



Note to Task Teams: The following sections are system generated and can only be edited online in the Portal.

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

Appraisal Stage | Date Prepared/Updated: 23-Jan-2017 | Report No: PIDISDSA20823



BASIC INFORMATION

A. Basic Project Data

Country Pakistan	Project ID P161624	Project Name Sindh Enhancing Response to Reduce Stunting	Parent Project ID (if any)
Region SOUTH ASIA	Estimated Appraisal Date 16-Jan-2017	Estimated Board Date 04-Apr-2017	Practice Area (Lead) Health, Nutrition & Population
Lending Instrument Investment Project Financing	Borrower(s) Economic Affairs Division	Implementing Agency Government of Sindh, Planning and Development	

Proposed Development Objective(s)

The Project Development Objective (PDO) is to reduce the stunting rate by targeting the most affected districts in Sindh Province.

Components

- Component 1 : Sectoral Interventions
- Component 2: Technical Assistance, CCT, BCC & Project Management

Financing (in USD Million)

Financing Source	Amount
International Development Association (IDA)	63.00
Total Project Cost	63.00

Environmental Assessment Category

B - Partial Assessment

Decision

The review did authorize the preparation to continue

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Other Decision (as needed)

B. Introduction and Context

Country Context

Pakistan is the world's sixth most populous country, with an estimated population of over 191 million in 2015. It is classified as a lower-middle-income country with a 2015 per-capita gross national income of US\$1,429. Despite significant gains in macroeconomic stability in recent years, Pakistan confronts many serious challenges, including: (i) insecurity; (ii) insufficient progress in achieving human development and MDG targets; and (iii) slow economic recovery and slow progress in addressing macroeconomic challenges.

Though GDP growth has been limited to 2.9% over the period of FY09–13 (or about half the FY04–07 rates), a growth incidence analysis in the recent Country Partnership Strategy (CPS) has confirmed the pro-poor characteristics of Pakistan's growth. Significant gains in poverty reduction and shared prosperity are evidenced by: (i) a decline in poverty from about 35% in 2001-02 to under 10% in 2013-14; and (ii) a reduction of the population with a per capita expenditure level of 550 Pakistani Rupees (approx. US\$5.25) from 14% in 2001 to 2% in 2014. However, these poverty gains remain fragile as evidenced by: (i) the number of households clustered near the poverty line (and therefore vulnerable to any kind of shock); and (ii) the share of the population considered vulnerable to any shocks (which increased from 53% in 1999 to 60% in 2011).

Sindh Province, with an estimated population of 51 million,¹ comprises about a quarter of the country's population; it is the second most populous province of Pakistan and is nearly 50% urban. The province contributes 30-33% of the country's GDP, and its GDP per capita is roughly three times that of the country as a whole. However, based on the latest poverty data, 25% of the population of Sindh lives under the revised poverty line, and the 2011 National Nutrition Survey (NNS) found that Sindh was the most food-deprived province, with 72% of households' being food insecure. The most recent data (MICS, 2014) shows that 48% of children under five suffered from stunting and 15% from wasting. The situation differs across the province, with highest rates of stunting for the Districts of Tharparkhar and Umerkot (63% and 66% respectively) and as low as 33% to 36% for Karachi's urban districts.

Sectoral and Institutional Context

For decades, as Pakistan and Sindh Province, in particular, have had persistently high rates of acute malnutrition. UNICEF (2013) notes that Pakistan comprises the third highest percentage of stunted children in the world and that more than 9.6 million Pakistani children face chronic malnutrition. Data shows that in the South Asia region, Pakistan has the lowest rates of early initiation of breastfeeding and exclusive breastfeeding (and the highest rate of bottle feeding), as well as low rates of timely initiation of complementary feeding, all of which contribute to the chronic malnutrition. It is estimated that the malnutrition crisis in Pakistan costs the economy 2-3% of GDP per year (in comparison, the present energy crisis is estimated to cost 2% of GDP) by impairing health, growth and cognitive development, school readiness and learning outcomes as well as potential productivity and earnings and adults. Furthermore, without an urgent response to significantly

¹ Current Sindh Province population data may be found at: <http://sindhbos.gov.pk/>. Population growth rates are based on UN estimates.



address malnutrition, the country will continue to experience this ‘demographic nightmare’ of a large population whose human capital potential is not fully realized, thereby resulting in unskilled, economically unproductive population which is left behind in a global economy that is increasingly requiring specialized skills.

While Pakistan’s social indicators for health, nutrition, and education are low and lag seriously behind other countries in the region, the country ranks among the lowest spenders on education and health in the region (each at less than 3% of GDP). In addition, provincial and district disparities in access to and quality of services have become an important concern since the delivery of most key services became a provincial responsibility with the adoption of the 18th amendment of the constitution in 2010.

Nationally, only about 10% of the national health budget is spent on nutrition, and 90% of this amount is financed by development partners in Pakistan. Nutrition-related activities are mainly delivered by NGOs, often contracted directly by the development partners. Nutrition-supported activities in Sindh Province that contribute to reduced stunting and malnutrition include: (i) the World Bank-financed “Enhanced Nutrition for Mothers and Children”; (ii) the EU-funded “Women and Children Improved Nutrition Sindh” which will end in 2017, and the USAID-funded “Maternal and Child Nutrition Stunting Reduction” (implemented by UNICEF and WFP). With a contribution from DFID, the Pakistan Partnership for Improved Nutrition (PPIN), a Multi Donor Trust Fund administered by the World Bank, plans to finance nutrition sensitive interventions to complement the health sector’s nutrition interventions, focusing on sanitation and hygiene interventions in 13 districts and nutrition sensitive agriculture interventions in four districts.

Under Pakistan’s Vision 2025, nutrition has received increased attention, and the federal as well as provincial Governments have established a secretariat to coordinate and support its scale-up. Pakistan joined the global movement of Scaling-Up-Nutrition (SUN) in 2013. Having acknowledged that despite better economic conditions and a large agrarian population, Sindh’s nutrition indicators have fallen behind those in the South Asia region. As a response, the Government of Sindh (GoS) recently adopted an Accelerated Action Plan for Reduction of Stunting and Malnutrition (AAP). The AAP has the ambitious goals of reducing stunting from 48% to 30% by 2021 and to 15% by 2026 by increasing and expanding coverage of multi-sectoral interventions proven to reduce stunting in the first five years of life. It comprises objectives and expected outcomes related to addressing the underlying causes (by sector) of stunting: health, population, sanitation and hygiene, agriculture (including livestock and fisheries), social protection, education, and behavioral change communication. Addressing stunting is important because of its impact on the economic development of the country. There are at least three channels via which stunting produces economic losses over the life cycle: (i) reduction in physical growth potential; (ii) neurological consequences that lead to poor learning and grade attainment; and (iii) increased susceptibility to chronic diseases in adulthood. These in turn have adverse effects on productivity, lost employment, premature death, healthcare costs, and opportunity costs of caregivers. In addition, in the short run, child undernutrition is a risk factor for child morbidity and mortality and leads to increased healthcare costs and forgone income for caregivers. GoS has committed itself to match every USD of Overseas Development Aid (ODA) funding to address malnutrition by 0.5 USD domestic financing and has allocated 1 billion PKR per year for the next three years through their recurrent budget as an indication of this commitment and ownership.



C. Proposed Development Objective(s)

Note to Task Teams: The PDO has been pre-populated from the datasheet for the first time for your convenience. Please keep it up to date whenever it is changed in the datasheet.

Development Objective(s) (From PAD)

The Project Development Objective (PDO) is to reduce the stunting rate by targeting the most affected districts in Sindh Province.

Key Results

22. The Project will contribute to the AAP's overall goal of reducing stunting by 2021 at a more modest 1 percentage point per year, or from 48% to 43% by 2021. However, because improvements in the stunting rate will only be really measurable towards the end of the project or after project completion, during project implementation the PDO level indicators will be tracked by progress of those interventions in the project areas which are known to have an impact on the nutritional status of PLWs, infants 0-24 months, and children 24-59 months. The Project will also analyze available data sources, such as the MICS, PDHS, and support at least one province-wide stunting survey before the end of the project.

The project will use the same indicators (but not the same targets) as the "Enhanced Nutrition for Mothers and Children Project" to monitor progress of the nutrition specific interventions to be scaled up under this project. Specifically, the project indicators will track: (i) the proportion of PLW receiving iron and folic acid (IFA) supplements; (ii) the proportion of infants 0-6 months who are exclusively breastfed; (iii) the proportion of children 6-23 months fed in accordance with all three Infant and Young Child Feeding (IYCF) practices; (iv) the proportion of children 0-59 months treated for severe acute malnutrition; (v) the proportion of children 6-59 months receiving vitamin A supplementation; and (vi) the proportion of children 6-59 months with diarrhea treated with zinc and ORS. In line with other proposed sectoral interventions, the project will also track: (i) contraceptive prevalence; and (ii) the proportion of children age 36-59 months attending an early childhood education program. Other non-health indicators will also be tracked.

D. Project Description

The project would support the GoS AAP through the expansion of a multi-sectoral package of services known to reduce stunting in the medium to long-term. Sectoral plans to be supported under this project (for Health and Nutrition; Population and Welfare; Sanitation and Hygiene; Agriculture, Livestock & Fisheries; Education; and Social Protection) have been prepared. The project will support the scale up of these services across districts in a phased manner to be determined by the readiness of each sector. A total of 15 districts have been identified in the first phase of the project and include the 13 covered in the Multi-Sectoral Actions for Nutrition (MSAN) project, and two additional districts, Mirpurkhas and Jamshoro". The 13 MSAN districts also include the 9 districts covered by the ongoing Bank-financed Enhanced Nutrition for Mothers and Children. This project will support additional coverage of the health, nutrition, sanitation and agriculture interventions in these 13 districts since the coverage of each sector under the ongoing project is only between 50 to 60% of the districts and roll out of other sectoral interventions not yet being implemented. For the new districts, this project will support the roll-out of the full multi-sectoral interventions in a phased manner starting with the Mirpurkhas and Jamshoro already identified by GoS. The roll-out to the remaining 7 or 8 districts will be determined by GoS on an annual basis.



Component 1 (total estimated cost: US\$45 million) would support expansion of a multi-sectoral package of services known to reduce stunting in the medium to long-term. Sectoral plans (for Health and Nutrition; Population and Welfare; Sanitation and Hygiene; Agriculture, Livestock & Fisheries; Education; and Social Protection) have been prepared and included in the AAP. These sectoral plans comprise proven interventions to address stunting and other forms of malnutrition among the project's target populations.

Component 1 would support the GoS by (i) expanding the number and quality of interventions listed above that will have a direct and immediate impact on reducing stunting in the medium to long-term; and (ii) creating an enabling environment and incentives to encourage the required behaviors that need to accompany the expansion of the multi-sectoral interventions.

Under Component 1, DLIs to track achievement of the expanded coverage and utilization of the interventions have been agreed to, and the project would finance the results achieved through these DLIs under a defined Eligible Expenditure Program (EEP). The DLIs include (i) the number of women accessing at least four antenatal care visits (ANC4+) where they are provided with nutrition-specific services including counselling; (ii) the number of children screened for malnutrition; (iii) the number of villages certified open defecation free (ODF) as a measure of sanitation level; (iv) the number of eligible households benefitting from CCTs for H&N services; (v) percentage of allocated nutrition financing actually expended by GoS on an annual basis; and (vi) the number of institutional strengthening measures adopted. The DLIs reinforce achievement of nutrition-specific, nutrition-sensitive, and institutional objectives that will contribute to the achievement of the PDO.

Component 2 (total estimated cost: US\$18 million) would finance TA and selected inputs to support: (i) measures for implementing the pilot CCT program; (ii) development of an overarching multi-sectoral communications strategy for social and behavior change; and (iii) institutional arrangements for cross-cutting interventions including coordination and project management, nutrition expenditure tracking citizen engagement, integrated multi-sectoral data information systems, and monitoring, evaluation and supervision.

E. Implementation

Institutional and Implementation Arrangements

Project management and coordination: Project management will be the responsibility of the Stunting Secretariat to the Chief Minister which will include a core team comprising technical specialists (such as Project Management Specialist, Procurement and Financial Management, Communication Expert, M&E Specialist, etc.). The Secretariat with support from the Nutrition Section of the Planning and Development (P&D) Department will ensure smooth implementation and monitoring of the prioritized package of multi-sectoral interventions under the AAP.

Component 1 will be implemented within the framework of institutional arrangements established by the GoS to achieve the objectives of the AAP. For Component 1, the following institutional arrangements have been agreed to:



Provincial-level arrangements: A Provincial Stunting Task Force has been constituted as a decision-making body to direct and oversee all programmatic and operational activities envisioned by the AAP. The Task Force, under the Chairmanship of the Chief Minister (CM), includes Ministers and Secretaries of the relevant sectors and representatives from the civil society and academia. A Nutrition Coordinator to the Chief Minister will ensure coordination among the different sectors and implementing entities; the Nutrition Coordinator will be supported by a secretariat comprising of program, technical, fiduciary and strategic communications staff responsible for coordinating the implementation of the AAP across the province.

A Provincial Steering Committee (PSC), created in 2015 as part of the Bank-funded Enhanced Nutrition for Mothers and Children Project, will be extended to perform as oversight committee for the project, include other additional authorities (e.g., BISP). The Steering Committee will meet every six months to provide policy direction, programmatic guidance, and overall coordination among the different sectors and stakeholders. The PSC is chaired by the Additional Chief Secretary of the Province and comprised of representation from P&D as well as the secretaries of all relevant sectors.

District level arrangements: All sectoral representatives (e.g., nutrition, health, local government, education, population welfare, agriculture, livestock, fisheries and social welfare department (SWD) hold operational district level offices. Health, nutrition, and population interventions will be delivered through LHWs and Community Midwives (CMWs); where there are no LHWs, non-governmental organizations will be contracted to deliver the package of services financed by the project. The Local Government (LG) representative (Additional Director LG) will be the district focal person for water and sanitation, while Secretaries of respective Union Councils serve as the field force of LG Department. For agriculture, the government's agriculture extension workers are available at district level as Agriculture Officers.

Overall sectoral coordination at the District Level will be the responsibility of the Deputy Commissioner, assisted by the District Coordinator. The District Coordinator, assisted by a communication officer and M&E officer, will coordinate with all the sectoral focal persons to ensure that: (i) quarterly work plans are prepared and implemented; (ii) activities are supervised and monitored; (iii) all sectors provide monthly reports to the District Commissioner; and (iv) consolidated reports are transmitted to the provincial level. At the Taluka level, GoS is represented by an Assistant Commissioner (AC) that reports to the Deputy Commissioner. The AC will be supported by a coordinator at the Taluka level responsible to ensure union council (UC) and village level coordination and implementation.

For Component 2, the following institutional arrangements have been agreed to:

Social and Behavior Change Communication: A Communication Coordination Cell will initially be established within P&D and then within the Secretariat for the Nutrition Coordinator. The cell will develop an overall communication strategy and action plan in a consultative and participatory manner while ensuring synergies with sectoral communication strategies. It will also ensure quality control of outreach materials, coordinate event management, public information campaigns, advertisements for print and electronic media and help with relationship building with media and civil society.

Conditional Cash Transfers: A Social Protection Board/Authority housed in the Social Welfare Department with requisite technical and operational capacities will, in the short term as part of this



project, design and deliver a health & nutrition (H&N) CCT pilot in selected AAP districts. The Social Protection Board/Authority will independently operate under an appropriate legal framework duly enacted by the provincial assembly to lead the broader Social Protection agenda with a specific focus on the implementation of H&N CCTs.

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

The proposed project covers the entire Sindh Province, including upper, middle (central) and lower plains. Sanitation conditions in the rural and semi urban population of the province are one of the factors of increased stunting rates among under-privileged communities. The physical features of Sindh are desert, hilly, low lying plains and coastal areas. Since the proposed project targets the local population in semi urban, built up areas with a lack of municipal sanitation and nutrition in similar areas, project activities are unlikely to pose any significant harm to the environment, especially to the natural habitat. The proposed project will target districts where stunting rates are over 50% and within these districts, the most vulnerable segments of the population - children in the first 1,000 days and 2-5 years, women of reproductive age and adolescent girls. A total of 15 districts have been selected for implementation in the first year of the proposed project which comprise: the 13 districts covered in the Bank-financed Multi-Sectoral Actions for Nutrition (MSAN) project, (Umerkot, Tharparkar, Thatta, Qambar Shahdadkot, Sujawal, Badin, Kashmore, Jacobabad, Dadu, Shikarpur, Sanghar, Larkana, Tando Mohammed Khan) and two additional districts, Mirpurkhas, and Jamshoro. The Enhanced Nutrition for Mothers and Children Project is currently being implemented in 9 of the 13 districts of the MSAN project. The proposed project’s sanitation and Agriculture for Nutrition (A4N) activities are aligned with MSAN Project. Under the proposed project, multi-sectoral interventions will be scaled up to an additional eight districts, for a total of 23 districts by project end. Baselines required for the remaining districts will be completed and the ESMF addendum will be submitted to the World Bank for approval and disclosure.

G. Environmental and Social Safeguards Specialists on the Team

Rahat Jabeen, Najm-Ul-Sahr Ata-Ullah

SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	The proposed project has been assigned an EA category of B (partial assessment) due to the



		sanitation and hygiene activities under Component 1. These may likely have negative impacts on the environment such as improper disposal of sanitation, contamination of open irrigation canals and water channels, etc. An Environmental and Social Management Framework (ESMF) has been prepared and disclosed under the Multi-Sectoral Actions for Nutrition (MSAN) project (URL: http://lgdsindh.gov.pk/Notification/ESMF_MSAN_Final%2024122016.pdf). No new types of investments are envisaged under the Sindh Enhancing Response to Reduce Stunting Project with different impacts. An addendum to the ESMF has been prepared in order to address the scale up in scope under the proposed project to the additional two districts of Mirpurkhas and Jamshoro. The disclosure date and URL of the ESMF addendum are provided below.
Natural Habitats OP/BP 4.04	No	The Project activities do not involve any adverse impacts on natural habitats.
Forests OP/BP 4.36	No	The Project activities do not involve any negative impacts on forests.
Pest Management OP 4.09	Yes	Component 1 involves agriculture enhancement technologies at farmer level which may involve the use of some pesticides to enhance the crop production. .GoSindh has an approved IPMP that it uses for the ongoing Sindh Agricultural Growth Project. This will be applied to SERRS agriculture activities. The IPMP disclosure date and URL has been provided below. The Project does not involve pest management.
Physical Cultural Resources OP/BP 4.11	No	The Project does not involve physical cultural resources.
Indigenous Peoples OP/BP 4.10	No	No known Indigenous People are located in the project areas.
Involuntary Resettlement OP/BP 4.12	No	The Project involves no land acquisition and resettlement of people Small scale land requirements for the agriculture component under MSAN will be addressed through Voluntary Land Donation. A Resettlement Policy Framework has been prepared in case any land is required that cannot be obtained through VLD..
Safety of Dams OP/BP 4.37	No	The Project does not involve dams.
Projects on International Waterways OP/BP 7.50	No	The Project does not involve international waterways.



Projects in Disputed Areas OP/BP 7.60

No

KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT

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:

The proposed project has been assigned category B (partial assessment) under OP 4.01 and OP 4.09 due to the proposed interventions in sanitation, hygiene and nutrition sensitive agriculture activities under Component 1. There are no potential, large-scale, significant or irreversible impacts associated with the proposed project and project activities do not entail major civil works. Sanitation and hygiene activities may cause some moderate and localized impacts due to construction of toilets by the community which include interruption of natural drainage/hydrological patterns, ground water contamination (mainly in low water table areas), improper waste water disposal (boreholes) and sludge/fecal matter disposal (latrines). Nutrition sensitive agriculture activities, e.g., kitchen gardens, small-scale vegetable farming, small-scale livestock rearing (poultry, ruminants, fisheries), and small-scale food storage and preservation etc. may require some mitigation measures at local level. An Environment and Social Management Framework (ESMF) completed for the MSAN project has been revised to reflect two additional districts included in the proposed project. There is no land acquisition and resettlement anticipated in the project. However, small pieces of land may be used for community fish ponds, storage facilities, demonstration plots, etc. for which Voluntary Land Donation (VLD) will be used with appropriate screening to ensure that land is truly donated without any pressure; an RPF has been prepared and will be applicable in cases if VLD is not possible. A Social Management Framework has been prepared for the entire Project.

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

There are no potential indirect and/or long term negative impacts anticipated due to the project. In fact, the project interventions will help in improving the human development conditions and reduce stunting through improved hygiene (sanitation) and malnutrition largely among children and women in the project area and in the long run would improve the health outcomes of the Sindh province.

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

Not taking a community based approach.

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 Stunting Secretariat to the Chief Minister will include an Environmental Safeguards Officer, Social Safeguards Specialist and a Gender Specialist. The Environmental Safeguards Officer will provide technical advice and implementation monitoring of the ESMF by the Sanitation and Hygiene and Agriculture department. He/she will also work with the structures responsible for implementation and monitoring of safeguards under the MSAN project (Local Government Department (LGD), Department of Agriculture (DoA) and Department of Livestock and Fisheries. The Social Safeguards Specialist will primarily responsible for implementation and supervision of all aspects related to implementation of the social mobilization strategy, the ESMF and the Social Management Framework (SMF). The Gender Specialist will ensure that gender issues in project activities are given requisite attention at every stage of the project including design, implementation, monitoring and evaluation. Special emphasis will be placed on issues



pertaining to vulnerable categories of women.

Environment, Social and Gender Focal points will be appointed at the district level and will be guided by the provincial level social and environmental specialists to ensure implementation and monitoring of environmental and social safeguards, including aspects related to gender. The focal points will receive training from the provincial specialists in order to perform their responsibilities effectively. The district level personnel will preferably be provided by the relevant line departments. However, if there is a problem of capacity the Implementing Partners engaged for each district will provide social, environmental and gender staff.

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

Consultations took place on the ESMF of the MSAN project, and provided useful suggestions on community involvement. A consultation framework has been outlined in the ESMF and will be implemented. Consultations with key stakeholders including implementing departments, local communities and NGOs, will continue throughout the project. The entire project will be implemented in close collaboration of the community through social mobilization and formation of community groups. A Grievance Redress Mechanism (GRM) for the entire project, including the ESMF has been designed and provided in the ESMF.

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other

Date of receipt by the Bank 13-Jan-2017	Date of submission to InfoShop 16-Jan-2017	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors
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"In country" Disclosure

Pakistan
16-Jan-2017

Comments

Since the SERRS sanitation and agriculture sector activities are similar to those under the MSAN project, an assessment of the remaining target districts was under the SERRS project was undertaken and an addendum to the MSAN ESMF was prepared and disclosed for the SERRS project.

[http://www.lgdsindh.gov.pk/Notification/ESMF_SERSM_Addendum%2011012017%20\(002\)%20Rev%201.pdf](http://www.lgdsindh.gov.pk/Notification/ESMF_SERSM_Addendum%2011012017%20(002)%20Rev%201.pdf)

Pest Management Plan

Was the document disclosed prior to appraisal? Yes	Date of receipt by the Bank	Date of submission to InfoShop
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"In country" Disclosure

Pakistan

30-Aug-2013

Comments

GoSindh has an approved IPMP that it uses for the ongoing Sindh Agricultural Growth Project. This will be applied to SERRS agriculture activities. Version updated as of August 2013 is available at <http://www.wsip.com.pk/sagp/documents/SAGP%20Integrated%20Pest%20Management%20Plan.pdf>

If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.

If in-country disclosure of any of the above documents is not expected, please explain why:

C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting)

OP/BP/GP 4.01 - Environment Assessment

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

No

OP 4.09 - Pest Management

Does the EA adequately address the pest management issues?

Yes

Is a separate PMP required?

No

If yes, has the PMP been reviewed and approved by a safeguards specialist or PM? Are PMP requirements included in project design? If yes, does the project team include a Pest Management Specialist?

NA

The World Bank Policy on Disclosure of Information

Have relevant safeguard policies documents been sent to the World Bank's Infoshop?

Yes

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?

No



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

CONTACT POINT

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APPROVAL

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Country Director:	Anthony Cholst	27-Jan-2017

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