



# Concept Environmental and Social Review Summary

## Concept Stage

### **(ESRS Concept Stage)**

Date Prepared/Updated: 03/03/2023 | Report No: ESRSC03356



## BASIC INFORMATION

### A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Pakistan	SOUTH ASIA	P180707	
Project Name	KP/FATA Citizen Centered Service Delivery Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Social Protection & Jobs	Investment Project Financing	4/10/2023	6/1/2023
Borrower(s)	Implementing Agency(ies)		
Ministry of Economic Affairs	National Database and Registration Authority (NADRA)		

### Proposed Development Objective

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.

Financing (in USD Million)	Amount
Total Project Cost	50.00

### 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]

This project will bridge the financing gap for the continuity of the activities under the FATA Temporarily Displaced Persons Emergency Recovery Project -P154278 (TDPERP) for smooth transition to the province of Khyber Pakhtunkhwa (KPK). TDPERP was operationalized in FATA Agencies in 2016 through the Federal Government funding and has since successfully delivered services to its citizens. Now, with the merger of FATA Agencies into KPK as new districts, there is a need to transition the TDPERP institutional setup and programs to the province for its long-term sustainability. Effective phased transfer of the programs would require covering the funding gap for the TDPERP program by the Federal Government for the transition period. Since the existing project was under the old



environment and social safeguards, no additional financing could be structured under it and hence a new project had to be prepared.

The original project had 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 FATA; and (c) Strengthening program management and oversight. The ERG is a one-time transfer of PKR 35,000 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 per month per TDP family for four months as subsistence support while livelihoods are re-established. 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 each, conditional on attending periodic health awareness sessions at One-Stop-Shops (OSS) that provide messages on nutrition, hygiene, and immunization. The OSS also makes available services for immunization, growth monitoring of the children, nutrition services and referral of complicated cases which families can voluntarily take up.

With the conversion of One-Stop-Shop delivery mechanism into Citizen Facilitation Centers (CFCs), additional services including Vital Registration Services (VRS), Civil Registration Management Services (CRMS) and NADRA E-Sahulat (an E-Commerce Platform providing online payment and collection facility through various outlets) were introduced for all citizens. Simultaneously, due to overwhelming community support for the program the TDPERP program was also extended to four of the adjacent southern provinces of Pakhtunkhwa province. Currently the program is being run in 7 merged districts of FATA (Mohmand, Orakzai, North Waziristan, South Waziristan, Bajaur, Khyber & Kurram districts) and four settled districts (Bannu, Lakki Marwat, Tank and D.I. Khan).

The envisioned project will continue to support all existing activities under the TDPERP for a period of 2 years, providing opportunity to the KPK government to take over the complete program.

## **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 proposed project will continue to be implemented in all seven districts of the Newly Merged Areas (erstwhile FATA) and four adjoining districts Bannu, D.I Khan, Lakki Marwat and Tank of Khyber Pakhtunkhwa (KP) province. 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, the other four districts host a mix of Pashtun and tribal populations. On May 31, 2018, 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 Newly Merged Districts (NMDs) during the transition period. Healthcare (/immunization) waste management across Pakistan including NMDs, also continues to remain a challenge, especially at the sub-district (Tehsil and Union Council) levels. Most of the primary-level healthcare facilities generally do not have effective systems and procedures in place, nor have the infrastructure/resources to manage and dispose of infectious waste. Given the situation, the earlier project (TDP ERP) has developed a comprehensive Immunization Waste Management Action Plan in order to tackle this HC waste issue and suggested workable and practical solutions as reflected in the project ESMP. Accordingly, NADRA – the IE - has complied with the environmental safeguards activities associated with pre and post-process of immunization/vaccination under project activities and took necessary mitigation/ safety measures while handling the pre and post-vaccination waste and medical waste as per WB SG policies /guidelines; KP EPI policy, and WHO



guidelines. To ensure effective implementation of ESMP, NADRA/EAD-PMU had developed a comprehensive monitoring checklist. Health Coordinator from Department of Health was responsible for effective implementation of ESMP, ensuring this through District surgeons and field staff; and further through frequent and regular field visits. The key areas that were monitored include: (i) cold chain management; (ii) risk of infection, and (iii) disposal of sharp and immunization waste. Waste from every HC facility was taken outside (in safety boxes) to pits available at the facility. These pits are used for burning of waste and then were covered with the cement slab. These pits were later further improved through cement lining to avoid soil and water contamination. Basic fire and life safety training was provided in all the CFCs and under the new Environmental and Social Framework (ESF), the emergency procedures, security requirements and resource efficiency measures will be further formalized and strengthened. the activities would be beneficial for the population and would result in the inclusion of women and children and uptake of services as evidenced in the reach and uptake of vaccination and VRS in the TDP-ERP where the program commenced with 100% men registering for the program and bringing mothers and children for the CWG. In the last year 93% of the newly registered CWG applicants are women. In fact, under TDPERP, 42% of the children benefitting from the services were girls and 98% of the families visiting CFCs voluntarily opted for vaccination.

#### D. 2. Borrower's Institutional Capacity

NADRA will be the implementing entity (IE) of the project and will provide all technical and operational support for field implementation of the project, while EAD will be responsible for the overall coordination and monitoring of the project. The EAD shall assume the responsibility for donor coordination, reporting, and managing the fund flows to Payment Service Providers' accounts. The EAD will also provide a platform for project coordination with NADRA and other key government departments including the Planning and Development Department and the Department of Health (DoH). NADRA's competency is based on the institution's experience gained from recent WB operation (TDP ERP, P154278) which will end in 2023. Additionally, NADRA has implemented emergency operations including the earthquake and flood responses, as well as supporting the implementation of BISP. NADRA has gained sufficient experience in addressing E&S issues/requirements by successfully implementing these operations. This was further consolidated by implementing the three successive additional financings of TDP ERP with expanded outreach (to 4 more districts) than initially envisaged at appraisal (2015). Accordingly, the IE has a satisfactory E&S implementation set up at the HQ level and in the field. Previously under TDP ERP, NADRA successfully employed a tiered approach in implementing E&S requirements. Correspondingly, at HQ level the overall coordination and implementation of E&S documents for TDP ERP was the responsibility of EAD-PMU, which has further designated an E&S Focal Person (FP) at Directorate of health services, Department of Health. The FP was responsible for coordination and implementation through DoH's field staff. At field level, the Department of health also designated similar focal persons (generally EPI technicians) at all facilitation centers, who provide necessary support and also assist the E&S focal person to establish reports, which ultimately report to EAD-PMU. Similarly, the said field staff also updates district surgeons regarding E&S matters to ensure proper implementation. The adequacy of effectiveness of E&S/SG organizational arrangements and implementation process will be further assessed during project preparation and any shortcomings observed and lessons learned shall be duly incorporated in the E&S instruments/PAD etc. However, TRDP ERP is being implemented under WB Safeguards (SG) policies, while this project (KPK/FATA Citizen Facilitation Program-CFP) will follow WB ESF. As such the IE may need further strengthening and capacity building for effectively meeting additional requirements of ESF (ESS2, ESS3, ESS4 and ESS10) for implementing CFP subprojects/activities. During appraisal the capacity of the IE will be further assessed in terms of staff, resources, skill and E&S management capacity in the context of ESF and the emerging socio-political landscape. Any gaps thus identified shall be addressed through appropriate measures and will be reflected in the ESCP as well as related instruments. Further, during the project preparation, environmental and social assessment will be conducted in accordance with the ESS1 (WB ESF); and as per prevailing national/provincial legal requirements. The assessment will lead to identification of tools and methods to manage the



E&S risks and impacts. Given the preliminary information available at concept stage it is anticipated that the precise locations would be firmed up prior to appraisal; and the E&S assessment shall accordingly lead to the amendment/updating of existing TDP ERP ESMP, to cater to this project under the Bank's Environmental and Social Framework. Based on the past experience and lessons learned, two key aspects among others, related to institutional capacity, would be strengthened in new operations, including (i) hiring and retaining of dedicated Environment Specialist and Social Specialist; and (ii) training of staff on ESF/ESS requirements.

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

### A. Environmental and Social Risk Classification (ESRC)

Moderate

#### Environmental Risk Rating

Moderate

At the PCN stage, the project activities are envisaged to have Moderate environmental risk. The project will continue the existing TDP ERP activities which are established to be environmentally benign and not expected to result in any significant environmental degradation. The CFC model under TDP ERP leverages a single case management system, information dissemination mechanism, mobilization campaign and grievance management system, to optimize the delivery of multiple services at one secure and safe location, optimizing the utilization of resources, and reducing costs for the service delivery agencies, beneficiaries and the government. The evidence from these past interventions suggests that the cash transfer programs for returnees have an impact on food security and vulnerability of returning families. The health services would improve the health outcomes of children in project area. Further the child health component of the project has resulted in positive health-seeking behavior and recorded an increase in children's health check-up visits. TDP ERP ESMP has established systems for the mitigation of adverse environmental impacts resulting from inappropriate practices during provision of the health services such as use of unsterilized syringes and needles, lack of awareness and application of appropriate safety protocols by health services providers/ vaccinators, improper disposal of used syringes and mismanagement of cold chain (sub-optimal temperature, exposure to light, and expiry date, etc.) for storing, transporting, and utilizing the vaccines. Further, environmental issues related to disposal of solid and liquid have been assessed to have minimal impact in the TDP-ERP ESMP Under component 2 of new project, the rehabilitation and refurbishment of two Citizen Facilitation Centers (CFCs) in existing government-owned buildings, will involve minor civil works (including paint, electrical works and provision of air conditioning, furniture, internet connectivity and the like), which is expected to have minor environmental risks associated with OHS and waste generation. It must be noted that while under the TDP ERP, the current practices for safe disposal of syringes and management of cold chain are well-established, however, existing Health Care Waste (HCW) Management practices need to be further strengthened; such as employing dedicated E&S Specialists; provision of color coded and lid operated bins for waste segregation at source; using improved (lined) pits for HCW in all CFCs; conducting water and soil quality testing at locations near to CFCs; and capacity building of staff on ESF/ESSs. Most of the above-stated risks and impacts are still anticipated to be temporary site-specific, reversible and manageable by adopting simple mitigation measures, in accordance with the mitigation hierarchy under the relevant ESSs.

#### Social Risk Rating

Moderate

At the PCN stage, social risks are perceived as moderate. The associated risks are mainly due to social inclusion and access, especially of vulnerable and disadvantaged groups, inclusive public outreach and safety and security of project staff (in NMDs). Legal identity can give women access to financial services, health care, social safety nets, and the right to vote, but too often women effectively live outside of any government system, with little awareness of their



rights as citizens. The situation in the NMDs is worse compared to the rest of the country, with 56 percent of the 2.2 million women without CNICs. This low rate of registration has been the result of a combination of barriers, including mobility constraints, high transportation costs, lack of registration centers in the NMDs, and prevailing social norms. Given remoteness, lack of transport infrastructure, condition of the facilities and the conservative/patriarchal social fabric of the communities in these areas, women and girls are generally excluded from receiving primary health care services. In the context of the NMDs, displacement issues and a post-conflict scenario, concerns related to gender based violence and the need for gender sensitive remedial services are critical. Social risks that may need to be addressed pertain to awareness about the importance of vaccination and its long-term benefits, any misconceptions about the side effects, understanding the social barriers in vaccination, unavailability of female staff and the attitude of the health staff towards the women beneficiaries. Accessibility to CFC's due to poor road infrastructure and transport may also arise. Capacity building and training of staff on public dealing may also need to be carried out. These risks are reversible, limited in scope, and manageable. A Stakeholder Engagement Plan (SEP) and Labor Management Procedures (LMP) will be developed during project preparation, which will further build on the measures in existing ESMP of TDP ERP to ensure inclusion of the vulnerable population, and to ensure that any potential social tensions are anticipated, avoided and managed. No resettlement or displacement of people is expected to take place as no land acquisition is envisioned for building infrastructure or any other activities. The Project districts comprise an area with no traces of indigenous communities as per the Bank's screening process.

## 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:***

ESS1 is relevant. The project will ensure the application of OHS measures as outlined in WHO guidelines which will be updated as needed in the TDP ERP ESMP along with the review of other relevant SOPs, guidelines etc. This encompasses procedures for entry into CFCs, including minimizing visitors; procedures for protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers, and postage of signage in all public spaces mandating hand hygiene and PPE; adequate supplies of PPE (particularly facemask, gloves, handwashing soap and sanitizer); and overall adequate OHS protection in accordance with General Environmental Health and Safety Guidelines (EHSGs) along with relevant industry specific EHSGs and follow evolving international best practices in relation to protection from COVID-19. The code of conduct for workers will be made part of the ESMP. Currently, national COVID protocols are being followed and maintained in all the CFCs. Social exclusion and accessibility of women, children and other vulnerable groups is a risk. However, the project will build on the reach of TDP-ERP and ensure community participation and involvement. The continued provision of women-centric and child friendly services at the CFCs will encourage and facilitate women to visit and avail vaccination, health awareness and vital registration services. Beneficiary feedback surveys and consultations will also be undertaken. The construction of ramps and disability access at the CFCs will also continue to be ensured.

The existing ESMP of TDP ERP already includes various mitigation guidelines (solid waste management, occupational health and safety; and health care waste management). The project will utilize this existing ESMP, which will be , updated to further maximize positive E&S outcomes, as technically feasible based on lessons learned in relation to the implementation and monitoring of mitigation measures, capacity building/training, E&S reporting; and the



financial resources requirements and recommend additional measures/resources accordingly, proportional to the level of E&S risks. In this regard, as part of project preparation, the client will conduct a brief environmental and social assessment based on the lessons learnt, in line with ESS1 and as per prevailing national/provincial legal requirements to identify any persistent risks and impacts resulting from TDP ERP project interventions. This assessment will lead to the identification of measures to further manage these risks.

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

Use of Borrower Framework is not being considered for this project.

**ESS10 Stakeholder Engagement and Information Disclosure**

ESS10 is relevant for this project. A Stakeholder Engagement Plan (SEP) will be developed in consultation with the World Bank, which will describe the timing, frequency and nature of engagements with the identified stakeholders throughout the project life. The SEP will ensure that appropriate project information on project social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible and culturally appropriate manner and format. As was the case in the FATA TDP ERP project, NADRA will work closely with the Economic Affairs Division (EAD), the Planning and Development Department (P&DD), the Department of Health (DoH), the Provincial Disaster Management Authority (PDMA), the Local Government and Rural Development Department (LG&RDD), Relief and Reconstruction Department (R&RD), the National Bank of Pakistan and the District Administration. Other interested parties identified include the Directorate of Projects under the Merged Areas Secretariat (MAS), academic institutions, CSOs which have experience in the NMD's and in social mobilization and community outreach. Vulnerable groups that would need to be focused on include women (especially in the NMDs), Internally Displaced Persons (IDPs), female-headed households (in some instances child headed households, refugees (for instance Afghan refugees), or disadvantaged groups (ethnic minorities, differently abled and transgender communities), youth, and senior citizens. Consultations with the spectrum of stakeholders identified will ensure that their feedback is incorporated in the SEP which will also be updated as necessary throughout the life of the Project. These consultations may build on the feedback received from the Beneficiary Outcome and Beneficiary Feedback Surveys conducted under TDP ERP.

The SEP will also include a grievance redress mechanism (GRM) to receive and facilitate the resolution of concerns and grievances and will be implemented and updated throughout the project lifecycle. With respect to a Project GRM, the Pakistan Citizens Portal, Government of KP Online Portals (Rasai 1800 & the Chief Minister's Khpal Wazirala) and the Provincial Ombudsman office are available for citizens to lodge grievances. Their outreach and availability in the Project districts, along with an operational and effective GRM already in place through NADRA for the TDP ERP would ensure that a robust and inclusive GRM is accessible to all citizens of the target districts for project related issues. TDP ERP has been operating a technology-based mechanism for grievance redress with counters established at all OSSs/CFCs, and a 24-hour WhatsApp number and these avenues will continue to be utilized under the project to ensure fairness, transparency, and timely responses. Culturally appropriate communication mechanisms will be used to raise awareness on the GRM process and the management of complaints.

**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 for this project. The project is expected to engage direct workers, contracted workers, primary supply workers and community workers. All labor is locally hired, except for skilled workers that cannot be found in the project locations. The project footprint is envisaged to be relatively small, and large-scale labor influx is not expected. The project will adhere to national labor laws and WBG standards concerning labor conditions, including child labor which will be forbidden for any person under the age of 14. Contracts for all workers will include a code of conduct, which will be signed when hired. The use of forced labor or conscripted labor will also be prohibited in the project, both for construction and any other tasks. Minor facility rehabilitation will require hiring contractors. Such works pose limited risks, but workers will have access to necessary PPE and handwashing stations. The project will also ensure a responsive GRM to allow workers to quickly inform the implementing agency of labor issues, such as a lack of PPE, unreasonable overtime, unsatisfactory work conditions etc. A Labor Management Procedure, focusing on Project workers, will be prepared after project effectiveness n and will be recorded in the ESCP as a Borrower Commitment. The LMP will include an assessment of potential labor-related risks; an overview of national labor regulations, policies and procedures; mechanisms to prevent GBV/SEA and harassment; management of OHS, contract terms and conditions; working age regulations; and a GRM for redressal of labor-related grievances. The existence of Occupational Health and Safety (OHS) risks are low in nature, due to physical hazards associated with minor civil works and low awareness/experience amongst employers/workers to identify and manage risk. Some OHS hazards may include: (i) falls from heights, electric shocks, accidents with hand tools, ii) lack of awareness and application of appropriate safety protocols by health services providers/ vaccinators, iii) failure to use proper protective equipment by labor and project workers. To ensure the health and safety of workers the client reviews the existing OHS procedures as part of the ESMP, in line with World Bank Group OHS Guidelines. The OHS procedures/measures, in accordance with mitigation hierarchy, will also advise on the use of security personnel (if they accompany project workers to community meetings). It will include procedures for investigation and reporting of incidents and non-conformance, emergency preparedness and response procedures (including Fire and Life Safety), and continuous training and awareness of workers. Under TDP ERP, on the basis of lessons learned during implementation, it was recommended that a code of conduct be prepared for the security personnel at the CFCs. The task team will also ensure that the client is familiar with the safeguards incidence response toolkit (SIRT) as a guide to report and manage incidents should they occur.

## **ESS3 Resource Efficiency and Pollution Prevention and Management**

ESS3 is relevant to this project. The proposed project is additional financing to an ongoing operation (TDP ERP) and is being designed on it's solid foundation in terms of efficacy and service delivery, as evident from the first and second rounds of the project's "Beneficiary Outcome and Beneficiary Feedback Survey". Therefore, it is likely that there would be an increased number of beneficiaries visiting and availing of the services offered by project-supported CFCs. This may result in the increased use of resources such as water, electricity, and fuel for generators (alternate energy sources). This would require appropriate measures for resource efficiency such as energy-saving bulbs/electrical appliances and water conserving plumbing utensils; apart from integrating the renewable energy (solar panels) sources as an alternative, where technically and financially feasible. Further, as a part of E&S assessment to be conducted under ESS1, the risks and impacts associated with soil and water pollution - likely to occur due to inappropriate disposal of healthcare waste – shall also be reassessed. Accordingly, healthcare waste management procedures and solid/liquid waste management plans as part of the TDPERP ESMP, shall be revisited and revised as per ESS3.





#### **ESS4 Community Health and Safety**

ESS4 is relevant at PCN stage, given the risks associated with the inappropriate E&S management practices if observed during provision of health services at project-supported CFCs; that can potentially cause health and safety hazards for the health service providers as well as for the children, their parents, and for the community at large. Further, the inappropriate disposal of healthcare waste and indiscriminate disposal of solid/liquid waste from the facilitation center may cause soil and water contamination leading to health and safety implications for the communities downstream. Also, issues related to fire and safety for the newly rented/rehabilitated facilities may pose risks to children, visiting parents and adjacent communities. The risk of gender-based violence, and SEA/SH risks will also be considered as there is a potential for issues that may arise given the project's focus is primarily on women and children and there may be potential for violence as women become more emancipated and seek services at the CFCs. The project will prepare a community health and safety plan adequately reflecting the required measures against the risk identified under ESS4 and would become a part of ESMP to be prepared during E&S assessment required under ESS1.

#### **ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement**

This ESS is not relevant for the Project as there is no land acquisition, physical or economic displacement, restrictions on land use and/or involuntary resettlement planned under the Project. As was the case under FATA TDP-ERP the project plans to continue to use government lands and more likely, the existing basic health units or tehsil headquarters hospitals to establish the remaining CFCs. The project has already established forty (40) out of the planned 43 CFCs. Therefore, no land will be acquired for this purpose.

#### **ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources**

This ESS is not relevant as direct impacts on biodiversity and natural resources are not anticipated since all project activities (mostly services) will be carried out in already modified areas and within buildings/premises being used as facilitation centers. The project interventions will not be carried out in any natural/critical habitats and the ESMP will include provisions to ensure that solid waste/health care waste is disposed of as per SOPs and disposal sites/burning pits/incinerators are not located in or in close proximity to the natural and critical habitats.

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

This standard is not relevant. Pakistan's only recognized Indigenous Peoples, the Kalash, live in 3 valleys in Chitral district of Khyber Pakhtunkhwa province, and Chitral is not included in the 11 Project districts.

#### **ESS8 Cultural Heritage**

This standard is not relevant as all project activities (mostly services) will be carried out in already transformed and built-up areas i.e., within buildings/premises being used as facilitation centers. Nevertheless, through the ESMP, the Borrower will determine the potential risks and impacts of the proposed activities and selection of rented building(s) to be used as facilitation centers in the context of cultural heritage and will screen out such activities/selection with



risks/impacts on Cultural Heritage. Since no excavation works are envisioned, a Chance Find Mechanism is also not required.

#### ESS9 Financial Intermediaries

The Project does not involve any activities with financial intermediaries hence ESS9 is not relevant to this project.

### B.3 Other Relevant Project Risks

None known at Concept Stage.

### 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

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

#### Actions to be completed prior to Bank Board Approval:

1. Updation of existing TDP-ERP ESMP and its disclosure, which includes health care waste management plan, solid waste management plan, Occupational Health and Safety Plan, and Community Health and Safety Plan (CHSP).
2. Preparation and disclosure of draft Borrower Environmental and Social Commitment Plan (ESCP) –Before Appraisal.
3. Preparation, consultation, and disclosure of a Stakeholder Engagement Plan (SEP).
4. Preparation of Labor Management Procedures (LMP) after project effectiveness.

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

1. Implementation of mitigation measures identified in ESMP including E&S screening checklist for project activities.
2. Preparation and implementation of Occupational Health and Safety Plan for the Project, Community Health and Safety Plan (CHSP); as a part of ESMP.
3. Hiring of relevant Environment and Social Specialists in PMU as identified in ESF instruments.
4. Inclusion of ESMP and LMP requirements as part of bidding and contractor documents.
5. Implementation and updating of the SEP during project implementation (as required) including GRM.



### C. Timing

**Tentative target date for preparing the Appraisal Stage ESRS**

30-Mar-2023

## IV. CONTACT POINTS

### World Bank

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### Borrower/Client/Recipient

Borrower: Ministry of Economic Affairs

### Implementing Agency(ies)

Implementing Agency: National Database and Registration Authority (NADRA)

## V. FOR MORE INFORMATION CONTACT

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## VI. APPROVAL

Task Team Leader(s):	Amjad Zafar Khan
Practice Manager (ENR/Social)	Robin Mearns Recommended on 02-Mar-2023 at 15:20:48 EST
Safeguards Advisor ESSA	Charles Ankisiba (SAESSA) Cleared on 03-Mar-2023 at 10:34:20 EST