



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 11/11/2022 | Report No: ESRSA02374



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Pakistan	SOUTH ASIA	P178532	
Project Name	Strengthening Social Protection Delivery System in Sindh		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Social Protection & Jobs	Investment Project Financing	9/12/2022	12/19/2022
Borrower(s)	Implementing Agency(ies)		
Islamic Republic of Pakistan	Social Protection Authority Karachi, Sindh Social Protection Authority, Province of Sindh		

Proposed Development Objective

Strengthen social protection service delivery system and enhance accessibility and utilization of Mother and Child Health Services in selected districts in Sindh

Financing (in USD Million)	Amount
Total Project Cost	230.00

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]

The proposed operation is aligned with the development objectives of the GoP and the Government of Sindh (GoS) that aim at increasing investment in people, by focusing on lagging regions and populations. It builds on the understanding that accelerated improvement in human capital outcomes in Sindh require interventions to improve access to and demand for social services. Low uptake of social services is regarded as a key reason for poor human capital outcomes, especially in the lagging geographical areas and households in the bottom two income quintiles. The GoS has prepared a law establishing the Sindh Social Protection Authority (SPA) to oversee the social protection



initiatives in Sindh and monitor progress. The SPA is built on the Sindh Social Protection Strategy Unit (SPSU) presently housed in and managed under the Sindh Chief Minister (CM) Secretariat and running the pilot CCT program in two districts under the recently concluded WB funded Sindh Enhanced Response to Reduce Stunting project (SERRSP), and will be further augmented by the establishment of Sindh SP Department, a first in any province of Pakistan

The proposed operation has three components.

Component 1: Strengthen Sindh Social Protection Service Delivery Systems

this component will support the modernization of systems and processes to fully operationalize the newly established SPA and improve its institutional capacity by strengthening the administrative, operational, policy, and planning functions and capabilities, including the development of energy efficient/climate-smart IT systems and capacity building through the provision of technical assistance to: (a) enhancing the logistics and administration, procurement, financial management (FM), human resources, legal, auditing, monitoring and evaluation, and grievances redressal capacities. The component will also be supporting SPA to build a broader Integrated Information System for social protection (IIS) at the SPA to improve the flow of information across social programs and the management of social programs' information leading to the implementation of more inclusive and responsive social protection initiatives in Sindh.

Component 2 - Mother and Child Support Program

This component focuses on birth and early childhood (first 1,000 days)—a key point in the life cycle for human capital development—where risks and needs are high, but programmatic responses are weak. The main objective of this component is to create demand for maternal and newborn child health (MNCH) and nutrition services and promote behavioral change to increase uptake of the MNCH services focusing on the first 1,000 days of life through the provision of CCT in the selected districts. This component will build on the MCSP pilot and introduce implementation improvements for enhanced efficacy, based on the administrative assessment of the pilot.

Component 3: Contingent Emergence Response Component (CERC) (Total US\$ 0 allocation).

This component, with zero allocation, will be available to the Borrower to gain quick access to Bank financing to respond to a crisis or emergency. As part of a comprehensive disaster risk management strategy, the CERC typically provides support for immediate rehabilitation and reconstruction needs.

D. Environmental and Social Overview

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

The project's beneficiary population is the poor and vulnerable women and children from the 15 districts of Sindh, selected in accordance with the latest multidimensional poverty index (MPI). The selected districts are: Badin, Ghotki, Jacobabad, Kambar Shahdadkot, Kashmore, Mirpur Khas, Sanghar, Sujawal, Tando Allah Yar, Tando Muhammad Khan, Tharparkar, Thatta and Umerkot. In addition of having high MPI, proposed districts are also prone to flooding droughts, and cyclone, with the exception of Tando Allahyar.



The project direct beneficiaries are pregnant and lactating women and children under age two, and government officials and SPA staff involved in human capital service delivery activities. The Project will ensure that initially all households are eligible for support following a geographic and categorical (pregnant women or women with child under 2 for component 2 with criteria to be further outlined in the POM).

While the project focuses on the poor and vulnerable districts, which includes those living in areas highly vulnerable to climate change impact, all people from selected districts will benefit from communication campaigns on climate change which will be delivered as part of the stimulation package. Moreover, due to the overlap of areas of intervention with the likelihood of shocks, the component can address additional potential risks triggered by floods, droughts and cyclones, and consequently food insecurity linked with these events. Hence, the CCT will help improve mother and child resilience as the cash transfer is expected to help mitigate food insecurity, while the CCT system ensures that beneficiaries can be tracked and monitored to reintegrate them into the program following any type of shocks.

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

D. 2. Borrower's Institutional Capacity

SSPD will be implemented by the Sindh SPA, and, to the extent possible, existing government institutional structures will be used for implementation. The SPA will be the lead agency, responsible for overall project planning, coordination, and reporting. The SPA CEO will be the ex-officio Project Director, assisted by a Project Manager responsible for day-to-day operations and implementation of activities assigned to the SPA. SSPD will support required capacities in the SPA for evidence-based planning and delivery of various programs assigned to the SPA, including SSPD and a central Grievance Redressal System.

For Component 1, the SPA will be responsible for the implementation of all activities including the development of the SP service delivery platform, a unified beneficiary registry/database, and all capacity-building activities within the SPA. The SPA will engage services of social mobilization partner(s) for beneficiary outreach and mobilization, and a Payment Service Provider for the delivery of co-responsibility cash transfers. The SPA will liaise and coordinate with relevant entities in public and private sector for synergetic formulation and implementation of provincial SP policies, strategies, and programs. A central Grievance Redressal System will also be established by the SPA.

For Component 2, major qualified participating MNCH health facilities will be engaged by the SPA in accordance with WB Procurement Regulations. Health facilities administration will be responsible for ensuring availability of quality MNCH services as per WHO specified standards at all health facilities. Health facilities will have enrollment desks to facilitate the enrollment of project target beneficiaries. Delivery of cash benefits to beneficiaries will be managed by the SPA through its IIS and will use the services of a payment service provider for electronic disbursements as per project specified schedules and protocols. The SPA will carry out additional outreach activities through information,



education, and communication (IEC). In addition, the health service providers will train and equip the Lady Health Workers (LHWs) for additional enrollment and beneficiary mobilization support.

SPA has limited institutional capacity related to environmental and social risk mitigation requirements as per ESF of the World Bank. There is no section with dedicated environmental and social staff in the department. Keeping in view the low environmental risks and moderate social risks of the project, one Environmental and Social Specialist (E&SS) and one Gender Specialist will be hired for the project. These specialists will help the implementing agencies to meet the requisite ESF requirements during project implementation. The Bank team’s E&S Specialists will provide support and guidance to the project team during implementation.

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

A. Environmental and Social Risk Classification (ESRC)

Moderate

Environmental Risk Rating

Low

At the concept stage, the project included a third component revolving around improving the early education. It entailed small scale physical interventions at the school/classrooms level, and establishment of district level ECE (early childhood education) centers, with low scale environmental impacts. At the appraisal stage, however, the ECE component has been dropped from the project. The envisaged project activities that can potentially cause some low scale, indirect environmental impacts include procurement of IT equipment and solar panels, under component 1 and 2, and risk of spread of COVID/infections in cash collection centers and/or MNCH centers. At the appraisal stage, construction of SPA headquarters building (component 1) on government-owned land has been included in the project. Potential environmental impacts of this activity include construction waste generation, OHS issues, noise and air pollution. These impacts will be low and localized and will be further minimized using best construction management practices. An ESMP will be developed for this activity. The risk of ICT procurement is negligible since (a) small quantity is envisaged to be procured; (b) This new equipment will not replace any existing equipment, hence there will not be generation of e-waste at implementation phase;(c) To cater to end-of-life disposal, the ICT equipment will be reused by the government, and; (d)If the project decides to auction the e-waste (as per Government rules), the auction mechanism will allow bidding from only certified vendors thereby, excluding the informal e-waste collectors. Similarly, since the number of beneficiaries visiting the cash collection centers would be on varying dates, the risk of infection is low. There will be an indirect impact of increased health care waste generation due to increased demand for o health care services which will be managed by the provisions for environmental and health care waste management by other World Bank funded projects, namely, Pandemic Response Effectiveness in Pakistan (PREP), National Immunization Support Program (NISP) and Sindh Integrated Health and Population Project which is in pipeline). For any unforeseen environmental aspects arising during the implementation, specific measures could be included in the E&S checklists to be prepared during the implementation stage which will also cater to the OHS and waste generation/aesthetic issues during the installation/operationalization of solar panels. These impacts and risks can be managed by implementation of mitigation measures including avoiding the procurement and use of lead/acid/cadmium batteries, use of PPE during installation works.

Social Risk Rating

Moderate

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

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transfer services are likely to increase incomes and consumption of households and improve the nutrition of pregnant and lactating women (PLWs), thus contributing in the improvement of their health in general and life chances. Social risks arise from the project being implemented in high MPI ranking districts is the likelihood of: i) exclusion of vulnerable and marginalized groups; ii) lack of outreach and participation of communities living in remote and far flung areas; iii) concerns related to lack of meaningful engagement with community groups including women and vulnerable groups (e.g., religious minorities and seasonal migrants); iv) exclusion of disadvantaged groups (e.g., people living with disabilities, are particularly disadvantaged when accessing health services); v) Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH) risks for women, children, women health care workers could emerge in and around health centers, and at the construction site; vi) risks related to spread of Covid-19 and its variants as well as other communicable diseases during ante-natal and post-natal check ups of PLW, and health workers. vii) ineffective management of community needs and expectations regarding their rights and entitlements due to lack of awareness; viii) apprehensions related to squandering of cash transfers by male family members instead of using money for the intended purpose. Issues related to temporary loss of livelihoods and potential displacement may be envisaged in the aftermath of the construction of the SPA building. No land acquisition is expected as the building will be built on government-owned land. ESMP will be proportionate to project risks. Social considerations will ensure that CCTs and other social services are accessible to all including vulnerable/excluded groups. Measures will be put in place to ensure that the Grievance Redress mechanism (GRM) is established and accessible for each project intervention. Awareness will also be raised to ensure that the project GRM is used to record grievances by the community. Activities undertaken by the project would observe COVID-19 related mitigation and prevention measures to reduce the risk of transmission as per WHO and government protocols/guidelines. In addition, a Community Mobilization and Behavioral Change Communication Strategy will be developed, approved, and will be implemented in targeted districts with support from NGOs, which is expected to further strengthen engagement and sensitization on the rights and entitlements of beneficiaries especially women. It will also include key messages on social inclusion within beneficiary communities and would promote measures to encourage positive social norms for women and girls' empowerment.

Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) Risk Rating Moderate

The project SEA/SH risk will be processed as moderate . SEA/SH risks for women, children, women health care workers could emerge, in and around health facilities, at the construction site (due to presence of labor), or at the household level of beneficiaries. Mitigation measures will be developed accordingly and to be included in the ESMP to ensure communities are aware of SEA/H related risks and redress mechanisms. A SEA/SH action plan will be developed after project effectiveness that will include steps to reduce the risk of SEA/SH during project implementation. Project workers, government counterparts, and healthcare staff will be trained on gender-based violence, and SEA/SH risks. Mapping of GBV service providers will be shared with GRM staff and they will be trained to address project specific complaints. The Labor Management Procedure (LMP) will be prepared following the project effectiveness to provide an assessment of potential labor related risks (including SEA/SH). All employees will be required to meet the requirements regarding SEA/SH, in addition to other considerations.

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

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Overview of the relevance of the Standard for the Project:

The project activities can potentially cause limited adverse environmental and social impacts. However, most of these impacts are likely to be low in intensity, temporary, localized, and reversible in nature. The foreseeable adverse environmental impacts due to minor electrical work/repair/installation activities carried out under component 1 and 2 may include generation of small scale e-waste (due to ICT equipment procurement and use and installation of solar panels), and Occupational Health and Safety (OHS). The data center will be established in one of the rooms of existing SPA building whilst minor KV solar panels will be installed in Health Care Facilities (HCFs). The adverse impacts (for minor electrical/installation work such as for Data Center and solar panel installation) will be addressed by using environmental and Social (E&S) screening checklists. Construction related environmental impacts of moderate intensity are envisaged from the construction of SPA headquarter building under component –1 of the project. It must be noted that the location of SPA HQ will be in existing urban setting and . The activity is expected to generate some construction waste (liquid and solid waste), minor disturbance due to increased noise levels, vegetation removal, use of construction material, and hazardous substances such as paints and solvents and OHS. An ESMP will be developed and implemented for this specific activity. This ESMP will include mitigation measures primarily covering the provision of Personal Protective Equipment (PPE), management of different types of waste in accordance with mitigation hierarchy, proper storage and use of construction material, site restoration and tree plantation, to reduce the related impacts. The E&S assessments will thus, include budget estimates for the implementation of these measures, along with institutional arrangement and reporting requirements and will, hence, be part of the contractors’ bidding documents.

Additionally, there will be an indirect increase of health care waste as a result of increased health care facilities, which will be managed by the provisions for environmental and health care waste management by World Bank funded SHPP, PREP and NISP. There will be no exacerbated OHS risks for the health workers, as they will continue to perform their routine duties, and any additional workload, if envisaged, will be managed through the specific LMP provisions under this project. As a precautionary principle, given the low scale and secondary nature of the environmental risks, awareness raising in the form of trainings and provision of related awareness material will be included as part of ESCP.

The main social risk is the likelihood of exclusion and targeting of vulnerable and marginalized groups from the project benefits; lack of participatory preparation and implementation of project interventions; potential spread of covid-19 due to large number of regular visitors in the health outlets for immunization and medical check-ups. The mitigation measures will include clear definition of targeting criteria; by promoting equal access to services aiming at prevention of social exclusion and overcoming its consequences; information sharing and involvement of communities and in the preparation and implementation of project activities; frequent communication with communities and local stakeholders; grievance redress/ stakeholder response mechanism procedures to ensure timely handling of grievances. As the project is demand driven, the Behavioral Change Communications Strategy will cover key messages around social inclusion, coupled with messages on proper use of cash transfers for family welfare, effective use of social services and GBV. SOPs will be developed to prevent/ minimize the spread of the infectious disease/COVID-19 in the community. Financial resources would be provided to enable effective oversight of project implementation, strengthen safeguards, beneficiary outreach and communication, and M&E. This includes support for capacity building, trainings, and technical assistance related to E&S institutional capacity, as needed to enhance capacity of each IA. The ESMP will include mitigation measures for communities, especially for women, children and other marginalized groups who may be impacted negatively by civil works (risk of SEA/SH). Risks related to temporary loss of livelihood and potential displacement are envisaged currently (construction will happen on



government owned land, however exact location has not been identified yet), and a basic resettlement plan (RP) will be developed (if required) to address these risks.

If CERC is triggered for the project, the project will either update the existing ESMP or prepare a standalone brief CERC-ESMP, proportional to the risks of activities thus proposed, including a positive and negative list of the activities to be financed along with a screening mechanism.

ESS10 Stakeholder Engagement and Information Disclosure

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

B.2. Specific Risks and Impacts

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

ESS2 Labor and Working Conditions

Given the nature of the project's interventions, two types of workers, direct and contracted are relevant to this project. Direct workers include PIU staff and consultants to be engaged directly by the IA to work specifically in relation to the project. Contracted workers employed or engaged through third parties (contractor/ service providers) to perform related tasks for the project is envisaged. Primary supply workers are not anticipated as goods or materials essential to the core functions of the project will be provided on an ongoing basis by well-established suppliers. The project will not use community workers as no community driven development and community contribution is involved to support the project. A concise Labor Management Procedures (LMP) will be developed



following the project effectiveness to provide guidelines to the IA ensuring compliance with Fundamental Principles and the Rights at work as stipulated under ESS2 (e.g. non-discrimination, no forced or child labor, right to collective bargaining, adequate compensation/benefits/payment of extra time etc.). The workers will sign code of conduct to prevent gender based violence especially SEA/SH. Occupational health and safety risks and impacts will continually be assessed following ESS2 requirements. Relevant requirements will be reflected in contractors' bidding documents. As part of the continuous environmental and social assessment process, the proposed environmental and social screening checklists will be developed during implementation, will identify the potential impacts and propose mitigation and monitoring framework. Pakistan has comprehensive labor laws covering the terms and conditions of employment, termination of contracts, working time (working hours, paid leave, maternity leave and maternity protection, other leave entitlements), prevention of child and forced labor, equality, pay issues, workers' representation in the enterprise, trade union and employers' association regulation and other aspects. The project, inclusive of all contracts issued (specifically for primary suppliers including those for solar panels), will adhere to national labor laws and WBG standards concerning labor conditions, including forced labor and child labor, which will be forbidden for any person under the age of 18. Contracts for all workers will include a code of conduct, which will be signed when hired.

ESS3 Resource Efficiency and Pollution Prevention and Management

This standard is relevant to the project. It is envisaged that under component 1 (for establishing Data center) and component 2 (establishing MCSP enrolment counters) minor quantities of ICT equipment and solar panels will be procured. The project involves very minor installation activities under component 1 and 2 and as a result minor construction waste (solid and liquid) will be generated by the project which will be mitigated as per principles of mitigation hierarchy. For management of minor e-waste generated, standard operating procedures (SOPs) will be prepared. The procedure to reuse the used equipment by the government and how the end of useful life of project equipment, hardware and discarded computers as well as redundant solar panels and batteries will be disposed of will be included in the SOPs. As a precaution, modification of auction process to only allow participation of certified e-waste recycling vendors (as part of the ESCP) to cater to end-of-life disposal of ICT equipment along with reuse of equipment by the Government. In addition, the ESCP will also include the provision of energy efficient equipment. The mitigation measures proposed in the Screening Checklists will take into account the OH&S issues for installation of solar panels, reuse of materials and proper disposal methods. The indirect increase in health care wastes will be managed by another new health operation in pipeline along with PREP, SHPP and NISP projects, which are under implementation and supported by the World Bank. The project involves construction of SPA Head Office under component 1; as a result some construction waste (solid, liquid, and air pollution) will be generated and few OHS related impacts (such as dust and noise) might arise. These impacts will be mitigated as per principles of mitigation hierarchy. A separate ESMP will be developed specifically for the construction of SPA head office. The ESMP will provide guidelines based on best construction management practices to ensure efficient resource use and minimization of pollution.

ESS4 Community Health and Safety

ESS4 is relevant considering impacts from COVID-19 and service safety to the communities living in congested areas and close to the health centers and cash collection centers. In addition, the frequent community mobilization and behavioral change awareness raising meetings at community level in the context of the current COVID-19 pandemic



may lead to a further spread of the disease. In order to mitigate these risks, the IA will put mitigation measures in place. It is expected that there will be increase in traffic to the health facilities and the communities living nearby these health facilities will be impacted by it. The environmental and social screening checklist will be used to assess the impacts of increased traffic and safety of communities. The management measures will be included in the contractor’s C-ESMP. The ESMP will also assess these risks and impacts on the health and safety of the project’s beneficiaries, including communities living close to the health centers and included provisions to avoid, minimize and mitigate any potential impacts during project life cycle.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

Relevant. No land acquisition is envisaged as the building will be developed on government owned land (yet to be identified). The government will select land that is free of encumbrances and informal settlements. In case there is any such issue, (it will be determined during E&S screening) that may lead to displacement or loss of livelihoods. the project will develop resettlement plan (RP) to mitigate these risks.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

Not relevant

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

Not relevant

ESS8 Cultural Heritage

Not relevant

ESS9 Financial Intermediaries

Not relevant

B.3 Other Relevant Project Risks

None at this stage

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways	No
OP 7.60 Projects in Disputed Areas	No

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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:

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

IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Islamic Republic of Pakistan

Implementing Agency(ies)

Implementing Agency: Social Protection Authority Karachi

Implementing Agency: Sindh Social Protection Authority

Implementing Agency: Province of Sindh

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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Christophe Crepin Cleared on 11-Nov-2022 at 10:38:58 EST

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