ISLAMIC REPUBLIC OF PAKISTAN

FATA Temporarily Displaced Persons
Emergency Recovery Project
(FATA TDP-ERP)

OPERATIONS MANUAL
## ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFIS</td>
<td>Automated Fingerprint Identification System</td>
</tr>
<tr>
<td>AEFI</td>
<td>Adverse Event Following Immunization</td>
</tr>
<tr>
<td>CMYP</td>
<td>Comprehensive Multi Year Plan</td>
</tr>
<tr>
<td>CNIC</td>
<td>Computerized National Identity Card</td>
</tr>
<tr>
<td>CCT</td>
<td>Conditional Cash Transfer</td>
</tr>
<tr>
<td>CHA</td>
<td>Child Health Awareness</td>
</tr>
<tr>
<td>CT</td>
<td>Cash Transfer</td>
</tr>
<tr>
<td>CWG</td>
<td>Child Wellness Grant</td>
</tr>
<tr>
<td>DG</td>
<td>Director General</td>
</tr>
<tr>
<td>DoH</td>
<td>Department of Health (FATA)</td>
</tr>
<tr>
<td>DSV</td>
<td>District Supervisor Vaccinators</td>
</tr>
<tr>
<td>EAD</td>
<td>Economics Affairs Division</td>
</tr>
<tr>
<td>EPI</td>
<td>Extended Program on Immunization</td>
</tr>
<tr>
<td>ESMP</td>
<td>Environmental and Social Management Plan</td>
</tr>
<tr>
<td>FATA</td>
<td>Federally Administered Tribal Areas</td>
</tr>
<tr>
<td>FDMA</td>
<td>FATA Disaster Management Authority</td>
</tr>
<tr>
<td>TDP-ERP</td>
<td>Temporarily Displaced Persons Emergency Recovery Project</td>
</tr>
<tr>
<td>GR</td>
<td>Grievance Redressal</td>
</tr>
<tr>
<td>ICB</td>
<td>International Competitive Bidding</td>
</tr>
<tr>
<td>HQ</td>
<td>Headquarter</td>
</tr>
<tr>
<td>KP</td>
<td>Khyber Pakhtunkhwa</td>
</tr>
<tr>
<td>LSG</td>
<td>Livelihood Support Grant</td>
</tr>
<tr>
<td>MIS</td>
<td>Management Information System(s)</td>
</tr>
<tr>
<td>MoF</td>
<td>Ministry of Finance</td>
</tr>
<tr>
<td>MoU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>MUAC</td>
<td>Mid-Upper Arm Circumference</td>
</tr>
<tr>
<td>NADRA</td>
<td>National Database and Registration Authority</td>
</tr>
<tr>
<td>NCB</td>
<td>National Competitive Bidding</td>
</tr>
<tr>
<td>OSS</td>
<td>One Stop Shop(s)</td>
</tr>
<tr>
<td>PC-1</td>
<td>Planning Commission Form - 1</td>
</tr>
<tr>
<td>PMO</td>
<td>Project Management Office</td>
</tr>
<tr>
<td>PMU</td>
<td>Project Management Unit</td>
</tr>
<tr>
<td>PSDP</td>
<td>Public Sector Development Program</td>
</tr>
</tbody>
</table>
PSP  Payment Service Provider
POS  Point of sale
QCBS Quality & Cost Based Selection
SOP  Standard Operating Procedure
TSV Tehsil Supervisor Vaccinators
UCT Unconditional Cash Transfer
UNDB United Nation Development Business
WB  The World Bank
WHO World Health Organization
# TABLE OF CONTENTS

1. **BACKGROUND** .................................................................................................................................................. 5

2. **ABOUT THIS OPERATIONS MANUAL** ............................................................................................................. 7

3. **STAKEHOLDERS OF THE FATA TDP-ERP** ................................................................................................... 8

4. **IMPLEMENTING ORGANISATIONS OF FATA TDP-ERP** .................................................................................. 14
   A. **EAD** ........................................................................................................................................................... 14
   B. **NADRA** ..................................................................................................................................................... 14
   C. **Coordination between EAD and NADRA** ................................................................................................. 16

5. **FATA TDP-ERP IMPEMENTATION** .................................................................................................................. 16
   A. **OBJECTIVES AND PURPOSE OF THE FATA TDP-ERP** ....................................................................... 16
   B. **TARGETING SYSTEM** ............................................................................................................................... 17
   C. **ENROLMENT AND PAYMENT MECHANISM SYSTEM** ............................................................................. 19
   D. **PAYMENT AMOUNT, FREQUENCY AND DELIVERY MECHANISMS** ....................................................... 23
   E. **GRIEVANCE REDRESSAL AND CASE MANAGEMENT** ............................................................................ 24

6. **PROCUREMENT** ............................................................................................................................................... 27

7. **TRAINING PLAN** ............................................................................................................................................... 32
   A. **INTERNAL TRAINING AND BRIEFING** ..................................................................................................... 32
   B. **ROLE AND RESPONSIBILITIES OF NADRA TRAINING PLAN** ............................................................... 34

8. **CHILD WELLNESS GRANT** ............................................................................................................................ 35

9. **COMMUNICATIONS, BENEFICIARY OUTREACH AND MOBILIZATION** ...................................................... 38

10. **MONITORING AND EVALUATION** ............................................................................................................... 49
    A. **MONITORING, EVALUATION AND REPORTING** ..................................................................................... 49
    B. **DATA COLLECTION** ................................................................................................................................. 50
    C. **MONITORING AND EVALUATION ACTIVITIES** ...................................................................................... 51
    D. **REPORTING REQUIREMENTS** ................................................................................................................ 52
    E. **REPORTING RESPONSIBILITIES** ............................................................................................................ 53
    F. **RESULTS-BASED MONITORING AND REPORTING FRAMEWORK** .............................................................. 53

11. **FINANCIAL REPORTING AND FUND FLOW ARRANGEMENTS** ................................................................. 54
    A. **AGENCY AGREEMENTS** .......................................................................................................................... 54
    B. **DESIGNATED ACCOUNTS (DAs)** ......................................................................................................... 54
    C. **MANAGEMENT OF FUNDS** .................................................................................................................... 54
1. **BACKGROUND**

1. In early 2009, the Government of Pakistan launched major military operations in Khyber Pakhtunkhwa (KP) province and Federally Administered Tribal Areas (FATA) of the country to root out the local pockets of militants. Starting from the valley of Swat, bordering the tribal areas, the military operations gradually moved westward. The offensive led to significant damage to physical infrastructure and services while creating a large population of Temporarily Displaced Persons (TDPs) who lost their homes and livelihoods. As a result, approximately 3 million people were displaced in KP and FATA in 2009. The militancy crisis affected not only the TDPs but also those who stayed behind, some of whom being just as poor and vulnerable as the TDPs.

2. In 2014, the Government of Pakistan led another operation called Zarb-e-Azab against the militants in five agencies of FATA. Since then, the operation in North Waziristan, Kurram, Orakzai, Khyber and South Waziristan Agencies has resulted in a large-scale displacement of the population from FATA reaching up to approximately 336,000 families. Most of the TDP families have settled in district Peshawar, Dera Ismail Khan, Lakki Marwat, Kohat and other parts of the KP province. These families have left behind their homes, properties, livestock and assets, and are currently living under difficult conditions either in camps or in host families.

3. In order to ensure safe, progressive and sustainable return of the displaced population, the FATA Secretariat has taken the lead in developing a comprehensive Sustainable Return and Rehabilitation Strategy (February 2015). The strategy encourages establishing an enabling environment for the voluntary return of the TDP families. Based on a Post-Crisis Needs Assessment, the FATA secretariat identified social protection as one of the nine pillars for the post-crisis rehabilitation of the FATA region.

4. To alleviate these challenges, the Government of Pakistan as well as international and national organizations are providing some relief assistance to meet the immediate needs of the TDP families. In 2010, the KP, FATA, and Balochistan Multi Donor Trust Fund was established as one of the main financing mechanisms to address the recovery and rehabilitation of the FATA region. The fund is administered by the World Bank and utilized to implement 11 projects across KP, FATA, and Balochistan. Currently FATA Government is providing a cash transfer of Rs. 10,000 to the returnees to cover transportation costs, with an additional payment of Rs 25,000 as a resettlement grant to affected TDPs upon return to their native lands. The World Food Program (WFP) also put in place the distribution of a food basket for the TDP families for all the affected beneficiaries, to cover basic food consumption needs.

5. However, the current system does not incorporate a systematic response to disasters or emergency situation such as the militancy crisis. In addition, the provincial and local administration of the KPK and FATA regions has little capacity to manage post-disaster safety net response. As a result, the Government requested the World Bank’s support in strengthening the early recovery of TDP returnees, for all the affected areas of FATA, to provide the returnees with a predictable and regular flow of income over the re-settlement period to cover basic needs before livelihoods are restored as well as child health wellness grant linked with the attendance of health awareness session. In addition, the development of ensuring human development...
outcomes, is particularly critical towards the achievement of Millennium Development Goals (MDGs) for Pakistan. The FATA region specifically is lagging behind in terms of children’s health outcomes and immunization rates.

6. Complementing the current initiatives being implemented by the Government of Pakistan, the World Bank proposes to strengthen the recovery efforts of the government for all recently affected areas of FATA (including North Waziristan, South Waziristan, Khyber, Kurram and Orakzai agencies), through an emergency early recovery project having the following components:

i. **Early Recovery Grant (ERG):** A one-time resettlement grant of Rs. 35,000 to be provided to the families for returning to their homes. The grant covers basic transportation and immediate subsistence needs of the families. It will be directly administered and the up front payments are made by the government through FATA Secretariat (FDMA is the focal body).

ii. **Livelihood Support Grant (LSG) –** These are Unconditional Cash Transfers (UCT) amounting to Rs. 4,000 per month, provided to support immediate safety net recovery support for a period of 4 months. These LSGs shall cover basic and subsistence needs of the families after they return to their homes, to ensure consumption smoothing and provision of support for the affected beneficiaries, till they are able to restore their livelihoods.

iii. **Child Wellness Grant (CWG) -** These are Conditional Cash Transfers (CCT) linked to a comprehensive child wellness package, to encourage long-term improvements in children’s health and support overall human development outcomes for the affected region.

iv. **Technical Assistance:** Support for the development of Emergency Cash Transfer delivery mechanism for TDPs and non-TDPs belonging to the affected region.
2. **ABOUT THIS OPERATIONS MANUAL**

This Operations Manual presents the key design parameters of the FATA *Temporarily Displaced Persons Emergency Recovery Project* (FATA TDP-ERP), and describes in more detail the operations of the project, to be managed by the Economic Affairs Division (EAD) and NADRA in coordination and collaboration with other stakeholders, including FATA Secretariat, FDMA, and Department of Health FATA. In addition, policy level will be taken by the Steering Committee of the project consisting of EAD, MoF, SAFRON, TDP S&M Secretariat, FATA Secretariat, DoH FATA, FDMA and NADRA, while Joint Secretary EAD will be the Secretary to the Steering committee.

This Manual sets out the policy, beneficiary selection criteria, enrolment and validation processes to disburse cash grants, grievance redressal and case management processes, communications, engagement and outreach mechanisms, and monitoring for FATA TDP-ERP. The main purpose is to provide details to ensure smooth, effective and efficient delivery of services. It will serve as a reference document for all stakeholders and enable them to understand the approach, design, processes, and implementation of the project.

The Operations Manual:

- Sets down the roles and responsibilities of the key stakeholders involved in FATA TDP-ERP.
- Briefly describes the FATA TDP-ERP approach and targeting criteria.
- Clarifies the core policy and implementation arrangements for the FATA TDP-ERP.
- Guides the project operations and indicates the performance parameters expected of each stakeholder under the project.
- Summarises important procurement and financial management requirements.
- Ensures that the importance of transparency, fairness, equity, compliance, social accountability, financial accounting and auditing is clearly understood.

This Operations Manual will regulate the FATA TDP-ERP operations and provide guidance as to how it will be managed throughout the implementation period. However, if any adjustments or modifications are required during the course of implementation, the EAD in consultation with FATA Secretariat (DoH and FDMA), NADRA and other key stakeholders, will incorporate these changes accordingly.

A number of important documents will provide additional information on detailed implementation guidelines. These will include:

- Payment Guidelines
- Grievance Redressal Guidelines
- Media & Communication Guidelines
- Environmental and Social Management Plan (ESMP) for the project
3. STAKEHOLDERS OF THE FATA TDP-ERP

The major stakeholders involved in the FATA TDP-ERP at different levels, their main roles and responsibilities are as follows:

1. FATA TDP-ERP Steering Committee
   - The committee will be headed by the Secretary EAD while AS EAD will be the Secretary and its members comprise of representative(s) from the MoF, SAFRON, TDP S&M Secretariat, EAD, FATA Secretariat (DoH FATA, FDMA) and NADRA.
   - Review project implementation progress on at least quarterly basis and decide on key policies related to project implementation, fund management and resolution of any issues.
   - Direct and harmonize all stakeholders for the provision of necessary support in terms of security, project deployment, beneficiary engagement and outreach, return of TDPs and overall project milestones’ achievements.

2. FATA TDP-ERP Review Committee
   - The committee will be headed by the Additional Secretary EAD while JS EAD (FATA TDP-ERP) will be the Secretary and its members comprise of representative(s) from the EAD, TDP S&M Secretariat, FATA Secretariat (DoH, FDMA) and NADRA.
   - Review project implementation progress on monthly basis.
   - Resolve and decide the matters related to project implementation/operations, fund management and other relevant issue.
   - Instruct all stakeholders for the provision of necessary support required for the successful implementation of the project.

3. Ministry of Finance
   - Allocate federal share of funds to the Project, wherever applicable

4. EAD
   - Acts as the apex body to steer the project in collaboration with the Federal and Provincial Government Departments.
   - Overall coordination, monitoring and reporting of the program.
   - Facilitate approval of operational parameters of the Project in line with the overall design principles.
   - Ensuring adequate funds management for the project.
   - Selection of Partner Banks/Payment Service Providers, other firms.
• Managing flow of funds from Finance and donor(s) to the Partner Commercial Banks/Payment Service Providers (PSP) as per the agreed formula and timelines.
• Coordinate with procured / hired firms and manage / settle their funds / claims as per signed agreements.
• Provide the platform for the required coordination of the project with NADRA, FATA Secretariat, FDMA and Department of Health FATA.
• Ensure reconciliation of FATA TDP-ERP funds with relevant info to be provided by all stakeholders.
• Ensure periodic audit (internal and external) of FATA TDP-ERP payments under Components 1 and 2.
• Coordinate with FATA Secretariat and TDP S&M Secretariat for provision of security at sites
• Overall coordination / facilitation for the project implementation including liaison, agreements and negotiations with FATA Secretariat including DoH FATA, FDMA and concerned political administration
• Ensure proper controls are applied over the use of funds by the stakeholders
• Ensure reporting compliance is maintained throughout the project life.
• Execute communication, beneficiary engagement and outreach campaign at various levels in coordination and collaboration with stakeholders, in accordance with Communication and Outreach strategy and guidelines.

5. NADRA

• Plan and execute the technical assistance component of the project as lead Implementing entity in coordination and collaboration with EAD, FATA Secretariat, FDMA and other stakeholders.
• Provide all technical and operational support for both the field implementation of FATA TDP-ERP and the data management and reporting.
• Procurement of Goods and Services for the project.
• Establish One Stop Shops (OSS) for biometric enrolment and verification of project beneficiaries (i.e. LSG & CWG only), set up grievance redressal counters, facilitate payment by PSP and child wellness by health officials at the centres.
• Set up grievance redressal and case management mechanisms at the One Stop Shops (OSS) for service related complaints and appeals.
• Develop and maintain the Management Information Systems (MIS) including the monitoring and reporting framework for the Project. This includes populating the MIS and maintaining the FATA TDP-ERP beneficiary lists for both LSG and CWG.
• Provide technical assistance as identified by NADRA and EAD, necessary for capacity enhancement of concerned stakeholders at Federal and Regional level.
• Ensure transparency and accountability in every stage of execution of FATA TDP-ERP and apprise EAD of any transgression so that consequent action is ensured.
• Coordinate with all stakeholders for the smooth and routine implementation and operations of TDP-ERP, at field level. In case of any bottle neck or delay, EAD PMU should be taken on board for intervention.
• Submit progress reports to EAD and Program Donor(s) on a monthly basis, including quarterly progress report(s), as well as any other reports that may be required.
• Ensure periodic audit of FATA TDP-ERP expenses under Component 3.
• Provide connectivity to PSPs through NADRA’s system at One-Stop-Shops till NADRA HQ. However, PSP will need to arrange for its own connectivity from its own Central System to NADRA HQs.
• Develop MIS to electronically record required data for Child Growth monitoring and immunization record at designated OSS.

6. SAFRON

• Facilitate EAD and NADRA by coordinating with FATA Secretariat to provide necessary support for coordination and implementation of project operations
• Engage TDP S&M Secretariat for provision of necessary security for the OSS to be established in FATA that shall include;
  a. Security for mobilization of NADRA, PSPs and other stakeholder resources to OSS.
  b. Security for mobilization of beneficiaries to the OSS.
  c. Security for OSS project sites, maintaining security in/around the OSS during and after working hours.

7. FATA Secretariat

• Support EAD and NADRA for liaison and coordination with government departments (like DOH FATA, FDMA, Political Administration, etc.) for all activities of Project implementation.
• Direct Local Administration to facilitate NADRA in the setting up of One Stop Shops (OSS) in FATA that includes provision of GRATIS building for establishment of local site(s), utilities, security and all other allied requirements (as communicated by NADRA).
• Mobilize and schedule beneficiaries for the OSS systematically, in coordination with NADRA through Political Administration.
• Coordinate with EAD and NADRA in the implementation of communication, beneficiary engagement and outreach campaign.
• FATA Secretariat will be responsible for resolution of all relevant grievances as per the approved guidelines (through FDMA and political administration) and ensure transparency and accountability as well as apprise EAD and NADRA about actions taken in this regard.

8. FDMA
• Provide TDP’s data to NADRA through electronic interface as per required format.
• Provide any support deemed necessary by EAD / NADRA for operations
• Responsible for resolution of all related grievances (appeals as well as related complaints).
• Resolve all appeals through Political Administration.
• Coordinate with TDP S&M Secretariat to provide security at all OSS.
• Coordinate with Local Administration to facilitate NADRA in setting up One Stop Shops (OSS) in FATA that includes provision of GRATIS building for establishment of local sites and provision of required utilities.
• Forward monthly system generated reports of PSPs to EAD PMU reflecting actual disbursements made by FDMA to ERG beneficiaries. These lists will be used as underlying document for adjustment of advance received against ERG by EAD PMU.
• Coordinate with EAD and NADRA in implementation of beneficiary mobilization, outreach and communications.

9. DEPARTMENT of HEALTH (DoH FATA)

• Department of Health FATA will be the focal organization for liaison and coordination for all activities relating to Child Wellness program to Beneficiary Children (aged 2 years or below) under the Project.
• Ensure mobilization of resources including medical staff and vaccines at the OSS with allied necessary equipment to preserve the vaccines/medicines as per the operational plans shared by EAD and NADRA.
• Ensure delivery, vaccination, sign off and report on all vaccines administered to the children (aged 2 years or below) whose parents opt to get their children vaccinated as per WHO guidelines and FATA EPI, CMYP.
• Provide staff and equipment for conducting assessment of children according to Child Wellness guidelines
• Liaise and coordinate with EAD, NADRA, and other stakeholders for the smooth implementation of FATA TDP-ERP.
• Ensure regular (at least monthly) review of FATA TDP-ERP progress.
• Provide GRATIS building for the setting up of OSS wherever deemed appropriate (in coordination with political administration / FATA Secretariat and NADRA)
• Train staff for child wellness sessions and integrate with CCT payments (in consultation with NADRA)
• Provide staff/trainer to conduct child awareness session at all designated OSS
• Provide required support for the child health awareness sessions and execution of beneficiary engagement and outreach campaign with regards to child wellness and CCT.
• Ensure implementation of ESMP particularly infection control and waste management protocols. Provide trainings to the relevant staff for ESMP implementation, particularly infection control and waste disposal.

• Ensure transparency and accountability with regards to child wellness sessions and CCT throughout the project life cycle.

• Resolution of any complaints related to DoH staff deputed at OSS.

• Authenticating to NADRA, delivery of child health awareness session.

10. Payment Service Provider(s) / Partner Banks

• Open branchless banking accounts, credit the beneficiary account, issue and activate Financial Instrument (e.g. ATM Card) and disburse cash to beneficiaries as per project Payment Guidelines.

• Electronically integrate with NADRA for two-way communication of beneficiary lists, biometric verification results, payment authorization, feedback of cash disbursement and other allied activities in real-time.

• Provide necessary periodic progress reports as required under Payment Guidelines.

• Provide any other information to NADRA, as and when required, under intimation to EAD.

• Establish Cash Transfer Payment Points at the OSS in coordination with EAD.

• Ensure timely disbursement of cash transfer payments to eligible beneficiaries, based on biometric verification, as per the agreed project payment schedule.

• Ensure timely availability of adequate cash, required/skilled bank staff, and necessary equipment to establish and operate Bank / Franchisee Counters at designated OSS to be established in FATA (as and when intimated by EAD & NADRA).

• Ensure all timelines provided in Payment Guidelines are met without lapse.

• Ensure all financial transactions are transparent, accountable and auditable that adhere to the relevant policies laid down by the State Bank of Pakistan.

• Provide a real time web portal (that includes beneficiary payment tracking) to allow access and monitoring or payments made to beneficiaries, to both EAD and NADRA.

• Provide all support and any relevant information, as and when required, by EAD or/and NADRA.

• Resolve complaints relevant with payments in a timely fashion

• Ensure that all funds are reverted to EAD accounts when requested based on project closure timelines or any other policy decision made by EAD.

• Comply with all terms and conditions agreed through The Agency Agreement

• Ensure availability of ample cash (ATM worthy notes) at all OSS.

• Execute awareness campaign on the use of ATM cards, inline with the project communication guidelines

• Provision of dedicated 24/7 online helpdesk facility with TAT of 24Hrs.
- Provide extended support to EAD and NADRA in reconciliation of funds and Audits

FIGURE 2: FATA TDP-ERP STAKEHOLDERS AT ALL IMPLEMENTATION LEVELS
4. IMPLEMENTING ORGANISATIONS OF FATA TDP-ERP

FATA TDP-ERP will be implemented by two separate organizations at the Federal level:

- **EAD** - Fund Management, Monitoring and Evaluation and Stakeholder Management for FATA TDP-ERP
- **NADRA** – Technical Support and Implementation of FATA TDP-ERP

They will work in coordination with the FATA Secretariat and other departments, more specifically with FDMA and Department of Health FATA, who will have the broader role of beneficiary identification/engagement and child wellness grant and package, respectively.

**A. EAD**

The apex body to manage the FATA TDP-ERP is the EAD. EAD will act as the Central Coordination Office and ensure fund management and overall coordination. A specific FATA TDP-ERP Project Management Unit (PMU) will be established within the EAD for this purpose (see Figure 3).

**B. NADRA**

NADRA (the project implementing entity) will provide all technical and operational support\(^1\) for both the field implementation of the project and the data management. It will work with the overall guidance of the EAD.

NADRA will use its extensive technical expertise and experience to assist in the implementation of transparent disbursement to beneficiaries. NADRA will establish a dedicated Project Management Office (PMO) (see Figure 4) to manage the whole exercise.

Both EAD and NADRA will work in partnership with PSPs for the delivery of the cash to beneficiaries and for overall coordination in the various agencies of FATA.

---

\(^1\) Technical Assistance provided to TDP-ERP will be procured by NADRA in accordance with World Bank Procurement Guidelines
Figure 3: Organogram of EAD PMU
C. Coordination between EAD and Other Stakeholders

Active, close coordination and cooperation between EAD, NADRA, FATA Secretariat (FDMA & DOH) and S&M Secretariat will be essential for the smooth and effective operation of FATA TDP-ERP. As a minimum, the following will be essential:

i. Efficient IT connectivity and data sharing between the EAD PMU and NADRA PMO and PSP.
ii. Independent bilateral meetings between peers on different implementation issues.
iii. Provision of MIS by NADRA to EAD that includes beneficiary payments and site processing details etc. are reported on a real time basis.
iv. Provision of MIS by PSP for real time reporting including payments/withdrawals
v. Holding regular meetings of Review Committee to discuss project implementation support and inter agency coordination.

5. FATA TDP-ERP Implementation

A. Objectives and Purpose of the FATA TDP-ERP

The main operational objective of the FATA Temporarily Displaced Persons Emergency Recovery Project (FATA TDP-ERP) is to provide LSG and CWG to all beneficiaries, after applying the
approved business rules, whilst ensuring beneficiaries comply with the complete schedule of child wellness sessions for parents of children under the age of 2 years.

The general objectives are following:

(i) To support the return of Temporarily Displaced Persons of FATA by assisting the GoP in strengthening the implementation of FATA TDP-ERP and restoration of livelihoods and income support for affected TDP beneficiaries.

(ii) To provide LSG and CWG cash grants to TDPs as per the Project Guidelines.

The main features of the operations for cash transfers includes beneficiary selection criteria, enrolment and validation processes to disburse cash grants, grievance redressal and case management processes, communications, engagement and outreach mechanisms, and monitoring for FATA TDP-ERP. The following sections give an explanation of the complete cycle.

B. TARGETING SYSTEM

The targeting system will comprise of eligibility, identification, and independent verification processes.

1. Eligibility Criteria

For FATA TDP-ERP, for Livelihood Support Grant (LSG) the project will rely on the FDMA list generated at the time of provision of the Early Recovery Grant.

For Child Wellness Grant, the potential beneficiary possessing CNIC having both the permanent and temporary addresses of a notified tehsil of FATA in case of non TDP beneficiary. Both TDPs and non TDPs should have children between the age of 0 and 24 months to be considered eligible for CWG.

Moreover, the following criteria and business rules of NADRA will apply:

a) The beneficiary should be the member of family (unique within family) belonging to and having both temporary and permanent addresses on CNIC from the affected area of FATA. In case of the TDP the first instalment amount shall be paid for LSG and on the first visit, his/her data will be acquired for CWG.

b) The CWG or top-up to the base amount shall be admissible depending upon attendance in child wellness session by the mother of the child(ren) under the age of 2 years for both TDP families and those non -TDPs with both addresses on CNIC from affected area.
c) **For LSG:** The CNIC of the potential beneficiary, for LSG shall be verified through NADRA’s registration database as under:

   i. CNIC must be Unique and Part of FDMA TDP lists
   ii. CNIC must be Valid.
   iii. CNIC must be clear in NADRA database (not marked as suspect, alien, fraud, Dup).
   iv. CNIC must be Unique within Family.
   v. Permanent and Temporary address on the CNIC must be from the affected area of FATA.

d) **For CWG:** The CNIC of the potential beneficiary for CWG shall also be verified through NADRA’s registration database as under:

   i. CNIC must be Valid.
   ii. CNIC must be clear in NADRA database (not marked as suspect, alien, fraud, Dup).
   iii. CNIC must be Unique within Family.
   iv. Permanent and Temporary address on the CNIC must be from the affected area of FATA.

2. **Identification**

a) **For LSG:** NADRA will use the accumulated data set of TDPs acquired through FDMA for the identification of beneficiaries for LSG. NADRA shall apply the project business rules mentioned at 5.B.1.c for finalization of beneficiary lists. All persons who fulfil the criteria shall be marked as ‘Beneficiaries’ and added to final beneficiary database and shall be eligible to receive the benefit/cash from OSS after biometric verification. Any other beneficiary claiming eligibility for the benefit and having both addresses (i.e. permanent and temporary) from the affected area of FATA, shall have the opportunity to lodge their appeal through GR counters, established at the OSS.

For **CWG:** NADRA will use the accumulated data set of TDPs acquired through FDMA and CNIC database for the identification of potential beneficiaries for CWG. NADRA shall apply the project business rules mentioned at 5.B.1.d for finalization of beneficiary lists. All persons who fulfil the criteria shall be marked as ‘Potential Beneficiaries’ and added to a database. In case of Non-TDPs for CWG payments, NADRA shall apply all above mentioned rules on all individuals showing up at OSS to authenticate their eligibility for CWG. The individual satisfying all the Business Rules should be eligible to apply for CWG, subject to availability of child under the age of 2 years. All individuals made part of eligible beneficiary list through above mentioned procedure will be considered as Eligible Beneficiaries by all stakeholders, unanimously. All these beneficiaries may opt to receive the CWG benefit/cash from OSS after biometric verification and upon fulfilment of relevant criteria mentioned in 5.B.1. Any other beneficiary claiming eligibility for the benefit and having both addresses (i.e. permanent or temporary) from the affected area of FATA, will need to be processed through approved GR mechanism for which a dedicated counter shall be established by NADRA at all OSS.
Any person that wishes to receive CWG grant shall approach information counter at OSS. The operator at the Info Counter shall enter the CNIC, Name and Address of that applicant. The system shall apply the rules on the fly and provide the response whether the potential beneficiary is eligible for CWG Grant or not. Only eligible person shall be asked to proceed further whereas at the backend the automated system shall record that person in CWG Database as Potential Beneficiary.

Once included in CWG Database, one to one biometric verification of that person will be done at Biometric Counter. If successful, the registration of the family shall be done as issued with CWG Certificate (further elaborated on Page 21 under heading CWG point 2 (a), step 3- iii).

C. ENROLMENT AND PAYMENT MECHANISM SYSTEM

After successful engagement and outreach, beneficiaries will visit the OSS to receive the LSG and CWG. This sub-section describes the process for enrolment and payment for the cash grants at OSS.

1. For ERG: FDMA shall forward monthly system generated reports of PSPs to EAD PMU reflecting actual disbursements made by FDMA to ERG beneficiaries. These lists will be used as underlying document for adjustment of advance received against ERG by EAD PMU.

2. For LSG: The figure 5.1 describes the high-level process flow of the enrolment and payment mechanism for receiving LSG under the project. The process to be adopted at OSS is as follows;

Step 1&2:
The potential beneficiary will approach the One Stop Shop (OSS) and proceed to Information counter. At this counter, NADRA officials will check the name and CNIC particulars of beneficiary against the FDMA list. If the name is found on the list and the CNIC is authentic (genuine), the beneficiary will be given a quick overview of the project and the conditions surrounding the LSG and/or CWG payments. Afterwards, the beneficiary will be asked to proceed to the NADRA Biometric Counter for LSG Processing. If the name is not found on the list, the non-beneficiary will not be allowed to proceed further. However, if the non-beneficiary desires to receive the benefit, he/she shall be asked to lodge appeal at NADRA GR counter established at all OSS.

Step 3:
The beneficiary will approach the NADRA Biometric Counter where the biometrics (i.e. Fingerprints) of the beneficiary will be captured and matched (i.e 1:1 verification) with NADRA

---

2 This process may take a few hours for some (rare) case.
CNIC Database. If beneficiary is verified, NADRA official will guide the beneficiary to approach Payment Service Provider Counter(s) within the OSS.

5.1: LSG - Process Flow at One Stop Shops (OSS)

Step 4:
The beneficiary shall move to the available Payment Service Provider (PSP) counter(s). The PSP official shall initiate a system generated request to NADRA for electronic confirmation of Biometric Verification along with any other agreed information. Upon receipt of confirmation from NADRA, the PSP official will conduct necessary registration in its own system and issue a new debit card to the beneficiary. The beneficiary shall be provided with necessary payment by PSP (as explained in Payment Guidelines/Agency agreement) with electronic confirmation of payment and other required information to NADRA. The beneficiary will then exit the OSS premises.

Step 5:
In case the beneficiary has a complaint against the project services, he/she may lodge a complaint through NADRA Grievance Counter situated within the OSS, where the complaint will be logged within the system for resolution and a grievance tracking slip shall be issued to the beneficiary.

3. For CWG: The figure 5.2 describes the high-level process flow of the enrolment and payment mechanism for receiving CWG under the project. The process to be adopted at OSS is as follows;

a) Enrolment of Beneficiary:

Step 1&2:
The potential beneficiary will approach the One Stop Shop (OSS) with his family (including at least one child aged 0-24 months) and proceed to Information counter. At this counter, NADRA officials will check the Name and CNIC particulars of potential beneficiary against the CWG database. If the name is found on the list and the CNIC is authentic, the beneficiary will be given a quick overview of the project and the conditions surrounding the CWG payment(s) by NADRA Information counter official. Afterwards, the beneficiary will be asked to proceed to the NADRA CCT Counter for CWG Processing.

**Step 3:**
The beneficiary will approach the NADRA CCT Counter where the following steps shall be performed by NADRA official,

i. Capturing biometrics (i.e. Fingerprints) of the HoF beneficiary (in case of non-TDPs only) and matched (i.e 1:1 verification) with NADRA CNIC Database.

ii. The Particulars of the family along with Child(ren) shall also be acquired.

iii. A CWG certificate on paper having security features such as barcode etc shall be issued having the details of HoF and his/her family having a section to also record attendance for Child Awareness Session(s).

iv. NADRA official shall then guide the beneficiary to proceed for CWG processing.

**Figure 5.2: CWG - Process Flow at One Stop Shops (OSS)**
b) Payment of CWG:

Step 1, 2 & 3:
These steps shall not be applicable for first time after enrolment.

The CWG beneficiary family (including HoF) will approach the One Stop Shop (OSS) with registered Child(ren) and proceed to Information counter. At this counter, NADRA officials will check the Name, CNIC and CWG certificate particulars against the CWG database. If the name is found on the list, the beneficiary will be asked to proceed to the NADRA CCT Counter for CWG Processing. The biometrics of the HoF shall be verified (i.e. 1:1 verification) from NADRA CNIC database. Once verified, the beneficiary family shall be guided to attend Child Awareness Session (delivered by DoH FATA).

Step 4:
The Child Awareness Sessions shall be delivered by DoH FATA officials to a group of beneficiaries. Once the session is concluded, DoH FATA staff shall collect the CWG certificates and approach NADRA CCT counter. NADRA official shall enter the certificate details to build a list for CWG payment. The DoH FATA official (pre-enrolled in TDP system) shall authenticate this list through biometric verification and trigger the payment to the beneficiary account. The DoH FATA official then return the CWG certificates to the beneficiary families and guide them to collect payment from PSP counter. The DoH FATA official shall further guide that Child Wellness Services are available at the OSS for health checks, if desired.

**Step 5:**
The beneficiary will then move to the Payment Service Provider (PSP) counter. The PSP official shall initiate a system generated request to NADRA for electronic confirmation of Biometric Verification along with any other agreed information. Upon receipt of confirmation from NADRA, the PSP official will conduct necessary registration/linkage of the debit card in its own system and issue a new debit card to the beneficiary, after opening of level 0 account. Afterwards, the beneficiary shall be issued with necessary payment by PSP with electronic confirmation of payment and other agreed information to NADRA. The beneficiary will then exit the OSS premises.

**Step 6:**
In case the beneficiary has a complaint against the project services, he/she may lodge a complaint through NADRA Grievance Counter situated within the OSS, where the complaint will be logged within the system for resolution and a grievance tracking slip shall be issued to the beneficiary.

In case of lost/damaged ATM cards the beneficiary shall report to PSP desk at OSS. The PSP shall block the previously issued ATM card and issue new debit cards to LSG and CWG beneficiaries at the OSS, after due verification by bank staff (e.g. verification through original CNIC etc).

Note: Detailed description of payments is given in Payment Guidelines/ Agency agreement.

**C. PAYMENT AMOUNT, FREQUENCY AND DELIVERY MECHANISMS**

a) **Livelihood Support Grant:** An Unconditional Cash Grant amounting to total of Rs. 16,000 per family shall be paid in four tranches of Rs. 4,000 each. First tranche shall be paid on enrolment for LSG and after biometric verification by NADRA while subsequent tranches shall be released automatically against beneficiary account upon completion of each calendar month.

b) **Child Wellness Grant:** A Conditional Cash Grant amounting to total of Rs. 7,500 per family shall be paid in three tranches of Rs. 2,500 each. First tranche shall be paid after successful enrolment for CWG, biometric verification by NADRA and attendance of mandatory Child Health Awareness (CHA) session conducted by DoH FATA at OSS. The subsequent payments shall be made on each visit to OSS and successful attendance of CHA.
sessions as per program guidelines. For avoidance of doubt, first session shall be considered as 0 months, while subsequent visits shall be on 2\textsuperscript{nd} month and 9\textsuperscript{th} month.

D. GRIEVANCE REDRESSAL AND CASE MANAGEMENT

The FATA TDP-ERP envisages a Grievance Redressal and Case Management system that:

- Guides concerned stakeholders (i.e. NADRA, DOH FATA, Payment Service Provider(s), Local Administration and Beneficiaries) on their key functions, roles and responsibilities to resolve beneficiaries' complaints in relation to enrolment, payments and quality of service, and updating household information.
- Lodge and resolve appeal of non-beneficiaries as well as Next of Kin cases
- Enables beneficiaries and non-beneficiaries to understand the procedures to lodge GR cases and complaints.

Case Management shall allow appeals and complaints (further elaborated in GR guidelines) to be lodged, as listed below.

**Appeals:** These are grievances related to eligibility where a household has not been included as “Beneficiary” and the household feel that they fulfil the eligibility criteria mentioned in the preceding sections. Appeals will be mainly linked but will not be limited to exclusion in targeting only.

Potential beneficiaries are entitled to appeal if they believe they are unfairly excluded from the programme. For this purpose, the applicant should submit the appeal in person at the relevant Grievance Redressal Counter of the OSS manned by NADRA. The only criterion is that they have a valid CNIC. Decisions on Appeals are made at the FDMA level with evidence from the appellant and the political administration. An Appeal will be processed as follows:

**Registration of Appeal**

1. The Appeal is submitted by the concerned appellant to the Grievance Redressal Counter located at OSS where the Appeal will be registered and recorded by the NADRA officer.
2. At the time of appeal lodging in CMS, NADRA shall apply all approved business rules (mentioned at Page 17-18 section 5.B.1.c except the address check) on the appellant's CNIC at fly. Once the CNIC is entered in CMS the addresses will be displayed for the operator to verify at the time of appeal lodging. Appeals satisfying above mentioned business rules will be forwarded to FDMA for further verification electronically. CNIC number shall be used for tracking of any appeal(s)/complaint(s) lodged in the system.
3. However, appeals not fulfilling any one or more than one rules should immediately be rejected and beneficiary should be informed about the rejection. Such appeals should not be forwarded to FDMA.

4. The system will also forward the Appeals Form with the appeal reference number to FDMA, electronically.

FDMA decision

5. FDMA may find the necessary evidence for their decision through independent field investigations.

6. FDMA shall make the final decision about the approval or rejection of any appeal and any appellant that has filed an Appeal and has been rejected, cannot file another appeal to any OSS.

7. FDMA shall take decision on all appeal cases within 30 days of appeal lodging.

8. The decisions will electronically be communicated to NADRA through CMS.

Monitoring Appeals

9. An Appeals MIS will record the appeal lodging and decision of FDMA. All relevant stakeholders including EAD, FDMA shall be provided with a web based interface where the status of appeals can be checked by the concerned department.

10. The MIS should display a report of all those cases which are still pending with the FDMA after one month of lodging of the appeal.

Accountability

11. If it is found that the appellant altered evidence or deceived the Programme, the household will be excluded from the program.

12. Likewise, if found to have altered documents or deceived the Programme, any District Administration, FDMA official will be treated under the relevant Efficiency and Discipline (E&D) Rules of the Government.

Complaints: These include grievances against the system or processes which have been put in place to assist the applicants/beneficiaries but are not functioning properly or catering to the complainants’ needs. These can both include complaints against the enrolment and payment processes, and may also include complaints on behavioural issues, malpractices / bribery, etc.

Complaints involve the inconveniences that beneficiaries experience in the quality of service and payment system delivered by the Project. These inconveniences affect the Project’s efficiency and limit the control of processes. Complaints can be lodged and tracked as follows:

- at the Grievance Redressal Counter which will have representatives of NADRA;
- through telephone calls to Helpline.
All complainants approaching any other agency will be directed to the centres for recording of the complaints to ensure that they are being recorded in the MIS for future reference. Complaints will be systematically documented and the action that is taken will be recorded and reported. All complaints will be registered in Case Management System (CMS) developed by NADRA.

Beneficiaries may submit complaints during the Project’s implementation regarding, for example, the following issues:

- Information/status request
- Update request
- Service request
- General complaints

As a last resort for unanswered grievances or maladministration, the Federal Ombudsman is available to the public to settle disputes. The Federal Ombudsman is empowered to investigate the affairs of all Federal agencies, it should provide administrative justice where there is poor service delivery or lack of quality in governance by the Federal Government.

**Policy on DUP/Fraud/ Alien:**

It needs to be clarified that if any person is marked DUP/Fraud/Suspect after receiving any tranche of LSG, NADRA will electronically intimate the partner bank to stop the remaining payments. However, after clearance of objection from NADRA office (NRC) by fulfilling all the SOPs of NADRA, the individual must visit OSS for biometric re-verification. The forthcoming all tranches should only be released after this re-verification process (the beneficiary does not need to provide biometrics on each tranche).

Individuals rejected in validation through any of the approved business rule(s) will have the option to update their CNIC through normal NADRA procedures and lodge appeal in GR system to become the part of eligible beneficiary list, till the closure of the program.
6. PROCUREMENT

A: PROCUREMENT ACTIVITY:
   1. All procurements must be mentioned in the Project’s procurement plan. Any Project activity needs to be approved by the Bank before initiation.
   2. All procurement related activities shall be executed by Procurement Specialist at NADRA PMU. The Project Director and Project Manager (responsible for project implementation) will however oversee all procurement-related activities and steps of the procurement cycle from preparation of Procurement Plan to final delivery of goods/services and payment to the vendors, consultants and consulting firms.

B: PROCUREMENT COMMITTEE:
   1. A Procurement Committee of the Project will be appointed by the Project Director. It will be primarily responsible for evaluating bids after proposal or bid submission.
   2. Minimum of three Quotation shall be invited for goods procurement under a small value contract that does not exceed US$ 50,000 and competitive bidding procedure shall be used for procurement under NCB, ICB3.
   3. Procurement committee will submit the completed bid evaluation report containing the required summary to the Bank as soon as possible after bid opening, preferably no later than three (3) weeks prior to the expiration of the bid validity period.

C: PROCUREMENT PLANNING:
   1. The Procurement Plan will be developed and regularly updated according to the work plan for the Project in consultation with NADRA PMU.
   2. Estimates and packaging of various goods/services will be made after thorough market surveys, as required.
   3. Time line for supplies of goods/services will be determined after consultation with relevant Project staff (NADRA PMU) and availability of goods/services.
   4. Procurement Specialist will be responsible for sharing Procurement activity and all subsequent updates with World Bank and will ensure posting of all documents on World Bank’s webpage.
   5. Procurement Plan is to be reviewed and approved by the Bank before implementation.
   6. Progress of Procurement Plans will be monitored by the Project Director and Project Manager regularly and deviations should be rectified immediately.

---

3 National Competative Bidding, International Competative Bidding
D. PREPARATION OF PROCUREMENT DOCUMENTS:
1. The Procurement Specialist will be responsible for preparing detailed specifications of goods/services, working in close collaboration with the relevant technical officer, employed by the Project.
2. Procurement Specialist will be responsible for preparing detailed tender documents for goods/services (where required e.g. NCB) within seven days of receipt of Purchase Request.
3. Advertisement will be prepared/designed by Procurement Specialist which will be shared with the Procurement Committee for their advice/amendments. The advertisement will be shared with the Project Director for approval. Once approved by Project Director, the Procurement Specialist will arrange for the release of advertisement in at least two national daily newspapers and on project website. All activities subject to international advertisement (ICB and QCBS) will be posted on UNDB.
4. 30 days will be given to bidders for submission of Bids from vendors for the procurement undertaken for NCB-related procurements.
5. In case of shopping method, the Procurement Specialist will be responsible for preparing Request for Quotations (RFQs) within seven days of receipt of Purchase Request. The Procurement Specialist will be responsible for sending RFQs to at least three potential suppliers/vendors. RFQs will be sent through emails, fax, post, etc.

E. EVALUATION OF BIDS/SELECTION OF VENDORS:
1. EOI received shall be opened in the presence of members of the Procurement Committee within three days after receipt.
2. In NCB-related procurements, all submitted Bids will be opened on same day and time in the presence of all members of the Procurement Committee.
3. The Bids/Quotations will be signed by the members of Procurement Committee.
4. No negotiation will be made with the vendors after receipt and opening of the Bids/Quotations.
5. Procurement Specialist will be responsible for preparing Evaluation/Comparison Sheet within one week of the opening of the Bids/Quotations.
6. The Procurement Committee will recommend the acceptance or rejection of the vendors/consultants on the basis of cost, quality and lead time.
7. In case of rejection of all Bids, the World Bank’s No Objection will be required.
8. All the members of the Committee will sign the Minutes of the Procurement Committee.
9. Minutes of bid or proposal opening will be recorded and signed by all participants.
10. Ensuring confidentiality of the evaluation process is the sole responsibility of the Procurement Specialist. For any information leaks, the responsible staff will be held accountable.
11. Evaluation Process will be concluded within the original bid or proposal validity and extensions will be requested only in exceptional cases.
12. Procurement Committee will recommend Vendors/Consultants for approval.
13. Project Director will give final approval or otherwise as per the recommendations of the Procurement Committee.

**F. AWARD OF CONTRACT**

1. Contract shall be awarded to the successful bidder within the validity period of bids/quotations and all supporting document mentioned in the contract template shall be attached alongwith Good and Services contract.
2. The contract will clearly mention the name and address of the successful bidder.
3. The contract will mention the goods/services to be delivered.
4. The contract will mention the money amount of the transaction.
5. The contract will be signed by both the Representatives of supplier and the project.
6. The Award of Contract, Bid Evaluation Report and the approved Procurement Plan will be displayed on the Project website.
7. Delays in the award of contract should be avoided and to be recorded with clear rationale in documentation.

**G. REJECTION OF BIDS AND RE-INVITATION OF RFQS:**

1. In case of rejection of Bids/Quotations the process will be reinitiated by the Procurement Specialist.
2. Procurement Specialist will be responsible for drafting Minutes of the Procurement Committee’s meetings.
3. Bank’s No Objection is required for Rebidding or Re-invitation.

**H. PURCHASE ORDER AND CONTRACT MANAGEMENT**

1. After approval of the Project Director for a Purchase/Supply Order to be issued to successful vendor, the Procurement Specialist will be responsible for the signing of Contract Agreement with successful vendor/vendors.
2. Procurement Specialist will be responsible for Contract Management in order to ensure timely delivery of goods/materials and payments as per conditions of the contract.
3. The Terms of Contract must also have the clauses mentioning penalties to be imposed on both the parties in case of not fulfilling the conditions of the contract.

**I. RECEIPT OF GOODS**

1. The Procurement Specialist will be responsible for receiving the goods delivered at specified location.
2. The Procurement Specialist will be responsible for preparing Goods Received Note (GRN).
3. As soon as the goods are received, Asset Tagging should also be done on every item procured under Bank’s funding and an asset register will be maintained with asset tag code, description, location, etc.

**J. VERIFICATION OF GOODS**
1. The goods supplied will be verified by the Procurement Specialist as to specifications mentioned in the purchase order/contract agreement and, in the case of technically complex goods (e.g. IT equipment), as well as by a relevant PMU staff member/user(s). The other relevant staff member will be appointed by the Project Director, in those cases where a second, technical opinion is required.

2. The quality of goods/services will be verified and reported in writing by the Procurement Specialist and, where applicable, the other PMU staff member.

3. Those verifying the goods will be responsible for verification of the supplied goods/materials as per the specifications given in Purchase Order/Contract Agreement etc.

K. MODE OF PAYMENT

4. Procurement Specialist will be responsible for recommending invoices to the Finance Department and all payments shall be made as per laid out contractual terms and conditions.

5. Procurement Specialist will be responsible for sending the invoices along with complete documents to the Finance Department for payment.

6. Payments will be made after delivery and verification of goods/services or advance payments as per the duly approved contract agreement.

7. Finance Manager will be responsible for verifying the entire procurement documents including supplier’s invoice before processing payments. If there are any deficiencies, the documents will be returned to the Procurement Specialist for completion.

8. Finance Manager will be responsible for deducting all the applicable taxes as per the prevailing tax laws applicable in Pakistan.

9. Finance Manager will ensure that all approved payments are made to the vendor/consultant within the time provide in the contract agreements.

10. Payment to the vendor will be made through Crossed Cheque, deliver through courier at the address provided in the contract agreement/purchase order.

L. COMPLAINTS REDRESSAL MECHANISM

1. For complaints regarding any procurement activity, the complaint in writing will be addressed to Project Director.

2. A Complaints Redressal Committee consisting of Project Director and two other members will examine and resolve all complaints submitted.
3. The complaint will be required to be resolved within 15 days of receipt of the complaint. The decision of the Complaints Redressal Committee will be final.
4. Any complaint on World Bank’s funded activity should be forwarded to the Bank on priority. Response to complainant should also be copied to the Bank.

M. RECORD KEEPING

1. Procurement Specialist will be responsible for maintaining all procurement record.
2. Confidentiality and authorized access will be ensured by Procurement Specialist.
3. Record safety mechanism will be in place for any loss and damage, like having secure fire-proof cabinets.
4. A list of authorized persons to access Procurement record will be approved by the Project Director.
5. All procurement will be made available to the internal/external auditors as and when required.
7. TRAINING PLAN

NADRA will develop an effective internal and external training schedule with the overall objective of enhancing the capacity of relevant stakeholders at federal and local level.

It is also important that senior FATA TDP-ERP management gets feedback from the field as to what concerns and difficulties are being experienced both by the FATA TDP-ERP Project implementers and, more importantly, by the beneficiaries. The Operational Review will provide some formal feedback from the field operations, but also mechanisms for listening and recording concerns from the field should be incorporated in the training strategy so that immediate remedial action can be taken, as required.

A. TRAININGS

Training of FATA TDP-ERP stakeholders is an important responsibility of NADRA. All training will be carried out in coordination with stakeholders. Technical Assistance resource(s) are provided to facilitate this plan. NADRA appoints a Training Specialist to plan, manage and oversee the internal training process. The Training Specialist prepares a detailed Training Plan, for the approval of NADRA Project Manager.

The quality of trainings will be assured by using several tools/techniques. This will include a pre and post analysis of the training session i.e. before the training the pre-analysis will be carried out which will help in measuring the training need (TNA) and determining the baseline level for comparative analysis in future. During the session, feedback forms will be provided aimed at building consensus on how the training session should be imparted. After the training, a post analysis will be conducted vide a feedback form. This will be aimed to grasp the understanding developed for the program by the training imparted. Based on a comparative analysis of pre/post assessment, the effectiveness of training will be highlighted in reports. Development of these reports will be a responsibility of training provider/agency.

It will also be a responsibility of training provider/agency to take care of the special aspect of ESMP standard, in relevance with the particular topic of the training being imparted. The trainings will also cover the ESMP compliance particularly in infection control and waste management.

The following Training will be carried out:

1. **NADRA Regional Staff**
   This includes an essential full and detailed briefing on the FATA TDP-ERP approach, process and implementation procedures (i.e. the full Operations Manual).

2. **Partner Banks/Payment Service Provider Staff**
Within the Bank(s)/Payment Service Provider(s), the training and briefing of staff for data processing, payment and grievance redressal is the responsibility of the Partner Banks/Payment Service Providers. NADRA, as the main technical implementing partner, ensures that the approach being taken is adequate and is documented and reported. To this end, NADRA will provide technical backup or advice, as requested and as required. A detailed training plan for Partner Banks//Payment Service Providers staff will be drawn up by the Partner Bank/Payment Service Providers and shared with NADRA.

3. **NADRA Field Staff**
   NADRA Regional staff under intimation to Training Specialist shall organize training(s) for site staff of NADRA to be deputed at OSS. This may be in the field or centralized at NADRA HQ. This training will cover the material included in the full Operations Manual and will include provision of a shortened Field Handbook\(^4\) for ready reference.

4. **FATA Secretariat Staff (FDMA)**
   The FATA Secretariat field staff need to be fully aware of the approach, processes and planned timetable for implementation in their area, in particular. The training will be based on the shortened Field Handbook which NADRA shall prepare, based on the Operations Manual. With support of the NADRA field staff and technical backup (i.e. training content) provided by NADRA, the FATA Secretariat will organize Field Training for FATA Secretariat staff. After the training, the FATA Secretariat field staff will have a detailed understanding of their roles and responsibilities and the support required from Local Administration. The sessions will also include time for local difficulties or concerns to be shared.

5. **Department of Health**
   This training, to be carried out in each Agency, will be for all Agency Health staff who are involved in TDP-ERP. It would be convened by the DHO/PA to ensure full attendance and commitment. The training will be delivered by FATA DoH. A separate training will be organized for master trainers of FATA DoH at Peshawar to be delivered by NADRA Training Specialist. This training will cover detailed information on the Child Wellness Grant as a conditional cash transfer and other activities to be undertaken at the OSS including grievance procedures while briefly highlighting relevant ESMP compliance (as per training content devised with the help of FATA DoH). The outcome of the trainings will be that, the District Health staff will understand in detail their roles and responsibilities and the planned timetable of activities. The sessions will also include time for local difficulties or concerns to be shared.

\(^4\) NADRA will prepare this shortened version of the Field Handbook, translated and printed preferably in Urdu. It will be based on the Operations Manual but be more appropriate as a ready reference for field workers.
The training(s) by FATA DoH shall cover the ESMP compliance particularly infection control and waste management.

B. ROLE AND RESPONSIBILITIES OF TRAINING SPECIALIST

The Training Specialist shall report to Project Manager. The key responsibility of the team in the implementation of the project and training plan is as follows:

- Provision of the necessary support for effective implementation of training plan.
- Management and monitoring of the implementation of the training plan.
- Delivering internal trainings (in NADRA) to Master Trainers on Regional level
- Analysing the training needs of all stakeholders i.e. FDMA, FATA DoH etc. involved in the project
- Preparation and delivery of training material and verification that guidelines and documents are in accordance with the FATA TDP-ERP Operations Manual and Guidelines.
- In particular, drafting a shortened version of the FATA TDP-ERP Operations Manual into a Field Handbook that shall be a ready reference for all FATA TDP-ERP field staff (i.e. NADRA, FATA Secretariat and Partner Banks/Payment Service Providers).
8. CHILD WELLNESS GRANT

A Conditional Cash Transfer (CCT) established as Child Wellness Grant has been included in the ‘compensation package’ planned to be provided to the returning Temporarily Displaced Persons and those from affected areas of FATA. Under this component the TDP families will be encouraged to bring their children for periodic health checkups, assessment for growth of their children and for regular vaccination under 2 years of age. The families may bring their children at One Stop Shops as per given schedule for receiving the cash grant. During each visit, physical examination of the children under two years of age will be carried out. During the visit, the family will be provided a detailed counselling and awareness raising session about the package of services that are being offered and the benefits and regular immunization for children will be offered. The choice of utilization of services lies with the family but efforts will be invested in ensuring that the family uses regular medical check-ups and get their children screened and immunized for routine vaccination. Families from FATA, with both addresses from notified area in FATA and children under two years of age will be eligible to receive the package subject to verification and registration of mother and children. NADRA, at the time of registration of families for the program at the OSS, will collect information on beneficiary families, particularly mothers and children (0-24 months of age), who will be eligible for the CWG package.

A. OBJECTIVES OF THE Child Wellness Grant

For this program, the main objective would be to ensure age-appropriate child wellness awareness for parents of children under two years of age.

The goals of the Child Wellness Grant are:

- Contributing to longer term human development outcomes by conditioning transfer to awareness on child wellness of children (age 0-24 months),
- Ensuring Government’s continued engagement with the affected population to assist them in weaning away from existing informal support structures towards reliance on State;
- Initiating behavioral change through safety nets that can be extended to other social and human development outcomes;
- Improving child survival through contribution to achievement of MDG Goal 4;
- Reducing disability in the community associated with vaccine preventable disease.

B. LINKING CHILD WELLNESS GRANT WITH PAYMENT MECHANISM

Close cooperation between the staff of Health Department FATA and the NADRA OSS will be important to ensure smooth process for CWG. Possibility of establishing OSS within health facilities will be explored. The DoH Staff will facilitate the awareness session and child assessment (first visit). DoH FATA staff will be at hand to provide child wellness package as appropriate. The records of
number of children vaccinated will be kept as per already subscribed process of DoH and shared with NADRA. NADRA shall further integrate this record in MIS.

C. GRADUATION RULES/CUT OFF

For CWG payments, new enrolment of children into the program will be stopped before the start of the last quarter of the project. This would enable families living in the area to get at least one tranche of the CWG till the last possible stage of the project.

There are several reasons for exiting:

1. **The Project ends**: The beneficiary household successfully receives payments corresponding to the FATA TDP-ERP benefits.
2. **Renouncement**: The beneficiary household decides not to participate in the Project and renounces.
3. **Fraud/Deceiving**: A household is found guilty of fraud or deceiving the Project (false information, surpassing Project’s terms and conditions etc.).
4. **Families which refuse to bring the child on the visit**.

D. HEALTH AWARENESS SITES

Vaccination centers will be established at the OSS set up by NADRA. The timing, number and sites for the establishment of vaccination centers may change according to overall plan for repatriation of the population. It is estimated that vaccination centers will be established in five FATA agencies where the TDPs are returning, initially starting with Khyber Agency, South Waziristan Agency and North Waziristan Agency, however this is contingent on the return schedule shared by the FDMA and/or GOP. During the first year of implementation, four vaccination and child assessment centres will be established in selected OSS.

E. VACCINES AND COLD CHAIN EQUIPMENT:

- Department of Health FATA through the office of the respective Agency Surgeon will be responsible to manage activities related to immunization especially provision of vaccines.
- Solar refrigerators would be procured for the OSS where registration of returning population and ERS - CT payment will be processed.
- Waste Disposal: DoH staff at the OSS will ensure proper disposal of syringes and other medical waste as per ESMP and EPI protocols.

F. ROLE OF DEPARTMENT OF HEALTH STAFF IN FATA TDP-ERP

- Conduct Child Wellness awareness session for beneficiaries at OSS
- Vaccinate children ages 0 to 24 months, whose parents opt for vaccination after attending the session,
- Ensure availability of all supplies and equipment necessary for vaccination and screening of children for malnutrition (vaccines, MUAC tapes, syringes etc).
- Ensure the availability of all recording, reporting, supervisory forms, M&E report formats etc.
- Ensure availability of vaccination cards as required by the FATA TDP-ERP.
- Educate parents about routine immunization and the next dates for vaccines as well as the importance of screening for malnutrition and nutrition related messages (Infant and Young child feeding, Breast feeding, complementary feeding, food diversity etc).
- Growth monitoring of children under two years of age for malnutrition and for children identified with problems appropriate referral to the next level facility.
- Implement ESMP particularly for infection control and waste disposal (see Annex C). Prepare and use safety boxes, secure filled boxes and return them to storage/disposal point for safe disposal.

G. DoH Staff Deputed at OSS:
DoH FATA shall in coordination with NADRA, depute the following staff as per caseload at OSS;
- Facilitators by DoH will be provided at each OSS for awareness session. LHWs will also be involved and trained on giving these awareness sessions.
- Vaccinators will be assigned for vaccinating children and mothers at each centre. LHWs will also be involved where available.
- Staff involved in child wellness grant and package and linkages with CWG will be trained on the key messages in the child awareness session, Immunization Procedures (as appropriate) as well as Cash Transfer Procedures related to child wellness grant. The training will be based on manual developed for DoH staff, adapted for the CWG. Training will be for 6 days, classroom based.
- Training sessions will be organized during the course of the project. First training of trainer’s session will be organized at a suitable place. Training of EPI vaccinators will be organized in the Agencies.
- Trainings will also include key aspects of ESMP particularly those described in Annex C.

H. SUPERVISION:
- The local health facility in-charge shall be responsible for supervising the child wellness awareness session, growth monitoring and immunization activities (including infection control and waste management protocols – see Annex C) in his/her catchment area and to monitor and ensure accuracy of data and timely reporting.
- A well-defined supervision and monitoring plan would be available at the level of Directorate of Health FATA and Agency Surgeon’s office, specifying the frequency of supervisory visits for each supervisory tier.
• Supervision will be done at every stage from preparation to implementation of the campaign.
• Supervision should be structured, using standard guidelines, tools and checklists by Operational Review firm.

9. COMMUNICATIONS, BENEFICIARY OUTREACH AND MOBILIZATION

The overarching goal of communications, beneficiary outreach and mobilization is to support and facilitate the effective implementation of the FATA TDPs Emergency Recovery Project (TDP-ERP). This section sets out to provide the framework of the Communications & Beneficiary Outreach/ Mobilization Strategy and its operational features, which will ultimately help the project to deliver more efficiently by improving the two-way flow of communication and information for both the Livelihood Support Grant (LSG) and Child Wellness Grant (CWG). The communications and outreach support will be broken up into bite-size core manageable steps to support all the stages of implementation.

A: COMMUNICATIONS FRAMEWORK AND LEVELS OF ENGAGEMENT

As an integral first step, the overall communications framework rests on a three-pronged communications platform aimed at internal and external communications as shown in the given figure:

**Figure 6: Communications & Outreach Framework & Levels of Engagement**

The role of robust communications and outreach mechanisms is instrumental, particularly in relation to the conflict-sensitivity of the region, diversity of stakeholders and circumstances of the potential beneficiaries, including marginalized women, confronted with the challenges of early recovery and
restoration of livelihoods. The given framework strives to engage at multiple levels (Figure 6) to undertake an embedded yet differentiated and targeted communications.

1. STRATEGIC COMMUNICATIONS:

At the strategic level, the communication will facilitate and guide the implementation process through the following key areas (See Figure 7):

**Figure 7: Strategic Communications – Key Areas Of Focus**

1. Branding of project, one-stop-shops, etc
2. Stakeholders’ engagement, constituency building
3. Risk communications and mitigation strategy
4. Political economy and public image of the project

**a) Branding of the project:** Branding policy and guidelines will be developed in order to communicate a coherent, consistent and credible project identity. Consistency in messaging needs to be reflected through all communications channels whether awareness campaign and dissemination at the OSS, development of communications material as well as interpersonal communication for beneficiary outreach.

**b) Stakeholders’ engagement:** The communications and outreach is geared towards coalescing the key project stakeholders to adopt a shared vision of the FATA TDP-ERP regarding policy and implementation mechanisms for administering Early Recovery Grant (ERG), Livelihood Support Grant (LSG) as well as Child Wellness Grant (CWG). To this end coordinated efforts of implementing partners (EAD, NADRA, FATA Secretariat) will identify ways and means to consistently engage national and local level stakeholders for soliciting active support for the FATA TDP-ERP.

Proactive engagement with stakeholders needs to be sought to address their perceptions and motivations. Regular dialogue and structured consultation will ensure understanding, acceptance and support for the implementation as well as long-term sustainability of the Project.
The following figure outlines various stakeholder groups and target audience that need to be informed through communications and outreach at various stages of the project cycle.

The given table summarises the information needs of key stakeholders. This will help in crafting appropriate communications approaches and messages to eventually facilitate better reception of the Project as it gets implemented.

**TABLE : COMMUNICATION NEEDS OF FATA TDP-ERP STAKEHOLDERS**

<table>
<thead>
<tr>
<th>AUDIENCE</th>
<th>WHAT DO THEY NEED TO KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Stakeholders</td>
<td></td>
</tr>
</tbody>
</table>
| 1. Implementation partners (EAD, NADRA, FATA SECRETARIAT, PAYMENT AGENCY, etc.) | ▪ Main features of the FATA TDP-ERP (Project target area(s), Project objectives, Project duration, Number of beneficiaries in target district(s), Targeting, eligibility and enrolment criteria)  
 ▪ Project mechanism about enrolment, verification, and payments for LSG and CWG, Grievance and Complaints  
 ▪ Their specific roles in the Project |
| External Stakeholders | |
| 2. Beneficiaries (TDPs and Non-TDPs) | ▪ What is FATA TDP-ERP and what is its purpose?  
 ▪ What are LSG and CWG?  
 ▪ Who are the eligible beneficiaries of the Project?  
 ▪ What is the criterion for inclusion?  
 ▪ What will the beneficiaries receive in terms of cash |
value?
  - What will they have to do to receive the cash transfers?
  - What documentation is required?
  - For how long will they receive the cash amount?
  - How and where will they receive it?
  - What is the OSS? How to enroll through the OSS?
  - What is the schedule for visiting OSS?
  - What are their responsibilities for compliance to CWG?
  - How to deal with payment systems associated with the cash transfer (e.g. Banks, etc.)
  - What to do if there are problems in accessing the cash?
  - What to do in case of a complaint or a grievance?
  - When the cash transfers will stop?
  - What is the importance of updating data with information such as new born, change of address, loss of CNIC cards, etc.

<table>
<thead>
<tr>
<th>3. Communities &amp; non-recipients/those who are excluded</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• What is the inclusion/eligibility criteria</td>
<td></td>
</tr>
<tr>
<td>• Who do they contact if they need more information to clarify doubts about their exclusion</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Policy makers (other than implementation partners), civil society, local players</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Main features of the FATA TDP-ERP, including selection and eligibility criteria; mechanisms about enrolment, verifications, payment and case management modalities</td>
<td></td>
</tr>
<tr>
<td>• Project target area(s)</td>
<td></td>
</tr>
<tr>
<td>• Their role in the Project</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. General public</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• What is the FATA TDP-ERP and who implements?</td>
<td></td>
</tr>
<tr>
<td>• How does it benefit the TDPs?</td>
<td></td>
</tr>
<tr>
<td>• What is the eligibility criteria</td>
<td></td>
</tr>
<tr>
<td>• Transparency checks and mechanisms; technology deployment, spot checks, etc</td>
<td></td>
</tr>
<tr>
<td>• Program is backed by the Federal Government of Pakistan</td>
<td></td>
</tr>
</tbody>
</table>

Communication that is strategic and consultative will play a fundamental role in facilitating the objectives of the project with support from stakeholders.
c) Risk communications and mitigation plan: Considering the geographic scope of the project and nuances of the political economy and audience sensibilities of the implementation area (FATA), it is essential to develop a common understanding of the potential risks and corresponding risk communications mitigation measures, which need to be considered and pre-empted during the day to day operations of the Project. To this end, as part of strategic communications, key risks need to be identified from the outset and the key stakeholders will mutually agree upon risk mitigation communication measures.

d) Political economy and public image of the project: In order to strengthen the public image of the project, political economy analysis will feed into a proactive media advocacy both at the national and local level. This would further assist in building a constituency for the project through mobilizing civil society and public understanding of the Project in terms of transparency, control and accountability mechanisms.

2. INTERNAL COMMUNICATIONS:

At the internal level, communications will work towards bringing all the key players in the implementation team on one platform through continuous orientation and training right from the inception phase.

Internal communications, therefore, looks at vertical and horizontal information loops between the PMU and operational staff in order to coordinate and facilitate smooth and uninterrupted flow of necessary information about the Project. This will ensure effective service delivery through clearly stating the roles and responsibilities of staff.

The responsibility for ensuring internal communications across various tiers of implementation principally rests with the EAD PMU and NADRA’s implementation team. EAD and NADRA will coordinate to consistently engage national and local level stakeholders for soliciting active support for the project. The key areas of focus are given in the figure 8.

Figure 8: Internal Communications – Key Areas of Focus
ACTION: Project staff and implementation teams shall be oriented on the following areas of Communication:

i. **Internal communications processes and protocols** to be followed by all to bring all implementation teams on one platform both for the LSG and CWG.

ii. **Communications training of all implementing partners** as well as the Communications and Outreach Firm (COF) will be conducted during inception to identify and clarify key roles and responsibilities in social mobilization, gender-sensitive rules of beneficiary engagement and feedback, beneficiary outreach and communications at various touchpoints.

iii. **Project branding guidelines and key messages** will be shared with all implementing partners so that consistency in communications is maintained across the entire project cycle.

iv. **Standardized communications guidelines for OSS** will be agreed to deliver consistent communications across all OSS activities, including communications and information sharing protocols, project–related FAQs, standard information kit/pack for beneficiary orientation, verification and enrolment process, Child Health Awareness sessions, payment modalities and grievance redress.

v. **Beneficiary engagement and outreach guidelines** will be prepared separately for both LSG and CWG components outlining key rules of engagement, communications and mobilization process to facilitate relevant target audience.

3. BENEFICIARY ENGAGEMENT AND OUTREACH:
A beneficiary engagement and outreach mechanism will be geared towards informing, educating and mobilizing beneficiaries for both LSG and CWG. This will be a two-pronged model of communications involving targeted communications and social mobilization:

**Figure 9: Beneficiary Engagement and Outreach – Key Areas of Focus**

1. Beneficiary engagement through social mobilization and outreach using local platforms (informal and formal) for CWG, LSG, activation of OSS and GR

2. Targeted communications through Public Information Campaign (locally relevant media and outreach) to support LSG, CWG, activation of OSS

a) **Beneficiary engagement for CWG:** Structured advocacy, communication and beneficiary engagement are fundamental to the success of the CWG component. This involves reaching out to beneficiaries, including women to sensitize and educate them about the overall health benefits of Child Wellness Package and process of availing CWG.

The overall objectives of beneficiary engagement are to:

i) Sensitize and educate beneficiaries to understand basic design features of the CWG component

ii) Develop awareness on the significance and benefits of Child Wellness Package as well as understanding of beneficiary rights and responsibilities to avail the CWG

iii) Mobilize beneficiaries groups and community leaders to act as conduits for promoting long term health benefits around the MNCH themes of Child Wellness Package.

iv) Support beneficiary awareness to contribute to the overall outcomes of the FATA TDP-ERP related to enrolment, compliance and GR through the OSS

A process to trigger long-term behavioural change communication is embedded through all communications, engagement tools and mechanisms.

The following section outlines the guiding principles for executing beneficiary engagement and outreach:
## GUIDING PRINCIPLES FOR BENEFICIARY ENGAGEMENT

### Simple, relevant & interpersonal communication
- Information will be expressed as simply and concisely as possible based on the sensibilities of the beneficiaries.
- Gender-sensitivity along with respect for local cultural norms and nuances will be given due consideration before design and execution of any mobilization activity.
- Clear calls to action will be used through inter-personal communication, wherever possible, emphasizing purpose of the project, including health benefits of Child Wellness Package.

### Collaborative & complementary
- Collaboration with programs teams and stakeholders will be sought to complement implementation through relevant and timely communication and to create greater scale, avoid duplication and reduce costs.
- Two-way beneficiary engagement and communication channels will be established, such as face-to-face forums and real time information channels for beneficiary engagement e.g. community meetings, focus groups, SMS, interactive voice response (IVR), etc.
- Wherever possible, collaboration with other local stakeholders such as political agents, religious leaders will ensure voice and accountability.

### Inclusive and gender-sensitive
- Social mobilization will stimulate public demand, motivate people to avail services, educate beneficiaries about their rights and responsibilities not just for the overall early recovery package, but also for the child health services.
- Beneficiary communication will embed and integrate relevant messages related to general child health and MNCH across the entire process cycle of the FATA TDP-ERP. This will be done through local communication platforms and tactical approach in a systematic and coherent manner to complement contours of the Child Wellness Package.
- Engagement at village level especially for women and remote communities through the implementation of a gender-sensitive social mobilization strategy will especially target village elders, notables, women and those involved in ensuring that children receive health services.

### Phased & manageable
- A phased approach (pre-launch, launch and post-launch) develops a core set of manageable communications and outreach mechanisms to mobilize, incentivize and educate beneficiaries, particularly about health and wellness package and payment modalities.
- A mechanism for soliciting continuous feedback from beneficiaries,
while also engaging women will be embedded within the beneficiary engagement process cycle to gauge effectiveness of beneficiary communication and outreach.

- **Positive & constructive**
  - Focus will be on communicating positive Outcomes of Child Wellness and Health.

### Operationalizing beneficiary engagement, outreach and communication:

Following steps will guide to operationalize beneficiary engagement, outreach and communication:

- **i.** Developing Beneficiary Mobilization, Engagement and Outreach Guidelines, embedding relevant tools and mechanisms of interpersonal communication at various touch points.
- **ii.** Hiring of a communication and outreach organization for beneficiary engagement and outreach.
- **iii.** Consultation(s) with local complementary programs led by Department of Health, Unicef, WHO, etc.
- **iv.** Development of key messages and IEC ((Information, Education and Communications) tools for engagement by the Communication and Outreach Firm in consultation with EAD, NADRA, FDMA, DoH and the local community/outreach organizations.
- **v.** Design and develop targeted communications package/kit to support and facilitate the Child Health Awareness Session at the OSS with a strong focus on local language and visually strong IEC tools to achieve relevance to the sensibilities of the CWG target audience.
- **vi.** Engagement of voluntary support through Political Agents and informal community networks, elders, mosque imams, etc.
- **vii.** Communication training of LHWs/LHV and DOH Staff for CWG beneficiary engagement and outreach campaign.
- **viii.** Activating a **pre-launch/forward beneficiary engagement and awareness campaign at community level** to inform about process of accessing CWG, including activation dates of OSS, Child Health Awareness Sessions, associated health package and corresponding payment and compliance modalities.
- **ix.** Mobilizing beneficiaries groups for participation in enrolment and immunization campaign at the OSS.
- **x.** Conducting a post-launch beneficiary outreach campaign to support compliance to vaccination schedule and case management (complaint and appeals) process.
NOTE: Communication for educating beneficiaries on the LSG and CWG features, process to enrol and mechanisms at the OSS will be an allied & embedded feature of the beneficiary engagement and outreach campaign.

b) Targeted communications through Public Information Campaign for engaging beneficiaries for One-Stop-Shops (OSS): This will involve a combination of tools and platforms for extensive dissemination of information through appropriate delivery mechanisms, which will include, but not limited to:
   i. inter-personal modes of tactical communication
   ii. radio campaign,
   iii. Information kit/package for the OSS
   iv. Visually strong information material, etc.

Communications and outreach will individually address all components of the project cycle (beneficiary engagement, registration, verification, biometric verification, payments, Child Wellness Awareness Session, case management, etc.)

B: IMPLEMENTATION APPROACH FOR COMMUNICATION & OUTREACH:
The communications implementation/action plan rests on three principal implementation approaches:

- An intensive exchange of information through appropriate delivery mechanisms including beneficiary engagement, outreach and communications, and public information campaign
- A drumbeat of messages worked into all activities and materials provides motivational context for the campaign
- A phased activity schedule begins with a core manageable group of activities for immediate Outcome, which then expands to a menu of high-Outcome activities as the project picks up.

The phased schedule\(^5\) will follow as under:

Phase 1: Pre-Launch Campaign which triggers two-three weeks before the activation of OSS through beneficiary mobilization, targeted communication and outreach with the objective to mobilize LSG and CWG beneficiaries, informing the process and mechanism of enrolment, verification and payments at the OSS, including schedule of activation of OSS. Keeping in view the limitations of procurement timelines, the pre-launch campaign may not be necessary for pilot sites.

Phase 2: Launch Campaign to support the activation of OSS facilitating process cycle of LSG and CWG through relevant communication and awareness package

\(^5\) The details of communication strategy shall be elaborated in communication guidelines
Phase 3: Follow-up/Post Launch Campaign to support compliance for attending Health Awareness Sessions to avail CWG and ensure effective delivery of grievance and complaint management

C: COMMUNICATIONS & BENEFICIARY OUTREACH PROCESS CYCLE
The following figure explains the salient steps of the communications process cycle that need to be taken at various levels:

1. Design of Communications & Beneficiary Outreach/Mobilization Strategy, Action Plan, including Communications Guidelines
2. Hiring of Communications and Beneficiary Outreach Firm
3. Training on Communications & Outreach of Mobilization and OSS Staff
4. Launch of Communications and Beneficiary Outreach Campaign
5. Monitoring & Evaluation

EAD will implement Communications & Beneficiary Outreach Strategy and action plan right from the overall branding to targeted communications, stakeholder engagement support and dedicated beneficiary engagement and outreach.

EAD will also manage and monitor the Communications and Outreach Firm to deliver a robust communications and outreach campaign for the TDP-ERP.
10. MONITORING AND EVALUATION

A. MONITORING, EVALUATION AND REPORTING

Monitoring and Reporting is essential for effective and efficient project management. Effective monitoring will provide feedback to facilitate continuous improvement and will consequently enhance the operational performance throughout project implementation.

Monitoring will provide the FATA TDP-ERP management with descriptive and quantitative information on the implementation progress of the Project at any given point in time, while Evaluation will determine the relevance and fulfilment of FATA TDP-ERP objectives and effectiveness of the project. Monitoring and Evaluation are complementary - monitoring helps keep the project on track and hence improves the likelihood that it will be shown to have achieved the desired impact when it is evaluated at the end of the project.

A Results-Based Monitoring Framework will look at the FATA TDP-ERP as a system composed of inputs, activities, outputs, outcomes and goals, as represented in Table 1. Being ‘Results-Based’ ensures that the overarching long-term goal of the project is not forgotten among the urgency and activity of project implementation.

**Table 1: Framework for Results-Based Monitoring, Evaluation and Reporting**

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcomes and Impact</strong></td>
<td>Long-term, overarching impact: – Beneficiaries livelihood is restored</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>Immediate effects of outputs in beneficiaries lives: e.g. Safety Net delivery mechanism established; Beneficiaries are able to meet basic needs including consumption; Increased uptake of child health package</td>
</tr>
<tr>
<td><strong>Outputs</strong></td>
<td>Products and Services Produced: e.g Number of people who received ERG and LSG; Number of people who attended Child Health Awareness Sessions</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>Tasks undertaken to transform inputs to outputs: e.g. Enrolment, Verification, Cash Transfer Payments, Grievance Redressal, Communication, etc.</td>
</tr>
<tr>
<td><strong>Inputs</strong></td>
<td>Financial, material and human resources: e.g funds for cash transfers and health package</td>
</tr>
</tbody>
</table>
Different stakeholders have interests in different aspects of the project implementation and hence of the Framework. Thus indicators to measure progress at all levels of the Framework will be specified, agreed and reported on for each of the interconnected processes which comprise the project (i.e. project initiation, beneficiary enrolment, verification, payments, grievance redressal and project management). A draft framework is presented in Annex A. The final Monitoring Framework will be drafted and agreed by NADRA and EAD before the first Supervision and Evaluation Mission, SEM.

Different stakeholders will require reporting of different aspects of the project (e.g. inputs, activities, outputs and outcomes) in a number of different formats, at different intervals. Every effort will be made to converge the requirements of GoP, different donors and other stakeholders into one Monitoring, Evaluation and Reporting Framework so that data collection and reporting are minimized. It is anticipated, for example, that a widely accessible web-based portal can maintain updated activity-level indicator data. Also a common reporting format will be proposed by EAD for the Quarterly and Annual Reports of activity, output and outcome level indicators to donors and GoP.

B. DATA COLLECTION

FATA TDP-ERP Monitoring will be informed by data and information collected through a combination of internal and external mechanisms, described in this and the next section. These feed into each other and into the Monitoring Framework to the benefit of project management.

Internal data collection will focus on regular record keeping and periodic measurement of inputs, activities, and outputs during implementation. It will provide direct feedback on the project's progress with respect to inputs and activities. Basic activity level data is provided by each stakeholder in accordance to their level of authority as well as geographic aggregation.

The FATA TDP-ERP MIS, based at NADRA, will be developed to gather, store and process information on each of the FATA TDP-ERP processes, viz. Enrolment, Verification, Immunization, Payments, Grievance Redressal and Project Management; and on fund flows and reconciliation. The MIS will provide data against the indicators required for updating the web-portal and for spot, bi-monthly, quarterly, and annual reports. Wherever appropriate the data collected will be gender disaggregated.

In particular, a database of children aged 0-2 registered with NADRA for the CWG will also be developed. The database will consist of all children aged 0-2 registered by families. Children under

---

6 Note: These Quarterly Reports may be timed to inform the Joint Supervision Missions (see below).
24 months at the point of entry will be registered in the database, along with children born after return during the course of the project, as they are also eligible for the CWG.

C. MONITORING AND EVALUATION ACTIVITIES

1. Internal Monitoring

Internal monitoring will mostly be based on the project’s Management Information System (MIS) which is housed within NADRA, with direct access to EAD. The MIS will include a reporting module which specifies the reporting requirements at each level of management.

NADRA will work with EAD and other Project Stakeholders to prepare a clear and detailed Implementation Plan for FATA TDP-ERP which specifies what progress is anticipated by when. The internal data collection detailed above will then enable management to identify any shortcomings in the delivery of inputs or execution of activities, so that corrective measures can be undertaken in time.

The FATA TDP-ERP Unit of the EAD will ensure that Monitoring Reports (see next section) are prepared based on the agreed indicators, presented and discussed with the relevant stakeholders in order to take timely corrective actions. This will be, as specified, in a detailed FATA TDP-ERP Monitoring and Reporting Plan, put up to EAD.

2. Operational Review

Through an Operational Review, the adherence of all project implementing agencies to the processes outlined in this Operations Manual will be assessed at regular intervals (indicatively every three months), through spot checks and process evaluations.

The Operational Review will shadow and report on the efficiency and accuracy of implementation of the project at all levels. It will thereby provide valuable feedback to concerned government officials and to FATA TDP-ERP managers to make timely improvements to the project implementation and potentially to the design. It will help ensure that any gaps, oversights or bottlenecks become visible and are addressed in a timely manner. These activities will be carried out by an independent third party, commissioned by NADRA, reporting to EAD and NADRA, to enable timely course of correction and adjustment of the established system.

In addition to above this will also include beneficiary survey to measure the performance at end nodes. The exercise will have two parts;

I. Focus on Deliverables (Observing resultants at end nodes- Beneficiary focused)
II. Focus on Processes (Observation of TDP operational activities against design)

7 The details of Operations Review shall be elaborated in OR guidelines.
Activity at I (Focus on Deliverables) will be further divided into two sub activities i.e. the qualitative approach and quantitative approach. The second part (focus on processes) will be based on detailed examination of manuals and their implementation at operational level.

**Beneficiary Feedback Household Survey**

The beneficiary feedback (HHs) survey will focus on outcomes of the project. This survey will basically estimate the expenditure patrons of the beneficiary as how and where the received amount was utilized. The survey shall be designed in a way to estimate utilization of amount under major heads (by the beneficiaries) and hence estimate the outcomes/short term impacts. Beneficiary Feedback may use the qualitative and quantitative tools to trace the trends. The findings may also reflect the effects of intervention on food, nutrition, clothing and health. In addition to above it may also help in estimation of un-assumed/unintended outcomes (if any).

**D. REPORTING REQUIREMENTS**

The reporting requirements are likely, as a minimum, to consist of the following:

1. **Real Time (or daily updated) Web-Based (intranet) Portal**
   The FATA TDP-ERP Web-Portal will be an internal internet-based resource where basic activity-level data, including financial flows, is stored and accessed with authorized passwords by concerned stakeholders.

2. **Quarterly Progress and Achievement Report**
   These more in-depth reports will describe the achievements of FATA TDP-ERP against the Implementation Plan (i.e. progress of activities) and against the Results-Based Monitoring Framework (i.e. achievement against activity, output and subsequently outcome indicators).

   These reports will be based both on internal data collection, including Payment Service Provider(s) reports on reconciled and outstanding fund flows for cash transfers, and the Operational Review findings\(^8\).

   They will highlight any significant achievements during the reporting period or any shortfalls over planned targets and will identify any gaps, oversights or bottlenecks and make recommendations on how they should be addressed in a timely fashion. Full project financial reporting will be included, with budget expenditure and forecasts for the previous and up-coming periods. The reports will also cover progress of ESMP implementation.

---

\(^8\) Although the Operational Review findings should be merged into the Quarterly Report, the Review Report will also be separately available to the Joint Supervision Missions.
3. Annual Report
These will be as the Quarterly Reports, but for the whole year. This will include a review of the annual implementation plan.

4. Ad Hoc Reports (as required)
Using data from the Real Time Web-based portal, or the most recent Monthly Report, these reports shall be prepared as and when required/requested.

E. REPORTING RESPONSIBILITIES

EAD PMU shall be responsible for compiling all data and all reports mentioned above where applicable. All these reports will be finalised in consultation with EAD, NADRA or any other stakeholder(s), as appropriate.

F. RESULTS-BASED MONITORING AND REPORTING FRAMEWORK

The Monitoring and Reporting Framework for FATA TDP-ERP (Table 2) will incorporate monitoring and evaluation at two levels: implementation and Outcome, and will directly build on the reporting requirements of GoP and donors as defined in the funding agreements. The following represents the overall objectives and indicators of the Project:

Overall Project Goals:
- Facilitating the resettlement and early recovery of families affected by the crisis
- Increase the utilization of Child Wellness Grant
- Strengthening emergency response safety net delivery systems in the affected areas of FATA

Project Outcomes Indicators:
- Number of ERG beneficiaries (disaggregated by gender)
- Number of LSG beneficiaries (disaggregated by gender)
- Number of CWG beneficiaries (disaggregated by gender)

The result based monitoring framework will however be a living document and during the implementation of the program may be updated. PMU EAD shall update the RBM (if required) in consultation with concerned stakeholders.

Dash Boards

The PMU, M&E shall also develop the performance monitoring dashboards with assistance of MIS. These dashboards will graphically depict the progress/performance on key areas including enrolment, disbursements, withdrawals, communication and grievance redress etc. The dashboards will fetch information from MIS and banks and reflect real time updates in status.
11. FINANCIAL REPORTING AND FUND FLOW ARRANGEMENTS

A. AGENCY AGREEMENTS
A legal agreement will be drafted, agreed and signed by EAD, FDMA, NADRA and Participating Banks/Payment Service Providers for fund flow arrangements. This is a vital early action.

B. DESIGNATED ACCOUNTS (DAs)
Separate Designated accounts will be opened by the EAD and NADRA for the purpose of receiving funds from IDA and from other FATA TDP-ERP donors in order to be used for financing of cash transfers. These accounts will be jointly operated by two senior officials of the EAD and NADRA respectively, and shall be opened following the Government procedures laid down by the Finance Division.

Segregated Designated Accounts (DA) would be opened by the EAD and NADRA respectively in which funds would be reimbursed by IDA against disbursements made by FDMA through Partner Banks cash transfers to eligible beneficiaries. The DA shall be opened by following procedures laid down by the Finance Division, Government of Pakistan relating to the maintenance and operation of revolving fund accounts (Foreign Aid Assignment Account) for Grants/Loans/Credits from donors agencies issued in August 2013.

C. MANAGEMENT OF FUNDS

i. EAD Specific (ERG-CT)

1. Upfront payment of ERG to all beneficiaries is currently being made by the Government through FATA Secretariat for the entire TDPs eligible caseload. Out of this case load, reimbursement to the extent specified in the Financing Agreement will be made by the World Bank.

2. Funds would be transferred to the EAD DA in advance based on bi-annual projections made in IFRs by EAD-PMU.

3. Withdrawals from the IDA Credit would be ‘Report – Based’ (Interim Financial Reports). IFRs shall be provided within forty-five days end of each six months period. The agreed format of IFRs has been shared with EAD, however, changes may be made to the format after consultation with and clearance from IDA.

4. Information to be reported in the Interim Financial Reports would be subjected to internal audit review prior to submission.

5. EAD PMU shall receive monthly report from FDMA provided by its PSPs, reflecting actual disbursement made to beneficiaries for ERG. This list will be compared by EAD PMU with list of biometrically verified beneficiaries of LSG, provided by NADRA. After reconciliation of both lists, count of reconciled beneficiaries will be communicated to IDA along with IFRs for adjustment of advance received against ERG.
6. All payments/reimbursements will be made as per the World Bank’s payment guidelines.

ii. EAD Specific (LSG-CT and CWG-CCT)

1. Necessary funds, under IDA Credit, for the anticipated FATA TDP-ERP cash transfers to beneficiaries would be transferred to the EAD DA in advance based on six monthly projections made in Interim Financial Reports (IFRs).

2. Withdrawals from the IDA Credit would be ‘Report – Based’ (Interim Financial Reports). IFRs shall be provided within forty-five days end of each six months period. The agreed format of IFRs has been shared with EAD, however, changes may be made to the format after consultation with and clearance from IDA.

3. Information to be reported in the Interim Financial Reports would be subject to internal audit review prior to submission.

4. The EAD PMU will open accounts in Partner Banks/Payment Service Providers (PSPs), selected for the disbursement of funds. EAD PMU will concurrently transfer funds in account opened with partner banks/Payment Service Providers from the Designated Account based on tentative periodic consumption.

5. Debit advice will be generated by EAD PMU for withdrawal of funds by PSPs from EAD PMU’s account maintained with PSP. Debit advice for the disbursement expected in next period (fortnightly/monthly as agreed) will be issued before the agreed number of float days to PSPs.

6. The Partner Banks will then disburse the funds to the eligible beneficiaries as per the bio-metrically verified identification from NADRA. The Partner Banks will be responsible for maintaining necessary auditable records which will be made available to auditors in case of need.

7. A Partner Bank will arrange to provide online web portal with access to EAD PMU for real time reporting for disbursements and withdrawals.

8. The Partner Banks will also be responsible for submitting monthly reconciliation report by 10th day of the immediate next month showing amount disbursed, undisbursed payments, and represented by the number of un-paid eligible beneficiaries as at the month-end.

9. All payment will be made as per the World Bank’s payment guidelines.

iii. EAD Specific (Other)

For other minor budgeted Incremental Operating Cost, a petty cash advance with ceiling of Rs. 100,000 will be given from TA Component to EAD-PMU and from which
captioned expenditure will be incurred. The EAD-PMU will claim reimbursement after 70% funds get utilized. The reimbursement will be made after pre-audit of submitted documents by NADRA’s FM team.

iv. **NADRA Specific**

1. Withdrawals for the IDA Credit would be ‘Report – Based’ (Interim Financial Reports), which will allow for adequate funds to be at the NADRA’s disposal based on its cash forecast for two calendar quarters in advance. The bi-annual IFRs shall be provided within forty-five days end of each six months period. The format of IFRs has been shared with NADRA and shall be agreed during negotiations of the project.

2. NADRA will be responsible for hiring designated staff working in EAD-PMU and in FDMA and FATA with the concurrence of EAD. NADRA will hire the services of designated staff after fulfilling all formalities.

3. NADRA will be responsible for payment of their monthly emoluments and PMU’s operational expenses from its TA Component.

4. Hired staff emoluments will be released through cross cheques after endorsement of staff invoices certifying the performance of said staff by the concerned Reporting Officer of and endorse the same to NADRA for payment.

5. The implementing entity will ensure that the World Bank’s guidelines on Preventing and Combating Fraud and Corruption in Bank Financed Projects (dated January 2011) are followed in the Project.

6. **Staffing Arrangements:** NADRA’s FM Team will manage financing of entire TA Component-3 of the project. Team comprises of three or four staff headed by Director Finance responsible for managing entire financials as well as reporting with the World Bank and NADRA. This includes project budgeting, coordination with stakeholders regarding all financial issues of TA Component-3, ensure timely disbursement of funds to vendors, consultants and staff payroll, deal with tax related issues, maintenance of bank account as well monthly reconciliation, proper book keeping in ERP, ensure booking of expenses with AGPR, conduct internal as well as external audit of project, maintain auditable record for all audit purposes.

D. **Project’s Internal Audit:**

The dedicated internal audit staff will be appointed for the entire Program of TDP-ERP and will be responsible to submit bi-annual reports to Secretary EAD. EAD-PMU will keep track of the actions taken on the audit findings. Internal audit staff shall be responsible for reviewing the IFRs for Component 1, 2 and 3 before submission to IDA.

E. **External Audit:**
EAD managed Component-1&2 will be audited by the Auditor General of Pakistan and the Auditors’ Report thereon along with the Management Letter will be shared with the Bank within six (6) months of the close of financial year, June 30. The annual financial statements of NADRA with a disclosure Note therein on a TA Component – 3 pertaining to IDA Credit will be conducted by NADRA’s external auditors – a firm of Chartered Accountants. The audit reports along with the Auditors’ Management Letters will be submitted to the World Bank within nine months after the close of financial year (i.e June 30).

F. General

i. Reporting

Withdrawals for the IDA credit would be report-based (interim financial reports, or IFRs), which will allow for adequate funds to be available at the EAD’s disposal based on its cash forecast for two calendar quarters in advance. The bi-annual IFRs shall be provided within the forty five days of close of six months period.

ii. Disbursements

The World Bank will disburse the amount in foreign currency to the Government of Pakistan on the basis of cash forecasts provided with the IFR as outlined in the Project Financial Agreement.

iii. Budgeting

Government’s budgeting system is being used in the EAD. A monthly report of budget and actual expenditure is prepared for the management unit.

iv. Internal Audit (EAD-PMU)

The Internal Audit (IA) function shall include not only IFR reviews but function will also review on quarterly basis. Any observation shall be highlighted in each IFR. The internal audit function will also ensure that proper controls are applied within EAD-PMU that can a) prevent any misuse of funds, b) timely detect errors and irregularities and c) take the corrective actions in a timely manner to deal with mistakes, errors and irregularities within the Financial Management system and the project as a whole.
Annexure A

Table 1. Routine Immunization Schedule for Children

<table>
<thead>
<tr>
<th>Age</th>
<th>Antigen</th>
<th>Dose</th>
<th>Site of Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Birth</td>
<td>BCG</td>
<td>0.05ml</td>
<td>Intradermal on right upper arm</td>
</tr>
<tr>
<td></td>
<td>OPV0</td>
<td>2 drops</td>
<td>Oral</td>
</tr>
<tr>
<td></td>
<td>Hepatitis-B</td>
<td>0.5 ml</td>
<td>Intramuscular injection on anterolateral side of left thigh</td>
</tr>
<tr>
<td>6 weeks</td>
<td>*Pentavalent-I</td>
<td>0.5 ml</td>
<td>Intramuscular injection on anterolateral side of right thigh</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal - I</td>
<td>0.5 ml</td>
<td>Intramuscular injection on anterolateral side of left thigh</td>
</tr>
<tr>
<td></td>
<td>OPV-I</td>
<td>2 drops</td>
<td>Oral</td>
</tr>
<tr>
<td>10 weeks</td>
<td>Pentavalent–II</td>
<td>0.5 ml</td>
<td>Intramuscular injection on anterolateral side of right thigh</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal - II</td>
<td>0.5 ml</td>
<td>Intramuscular injection on anterolateral side of left thigh</td>
</tr>
<tr>
<td></td>
<td>OPV-II</td>
<td>2 drops</td>
<td>Oral</td>
</tr>
<tr>
<td>14 weeks</td>
<td>Pentavalent–III</td>
<td>0.5 ml</td>
<td>Intramuscular injection on anterolateral side of right thigh</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal- III</td>
<td>0.5 ml</td>
<td>Intramuscular injection on anterolateral side of left thigh</td>
</tr>
<tr>
<td></td>
<td>OPV-III</td>
<td>2 drops</td>
<td>Oral</td>
</tr>
<tr>
<td></td>
<td>IPV</td>
<td>0.5 ml</td>
<td>Intramuscular injection on anterolateral side of right thigh at least one inch apart from the site of Penta injection</td>
</tr>
<tr>
<td>9 months</td>
<td>Measles-I</td>
<td>0.5 ml</td>
<td>Subcutaneous injection on left upper arm</td>
</tr>
<tr>
<td>15 months</td>
<td>^Measles-II</td>
<td>0.5 ml</td>
<td></td>
</tr>
</tbody>
</table>

*Pentavalent: DPT+HepB+Hib

^If the child is seen b/w 12-15 months of age, 2nd dose of measles can be given if one month passed since the Measles 1st dose is given.
Guideline for vaccinating children aged above 1 year

According to childhood immunization schedule in EPI Pakistan, all children should receive all doses of all antigens (except Measles 2nd dose) before his/her 1st birthday. However, for different reasons many children fail to receive all the required doses of the antigens on time and come in contact with the immunization service late. Following guideline is developed according to WHO’s recommendation for vaccinating higher age children and to be followed in such situations.

<table>
<thead>
<tr>
<th>Antigen</th>
<th>Number of doses in primary series</th>
<th>Recommended age of 1st dose</th>
<th>Doses for those who starts vaccination late</th>
</tr>
</thead>
<tbody>
<tr>
<td>RBC</td>
<td>1</td>
<td>Soon after birth</td>
<td>1 dose</td>
</tr>
<tr>
<td>Sabin OPV</td>
<td>3</td>
<td>6 weeks (see footnote for birth dose)</td>
<td>3 doses with at least 4 weeks interval in between each dose (for children up to 5 years age)</td>
</tr>
<tr>
<td>Pentavalent (DTP-Hep B-Hb)</td>
<td>3</td>
<td>6 weeks</td>
<td>3 doses with at least 4 weeks interval in between each dose</td>
</tr>
<tr>
<td>DTP</td>
<td>1</td>
<td>Upon completion of 9 months</td>
<td>1 dose (up to 10 years age)</td>
</tr>
<tr>
<td>Measles</td>
<td>2</td>
<td>2nd dose of measles (after 12 months)</td>
<td>1 dose (up to 10 years age)</td>
</tr>
</tbody>
</table>

Note: OPV birth dose: being a polio endemic country, all children in Pakistan should receive a birth dose with OPV (OPV0) soon after birth. This birth dose is not considered substitute for any of the above doses in the primary series.
Operations Manual Draft 1.9

Annex B: Results Framework and Monitoring

PAKISTAN: FATA Temporarily Displaced Persons Emergency Recovery Project

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.

<table>
<thead>
<tr>
<th>Project Development Objective Indicators</th>
<th>Baseline (FY 2015)</th>
<th>Cumulative Target Values</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>YR1 (FY 2016)</td>
</tr>
<tr>
<td>Beneficiary Families of Early Recovery Package (Number – Sub-Type: Breakdown) - (Core)</td>
<td>0</td>
<td>20,000</td>
</tr>
<tr>
<td>Number of families with children aged 0 to 24 months attending child health awareness sessions (Number)</td>
<td>0</td>
<td>5,000</td>
</tr>
<tr>
<td>Number of fully functional One Stop Shops with access to MIS (Number)</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intermediate Result Indicators</th>
<th>Baseline (FY 2015)</th>
<th>Cumulative Target Values</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>YR1 (FY 2016)</td>
</tr>
<tr>
<td>Proportion of grievances attended within 60 days (Percentage)</td>
<td>0</td>
<td>40%</td>
</tr>
<tr>
<td>Beneficiary Families of Child Wellness Grant (Number – Sub-Type: Breakdown) - (Core)</td>
<td>0</td>
<td>5,000</td>
</tr>
<tr>
<td>Number of One Stop Shops providing child health services (Number)</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Proportion of beneficiaries</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Indicator Description</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Project Development Indicators</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Indicator Name</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description (indicator definition etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Source/methodology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsibility for data collection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beneficiary Families of Early Recovery Package (Number – Sub-Type: Breakdown) - (Core)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>This indicator provides data on families that have benefitted from the Early Recovery Package (Livelihood Support Grant and Early Recovery Grant) and keeps the target of around 80% of the total 120,000 families to be supported through the project. This indicator is tracked quarterly through administrative data from the MIS with responsibility for data collection held by NADRA.</td>
<td>Quarterly</td>
<td>Administrative data from MIS</td>
</tr>
<tr>
<td>Indicator</td>
<td>Description</td>
<td>Frequency</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Number of families with children aged 0 to 24 months attending child health awareness sessions (Number)</td>
<td>This indicator measures the extent of utilization of services. It will include all beneficiary families who have attended at least one child health awareness session (in absolute numbers)</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Number of fully functional One Stop Shops with access to MIS (Number)</td>
<td>This indicator measures the availability of one stop shop centers. To be categorized as fully functional, a One Stop Shop must perform three key tasks of service delivery: a) Identification and enrollment of beneficiaries, b) Payments for cash transfers, c) Grievances and case management</td>
<td>Semi-annual</td>
</tr>
</tbody>
</table>

**Intermediate Results indicators**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Frequency</th>
<th>Source</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of grievances attended within 60 days (Percentage)</td>
<td>This indicator captures citizen feedback on the project delivery</td>
<td>Semi-annual</td>
<td>Administrative data from MIS, beneficiary survey</td>
<td>NADRA</td>
</tr>
<tr>
<td>Beneficiary Families of Child Wellness Grant (Number - Sub-Type: Breakdown) – (Core)</td>
<td>This indicator provides data on families that have benefitted from the Child Wellness Grant. This indicator will be disaggregated by gender (in absolute numbers)</td>
<td>Quarterly</td>
<td>Administrative data from MIS</td>
<td>NADRA</td>
</tr>
<tr>
<td>Number of One Stop Shops providing child health services (Number)</td>
<td>This indicator measures the availability of one-stop-shop centers able to provide child health services. In addition to the three key tasks of delivery a fully functional OSS must fulfill, such an OSS must meet the following additional conditions: a) A continuous supply of vaccines for routine immunization, as prescribed in the national EPI b) Availability of equipment for child malnutrition screening: Scales or MUAC (mid upper arm circumference) tapes, growth charts and growth cards c) A buffer stock of vaccines of at least</td>
<td>Semi-annual</td>
<td>Administrative data from MIS</td>
<td>NADRA</td>
</tr>
<tr>
<td>Proportion of beneficiaries satisfied with the Early Recovery Package (Percentage)</td>
<td>This indicator measures the overall satisfaction of beneficiaries with the Early Recovery Package program</td>
<td>Once</td>
<td>Beneficiary survey</td>
<td>NADRA</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Proportion of beneficiaries satisfied with the Child Health Grant (Percentage)</td>
<td>This indicator measures the overall satisfaction of beneficiaries with the Child Health program</td>
<td>Once</td>
<td>Beneficiary survey</td>
<td>NADRA</td>
</tr>
<tr>
<td>Public information campaign carried out as per the agreed communication strategy (Yes/No)</td>
<td>This indicator will be collected as part of the Operational Review Exercise</td>
<td>Semi-annual</td>
<td>Monitoring report</td>
<td>NADRA</td>
</tr>
<tr>
<td>Proportion of eligible families informed about their eligibility for the Child Wellness Grant (Percentage)</td>
<td>This indicator measures the effectiveness of the beneficiary mobilization campaign</td>
<td>Annual</td>
<td>Monitoring report, Beneficiary survey</td>
<td>NADRA</td>
</tr>
<tr>
<td>Number of NADRA and stakeholder staff trained on the MIS</td>
<td>This indicator reflects the number of NADRA and stakeholder staff engaged in the Project who receive training on the MIS</td>
<td>Semi-annual</td>
<td>Monitoring report</td>
<td>NADRA</td>
</tr>
<tr>
<td>Dissemination of monitoring and evaluation report on a semi-annual basis, within one month from the end of the previous 6 months (Number)</td>
<td>NADRA will publish M&amp;E reports based on data generated with MIS. Quarterly feedback of the Operational Review firm will also be part of this reporting</td>
<td>Quarterly</td>
<td></td>
<td>NADRA</td>
</tr>
<tr>
<td>MIS for enrollment and payments in place (Yes/No)</td>
<td>MIS installed and functional at the OSS</td>
<td>Once</td>
<td>Monitoring report</td>
<td>NADRA</td>
</tr>
<tr>
<td>Operational Review of project</td>
<td>Operational Review will be conducted on a</td>
<td>Quarterly</td>
<td>Monitoring report</td>
<td>NADRA</td>
</tr>
<tr>
<td>cycle conducted (Yes/No)</td>
<td>continuous basis by a third party firm and reports are expected to be submitted every quarter.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Annex C

**Significant Environmental Aspects and Suggested Mitigation Measures**

<table>
<thead>
<tr>
<th>Project Activities</th>
<th>Significant Aspects</th>
<th>Mitigation Measures</th>
</tr>
</thead>
</table>
| Storage, administration, constitution, reconstitution and temperature control of vaccines | Ineffective vaccines causing epidemic of the respective disease (e.g. measles, Hepatitis B), and/or increased occurrence of the disease leading to increased (child) mortality and morbidity (e.g. measles, Hepatitis B, Tetanus, TB) | Use of revised National EPI Policy and Strategic Guidelines for vaccine administration, management (including procurement, quality and supply) and storage.  
Cold chain management, including ensuring that the cold chain does not contain Ozone Depleting substances.  
Provision of trainings on vaccine administration and management to be provided to district health staffs including but not limited to accredited EPI service providers including vaccinators, nurses, dispensers, Lady Health Visitors (LHVs), Medical Technicians (MT), Female Medical Technicians (FMT), mid-wives, Lady Health Workers (LHWs) and Medical Doctors. |

| Immunization activities | Sharp waste generated due to immunization campaigns leading to increased risks of patient to patient infections as well as immunization staff safety | Ensure use of WHO pre-qualified Auto-Disable (AD) syringes for conducting vaccination.  
Provision of information posters at needle exchange places indicating safe handling.  
Using personal protective equipment (PPEs) for infection control (procurement of the PPEs will be covered within the |
<table>
<thead>
<tr>
<th>Project Activities</th>
<th>Significant Aspects</th>
<th>Mitigation Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project cost</td>
<td>Collecting the sharp waste generated during the immunization in dedicated safety boxes for safe disposal.</td>
<td></td>
</tr>
<tr>
<td>Providing trainings to all relevant stakeholders as per their roles and responsibilities in the process of immunization, on injection safety and disposal.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Medical waste generated as a result of immunization campaigns (syringes, used vaccine vials and safety boxes containing syringes) | Risk of infections and spread of diseases through vectors; contamination of soil and water | Use of the Hospital Waste Management Rules 2005 and National EPI Policy and Strategic Guidelines for proper waste management.  
Follow sound infection control practices, which includes segregation at source  
If AD syringes are not available, there should be provision of needle-burners/cutters and/or hub-cutters  
Staff should use Personal Protective Equipment (PPE) while immunization, and hospital workers should use appropriate PPE when collecting and disposing of medical waste  
All containers, safety boxes, and waste bags to be collected and sent for pit burial\(^9\)  
Conducting monitoring of waste handling, storage and disposal to ensure  
As per current practice, pit burning and burial may continue till the end of first year of NISP. After that the ESMP will be revisited in accordance to the recommendations of the District Action Plans for Immunization Waste Management. |
<table>
<thead>
<tr>
<th>Project Activities</th>
<th>Significant Aspects</th>
<th>Mitigation Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>proper implementation of waste management system.</td>
<td></td>
</tr>
<tr>
<td>Lack of awareness among the project staff, district health authorities and facilities staff, healthcare extension workers, and others.</td>
<td>Development of awareness material Conducting trainings of the project staff and district health authorities and facilities staff, healthcare extension workers on hospital waste management as per their roles and responsibilities. Provision of information posters at waste collection and storage sites indicating safe handling and disposal</td>
<td></td>
</tr>
<tr>
<td>Capacity to minimize environmental and social risks associated with the above three activities</td>
<td>Untrained human resource</td>
<td>Providing appropriate trainings to all stakeholders congruent with their roles and responsibilities in the project with due consideration of sustainability of project components after its completion.</td>
</tr>
</tbody>
</table>
### Table 4: Handling and Disposal of Wastes for Vaccine Extension Workers at Community level (Mid-wives, LHV/LHWs, etc.)

<table>
<thead>
<tr>
<th>Type of Waste</th>
<th>Handling of Material Prior to Use</th>
<th>Handling of Used Material/Waste</th>
<th>Storage/Disinfection of Waste</th>
<th>Final Disposal</th>
</tr>
</thead>
</table>
| Used syringes, Used gloves | Extension workers/field staff should:  
Always use WHO pre-qualified AD syringes which cannot be reused  
EPI allows only WHO pre-qualified AD syringes and these must be used with extreme safety pre-requisites  
There should not be recapping to avoid accidental pricking.  
There should not be double/multiple handling  
Waste should be segregated at source  
Avoid leaving unpacked syringes/sharps unguarded.  
In-charge should:  
Provide posters at needle exchange places indicating the methods of use and cleansing and disposal of waste. | Collect the sharp waste generated in dedicated safety boxes for safe disposal. | Wear non-pierce able gloves when handling the sharps.  
Discard sharps immediately after us into puncture-resistant safety boxes.  
Disinfect (him/herself & used equipment) as per recommended guidelines and procedure provided by NISP. | All containers, safety boxes, and waste bags to be collected and sent for pit burial and burning.  
(pit burning and burial will be carried out by the healthcare facility, eg, Basic Heath Unit) |

Note: For details, please refer to the Pakistan Hospital Waste Management Rules, 2005 as per Annex 3.

---

10 As per current practice, pit burning and burial may continue till the end of first year of NISP. After that the ESMP will be revisited in accordance to the recommendations of the District Action Plans for Immunization Waste Management.
### Table 5: Handling and Disposal of Wastes for Tertiary Level (District/Tehsil) Healthcare Facilities (BHUs/RHCs)

<table>
<thead>
<tr>
<th>Type of Waste</th>
<th>Handling of Material Prior to Use</th>
<th>Handling of Used Material/Waste</th>
<th>Storage/Disinfection of Waste</th>
<th>Final Disposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharps Syringes</td>
<td>Always use WHO pre-qualified AD syringes and ensure non-reuse</td>
<td>Collect the sharp waste generated in dedicated safety boxes for safe disposal.</td>
<td>Wear non-pierceable gloves when handling the sharps and needle containers.</td>
<td>All containers, safety boxes, and waste bags to be collected, buried and burnt using a dedicated pit</td>
</tr>
<tr>
<td>Gloves</td>
<td>Avoid accidental pricking</td>
<td>Collect used gloves, masks, waste cotton, bandages, and other waste contaminated with child’s fluids in dedicated bags</td>
<td>Transfer sharps in puncture-resistant safety boxes.</td>
<td></td>
</tr>
<tr>
<td>Cotton</td>
<td>Avoid leaving unpacked syringes/sharps unguarded</td>
<td></td>
<td>Collect and store all infectious materials in separate dedicated bags.</td>
<td></td>
</tr>
<tr>
<td>Bandages</td>
<td>Provide posters and guidelines at visible places demonstrating recommended methods of material usage and disposal of waste</td>
<td></td>
<td>Disinfect (him/herself &amp; used equipment) as per recommended guidelines and procedure provided by NISP.</td>
<td></td>
</tr>
<tr>
<td>Cloths</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other stuff used in vaccination procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: For details, please refer to the Pakistan Hospital Waste Management Rules, 2005 as per Annex 3