

**INTEGRATED SAFEGUARDS DATA SHEET
APPRAISAL STAGE**

Report No.: ISDSA12544

Date ISDS Prepared/Updated: 10-Jul-2015

Date ISDS Approved/Disclosed: 20-Jul-2015

I. BASIC INFORMATION

1. Basic Project Data

Country:	Pakistan	Project ID:	P154278
Project Name:	FATA TDPs Emergency Recovery Project (P154278)		
Task Team Leader(s):	Amjad Zafar Khan		
Estimated Appraisal Date:	06-Jul-2015	Estimated Board Date:	10-Aug-2015
Managing Unit:	GSP06	Lending Instrument:	Investment Project Financing
Sector(s):	Other social services (75%), Health (25%)		
Theme(s):	Social Safety Nets/Social Assistance & Social Care Services (60%), Conflict prevention and post-conflict reconstruction (10%), Child health (20%), Other human development (10%)		
Is this project processed under OP 8.50 (Emergency Recovery) or OP 8.00 (Rapid Response to Crises and Emergencies)?			Yes
Financing (In USD Million)			
Total Project Cost:	126.20	Total Bank Financing:	75.00
Financing Gap:	0.00		
Financing Source			Amount
BORROWER/RECIPIENT			51.20
International Development Association (IDA)			75.00
Total			126.20
Environmental Category:	B - Partial Assessment		
Is this a Repeater project?	No		

2. Project Development Objective(s)

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.

3. Project Description

[Context]

In recent years, FATA and KP experienced significant militancy crises. In early 2009, the government launched major security operations to root out the local pockets of militants. Significant damage to physical infrastructure and services led to a large number of Temporarily Displaced Persons (TDPs) losing their homes and livelihoods - approximately 3 million people were displaced. Given the severity of the situation, the Government has carried in 2009 a post-crisis needs assessment (PCNA), resulting in four strategic objectives aiming to address the drivers of the crisis. To facilitate the implementation of these objectives, nine key sectors were identified, such as social protection, governance, education, infrastructure, and health. The KP, FATA and Balochistan Multi-Donor Trust Fund (MDTF), established in 2010 and administered by the Bank, is one of the main financing mechanisms to roll out the implementation of PCNA.

In response to militancy, in June 2014, the Army launched a second security operation in various agencies of FATA. Approximately 315,000 families have moved out. With success of military operations in most areas, the Government has started the TDPs' repatriation process and until May 2015 about 24,000 families have voluntarily returned to their homelands. Returning families require immediate support to restore their livelihoods and restart their lives. To address these challenges, the Government, international organizations, and national NGOs are contemplating relief and rehabilitation assistance. The Government has already started the provision of relief measures such as a lump-sum grant of Rs. 35,000 (US\$350) per beneficiary family. Moreover, the FATA Sustainable Return and Rehabilitation Strategy (FSRRS) was formulated by the Government in March 2015. Under the FSRRS, social protection was identified as one of the top priority sectoral interventions, with cash transfers as an important tool for the emergency response and recovery. The timeline for the FSRRS as envisaged by the FATA Secretariat is 24 months (2015–2016), linked to a phased return of the TDP families planned to be completed by December 2016.

In the context of the social protection sector, the Benazir Income Support Program (BISP), a national safety net supporting the poorest households of Pakistan, is in place since 2008. The Government uses an objective targeting mechanism based on a poverty scorecard for identification of beneficiaries. More than 90 percent of beneficiaries receive their payments through technology based mechanisms. This regular safety net covers about 150,000 families out of a total of 220,000 FATA families registered in the National Socio-Economic Registry. It is estimated that about 30 percent of households in FATA are receiving some form of safety nets, among which 90 percent are provided through BISP. The BISP coverage in FATA is envisaged to expand as the security situation becomes favorable to conduct the poverty scorecard survey for beneficiary identification. In addition to the poverty scorecard, the BISP targeting mechanism relies on biometric identification and verification of beneficiaries, supported by the National Database and Registration Authority (NADRA). The NADRA database and its Computerized National Identification Card were also efficiently used to provide cash support to approximately 1.1 million families affected by the 2011 floods.

FATA is lagging behind in terms of child health indicators compared to the rest of Pakistan. In the aftermath of the militancy crisis and with the return of TDP families, the already inadequate child health outcomes are expected to deteriorate further. In addition, stunting rates in FATA are close to 50 percent and 30 percent of children are classified as underweight. Only 40 percent of children in FATA are fully immunized with a very large contribution to polio cases within the country. The situation requires urgent interventions to address both supply and demand side challenges. The National Immunization Support Project (NISP), currently prepared by the Government with Bank

support, aims at strengthening immunization systems and access to services to improve immunization coverage nationwide. In addition, the Government has started to address the low polio immunization rates in FATA by providing polio immunization to children of TDP families in camps and at the FATA entry check-points.

[Project description]

The main project beneficiaries are the Temporarily Displaced People (TDP) families from five FATA Agencies, namely North Waziristan, South Waziristan, Orakzai, Kurram and Khyber. The overall Government program will support approximately 315,000 registered TDP families. Given the IDA envelope, the proposed project will cover more than one third (120,000 families) of the Government's program beneficiaries. As the average family size in FATA is 6.5, a total of 780,000 beneficiaries are expected to benefit from the Project. In addition, the Project will provide a basic health services package to all families with children aged 0 to 24 months in up to four Tehsils of the targeted areas which is estimated to include around 40,000 families. This intervention will be subject to a phased approach, to be rolled out on the basis of results from the initial phase.

Component 1: Early Recovery Package for Temporary Displaced Persons (total estimated cost – US \$61.9 million). This component will support the early recovery of approximately 120,000 TDP families from FATA through two cash grants; (i) a one-time Early Recovery Grant (ERG) of US\$350 per family and; (ii) a Livelihood Support Grant (LSG) of US\$160 per family in four monthly installments of US\$40. These two cash grants are complementary interventions to facilitate the early recovery of TDP families. All registered TDP families from the five targeted Agencies are eligible for the ERG, irrespective of their destination, to help them cover large initial expenses to restart their lives and livelihood. For families that choose to voluntarily return to FATA, the LSG will provide a predictable source of income over a limited period of time to help covering basic subsistence needs while livelihoods are being restored. The LSG will be delivered through one-stop-shop (OSS) registration and delivery centers to be set up in FATA through a phased rollout.

Component 2: Promoting child health in selected areas of FATA (total estimated cost – US\$3.1 million). Under this component, a selection of child health services will be offered to families with children aged 0-24 months in four pilot OSSs which comes to around 40,000 families. The selected services include child health awareness and counseling, screening of children for malnutrition using growth monitoring, immunization services, and referral of complicated cases. Registration of families with children aged 0 to 2 years and periodic attendance of awareness sessions at OSS will be accompanied by a Child Wellness Grant (CWG). The cash grant aims to compensate for the opportunity costs of participating in the health awareness and counseling sessions and bringing children to health facilities for regular check-ups. A cash grant of Rs. 7,500 is being proposed to be provided in three installments for promoting positive health seeking behavior of families for their children. Based on the learning from the initial pilot phase the Government will decide on the roll out to other areas.

Component 3: Strengthening program management and oversight (total estimated cost – US\$10 million). This component would provide technical assistance to enhance program management, transparency and accountability at the federal, FATA Secretariat and local level administration through capacity building, stakeholder consultation, social mobilization and awareness, strategic communication, and monitoring. This component will be implemented by NADRA and has been designed to help the Government establish a robust system for cash transfer to beneficiary families, with adequate safeguards, fiduciary oversight, accountability and transparency. The main areas of

technical assistance include MIS development, hardware provision, communication, outreach and social mobilization, Operational Review, beneficiary surveys, and capacity building. The component will finance training and capacity building to staff of the FATA Department of Health to oversee and deliver services under Component 2, as well as to staff of other FATA agencies involved in project implementation

This component will also support the operational costs related to the establishment, operation, and management of OSSs, as well as the costs of setting up and operation of the grievance counters and child health services within each OSS. The OSSs will be managed by NADRA, the project implementing entity. Separate Grievance Counters will be maintained at each OSS to manage beneficiary grievances and complaints. The component will also finance NADRA's related costs for end-to-end beneficiary registration based on CNIC data and biometric enrollment, including verifications of payments.

In addition, the component will support administrative, financial management, disbursement, procurement and audit activities related to Project implementation. An overall project implementation unit will be set-up within the EAD with key technical staff contracted by the project.

4. Project location and salient physical characteristics relevant to the safeguard analysis (if known)

The project will be implemented in the Federally Administered Tribal Areas (FATA), a semi-autonomous tribal region in the northwest of Pakistan lying between the provinces of Khyber Pakhtunkhwa, Baluchistan and neighboring country, Afghanistan. The insurgency and counter insurgency actions in 2009 led to displacement of approximately 3 million people in FATA and the neighboring Khyber Pakhtunkhwa (KP) regions and, have had long-term effects on their socio-economic growth, with high unemployment and large scale internal migration. The situation is further exacerbated by the long-standing social inequities and sense of deprivation in FATA resulting from decades of weak governance and the inadequacy of social, economic and physical infrastructure and service delivery systems. FATA region has historically remained amongst the poorest and underdeveloped parts of Pakistan with over 60% of its population living below national poverty line. Though livelihood of majority of people depends on subsistence agriculture and livestock, support to these sectors through infrastructure development, institutional strengthening, and community participation has remained minimal. FATA also lags behind other provinces across a wide range of social and economic indicators, with a lag even more pronounced when viewed through a gender lens.

FATA region is basically a hilly terrain with 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) and is declining rapidly due to uncontrolled grazing and timber extraction for commercial usage and fuel wood. The inability of barren hills to retain soil and water is not only causing soil erosion in the area but affecting the quality and quantity of fodder for livestock, drawing down of water table, besides increasing incidences of flash floods. Quality of fresh water resources is also under stress due to over exploitation and inappropriate disposal of wastes.

5. Environmental and Social Safeguards Specialists

Javaid Afzal (GENDR)

Mohammad Omar Khalid (GEN06)

Salma Omar (GSURR)

6. Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	Inappropriate practices during vaccine administration and associated activities can potentially cause health and safety hazards. These include not using safe/sterilized syringes and needles, vaccinators not observing appropriate safety protocols and not disposing used syringes and needles in a safe and environment-friendly manner. None of these impacts are however unprecedented and can be adequately mitigated with the help of appropriately designed and implemented mitigation and precautionary measures. Therefore, the project has been classified as Category B.
Natural Habitats OP/BP 4.04	No	No physical interventions are included in the project hence it is not likely to interact with the natural habitat.
Forests OP/BP 4.36	No	No physical interventions are included in the project hence it is not likely to interact with the forests.
Pest Management OP 4.09	No	Project does not include procurement or usage of any agro-chemicals.
Physical Cultural Resources OP/BP 4.11	No	No physical interventions are included in the project hence it will not have any impacts on the physical cultural resources.
Indigenous Peoples OP/BP 4.10	No	No indigenous people as defined in the Policy are known to exist in the area.
Involuntary Resettlement OP/BP 4.12	No	No physical interventions are included in the project hence it will not cause any resettlement.
Safety of Dams OP/BP 4.37	No	No dams are involved in the project.
Projects on International Waterways OP/BP 7.50	No	No project activities will be carried out in any international waterways.
Projects in Disputed Areas OP/BP 7.60	No	No disputed areas exist in FATA.

II. Key Safeguard Policy Issues and Their Management

A. Summary of Key Safeguard Issues

<p>1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:</p> <p>Most of the activities under the project are environmentally benign and will not result in any environmental degradation. However, the CWG is linked to incentivizing uptake of child health visits by the affected families. Though not funded by the project, the supply side arrangements for vaccination, as part of child health services, will be prepared by the FATA Secretariat/Health Department along with One Stop Shops in the villages where TDPs would return. Inappropriate practices during provision of health services at these facilities can potentially cause health and safety hazards for the health service providers as well as for the children, their parents, and public at large. These include not using safe/sterilized syringes and needles, health services provides/ vaccinators not observing appropriate safety protocols and not disposing used syringes and needles</p>
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in a safe and environment-friendly manner. None of these impacts are however unprecedented and can be adequately mitigated with the help of appropriately designed and implemented mitigation and precautionary measures.

There are no long-term social safeguard issues and impacts associated with the proposed project. Large-scale social impacts will be positive as the Project will allow people to re-locate to their homes with support to resurrect their lives. The CWP will also have overall positive social impacts as children in the Project area will be immunized against diseases. Some potential negative social impacts include greater conflict due to lack of awareness about eligibility to receive cash grants, low uptake of CWP due to travel costs in reaching One Stop Shops and lack of on-site facilities especially for mothers. These potential impacts have been addressed through specific measures such as social mobilization and awareness-raising, effectively functioning Grievance Redress Mechanism, compensation for travel and gender sensitive implementation guided by a Gender Strategy for the Project.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:

No indirect or long term adverse environmental impacts are expected to be associated with the project interventions, primarily because of small quantities of immunization wastes to be disposed. On the other hand, a successful immunization initiative will have positive and long term impacts on the key health indicators of the country. The long term social impacts of the project are also expected to be positive. It will contribute to a healthy society unencumbered by the burden of common diseases.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.

The only other alternative is ‘no-project’ option, which could have detrimental effects on TDPs returning home and particularly on childhood immunization in the country. The ‘no-project’ alternative would though avoid the adverse environmental impacts associated with the immunization particularly waste disposal; however, would also result in continued exposure of children to diseases that are preventable with the help of appropriate and timely vaccination. “No project” scenario would also increase poverty and lead to economic hardships, conflict and social problems for TDPs who would have no cash support to rebuild their lives.

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 Government of Pakistan has prepared an Environmental and Social Management Plan (ESMP) in accordance with the national regulatory requirements as well as World Bank guidelines. The ESMP identifies and assesses the potentially negative environmental and social issues including public health and social impacts of the immunization and associated activities, proposes appropriate mitigation and precautionary measures – most of which are already practiced by the vaccination teams to address these negative impacts, describes institutional and monitoring mechanisms to ensure effective implementation of the proposed mitigation and precautionary measures, and defines the associated documentation and reporting requirements.

EAD will have the overall responsibility for coordination and implementation of the ESMP. ESMP focal points will be designated within EAD, NADRA, and the FATA Health Department. The ESMP focal point in the FATA Health Department will be responsible for environmental aspects associated with health service delivery (mostly immunization), NADRA ESMP focal point will responsible for the social aspects of ESMP, while the ESMP focal point within EAD will

ensure overall coordination, submission of QPRs, and point of contact with other agencies such as WB. The FATA Health Department has capacity to implement EMP though additional capacity building will be carried out under the TDP-ERP and also another Bank funded project (National Immunization Support Project).
5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.
Key stakeholders constitute local communities in FATA particularly those families that are relocating to their homes and families with children less than 2 years of age. Women, as mothers and primary care-givers, form an important stakeholder group. Other stakeholders include relevant Government Departments, NGOs and CSOs already working on health issues in FATA, tribal elders and medical professionals.
Stakeholder consultations were carried out while preparing the ESMP. These consultations were carried out with officials of the Health Department, Environmental Protection Agency as well as with local communities including women and a wide range of NGOs working on health and community development issues. Local community groups consulted included TDPs, tribal elders and women. Several suggestions for improving project operation were received through these consultations and integrated into project design. Consultations with local communities will continue during the Project through the social mobilization process. Other stakeholders will be consulted periodically. A framework for consultations has been identified in the ESMP and will be followed during implementation.
The ESMP will be released on the FATA Secretariat's website. Printed copies will be placed in OSSs for public reference.

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	10-Jul-2015
Date of submission to InfoShop	11-Jul-2015
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	////
"In country" Disclosure	
Pakistan	11-Jul-2015
<i>Comments:</i> The ESMP will be released on the FATA Secretariat's website. Printed copies will be placed in OSSs for public reference.	
If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.	
If in-country disclosure of any of the above documents is not expected, please explain why:	

C. Compliance Monitoring Indicators at the Corporate Level

OP/BP/GP 4.01 - Environment Assessment	
Does the project require a stand-alone EA (including EMP) report?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]

If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
The World Bank Policy on Disclosure of Information	
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
All Safeguard Policies	
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Have costs related to safeguard policy measures been included in the project cost?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]

III. APPROVALS

Task Team Leader(s):	Name: Amjad Zafar Khan	
<i>Approved By</i>		
Practice Manager/ Manager:	Name: Pablo Gottret (PMGR)	Date: 20-Jul-2015