



Concept Environmental and Social Review Summary

Concept Stage

(ESRS Concept Stage)

Date Prepared/Updated: 02/16/2022 | Report No: ESRS02609



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Pakistan	SOUTH ASIA	P178530	
Project Name	Sindh Integrated Health and Population Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	5/31/2022	10/20/2022
Borrower(s)	Implementing Agency(ies)		
Islamic Republic of Pakistan	Government of Sindh, Department of Health		

Proposed Development Objective

To improve utilization of essential health and population services, for poor and vulnerable populations, especially women, in targeted areas of Sindh

Financing (in USD Million)	Amount
Total Project Cost	200.00

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

No

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

The project will provide quality health and population services in the most underserved areas of Sindh.

Component 1: Ensuring and improving Reproductive, Maternal, Newborn, Child, Adolescent, Health and Nutrition (RMNCAH+N) services utilization and support during public health emergencies. This component will strengthen service delivery of RMNCAH+N services at the Primary Health Care level, particularly Government Dispensaries.

Component 2: Strengthening demand for RMNCAH+N services and women empowerment. This component will cover social, and behavior change communication and related activities to encourage uptake of RMNCAH+N services with an updated social marketing strategy and rebranding of GDs and their services package to create awareness and encourage uptake of services.



Component 3: Project management, monitoring and evaluation. This component will support the strengthening of the Department of Health, its coordinating structures and agencies for the coordination and management of the project, coordination of project activities, financial management, procurement, stakeholder engagement

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 will be implemented in all 29 districts of Sindh, starting with Jamshoro, Thatta, Sajawal, Tharparkar, and Qambar Shahadat Kot in the first year, and expanding to the remaining districts from year 2 onwards. Approximately 4500 Community Health Workers (CHWs) across 392 Government Dispensaries (GD) will be supported by service delivery enhancement activities in Component 1.

The current hospital waste management practices at health care facilities in Sindh are not satisfactory, especially in government operated facilities. Issues faced at the facilities include: improper disposal of used syringes and medical waste, poor maintenance of incinerators and other facilities, and absence or misuse of color-coded waste bins.

Sindh is home to religious minorities, including a sizeable Hindu population: over 90% of Pakistan’s nearly 4.5 million Hindus reside in the province. Equity and inclusion challenges remain a concern, particularly in districts such as Umerkot and Tharparkar with large minority populations. Many rural districts of Sindh (including Tharparkar and Sajawal, which will be targeted in the first year of the project) are among those with the lowest Human Development Index (HDI) in the country.

Women in the province often face substantial barriers to accessing health services, especially in poor households. These barriers stem from physical access to or proximity from health care centers, economic hardship, and cultural norms. As a result, child mortality, stunting and wasting, and fertility rates in Sindh are high, while contraception health service utilization rates remain relatively low. Women in the province also suffer from persistent gender-based violence, from domestic abuse to institutionalized discrimination, further inhibiting their access to health services. The project’s solarization activities support its core components, and improve service delivery by providing electricity for lighting and refrigeration in remote off-grid areas. The solar component is not deemed critical to the project overall, but is essential specifically for interventions targeting off-grid GDs.

D. 2. Borrower’s Institutional Capacity

The Department of Health (DoH) of Sindh will be the main executing agency supported by the Population Welfare Department (PWD), along with the Family Planning (FP) 2030 Secretariat. The DoH has been implementing Expanded Program on Immunization (EPI), Lady Health Worker (LHW) Program, Maternal, Neonatal and Child Health (MNCH), Community Driven Development and Child Health Program, TB control program, Malaria Control Program, etc. for many years. DoH has a vast infrastructure of health care facilities consisting of GDs, Basic Health Units (BHUs), Rural Health Centers (RHCs), Taluka Headquarters (THQs), District Headquarters (DHQs), tertiary and specialized hospitals. Family planning services are being provided by PWD through its centers. In addition, community workers like community midwives (CMWs), lady health workers (LHWs), and vaccinators provide maternal, newborn and child health (MNCH), reproductive health (RH) and family planning (FP) services in the Health Department. The FP2030 Initiative – a public sector program - provides technical assistance to population welfare department (PWD) of Sindh



government in implementing international commitment and aligning development partners’ support on FP with public policy objectives.

The two departments have a detailed organogram in place right down to the grassroots level. However, robust coordination would be required between the two departments. Given that the GDs are scattered across the province, a dedicated unit to implement the project activities will be established for proper management of project funds, planning and monitoring, and day-to-day oversight of project activities.

The Health Department and Population Welfare Department have limited institutional capacity related to environmental and social risk mitigation requirements as per the ESF. There is no environmental and social section in any of the departments and an absence of technical staff for the environmental and social assessment and implementation of mitigation measures. Given the moderate environmental and social risks of the project, one Environment Specialist, one Social Specialist and a Gender Specialist will be hired for the project PMU to help implementing agencies in meeting the ESF guideline requirements. The Bank team’s E&S specialists will provide close support to the project team during preparation of environmental and social instruments that are required prior to project appraisal and during implementation.

II. SCREENING OF POTENTIAL ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Moderate

Environmental Risk Rating

Moderate

The environmental risks primarily associated with Component 1 involve refurbishment of GDs entailing minor to moderate civil works. These civil works include repainting, stocking of relevant furniture, installation of equipment, expansion of rooms in GD and upgrading of lighting using solar panels. Additionally, this component will include procurement of related goods including medical equipment, medicines, and ambulances (project owned, with Operations and Management (O&M) by private sector). Risks entail: occupational hazards associated with refurbishments (construction and equipment installation) of GDs and related impacts including minor to moderate amounts of construction waste generation, noise, and air pollution, as well as use of chemicals/solvents such as paints and varnishes. Envisaged operational risks pertain to infection prevention and control including: occupational health and safety risks to health care workers, and medical waste management. Risks are related to spread of diseases like COVID-19 as an increased number of people especially pregnant women will be visiting the health facilities and the frequent community mobilization and awareness raising campaigns at community level in the context of the current COVID-19 pandemic may lead to spread of disease at the community level, especially if guidelines and SOPs including use of mask and social distancing measures are not observed. Further, the generation of used oils and oil filters during ambulance maintenance is also anticipated during project operation. The environmental risks and impacts are expected to be temporary, localized, and reversible in nature. Components 1 (establishment of a dynamic, integrated electronic medical records (EMR) system linked to the Sindh DHIS, and other key health databases to track patients) and 3 involve purchase of information technology and communication (ICT) equipment. Since the departments have limited number of existing ICT equipment and the procurement will not be replacing existing ICT machinery, e-waste will not be generated.

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Social Risk Rating

Moderate

At the PCN stage, the project activities are assessed to have moderate risks. The primary social risks are associated with social exclusion, as the project is designed to reach beneficiaries province wide, including those in communities in less developed districts with low socioeconomic indicators. The exclusion of vulnerable groups also poses a significant social risk. Sindh is home to over 90% of Pakistan’s Hindu population, and many Hindu communities reside in poor and remote districts, limiting their access to health services. There is a possibility that these and other vulnerable and marginalized communities will not be able to access project interventions and improved health services. While land acquisition is not expected for this project, there remains a risk of encountering squatters/encroachers at previously unused GDs. Other social risks include: life and fire safety risks at health facilities, and the potential use of forced labor in the project’s supply chain, particularly for solar panels which will be used to electrify GDs in off-grid areas.

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

This standard is relevant. Component 1 of the project will strengthen the service delivery of RMNCAH and nutrition services at the primary health care level particularly at Government Dispensaries (GDs). The anticipated environmental risks during the refurbishment of the GDs are associated with OH&S and CHS along with generation of solid waste (primarily construction-related waste and packaging material, oil and oil filters, batteries, and related waste during ambulance maintenance services) and liquid waste are not expected to be significant but will need to be responsibly managed during the implementation phase. After the completion of refurbishment work, all impacted areas will have to be cleaned. The occupational health and safety risks are associated with the installation of equipment in the health care facilities and handling of hazardous material like paints and varnishes during the refurbishment work. In order to address these risks, procurement and use of appropriate PPE, delivery of trainings and management of waste in accordance with the mitigation hierarchy will suffice. The regular maintenance of ambulances will also be outsourced, and the criteria for firm selection will include provisions for having sufficient capacity and experience to handle and safely dispose of hazardous waste. Additionally, the firm will train drivers in safe and defensive driving and install signage as/when required on roads in coordination with local authorities to reduce traffic hazards.

Since the exact scope of work and location of the subproject activity is not known at this stage, a framework approach has been proposed. Hence an Environmental and Social Management Framework (ESMF) along with Environmental and Health Care Waste Management Plan (EHCWMP) will be developed and disclosed which will provide mitigation measures to deal with environmental, social, health and safety risks during design and implementation of the project. Further, in accordance with ESS1, site specific E&S Screening will be carried out for sub-project activities during the implementation phase of the project. Accordingly, commensurate with the level of environmental and social risks and impacts, site specific Environmental and Social Management Plans (ESMPs) will be prepared which will provide mitigation measures to address the risks identified in section A above.

Under component 2, social and behavior change activities to encourage uptake of RMNCAH+N services and women’s empowerment will include public awareness campaigns, use of media to communicate key messages regarding health, hygiene, and nutrition, and face to face discussions or focus groups at the women’s community centers.

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Stakeholder engagement through the life of the project will be guided by the Stakeholder Engagement Plan (SEP) which will provide details on how to engage vulnerable groups including language and cultural needs.

There is a possible risk of spread of diseases like COVID-19, as a large number of people will be visiting the health facilities and the frequent community mobilization and awareness raising campaigns at community level may lead to a further spread of the disease at the community level, especially if guidelines including use of mask and social distancing measures are not observed. Standard Operational Procedures (SOPs) adhering to existing WHO and national guidelines and protocols will be implemented by the implementing agencies during project activities.

For Component 1 and 3, involving the purchase of information technology and communication equipment, the ESCP will include provisions for procurement of energy efficient machines along with the inclusion of buy-back clause in the contractual agreement to mitigate the risk of end-of-life e-waste generation.

SEA/SH risks will be managed by the GBV/SEA/SH assessment and action plan. This will include a mapping of relevant GBV service providers and drafting of guidelines on training and capacity building of project staff, and other key stakeholders regarding responses to GBV, especially referral and case management. Specific considerations will be made in the GRM to ensure that complainants are able to lodge grievances with complete confidentiality and their complaints are handled effectively. Community mobilization strategy will take into account GBV prevention awareness raising sessions as a part of behavioral change interventions, also including community members such as men, boys, community notables etc. In addition, codes of conduct for health workers, frontline workers, etc. will be adopted to ensure zero tolerance of GBV.

Areas where “Use of Borrower Framework” is being considered:

At PCN stage, the borrower did not propose to adopt its own E&S framework to address and manage environmental and social risks and impacts of the project. The project will apply the Bank’s ESF and its Environmental and Social Standards (ESSs) along with the Government’s E&S requirements.

ESS10 Stakeholder Engagement and Information Disclosure

In addition to the government implementing agency, project affected parties include: CHWs and staff of GDs, users of GDs and communities near GDs where rehabilitation works will take place, labor engaged in rehabilitation of GDs, private contractors working on medical waste management, privately contracted ambulance drivers, ambulance maintenance service workers, and the public at large through the demand for strengthening activities in Component 2. Interested parties will include CSOs focusing on RMNCAH+N issues, related government departments, electronic and print media organizations, and academia. Several of the project affected parties also fall under the definition of vulnerable groups, including women, religious minorities (particularly Hindu communities), low income or remotely situated communities, and migrants and refugees.

Under ESS10, the government implementing agency is required to prepare a detailed Stakeholder Engagement Plan which will: identify stakeholders, outline mechanisms for consultations with different stakeholder groups, including women and vulnerable communities; identify stakeholders’ specific needs relating to information sharing and disclosure; assign roles and responsibilities for its implementation; and outline the structure for the project level grievance redress mechanism, the SEP will be updated as required during project preparation and will be disclosed in accordance with ESS10.



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

ESS2 is relevant to the project staff, as well as all staff from the implementing agency and external suppliers including contractors involved in the preparation and implementation of the project (e.g., female health workers, trainers, etc.). These may include direct employees, contracted/daily workers, community workers, and workers hired by project suppliers. Risks include occupational health and safety (OHS) associated with refurbishment activities as well as provision of health care services, discrimination, social exclusion, and inequity in hiring. To address and mitigate the associated risks, the implementing agency should, as part of the ESMF, prepare written labor management procedures (LMP) while the ESMPs should have OHS plans that will ensure the safety and fair treatment of all project workers. The LMP will address the need for a labor GRM, which will be developed to provide all relevant project workers with a means to raise workplace concerns.

The ESMF will also include requirements for an enhanced process to assess and manage forced labor risks associated with the project's supply chain, particularly in the solar panel production industry. This will include screening of primary suppliers of project goods and materials, and mainstreaming of the process into procurement orders and bid documents.

COVID-19 also poses a risk to project labor, particularly to those involved in the civil works related to the rehabilitation of government dispensaries under Component 1. The LMP and OHS plans will include specific provisions for providing safe and hygienic living and working spaces for project workers.

ESS3 Resource Efficiency and Pollution Prevention and Management

This standard is relevant to the project. The project involves refurbishment of GDs under component 1 which would involve minor repair and paint works. The ambulances procured or owned by the Project will be maintained by a private sector firm specializing in responsible disposal of any waste (used oils, oil filters, batteries, etc.) generated by these vehicles. It is expected that air pollution in the form of dust and noise, hazardous waste like paints and varnishes, construction waste including solid waste (packaging material, organic waste, debris) and wastewater will be generated by the project's repair and refurbishment activities. The mitigation measures will be proposed in the ESMF as well as in Screening Checklists/ESMPs to deal with the construction impacts as per principles of the mitigation hierarchy. In order to promote clean and renewable energy, especially in far-flung areas, solar panels will also be installed. The ESMPs will include provisions for proper installation, operations, and maintenance (O&M) of solar panels along with measures for proper disposal of batteries etc.

As a result of increased access and revitalization of health care facilities, it is expected that there will be an increase in health care waste generated by the facilities. An Environmental and Health Care Waste Management Plan (EHCWP) as part of the ESMF, will be prepared by the health department to effectively manage the health care waste and reduce the impacts of soil, air and water contamination and risk to neighboring communities. The project will support the strengthening of the health department by providing information technology and communication equipment under Component 3. Measures will be included as part of ESCP to ensure that the ICT equipment purchased for the project is energy efficient, along with inclusion of buyback clause as part of contractual agreement during procurement to mitigate the risk of end-of-life e-waste generation.



ESS4 Community Health and Safety

ESS4 is relevant considering potential community health and safety risks within the vicinity of works especially during the rehabilitation/refurbishment of GDs. The potential risks related to community health and safety may include exposure to hazardous material, air pollution from dust, noise, and health care waste; traffic and road safety during transportation of construction materials/equipment; and safety of contracted ambulance drivers during transportation of patients and medical waste.

Other risks can also be related to spread of communicable diseases like COVID-19 as a large number of people especially pregnant women will be visiting the health care facilities and the frequent community mobilization and awareness raising campaigns at community level in the context of the current COVID-19 pandemic may lead to a further spread of the disease at the community level, especially if guidelines including use of mask and social distancing measures are not observed. The implementing agencies will put measures in place to prevent or minimize the spread of communicable diseases like COVID-19 to the community.

The ESMF will evaluate these risks and impacts on the health and safety of the project's beneficiaries, including communities living close to the health care facilities and include provisions to avoid, minimize and mitigate any potential impacts during project life cycle. The ESMF will also propose standard procedures to assess and manage Life and Fire Safety (L&FS) risks at the government health facilities. This will include guidance on assessing L&FS risks and preparing evacuation plans in case of emergencies. Site-wise construction approval will only be issued after completion of these requirements. Similarly, the ESMF will assess and propose mitigation measures proportional to the level of risks for security issues of project sites.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

ESS5 is not relevant. Land acquisition is not expected for the project, as all civil works in Component 1 involve rehabilitation/upgrading of GDs, which will take place within the existing boundaries of government healthcare facilities, on government owned land.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This standard is not relevant to the project. The project is unlikely to have any impact on natural habitats, biodiversity and living natural resources since the proposed activities will be carried out within the existing boundaries of the health care facilities (Government Dispensaries).

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

There are no indigenous peoples in the project's area of operation in Sindh Province. Therefore, ESS7 is not relevant to this project.

ESS8 Cultural Heritage



This standard is not relevant to the project. The project is unlikely to have any impact on the physical cultural resources of the Sindh Province, since the proposed activities will be carried out within the existing boundaries of the health care facilities (GDs) where no known cultural heritage sites are present. However, the procedures for handling chance finds will be prepared and made part of the ESMF. In addition, efforts will be made during the stakeholder consultation process to identify the presence of any intangible cultural heritage among the targeted beneficiaries and apply appropriate mitigation measures where needed.

ESS9 Financial Intermediaries

This standard is not relevant as the project does not involve financial intermediaries.

B.3 Other Relevant Project Risks

At PCN stage no other Project Risks have been identified.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

III. WORLD BANK ENVIRONMENTAL AND SOCIAL DUE DILIGENCE

A. Is a common approach being considered? No

Financing Partners

None at PCN stage.

B. Proposed Measures, Actions and Timing (Borrower’s commitments)

Actions to be completed prior to Bank Board Approval:

Prior to appraisal, the following documents need to be approved and disclosed:

- i. Stakeholder Engagement Plan (SEP)
- ii. Environmental and Social Commitment Plan (ESCP)

Possible issues to be addressed in the Borrower Environmental and Social Commitment Plan (ESCP):

- 1- Environmental and Social Management Framework (ESMF) along with Environmental and Health Care Waste Management Plan (EHCWMP)
- 2- Labor Management Procedures (LMP) including GRM for workers
- 3- Hiring of one Environmental Specialist, one Social Specialist and one Gender Specialist in PMU to support implementation of Environmental and Social standards requirements.
- 4- Implementing and updating the SEP during project implementation (if and as required) including GRM

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- 5- DoH will conduct site specific environmental and social screening followed by preparation of site specific ESMPs for sub-projects.
- 6- Implementing and updating LMP (as required)
- 7- Capacity building of PMU Staff in the Sindh Health Department
- 8- Inclusion of provisions for procurement of energy efficient equipment and buy back clause in procurement contracts of ICT.
- 9- Provisions for managing unanticipated impacts
- 10- Responsibilities, resources and timelines to implement and monitor LMP, SEP, ESMF and ESMPs

C. Timing

Tentative target date for preparing the Appraisal Stage ESRS

14-Apr-2022

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Islamic Republic of Pakistan

Implementing Agency(ies)

Implementing Agency: Government of Sindh, Department of Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s): Sameera Maziad Al Tuwajiri, Manav Bhattarai
 Practice Manager (ENR/Social) Christophe Crepin Recommended on 15-Feb-2022 at 12:29:44 GMT-05:00

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Safeguards Advisor ESSA

Pablo Cardinale (SAESSA) Cleared on 16-Feb-2022 at 22:03:53 GMT-05:00

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