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

Concept Stage | Date Prepared/Updated: 11-Dec-2019 | Report No: PIDISDSC25719
### BASIC INFORMATION

#### A. Basic Project Data

<table>
<thead>
<tr>
<th>Country</th>
<th>Project ID</th>
<th>Parent Project ID (if any)</th>
<th>Project Name</th>
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<tr>
<td>Pakistan</td>
<td>P166308</td>
<td></td>
<td>Balochistan Human Capital Investment Project (P166308)</td>
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<tr>
<td>Region</td>
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<td>Estimated Board Date</td>
<td>Practice Area (Lead)</td>
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<td>SOUTH ASIA</td>
<td>Jan 17, 2020</td>
<td>Feb 28, 2020</td>
<td>Health, Nutrition &amp; Population</td>
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<tr>
<th>Financing Instrument</th>
<th>Borrower(s)</th>
<th>Implementing Agency</th>
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<td>Investment Project Financing</td>
<td>Economic Affairs Division, Islamic Republic of Pakistan</td>
<td>Planning and Development Department, Government of Balochistan, Health Department, Government of Balochistan, Seconda...</td>
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#### Proposed Development Objective(s)

The project development objective (PDO) is to improve utilization of quality health and education services in selected refugee hosting districts of Balochistan.

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

#### SUMMARY

<p>| | |</p>
<table>
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<tr>
<td>Total Project Cost</td>
<td>36.00</td>
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<td>Total Financing</td>
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<td>of which IBRD/IDA</td>
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#### DETAILS

**World Bank Group Financing**

| International Development Association (IDA) | 36.00 |
| IDA Credit                                 | 21.00 |
B. Introduction and Context

Country Context

Pakistan is facing economic challenges amid long-standing policy and structural weaknesses, but it is working on a set of policy reforms to address these challenges. Over the last five years, the economy had accelerated with a gross domestic product (GDP) growth of almost five percent, but unbalanced policies and limited progress in structural reforms led to a fiscal deficit of 6.5 percent of GDP in fiscal year (FY) 2018. As fiscal and external imbalances emerged, the growth slowed down to 3.3 percent in FY2019 and is expected to further decline to 2.4 percent in FY2020. In order to address these economic vulnerabilities and to move from stabilization to sustained growth and increased productivity, Pakistan is frontloading a set of policy reforms on energy, competitiveness, fiscal management, and human capital (International Monetary Fund, 2019).

These challenges are reflected in low human capital accumulation in Pakistan. According to the Human Capital Index (HCI), which measures the amount of human capital that a child born today can expect to attain by age 18, the future workforce productivity in Pakistan is only 40 percent of the potential productivity if children today benefited from complete education and good health. Pakistan’s HCI of 40 percent is lower than regional peers such as Sri Lanka (58 percent), Nepal (49 percent), Bangladesh (48 percent), and India (44 percent). Balochistan province in Pakistan ranks lowest amongst many dimensions of human capital, including health and education outcomes. Balochistan has a HCI of 34 percent, the lowest in Pakistan along with Sindh (35 percent), and presents gender disparities with a HCI that is lower for females (32 percent) compared to males (35 percent) (World Bank, 2019). The low score in HC is partially linked to Balochistan’s 42 percent poverty rate (Pakistan Bureau of Statistics, 2017) and socio-cultural norms that make it difficult to utilize health and education services in the province.

Adding to these issues is the protracted Afghan refugee situation that further exacerbates the problems faced by the host communities. Pakistan has been hosting Afghan refugees for 40 years. While more than 5.2 million refugees have voluntarily repatriated to Afghanistan from 2002 to 2018, under United Nations High Commissioner for Refugees (UNHCR)’s Voluntary Repatriation Programme, more than 1.4 million registered Afghan refugees still reside in Pakistan, constituting the world’s second largest refugee population and the largest protracted refugee situation under UNHCR’s
mandate (UNHCR 2011, UNHCR 2018).

Sectoral and Institutional Context

In the health sector, cross-cutting challenges along with sector-specific constraints have resulted in poor reproductive, maternal, newborn and child health and nutrition (RMNCHN) outcomes and thus affected human capital accumulation. According to the Pakistan Demographic and Health Survey 2017/18, Balochistan performs worse than the national average across all health outcomes and health service utilization indicators especially in the area of RMNCHN. Infant mortality and under-5 mortality rates are 66 and 78 per 1,000 live births in Balochistan, compared to 62 and 74 per 1,000 live births at the national level. The total fertility rate is 4.0 in Balochistan and 3.6 nationally, and almost half of the children under five are stunted in the province, compared to about one in three at the national level. Differences in service utilization between the province and the national level are even more striking: only 38 percent of deliveries are attended by a skilled birth attendant (versus 69 percent nationally), 56 percent of women receive at least one antenatal care from a skilled provider (versus 86 percent nationally), and about 58 percent of the children receive vitamin A supplementation (versus 75 percent nationally). The use of modern contraceptives is very low both at the provincial level (14 percent) and at the national level (25 percent). The proportion of children immunized against measles is an alarming 33 percent in the province, versus 73 percent nationally.

Supply-side barriers, along with demand-side challenges, significantly hamper the delivery and utilization of essential health services in Balochistan. Key challenges include:
(a) Ineffective management and fragmentation of health care delivery
(b) Weak management of human resources for health (HRH)
(c) Inadequate inputs for service delivery, including infrastructure, essential health commodities, and equipment
(d) Dearth of routine health information for evidence-based decision making

Children in Balochistan do not only suffer from poor health outcomes, but they also have (a) restricted access to schools, (b) suboptimal learning outcomes and (c) stark gender disparities. Despite significant efforts by the Secondary Education Department (SED), the National Education Management Information System shows that in Balochistan 64 percent of boys and 78 percent of girls between the age of 5 and 16 did not attend primary and secondary school in FY2016/17. The overall girls’ net enrollment is 35 percent compared to 56 percent among boys at the primary level, which further drops to an abysmally low 13 percent for girls and 20 percent for boys at the secondary level. The effective transition rate of females from primary to lower secondary level is 69 percent, as compared to 70 percent for boys. The transition rate from lower secondary to upper secondary for girls is 78 percent, as compared to 83 percent for boys.

The literacy rates and education level of the vulnerable populations, like Afghan refugees, present a similar picture. Overall, only 33 percent of the Afghan refugees aged 12 and above are reportedly able to read and write. The female literacy rate is extremely low at 15 percent, compared to male literary (50 percent) (UNHCR 2011). The Afghan refugee children were also shown to have much lower net enrolment rate (29 percent), compared to Pakistani children (56 percent). Moreover, a needs assessment conducted in 2008 in refugee-affected areas (RAAs) found that the education indicators in RAA districts fared unfavorably with the national average in Pakistan. For example, in Killa Abdullah RAAs the literacy rates were four percent for females and 19 percent for males, and the primary and middle school gross
enrollment rates were only 31 percent and 12 percent, with 50 percent and 66 percent gender disparity, respectively.

These education outcomes are influenced by weak supply factors, along with demand side barriers:
(a) Limited availability of middle and high schools, especially for girls
(b) Inadequate inputs, including lack of basic infrastructure and limited availability of female teachers
(c) Sub-optimal quality of teachers
(d) Inadequate quality of student learning assessments
(e) Weak governance
(f) Limited use of data for evidence-based decision making

Relationship to CPF

The project is fully aligned with the WBG’s Country Partnership Strategy (CPS) for FY15–FY20. The project contributes directly to Results Area 4 of the CPS, Service Delivery, and covers all sub-results areas: 4.1. improved public resources management; 4.2. improved access to maternal and child health services; 4.3. increased school enrollment and adoption of education quality assessment; and 4.4. adaption of performance and transparency mechanisms in selected institutions. In addition, the project contributes to Results Area 3, Inclusion, through 3.2. reduced vulnerability for groups at risk by improving girls’ gross primary education enrollment. Building on the key findings from the Performance and Learning Review of the CPS as well as Pakistan@100, the project will address sub-optimal human development outcomes in refugee affected areas (RAAs) of Balochistan.

C. Proposed Development Objective(s)

The project development objective (PDO) is to improve utilization of quality health and education services in selected refugee hosting districts of Balochistan.

Key Results
(a) Deliveries attended by skilled health personnel (cumulative number);
(b) Children below 12 months immunized with the first dose of measles (cumulative number);
(c) Students enrolled in project schools (cumulative number); and
(d) Targeted schools meeting at least three out of five model school criteria (percent).

D. Concept Description

The project focuses on improving utilization of quality health and education services to ensure children survive and stay healthy, so that they are ready to attend school, maximize learning opportunities, and become productive members of the society, thus contributing to its economic development. To do so, the project will improve service delivery in target areas and strengthen systems. The interventions improving systems will be first rolled out in target areas and later scaled up at the provincial level. The two project components are as follows:

1. **Improving utilization of quality health services**: This component aims to increase utilization of quality preventive and curative essential services delivered at the select existing primary- and secondary-level facilities in selected RAAs of Balochistan, with a focus on RMNCHN.
2. **Improving utilization of quality education services**: This component aims to provide greater educational opportunities to children, especially girls, from RAAs of Balochistan and provide them with the potential to transform their lives.

**SAFEGUARDS**

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

The proposed project is located in the province of Balochistan. Balochistan province is the largest in size and the smallest in population. The province covers 347,200 km², which contributes almost 44 percent of the country’s land area. The province is located in the south-western side of Pakistan bordered by Iran to the west, Afghanistan to the northwest, Khyber Pakhtunkhwa and FATA to the north, Punjab to the northeast, and Sindh to the southeast of the province.

About 80 percent of the province is inter-mountainous. The remaining 20 percent consists of flood and coastal plains. Due to the predominantly mountainous terrain, only 15 percent of the landscape is accessible for human settlements, farms, and roads to be developed.

The climate of Balochistan is continental semi-arid Mediterranean, with annual precipitation varying from 200 to 350 mm: a variable proportion of this total presents as snow and rain in the mid-winter period and as intense showers in summer.

The principal land uses in the province are agriculture, which is about 1.5 to 1.6 million hectare (4 percent). Forests comprise about 1.1 million hectare (3 percent), rangelands about 21.0 million hectares (60 percent), and area not suitable for cultivation is about 11.1 million hectares (32 percent). Out of the total cultivated area, 40 percent is irrigated land and the remaining 60 percent is dependent on rain.

The major types of natural forests found in Balochistan are coniferous forests, scrub forests, sub-tropical desert and rivers in forests. Balochistan is a water-starved and land-rich area of Pakistan. Surface water mainly comes from precipitation in the form of surface runoff and a share of water from the Indus River. Surface water resources are very limited, except in the Naseer Abad and Jaffer Abad districts, which are fed by the three main canals (Pat Feeder, Desert, and Kirshar canals).

Ground water resources are divided into three hydrological regions: the Nari Basin, the closed Kharan Basin, and the Makran Coast, which constitute approximately 73 small or large rivers and streams. The total water potential of the province is estimated at 22.116 million acre feet originating from various sources.

B. **Borrower’s Institutional Capacity for Safeguard Policies**

There will be three key implementing agencies: Education Department, Health Department, and Higher Education Department. The Project Implementation Unit (PIU) will be housed in the Planning and Development Department (P&D) of Balochistan. Although the P&D department has some experience in implementing World Bank projects, its role is limited to coordination, facilitation, and providing strategic guidance. The three main implementing agencies do not have past experience and knowledge of WB Safeguard Policies.
The task team will review the existing capacity of these implementing agencies, and propose necessary capacity enhancement measures as safeguards. Such capacity-building measures would include, but not be limited to, hiring dedicated environmental and social safeguard specialists in the implementing agencies; organizing comprehensive environmental and social safeguard training programs particularly focusing on the key environmental and social risks and impacts such as occupational health and safety, construction and health care waste disposal; and implementing the environmental and social management plan (ESMP) and environmental and medical waste management plan (EMWMP).

C. Environmental and Social Safeguards Specialists on the Team

Zahid Shakeel Ahmad, Environmental Specialist
Najm-Ul-Sahr Ata-Ullah, Social Specialist
Sana Ahmed, Environmental Specialist

D. Policies that might apply

<table>
<thead>
<tr>
<th>Safeguard Policies</th>
<th>Triggered?</th>
<th>Explanation (Optional)</th>
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</table>
| Environmental Assessment OP/BP 4.01    | Yes        | Under education component (i.e., strengthening higher secondary and college), the project will finance some rehabilitation and upgradation of schools and colleges in selected districts. The construction/rehabilitation-related impacts would, however, be temporary, localized, reversible in nature, and able to be mitigated through a construction ESMP. In the health sector, the medical waste generated at health facilities is not normally managed as per the standard operating procedures of EMWMP; hence the proposed project would support development of EMWMP, which will be implemented in the targeted health facilities.
|                                        |            | The project safeguard category is assessed as B with partial assessment. The client will develop the ESMP for the construction and rehabilitation-related activities, which will outline the screening, possible impacts, and generic mitigation measures. Since the scale of the impacts is low, the ESMP will be comprised screening, mitigation, supervision and monitoring, and checklists. The generic ESMP will also cover the chance find mechanism at the screening stage and will provide the suitable mitigation measures to handle or avoid in case of discovery of archeological artifacts as per policy guidelines of OP/BP 4.01. The ESMP will then be updated or adjusted to specific works once the locations and designs of each sub-project are available. Further, in |
In the case of rehabilitation of existing schools and colleges, particularly painting and whitewashing, the ESMP will also include the mitigation measures for impacts related to the use of lead-based paint. The tailored ESMP can then be included in the bidding documents.

The health department will develop the EMWMP prior to the appraisal stage, which will cover 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 Environmental, Health, and Safety 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, gender-based violence, vulnerability and marginalization, social exclusion, social conflict, citizen engagement etc.

| Performance Standards for Private Sector Activities OP/BP 4.03 | No | The proposed project does not involve any private sector opportunities. |
| Natural Habitats OP/BP 4.04 | No | No proposed interventions are planned in natural habitats. |
| Forests OP/BP 4.36 | No | The proposed interventions do not involve any forest areas. |
| Pest Management OP 4.09 | No | The proposed interventions do not use pesticides directly and indirectly. |
| Physical Cultural Resources OP/BP 4.11 | No | The proposed interventions are designed in the existing schools. |
| Indigenous Peoples OP/BP 4.10 | No | The only recognized Indigenous People of Pakistan, the Kalash, reside in the Chitral Valley, which is outside the project’s geographical area. |
| Involuntary Resettlement OP/BP 4.12 | Yes | At the concept stage, the proposed interventions include rehabilitation of most and expansion of some selected schools, and rehabilitation of healthcare facilities. There may be land needs in the event of school expansion and these will either be met through government owned land/voluntary land donation, or then private land acquisition. Rehabilitation of such schools may involve small scale, temporary impacts on livelihoods due to reduced access. Hence, the policy is |
triggered at this stage. A Resettlement Policy Framework (RPF) will be prepared to address any impacts related to livelihood and land taking (if required). The RPF will be consulted upon and disclosed both in-country and on the Bank’s ImageBank prior to appraisal. Site specific plans will be prepared once locations are identified.

<table>
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<tr>
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<th>The proposed interventions are designed in the populated areas.</th>
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<tbody>
<tr>
<td>Safety of Dams OP/BP 4.37</td>
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<tr>
<td>Projects on International Waterways OP/BP 7.50</td>
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<td>The proposed project does not involve any international waterways.</td>
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<tr>
<td>Projects in Disputed Areas OP/BP 7.60</td>
<td></td>
<td>The proposed project does not carry out in the disputed areas.</td>
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**E. Safeguard Preparation Plan**

Tentative target date for preparing the Appraisal Stage PID/ISDS

Mar 29, 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

- ESMP for construction/rehabilitation-related activities and EMWMP for project-supported health facilities will be developed prior to project appraisal.
- SMF will be prepared, consulted on, and publicly disclosed prior to project appraisal.
- RPF will be prepared, consulted on, and publicly disclosed prior to project appraisal. Sub-project Resettlement Action Plan will be prepared for any sub-projects where physical or economic displacement is expected.

**CONTACT POINT**

**World Bank**

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Senior Health Specialist

**Borrower/Client/Recipient**

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Secretary, EAD
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Secretary Planning and Development
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Secretary, Health
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Secondary Education Department, Government of Balochistan
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FOR MORE INFORMATION CONTACT

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APPROVAL

<table>
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<tr>
<th>Task Team Leader(s):</th>
<th>Yi-Kyoung Lee, Juan Baron, Laura Di Giorgio</th>
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Approved By

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<th>04-Oct-2018</th>
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<td>Practice Manager/Manager:</td>
<td>E. Gail Richardson</td>
<td>11-Dec-2019</td>
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<tr>
<td>Country Director:</td>
<td>Melinda Good</td>
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