



# Project Information Document (PID)

Concept Stage | Date Prepared/Updated: 13-Mar-2023 | Report No: PIDC35581

**BASIC INFORMATION****A. Basic Project Data**

Country Pakistan	Project ID P180707	Parent Project ID (if any)	Project Name KP/FATA Citizen Centered Service Delivery Project (P180707)
Region SOUTH ASIA	Estimated Appraisal Date Apr 10, 2023	Estimated Board Date Jun 01, 2023	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)	

**Proposed Development Objective(s)**

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.

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

<b>Total Project Cost</b>	50.00
<b>Total Financing</b>	50.00
<b>of which IBRD/IDA</b>	46.00
<b>Financing Gap</b>	0.00

**DETAILS****World Bank Group Financing**

International Development Association (IDA)	46.00
IDA Credit	46.00

**Non-World Bank Group Financing**

Trust Funds	4.00
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MDTF for Crisi Affected Areas of NWFP/FATA/Balochistan

4.00

Environmental and Social Risk Classification

Moderate

Concept Review Decision

Track II-The review did authorize the preparation to continue

## B. Introduction and Context

### Country Context

1. **Pakistan has made significant progress over the last two decades towards reducing poverty.** The expansion of off-farm economic opportunities, and the increase in migration and associated remittances allowed over 47 million Pakistanis to escape poverty between 2001 and 2018. The recent floods of 2022, however, have had enormous human and economic impacts. Between June and August 2022, Pakistan experienced torrential rains that submerged around one third of the country, impacting around 33 million people, and displacing an estimated 8 million people. Preliminary estimates suggest that as a direct result of floods, national poverty rates will increase by about 4.0 percentage points, potentially pushing between 8.4 and 9.1 million people into poverty<sup>1</sup>.

2. **Human capital outcomes in the country are poor and stagnant, with high levels of stunting at 38 percent and learning poverty at 75 percent<sup>2</sup>.** As a result of the recent floods, children between six and eleven years of age in an additional 1.2 million households will be prevented from attending school. Recent gains in infant and maternal health may be reversed, with 1.2 million households losing access to basic health facilities.

### Sectoral and Institutional Context

3. **Khyber Pakhtunkhwa (KP), Pakistan's third largest province, has seen sharp poverty reduction in recent years, though parts of the province remain vulnerable.** KP's poverty rate fell from 73.8 percent in FY02 to 27 percent in FY14,<sup>3</sup> the largest decrease in among Pakistan's provinces. However, KP has seen a recent rise in poverty (29.5 percent in FY19), and nearly half of its 30.5 million inhabitants as well as three-fourths of the five million inhabitants of the former Federally Administered Tribal Areas (FATA, henceforth Newly Merged Districts or NMD), live in multidimensional poverty.<sup>4</sup>

4. **In Pakistan, poor health outcomes affect both women and children.** Children born to mothers who have poor antenatal health and nutrition have low chance of surviving to age 5. 42 percent of women of reproductive age in Pakistan

<sup>1</sup> Pakistan Floods 2022: Post-Disaster Needs Assessment. The Government of Pakistan, Asian Development Bank, European Union, United Nations Development Programme, World Bank. October 2022

<sup>2</sup> World Bank (2019): EduAnalytics – Pakistan: Leaning Poverty Brief. <https://thedocs.worldbank.org/en/doc/214101571223451727-0090022019/original/SASSACPKPAKLPBRIEF.pdf>

<sup>3</sup> PIDE 2021. "The state of poverty in Pakistan: PIDE report 2021." <https://pide.org.pk/wp-content/uploads/rr-050-the-state-of-poverty-in-pakistan-pide-report-2021-68-mb.pdf>

<sup>4</sup> Based on the report 'Multidimensional Poverty in Pakistan', June 2016. Multidimensional poverty includes education, health, and standard of living.



have anemia due to poor nutrition<sup>5</sup>. Pakistan's Total Fertility Rate (TFR) is still relatively high, particularly in Khyber Pakhtunkhwa (KP) (including merged areas), where the TFR is 4.4 births per woman, above the national average of (3.9)<sup>6</sup>. High fertility and early fertility contribute to poor maternal and child health outcomes, posing risks of death and illness.

5. **Over the last few years KP has made concerted efforts to make progress on health indicators but improvement in the infant mortality and under-5 mortality rates (35 and 39 deaths per 1,000 live births respectively)<sup>7</sup> has not been significant.** Due to urban-rural disparities and inadequate access to healthcare services, especially for quality reproductive, maternal, newborn, child, and adolescent health with nutrition (RMNCAH+N) services, the key health indicators are still lagging in the province. About 55 percent of pregnant women do not receive the recommended four or more ante-natal care (ANC) visits essential for a safe and healthy pregnancy in the province. While only 67.8 percent of women delivered in health facilities, the majority (77.8 percent) belonged to the urban areas. Only 50.2 percent of women received post-natal health check for the newborn, which negatively affects the child health outcomes. As per the latest third-party verification of immunization coverage survey (TPVICS-2022), 68.4 percent of the children have been fully vaccinated.

6. **The NMDs, in particular, continue to suffer from lack of services and improved local governance.** Public service delivery in the Newly Merged Districts has been weak with many areas having little or no access to basic services. Over the initial ten-year transition period of NMDs, Khyber Pakhtunkhwa is expected to continue receiving Federal Government support. At the same time, the province will need to strengthen its administrative machinery to deliver services at par with the settled districts. With the current fiscal challenges, it is unlikely that the expected reforms and improvements in service delivery will take place over the short term, resulting in further marginalizing of vulnerable segments of population in the NMDs, especially women, children and persons with disabilities.

7. **The project is consistent with the World Bank Group's (WBG) Country Partnership Strategy (CPS) FY15–19 for the Islamic Republic of Pakistan (Report No. 84645-PK) discussed by the Board of Executive Directors on May 1, 2014.** The CPS was extended to FY20 under the corresponding May 2017 Performance and Learning Review (Report No. 113574). The preparation of the new CPF was deferred in FY21 due to the COVID-19 crisis and paused due to the recent unprecedented and catastrophic monsoon floods. A new CPF is expected to be presented to the Board of Executive Directors in the second half of FY24. The focus areas and objectives of the CPS remain relevant and are reflected in the ongoing engagement in the country.

8. **The proposed project will contribute to CPS Outcome 3.2— “reduced vulnerability for groups at risk”—and Outcome 4.2— “improved access to maternal-child health and nutrition services”—** as it will: (i) support inclusive growth by focusing on TDP families of the NMD and settled districts and reduce inequality of opportunities for vulnerable groups, especially women and children by introducing two unconditional cash transfers for early recovery and livelihood support; (ii) promote resilience through providing the foundation of a robust delivery system for the provision of other development interventions, particularly for women; and (iii) promote higher utilization of MNCH services to safeguard human capital during the first 1,000 days of life by a Conditional Cash Transfer offered to both TDP and non-TDP families with children aged 0–2 years. It is also consistent with the WB's overall development frameworks—Resilience, Inclusion, Sustainability, and Efficiency; and Green, Resilient, and Inclusive Development.

<sup>5</sup> Pakistan National Nutrition Survey 2018

<sup>6</sup> Pakistan Maternal Mortality Survey 2019

<sup>7</sup> Pakistan 2019 MICS (Khyber Pakhtunkhwa)



### C. Proposed Development Objective(s)

9. 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.

#### Key Results

- Families benefitting from Early Recovery Package (Number)
- Families benefitting from Child Wellness Grant (Number)
- Services offered at CFCs (Number)
- Times services were accessed by citizens at CFCs (Number)

### D. Concept Description

10. **The proposed project will bridge the financing gap for the continuity of the activities under the ongoing FATA Temporarily Displaced Persons Emergency Recovery Project -P154278 (TDPERP) thereby facilitating smooth transition of the program to the province of Khyber Pakhtunkhwa (KP).** An additional financing to the ongoing project is not possible as it is under the old safeguards policies. TDPERP was operationalized in FATA Agencies in 2015 through the Federal Government funding and has since successfully delivered services to its citizens. Effective phased transfer of the program requires covering the funding gap for the TDPERP program by the Federal Government for the transition period.

11. **The proposed project will continue to support the existing activities under the TDPERP for a period of 2 years, providing** an opportunity for a phased transition of interventions to the Government of KP. The program design and institutional setup will be replicated under the new project with revised results to cover the extended period of support. The project will retain the original components from the TDPERP: (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 per family to assist the Temporarily Displaced Persons (TDPs) to settle after returning and offset their transportation costs. The LSG provides monthly income support 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 Citizen Facilitation Centers (CFCs) make available services for immunization, growth monitoring of the children, nutrition services and referral of complicated cases. The CFCs are also offering 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). Simultaneously, due to overwhelming community support for the program, the TDPERP program was also extended to four of the adjacent southern districts of Pakhtunkhwa province. Currently the program is being run in seven merged districts (Mohmand, Orakzai, North Waziristan, South Waziristan, Bajaur, Khyber & Kurram districts) and four settled districts<sup>8</sup> (Bannu, Lakki Marwat, Tank and D.I. Khan).

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<sup>8</sup> Districts already part of KP province or non-merged districts



Legal Operational Policies	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No
Summary of Screening of Environmental and Social Risks and Impacts	

12. **Environmental standards risk is Moderate.** Some of the risks identified during past operation (TDP ERP) include: burning of waste in unlined pits, indiscriminate waste collection without segregation at source, merely visual monitoring of water and soil quality nearby CFCs and non-availability of a dedicated E&S Specialist. The project team, however, proactively managed and mitigated most of these risks by taking appropriate measures yet progressively. Limited rehabilitation works in CFCs will pose minor OHS and waste generation issues. These risks and impacts are however temporary, site specific, reversible and easy to manage by adopting simple mitigation measures. The project team however proactively managed and mitigated most of these risks by taking appropriate measures.

13. **Social Standards risk is Moderate.** In terms of adverse social impacts, the main risk is that of exclusion of disadvantaged, vulnerable groups and security and safety concerns for women. These risks are mainly related to social inclusion and access, especially of vulnerable and disadvantaged groups, inclusive public outreach and safety and security of project staff (in NMDs). Other social risks may include social barriers caused by misconceptions about the vaccination. However, these risks are reversible, limited in scope, and may be addressed through citizen engagement, communication campaigns and outreach and employing other mitigating measures.

14. **At concept stage, the following Environmental and Social Standards (ESSs) are assessed as relevant: ESS1, ESS2, ESS3, ESS4 and ESS10.** As a part of project preparation, the client will conduct a brief environmental and social assessment in line with ESS1 and lessons learnt during implementation of TDPERP, to identify the risks and impacts resulting from project interventions and the existing ESMP of TDP ERP will be updated accordingly. A Stakeholder Engagement Plan (SEP) and Labor Management Procedures (LMP) will be developed during project preparation to ensure inclusion of the vulnerable population, and to ensure social tensions are anticipated, avoided and managed. The SEP will also include a grievance redress mechanism (GRM) to receive and facilitate the resolution of concerns and grievances.

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#### APPROVAL

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