscal tightening appears to prioritize supporting the poor and vulnerable, especially in their human capital investment.** The federal government has recently announced a new initiative called *Ehsaas* ("compassion") to strengthen support for the country’s poor and vulnerable. With the launch of this initiative, the Prime Minister announced the creation of a federal Division of Poverty Alleviation and Social Safety (PASS) to renew its efforts to protect poor and vulnerable populations in the country. The Division of PASS, consisting of the country’s largest anti-poverty and safety net programs and entities, including the Benazir Income Support Program (BISP).³ Meanwhile, in line with the federal government’s strategic direction and to complement the federal efforts, the Government of Punjab (GoPb) is preparing to further address the province’s human capital challenges.

6. **In order to more appropriately respond to the challenges of human capital accumulation in Pakistan multi-sectoral approaches are required.** A whole government approach geared towards improving human capital outcomes can fast-track solutions and lead to faster improvements. The World Bank platform ‘Moving the Needle to Building Human Capital’⁴ supports such an approach and helps

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² World Bank estimates, based on household data from the Household Integrated Income and Expenditure Survey conducted in 2015-16, indicate that up to 3.5 million households can fall back into poverty compared with the 2015 baseline, and that the median income could drop by up to 4 percent from its 2015 level.
³ Along with the BISP, the Division also includes the Pakistan Poverty Alleviation Fund (PPAF) and Zakat. The PPAF provides support for income-generating activities, among other things; and Zakat implements a small but wide range of actions to support vulnerable populations, using funds collected through religious donations, would also be under the new division.
⁴ Acknowledging the need to more appropriately respond to the challenges of human capital in Pakistan the World Bank carried out a stoke taking exercise of its support to the country in human capital and established the platform ‘Moving the Needle to Build Human Capital’. This platform created a space for discussion on human capital with authorities, private sector and civil
Pakistan’s authorities in finding multisectoral solutions, as is the case for the operation. The project is one in a set of World Bank supported federal and provincial operations. These federal and provincial operations bring together core interventions which are aligned with the policy reform of the Government of Pakistan in human capital. Moreover, they aim at helping provincial governments in ensuring basic social service provision while coping with the potential decreases in resources for the social sectors that the fiscal adjustment entail. The proposed operation aims at promoting human capital accumulation during the early years among poor and vulnerable households in Punjab, by supporting investment in maternal and child health and by helping households gain access to education and economic opportunities.

Sectoral and Institutional Context

Human capital challenges in Punjab

7. Punjab is home to about 48 percent of the country’s poor (estimated at 23 million in 2017), and inequality remains a challenge in the province. A large proportion of Punjab’s population is clustered around the poverty line and thus remains vulnerable to poverty, especially during shocks, whether environmental (e.g., floods and climate-change-induced disasters) or economic (e.g., the recent debt crisis). Punjab’s inequality is not only in incomes but also in opportunities for human capital investment. There are large variations in poverty rates across districts, and in human capital indicators by household income as well as by geographic location. Overall health and education outcomes are far poorer among households in south Punjab, where the poverty rate (39 percent) is almost twice as high as the province’s average (21 percent).

8. The human capital challenges faced in early childhood, which is a critical life stage for human capital accumulation, are disproportionately high among low-income households and lagging regions in Punjab. The infant mortality rate in Punjab is 60 per 1,000 live births (as compared to the national average of 61 per 1,000 live births). It is higher among poorer households with 83 per 1,000 live births among the bottom quintile households as compared with 27 per 1,000 live births among the top quintile households. Despite progress over time, malnutrition remains prevalent. Low-income households are particularly vulnerable: the stunting rate among households in the lowest income quintile (over 40 percent) is double that in the highest income quintile. A weak start in the first 1,000 days, followed by inadequate investment in early childhood education (ECE), limits children’s cognitive development, which in turn lowers their school readiness and leads to poor school enrollment, retention, learning outcomes, and completion, creating a vicious cycle.

society, which culminated in the Human Capital Summit of March 2019. It also led to a shift in approach to WB support to the human capital in Pakistan focusing it on multi-sectoral operations anchored in a whole government approach.

5 The set of operations includes a federal Development Policy Operation (Securing Human Capital Investments to Foster Transformation, SHIFT), Human Capital Investment operations in Balochistan, Khyber Pakhtunkhwa, and Sindh, and a federal program in Universal Health Coverage, apart from this one.

6 Punjab’s inequality is also prominent when measured by the Gini coefficient (e.g., 0.30 in 2015 in Punjab compared with 0.25 in Khyber Pakhtunkhwa).

7 This is based on Multiple Indicator Cluster Survey (MICS). The Pakistan Demographic and Health Survey, 2017–18 shows that the national average is 62 per 1,000 live births and Punjab average is 73 per 1,000 live births.

8 The MICS shows different levels of the infant mortality rates than those from DHS (overall rate in Punjab is 60 out of 1,000 live births). However, MICS also suggests a large gap between the poor and non-poor households (83 among the bottom quintile vs. 27 among the top quintile).
9. **An immediate source of lagging early childhood human capital outcomes among vulnerable households can be found in their underutilization and low quality of key health services.** There is a set of key health services—such as at least four antenatal care checkups, birth delivered by a skilled attendant, timely counselling for mothers and children’s immunization—that are critical for the health of mothers and young children, as prescribed by a large body of literature.

10. **A more fundamental factor that is detracting from human capital investment in early childhood is social and economic exclusion, especially of women in poor households.** Poor households have limited financial resources to allocate to children’s human capital accumulation to begin with. Food insecurity and poor water and sanitation environments, which significantly affect human capital outcomes, are also symptoms of poverty. For lower income households, the gender gap in human capital investment is far larger.

**Institutional context in Punjab**

11. **Balanced partnership between federal and provincial governments has been high on the policy agenda.** It has received great attention especially since the announcement of the 7th National Finance Commission award in 2010 and the 18th Amendment of the Constitution in 2013, which together gave the provincial governments more financial resources and responsibilities for the delivery of social services. Not all areas were however clear in the division of responsibilities and resources between them. The common understanding is that the federal government (as represented by the BISP prior to the Division of PASS) plays a stewardship role in society, by ensuring overall equity via basic income support and investment in SP delivery systems. Meanwhile, provincial governments are expected to build on such systems and deliver complementary programs to respond to province-specific needs. The GoPb has been at the forefront of such efforts, initiating complementary programs through a dedicated institution (i.e., Punjab Social Protection Authority [PSPA]).

12. **While the government’s recent announcement of a new institution and initiatives through Ehsaas to support the poor promises significant benefits to society, further efforts are needed to clearly define how key services will be delivered between federal and provincial governments in a complementary manner.** The SP ecosystem in Pakistan highlights the areas of coordination. Federal investment in service delivery systems includes the National Socio-Economic Registry (NSER) that has been instrumental for targeting, and the payment systems that have evolved from manual cash delivery to biometrically authenticated digital payment. Federal programs include BISP’s unconditional cash transfers (UCT) and the Waseela-e-Taleem (WeT) program, a cash transfer conditional upon primary school enrollment among BISP UCT beneficiaries. Provincial programs should complement federal programs and focus on meeting specific provincial needs and ensuring last-mile service delivery.

**C. Proposed Development Objective(s)**

**Development Objective(s) (From PAD)**

The proposed project development objective (PDO) is to increase the utilization of quality health services, and economic and social inclusion programs, among poor and vulnerable households in select districts in Punjab.
Key Results

Key results include an increase in (i) the share of pregnant women, among CCT beneficiaries, who delivered a child attended by skilled health personnel; (i) share of children among CCT beneficiaries, fully immunized as per the age specific protocol; (ii) share of economic inclusion program beneficiaries who complete the labor market readiness package; and (iii) share of children who transition from preschool to Grade 1.

D. Project Description

13. **The proposed operation aims at making concerted efforts to support poor and vulnerable households with young children to improve key areas that are critical for human capital accumulation.** First, for the immediate needs of a child’s healthy survival, the proposed project will help vulnerable households utilize key health services. The underutilization of key health services is associated with financial and nonfinancial barriers such as lack of money for health services, opportunity costs for both patient and those accompanying them, and low perceived benefits from utilizing health services due to the poor quality of the services. To address some of these barriers, the project includes support for poor and vulnerable households through CCTs (Component 1.2). In addition, efforts to enhance the availability and quality of essential health care services will be made (Component 1.1), building on the GoPb’s efforts to improve access to primary health care services by upgrading selected regular basic health units (BHUs) to operate 24/7 (including provision of key equipment, supplies, and qualified providers), upgrading selected rural health centers (RHCs) to RHC Plus with a neonatal care unit and strengthening capacity to provide quality health services (e.g., training, monitoring and evaluation [M&E]).

14. **Second, root causes of households’ limited human capital accumulation will be addressed through support for social and economic empowerment.** Economic inclusion support builds on support for basic consumption, but includes additional support for livelihoods and social empowerment. Since there are limited LM opportunities in the private sector, support focuses on the self-employment of young parents with children (Component 2.1). In addition, the project strengthens social inclusion support for Punjab’s existing initiatives that are closely related to children’s human capital, including ECE and early grade learning, both of which are untargeted and have previously made limited effort to address the needs of poor and vulnerable households (Component 2.2). For the ECE of children ages three to five, the project will support strengthening and providing improved services in remote and disadvantaged areas; and in line with the GoPb’s efforts to improve learning and basic competencies of primary age children under the project will support more targeted efforts for a greater proportion of girls (and boys) from poor and vulnerable households to be prepared for, attend and complete primary school.

15. **In providing these services, convergence at the level of households to the extent possible would be critical to ensure synergies among different activities and maximum results.** Prioritized multisectoral interventions will concurrently address various challenges not only in the same set of locations (union councils and districts), but also in the level of households. The household level convergence would be facilitated by using the NSER based beneficiary selection, and other service delivery systems efficiency and sustainability (such as inter-operable information systems) (Component 3).

E. Implementation

Institutional and Implementation Arrangements
16. **Given the multisectoral nature of the proposed operations, multiple entities are expected to implement the project.** To the extent possible, existing institutional structures may be used to implement and oversee the project. The PSPA would serve as the lead implementing agency. The responsibilities of overall coordination, planning, and reporting will reside with the PSPA. In addition, the PSPA will take the lead in demand-side engagement: CCTs (sub-component 1.2) and economic inclusion components (sub-component 2.1) as well as social mobilization of all project activities. The PSPA will also manage the SP service delivery platform (Component 3).

17. **For health services (sub-component 1.1), the PSHD will be responsible for implementing activities.** The PSHD will use the existing systems at the provincial and district levels to ensure timely implementation of various activities: The project management and implementation unit (PMIU) housed in the Punjab Health Facilities Management Company (PHFMC) will manage the sub-component at the provincial level along with the existing programs such as the IRMNCH&NP, which is already responsible for the LHWS Program, the MNCH Program, the Nutrition Program, and 24/7 Basic Emergency Obstetric and Newborn Care services; EPI Program; and Hepatitis Control Program. The District Health Authorities will be responsible for implementation and management of the district level activities.

18. **To strengthen ECE and early grade learning (sub-component 2.2), the SED would take the overall lead by providing direct oversight and ensuring alignment and adherence of the interventions with the new ECE policy requirements and evidence-based early grade learning global good practice, respectively.** The SED would also have primary responsibility for implementing and strengthening school-level early-grade literacy and numeracy teaching and learning practices, provision of enriched learning materials, and improved training and capacity-building activities for AEOs, head teachers, school councils, and teachers.

19. **Each implementing agency would work with its own designated account (DA) for fiduciary responsibility for the respective areas of intervention.** At the same time, for effective strategic guidance and oversight, a project steering committee headed by the chairman of the P&D board will be constituted. In addition, for operational coordination of various activities, a project coordination committee (PCC) will be formed consisting of representatives of the PSPA, SED, and PSHD and headed by the PSPA representative. This committee will then report to the project steering committee for policy decisions and discussions.

**F. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)**

The project interventions are proposed to be implemented in 11 districts\(^9\) of Punjab Province. Punjab is a thickly populated province and topographically can be divided into four regions including: (i) Upper hilly region, (ii) Potohar plateau, (iii) Central plain lands; and (iv) Cholistan and Thal deserts. The major surface water resources in the province are five rivers\(^10\), and canals drawn from the rivers. About 79 percent area – *mostly central and northern part* of the province has fresh groundwater. The forests resources of the province include Coniferous Forests, Scrub Forests,

\(^9\) Bahawalnagar, Bahawalpur, Rajanpur, Lodhran, Muzaffargarh, Rahimyar Khan, Layyah, D.G Khan, Mianwali, Khushab and Bhakkar

\(^10\) Jehlum, Chenab, Ravi, Sutlej, and Bias
Riverine Bela Forests, Irrigated Plantations, Linear Plantations, and Rangelands. Agriculture is still the predominant economic activity of 64 percent population of the rural Punjab.

The province is rich with magnificent cultural heritage of ancient times and of early Islamic period, reflected through specimens of art and craft, literature, and architect. Vulnerability of women to discriminatory treatment varies across classes, region, and the urban / rural populations.

Southern Punjab is having the highest percentage of malnutrition and undernourished population in the province. Among the 11 project districts, Layyah district is at the top with 29.6% of stunted growth. Due to poor nutrition facilities and access to basic healthcare services, percentage of children under five having diarrhea is 25% and 30% in D.G. Khan and Layyah districts respectively and are at the top in province of Punjab. Bahawalnagar, D.G Khan, Muzaffargarh and Rajanpur districts are subjected to partial water logging and salinity and water shortages for drinking as well as for irrigation.

The major environmental hotspots of international importance in project districts are: Lal Suhanra National Park (Bahawalpur), Cholistan Wildlife Sanctuary (Bahawalpur), Taunsa Barrage (Muzaffargarh) and Uchaali Complex (Khabbekki lake, Uchaali lake and Jahlar lakes of district Khushab).

All of the project interventions are however in built-up and already transformed areas (existing health facilities or in existing schools), as such no forest area, natural habitat or environmental hotspots will be affected.

### G. Environmental and Social Safeguards Specialists on the Team

Sana Ahmed, Environmental Specialist  
Uzma Quresh, Social Specialist

#### SAFEGUARD POLICIES THAT MIGHT APPLY

<table>
<thead>
<tr>
<th>Safeguard Policies</th>
<th>Triggered?</th>
<th>Explanation (Optional)</th>
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<tbody>
<tr>
<td>Environmental Assessment OP/BP 4.01</td>
<td>Yes</td>
<td>The project impacts are expected to be positive, particularly for women and children, as the outcomes will contribute directly to improved human development and reduced vulnerability. Rehabilitation/ refurbishment of BHUs/RHCs, as well as of existing classrooms, will improve the overall environment of the health/education facilities. However, the project activities under Components 1.1 and 2.2 will involve minor civil works (such as refurbishing, rehabilitation and up-gradation for existing health facilities [BHUs and RHCs] and ECE classrooms in existing schools). These may have some low scale social and environmental impacts. They include air, land, water and noise pollution because of dust, smoke, poor drainage, restricted access for the people; and improper disposal of surplus construction material. All of these impacts are anticipated during physical implementation of civil works.</td>
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11Brief on Punjab Forest Department, Punjab Forestry Research Institute, Faisalabad, 2006

12Eight of 11 project districts are located in Southern Punjab
In addition, health hazards and safety issues are expected because of increased demand for health services, unless proper management mechanisms of medical waste are in place. These impacts are envisaged during operational phase of the project. Most of these adverse impacts are however low scale temporary, localized, not unprecedented.

Consequently, the policy has been triggered. The project has been categorized as Category B because the expected environmental impacts can be managed or mitigated through simple mitigation measures and better management practices. It is noted that at the concept stage the safeguard category was assessed as C, due to the reason that the project design was not completely rolled out. Now during the preparation stage there were some activities identified which have potential environmental impacts that assessed to change the safeguard category from C to B with partial assessment.

The project has prepared an ESMF using a framework approach as the exact scope and location of project activities are not known by project appraisal and will be identified during implementation. ESMF has adequately identified the potential impacts and provided guidance on generic mitigation measures to be implemented to offset the adverse environmental and social impacts. The ESMF has clearly established the procedures and methodologies for the environmental planning and management, such as guidance on: sub-project screening, executing mitigation measures if required, institutional set up, ESMF compliance monitoring mechanism; and training/capacity building requirements throughout the project implementation.

During the project implementation and under the guidance of ESMF, each subproject will be screened for selection of safeguard instrument to be used for different types of sub-projects based on type of interventions and corresponding nature and extent of potential adverse impacts. The instruments include; (a) Simple Checklist for the sub-projects involving minor civil works such as rehabilitation, upgradation and maintenance of BHUs/RHCs/class rooms in existing facilities; and (b) ESMP for civil works involving new construction (additional room/classroom in existing health/education facilities etc.).

In addition to ESMF, the borrower has also prepared an “Environment and Health Care Waste Management Plan (EHCWMP)” to respond to the issues related to health care waste (HCW) likely to be generated from project supported health facilities. EHCWMP adequately sets the management practices and proposes mitigation measures for off-setting or reducing potential adverse impacts resulting from HCW. The suggested measures/protocols include: using proper personal protective equipment (PPE) and employing proper procedures for HCW management during generation, collection, transportation, storage, and final disposal.

Safeguard documents including ESMF and EHCWMP have been reviewed and cleared by the World Bank. These two approved documents were disclosed in-country by the client on its website on December 11, 2019 and on WB’s ImageBank.
### Performance Standards for Private Sector Activities OP/BP 4.03

| No | This policy is not triggered as this is not a private sector led project. |

### Natural Habitats OP/BP 4.04

| No | All of civil works financed by the project are rehabilitation and improvement of the existing infrastructures in an already transformed and built environment. These activities are not expected to convert or degrade natural habitats. Therefore, the policy is not triggered. |

### Forests OP/BP 4.36

| No | Minor civil works comprising rehabilitation / improvement/refurbishing will be carried out within existing infrastructures in an already transformed and built environment. The project is not expected to impact forests and associated ecosystems in the target areas/districts as envisaged in the policy. Therefore, the policy is not triggered. |

### Pest Management OP 4.09

| No | The project will not support purchase of any pesticides; and is expected to remain as such during the course of implementation. Therefore, the policy is not triggered. |

### Physical Cultural Resources OP/BP 4.11

| No | The policy is not triggered as the project activities will be executed in existing health facilite and in existing shcools. However as a precautionary measure the “Chance Find Procedures” are included in project ESMF. |

### Indigenous Peoples OP/BP 4.10

| No | The project activities are in Punjab province only which is not a home for any Indigenous People (IP). The only recognized IP -the Kalash- live in district Chitral in KP province, outside the boundary of project. Hence the policy is not triggered. |

### Involuntary Resettlement OP/BP 4.12

| No | No additional land will be required for the project activities. Hence this policy is not triggered. |

### Safety of Dams OP/BP 4.37

| No | This policy is not triggered as the project activities do not involve dam construction and/or rely on the performance of any existing dam. |

### Projects on International Waterways OP/BP 7.50

| No | The proposed project activities do not involve/alter any international waterways, hence the policy is not triggered. |

### Projects in Disputed Areas OP/BP 7.60

| No | The project activities are restictred to Punjab province and there is no disputed areas in the province as defined in the Policy. As such this policy is not triggered. |
A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:

   Mostly the project impacts are positive - particularly for women and children – as the outcomes will contribute directly to improved human development and reduced vulnerability. Rehabilitation/ refurbishment of BHUs/RHCs, as well as of existing classrooms, will improve the overall environment of the health/education facilities. Further the implementation of project activities will help households invest more and better in human capital.

   However, the project activities under Components 1.1 and 2.2 will involve minor civil works (such as refurbishing, rehabilitation and up-gradation for existing health facilities [BHUs and RHCs] and ECE classrooms in existing schools). These may have some low scale social and environmental impacts.

   In addition, health hazards and safety issues are expected because of increased demand for health services, unless proper management mechanisms of medical waste are in place. These impacts are envisaged during operational phase of the project. Most of these adverse impacts are however low scale temporary, localized, not unprecedented and can be reversed or mitigated through simple mitigation measures and better management practices as suggested in the project ESMF and in “Environmental and Health Care Waste Management Plan (EHCWMP).”

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

   Potential indirect and/or long term impacts due to anticipated future activities in the project area because of this project will largely be positive. It is expected that implemented project activities shall complement and strengthen the socio-economic conditions of the area because of better and improved health/education facilities.

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

   The “No project” scenario is considered the only alternative option. Under this alternative, the project would not be undertaken in any form. As a result of adopting “No Project” option (alternative), the people will continue to have restricted or even further worst access to basic healthcare and early childhood education facilities. Resultantly poor maternal and child health, weak educational and economic status of women, early marriages and limited health care services will lead to poor educational and nutritional outcomes among children. A weak start in the first 1,000 days of a child’s life, followed by inadequate investment in early childhood education (ECE), limits children’s cognitive development, which in turn lowers their school readiness and leads to poor school enrolment and learning outcomes creating a vicious cycle. As such “No Project” alternative is not a preferred option and hence not adopted.

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.
The Government of Punjab\textsuperscript{13} has carried out a detailed environmental and social assessment. As the exact location and design of the sub-projects proposed under PHCIP are not known yet, a framework approach has been adopted to carry out this assessment to fulfill Bank’s EA requirements.

Under this approach, an \textbf{ESMF has been prepared} to: identify potential negative environmental and social impacts, propose generic mitigation measures, provide E&S screening criteria; and to guide on the type of safeguard instrument to be developed at sub-project level. The ESMF further identifies training/capacity building requirements; and provides institutional, monitoring, reporting and documentation requirements for implementing the ESMF. All such safeguard requirements are properly budgeted and proposed to be included in overall project costs.

\textbf{ESMF sufficiently describes how to implement the laid down methodology}. For instance: before implementation all sub-projects shall be screened for the severity and extent of environmental and social impacts. The subprojects will be screened through an environmental and social screening Checklist as provide in the ESMF; and those having negligible environmental and/or social impacts will require no further assessment/documentation. Subprojects having some negative, but localized environmental and/or social impacts will require an Environmental and Social Management Plan (ESMP) to be prepared for individual sub-project.

Further, for ensuring safeguard compliance in the field during execution, the ESMF provides clear guidance and \textit{procedures for Inclusion in the “Technical Specifications of Contracts”}. The specific clauses propose mandatory requirements such as: the contractor and his staff/employees shall adhere to the mitigation measures set down and take all other measures required by the Engineer to prevent harm, and to minimize the impact of his operations on the environment including, among others: removal of surplus material, regular maintenance of machinery and limiting operations during day hours for avoiding excessive noise and air pollution etc.

In addition to ESMF, the \textit{borrower has also prepared an “Environment and Health Care Waste Management Plan (EHCWMP)”} to respond to the issues related to increased quantity of health care waste (HCW) likely to generate from project supported health facilities. More intensified use of these facilities is expected as a result of demand side project interventions.

EHCWMP comprehensively assesses the current HCW management situation in the province with particular focus on the waste generated in primary health care facilities (BHUs/RHCs). The adverse impacts identified include health and safety related issues, if the HCW is not properly managed during facilities’ operation.

EHCWMP adequately sets the management practices and proposes mitigation measures for off-setting or reducing potential adverse impacts resulting from HCW. The suggested measures/protocols include: using proper personal protective equipment (PPE) and employing proper procedures for HCW management during generation, collection, transportation, storage, and final disposal.

\textbf{ESMF proposed a comprehensive institutional arrangement} that is well synergetic with the overall project implementation arrangements. Punjab Social Protection Authority (PSPA) through Project Director, would serve as the lead agency for implementing ESMF of civil works of health and education sectors with the function of overall coordination, implementation planning, and compliance reporting at project level. However, each implementing agency i.e. education and health departments will be responsible for implementation of mitigation measures for its respective activities.

\textsuperscript{13} Given the multi-sectoral operations, SG documents were prepared jointly with Punjab Social Protection Authority (PSPA) as the lead agency while other entities include: School Education Department (SED) and Primary and Secondary Health Department (PSHD) through Punjab Health Facilities Management Company (PHFMC).
The implementation and monitoring of EHCWMP will be managed by PMU established in PHFMC. CEO PHFMC will be overall responsible for effective implementation of EHCWMP, coordination with the PSPA and reporting for health sector EHCWMP compliance. He/She will be assisted on all E&S technical matters by a dedicated team of Environmental Specialist (ES) and a Social Safeguard Specialist (SSS) who shall be hired at PMU-PSPA level. These specialists will be responsible for implementation and compliance of civil works ESMF in up-gradation activities related to civil works in BHUs and RHCs. The dedicated safeguard specialists at (both) PMUs will also be responsible for maintaining an effective GRM, handling the gender related issues stakeholders’ consultation, organization of training/capacity building programs, monitoring and evaluation, coordination with field offices and hiring of consultant/s for Third Party Validation (TPV) of ESMF.

In the meanwhile, the PSPA has notified a senior official to work as a Focal Person (FP) to oversee all safeguard related matters till the time project becomes effective and dedicated SG Specialists are hired. The provincial Environment Protection Agency (PEPA) has been empowered to receive and review the environmental assessment reports of the proposed projects/subprojects, and provide approval. Some of the key functions of PEPA include: administer and implement the PEPA Act 1997 and amended in 2012, its rules and regulations, review of IEE/EIA, preparation of procedures and guidelines; assist local councils/authorities, and other government agencies in execution of projects; and establish a system for surveys, monitoring, examination and inspection to combat pollution. Complying with local laws and acts; project will share all safeguard documents including the periodic progress reports with PEPA on regular basis. Consistent with its mandate, PEPA shall oversee and monitor the compliance of safeguard documents prepared by the project.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.

As a part of SG Document (ESMF/EHCWMP) preparation, stakeholder consultations were carried out with (i) local communities who are the direct beneficiaries of the project interventions and (ii) institutions (PSPA, PHFMC and SED) that have an important role in realization of the project interventions. Consultation with the Health Department officials was carried out in Focus Group discussions in the last week of August-2019. The participants of the consultative meeting include: (Senior) Medical Officers of all 11 districts representing 1 RHC and 2 BHUs for each district. In addition, informal discussions were carried out with the visiting patients and their attendants.

- These consultations have revealed that the proposed project is expected to have a positive social impact by improving health facilities while upgrading all remaining normal BHUs to 24/7.
- Consultation with direct beneficiaries revealed that the up-gradation of BHUs/RHCs will provide quality services including the improvement of the internal environment of hospital by providing adequate sanitation services, safe drinking water and general cleanliness.
- The health workers appreciated that waste will be managed and improved through the provision of quality healthcare supplies, disinfectants and training of master trainers.
- Some workers were trained during the implementation of a previous WB funded project, “Punjab Health Sector Reform Project (PHRSP) and they responded that the same system should be introduced/replicated.

Some workers expressed their concern that during rehabilitation the environment may be compromised specially the movements of vehicles and dust will contaminate the soil and air. The patient and visitors will be disturbed while upgrading the health facilities.
The consultation was also extended to some selected schools in five project districts and discussed the project activities with school teachers/administration/Principals to take stock of their views. During the school visits, teachers anticipated that school environment will be maintained, and cleanliness will be ensured. The school principals were also appreciating the project activities regarding the renovation and cleanliness. Few teachers also discussed in detail the environmental contamination and safety of the workers during the renovation works. The mitigations against the impacts were also discussed in detail to satisfy the respondents.

Provincial Environmental Protection Department (EPD) was also taken on board in consultation process. ESMF/EHCWM Consultant(s) provided a detail briefing to EPD regarding the project benefits and outcomes. Further, the potential environmental impacts and cost-effective solutions/mitigation measures were also discussed. The Director EPD showed her concern about the drinking water quality, and air contamination especially during the construction, repair and maintenance activities, if not properly managed. In this context EPD was told that the project will ensure complying with the provincial Environmental Quality Standards. EPD was also apprised about the measures proposed for worker’s safety in SG documents, and the use of personal protection equipment during the working hours.

B. Disclosure Requirements (N.B. The sections below appear only if corresponding safeguard policy is triggered)


The documents were disclosed on 10th December 2019. Hard copies of these will be shared with relevant stakeholders and will be placed in the respective field offices located in various districts. The copies shall also be maintained in the PIU/district offices and will be shared with provincial Environmental Protection Agency (EPA) for their information and compliance monitoring. The safeguard documents have been disclosed on WB Image-bank on 11th December 2019.

Environmental Assessment/Audit/Management Plan/Other

<table>
<thead>
<tr>
<th>Date of receipt by the Bank</th>
<th>Date of submission for disclosure</th>
<th>For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors</th>
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<tbody>
<tr>
<td>10th December,2019</td>
<td>11th December,2019</td>
<td>NA</td>
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“In country” Disclosure

10th December,2019

C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting) (N.B. The sections below appear only if corresponding safeguard policy is triggered)

OP/BP/GP 4.01 - Environment Assessment

Does the project require a stand-alone EA (including EMP) report?

Yes
If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?  
Yes

Are the cost and the accountabilities for the EMP incorporated in the credit/loan?  
Yes

The World Bank Policy on Disclosure of Information

Have relevant safeguard policies documents been sent to the World Bank for disclosure?  
Yes, the ESMF and EHCWMP has been disclosed at WB-Image Bank.

Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?  
Yes, the Executive Summary of ESMP and EHCWMP is been translated into local language “Urdu” and the documents have been disclosed on the official website of the Client.

All Safeguard Policies

Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?  
Yes

Have costs related to safeguard policy measures been included in the project cost?  
Yes

Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?  
Yes

Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?  
Yes

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APPROVAL

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