



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

Appraisal Stage | Date Prepared/Updated: 02-Apr-2019 | Report No: PIDISDSA25701



BASIC INFORMATION

A. Basic Project Data

Country Pakistan	Project ID P169107	Project Name Second Additional Financing to FATA Temporarily Displaced Persons Emergency Recovery Project	Parent Project ID (if any) P154278
Parent Project Name FATA Temporarily Displaced Persons Emergency Recovery Project	Region SOUTH ASIA	Estimated Appraisal Date 08-Apr-2019	Estimated Board Date
Practice Area (Lead) Social Protection & Labor	Financing Instrument Investment Project Financing	Borrower(s) Islamic Republic of Pakistan	Implementing Agency National Database and Registration Authority (NADRA)

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 the tribal districts of KP Province.

Components

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

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	15.00
Total Financing	15.00



of which IBRD/IDA	0.00
Financing Gap	0.00

DETAILS

Non-World Bank Group Financing

Trust Funds	15.00
MDTF for Crisi Affected Areas of NWFP/FATA/Balochistan	15.00

Environmental Assessment Category

B-Partial Assessment

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

Country and Sector Context

1. This Additional Financing seeks approval to provide an additional grant of US\$15 million to the Pakistan FATA Temporarily Displaced Persons Emergency Recovery Project (P154278), Credit No. 57190–PK and 61390-PK.
2. The original project was aligned with the FATA Sustainable Return and Rehabilitation Strategy (FSRRS) in which cash transfers were recognized as an appropriate tool to catalyze the return and rehabilitation of 340,000 displaced families in five affected tribal districts of the Merged Areas¹. Survey data revealed that families in militancy-crisis-affected areas, especially displaced families, moved out because of significant damage to infrastructure, lack of social services, and severe shocks such as significant losses of livelihood and a reduction in earnings that led to insufficient food consumption and harmful coping strategies. Prevalence of polio, malnutrition, stunting, and wasting in the Merged Areas had made child health and nutrition an area of priority for the Government. Only 33.9% of children between the ages of 12 and 23 months were fully immunized, compared to the national average of 76%. The proportion of stunted children in the Merged Areas was reported as 49% against the national average of 44%.

¹ The Federally Administered Tribal Areas (FATA) officially merged with the neighboring Khyber Pakhtunkhwa province in 2018. Affected districts of the merged areas include: Kurram, Orakzai, Khyber, North Waziristan, and South Waziristan.



3. Against this backdrop, the World Bank supported the GoP in launching a program to assist in the early recovery of families affected by the militancy crisis, promote child health, and strengthen emergency response safety net delivery systems in the affected districts of the Merged Areas. Of the 340,000 displaced families, the original IDA credit of SDR 53.4 million through the FATA Temporarily Displaced Persons (TDP) Emergency Recovery Project (ERP) was intended to support a maximum of 120,000 participating TDP families and pilot test a Child Wellness Package (CWP) through four One-Stop-Shops (OSS). Subsequently, based on the success of the CWP, an additional IDA credit of SDR 81 million provided support for the remaining TDP caseload and expanded the CWP to all project areas through fifteen OSS. The Government has also contributed US\$15 million as its share of financing.

4. The original project had three main components: (a) delivery of Early Recovery Package, which includes reimbursement of the Early Recovery Grant (ERG) and provision of the Livelihood Support Grant (LSG); (b) the piloting of the Child Wellness Grant (CWG); and (c) TA for strengthening program management and oversight. The ERG is a one-time transfer of PKR 35,000 (approximately US\$350) per family to assist the TDPs to settle after returning and to offset their transportation costs. The LSG provides monthly income support of PKR 4,000 (approximately US\$40) per month per TDP family for four months as subsistence support while livelihoods are reestablished. The 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 three equal installments of PKR 2,500 (approximately US\$25) each, conditional on attending periodic health awareness sessions at OSS that provide messages on nutrition, hygiene, and immunization. The OSS also makes available services for immunization, growth monitoring of the children, and referral of complicated cases which families can voluntarily take up.

5. The project remained compliant with legal covenants and fiduciary performance standards. 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 and project management 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). Implementation progress has remained strong with all fifteen OSS deployed despite the complex nature of the project and adverse situation on the ground. The project has shown impressive progress by processing 327,947 cases for LSG (81% of the caseload) and 360,137 families with children between 0-2 years of age for CWG as of February 21, 2019. The project has disbursed 61% of total allocated funds. Program Administrative data showed that 93.7 percent of children below two years of age have been vaccinated.

6. The project design proved successful, with each of the 15 OSS providing a convenient and secure space for beneficiaries to access selected services, including income support, awareness sessions, immunization services, screening children for malnutrition and financial services. The project built robust systems for registration/enrollment of beneficiaries, a sound and transparent payment delivery system, an information management system with advanced controls and technological solutions, and a grievance redress system—providing the foundation for the delivery of other development interventions.

7. Since independence, FATA existed as a special region of the federation of Pakistan and was managed under the Frontier Crimes Regulation (FCR), which represents a special set of laws enacted by the British in 1901. Economic development is especially constrained in FATA, with large areas having little



or no access to basic services. According to Pakistan’s 2016 Multidimensional Poverty Index, 73 percent of the people in FATA live in multidimensional poverty compared to 43 percent in Khyber Pakhtunkhwa (KP) and 39 percent nationally.² Significant damage to physical infrastructure and services in the aftermath of a militancy crisis further weakened traditional service delivery systems, and access to services remains a concern as security and accessibility issues persist.

8. On May 24, 2018, the National Assembly of Pakistan voted in favor of an amendment to the Constitution of Pakistan for the FATA-KP merger which was approved by the Senate the following day. On May 28, 2018, the President of Pakistan signed the FATA Interim Governance Regulation, a set of interim rules for FATA until it merges with Khyber Pakhtunkhwa within a timeframe of two years. During the two-year period, while the government of KP and Merged Areas Secretariat complete the merger of erstwhile FATA into KP province, it is vital that the government strengthens the state-citizen relationship and provides basic public services in an efficient and transparent manner. Weak institutions and a prolonged conflict in the region has left the local population extremely vulnerable and the strengthening of public service delivery institutions will require time and effort.

9. The FATA TDP ERP has demonstrated the efficacy of the OSS service delivery model as a proven mechanism to fill the gap left by the conflict and weak public service delivery infrastructure. As the first intervention after the crisis that enabled much needed public service delivery, the OSS model has become widely trusted by the local population. The Government of KP and Merged Areas Secretariat have expressed satisfaction with the project and have recommended that the OSS be converted into Citizen Facilitation Centers (CFC) with greater space, accessibility and better infrastructure to improve availability of and demand for a greater number of services while strengthening state-citizen relationship. The success of the program has also generated interest from the Economic Affairs Division (EAD) to expand the program to remaining agencies, extend additional services that would enhance citizen centric service delivery systems in the Merged Areas. Reforms to bring service delivery in the Merged Areas at par with other parts of KP may take years. OSS shall provide immediate support that can be easily transitioned into any structure that the government is envisioning. Thus, the Government can use the CFC model to deliver services which it has difficulty providing otherwise. The GoP accordingly requested the Bank to provide additional support for the CWP, introducing additional services and establishment of CFCs in January 2019.

C. Proposed Development Objective(s)

Original PDO

10. 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.

² The incidence of MPI is used because the Cost of Basic Needs National Poverty line for Pakistan, is not available as yet for FATA. However, as per the national poverty line, the overall poverty rate in KP in 2013-14 was at about 28 percent, compared to 29.5% for the country as a whole, with rural KP at 30 percent and urban KP at about 16 percent. While the MPI provides much higher estimates of both rural and urban deprivation in KP, and across the country, it shows the same declining trend in MPI over time



Current PDO

11. The revised Project Development Objective is to enhance citizen-centered service delivery, promote access to child health services and support early recovery of families affected by the militancy crisis.

Key Results

12. The Revised PDO indicators are as follows:

- i. Number of Beneficiaries of social safety net programs (CRI)
- ii. Number of Beneficiaries of Safety Nets programs - Unconditional cash transfers (CRI)
- iii. Number of Beneficiaries of Safety Nets programs - Other cash transfers programs (CRI)
- iv. Number of fully functional Citizen Facilitation Centers providing additional services
- v. Number of times services availed by citizens at Citizen Facilitation Centers

D. Project Description

13. The Program will enhance citizen-centered service delivery through the establishment of CFCs in population centers to serve the entire population of the Merged Areas. Selected services to be introduced during the project period include VRS, CRMS and NADRA E-Sahulat, which will further promote access of beneficiaries to a range of public services. Other services may be introduced as required by the Government of KP. Child health will be promoted through use of cash transfers, linked to attendance of health awareness sessions, to incentivize demand side uptake of critical health and nutrition services which have demonstrated impacts on promoting the human capital development of children by reducing malnutrition and improving the uptake of vaccination services. Early recovery of families affected by the militancy crisis is supported through a package of unconditional cash transfers to 336,000 TDP families from five affected tribal districts.

14. Component 1 remains the same as in the original project.

15. Component 2 remains the same as in the original project with increased targets and additional resources to introduce additional installments for beneficiaries availing the CWP. The installments will only be provided to each family in the Merged Areas with children under 24 months upon attendance of mandatory health awareness sessions. The periodicity shall correspond to key episodes of health checkups and full-immunization of children, including the final measles booster shot which was not included in the original design of the component. The original project restricted support to only one child between 0 and 24 months per family. The AF shall extend this support to all children in each family between the age of 0 and 24 months. However, additional children will only be eligible for support if a gap of at least 2 years between the last child and the one being included is ensured. Families will be required to present Child Registration Certificates (CRC) at the time of enrollment to comply with this condition.



16. Component 3 shall be divided into two sub-components, whereby, sub-Component 3.1 remains the same as Component 3 in the original project, increasing the allocation of the TA to meet additional project management, supervision, training, and incremental operating costs consistent with the extension of the closing date from June 30, 2020 to June 30, 2021. A new sub-component, sub-Component 3.2, Enabling Citizen Centric Service Delivery, shall support the establishment of CFCs and introduction of additional services including VRS, CRMS, NADRA E-Sahulat platform and other services. 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 to receive birth certificates, marriage certificates, death certificates and divorce certificates. NADRA E-Sahulat services shall provide a single platform to companies with numerous outlets by enabling beneficiaries to send or receive remittances and pay bills.

E. Implementation

Institutional and Implementation Arrangements

17. 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)³ will continue to provide overall operational oversight and decision-making support regarding key project outcomes and deliverables.

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 (formerly known as FATA), a semi-autonomous tribal region in the northwest of Pakistan lying between the provinces of Khyber Pakhtunkhwa, Baluchistan and neighboring country, Afghanistan. Access to basic public services for citizens in the Merged Areas remains a constraint as security and accessibility issues persist. The Government of Khyber Pakhtunkhwa (KP) and Merged Areas Secretariat are tasked with accelerating the integration process. 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. 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 fresh water reservoirs is also under threat due to over exploitation and inappropriate disposal of waste.

³ Composed of key stakeholders, including the EAD, Ministry of Finance, TDP Secretariat, and the allied government departments' agencies of Merged Areas (known as Merged Areas Secretariat, Government of KP).



G. Environmental and Social Safeguards Specialists on the Team

Mishka Zaman, Social Specialist
Rahat Jabeen, 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	
Involuntary Resettlement OP/BP 4.12	No	
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	

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 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. To the extent possible, the Project plans to use government lands and more specifically the 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. As noted below, the original ESMP remains valid for the Project.



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 Directorate of Health, Merged Areas Secretariat at Citizen Facilitation Centers (formerly One-Stop-Shops). Inappropriate practices during provision of health services at these facilities can potentially cause health and safety hazards for health service providers as well as for children, their parents, and the public at large. These inappropriate practices include the use of unsafe/unsterilized syringes and needles, negligence of health services providers/vaccinators on appropriate safety protocols and unsafe disposal of medical waste.

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.
Nor 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. 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 these 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, refresher training to DoH staff on these issues 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 - 360,137 mothers with children between 0 – 2 years of age attended Health Awareness sessions and over 93.7% opted to avail vaccination services as of February 21, 2019. 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 (67%) rather than female children (33%) 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

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 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 Directorate of Health, Merged Areas Secretariat, 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.

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 October 2018 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.

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
-----------------------------	-----------------------------------	--

"In country" Disclosure

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)



CONTACT POINT

World Bank

Amjad Zafar Khan
Sr Social Protection Specialist

Ali Nadeem Qureshi
Social Protection Specialist

Borrower/Client/Recipient

Islamic Republic of Pakistan
Noor Ahmed
Secretary
secretary@ead.gov.pk

Implementing Agencies

National Database and Registration Authority (NADRA)
Zulfiqar Ali
Director General
ali.zulfiqar@nadra.gov.pk



FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: <http://www.worldbank.org/projects>

APPROVAL

Task Team Leader(s):	Amjad Zafar Khan Ali Nadeem Qureshi
----------------------	--

Approved By

Safeguards Advisor:	Maged Mahmoud Hamed	02-Apr-2019
Practice Manager/Manager:	Stefano Paternostro	02-Apr-2019
Country Director:	Melinda Good	05-Apr-2019