



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

Appraisal Stage | Date Prepared/Updated: 11-Nov-2020 | Report No: PIDISDSA28493



**BASIC INFORMATION**

**A. Basic Project Data**

Country Pakistan	Project ID P173062	Project Name FATA Temporarily Displaced Persons Emergency Recovery Project Third Additional Financing	Parent Project ID (if any) P154278
Parent Project Name FATA Temporarily Displaced Persons Emergency Recovery Project	Region SOUTH ASIA	Estimated Appraisal Date 07-Dec-2020	Estimated Board Date 04-Jan-2021
Practice Area (Lead) Social Protection & Jobs	Financing Instrument Investment Project Financing	Borrower(s) Islamic Republic of Pakistan	Implementing Agency National Database and Registration Authority (NADRA)

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Proposed Development Objective(s) Parent

The Project Development Objective is to support the early recovery of families affected by the militancy crisis, promote child health, and strengthen emergency response safety net delivery systems in the affected areas of FATA.

Proposed Development Objective(s) Additional Financing

The Project Development Objective is to support the early recovery of families affected by the militancy crisis, promote child health, and enhance citizen-centered service delivery in selected districts of KP Province.

Components

- Component 1: Early Recovery Package for Temporary Displaced Persons
- Component 2: Promoting child health in selected areas of KP
- Component 3:1 Strengthening program management and oversight
- Component 3.2: Enabling Citizen Centric Service Delivery

**PROJECT FINANCING DATA (US\$, Millions)**

**SUMMARY**

<b>Total Project Cost</b>	12.00
<b>Total Financing</b>	12.00



<b>of which IBRD/IDA</b>	0.00
<b>Financing Gap</b>	0.00

**DETAILS**

**Non-World Bank Group Financing**

Trust Funds	12.00
MDTF for Crisi Affected Areas of NWFP/FATA/Balochistan	12.00

Environmental Assessment Category

B-Partial Assessment

‘Have the Safeguards oversight and clearance function been transferred to the Practice Manager?’ No

Decision

Other Decision (as needed)

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**B. Introduction and Context**

1. Khyber Pakhtunkhwa – Pakistan’s third-largest province by population—has over the past eight years made significant progress in transitioning out of vulnerability and unrest. During this time, there has been substantial poverty reduction. However, parts of the province remain vulnerable to crises and human development outcomes remain low. The province accounts for an estimated 10.5 percent of the country’s GDP. Almost 85 percent of the province’s population lives in rural areas, where access to public services and income generation opportunities are lower than in the cities. The vast youth bulge is an opportunity to turn into a demographic dividend for the province. On May 31, 2018, through the twenty-fifth amendment to the Constitution of Pakistan the region formerly known as the Federally Administered Tribal Areas (FATA) was merged with the Khyber Pakhtunkhwa (KP) province. The region formerly known as FATA is referred to as the Merged Areas during the transition period. Over the ten-year transition period when this happens, Khyber Pakhtunkhwa will continue to receive Federal Government support. At the same time, the province will need to strengthen its administrative machinery to deliver services to people in a larger area than it did previously. Public service delivery in the tribal districts of the Merged Areas has been weak with many areas having little or no access to basic services.

2. Following the crisis in five tribal districts of the Merged Areas, the Government of Pakistan (GoP) launched major security operations resulting in displacement of approximately 340,000 families and



damage to infrastructure and services<sup>1</sup>. Survey data<sup>2</sup> revealed that families in crisis-affected areas moved out because of significant damage to infrastructure, lack of social services, and shocks such as loss of livelihood and a reduction in earnings that led to insufficient food consumption and undesirable coping strategies. Tackling malnutrition is a key aspect of the human capital challenge in Pakistan, with socioeconomic determinants playing a key role. The stunting rate among children under 5 in Pakistan is 38 percent and is much higher among the lowest quintile at 57 percent<sup>3</sup>. Prevalence of polio, malnutrition, stunting, and wasting in the Merged Areas had made child health and nutrition a priority area for the Government. Only 33.9 percent of children between the ages of 12 and 24 months were fully immunized, compared to the national average of 76 percent. The proportion of stunted children in the Merged Areas was reported as 52.3 percent<sup>4</sup> against the national average of 37.6 percent.

3. Starting from 2015, the Government started declaring many areas safe for the repatriation of displaced persons. Through the FATA Sustainable Return and Rehabilitation Strategy (FSRRS), GoP recognized cash transfers as an appropriate tool to catalyze the return and rehabilitation of the 340,000 displaced families. Against this backdrop, the World Bank was requested to support the GoP launch a program to assist in the early recovery of families affected by the crisis, promote child health, and strengthen emergency response safety net delivery systems in the affected districts of the Merged Areas.

4. Of the 340,000 displaced families, the original IDA credit of SDR 53.4 million approved on August 15, 2015, through the FATA Temporarily Displaced Persons (TDP) Emergency Recovery Project (ERP) supported a maximum of 120,000 TDP families and pilot tested a Child Wellness Package (CWP) through four One Stop Shops (OSS). Subsequently, based on the success of CWP and to provide ERP support to remaining TDPs, an additional IDA credit of SDR 81 million was approved on August 30, 2017. This additional credit supported the government in providing Emergency Recovery Package (ERP) to all 340,000 TDP families and expanded the CWP to all project areas. The Government has also contributed US\$15 million as its share of financing. A second additional financing supported through the KP/FATA/Balochistan MDTF in the amount of US\$ 15 million approved on July 26, 2019, converted OSS into Citizen Facilitation Centers (CFC) with greater space, accessibility and better infrastructure to improve the availability of and demand for a greater number of services and extended the project's operations to all Newly Merged Districts.

5. The project has three main components: (a) Early Recovery Package for Temporary Displaced Persons – which includes reimbursement of the Early Recovery Grant (ERG) and provision of the Livelihood Support Grant (LSG); (b) Promoting child health in selected areas of KP; and (c) Strengthening program management and oversight. The ERG is a one-time transfer of PKR 35,000 (approximately US\$215) per family to assist the Temporarily Displaced Persons (TDPs) to settle after returning and offset their transportation costs. The LSG provides monthly income support of PKR 4,000 (approximately US\$25) per month, per TDP family, for four months as subsistence support while livelihoods are reestablished. The Child Wellness Grant (CWG) aims to promote the uptake of selected child health services offered to both TDP and non-TDP families with children aged 0–2 years. The CWG is provided in five equal installments of PKR 2,500 (approximately US\$15) each, conditional on attending periodic health awareness sessions at

<sup>1</sup> Affected tribal districts in KP include: Kurram, Orakzai, Khyber, North Waziristan, and South Waziristan.

<sup>2</sup> Post-Crisis Needs Assessment 2010.

<sup>3</sup> Pakistan Bureau of Statistics, PSLSM 2015-16.

<sup>4</sup> FATA Development Indicators Household Survey (FDIHS) 2013–14.



Citizen Facilitation Centers (CFC) that provide messages on nutrition, hygiene, and immunization. The CFC also makes available services for immunization, growth monitoring of the children, and referral of complicated cases which families can voluntarily take up. Additional services including Vital Registration Services (VRS), Civil Registration Management System (CRMS), NADRA E-Sahulat platform (an ecommerce and payment services platform) are also being introduced at CFCs. VRS shall include all services pertaining to issuance or modification Computerized National Identity Cards and CRCs. Introduction of CRMS in collaboration with the local government/Commissioner’s offices will enable citizens, particularly women, to receive birth certificates, marriage certificates, death certificates

6. The project’s progress toward achievement of the Project Development Objective (PDO) has been rated as Highly Satisfactory as all major PDO indicators showed overachievement against targets. Implementation progress, monitoring and evaluation (M&E), procurement, project management and safeguards ratings are Satisfactory, and have been so for at least the last 12 months, while financial management ratings were recorded as Moderately Satisfactory in the last Implementation Status and Results Report (ISR). The project has shown impressive progress by processing 392,166 cases for LSG (87 percent of the caseload) and 612,484 families with children between 0-2 years of age for CWG, as of October 12, 2020. Over 108,000 beneficiaries (30% women) availed for vital registration services at CFCs. The project has disbursed 72 percent of total allocated funds. Program administrative data showed that 91 percent of beneficiary-family children below two years of age have been vaccinated. The project also remained compliant with legal covenants and fiduciary performance standards.

7. This Additional Financing seeks approval to provide an additional grant of US\$12 million to the Pakistan FATA Temporarily Displaced Persons Emergency Recovery Project (P154278), Credit No. 57190–PK and 61390-PK to support expansion of project activities to four additional districts of KP.

### C. Proposed Development Objective(s)

#### Original PDO

The Project Development Objective is to support the early recovery of families affected by the militancy crisis, promote child health, and strengthen emergency response safety net delivery systems in the affected areas of FATA.

#### Current PDO

The Project Development Objective is to support the early recovery of families affected by the militancy crisis, promote child health, and enhance citizen-centered service delivery in the tribal districts of KP Province.

#### Key Results

8. The PDO indicators are as follows:
  - a) Number of Beneficiaries of social safety net programs (CRI)
  - b) Number of Beneficiaries of Safety Nets programs - Unconditional cash transfers (CRI)
  - c) Number of Beneficiaries of Safety Nets programs - Other cash transfers programs (CRI)
  - d) Number of fully functional Citizen Facilitation Centers providing additional services



- e) Number of times services availed by citizens at Citizen Facilitation Centers

#### **D. Project Description**

9. The project will enhance citizen-centered service delivery through the establishment of CFCs in population centers to serve the entire population of the tribal districts and four adjoining districts. Selected services to be introduced at the CFCs include VRS, CRMS and NADRA E-Sahulat, which will further promote access of beneficiaries to a range of public services. Other services will be introduced as the project is implemented. The additional financing shall promote child health through cash transfers linked to attendance of health awareness sessions to incentivize demand side uptake of critical health and nutrition services to reduce malnutrition and improve uptake of vaccination.

10. Component 1 remains unchanged.

11. Component 2 will be scaled-up with increased targets due to addition of four new districts and increased implementation period.

12. Component 3 will be scaled up to meet additional project management, supervision, training, and incremental operating costs consistent with the extension of the closing date to June 30, 2024. Additional resources will be added to sub-component 3.2: Enabling Citizen Centric Service Delivery, to support the establishment of sixteen new CFCs and introduction of additional services including VRS, CRMS, NADRA E-Sahulat platform and other services in four new districts.

13. Key changes to the results framework include: (a) an increase in total number of families with children aged 0–24 months attending child health awareness sessions to 1,190,000; (b) Increase in the number of fully functional CFCs to 43; (c) increase in number of services available at CFCs to 6; and, (d) increase in number of times new services (not including LSG and CWG) accessed at CFCS to 1,200,000. Where possible, reporting against indicators will be gender disaggregated.

#### **E. Implementation**

##### Institutional and Implementation Arrangements

14. The implementation arrangements under the AF will continue to be the same as for the original project. The EAD will be responsible for the overall coordination and monitoring of the project, with NADRA as the implementing entity, and will provide a platform for project coordination with key stakeholders. The Steering Committee (SC)<sup>5</sup> will continue to provide overall operational oversight and decision-making support regarding key project outcomes and deliverables.

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<sup>5</sup> Composed of key stakeholders, including the EAD, Ministry of Finance, government departments of Government of KP including P&DD and R&RD.



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

The project is being implemented in all seven tribal districts of the Merged Areas (erstwhile FATA) and four adjoining districts Bannu, D.I Khan, Lakki Marwat and Tank. The location is in the northwest of Pakistan bordering Balochistan at the south and neighboring country, Afghanistan on the west. The Merged Areas are predominantly tribal whereas, other districts host a mix of Pakhtun and tribal populations. On May 31, 2018, through the twenty fifth amendment to the Constitution of Pakistan the region formerly known as the Federally Administered Tribal Areas (FATA) was merged with Khyber Pakhtunkhwa (KP) province. The former FATA region is referred to as the Merged Areas during the transition period. Over the ten-year transition period of the merger, Khyber Pakhtunkhwa will continue to receive Federal Government support. At the same time, the province will need to strengthen its administrative machinery to deliver services to people in a larger area than it did previously. Access to basic public services for citizens in the Merged Areas and adjoining districts remains a constraint as security and accessibility issues persist. Accomplishing this agenda still has a long way to go due to the complex process of integration with KP province, weak institutions and continuing security concerns. Limited accessibility and underdeveloped markets hamper livelihood options for local populations and propagate extreme poverty in this region. The Merged Areas are characterized by hilly terrains and dominant dry barren mountains. Poor transport infrastructure and lack of rural access lead to physical isolation. Low levels of digital literacy and relatively poor network quality are major impediments to Internet inclusion. Figures for forest cover in FATA are unreliable, ranging from 1% to 8% of the total reported area (FATA Directorate of Forest, 2005). Forest cover is declining rapidly due to uncontrolled grazing and timber extraction for commercial usage and fuel wood. Barren hills unable to retain soil and water lead to soil erosion in the area and affect the quality and quantity of fodder for livestock, draw down of water table and increases the incidence of flash floods. Quality of freshwater reservoirs is also under threat due to over exploitation and inappropriate disposal of waste.

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

Mishka Zaman, Social Specialist  
Sana Ahmed, Environmental Specialist

**SAFEGUARD POLICIES THAT MIGHT APPLY**

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	
Performance Standards for Private Sector Activities OP/BP 4.03	No	
Natural Habitats OP/BP 4.04	No	
Forests OP/BP 4.36	No	
Pest Management OP 4.09	No	
Physical Cultural Resources OP/BP 4.11	No	



Indigenous Peoples OP/BP 4.10	No	OP/BP 4.10 Indigenous People is triggered in Pakistan only when Bank-financed operations impact the Kalasha ethnic and religious minority. The Kalasha live in Kalash Valleys in Chitral District of KP province, which is not within the scope of this operation.
Involuntary Resettlement OP/BP 4.12	No	The AF will not acquire private land for its facilities (just as the parent project did not). This will be expressly stated in the Legal Agreement. Government facilities will be expanded or refurbished within existing boundary/footprint.
Safety of Dams OP/BP 4.37	No	
Projects on International Waterways OP/BP 7.50	No	
Projects in Disputed Areas OP/BP 7.60	No	

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**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 anticipated environmental risks of the project are related to immunization activities supported by the project which includes safe use of syringes, cold chain management and safe disposal of vaccines, syringes and infectious waste. The environmental compliance of the parent project remains satisfactory. Based on above, the project category will remain the same as “B” as of parent project. The original Project triggered OP 4.01 Environmental Assessment and the same is triggered in the AF. Since the proposed AF shall support an expansion of parent project activities, safeguard issues and impacts remain the same as in the original project. The ESMP prepared for parent project under OP 4.01 remain valid for the project and has been updated. An addendum to ESMP is prepared to document required information related to new districts, scaled-up activities, consultation process, additional staffing/capacity building needs resulting from geographical expansion; along with the key lessons learnt in implementing existing ESMP. During the implementation of the parent project, it was learnt that facilities like private entrances, separate washrooms and waiting areas increase the attendance of female beneficiaries. Similarly, provisioning of female staff at citizen facilitation centers and skilled LHVs and female staff for awareness sessions are necessary to boost the overall turnover of female beneficiaries and is in line with the local norms and culture. Special arrangements for disabled beneficiaries are now available at almost all merged districts and will be ensured for CFCs in southern districts. To the extent possible, the Project plans to use government lands and more specifically existing BHUs or Tehsil HQs to establish the CFCs. Therefore, as in the original Project, OP 4.12 on Involuntary Resettlement is not triggered, and involuntary resettlement or acquisition of private property is not envisaged.

The Child Wellness Grant provides incentives to eligible families promoting attendance of a health awareness session which in turn promotes uptake of a Child Wellness Package. While supply side arrangements for vaccination are not financed through the project, they are a part of child health services made available by Health Department, KP at Citizen





Facilitation Centers (formerly One-Stop-Shops).

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:  
No potential indirect or long term impacts are envisaged.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.  
Not relevant.

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 GoP prepared an Environmental and Social Management Plan (ESMP) in accordance with the national regulatory requirements as well as World Bank guidelines for the original project, duly updated in November 2020. The ESMP identifies and assesses the potentially negative environmental including public health and social impacts of the health services to be provided. It also proposes appropriate mitigation and precautionary measures to address the anticipated negative impacts. In addition, monitoring, reporting, and capacity building requirements are also included in the ESMP. Capacity of Department of Health staff to plan and implement the ESMP was built through training provided to DoH staff on safe disposal of medical waste including used syringes and maintenance of cold chain for storage of vaccines. During implementation of project activities it was assessed that the capacity of field based DoH staff in terms of adopting mitigation measures as per standard practices already exists. This was verified through bi-annual progress reports and photographic proof provided by the PMU (Bank team access is constrained due to security and accessibility issues). Therefore, implementation of mitigation measures such as safe disposal of medical waste including used syringes and maintenance of cold chain for storage for vaccines have been adopted. Under the AF, adoption of measures to prevent spread of COVID-19 will be adopted and refresher trainings to DoH staff to ensure continued compliance will be provided.

As mentioned above, OP 4.12 on Involuntary Resettlement is not triggered since there will be no acquisition of private land.

FATA TDP ERP has a robust GRM, which uses technology-based mechanisms for grievance redress, and the same will be utilized under the AF to ensure fairness, transparency and timely responses. The GRM guides concerned stakeholders on their key functions, roles and responsibilities to resolve complaints related to enrollment, verification, payments, quality of service and updating household information. The GRM is complemented by a Case Management System (CMS) which is accessible at the grievance counters located in existing OSSs, and will be ensured in future CFCs. The Project Results Framework includes an indicator “Proportion of grievances resolved” to track grievance resolution.

Uptake of the Child Wellness Package by mothers and children has been much stronger than expected - over 600,000 mothers with children between 0 – 2 years of age attended Health Awareness sessions and over 93.7% opted to avail vaccination services as of October 12, 2020. Families that attended these sessions were accompanied by male guardians to OSS. The strong communications and beneficiary outreach campaign may have played a significant role. There is however, a stronger propensity for families to bring male children (66%) rather than female children (34%) to facilities. Once at the OSS, there is a gender balanced uptake of services. Communications and beneficiary outreach efforts will be intensified with the objective of increasing the number of female children brought to project facilities. Lady Health Visitors are available at all but two OSSs due to security and accessibility limitations. To ensure complete coverage, the government is exploring options including recruiting from outside the area, partnerships with agencies involved in provision of healthcare in the vicinity (if any) and leveraging relationships with local stakeholders.

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The project has adopted SoPs to prevent the spread of COVID-19. Measures adopted include provision of personal protective equipment (gloves and masks), sanitizer, disinfecting biometric counters after each use and limiting the number of people inside a facility at any time. Messaging to create awareness on COVID-19 prevention measures will be made through the Health awareness video, standees and posters at the site. Compliance to the SoPs is monitored by Health and Safety officers at each site. The project's operational review firm will also review compliance to SoPs as part of their spot check activities.

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

Stakeholder consultations were carried out during preparation of the ESMP and continued through implementation. Consultations for the original project were undertaken in 2015. These were carried out with project beneficiaries (TDP and non-TDP families with children between 0-2 years of age from the merged areas), Officials from the Department of Health KP, Environmental Protection Agency and selected CSOs. Consultations were carried out as part of the project's gender and conflict sensitive social mobilization strategy (involving partner NGOs and CSOs, government departments, local leaders, local third parties) which were aimed at stimulating demand, creating awareness, dispelling misconceptions regarding vaccination, and devising solutions for suitable travel arrangements.

During preparation of the additional financing, the project undertook consultations in districts D.I. Khan and Bannu on November 4, 2020, with a range of stakeholders. This included consultations with male and female beneficiaries, local administration, health service providers (including a medical doctor and Lady Health Visitors), NGOs/CBOs and the Environmental Protection Agency (EPA). The participants list is available for record with the Bank and EAD. Key recommendations included:

- a. Need for additional CFCs in targeted in districts;
- b. Need for a social mobilization firm to ensure community participation and involvement;
- c. Building synergies with existing nutrition projects being implemented in targeted districts;
- d. Separate washrooms and waiting areas for women; and,
- e. Adoption of sound mechanism for safe disposal of medical waste.

Beneficiary feedback will continue to be obtained through regular surveys (qualitative and quantitative and with special focus on women). Preliminary results from the first rounds of these surveys have provided positive evidence on the program's utility and service delivery. The most recent Beneficiary Outcome Survey was carried out in November 2019 and indicated beneficiaries recognize the usefulness of the grants and services provided. Findings from the survey demonstrate that all systems, procedures, and processes are operating as envisaged, and services are being received and utilized by beneficiaries; these findings corroborate information being received from the third-party monitoring firm hired by the World Bank, the operations review firm, and the project team. The Project Results Framework includes an indicator "Proportion of beneficiaries satisfied with services at Citizen Facilitation Centers (Percentage)" to track beneficiary satisfaction.

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

**Environmental Assessment/Audit/Management Plan/Other**

Date of receipt by the Bank	Date of submission for disclosure	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors
<b>November 16, 2020</b>	<b>November 26, 2020</b>	<b>N/A</b>

**"In country" Disclosure**

The ESMP has been disclosed and is available at:

<http://fatatdp.nadra.gov.pk/wp-content/uploads/2020/11/ESMP-document-of-TDP-ERP.docx>

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

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**CONTACT POINT**

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