



# Appraisal Environmental and Social Review Summary

## Appraisal Stage

### **(ESRS Appraisal Stage)**

Date Prepared/Updated: 05/25/2023 | Report No: ESRSA02827



## BASIC INFORMATION

### A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Pakistan	SOUTH ASIA	P180707	
Project Name	KP Citizen Centered Service Delivery Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Social Protection & Jobs	Investment Project Financing	5/23/2023	7/5/2023
Borrower(s)	Implementing Agency(ies)		
Islamic Republic of Pakistan	National Database and Registration Authority (NADRA)		

### Proposed Development Objective

to promote access to child health services and enhance citizen-centered service delivery in selected districts of Khyber Pakhtunkhwa 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]

The proposed project will facilitate the smooth transition of the TDPERP program to the province of KP, including bridging the financing gap for the continuity of the activities under the ongoing FATA TDPERP project. TDPERP was operationalized in FATA Agencies in 2015 through Federal Government funding and has since successfully delivered services to its citizens. Now, with the merger of FATA Agencies into KP as new districts, there is a need to transition the TDPERP institutional setup and programs to the province for 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 was a one-time transfer per family to assist the Temporarily Displaced Persons (TDPs) to settle after returning and offset their transportation costs and LSG provided monthly income support to TDP families for four months as subsistence support. 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, during its two years of operation, will support the KP government to take over the management of the program and during this transition, support all existing activities under the TDPERP except for the Early Recovery Package. During the project life, technical support would be provided to the KP government for a phased transition based on an agreed plan.

#### **D. Environmental and Social Overview**

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

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 a smooth transition to the province of Khyber Pakhtunkhwa (KPK). TDPERP was operationalized in FATA Agencies in 2016 through 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.

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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.

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The envisioned project will continue to support all existing activities (components 2 and 3 will continue, component 1 will not be implemented) under the TDPERP for a period of 2 years, providing an opportunity for the KPK government to take over the complete program.

#### 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 MEA will be responsible for the overall coordination and monitoring of the project. The MEA shall assume the responsibility for donor coordination, reporting, and managing the fund flows to Payment Service Providers' accounts. The MEA 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 the recent WB operation (TDP ERP, P154278) which will end in 2023. Additionally, NADRA has implemented emergency operations including the earthquake and flood responses, besides supporting the implementation of BISP's social safety net related operations. 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).

Previously, TDP ERP 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 MEA-PMU, represented by the Project Manager (PM). The PM was assisted by an E&S Focal Person (FP) at the Directorate of Health Services, Department of Health, GoKP. 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 MEA-PMU. Implementation of ESMP at the operational level (at CFCs) remained the responsibility of NADRA, which fulfilled all the requirements as advised by the PM (at PMU MEA). The ESMP has been updated based on the lessons learned during implementation of previous project. Accordingly, the organizational structure for ESMP implementation was further strengthened based on the identified areas of improvement and lessons learned. The key areas of strengthening proposed and incorporated in the ESMP include: hiring and retaining dedicated E&S and Gender Specialists in the PMU throughout the project implementation period, training and capacity building of project/MEA and CFCs' staff on requirements of WB ESF and relevant ESSs; and



establishing a robust mechanism for compliance monitoring and reporting of additional measures. All these strengthening measures and improvements are accordingly reflected in the ESCP as well.

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

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

Moderate

#### Environmental Risk Rating

Moderate

At the appraisal stage, the project activities are envisaged to have Moderate environmental risk. These environmental risks and impacts can be attributed to inappropriate medical practices during the provisioning of health services which can potentially cause occupational health and safety (OHS) hazards for the service providers as well as the health of the children, parents and the surrounding community. The likely risks and impacts include: using unsafe/unsterilized syringes and needles, not observing safety protocols by health services providers/ vaccinators; inappropriate disposal of used syringes and needles; and not observing the cold chain management for storing, transporting, and utilizing the vaccines as well use of expired health products; improper disposal of solar panels and batteries. Further, the risk of soil and water contamination is also likely if the inappropriate disposal of health care waste and indiscriminate disposal of solid/liquid waste are ensued from the facilitation center. Most of the above-stated risks and impacts are anticipated at the implementation/operational phase and are temporary site-specific, reversible, and manageable by adopting simple mitigation measures, in accordance with the mitigation hierarchy under the relevant ESSs. The experience from the past project also supports the identification of similar risks and impacts; which were effectively mitigated by NADRA, by implementing the mitigation measures provided in the TDP ERP ESMP.

#### Social Risk Rating

Moderate

At the Appraisal 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). Many women live without the legal citizenship identity (CNIC), thereby losing out on access to financial services, health care, social safety nets, and the right to vote, etc. 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, and indeed of uptaking any other services including health services, has been the result of a combination of barriers, including mobility constraints, high transportation costs and lack of transport infrastructure, lack of registration centers in the NMDs, remoteness, condition of the facilities and the conservative/patriarchal social fabric of these communities. As a result, women and girls are disproportionately excluded from receiving primary health care services. Though the women without CNIC may potentially find it difficult to avail of project services, the performance of the preceding project has encouraged many families in the NMDs to get their CNIC made. Further, the parent project had included provision for women without CNIC to avail the grants by registering through the CNICs of their husband. Finally, by universally targeting all pregnant and lactating women in the project area, the project has reduced the potential of exclusion to a great extent. In the NMDs, displacement issues and a post-conflict scenario, concerns about gender-based violence and the need for gender-sensitive remedial services are critical. Other social risks that may need to be addressed pertaining to awareness about the importance of vaccination and its long-term benefits, any misconceptions about the side effects, understanding the social barriers in vaccination. By making vaccination voluntary and not making it a condition for the CWG, the previous project created an environment of trust and remained successful in correcting any misgivings about the vaccines. This is evident from the fact that an



overwhelming majority of visiting families opted for vaccinating their children voluntarily. Other social issues include the unavailability of female staff, the attitude of the health staff towards the women beneficiaries, accessibility to CFCs due to poor road infrastructure and transport. For these reasons, the capacity building and training of staff on public dealing may also need to be carried out. The project has previously been successful in bringing in female staff from the same or adjoining districts by incentivizing them through the provision of residential and other facilities whenever required. Hence, the social risks are reversible, limited in scope, and manageable. The project does not require any land acquisition, hence no resettlement or displacement is envisaged. The Project districts comprise an area with no traces of indigenous communities as per the Bank's screening process. Aligned with ESS1, an Environmental & Social Management Plan (ESMP) has been developed during project preparation, which builds on the measures in the ESMP of TDP ERP to ensure that any potential social risks are anticipated, avoided and managed. Furthermore, a Stakeholder Engagement Plan (SEP) has been developed during project preparation, which will further be updated during the project implementation. It identifies the relevant stakeholders and provides guidance on culturally appropriate engagement and awareness-raising strategies. Also, Labor Management Procedures (LMP) will be developed soon after project effectiveness, which will address any issues related with security and accessibility of female staff, especially those coming from other areas and residing in the target area due to their engagement with the project activities.

## 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 ESMP of TDP ERP already includes various mitigation guidelines (solid waste management, occupational health and safety; and health care waste management). NADRA has successfully implemented all these mitigation measures and ESMP compliance was regularly reported through ESMP progress reports. To ensure the effective implementation of the ESMP, NADRA had developed a comprehensive monitoring checklist. Health Coordinator from the Department of Health GoKP was responsible for effective implementation of ESMP, ensuring this through civil surgeons and field staff; and further through frequent and regular field visits. The key areas monitored include: (i) cold chain management; (ii) infection risk; 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 were used for the burning of waste and then were covered with cement slabs. These pits were later further improved through cement lining to avoid soil and water contamination. For the new project, the client has assessed the existing E&S performance for implementation of ESMP in TDP-ERPP and consulted with stakeholders, based on which the TDP ERP ESMP has been updated, considering the ESF requirements versus old safeguards policy. This assessment has been 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 as per TDP ERP ESMP and has recommended additional measures/resources accordingly, proportional to the level of E&S risks in accordance with the ESF. The key mitigation measures suggested in the updated ESMP for cold chain management include storing vaccine at standard temperature (+2C° to +8C°), storage should be restricted to 6 months, back up electric supply in all CFCs; use of PPEs, training of relevant staff on vaccine administration; maintaining proper inventory of vaccines; and strict compliance of National Expanded Program on Immunization (EPI) Policy and Strategic Guidelines. Likewise for proper disposal of waste and used syringes; ESMP proposes the mitigation measures such as: use of Auto-



Disposable (AD) syringes; and disposal of these syringes after use into customized Safety Boxes, as per National EPI Policy as well as WHO recommendations, segregation of HC waste at source, weighing of waste (sharps and infectious) prior to burning in improved lined pits; ensuring use of PPEs; compliance of procedures specified in the Hospital Waste Management Rules of 2005; Khyber Pakhtunkhwa Hospital Waste Management Rules 2022; guidelines provided in Environmental and Healthcare Waste Management Plan; as well as an Emergency Response Plan as part of the ESMP. E&S Screening will be conducted before the installation of solar panels in the CFCs and the mitigations will include an assessment of load bearing capacity of the building structure, provision of PPEs and guidance for proper disposal of batteries and solar panels. Adhering to similar mitigation measures will also avoid the likelihood of soil and water contamination.

### **ESS10 Stakeholder Engagement and Information Disclosure**

ESS10 is relevant for this project. A Stakeholder Engagement Plan (SEP) has been developed, which describes the timing, frequency and nature of engagements with the identified stakeholders throughout the project life. The SEP ensures 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. The SEP will be updated regularly during the project life. The most important affected parties remain the target communities including women and healthcare workers. As was the case in the FATA TDP ERP project, NADRA will work closely with the Federal Ministry of Economic Affairs (MEA), 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 that have experience in the NMDs 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. Some consultations have already taken place with the stakeholder departments and affected parties. The outcome of these sessions are part of the SEP. Further and continued consultations with the spectrum of stakeholders will be ensured as necessary throughout the life of the Project. These consultations will build on the feedback received from the Beneficiary Outcome and Beneficiary Feedback Surveys conducted under TDP ERP.

The SEP also includes a grievance redress mechanism (GRM) to receive and facilitate the resolution of concerns and grievances. This is essentially the same system adopted by the TDP ERP, and will continue to be implemented and updated throughout the project lifecycle. With respect to 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 and SEA/SH sensitive GRM (with referral pathways) 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 of the GRM process and the management of complaints.





A separate GRM for workers will also be developed by project effectiveness, as part of the Labor Management Procedure.

## **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 and primary supply workers. All labor is locally hired, except for skilled workers that cannot be found in the project locations. Some female staff for the CFCs will need to be hired from adjoining districts, in case of unavailability within the target district(s). The potential for child labor or forced labor is minimal within the scope of the project. The project will adhere to national labor laws and WBG standards concerning labor conditions. Contracts for all workers including security personnel will include a code of conduct, which will be signed when hired. A Labor Management Procedure (LMP), focusing on labor, will be prepared within 60 days of project effectiveness, as 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 workers grievances.

The project will continue to implement OHS measures as per WHO guidelines. These have been further updated as required along with the review of other relevant SOPs, guidelines etc., and reflected in the ESMP, LMP and ESCP. The measures encompass procedures for entry into CFCs, including minimizing visitors; procedures for the 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 as well as following evolving international best practices in relation to protection from COVID-19. The code of conduct for workers has accordingly been made part of the ESMP. Currently, national COVID protocols are being followed and maintained in all the CFCs. The ESMP updated by the client has incorporated the necessary mitigation measures to ensure the health and safety of workers, in line with World Bank Group OHS Guidelines. The OHS procedures/measures proposed, in accordance with the mitigation hierarchy, will also advise on the use of security personnel (if they accompany project workers to community meetings). It includes 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, based on lessons learned during implementation, it was recommended that a code of conduct be prepared for the security personnel at the CFCs; this will continue to be observed during the implementation of KP CCSDP. The task team will also ensure that the client is familiar with the safeguards incidence response toolkit (SIRT) as a guide for reporting and managing incidents should they occur. The bidding documents for the project will emphasize forced labor risks in solar panels and solar components and will require that sellers of solar panels to the Project will not engage or employ any forced labor among their workforce. The Borrower and the PIE will require bidders to provide two declarations: a Forced Labor Performance Declaration (which covers past performance), and a Forced Labor Declaration (which covers future commitments to prevent, monitor and report on any forced labor, cascading the requirements to their own sub-





contractors and suppliers). In addition, the Borrower will include enhanced language on forced labor in the procurement contracts.

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

ESS3 is relevant for this project. At the appraisal stage, the rehabilitation of CFCs is no longer included whereas, the provision of services in the established CFCs shall continue under the new project. This can 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; apart from integrating renewable energy (solar panels) sources as an alternative, where technically and financially feasible. Resulting of the increased utilization of CFCs and related services, an increased amount of healthcare waste would be generated; and may contaminate and pollute the soil and water; if not managed properly. Further, as a part of a brief E&S assessment conducted under ESS1, the risks and impacts associated with soil and water pollution - likely to occur due to inappropriate disposal of healthcare waste and solar panels/batteries- were also reassessed and necessary mitigation measures have been proposed in the updated ESMP. The parent project (TDP ERP) had developed a comprehensive Immunization Waste Management Action Plan to tackle the HC waste issue and suggested workable and practical solutions as reflected in the 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.

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

ESS4 is relevant, given the risks associated with inappropriate E&S management practices if observed during the 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 already 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. Social exclusion and accessibility of women, children and other vulnerable groups are 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 of 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 as reflected in the ESMP.

The updated ESMP has adequate provisions (sub-section) on community health and safety and suggests necessary mitigation measures against the risks identified under ESS4.

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



This ESS is not relevant as no additional CFCs will be established under the project.

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

This ESS is not relevant. The project interventions will not be carried out in any natural/critical habitats and the updated ESMP includes provisions to ensure that solid waste/health care waste is disposed of as per SOPs and disposal sites/burning pits 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.

#### **ESS9 Financial Intermediaries**

This standard is not relevant.

### **B.3 Other Relevant Project Risks**

None at Appraisal Stage.

### **C. Legal Operational Policies that Apply**

<b>OP 7.50 Projects on International Waterways</b>	No
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<b>OP 7.60 Projects in Disputed Areas</b>	No
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### **B.3. Reliance on Borrower's policy, legal and institutional framework, relevant to the Project risks and impacts**

<b>Is this project being prepared for use of Borrower Framework?</b>	No
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#### **Areas where "Use of Borrower Framework" is being considered:**

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

### **IV. CONTACT POINTS**



## The World Bank

KP Citizen Centered Service Delivery Project (P180707)

### World Bank

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### Borrower/Client/Recipient

Borrower: Islamic Republic of Pakistan

### 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 Cleared on 25-May-2023 at 07:45:30 EDT